

Notes of the Formulary Management Group

Held on	Tuesday 5 th March 2019			12:30pm (2:30pm finish) at Jubilee House, Board Room	
Members	Attended	Apologies	Absent	Designation	Abbreviation
	✓			Head of Medicines Management	(C)
	✓			Prescribing Adviser	(PA)
		✓		Prescribing Adviser	(PA2)
	✓			Lead Formulary Pharmacist	(FP)
		✓		GP Lead for Medicines Management	(GP)
	✓			Primary Care Pharmacist	(PCP)
			✓	Clinical Nurse Specialist	(CNS)
			✓	Nurse Non-Medical Prescriber	(NNMP)
		✓		DWMHPT Pharmacist	(DWMHPT)
		✓		DWMHPT Deputy Pharmacist	(DWMHDP)
		✓		Patient Representative	(PR)
			✓	LMC Representative	(LMC)
	✓			Consultant in Diabetes & Endocrinology	(CDE)
	✓			CTI	(CTI)
	✓			Tissue Viability	(TVN)
	✓			Pre Reg Pharmacist	

	Agenda item	Action
1.	<p><u>Welcome and Apologies (Declarations of AOB)</u></p> <p>Everyone was welcomed to the March 2019 Formulary Management group meeting. Apologies have been noted above.</p>	
2.	<p><u>Minutes of the Last Meeting</u></p> <p>The minutes from the last meeting (February) were declared a true and accurate record from all present.</p>	
3.	<p><u>Matters Arising/Actions Sheet</u></p> <p><u>Action Log</u></p> <p>Clearfilm and Acticoat flex 3 – Bring back in April Ciclosporin – Pending – Commissioning manager to chase TA Report – Complete RMOG STOMP Resources – Pending Silk garment breach – Complete/Actioned Semaglutide – Take off action register/Bring back in April Tapentadol – Pending Consultation email to WHT rep – Complete Pre-natal MH to April JMMC – Complete Add – FP10 Rx mg Semaglutide (PCP)</p>	
4.	<p><u>Declarations of Interest (DOI) – Check Compliance</u></p> <p>None</p>	
5.	<p><u>FIASP</u></p> <p>CDE & CTI presented their Audit results to the Group.</p>	

Notes of the Formulary Management Group

	<p>Presentation is to form part of the application which gave an overview of the results of the Audit.</p> <ul style="list-style-type: none"> • FIASP, a new, fast-acting insulin from Novo Nordisk • Faster onset of action, mimicking the physiological response of endogenous insulin • Licensed for administration 2 minutes before a meal and up to 20 minutes after a meal • Addition of nicotinamide (Vitamin B3) and L-Arginine (amino acid) results in a faster initial absorption of insulin <p>Questions will come back from GP colleagues as they were not present.</p> <p>Semaglutide was also discussed particularly the cost. This was discussed at the last FMG meeting and is awaiting feedback from GP. This will then go to April JMMC. Semglee is the most cost effective Biosimilar and should be considered for formulary addition.</p>	
6.	<p><u>Non NICE TA Drug/devices - Full Applications</u></p> <p>Cosmopore to 365 non-woven island dressing application- TVN explained that this is a simple switch. This has been presented to the wound care group, Sandwell are already using this and have had no issues. This would be a cost effective switch. This application will be to take cosmopore off formulary and add 365 non – woven dressing in its place. It was agreed that this is a like for like cost effective switch. This will now be taken to April JMMC to be ratified.</p> <p>TVN informed the group about Acticoat switch which was potentially coming to this group at the next meeting. Aquacel AG to Acticoat Silver but there was a cost pressure so advised to monitor usage- sentence does not make sense. It was agreed that three months’ data will be needed for the April meeting to enable a decision to be made.</p> <p>A discussion followed regarding the possibility of a fast track system to speed up the process of signing off new dressings. It was decided that this will be discussed further at the next meeting as an agenda item.</p> <p><u>Short application</u></p> <p>Venlafaxine 225mg application (C)</p> <p>To communicate that this is to be prescribed by branded generic (Vencarm XL)</p>	
7.	<p><u>Trust Formulary Updates - Hospital only applications. For information only.</u></p> <p>FP went through the MMG minutes and discussed the applications that were made.</p> <p>PecFent – Fentanyl nasal spray 400mg/100mg PecFent intended indication: severe breakthrough pain. Desired therapeutic outcome: pain relief on movement. Rapid acting formulation intended for limited use in addition to background analgesia and oral morphine liquid/tablet. Application approved</p> <p>Akis – Diclofenac 75mg IV- BNF Chapter 10.4 – Pain and inflammation in musculoskeletal disorders Akis is a preparation which does not need dilution unlike current preparation. Application Rejected.</p> <p>Plenvu – all strengths sachet – 3 sachets/person Intended indication: bowel cleansing prep pre-lower GI endoscopy. Desired therapeutic outcome: improved tolerance and bowel preparation compared with Movicol. Currently with use of Movicol the patient has to have 4 litres total vs Plenvu which is 2 litres total.</p>	

Notes of the Formulary Management Group

	<p>Report back to MMG following 2-month trial.</p> <p>Mitomycin – closed instillation system. Bladder installation. 40mg. FP presented this application on behalf of Chemo Unit. Mitomycin is currently made on the ward and is a cost effective treatment. Already on the formulary. A price has been negotiated. There will be a 15-minute training per patient. This would also be a cost effective switch.</p> <p>Application Approved</p> <p>FP confirmed they will be uploaded onto the Formulary page (designated page on the intranet) when set up. There is a format in terms of how FMG data is presented to MMC. New proposal for Formulary application process – accepted by the FMG.</p> <ul style="list-style-type: none"> ❖ All drugs going on joint formulary which affect primary and secondary care → FMG ❖ All hospital and unlicensed medication → MMG ❖ One off formulary applications → FP ❖ Hospital only or unlicensed applications initiated in hospital and then moved to primary care → FMG and MMG <p>Approved on agreed amendments to wording</p>	
8.	<p><u>NICE Technology Appraisal</u></p> <p>Pending- FP</p>	
9.	<p><u>Pathway/Guidelines</u></p> <p>Valproate ESCA- Adapted from WHT- FP</p> <ul style="list-style-type: none"> • FP to Version control this document and add a data review date along with contact numbers. • Logo will also be added. 	
10.	<p><u>Drug Safety Update</u></p> <ul style="list-style-type: none"> • <u>Fibrates: first-line treatment not recommended</u> Healthcare professionals should not prescribe them to newly diagnosed patients as first-line treatment, except for those with severe hypertriglyceridaemia or those who cannot take statins. - Nothing Clinically has changed re alert. • <u>Medical Device Alerts issued in January 2019-</u> Alerts were issued about FreeStyle Libre flash glucose sensors and Arjo Minstrel passive floor lifts (portable hoist).- Will be implementing in April. • <u>Letters and drug alerts sent to healthcare professionals in January 2019-</u> Letters were sent to healthcare professionals about Lartruvo, (olaratumab), quadrivalent influenza vaccine (split virion, inactivated), SGLT2 inhibitors, and carbimazole and thiamazole (synonym: methimazole)-containing products. Class 2 medicines recalls were issued for batches of irbesartan/hydrochlorothiazide and irbesartan tablets. • <u>SGLT2 inhibitors: reports of Fournier’s gangrene (necrotising fasciitis of the genitalia or perineum)-</u> If Fournier’s gangrene is suspected, stop the SGLT2 inhibitor and start treatment urgently (including antibiotics and surgical debridement). • <u>Carbimazole: risk of acute pancreatitis-</u> If acute pancreatitis occurs during treatment with carbimazole, immediately and permanently stop treatment. • <u>Carbimazole: increased risk of congenital malformations; strengthened advice on contraception-</u> Carbimazole is associated with an increased risk of congenital malformations, especially when administered in the first trimester of pregnancy and at high doses. 	
11.	<p>Regional Medicines Optimisation Committee</p>	

Notes of the Formulary Management Group

	Maintaining Patency of Central Venous Catheters in Adults: RMOG Position Statement. https://www.sps.nhs.uk/articles/maintaining-patency-of-central-venous-catheters-in-adults-rmoc-position-statement	
12.	Horizon Scanning <ul style="list-style-type: none"> NICE-resource-planner downloaded 21.02.19 	
13.	Appeals <ul style="list-style-type: none"> None 	
14.	Formulary Breach <ul style="list-style-type: none"> Dermasilk (2nd breach Dec and Jan)- FP to report - Actioned 	
15.	Recommendations to JMMC	
16.	Any other business <ul style="list-style-type: none"> KINES- Type 2 Diabetes: update on non-insulin drugs January 2019 KINES Monthly News Update for January 2019 KINES Hormone replacement therapy (HRT): Further evidence that oral but not transdermal HRT is associated with venous thromboembolism. Feb 2019 	
17.	These minutes are a true representation of the Group's proceeding Signed: _____ Chair _____ Date _____	

These minutes will be redacted to remove names/initials before publication

Future Meeting Dates

2019								
Formulary Management Group Future Meeting Schedule 12:30pm Start (Finish 2:30pm)								
Date	Month	Year	Venue		Date	Month	Year	Venue
8 th	January	2019	Board Room		2 nd	July	2019	Board Room
5 th	February	2019	Room 3		6 th	August	2019	Board Room
5 th	March	2019	POD		3 rd	September	2019	Board Room
2 nd	April	2019	Board Room		1 st	October	2019	Board Room
7 th	May	2019	Board Room		5 th	November	2019	Board Room
4 th	June	2019	Board Room		3 rd	December	2019	Board Room