

Notes of the Formulary Management Group

Held on	Tuesday 8 th January 2019			12:30pm (2:30pm finish) at Jubilee House, Board Room	
Members	Attended	Apologies	Absent	Designation	Abbreviation
	✓			Head of Medicines Management	(H)
	✓			Prescribing Adviser	(PA)
	✓			Prescribing Adviser	(PA2)
	✓			Interim Head Of Medicines management	(C)
	✓			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)
	✓			Formulary Pharmacist	(FP)
			✓	LMC Representative	(LMC)
	✓			Diabetes Consultant	(DC)
	✓			Diabetes Consultant	(DC2)

	Agenda item	Action
1.	<p><u>Welcome and Apologies (Declarations of AOB)</u></p> <p>Everyone was welcomed to the January 2019 Formulary Management group meeting.</p> <p>Apologies have been noted above.</p>	
2.	<p><u>Minutes of the Last Meeting</u></p> <p>The minutes from the last meeting (December) were declared a true and accurate record from all present.</p>	
3.	<p><u>Matters Arising/Actions Sheet</u></p> <p>Drug Safety Update (Valproate) – PENDING FP/C both advised that the assurance template and work plan has not been received. FP to chase this up again. C advised that if both have not been received by the February FMG meeting this will be escalated to CQR.</p> <p>Clearfilm and Acticoat Flex 3 – DEFERRED PA2 confirmed that the audit has begun and depending on when the data is collated, the team will be presenting the findings at either March's FMG meeting.</p> <p>Ciclosporin – PENDING FP confirmed all correspondence has now been sent to the Medicines Management team. C to take forward to the Commissioning Manager and get this resolved with the Trust and take outcome to the February meeting.</p> <p>TA Report – PENDING/DEFERRED FP confirmed the template has been sent to C but due to annual leave has not been circulated to the team. This will be brought back to the February meeting for discussion.</p> <p>RMOC Guidance – Prescribing of Liothyronine – PENDING PA2 advised the template has been sent to H & C for comments. Once those have been received the template will be sent to DC for comments and then to February FMG.</p>	

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	<p>RMOC STOMP Resources – DEFERRED This will be brought back to the February meeting for discussion.</p>	
4.	<p><u>Declarations of Interest (DOI)</u></p> <ul style="list-style-type: none"> • A reminder that forms must be completed annually. • Chair requested all DOI to be completed as per the CCG policy. 	
5.	<p><u>Trust Formulary Updates</u></p> <p>Nil - (No Trust MMC meeting)</p>	
6.	<p><u>NICE Technology Appraisal</u></p> <p>Pending</p>	
7.	<p><u>Non NICE TA drug/devices – Full applications</u></p> <p>Semaglutide Injection Once a week GLP-1 receptor agonist indicated for treatment of adults with insufficiently controlled type 2 diabetes. Semaglutide was superior in reducing HbA1c and sustained weight loss from baseline. Semaglutide is cost neutral compared with Dulaglutide and slightly cost saving compared to Exenatide OW. The HbA1c must be reduced or maintained with treatment for this to continue. Where there is a 3% weight loss or more, but the HbA1c has increased, Semaglutide will be discontinued. Where there is a 3% weight loss or more but the HbA1c has not decreased enough according to NICE criteria then this needs to be reviewed by the prescriber and a decision must be made using their discretion on discontinuing treatment. Weight loss on an individual basis is not a sufficient reason for continuing treatment. The consultant advised that there is no specific training required to use this drug and is more user friendly compared to others. The committee proposed to trial for no more than 6 months in Secondary Care and if successful then bring to Primary Care once stabilised. The consultant did not agree with the 6-month timeframe and proposed the Trust cover 1 month and cost should then be picked up by Primary Care. The committee agreed the application however regarding stabilisation, a discussion needs to take place outside of the meeting. The Medicines Management team will confirm with the Trust. A formulary review of this group was done, and it was decided that Lixisenatide, Exenatide and Exenatide MR would be taken off the formulary, and Semaglutide added.</p> <p>Insulin Lispro Sanofi Indicated for initial stabilisation of diabetes mellitus. This treatment is for adults and children with diabetes mellitus who require Insulin for the maintenance of normal glucose homeostasis. The consultant advised that there are no cost implications as this is a like for like product. The consultant continued that this application will only be used for new patients. The committee agreed the application and will now be put forward to February JMMC for ratification.</p> <p>Freestyle Libre Designed to replace routine blood glucose testing for people aged 4 or over, including pregnant women, with Type 1 or Type 2 diabetes, who have multiple daily injections (MDI) of insulin or who use insulin pumps and are self – managing their diabetes. Freestyle Libre is painless and convenient to use, and provides the patient with a 24-hour glycaemic profile that can be viewed on the reader, phone apps, or on LibreView free of charge software package.</p>	

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	<p>C advised that on the application form it is requested that the following information is collected; Reductions in severe/non-severe hypoglycaemia, reversal of impaired awareness of hypoglycaemia, episodes of diabetic ketoacidosis, admissions to hospital, changes in HbA1c, testing strip usage, quality of Life changes using validated rating scales and commitment to regular scans and their use in self-management. The trust agreed to do an audit trail through Blueteq however there was some disagreement regarding the timeframe.</p> <p>The committee agreed clinically the application and put forward to JMMC for ratification however there were costing issues between the Trust/CCG which was agreed at the meeting to be discussed and take outside of the meeting. The Commissioning Manager to speak to the Head of the Commissioning team in regards to the commissioning arrangements.</p>	
8.	<p><u>Pathway</u></p> <p>Antimicrobial guidelines PHE C advised that the doctor has approved the use of the Public Health England guidance in Primary Care. This is now being put forward to the February JMMC meeting.</p> <p>Specials list Dermatology FP sent across the list used at the Trust. The committee agreed these are correct against new formulary and will now be put forward to the February JMMC meeting.</p> <p>FMG application process FP advised this is the hospital process that was proposed at MMC which they have agreed. The committee discussed and agreed to modify to include the Primary care section.</p>	
9.	<p><u>Drug Safety Update</u></p> <p>The committee were asked to review the updates outside of the meeting.</p> <ul style="list-style-type: none"> • Valproate medicines: are you in acting in compliance with the pregnancy prevention measures? • Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients • Direct-acting antivirals for chronic hepatitis C: risk of hypoglycaemia in patients with diabetes • Hydrocortisone muco-adhesive buccal tablets: should not be used off-label for adrenal insufficiency in children due to serious risks • Oral lidocaine-containing products for infant teething: only to be available under the supervision of a pharmacist 	
10.	<p><u>Regional Medicines Optimisation Committee</u></p> <p>The committee was unable to discuss these items therefore they will be put on the agenda for the February FMG meeting</p> <ul style="list-style-type: none"> • RMOG Guidance - Prescribing of Liothyronine 7th November 2018 • Regional Medicines Optimisation Committee Update November 2018 • RMOG briefing on adalimumab – December • Regional Medicines Optimisation Committee Update December 2018 	

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11.	<p><u>Horizon Scanning - Information only</u></p> <p>NICE Resource Planner (03.01.2019) - The committee was unable to discuss this item therefore it will be put on the agenda for the February FMG meeting</p>	
12.	<p><u>Appeals</u></p> <ul style="list-style-type: none"> • None 	
13.	<p><u>Formulary Breach</u></p> <p>Silk Garments - The committee was unable to discuss this item but agreed to email across to the Trust to look into further. FP to action and feedback response to C.</p>	
14.	<p><u>Recommendations to JMMC</u></p> <ul style="list-style-type: none"> • Semaglutide Injection • Insulin Lispro Sanofi • Freestyle Libre • Antimicrobial guidelines PHE • Specials list Dermatology • FMG application process 	
15.	<p><u>Any other business</u></p> <ul style="list-style-type: none"> • Brexit - Medicines management – H asked the committee to advise the medicines management team of any brexit plans that the team need to be aware of. • Consultation of Medicines of Limited Clinical value – <i>Information only by H.</i> • Tapentadol audit – This item was not discussed at the meeting. • Cannabis – Refer to the letter that was disseminated. • Datix (Training for the group) - This item was not discussed at the meeting and will be put on the agenda for the February FMG meeting. <p>The committee was asked to read through the updates outside of the meeting.</p> <ul style="list-style-type: none"> • KINES Monthly News update November 2018 • KINES update: RCT of increased water intake to reduce recurrent cystitis Nov 18. • KINES- Hypertension: large UK cohort study finds people with mild hypertension and low cardiovascular risk did not benefit from antihypertensive treatment • KINES- Systematic Review suggests muscle strength training plus protein supplementation as the most effective and easiest to implement intervention to delay or reverse frailty • KINES Monthly News Update for December 2018 	
16.	Finish	
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

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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	Board Room		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

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