Minutes of the GM Formulary Subgroup meeting

Date: 4th June 2015, 12-2pm
Venue: Pharmacy Seminar Room, Wythenshawe Hospital
Present: Helen Burgess, Aoidín Cooke, Monica Mason, Ann Harrison, Sarah Jacobs, Leigh Lord, Dev Devapriya, Liz Bailey, Connie Chen, Peter Howarth
Apologies: Charlotte Skitterall, Claire Vaughan, Jonathan Peacock, Lorraine Booth
Declarations of interest: none

Item 3 – Previous minutes and actions - The minutes from the May meeting were agreed as accurate.
Action: Submit to GMMMG, thereafter add to website

Item 4 a- Update on OAB pathway development
SJ presented a draft version of the OAB pathway the format of which was based on the Rotherham OAB pathway. SJ confirmed that she had spoken with the bladder and bowel foundation to ensure that bladder diaries and pelvic floor exercise information sheets will be uploaded to the website. The group asked that colour be added to the cost comparison chart (CCC) if possible and that a 2-year review date is added to the footer. The FSG discussed the need to include trospium and tolterodine MR into the pathway and formulary chapter respectively.
The group considered a letter received in from the NW Functional Urology group (NWFUG) which queried the content of section 7.4.2 (drugs for urinary frequency, enuresis and incontinence) of the GM formulary. The group were surprised that a number of the authors of this letter were actually involved in the development of the OAB pathway; the FSG had expected them to be supportive of the choices made within the formulary which they felt had been discussed by the OAB pathway group at the time of the chapter review. The FSG also asked that the NWFUG be reminded that it had always been the intention of the FSG that the content of section 7.4.2 would be updated following development of the OAB pathway.
The group agreed that following these agreed changes the pathway would be opened up on the GMMMG website for GM-wide consultation for 2 weeks. A letter should also be drafted to reply to the NWFUG.
Action: SJ/MM to amend pathway and forward to MM to add to GMMMG website for consultation. MM to draft response to NWFUG and send to CS and HB for approval

Item 5 – Formulary amendments May 2015
The FSG reviewed proposed formulary amendments from May. There had been no NICE guidance/TAs published during this period, but the group considered both the April and May MHRA DSUs and agreed to include a link to the warning regarding sofosbuvir with daclatasvir and sofosbuvir and ledipasvir and the risk of severe bradycardia and heart block when taken with amiodarone, and a link to the warning regarding hydroxyzine and the risk of QT prolongation and Torsade de Pointes into the formulary.

The group considered recent NTS recommendations and agreed to consider Spiriva® Respimat® for formulary inclusion at a future meeting, based on advice from NTS regarding formulary inclusion.
The group also assessed Ultibro breezhaler for inclusion into the formulary and agreed to add it to section 3.1.4 of the formulary (in line with the NTS recommendation) The group assessed Fostair NEXThaler for formulary inclusion, they noted that Fostair is already included within the formulary but that unlike the pMDI the NEXThaler is not licensed for COPD or for MART. The group agreed to add the NEXThaler to the formulary with annotation that it is only licensed for the treatment of asthma in those over 18 years where a combination ICS/LABA is appropriate.
The group considered three requests that had been received from IPS whilst they reviewed the RAG status of Chapter 11. These requests had been to FSG previously and FSG had asked for specialist input which had been sought. The FSG agreed the following:
Ciprofloxacin eye drops – add ciprofloxacin 0.3% eye drops to the formulary but for specialist initiation only.
Propamidine eye drops – assess for “not recommended for prescribing list” (Grey list) following restructure of this list.
Apraclonidine – no change to formulary. The group considered the comments from the specialists that this treatment is reserved for a group of patients who are complex to treat and is often their only option before surgery. They also discussed the concerns from the specialists regarding the impact that having to obtain this agent from the hospital rather than via primary care would have for this group of patients. The FSG agreed that the current listing in the formulary should remain i.e. ophthalmic consultant initiation, and that these decisions should be communicated back to IPS.
The FSG also reviewed draft amendments to chapter 4 to include sumatriptan injection and botox injection which was raised at a previous meeting when the draft Headache Pathway was discussed. Changes were discussed and agreed. The group also discussed the GMMMG approval process for this pathway. GMMMG had responded at their last meeting that to gain GMMMG approval GMMMG would need to be involved at an earlier stage in the pathway development so that GM-wide consultation could be undertaken. The FSG discussed the benefits of this pathway particularly for primary care and that the pathway complied with NICE. It was agreed that the pathway be added to the GMMMG website and opened for GM-wide consultation for a week, that comments could be communicated back to the authors and as long as there were no issues raised it would be possible to submit this pathway as a late paper to GMMMG for approval at the June meeting.
The group also approved an amendment to section 7.3.2 of the formulary to list parenteral progesterone-only contraceptives separately as injectables and implants.
Action: MM to prepare formulary amendments as agreed.
MM to communicate changes regarding chapter 11 amendments to IPS
MM to contact authors of Headache Pathway and with their agreement to add pathway to web for GM-wide comment for 1 week. Comments to be returned to authors with an aim to submit the pathway to June GMMMG meeting as a late paper

Item 6 – Review of formulary chapters
Chapter 13 review - SJ presented the revised draft of Chapter 13 to the group which included actions based on the comments receiving during the GM-wide consultation. The group proposed some revisions to the chapter which will be added and sent to the members present by email for approval prior to submission to GMMMG. The group thanked Sarah for her work.
Action: SJ to amend draft chapter accordingly, forward to MM for submission to June GMMMG meeting for approval

Item 7a- DNP and Grey list criteria
The group considered the revised decision criteria tool and the new format for the DNP and Grey lists which will see both lists merge to form one "Not recommended for prescribing list". The list will look at the drug for all indications; any exceptions will be specified within the list and will contain a link to the relevant evidence used.
The group suggested a key be used to indicate the grounds on which the drug had been listed i.e. safety, lack of efficacy etc to reduce the word count.
With the principles agreed the list will completed to include all previous agents prior to submission to GMMMG.
Action: MM to amend list as per comments, incorporating all remaining items into the list. Approval will be sought from FSG at the June meeting prior to submission to GMMMG in July.

7b – Blood glucose testing strips - The group considered a request to list any blood glucose testing strips (BGTS) not specified within the "GMMMG BGTS evaluation protocol and results May 2015 document" onto the DNP list. The group concluded that it would not be appropriate to list all these agents separately on the list but that a link to the whole document could be added to the list.
Action: MM to add link to DNP list following GMMMG approval

8c – Additional feedback from GMMMG/NTS/IPS
Action: Nothing raised

Item 9 – AOB
9a - Letter from NWFUG – discussed under item 4a
9b - Responses to the FSG comments re Headache pathway – discussed under item 5

Date of next meeting: Thursday 2nd July 2015, 12 - 2pm
Sale Suite, Trafford CCG