# Minutes of the GM Formulary Subgroup meeting

**Date:** 3rd September 2015, 12-2pm
**Venue:** Partington Suite, Trafford CCG
**Present:** Monica Mason, Sarah Jacobs, Liz Bailey, Connie Chen, Peter Howarth, Aoidín Cooke, Ann Harrison, Leigh Lord, Jonathan Peacock, Helen Burgess, Dev Devapriya, Prof Singh (Guest, attending for the discussion on asthma and COPD pathways)
**Apologies:** Claire Vaughan, Charlotte Skitterall
**Declarations of interest:** Prof Singh declared that he had received sponsorship from multiple pharmaceutical companies.

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

**Item 4a – Final draft OAB pathway for Sept GMMMG**
The FSG were updated on final comments received from the NWFUG. There was discussion around the need for a formal response to be sent to the NWFUG, but that it had been agreed that CS would contact Magda to discuss the issues raised instead. It was agreed that the final draft of the pathway would be submitted to the September GMMMG meeting for approval.
**Action:** SJ/MM to submit final draft pathway to GMMMG for approval

**Item 4b – Revised wording 80/20 rule**
The group considered alternative wording to the 80/20 wording relating to the formulary. It was suggested this be replaced with “majority population” and some wording explaining the expectations of any off-formulary prescribing be added. It was agreed that the FAQ document be updated. The group also discussed the usefulness of a description of how work flows between the groups and how decisions are ratified, the possibility of a flow chart to illustrate this were discussed.
**Action:** MM and SJ to produce drafts of changes for the next FSG meeting.

**Item 4c – Venue for 2016 FSG meetings**
The group discussed venues for the 2016 meetings. At the August meeting CS had explained that there is now increased visitor parking at Wythenshawe Hospital. The group requested that the Seminar Room at the ERC at Wythenshawe Hospital be requested for the 2016 meetings. MM thanked LL for the use of the room at Trafford during 2015, whilst it was expected that the final meeting at Trafford CCG would be the 5th November 2015, MM agreed to confirm this with LL as soon as possible.
**Action:** MM to contact Carol at Wythenshawe to enquire about room bookings for 2016

**Item 5 – Formulary amendments July 2015**
The FSG reviewed proposed formulary amendments from August and agreed the following:

- Include a link to the MHRA warning regarding the risk of bradycardia and heart block when simprevir with sofosbuvir is taken with amiodarone to chapter 5.3.3.2 and 2.3.2
- Naloxegol was added to chapter 1.6.6 as per NICE TA345
- Vedolizumab was added to chapter 1 as per NICE TA342
- Secukinumab was added to chapter 13.5.3 as per NICE TA350, with a note that treatment should be stopped after 12 weeks if improvement in psoriasis does not meet standard measures.
- Obinutuzumab was added to chapter 8.2.3 of the formulary as per NICE TA343. It is noted as awaiting RAG classification although as an IV infusion is assumed to be red.
- Combined brinzolamide 10mg/mL and brimonidine tartrate 2mg/mL eye drops (Simbrinza®) has been added to chapter 11 of the formulary in line with the recent NTS recommendation.
- Everolimus has been added to the DNP list following the not recommended decision from NICE TA348 (for preventing organ rejection in liver transplantation).

**Action:** MM to update formulary with above amendments following approval from GMMMG

**Item 6a – Review of formulary chapters – Chapter 4**
SJ updated the group on the progress of the chapter 4 review and the meetings that had taken place between GM subgroup members and members of the Mental Health Trusts to discuss issues relating to chapter 4 including the recent discussions around the RAG status of low-dose antipsychotics in dementia patients. Reference was made to differences between prescribing data (RDTC vs. a recent GM report) and a useful response from the RDTC which could be shared more widely.
A meeting had also taken place between SJ, JP and Dr Krishnamoorthy (Chair of the NW Pain Group) to discuss tapentadol and its place in therapy in relation to the formulary. It was agreed that the formulary decision to place tapentadol on the Grey list would be reconsidered should the NTS recommendation change, however it was also agreed that it would be useful to include a link to the grey list within the formulary chapter as this would highlight to prescribers the restricted status of this agent.
The group were also informed that the NW pain group meet on a monthly basis and an FSG member would be welcome to attend and there would be interest in development of a pain pathway.
The FSG reviewed the changes which had been made to the draft chapter 4 and it was agreed that this draft would be opened onto the GMMMG website for a further two week consultation period due to the number of changes that the chapter had undergone. The FSG will be asked to approve the final version of this chapter at the October FSG meeting prior to submission to GMMMG.
**Action:** MM to upload chapter to the website for a 2 week consultation period, comments to be collated and forwarded to SJ so that a final chapter draft can be prepared for the October FSG meeting.

**Item 6b – Inhaler review (COPD and asthma pathways)**
The FSG welcomed Professor Dave Singh to the meeting for the discussion on asthma and COPD pathways. NTS have recently approved a COPD pathway for GM use, and had requested that FSG consider which inhaler devices should be included

within this pathway. As the pathway had been developed by Prof Singh he had agreed to attend FSG to explain the history behind the pathway development. The primary difference between this and other COPD pathways is that it introduces therapy with a LABA/LAMA before steroid treatment with an aim to manage the patients COPD without the need for a steroid where possible. There is also less emphasis on the choice of treatment based on FEV1 value and more on the symptoms of the patient i.e. breathlessness. The group acknowledged that whilst this was a deviation from NICE guidance, the NICE guidance was rather dated and did not all include some of the newer treatment agents and that GOLD provided more recent guidance. It was noted that an additional secondary care pathway, similar to that being devised by Stockport FT may also be useful.
The group considered the inhaler choices put forward in the summary papers prepared by the RDTC and asked that these choices be incorporated into both pathways for GM-wide consultation.
**Action:** MM to incorporate inhaler choices into the COPD and asthma pathways and prepare for GM-wide consultation.

**Item 7- DNP and Grey list**
**a – Web format for the revised DNP and Grey list**
The FSG viewed the new website format for the revised DNP and Grey list and approved it for use, following the approval of the content of these lists at GMMMG in September.
**Action:** MM to launch DNP and Grey lists in new web format following GMMMG approval of list content.

**b – Amalgamated DNP and RAG list – proposal from IPS**
The group discussed a suggestion by IPS that the RAG list contain items which are currently listed in the DNP and Grey lists, in order that it attempts to bring all this information together in one place. Whilst the FSG accepted that there would be a benefit to having the information in one place they did not feel this was an appropriate platform. The group stressed that the content of these lists i.e. DNP and Grey vs RAG is very different in that the RAG list refers to the prescribing responsibility of a drug based on safety of prescribing and monitoring requirement, whilst the DNP and Grey lists simply list agents which are less suitable for prescribing based on either, safety, lack of evidence or cost effectiveness. The group discussed incorporating information from the DNP and Grey lists into the formulary (as is done with the RAG status), whilst maintaining the separate lists and agreed that this would be useful for some but possibly not all of the agents listed and should be trialled with chapter 4 and rolled out to the other chapters in due course.
**Action:** MM to feedback to GM on Interface that FSG request the DNP and RAG lists are not merged.
MM to begin to add items from the DNP and Grey lists into the formulary chapters for approval by FSG.

**8 – Work-plan**
The group considered the draft work plan and suggested amendments which have been incorporated into the version attached.


Workplan approved at Sept FSG.docx

**Action:** MM to update web plan and add to the web

**9 – Additional feedback from GMMMG/NTS/IPS**

The group were updated on any necessary information from the other GM subgroups.

**10 – AOB**

Melatonin maximum dose – JP requested some additional information concerning the maximum recommended dose of melatonin as discussed in the formulary/NTS recommendation and draft SCGs. There was also discussion as to whether there should be reference to the paediatric doses within chapter 4.

**Action:** MM to ask GM to send the necessary information to JP. MM to relay discussion concerning paediatric melatonin doses to SJ

**Date of next meeting:** Thursday 1st October 2015, 12 - 2pm
Pharmacy Seminar Room, UHSM