FORMULARY AND MANAGED ENTRY SUBGROUP

Minutes of the meeting held on
Tuesday 29th October 2019
12:30 - 2:30 pm
Pharmacy Dept MFT-ORC (formerly known as CMFT)

Present:

Name	Title	Organisation	Jan	Feb	Mar	Apr	May	July	Aug	Sept	Oct	Nov
Liz Bailey (LB)	Medicines Optimisation Lead	Stockport CCG	✓	✓	A	✓	✓	✓	✓	✓	A	
Dr Pete Budden (PB)	GP Prescribing Lead	Salford CCG *(Chair)*	A (LB)	✓	A	✓	✓	✓	✓	✓	✓	
Sarah Boulger (SB)	Senior Medicines Information Pharmacist	The Pennine Acute Hospitals NHS Trust	✓	✓	A	✓	A	✓	A	A	A	
Aoidin Cooke (AC)	Medicines Management and Medicines Information Pharmacist	MFT-ORC	✓	A (LH)	✓	A (LH)	✓	✓	✓	A (LH)	✓	
Claire Foster (CF)	Senior Medicines Optimisation Advisor	MHCC	✓	✓	✓	✓	A	A (FA)	A	A (FA)	A	
Leigh Lord (LL)	Locality Lead Pharmacist	Trafford CCG	A (AH)	A	✓	✓	A	✓	A (AH)	A		
Keith Pearson (KP)	Head of Medicines Management	Heywood Middleton and Rochdale CCG	A	✓	✓	✓	A	✓	✓	A	✓	
Prof Peter Selby (PS)	Consultant Physician	MFT-ORC	✓	✓	A	A	✓	✓	✓	A	A	
Suzanne Schneider (SS)	MI Pharmacist	Bolton FT.	A	✓	✓	A	A	✓	A	A	A	
Dr Hina Siddiqi (HS)	GP		✓	A	A	✓	A	A	A	A	✓	
Anna Swift (AS)	Snr. Assistant Director Medicines Management	Wigan Borough CCG				✓	A	A	A	✓	✓	
Jonathan Schofield (JS)	Consultant Physician	MFT-ORC	✓	✓	✓	✓	A	✓	✓	✓	A	

Name	Title	Organisation	Jan	Feb	Mar	Apr	May	July	Aug	Sept	Oct	Nov
Faisal Bokhari (FB)	Deputy Head Medicines Optimisation	T&G CCG	✓	✓	A	✓	✓	✓	✓	✓	A	
Andrew Martin (AM)	Strategic Medicines Optimisation Pharmacist	GM Shared Service.	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Monica Mason (MM)	Principal Pharmacist Medicines Management	RDTC *(Professional Secretary)*	A	A	A	A	A	A	A	A	A	
Carol Dolderson (CD)	Lead Pharmacist Medicines Management	RDTC	✓	✓	✓	✓	✓	✓	✓ +DN	✓	✓	
Nancy Kane (NK)	Senior Medical Information Scientist	RDTC				✓	A	A	A	A	A	

1.0 General Business

1.1 Apologies

Apologies had been received in advance as noted above. Although there was balanced representation from primary care, apologies from secondary care representatives meant that the group was not quorate. It was agreed that draft actions would be circulated to group members for approval prior to being progressed.

1.2 Declarations of Interest:

No further new declarations of interest were received in advance or made at the meeting.

1.3 Draft minutes –September 2019

Minutes from September's meeting were noted and supported as an accurate record, pending minor amendment. To be submitted to December CSB, ahead of upload to the GM-site.

1.4 Matters Arising

It was noted that there was a supply problem with glibenclamide tablets and that current advice from the DHSC was that the 6mg/ml oral suspension could be considered as an alternative to tablets. The group agreed that there was a risk on prescribing systems that patients might accidently be switched to the 0.6mg/ml oral liquid instead, which costs £21,000 per bottle**.**

ACTION: AM to circulate a statement to via CCGs to flag this potential selection error on prescribing systems and highlight the high cost of the paediatric preparation.

1.4.1 Consultation feedback (August):

Consultation comments received on proposed actions from August were discussed.

It was noted that a consultation comment had questioned whether if for new prescriptions of liothyronine not previously allocated to a practice P code there was a way of highlighting this, to allow new prescriptions to be reviewed in practice. The group heard that this was not possible

The following actions were agreed accordingly:

- Liothyronine (T3), where levothyroxine has failed to be AMBER and GREY; where levothyroxine has failed, endocrinologists treating patients under the NHS may recommend liothyronine in exceptional circumstances for individual patients after a carefully audited trial of at least 3 months duration, in line with BTA guidance. To minimise impact on endocrine services, RAG status will be updated once the GM SCP is approved (currently in development).
- Estradiol matrix patches for the induction of puberty to be AMBER (paediatric RAG). To minimise impact on paediatric endocrine services, RAG status will be updated once the GM SCP is approved (currently in development).
- Ethinylestradiol tablets for the induction of puberty to GREY (Criterion 2) only to be used when estradiol matrix patches are unsuitable/ not tolerated.
- Melatonin for jet lag to be DNP (Criterion 1).
- Nusinersen for treating spinal muscular atrophy to be added to formulary as a RED drug, along with reference to TA588.
- Reference to TA590 Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uveitis to be added in chapter 11 where the current formulary entry exists.
- Letermovir for preventing cytomegalovirus disease after a stem cell transplant to be added to formulary as a RED drug, along with reference to TA591.

ACTION: RDTC communicate these recommendations to December CSB and gain support to action.

1.4.2 Action log

Updates on the action log were noted.

The group heard that the awaited TA607 rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease had been published. Following scoping and discussion at earlier meetings, FMESG acknowledged that the TA recommends use in a much wider population than the group had initially anticipated, given the similar NNT to NNH ratio for the intervention. It was noted that the NICE resource impact for the TA estimated an anticipated GM cost of around £1.4million per annum and that this was significantly less than previously forecast by Prescribing Outlook figures. As discussed at August's meeting, FMESG re-affirmed concerns about NICE's recommendations of assessing bleeding risk in the absence of a validated risk assessment tool. Scoping around GM specialists had identified a preference that this would be a 'specialist initiation' intervention.

In recognition of the complexity of assessing risk-benefit profile within the target population, and the absence of a validated bleeding assessment tool for this indication, the group agreed that specialists would be best placed to assess and initiate therapy and a RAG status of GREEN (specialist recommendation) was recommended. Treatment to be reviewed annually in line with SPS and GMMMG recommendations for monitoring NOACs, with a hyperlink to the GMMMG NOAC prescribing aid added to the formulary and RAG list.

ACTION: RDTC to open this recommendation for GM-wide consultation.

The group questioned progress on the emollient section of the skin chapter, update of which was pending further discussions with the authors.

ACTION: RDTC to pursue an update on this matter for November's meeting.

1.4.3 Monitoring log

The monitoring log was noted by the group. The addition of a further action; an annual summary of assurance actions to be submitted to CSB, was noted.

2.0 Medicines Optimisation

2.1 Review of current NTS/ FMESG recommendations

The group reviewed a list of over 100 NTS/FMESG medicines and device recommendations which are currently live on the GM website. A large number of these have exceeded their scheduled review date, have been superseded by local or national guidance, or do not have a corresponding RAG/ DNP/ GREY status. A list of the recommendations along with suggested actions was reviewed and discussed. The group agreed that the number of documents needed be reduced and the recommendations themselves rationalised for inclusion within RAG status and retired where possible. This should be part of a larger piece of work to improve accessibility of GM recommendations within the RAG list itself and reduce the number of different places where information is held on the website.

ACTION: RDTC to send FMESG members a revised draft of suggested actions for virtual approval to proceed.

2.2 GM high strength insulin prescribing trends

As per the monitoring log, FMESG have been tasked to monitor prescribing growth of high strength and long-acting insulin analogues across GM on a bi-annual basis; to inform if further action (e.g. audit) is required.

The group considered a number of relevant charts including weighted prescribing of high strength preparations in GM CCGs versus the England average. The charts demonstrated that there is variance in the weighted prescribing of high strength insulins across the GM CCGs and that prescribing growth within GM significantly exceeds the national average, especially for Toujeo.

It was agreed that further work was needed to refine some of the charts and to plan how this information could be best utilised to review practice. It was thought that diabetes services and commissioners were unlikely to be aware of the prescribing trends- particularly in relation to Toujeo- and how these differed from the national picture. There is a significant cost impact associated with the growth in prescribing of Toujeo as GM spend has increased by around £250k each year since product launch and may

Ideally, some recommended local actions should be developed (such as KPIs) to help tackle prescribing in those CCGs that are outliers from the rest of GM and from the national average.

ACTION: RDTC to refine charts to enable individual CCGs to interpret their own practice compared to GM average and national average. Inclusion of chart looking at proportion of NPH vs. analogue. Scope for potential suggestions for actions to be taken locally to address prescribing growth.

2.3 Use of omeprazole MUPs in babies and children leaflet

The GMMMG Omeprazole (Losec®) MUPS® in babies and children leaflet was approved for use in 2016 and due for review in August 2019. It was noted to be the 10th most frequently downloaded document hosted on the GM site. The group discussed whether the current level of information contained within the document was fit for purpose and whether it was still needed given the availability of a more comprehensive leaflet from the Medicines for Children website. Opinions had been sought from stakeholders ahead of the meeting which confirmed FMESG view that the leaflet was not fit for purpose. It was agreed that signposting to the Medicines for Children leaflet would be the best option; additionally there was a general need to increase awareness of this resource as a whole. However the Medicines for Children team should be approached to request if additional advice could be included in their leaflets on action to be taken in the event of choking. If not possible additional signposting to the nhs.uk advice on choking should be placed alongside signposting to the Medicines for Children site.

ACTION: RDTC to contact Medicines for Children team for response. Leaflet to be retained in the meantime.

2.4 NHSE OTC Guide/ self-care policy – verbal update

A verbal update was provided. The group heard that the list of DNP indications was now live on the RAG list, along with the link to the commissioning statement which had been adopted by the majority of GM CCGs for 'soft launch'. A GM minor ailments scheme is in development. The need for further work to provide advice on vitamins and minerals had been identified and scoping of this was underway. The group heard that the current commissioning statement would be updated to include details of the appeals process for prescribing decisions which should direct appeals to CCGs to deal with locally.

3.0 FMESG Work Plan 2019

3.1 Monthly horizon scanning document October 2019

The RDTC monthly horizon scanning document for October was considered by the group. FMESG agreed that an evidence summary for ospemifene should be sought as there may be increased appetite to use this as a result of multiple HRT product shortages and is priced higher than other options in its class.

ACTION: RDTC to update action log accordingly.

4.0 Formulary and RAG

4.1 Formulary amendments October 2019

Suggested formulary amendments were noted and approved. The following actions were agreed to reflect GM palliative care guidance and GM Neuropathic pain guidance:

- Celecoxib capsules to be added to formulary as a GREEN drug and GREY; for use in palliative care for relief of cancer pain.
- Oxycodone 10mg/ml concentrated oral solution to be added to the RAG list (but not formulary) as GREEN (specialist advice) and annotated 'There are significant risks of overdose if a concentrate product is used in error for a normal strength product' and a hyperlink provided to MHRA PSA error report.
- Midazolam injection to be added to formulary as a GREEN drug.
- Imipramine to be removed from the formulary as an alternative to amitriptyline for neuropathic pain (this is in line with NG 173 which no longer recommends imipramine).
- Gabapentin to be clarified as the second choice for neuropathic pain if amitriptyline is ineffective/ not tolerated/ not suitable. Pregabalin to be clarified as third choice if gabapentin is ineffective/ no tolerated/ not suitable. This acknowledged consultation comments received on the GM Neuropathic Pain Guidance which requested pregabalin be placed ahead of gabapentin. However owing to the greater abuse potential of pregabalin, FMESG agreed the recommendation that pregabalin should be used as an alternative to gabapentin should be retained.

As the GM Palliative Care Guidance and GM Neuropathic Pain Guidance have completed GM-wide consultation periods that reflect the above positioning, these changes can be enacted without further consultation.

FMESG also recommended:

- Dornase alfa for cystic fibrosis in adults to be RED. This is an amendment of the current AMBER RAG to reflect repatriation of GM adult cystic fibrosis patients

ACTION: RDTC to open the above recommendation for GM wide consultation and seek pre-support to action from December's CSB.

4.2 RAG List- update on merge

The group discussed progress on the proposal to merge the adult and paediatric RAG lists. A review and sense check of all listings was being carried out to ensure clarity of information, that links to guidance were current, and to rationalise multiple entries where able.

RDTC was liaising with their web developer to improve appearance, functionality and search-ability of the list and sought input from the group on potential changes. It was agreed that action would be necessary to make the RAG list easier to search, especially as it would now contain entries for indications, not just drugs/classes of drugs.

The group agreed that the draft 'merged' list should be circulated around contacts within paediatric services as an additional step to gain input and assurance that any listings for both adult and paediatrics were appropriate. It was recognised that this was an important step for ensuring safety and clarity of the recommendations however it may result in some additional work-load for FMESG to re-assess suitability of some RAG statuses in children. RDTC to continue to progress this action as discussed.

4.3 DNP Assessment: liothyronine for resistant depression & 4.4 DNP Assessment: Voke inhalator

Due to time constraints, these items were deferred to November's meeting.

5.0 AOB

In light of the recent number of product shortages and uncertainty over medicines supply following EU-exit, the group discussed whether any additional actions were necessary to update the formulary. It was agreed that a statement be developed to provide signposting to stakeholders on how to obtain up to date advice on medicines shortages, however the GM formulary should not be updated reactively to supply issues.

ACTION: RDTC to draft statement and circulate around members for virtual approval.

The next meeting will be held on 26th November 2019, 12.30-2.30pm, MFT-ORC.