Minutes of the GM Formulary Subgroup meeting

Date: 2nd April 2015, 12-2pm
Venue: Pharmacy Seminar Room, UHSM
Present: Charlotte Skitterall, Helen Burgess, Aoidín Cooke, Monica Mason, Connie Chen, Ann Harrison, Sarah Jacobs, Peter Howarth, Jonathan Peacock
Apologies: Liz Bailey, Dev Devapriya, Leigh Lord, Claire Vaughan
In attendance: Hoda Mirjafari (Specialty Registrar Doctor in Rheumatology and Honorary Clinical Research Fellow at the University of Manchester), David Lloyd (GMSCN senior project manager – neurology and mental health), Jacqueline Coleman (medicines optimisation pharmacist Stockport CCG attended in place of Liz Bailey)

Declarations of interest: None declared

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

Item 4 a- Update on OAB pathway development
CS and SJ updated the FSG on the progress of the OAB pathway. CS will ensure that SJ has comments received from Nicola Bennet. SJ had also received information from CV regarding OAB diaries. SJ agreed to collate this information and bring a draft pathway to the next FSG meeting.
Action: CS to forward any OAB pathway information to SJ

Item 4 b - Request from GSK to use formulary in recorded web meetings – reply from March GMMMG
CS fed-back on the discussion regarding this matter at GMMMG and that FSG did not have capacity at the moment to undertake this work.
Action: MM to communicate back to GSK that FSG will not be taking this work forward currently

Item 4 c – Statin information within chapter 2 in relation to the updated NICE CG181
The FSG agreed the changes to the statin wording at the March meeting but asked that similar wording be added to the Ezetimibe and Fenofibrate listings.The group suggested the relevant hyperlinks to NICE guidance be added and the text be amended to read:
Ezetimibe tablets 10mg: (As per TA132 as an option in those patients who are unable to take a statin or are intolerant to statins or for concomitant use in those patients unable to tolerate higher doses of statins)

Fenofibrate capsules 67mg, 200mg, 267mg, tablets 160mg: (As per CG181 - Do not routinely offer fibrates for the prevention of CVD to any of the following:
-people who are being treated for primary or secondary prevention
-people with CKD, type 1 or type 2 diabetes)
Action: Submit to GMMMG for approval thereafter upload amended version to the website

Item 4 d – Biosimilars and inclusion in GMMMG RA pathway
A paper titled "GMMMG – Rheumatology prescribing of biosimilars: Proposed mechanism to introduce biosimilar infliximab around GMMMG region" had been circulated to the CCG leads for comment. The FSG discussed this paper and the CCG lead comments received. They agreed with Ben's responses to comment 1c, 3c, 4e and these statements will remain as written, however asked that statement 3a be amended to read "A gain share arrangement will be in place between CCGs and Trusts as per local arrangement, this is likely to be 50:50" and that statement 4f be removed. SJ will communicate these amendments to the authors and an amended document will be submitted to GMMMG.
The FSG asked that Hoda update the RA pathway with a statement that "where a biosimilar product is available its use is recommended", this amended document with this statement highlighted would then need to be submitted to GMMMG for approval.
The amended document will then be submitted to GMMMG for approval.
Action: SJ to forward these comments to the author (Ben Parker) who will amend accordingly prior to submission to GMMMG. HM will amend the RA pathway and submit to the FSG for submission to GMMMG

Item 4 e – Teleconferencing of FSG meetings
This item will be discussed at the May meeting
Action: No further action at present

Item 4f - Query regarding the removal of diclofenac from formulary
The FSG considered a request that diclofenac should be removed from the formulary in light of its safety profile. MM presented some draft figures to the group which highlighted the reductions in diclofenac prescribing across GM over the last year and asked whether this issue needed a paper to aid discussion at a future meeting. The FSG stated that this would be an agreeable action.
Action: Prepare a summary paper discussing the implications of removing diclofenac from the GM formulary for the June FSG meeting

Item 4g - Strategic clinical network pathway development – headache
The group welcomed David Lloyd to present the NW Headache Management Guideline. DL explained that in 2014 SCNs were tasked with looking at the pathways/service provision with the aim of improving patient experience and costs due to inappropriate referrals. This work was built on from the GM neurosciences pathway work done by Adam Zermansky (Neurology Consultant). The pathway has previously been circulated throughout Salford Trust and that the Salford Headache Clinic has approved its use, comments are now being sought across GM.
The FSG suggested that it would be beneficial to know who the desired audience will be, is it intended for a GP audience? The group also asked if the pathway had been approved by any other medicines management groups. The group asked if there had been any pharmacy input into its development and what procedure was in place for an assurance/quality check of the document.
The group requested that:
- The pathway should state reference to NICE CG150 and TA260, and that this guidance had been considered in the pathway development
-the pathway title should clearly state adults only
-in the appendix document the term "full house" (point 5) should be considered for re-wording.
-the group discussed the reference to domperidone and suggested that the recent MHRA warnings be added and a note regarding short-term use of this product.
-that a link to instructions for appropriate gabapentin dose-titration be added along with a link to the patient information leaflet

The group acknowledged that this pathway should be useful for GPs and agreed that following the suggested amendments it be submitted to GMMMG for approval. The FSG are aware of other pathways being produced by the SCNs and asked that GMMMG discuss a process for approval.
The FSG noted that sumatriptan injection and Botox injection were not currently in the formulary and will discuss this at the June meeting.

Action: MM to communicate comments from FSG to DL at the SCN, ask GMMMG about a GMMMG approval process for this and future SCN pathways, add sumatriptan and Botox to formulary amendments document in June.

Item 5 – New product applications
The FSG discussed correspondence received from a manufacturer regarding the launch of a new 4 g Pentasa® sachet and whether as the lower strengths of this product are already on formulary if this product needed to go through the usual application product. The group raised concerns regarding the potential for waste with this product, due to the fact that the high strength is only for acute treatment and not for maintenance. The FSG confirmed that the product would need to go through the usual procedure which includes submission by a GM NHS clinician.
Action: MM to respond to manufacturer

Item 6 - Formulary amendments
The FSG reviewed MHRA drug safety alerts, NICE guidance and NTS recommendations from March 2015 and agreed to amend the formulary as appropriate. This included updating formulary to reflect NICE TA330, TA331, TA329, TA333, TA335, TA336, TA337.
The March edition of the MHRA DSU had not been released and in time for the papers being sent out and so it was agreed that this would be considered at the May meeting.
Following recommendation by NTS Duaklir® Genuair® was added to section 3.1.4 of the formulary.
Action: Submit FSG recommendations to GMMMG for ratification

Item 7- Review of formulary chapters:
Chapter 9 review – The FSG were updated on the progress of the chapter 9 review which was currently open for consultation on the website. Following the end of consultation on the 3rd April a summary of the comments and supporting evidence prepared by the RDTC would sent to the lead reviewer at the CSU to action. It is hoped this chapter review will complete at the next FSG meeting.
Action: MM to prepare summary of comments received and supporting evidence and forward to CSU

Chapter 13 review – The FSG were updated on the progress of the chapter 13 review. SJ explained that some comments were awaited from the dermatologists and a deadline had been set for April. Once these have been incorporated the draft chapter will be sent to the RDTC to upload onto the web for GM wide consultation.
The FSG also discussed an email from a UHSM pain consultant and the process undertaken for tapentadol to be added to the DNP list. The contents of this email will be forwarded to GMMMG for further comment.
Action: SJ to forward revised chapter to MM to be uploaded to the website

Item 8- DNP and Grey list - Feedback from GMMMG on recent amendments to DNP and Grey list
The FSG reviewed a paper prepared by the RDTC which included further amendments to the DNP and Grey list as requested by GMMMG. The FSG agreed to these changes and the revised list can be agreed that this could be uploaded to the website in due course.
GMMMG had also requested that the list be reviewed to include items that had previously been excluded as they were paediatric only preps e.g. Colief. The FSG agreed to do this in the coming months.
Action: MM to replace the existing list on the website with this revised list

Item 9 – Feedback from GMMMG/NTS/IPS
The FSG were updated o the activities of the other GMMMG groups although there had been no NTS meeting in March. The group accepted feedback from GMMMG regarding amendments to the DNP criteria which would be considered at the next meeting and noted the requirement not to issue any decisions from the group during the pre-election period.
Item 10 - AOB
Nothing raised
Date of next meeting: Thursday 7th May 2015, 12-2pm, Sale Suite, Trafford CCG