



## Minutes of the GM Formulary Subgroup meeting

**Date:** 7th January 2016, 12-2pm

**Venue:** Pharmacy seminar room, Wythenshawe Hospital

**Present:** Sarah Jacobs, Liz Bailey, Helen Burgess, Charlotte Skitterall, Monica Mason, Jonathan Peacock, Leigh Lord, Connie Chen, Claire Vaughan, Peter Howarth

**Apologies:** Dev Devapriya, Ann Harrison, Danielle Timoney

**Declarations of interest:** None declared

### Item 3 – Previous minutes and actions –

The minutes were agreed as accurate.

**Action:** MM to submit to GMMMG

### Item 4a – GM COPD pathway meeting

FSG noted that the next meeting of this group was this evening. MM explained that there would be some additional representation from primary care at the meeting this evening and AM would also be attending to minute the meeting. MM had requested that all members of the group complete a Dol form and AM had agreed to oversee this. Concern was raised that the pathway was simply a list of inhaler choices but a draft of the pathway had been circulated prior to the meeting and it was confirmed that the pathway provided a management plan and would include detail of when referral to a specialist was appropriate. Following approval of the draft pathway MM agreed that the RDTC would be able to help format the document if necessary. MM would contact AM for an update on the pathway progress following the meeting.

**Action:** MM to contact AM for an update of the progress of the COPD pathway development.

### Item 5 – Formulary amendments – December 2015

The group agreed to the following proposed changes to the formulary:

- Ledipasvir for chronic hep C (in line with TA363), daclatasvir (in line with TA364), ombitasvir (in line with TA365), Vortioxetine (in line with TA367), Ciclosporin eye drops (in line with TA369), a link to TA373 and a link to NG28 (replacement of CG87) would be added to the formulary.
- Links to MHRA DSU issued in December regarding thalidomide, mycophenolate and bisphosphonates would be added to the formulary
- The group agreed that Omega-3-acid ethyl ester be moved to the grey list to enable use by specialists for the treatment of triglyceridaemia. The group requested that the agent also be added to the RAG list as “green following specialist initiation” for this indication.
- The FSG considered the current listing of oxycodone/naloxone MR tablets on the DNP list in view of the NICE ESM for restless legs

syndrome, however FSG have requested that this be referred to NTS to review the recommendation that the DNP listing is based on i.e. to review for both indications, following this FSG will assess/amend DNP if necessary.

**Action:** MM to submit proposed amendments to GMMMGM

#### **Item 6a – Chapter 5 review**

SJ updated the FSG on the proposed chapter 5 review. It was noted that most organisations have their own antimicrobial protocols and that many Trusts now use apps to aid antimicrobial prescribing. There was discussion around the limitations of the formulary format with regards antimicrobials vs the benefits of the various protocols and pathways in use across GM. The question was raised as to whether it would be possible to merge these into one GM-wide protocol; however it was agreed that the most benefit presently would be derived by updating chapter 5 to include links to all local guidelines and to add in good practice messages throughout the chapter.

**Action:** SJ to update chapter 5 as detailed and bring back to March FSG meeting

#### **Item 6b- Review of inhaler devices**

The group reviewed a draft of chapter 3 which included the addition of Spiolto Respimat®, the higher strength Fostair® 200/6, Sirdupla® and AirFluSal Fospiro®. At the December meeting the group had acknowledged that it was necessary to add these agents to the formulary but also wished the differences in price between these agents at the various strengths. It was agreed that the clearest way to do this whilst providing prescribers with the most information was by embedding the appropriate RDTCC Cost Comparison Charts within chapter 3, these would be updated quarterly. FSG agreed these amendments which will be submitted to GMMMGM for approval.

**Action:** MM to submit to GMMMGM in January

#### **Item 6c – Inclusion of NICE “do not do’s” into DNP list**

MM updated FSG that a list of NICE “do not do’s” had been obtained and work was ongoing to condense this list down to those relevant for inclusion on the DNP list. These agents will be considered by FSG in March. The group also agreed that it would be timelier to review new evidence as it emerges for items on the DNP list, and that this process should replace the 6-monthly review of the list.

**Action:** MM to submit this item to FSG in March and to update GMMMGM regarding the new review process for the DNP list i.e. ongoing rather than 6-monthly.

#### **Item 7 – Strategy for FSG**

FSG discussed and updated the current work plan.

**Action:** MM to upload to the website

#### **Item 8 – Additional feedback from GMMMGM/NTS/IPS**

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

#### **Item 9 – AOB**

##### **Development of a GM Pain Pathway**

FSG asked if there had been any update on the development of a pain pathway with the NW pain group. MM fed back that NTS had been in discussion with members of the pain pathway regarding the review of the tapentadol recommendation and would ask BR if any progress had been made with the pathway. SJ agreed to follow this up following discussion with AM who had recently attended the NW pain group meeting.

**Action:** SJ to contact the NW pain group to discuss development of a pain pathway.

**Date of next meeting:**

There will be a virtual meeting in February.

The next physical meeting will be

Thursday 3<sup>rd</sup> March 2015

12-2pm

Maternity Seminar Room

UHSM