Minutes of the GM Formulary Subgroup meeting

Date: 2nd July 2015, 12-2pm
Venue: Sale Suite, Trafford CCG
Present: Aoidín Cooke, Monica Mason, Ann Harrison, Sarah Jacobs, Leigh Lord, Liz Bailey, Connie Chen, Charlotte Skitterall, Claire Vaughan, Jonathan Peacock
Apologies: Helen Burgess, Dev Devapriya, Peter Howarth
Declarations of interest: none

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

Item 4 a- Update on OAB pathway development and NWFUG response
The FSG reviewed comments received during the 2-week GM-wide consultation of the draft OAB pathway and considered the changes made to the draft pathway. The group acknowledged that there was some concern regarding the lack of a third line option and that this may result in increased secondary care admissions. The group agreed that a statement be added that "clinicians may want to use alternative agents within each step before progressing to the next step".
The group considered the request to include fesoterodine as a treatment option, the group have developed the pathway in line with NICE CG171, and therefore due to the lack of difference in efficacy between agents those agents with the lowest acquisition cost had been selected.
It was agreed that Charlotte would contact the NWFUG to discuss their comments further, and that an email reply could be sent to the group regarding the choice of agents if required in addition.
Action: SJ to amend draft OAB pathway as per FSG discussions. CS to contact NWFUG and thereafter MM to forward email if required

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

- Add a link to Omalizumab within chapter 3.4.2 of the formulary to NICE TA339 (Omalizumab for previously treated chronic spontaneous urticaria) and a note that this treatment is NHSE commissioned
- Vedolizumab to be added to chapter 1.5 of the formulary with a link to NICE TA342 (Vedolizumab for treating moderately to severely active ulcerative colitis) with a note that this treatment should be assessed every 12 months.
- Add a link to TA341 (Apixaban for the treatment and secondary prevention of DVT and/or PE) within chapter 2.8.2
- Replace the link to TA313 with a link to TA340 (Ustekinumab for treating active psoriatic arthritis) in chapter 13.5.3

- Add a link to NICE TA343 (Obinutuzumab in combination with chlorambucil for untreated chronic lymphocytic leukaemia) from chapter 8
- Add a link to NICE TA344 (Ofatmumab in combination with chlorambucil or bendamustine for untreated chronic lymphocytic leukaemia to chapter 8
- Include a link to NG8 (Anaemia management in people with chronic kidney disease) from chapter 9
- Include a link to CG97 (LUTS in men: assessment and management) from chapter 7
- Add Simbrinza® (brinzolamide and brimonidine combination eye drops for glaucoma to chapter 11 as per the NTS recommendation

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

Item 6 – Review of formulary chapters

SJ updated the group on the progress of the chapter 4 review; all sections have been assigned a secondary care checker, SJ has contacted public health to seek help with the alcohol dependence section. A draft will be forwarded to MM for GM-wide consultation via the website when complete.

Action: SJ – prepare first draft for consultation

Item 7- DNP and Grey list criteria

The FSG reviewed the revised DNP and Grey lists. The content of both lists had been merged and an evidence review had been conducted for each agent to check its eligibility for the list based on its use in all indications. Any exceptions i.e. if there was an indication for which there was evidence to support the agents use were listed. The group discussed issues around the lists being merged into one single list. Although exceptions were listed, the group was concerned that the lack of a Grey list may result in the refusal to prescribe items which were still commissioned in some circumstances. The group agreed that the format of the new list should remain and that agents should be listed to include all indications on the DNP list, but that the Grey list should be retained to include items where there is an agreed use for a specific indication. The FSG also asked that a column be added to identify whether the agent is CCG or NHSE commissioned.

The group discussed the request that the list be expanded to include additional items which are included on the Stockport list. The group considered the items on the Stockport list which are not listed on the GMMMG lists, but agreed that to add all items to the GM lists would make the lists very long and many of the items would have little impact across GM as a whole. The FSG have asked that GM clinicians submit applications for the DNP and Grey list to FSG who will assess them for inclusion on a monthly basis using the agreed criteria. Whilst it was hoped the revised format would be ready for approval at the July GMMMG meeting, in light of the requested amendments by FSG this will come to the August GMMMG meeting.

Action: MM – amend lists as per FSG instruction

8 – Strategy for FSG

The FSG discussed future work of the group following the completion of whole chapter reviews which is due in the autumn. The group discussed future pathway development, the continued update of the formulary in line with NICE guidance and the direction of the GM formulary following developments within “Devo-Manc”.

The group also discussed the possibility of monitoring formulary compliance and the future availability of secondary care prescribing data. It was agreed that a review of inhalers and development of the wound care chapter of the formulary would be

undertaken in the autumn/winter following completion of the remaining chapter reviews. The group also agreed to scope the need for work on anal irrigation system. The group also recognised the need for horizon scanning, whilst NTS horizon scan for new drugs, it was noted that formulary required information on agents such as branded generics which NTS would not consider.
Action: MM - update work-plan in light of FSG discussion, obtain data for anal irrigation systems and share with group and discuss horizon scanning options with NTS and RDTC.

9 – Additional feedback from GMMMG/NTS/IPS
None

10 – AOB
The group discussed whether this letter needed to be actioned by the formulary group or related only to prison formularies. LL agreed to contact Karen O'Brien for clarification.
Action: LL – contact Karen O'Brien

Date of next meeting:
Thursday 6th August 2015, 12 - 2pm
Education Centre Committee Room, Wythenshawe Hospital