Minutes of the GM Formulary Subgroup meeting

Date: 7th July 2016, 12-2pm
Venue: Maternity seminar room, Wythenshawe Hospital
Present: Liz Bailey, Monica Mason, Dev Devapriya, Sarah Jacobs, Helen Burgess, Claire Vaughan, Peter Howarth, Danielle Timoney, Connie Chen, Ann Harrison,
Apologies: Jonathan Peacock, Leigh Lord, Jimmy Cheung, Charlotte Skitterall,

Declarations of interest: HB and CV declared that Salford and South Manchester CCGs were involved in the Salford Lung Study and that this may need consideration in relation to the COPD pathway. However it was agreed that as FSG members were commenting on a pathway which had already undergone GM-wide consultation and GMMMG would actually approve the pathway this would not be considered a conflict of interest.

Item 3 – Previous minutes and actions
There was no physical meeting in June, but the group were provided with the summary of decisions which had been made virtually and subsequently approved by GMMMG and include:
Formulary to reflect:
-CG152 (Crohn's disease management) and CG42 (Dementia: supporting people and their carers in health and social care),
-NICE MTA390 (Canagliflozin, Dapagliflozin and Empagliflozin as monotherapies for treating type 2 diabetes), all three agents are currently listed in chapter 6,
-Chapter 8 of the formulary to reflect TA391 (Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel),
-Chapter 4 of the formulary to reflect TA217 (Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease),
- links to the May MHRA DSU to be added, along with a link to the negative TA for pomalidomide,
-links to recently GMMMG approved SCGs to be included within formulary

Item 4a – GM COPD pathway
FSG considered the proposed final draft of the COPD management plan which had been developed by GM respiratory specialists, nurses, GPs and pharmacists over the previous 6 to 9 months, and which had been for GM-wide consultation via the GMMMG website. A couple of further amendments were requested by FSG members namely that the pathway highlighted that patients requiring more than three courses of antibiotics in a 12 month period should receive advice from the respiratory team (as it does for steroids), a change in wording with reference to the statement on end of life care. The group also commented that the pathway should highlight that those patients stable on their current therapy should not have their therapy changed. The group commented that this pathway represented some significant changes to current practice and that implementation tools may be required to help explain these

changes in practice to staff. MM fed back comments from the COPD pathway development group via AM which detailed practice training sessions which were planned by clinicians involved in the pathway development. However it was felt that this may not be the case for all CCGs and that additional implementation tools may be required. It was agreed that at this stage the management plan would be submitted to the July GMMMG meeting for approval, with a summary paper explaining the background to the pathway development, a summary of changes and some suggested outcome measures. Following GMMMG approval the formulary would need to be updated in line with the management plan and discussion around implementation tools could resume.
Action: MM to contact the COPD pathway development group Chair via AM and request the suggested amendments to the management plan, following which it would be submitted to GMMMG for approval along with a summary paper.

Item 4b – Wound care formulary
FSG considered the proposed final draft of the GM woundcare formulary, developed by JC with a working group. The formulary had been out for GM wide consultation via the website and had been updated accordingly. It was agreed that the formulary be submitted to the July GMMMG meeting for approval. FSG also noted that implementation guidance is in progress.
Action: No action

Item 4c – Chapter 5 review
FSG reviewed the final revisions to chapter 5 of the formulary. A couple of further amendments were agreed by FSG and it was agreed that the changes summary and draft chapter will be submitted to the July GMMMG meeting.
Action: SJ to amend as discussed and submit changes summary and draft chapter to GMMMG

Item 4d – Anal irrigation systems pathway
The group considered information detailing the process for anal irrigation from SRFT, it was agreed that it would be useful to try and develop this GM-wide. MM agreed to put this information into the agreed format and to consult IPS/NTS to try and establish who is currently prescribing from secondary care before bringing it back to FSG in September for approval prior to GM consultation.
Action: MM to bring draft pathway back to Sept FSG meeting

Item 4e – NW Urticaria pathway
FSG considered a pathway for the management of urticaria submitted by the NW allergy group. The group made some suggestions to the format of the pathway and also asked whether it applied to adults or children also. There was some concern around the possible commissioning implications of the pathway and the group asked that MM contact the lead author to ascertain whether all relevant GM departments (i.e. immunology, dermatology and allergy) had been consulted during the development of this pathway. The group agreed that whilst this pathway could be useful it had been developed on a NW footprint and they first need to ascertain whether it was suitable for GM wide implementation, after which FSG would support its development as per the usual process.
Action: MM to contact author as above.

Item 4f – Pathway Updates
SJ updated FSG on the progress of the Swollen Leg pathway. CV commented that many places had already produced local pathways now to ensure NICE compliance; SJ replied that this pathway was wider than NICE. It was agreed that FSG would comment on the drug content of the pathway and Heads of Commissioning would

need to consider other aspects relating to commissioning prior to submission for GMMMG approval.
SJ explained that the PsA pathway had recently been updated and she would review it in the near future, that the IBD pathway was still in development, and that the RA pathway had been updated and would be submitted straight to GMMMG as there were no issues for FSG to consider.
There is a diabetes guideline in development within GM however it is SJ explained to the group that it is being developed with the support of the ABPI/Pharma. SJ had attended the first meeting but explained to the group that this piece of work is not considering drug therapies and will not affect formulary. It was agreed that this work would not be pursued by GM FSG, however AM would continue to attend the meetings and would update GMMMG should this change.
There was some additional discussion regarding contact from Diabetes UK, who were querying how patients would be able to access treatments if they were not listed within the formulary. JC was following up this conversation and explaining the role of GMMMG an how decisions were made, however PH had also had a similar discussion with Diabetes UK and explained to FSG that he had a useful discussion regarding processes and in particular blood glucose testing meters.
SJ explained that the next pain pathway meeting was scheduled for September.
Action: Await submission of swollen leg pathway to FSG for comment

Item 5 – Formulary amendments – July 2016
It was agreed that the formulary would reflect NICE TA392, TA393, TA394, TA395, TA396 and TA 397. The formulary would be updated to include a link to the MHRA DSU (June 2016) warnings on canagliflozin, nexplanon and topical miconazole.
The group reviewed the recently published NTS reviews and agreed that there was no action for formulary with regards the Etanercept biosimilar (Benepali®) statement, but that SJ would update the biosimilars statement to reflect this, however the group agreed to assess Sufentanil sublingual tablet system for the DNP list at the Sept meeting.
Formulary will be updated to include a link to the Sacubitril/valsartan information leaflet and the apomorphine SCG.
The group agreed to remove rimexolone 1% eye drops from the formulary as they have been discontinued, DT is communicating this action to CMFT and FSG will await a formulary application for a suitable replacement.
The formulary will be updated to reflect NICE recommendation for H.Pylori eradication in those with penicillin allergy on the request of a GP.
FSG resumed discussions around the request from IPS that omeprazole suspension be considered for the DNP or Grey list. FSG considered feedback from CMFT paediatric specialists who recognised that some patients would require access to a liquid version. FSG agreed that this agent would not be added to the DNP or Grey list as similar positions would then need to be taken on other “specials” and this may not be appropriate, as by their nature specials should be reserved for use by those requiring them and the appropriateness of such prescribing should be up to the prescriber and dealt with locally.
FSG agreed to add tadalafil once daily to the DNP list in line with the NTS recommendation.
DT communicated issues from dentists at CMFT regarding the position of Duraphat on the DNP list, and whether for those patients seen FSG responded that the points raised were those of commissioning of dental services and that it would be more suitable for dentists and commissioners to discuss these issues outside of FSG.

Action: MM to submit proposed amendments to GMMMG as appropriate and prepare items for next FSG meeting. DT to communicate with dentists at CMFT as per FSG discussion.

Item 6a – Current work plan
The work plan was updated to reflect current work of FSG.
Action: No further action

7 – AOB
Nothing raised

Date of next meeting: Thursday 1st September 2016, 12-2pm, Maternity Seminar Room, UHSM. N.B. the FSG will communicate virtually in August