Minutes of the GM Formulary Subgroup meeting

Date: 5th March 2015, 12-2pm
Venue: Partington Suite, Trafford CCG
In attendance: Charlotte Skitterall, Helen Burgess, Aoidín Cooke, Leigh Lord, Monica Mason, Connie Chen, Claire Vaughan, Ann Harrison, Sarah Jacobs, Heather Proctor
Apologies: Liz Bailey, Dev Devapriya, Peter Howarth
In attendance: Hoda Mirjafari (Specialty Registrar Doctor in Rheumatology and Honorary Clinical Research Fellow at the University of Manchester)

Declarations of interest: CV participated in a telephone interview regarding biosimilars

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

Item 4 a- Update on OAB pathway development
CS updated the group regarding the development of the OAB pathway. Work is on-going with Nicola Bennet and the final draft will be circulated to the FSG for comment when completed.
Action: Bring draft OAB pathway to FSG for comment when completed, aim for April FSG meeting.

Item 4 b - Request from GSK to use the formulary in recorded web meetings – reply from GMMMG
CS will discuss the points raised by the Feb FSG meeting at the March GMMMG meeting.
Action: Feedback at April FSG meeting

Item 4 c – Statin information within chapter 2 in relation to the updated NICE CG181
The group discussed the proposed changes to the statin content on the formulary. The group agreed with the changes which now see atorvastatin (10mg - 80mg) as first choice and simvastatin (20 - 40mg) as an alternative over pravastatin (20 - 40mg), with a note that *"as a lower intensity statin pravastatin should be reserved for those patients unable to tolerate atorvastatin or simvastatin. See NICE CG181".*
The group asked that similar messages be added to Ezetimibe and Fenofibrate.
Action: Incorporate Ezetimibe and Fenofibrate message and forward to FSG by email for agreement

Item 4 d – Biosimilars and inclusion in GMMMG RA pathway
The FSG welcomed Hoda Mirjafari to the meeting. Hoda is currently a Specialty Registrar Doctor in Rheumatology and Honorary Clinical Research Fellow at the University of Manchester and provided the group with verbal information regarding the development of biosimilars.
SJ updated the group following her meeting with rheumatologists to discuss the RA pathway and how biosimilars would be added to the pathway. The group raised query over the switching between biosimilar products. The group noted that NTS will be issuing some general guidance on biosimilar products however it is expected that where there is a local pathway in place that GMMMG would approve biosimilars for inclusion without needing to evaluate each one individually. The FSG asked whether they would need to position the

biosimilars within the formulary, would biosimilars be a first line option in new patients. It was agreed that further discussion would continue at the chiefs / CCG leads / CSU joint working group at which biosimilars was on the agenda which was being held the following week which would be attended by the Chief Pharmacists, CCG representatives and CSU.
MH agreed to contact the pathway authors and ask where the biosimilars should be included.
SJ re-iterated that she had met with Ben Parker last week and that the concern was more around the GMMMG approval process, hence the suggestion at GMMMG by NTS that biosimilars would be added as an option.
Action: Discussion to continue at "chiefs / CCG leads / CSU joint working group meeting" next week. Attending FSG members to feedback at next FSG meeting.

Item 4 e – Strategic clinical network pathway development – headache and diabetes
SJ updated the group on her recent meeting with the strategic clinical networks. CV suggested that the FSG may have an interest in consulting on the development of these pathways
Action: Communicate interest in FSG consultation on pathways

Item 4f - Teleconferencing of FSG meetings
Following the cancellation and the subsequent e-meeting of the FSG in January, the group were asked to consider teleconferencing or webinars as an alternative to cancellation of meetings. MM agreed to gather some information on different options available and forward these to the group for consideration.
Action: Provide group with options by email for teleconferencing or webinars.

Item 5– New product applications
No applications received

Item 6-formulary amendments
The FSG reviewed MHRA drug safety alerts, NICE guidance and NTS recommendations from February 2015 and agreed to amend the formulary as appropriate. This included:
Addition of link to NICE CG61 (IBS) within formulary. It was noted that NTS had recently re-reviewed their linaclotide recommendation and that linaclotide would remain non-formulary. Some members of the group raised concern regarding prescribing requests for linaclotide from UHSM which CS agreed to follow up.
Addition of link to NICE NG3 (diabetes in pregnancy) within chapter 6 of the formulary.
Include link to MHRA warning regarding CV risk and tiotropium respimat or handihaler
Include link within GM website to MHRA warning on drugs and driving alongside factsheet which Leigh will submit to MM.

The FSG discussed the "letters sent to HCPs" which the MHRA will now include within the DSUs, but agreed that there was no need for these to be included within formulary as if the issue was of significant concern to the formulary it would be included within the DSU.

The group have already actioned the re-review of the NTS tadalafil once-daily recommendation via the chapter 7 review when this agent was removed from the formulary.

The group considered the NTS recommendations regarding Relvar Ellipta and the statement that "as this is low priority for funding it is not suitable for immediate formulary inclusion" and asked for further clarification from NTS.
Action: Submit FSG recommendations to GMMMG for ratification
Communicate concerns regarding linaclotide prescribing requests from FSG to UHSM specialists
Forward factsheet regarding drugs and driving to MM

Item 7- Review of formulary chapters:
Chapter 9 review – The group were updated on the progress of this chapter which is currently with the secondary care checker. Upon completion this chapter will be returned to the RDTC for upload onto the website for consultation.
Action: Submit to RDTC for upload to website

Chapter 13 review - SJ recently met with the dermatologists and updated the FSG on the progress of this chapter which will be submitted for consultation as soon as possible.
Action: Submit to RDTC for upload to website

Item 8- March 2015 review of DNP and Grey list
The group reviewed the proposed revisions to the DNP and Grey list which will be forwarded to GMMMG for approval
Action: Submit to GMMMG for approval at the March meeting

Item 9 – Feedback from GMMMG/NTS/IPS
IPS – requested amendments to chapter 11
NTS – incorporated in formulary amendments
GMMMG – update

Item 10 - AOB
Nothing raised

Date of next meeting: Thursday 2nd April 2015, 12-2pm
Pharmacy Seminar Room
UHSM