Minutes of the GM Formulary Subgroup meeting

Date: 7th May 2015, 12-2pm
Venue: Trafford CCG, Sale Suite
Present: Charlotte Skitterall, Helen Burgess, Aoidín Cooke, Monica Mason, Ann Harrison, Sarah Jacobs, Leigh Lord, Dev Devapriya, Liz Bailey, Mary Crabb
Apologies: Claire Vaughan, Connie Chen, Peter Howarth, Jonathan Peacock
Declarations of interest: HB – attended a meeting with MSD to discuss the use of ezetimibe

Item 3 – Previous minutes and actions - The minutes from the April 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 group on the progress of the OAB pathway. There was discussion around the lack of incontinence services within a couple of the GM CCGs and that this would need to accounted for within the pathway.
Mary Crabb asked if there had been consultation with specialists across GM, CS explained that specialists had been invited from across GM, a meeting had been held a few months ago to discuss the production of this pathway and that those at the meeting were mainly from UHSM, Stockport and Central Manchester.
The FSG agreed that work should continue to produce this pathway with an aim that it would be concise i.e. ideally no longer than two pages (the Rotherham pathway was cited as an example).
Action: SJ to complete the pathway for approval by the FSG at the June meeting

Item 4 b – MM explained to the group that letters had recently been received from Mr Sinclair (consultant at Stepping Hill, Tameside and Macclesfield) and Mr Gunendran (consultant at UHSM) concerning the removal of tadalafil (in particular the 10 and 20 mg strengths) from the formulary. Of note within these letters is the concern that lack of a third option i.e. tadalafil, where sildenafil and then avanafil are not appropriate, would result in patients moving straight to alprostadil. Reference was made to the longer-acting nature of tadalafil and the benefit some patients may derive from this.
The FSG were reminded that tadalafil had been removed from the formulary as part of the review of chapter 7 in response to the NTS recommendations regarding tadalafil once daily and avanafil.
MM communicated the response that had been sent to the manufacturer of tadalafil by NTS recently and agreed that a similar response be produced from the FSG and NTS explaining in detail the reasoning behind the removal of tadalafil and should be sent to the consultants. The group recognised that the treatment of ED may benefit from the development of a pathway and this could be added to the work plan for consideration in the future.

Action: MM to work with Bhavana Reddy (NTS professional secretary) to produce a response to the consultants explaining the reasoning behind the removal of tadalafil from the formulary

Item 5 – New product applications
5a - Jaydess® - The group considered a request from the sexual health specialist involved in the chapter 7 review regarding the inclusion of Jaydess® within the formulary. A formulary inclusion tool for Jaydess was considered by the FSG which included information from NICE ESM41, the FSRH April 2014 review and a DTB from 2015. The group considered communication from the specialist that this agent may have a benefit for those women with a smaller canal and heavy periods, however the group were unable to find any real advantage to using Jaydess® over Mirena® (which is already in the formulary) in the wider population and so will not be recommending its inclusion to the formulary.
Action: Reply to applicant and forward decision to GMMMG

5b - Form 3 from MSD (chapter 7) - The group discussed a form 3 received from MSD. The purpose of form 3 is to support submission of general formulary content amendments to the formulary. These may include:
•Incorrect existing content
•Addition of safety information
•Any other content amendment
MSD have asked that within Section 7.3.2.2: "Parenteral progestogen-only contraceptives" all options (including Medroxyprogesterone acetate 150mg prefilled syringe (Depo-Provera®) and Etonogestrel 68mg implant (Nexplanon®) should be specified in this section with no differentiation between both options.
The FSG discussed this request and agreed that the format of this section of the formulary should be amended to list the injectable preparations and the implants separately, without reference to the first line or alternative agents.
Action: MM to amend section 7.3.2.2 and forward to FSG for approval prior to communicating changes to manufacturer

Item 6 - Formulary amendments
The FSG reviewed MHRA drug safety alerts, NICE guidance and NTS recommendations from April 2015 and agreed to amend the formulary as appropriate. This included the addition of a link to the MHRA warning regarding dimethyl fumarate to section 8.2.4 of the formulary
There were no recommendations from NICE or NTS for consideration
Action: MM to submit FSG recommendations to GMMMG for ratification

Item 7- Review of formulary chapters:
7a - Chapter 9 review – The FSG reviewed the revised version of chapter 9 following its two week GM-wide consultation period. Amendments were suggested following which the revised draft should be submitted to GMMMG for approval
Thanks were extended to Stephen for his work.
Action: Amend in response to FSG comments and submit to GMMMG for approval

7b - Chapter 13 review – The FSG were informed that the revised version of this chapter was about to open for the GM-wide two week consultation period. SJ explained that there had not been a great deal of feedback from secondary care but thanks were extended to Anna Swift for her thorough role as second checker. Following consultation the revised draft would be brought to the FSG for approval in June if possible.

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: Open for GM-wide consultation then bring revised draft to the June FSG meeting

Item 8- DNP and Grey list criteria
8a - The FSG discussed the request from GMMMG that FSG re-look at the DNP criteria to make it drug specific rather than indication specific. MM presented a couple of options to the format of the list and the DNP criteria to aid discussion. The FSG agreed that MM aim to combine the DNP and Grey list into a single "not recommended for prescribing list" which would state the drug – reason for inclusion on the list – any exemptions, the DNP criteria would be amended so that the drug was considered for all indications.
Action: MM to bring a draft version of the combined list to the June FSG meeting

8b - Coenzyme Q10 - The FSG considered an application to include coenzyme Q10 on the DNP list, whilst this decision was agreed in principle this will be confirmed following a review of the list at the June meeting
Action: Confirm recommendation following review at June meeting

8c - All thyroid extracts - The FSG considered an application to amend the current listing for Armour Thyroid to "all thyroid extracts", whilst this decision was agreed in principle this will be confirmed following a review of the list at the June meeting
Action: Confirm recommendation following review at June meeting

Item 9 – Feedback from GMMMG/NTS/IPS
The FSG were updated o the activities of the other GMMMG groups

Item 10 – Work plan development
MM asked that the group submit suggestions for the FSG work plan which is in development. The chapter reviews are expected to complete in the Autumn, CS asked for a strategy meeting to be scheduled for the July FSG meeting.
Action: All FSG members to submit suggestions for the work plan via email to MM

Item 11 – AOB
Nothing raised

Date of next meeting: Thursday 4th June 2015, 12-2pm, Pharmacy Seminar Room, UHSM.