Summary of formulary recommendations made at a meeting of the Sunderland Joint Formulary Committee on 27th September 2017

Product	Decision Approved Rejected Deferred			Approved RAG classification	Reason for decision/ supporting information
	A	R	D		
Artesunate 60mg injection	✓			R	**Approved:** as a red medication for the treatment of severe malaria
Binosto, 70mg effervescent alendronic acid tablets	✓			G	**Approved:** As a green drug. Alendronic acid liquid to be removed from the Sunderland Joint Formulary.

Joint formulary chapters

- None received

Guidelines

- None received

Information leaflets

- Noqdirna information leaflet **accepted.**
- Memantine information leaflet **accepted** pending the amendment of the monitoring section to read 'The initiating clinician must ensure that baseline monitoring has been carried out prior to prescribing'.
- Acetylcholinesterase inhibitors information leaflet **accepted** pending the amendment of the monitoring section to read 'The initiating clinician must ensure that baseline monitoring has been carried out prior to prescribing'.

Other decisions

- Non-supportive underwear and air fresheners **to be added** to the DROP list

NICE Technology Appraisals

The following NICE Technology Appraisals were discussed by the committee. The medicines listed in the following NICE Technology Appraisal Guidelines will be added to the formulary (if not already included); the formulary will reflect the position outlined in the TAG:

- TA476 Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer
- TA475 Dimethyl fumarate for treating moderate to severe plaque psoriasis
- TA474 Sorafenib for treating advanced hepatocellular carcinoma
- TA473 Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck
- TA472 Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab
- TA471 Eluxadoline for treating irritable bowel syndrome with diarrhoea. The group discussed the RAG rating and agreed that green plus G+ would be suitable.
- TA467 Holoclar for treating limbal stem cell deficiency after eye burns
- TA466 Baricitinib for moderate to severe rheumatoid arthritis
- TA465 Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma
- TA464 Bisphosphonates for treating osteoporosis
- TA463 Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma
- TA462 Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma

- TA461 Roflumilast for treating chronic obstructive pulmonary disease. The group discussed the RAG rating and agreed that green plus G+ would be suitable.
- TA460 Adalimumab and dexamethasone for treating non-infectious uveitis
- TA459 Collagenase clostridium histolyticum for treating Dupuytren's contracture
- TA458 Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane
- TA457 Carfilzomib for previously treated multiple myeloma
- TA456 Ustekinumab for moderately to severely active Crohn's disease after previous treatment
- TA455 Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people

Classification of products:

R RED drugs for hospital use only. Initiation and monitoring of treatment should remain under the total responsibility of the appropriate hospital clinician.

These drugs should only be prescribed under the direct supervision of that clinician and are not suitable for shared care arrangements. The drug should be supplied via the hospital for the duration of treatment.

A AMBER drugs suitable for use under Shared Care arrangements. These are specialist drugs which must be initiated by secondary care specialist prescribers, but with the potential to transfer prescribing to primary care within written and agreed shared care protocols and according to the agreed process for transfer of care.

G+ GREEN PLUS drugs - drugs which should usually be initiated in secondary care, or by a specialist clinician, but can be safely maintained in primary care with very little or no monitoring required

G Green drug - these are defined as new and established drugs, which may be prescribed, initiated, changed or maintained on FP10 by the GP and, if appropriate, discontinued without recourse to secondary care or to a specialist.

U Unlicensed medicine

NICE Approved by NICE as a technology appraisal