Summary of formulary recommendations made at a meeting of the Sunderland Joint Formulary Committee on 25th January 2017.

Product	Decision Approved Rejected Deferred			Approved RAG classification	Reason for decision/ supporting information
	A	R	D		
Removal of Seretide 250 and 500 accuhalers for COPD	✓			**NA**	**Approved** to be removed for COPD, but retained for asthma. This is in line with new COPD guidelines.
Removal of Seretide 100 accuhaler from formulary			✓	**NA**	**Deferred** position of Seretide 100 accuhaler to be clarified following communication with other potential users
Removal of Anoro Ellipta from the formulary	✓			**NA**	**Approved** for removal from the formulary. This is in line with new COPD guidelines.
Valupak multivitamins	✓			**G**	**Approved** as a green drug following discussion surrounding cost of Forceval.
Joint formulary documentation					
Guidelines The following guidelines were discussed by the committee: • PCSK9-inhibitors supplement – **accepted for information pending minor amendment**					
Information leaflets The following information leaflets were discussed by the committee: • Ciclosporin eye drops information leaflet – **accepted for information pending minor amendment**					
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: • TA417 Nivolumab for previously treated advanced renal cell carcinoma • TA418 Dapagliflozin in triple therapy for treating type 2 diabetes					

- TA419 Apremilast for treating moderate to severe plaque psoriasis
- TA420 Ticagrelor for preventing atherothrombotic events after myocardial infarction
- TA421 Everolimus with exemestane for treating advanced breast cancer after endocrine therapy
- TA422 Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer
- TA423 Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens
- TA424 Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer
- TA425 Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia
- TA426 Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia

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