# Summary of formulary recommendations made at a meeting of the Sunderland Joint Formulary Committee on 29<sup>th</sup> March 2017

Product	Decision Approved Rejected Deferred		ed ed	Approved RAG classification	Reason for decision/ supporting information			
	Α	R	D	-				
Removal of Seretide 100 accuhaler from formulary		<b>√</b>		NA	Rejected: To be removed for COPD, but to remain on formulary for asthma paediatric use			
Buprenorphine 5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr patches	<b>√</b>			G	Approved: To be listed generically on the formulary. The 15mcg/hr strength to be added. Footnote stating preferred brand (Butec) in primary care to be added.			
Esmya 5mg tablets	<b>√</b>			G+	Approved: Approved as a green plus drug. Green plus information leaflet required			
Ferracru (ferric maltol) 30mg capsules	<b>√</b>			G+	Approved: Approved as a green plus drug. Green plus information leaflet is not required			
Inflectra 100mg powder for concentrate for solution for infusion	<b>√</b>			R	Approved: Approved as a red drug			
Primovist 0.25mmol/l prefilled syringe	<b>√</b>			R	Approved: Approved as a red drug. However, it was noted approval was not required. As a result CHS to review processes for ordering products for radiography			
Noqdirna 25mcg and 50mcg tablets	<b>√</b>			G+	Approved: Approved as a green plus drug. Green plus information leaflet required			
Spiolto respimat inhaler	<b>√</b>			G	Approved: Approved as a green drug.			
Joint formulary documentation								
Non formulary items from chapter 1-6	<b>√</b>			Approved with	caveats/decisions as per minutes			

Terms of reference v9.8	<b>√</b>	Approved following clarification of appeals process	
Declaration of interests form	<b>√</b>	Approved pending clarification of 'non-personal interests'	

### **Guidelines**

• No guidelines were received

#### Information leaflets

The following information leaflets were discussed by the committee:

- Brevetiracetam information leaflet accepted by the group
- Entresto information leaflet **accepted** by the group for extension of review date

## **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:

- TA427 Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib
- TA428 Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy
- TA429 Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation
- TA430 Sofosbuvir–velpatasvir for treating chronic hepatitis C
- TA431 Mepolizumab for treating severe refractory eosinophilic asthma
- TA432 Everolimus for advanced renal cell carcinoma after previous treatment
- TA433 Apremilast for treating active psoriatic arthritis

## **Classification of products:**

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.

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.

GTEN 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

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.

Unlicensed medicine

NICE Approved by NICE as a technology appraisal