Summary of formulary recommendations made at a meeting of the Sunderland Joint Formulary Committee on 31st May 2017

Product	Decision Approved Rejected Deferred			Approved RAG classification	Reason for decision/ supporting information
	A	R	D		
Cholurso (ursodeoxycholic acid tablets) 250mg	✓			G	**Approved:** As a green drug, to be added alongside current ursodeoxycholic acid monograph
Benzbromarone 100mg tablets	✓			R	**Approved:** As a red drug
Toujeo (1.5ml Solostar prefilled pens)	✓			G+	**Approved:** Approved as a green plus drug. Green plus information leaflet required
Joint formulary chapters					
Chapter 10: Musculoskeletal	✓			**Approved** by the group with the following caveats: -Confirmation of RAG status of flurbiprofen - Removal of reference to gout from etoricoxib NSAID section and clarification of the reference to gout in the etoricoxib gout section - Etoricoxib RAG rating of green - Removal of diazepam 5mg/5ml solution	
Chapter 7: Obstetrics, gynaecology, and urinary-tract disorders	✓			**Approved** by the group with the following caveats: -CHS to review contraceptive pills available on regional hospital contract and flag if not compatible with selection in document -Confirmation that Combodart can be removed from the document -Addition of Upostelle to the formulary	
Review of non-formulary data from chapters 1-6			✓	The decision whether to award formulary or non-formulary status of the outstanding drugs from chapter 4 was **deferred** pending advice from NTW	
6 Monthly formulary compliance data	✓			**Approved**: the group accepted the percentage figures provided and agreed compliance data to be presented on a 6 monthly basis, the next presentation being scheduled for November 2017.	
Guidelines • COPD guidelines were **accepted** by the group					
Information leaflets The following information leaflets were discussed by the committee: • Esmya information leaflet **accepted** by the group					

- Bicalutamide information leaflet **accepted** by the group
- Tranexamic acid patient information leaflet **accepted** by the group pending minor changes
- Agomelatine information leaflet **accepted** by the group pending change to format and subject to correct logos being displayed
- Atomoxetine shared care guideline **accepted** by the group subject to correct logos being displayed
- Methylphenidate shared care guideline **accepted** by the group subject to correct logos being displayed

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:

- TA 443 Obeticholic acid for treating primary biliary cholangitis
- TA 442 Ixekizumab for treating moderate to severe plaque psoriasis
- TA 441 Daclizumab for treating relapsing–remitting multiple sclerosis
- TA 440 Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine.
- TA 439 Cetuximab and panitumumab for previously untreated metastatic colorectal cancer
- TA 438 Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (No recommendation- terminated appraisal)
- TA 437 Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy (No recommendation- terminated appraisal)
- TA 436 Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer (No recommendation- terminated appraisal)
- TA 435 Tenofovir alafenamide for treating chronic hepatitis B (No recommendation- terminated appraisal)
- TA 434 Elotuzumab for previously treated multiple myeloma (No recommendation- terminated appraisal)

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