Summary of formulary recommendations made at a meeting of the Sunderland Joint Formulary Committee on 29th November 2017

Product	Decision Approved Rejected Deferred			Approved RAG classification	Reason for decision/ supporting information
	A	R	D		
Braltus Zonda inhaler (tiotropium 10micrograms)	✓			G	**Approved:** As an amendment to the formulary
Avastin (bevacizumab) for the treatment of wet AMD				R	Avastin to remain on the formulary for its licensed indications. A note to be added to stating it is available as a treatment option for wet AMD in situations where ophthalmologists feel, in discussion with their patients, that the licensed options are unsuitable
Co-codamol 8/500 tablets	✓			G	**Approved:** to be added to the formulary. Discussion arose as part of DROP list content discussions. No formal application received.
Joint formulary chapters					
Chapter 8: Malignant disease and immunosuppression	✓			**Approved**	
Chapter 12: Ear, nose and oropharynx	✓			**Approved**	
Chapter 15: Anaesthesia	✓			**Approved:** pending clarification of the place of: bupivacaine, halothane and heliox	
DROP list changes • Quinine **approved** for addition to the DROP list • Co-codamol 8/500 **approved** for addition to the DROP list • Nitrazepam **approved** for addition to the DROP list					
Guidelines • Osteoporosis guideline **accepted** for information • Melatonin shared care guideline **accepted** for information					
Information leaflets The following information leaflets were discussed by the committee: •					
Miscellaneous • The group discussed Freestyle Libre and its place in therapy in Sunderland. It was agreed more					

information on the financial impact and proposed patient numbers was required.

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:

- TA486 Aflibercept for treating choroidal neovascularisation
- TA485 Sarilumab for moderate to severe rheumatoid arthritis
- TA484 Nivolumab for previously treated non-squamous non-small-cell lung cancer
- TA483 Nivolumab for previously treated squamous non-small-cell lung cancer
- TA482 Immunosuppressive therapy for kidney transplant in children and young people
- TA481 Immunosuppressive therapy for kidney transplant in adults
- TA480 Tofacitinib for moderate to severe rheumatoid arthritis
- TA479 Reslizumab for treating severe eosinophilic asthma
- TA478 Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma | Guidance and guidelines | NICE
- TA477 Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee
- The group noted that the established TA466 Baricitinib for moderate to severe rheumatoid arthritis had received an application to be added to the formulary. No application was required as use is to be in line with the technology appraisal criteria. A decision on RAG status has been deferred, but the group noted baricitinib is a formulary medication for the indication listed in the technology appraisal.
- The group noted that the established TA431 Mepolizumab for treating severe refractory eosinophilic asthma had received an application to be added to the formulary. No application was required as use is to be in line with the technology appraisal criteria. The group noted the RAG status should be R

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