Summary of formulary recommendations made at a meeting of the Sunderland Joint Formulary Committee on 26th July 2017

Product	Decision Approved Rejected Deferred			Approved RAG classification	Reason for decision/ supporting information
	A	R	D		
Buprenorphine 200micrograms SL tablets	✓			R	**Approved:** as a red medication for the treatment of post-operative pain
Dexmedetomidine	✓			R	**Approved:** As a red drug
Zerbaxa (ceftolozane and tazobactam)	✓			R	**Approved:** As a red drug
Akynzeo	✓			R	**Approved:** red medication pending confirmation of prices/patent expiries

Joint formulary chapters

- None received

Guidelines

- None received

Information leaflets

- None received

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:

- TA451 Ponatinib is recommended as an option for treating chronic-, accelerated- or blast-phase chronic myeloid leukaemia
- TA450 Blinatumomab is recommended as an option for treating Philadelphia-chromosome-negative relapsed or refractory precursor B-cell acute lymphoblastic leukaemia in adults.
- TA449 Everolimus and sunitinib are recommended as options for treating well- or moderately differentiated unresectable or metastatic neuroendocrine tumours (NETs) of pancreatic origin in adults with progressive disease.
- TA448 Etelcalcetide is recommended as an option for treating secondary hyperparathyroidism in adults with chronic kidney disease on haemodialysis.
- TA447 Pembrolizumab is recommended for use within the CDF as an option for untreated PD-L1-positive metastatic non-small-cell lung cancer in adults.
- TA446 Brentuximab vedotin is recommended as an option for treating CD30-positive Hodgkin lymphoma in adults, only if they have relapsed or refractory disease after autologous stem cell transplant.
- TA445 Certolizumab pegol or secukinumab alone, or in combination with methotrexate, is

recommended as an option for treating active psoriatic arthritis.

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