Summary of formulary recommendations made at a meeting of the Sunderland Joint Formulary Committee on 31st January 2018

Product	Decision Approved Rejected Deferred			Approved RAG classification	Reason for decision/ supporting information
	A	R	D		
Fluphenazine	To be removed from formulary				Agreed to removed fluphenazine depot injection due to the product being discontinued.
Paliperidone 3 monthly injection	√			G+	To be added in line with NTAG, NTW and NoT formularies due to compliance benefits over one monthly paliperidone

Joint formulary chapters

No chapters received

DROP list changes

- Medications currently on both the formulary and the NHS England document 'items which should not be routinely prescribed in primary care' to be added to the DROP list by HW (dosulepin, fentanyl IR, lidocaine plasters, liothyronine, rubefacients, once daily tadalafil, travel vaccines)

Guidelines

None received

Information leaflets

The following information leaflets were discussed by the committee:

- Toujeo information leaflet accepted for information pending agreed changes (insert link to SPC, information on never event made more prominent)

Miscellaneous

No decisions made

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:

- A decision on RAG status of TA466 Baricitinib for moderate to severe rheumatoid arthritis had been deferred, form the previous meeting. The group agreed this should be RED, R .
- TA496 Ribociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer
- TA495 Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer
- TA494 Naltrexone–bupropion for managing overweight and obesity
- TA493 Cladribine tablets for treating relapsing–remitting multiple sclerosis
- TA492 Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable
- TA491 Ibrutinib for treating Waldenstrom's macroglobulinaemia
- TA490 Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy
- TA489 Vismodegib for treating basal cell carcinoma
- TA488 Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours
- TA487 Venetoclax for treating chronic lymphocytic 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