Summary of formulary recommendations made at a meeting of the Sunderland Joint Formulary Committee on 28th March 2018

Product	Decision Approved Rejected Deferred			Approved RAG classification	Reason for decision/ supporting information
	A	R	D		
Safinamide	√			G+	Safinamide to be a green plus medication pending the approval of a green plus information leaflet
Octreotide and lanreotide			√	NA	More information required before decision on RAG status can be made
Levofloxacin	√			R	Levofloxacin approved as a red medication when used as a 12 week prophylactic course in patients with myeloma
Tiopronin			√	NA	Decision deferred to next meeting and pending the submission of an application form
Patiromer	√			R	Provisional decision that patiromer be a red drug which can be prescribed in secondary care to the pre-dialysis population. This is subject to clinical guidelines being produced to support patiromers place in therapy, and a 6 month audit being performed

Joint formulary chapters

- Chapter 9 'Nutrition and blood' **approved**
- Chapter 11 'Eye' **approved** pending minor typographical amendments
- Chapter 14 'Vaccines and immunoglobulins' **approved**

RAG status changes

- Alirocumab and evolocumab reclassified as red
- Denosumab to be reclassified as green plus pending receipt of information leaflet
- No RAG status change required for goserelin (currently dual RAG status dependent on indication)
- Hydrocortisone MR to be classified as green plus
- Liothyronine to be reclassified as green plus
- Methadone to be red when used for addiction
- The following drugs to remain amber: amiodarone and dronedarone (note: these drugs are G+ at STFT), apomorphine, tolcapone, azathioprine, dapsone, Grazax, hydroxychloroquine, ketamine (pain/palliative indications), leflunomide, mercaptopurine (musculoskeletal indications), methotrexate (musculoskeletal indications), mycophenolate, naltrexone (subject to further information), penicillamine, gold, sulphasalazine (musculoskeletal indications)
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Guidelines

- Type 2 diabetes guidelines **accepted** for information
- North East and Cumbria antimicrobial prescribing deuilines for primary care **accepted** for information
- Stopp-frail deprescribing guideline **accepted** for information
- Dexamfetamine shared care guideline **not accepted** for information. Returned to applicant with comment

Information leaflets

The following information leaflets were discussed by the committee:

- Acetylcholinesterase inhibitors information leaflet **accepted** for information
- Memantine information leaflet **accepted** for information

Miscellaneous

- Declarations of interest form **approved** pending minor change

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:

- TA509 Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer
- TA508 Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee
- TA507 Sofosbuvir–velpatasvir–voxilaprevir for treating chronic hepatitis C
- TA506 Lesinurad for treating chronic hyperuricaemia in people with gout
- TA505 Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma
- TA504 Pirfenidone for treating idiopathic pulmonary fibrosis
- TA503 Fulvestrant for untreated locally advanced or metastatic oestrogen-receptor positive breast cancer
- TA502 Ibrutinib for treating relapsed or refractory mantle cell lymphoma
- TA501 Intrabeam radiotherapy system for adjuvant treatment of early breast cancer
- TA500 Ceritinib for untreated ALK-positive non-small-cell lung cancer
- TA499 Glecaprevir–pibrentasvir for treating chronic hepatitis C
- TA498 Lenvatinib with everolimus for previously treated advanced renal cell carcinoma
- TA497 Golimumab for treating non-radiographic axial spondyloarthritis

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