Summary of formulary recommendations made at a meeting of the Sunderland Joint Formulary Committee on 30th May 2018

Product	Decision Approved Rejected Deferred			Approved RAG classification	Reason for decision/ supporting information
	A	R	D		
Trimbow	√			G	Trimbow approved as a green medication for the treatment of COPD pending an update of the COPD guideline
Trelegy	√			G	Trelegy approved as a green medication for the treatment of COPD pending an update of the COPD guideline
Relvar Ellipta 92/22 for use in COPD		√		NA	Relvar Ellipta 92/22 for the treatment of COPD rejected as it is not a treatment option in the current COPD guidance
Incruse Ellipta		√		NA	Incruse Ellipta for the treatment of COPD rejected as it is not a treatment option in the current COPD guidance
Relvar Ellipta 184/22 for use in asthma	√			G	Relvar Ellipta 184/22 for use in asthma approved as a green medication. This supports the new asthma guideline
Relvar Ellipta 92/22 for use in asthma	√			G	Relvar Ellipta 92/22 for use in asthma approved as a green medication. This supports the new asthma guideline
Ethambutol 400mg in 5ml U	√			G+	Ethambutol 400mg in 5ml approved as a green plus medication in line with RMOC North recommendation for fixed strength product
Pyrazinamide 500mg in 5ml U	√			G+	Pyrazinamide 500mg in 5ml approved as a green plus medication in line with RMOC North recommendation for fixed strength product
Isoniazid 50mg in 5ml U	√			G+	Isoniazid 50mg in 5ml approved as a green plus medication in line with RMOC North recommendation for fixed strength product
Ethambutol 100mg/5ml U	Removed from formulary			NA	Ethambutol 100mg/5ml removed from formulary in line with RMOC North recommendation for fixed strength products

Joint formulary chapters

- None received

Guidelines

- Regional headache guideline **accepted** for information
- Asthma guideline **accepted** for information
- Patiromer guidance **accepted** for information pending approval from CHS clinical governance group and renal department internal governance process
- AF guideline **accepted** for information

Shared care guidelines and information leaflets

The following information leaflets were discussed by the committee:

- Safinamide information leaflet **accepted** for information pending minor changes
- Lithium shared care guideline **accepted** for information
- Azathioprine for neurology indications shared care guideline **accepted** for information
- Methotrexate for neurology indications shared care guideline **accepted** for information
- Mycophenolate for neurology indications shared care guideline **accepted** for information pending minor changes
- Denosumab information leaflet **accepted** for information pending minor changes

Miscellaneous

- Formulary anomalies document **accepted** with the exception of hydrocortisone injection which will become green

NICE Technology Appraisals

The following NICE Technology Appraisals were discussed by the committee. The medicines listed in the following NICE Technology Appraisal Guidelines that were approved by NICE will be added to the formulary (if not already included); the formulary will reflect the position outlined in the TAG:

- TA519 Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy
- TA518 Tocilizumab for treating giant cell arteritis
- TA517 Avelumab for treating metastatic Merkel cell carcinoma
- TA516 Cabozantinib for treating medullary thyroid cancer
- TA515 Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen
- TA514 Regorafenib for previously treated advanced hepatocellular carcinoma
- TA513 Obinutuzumab for untreated advanced follicular lymphoma
- TA512 Tivozanib for treating advanced renal cell carcinoma
- TA511 Brodalumab for treating moderate to severe plaque psoriasis
- TA510 Daratumumab monotherapy for treating relapsed and refractory multiple myeloma | Guidance and guidelines | NICE

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