Summary of formulary recommendations made at a meeting of the Sunderland Joint Formulary Committee on 25th July 2018

Product	Decision Approved Rejected Deferred			Approved RAG classification	Reason for decision/ supporting information
	A	R	D		
There were no new drug applications made to the Sunderland JFC.					
Joint formulary chapters • No new chapters were approved					
RAG status changes • **Denosumab**: this was reclassified from amber to green plus at the May meeting. Concerns had been raised by practices about commissioning arrangements to support this change. The committee confirmed that green plus status is clinically appropriate however, the drug needs to remain **amber** with a recommendation that it will become green plus once the issues are resolved. Amber shared care leaflet already available. • **LHRH analogues** for licensed indications e.g. uterine fibroids: clarification in the on-line formulary that these are **green plus**. No leaflet required as all required information is in product literature. No change to classification for other indications. • **Paraldehyde enema:** clarification in the on-line formulary that this preparation is **green plus.** Information leaflet to be produced to support prescribing in primary care. • **Drugs used in the treatment of substance misuse:** clarification that these drugs are **red** as they are only prescribed by specialists in substance misuse, unless the person is admitted when they are prescribed by the hospital with the advice of substance in specialist misuse. The formulary will state that the red status does not mean "hospital only". • **Ciprofloxacin eye drops used in the ear – unlicensed use:** reclassified from red to **green plus** as have been used long-term in this way and red status is a barrier to treatment. Link to BNF information to be added to formulary entry to support prescribing in primary care.					
Guidelines • Sunderland COPD treatment guideline updated with triple therapy inhalers – accepted for information.					
Shared care guidelines • **Apomorphine for Parkinson's disease**: amber status to remain as clinically appropriate. Guideline required amendment and further development. **Deferred** • **Mycophenolate for ophthalmology indications**: **accepted** for information provided amendments made as discussed. • **Methylphenidate, dexamfetamine, lisdexamfetamine, atomoxetine and guanfacine for treatment of ADHD in children and young people.** **Methylphenidate, dexamfetamine, lisdexamfetamine, atomoxetine and guanfacine for treatment of ADHD in adults.** Both **deferred** as contain a drug – Xaggitin XL – which is not on formulary and no representative from NTW available at meeting.					
Miscellaneous • RMOC insulin safety decision making checklist: the group agreed that the checklist would be used when reviewing insulins or considering applications for new insulins.					
NICE Technology Appraisals The following NICE Technology Appraisals were noted by the committee. The medicines listed in the TAs 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: • TA520 Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after					

chemotherapy
- TA521 Guselkumab for treating moderate to severe plaque psoriasis
- TA522 Pembrolizumab for untreated PD-L1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable
- TA523 Midostaurin for untreated acute myeloid leukaemia
- TA524 Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma
- TA525 Atezolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy
- TA526 Arsenic trioxide for treating acute promyelocytic leukaemia
- TA527 Beta interferons and glatiramer acetate for treating multiple sclerosis

Classification of products:

R RED drugs for specialist or hospital use only. Initiation, continuation and monitoring of treatment should remain under the total responsibility of the appropriate specialist clinician.

These drugs should only be prescribed under the direct supervision of that clinician and are not suitable for shared care arrangements. Red drugs initiated by a hospital specialist 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