Summary of formulary recommendations made at a meeting of the Sunderland Joint Formulary Committee on 26th September 2018

Product	Decision Approved Rejected Deferred			Approved RAG classification	Reason for decision/ supporting information
	A	R	D		
Tiopronin	✓			R RED drug	Tiopronin approved as a red medication pending signatures to complete the application form.
Levonorgestrel (Levosert)	✓			G GREEN drug	Levosert approved as a green medication for use in primary and secondary care. It was understood that the insertion process was not identical to that for Mirena but that training implications would be minimal.
Methylphenidate prolonged release (Xaggitin XL)	✓			A AMBER drug	Xaggitin XL approved as an amber drug for the specialist to consider, with the patient, a branded generic switch for those with ADHD on modified release methylphenidate. Pending signatures to complete the application form.
Erenumab (Aimovig)			✓		Deferred as group felt more information was needed regarding NICE TA timeline and costings
Fosaprepitant (Ivemend)			✓		Deferred to November JFC when Christopher Beck (oncology pharmacist) is able to present

Joint formulary chapters

- No new chapters were approved

RAG status changes

- **Denosumab**: this was recommended to be reclassified from **amber** to **green plus** at the May meeting. The group heard at September JFC that this did not go through August's Transfer of Care meeting as this was cancelled.
- **Ulipristal acetate (Esmya)**: this was previously **green plus** however had been suspended from the formulary due to MHRA safety concerns reported February 2018. Following a further update from the MHRA on 7th August 2018 which specifies additional monitoring if prescribing, the group agreed this can be reinstated as **red** with a link to the MHRA monitoring guidance.
- **Methenamine Hippurate**: this should be re-added to the **DROP list** since routine prescribing is not supported. In some circumstances, prescribing is appropriate therefore methenamine hippurate is to remain on the formulary as **green plus** with advice regarding prescribing in certain circumstances.
- **Ketamine**: changed from **amber** to **red** due to its use in specialist situations only.
- **Eplerenone**: confirmed as **green** drug.

Guidelines

- No new guidelines

Shared care guidelines

- **Apomorphine for Parkinson's disease**: amber status to remain as clinically appropriate. Version 2 of guideline discussed in September and requires further amendment before approval. **For separate GP/ Parkinson's team meeting outside of JFC to agree a final guideline within two weeks to take to Transfer of Care meeting.**
- **Mycophenolate for neurology indications**: approved and sent to SCCG MO team to upload. Also

forwarded to ophthalmologists in case can be developed into a joint neurology/ophthalmology guideline.

- **Methylphenidate, dexamfetamine, lisdexamfetamine, atomoxetine and guanfacine for treatment of ADHD in children and young people.**
- **Methylphenidate, dexamfetamine, lisdexamfetamine and atomoxetine for treatment of ADHD in adults.**

Consolidation of individual drugs shared care guidance – differences in monitoring requirements between different drugs specified in the document. Following approval of Xaggitin (methylphenidate prolonged release) for addition to the formulary as an amber drug, the group approved the shared care guideline. No changes made from previous guidance. This does not impact transfer of care.

Miscellaneous

- RMOC guidance of FOC (Free of Charge) scheme was received for information and as a resource to refer to when considering FOC schemes moving forward.
- RMOC North update was received for information.
- Green plus status rewording proposal to clarify requirement of a leaflet was accepted.

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:

- TA540 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma
- TA539 Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours
- TA538 Dinutuximab beta for treating neuroblastoma
- TA537 Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs
- TA536 Alectinib for untreated ALK-positive advanced non-small-cell lung cancer
- TA535 Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine
- TA534 Dupilumab for treating moderate to severe atopic dermatitis
- TA533 Ocrelizumab for treating relapsing-remitting multiple sclerosis
- TA531 Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer
- TA529 Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer
- TA528 Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer

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