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

| Product | Decision Approved Rejected Deferred | | | Approved RAG classification | Reason for decision/ supporting information |
|---|---|---|---|---|---|
| | A | R | D | | |
| Humalog Junior Kwikpen | ✓ | | | G GREEN drug | Not technically a new product as the Humalog Kwikpen already on formulary. The junior preparation allows for half-unit dosing which is useful in children or adults who require tight BM control. |
| Fosaprepitant (Ivemend) | ✓ | | | R RED drug | Fosaprepitant approved as an antiemetic for patients receiving chemotherapy who are unable to tolerate aprepitant due to swallowing difficulties. It is given IV rather than orally. |
| Adalimumab biosimilar (Amgevita) | ✓ | | | R RED drug | Amgevita approved as biosimilar product for adalimumab, to be used in place of Humira where appropriate. |

**Joint formulary chapters**

- No new chapters were approved

**RAG status changes**

- **Tolcapone:** It was agreed to change tolcapone from **amber** to **red** due to infrequent use in therapy and unlikely much prescribing to occur in primary care.
- **Dapsone:** It was agreed to reclassify dapsone from **amber** to **green+** as prescribing of this drug occurs through dermatology at County Durham and Darlington so appropriate to align with their formulary classification for this drug.
- **Penicillamine:** to be clarified on the formulary as **red** in neurology indications (currently amber in rheumatology) due to low use in neurology – likely only neurological indication is Wilson's which is rare.
- **Erythropoetin (alfa, beta, zeta), methoxy polyethylene glycol-epoetin beta and darbepoetin Alfa:** to be reclassified as **red** drugs – if renal consultant and haematologists are in agreement

**Guidelines**

- Guideline for Reducing ICS (Inhaled Corticosteroids) in COPD Patients – accepted for information
- Wound Product Formulary – accepted for information

**Shared care guidelines**

- No new shared care guidelines received
- Note: henceforth new shared care guidelines for drugs **not** currently classified as amber on the formulary will be reviewed by Transfer of Care Group if approved by the JFC.

**Transfer of Care Group**

Next meeting scheduled for: 8th January 2019

- **Apomorphine:** shared care guideline as an amber drug to be reviewed
- **Denosumab:** reclassification from amber to green plus to be reviewed

**Miscellaneous**

- **Naltrexone in agitation/ self-injury in autism or LD:** it was agreed to remove this indication from the formulary due to specialist indication with small patient numbers.
  - **NTAG Decision summary:** Erenumab and galcanezumab for prophylaxis of migraine – accepted for information
  - **NTAG Decision summary:** Actipatch® for management of localised musculoskeletal pain – accepted for information

**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:

- TA544 Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer
- TA543 Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs
- TA542 Cabozantinib for untreated advanced renal cell carcinoma
- TA41 Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia

## 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 drug 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