Summary of formulary recommendations made at a meeting of the Sunderland Joint Formulary Committee on 30th January 2019

Product	Decision Approved Rejected Deferred			Approved RAG classification	Reason for decision/ supporting information
	A	R	D		
Semaglutide	✓			G GREEN PLUS drug	Semaglutide (GLP-1 receptor agonist) approved as an option for the treatment of type 2 diabetes mellitus. Semaglutide is associated with a significant reduction in the risk of cardiovascular events as well as being superior in reducing HbA1c levels and increasing weight-loss in patients when compared to dulaglutide and exenatide.
Opicapone	✓			G GREEN PLUS drug	Opicapone (catechol-O-methyltransferase inhibitor) approved an option in the treatment of Parkinson's disease. Opicapone will be offered second-line after entacapone. It is better tolerated that entacapone and does not require the extensive monitoring of tolcapone.

Joint formulary chapters

- No new chapters were approved
- Skin chapter in progress

RAG status changes

- **Ocular peri-operative drugs:** Mr Doherty asked the JFC to consider a change in RAG classification of diclofenac 0.1% eye drops, ketorolac 0.5% eye drops and nepafenac 1mg/ml eye drops. The group decided that these eye drops should remain on the formulary as **RED** because they are unlicensed for the indications for which they are typically used by the ophthalmologists. The applicant has been informed about ways to mitigate the impact on patients and clinics e.g. by FP10 prescribing.
- **Sulfasalazine in GI:** to remain as **GREEN** as per gastroenterologist suggestion
- **Amiodarone and dronedarone:** to remain **AMBER** following NHS England updated guidance (draft from Nov 2018) 'Items which should not be routinely prescribed in primary care' recommending shared care for these drugs.
- **Naltrexone for agitation and self-injury in autism or LD:** to be reclassified as **RED** for this indication as per feedback from Peter Clarke from NTW
- **Erythropoietin:** epoetin (alfa, beta, zeta), methoxypolyethylene glucol-eopetin beta (Mircera) and darbepoetin alfa (Aranesp) to be reclassified to **RED** as per haematology and renal consultants

Guidelines

- **Antimicrobial guideline update:** proposal to adopt NICE: Managing Common Infections – Antimicrobial Prescribing guidelines locally– accepted for information
- **Gluten Free prescribing guidelines:** updated list of allowable GF products on prescription following NHS England update – 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

Summary of decisions made at 22nd January meeting:

- **Apomorphine:** shared care document approved by Transfer of Care group
- **Denosumab:** application to change RAG classification to green plus rejected by Transfer of Care group therefore denosumab to remain as an **amber** drug

Miscellaneous

- Green+ information leaflet: Antipsychotic monitoring in primary care – approved by the JFC
- Green+ information leaflet: Octreotide Injection in primary care – approved by the JFC
- NHS England & NHS Clinical Commissioners: Items which should not routinely be prescribed in primary care: an update – received for information
- RMOC Adalimumab Update 5 – received from 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:

- TA557 Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer
- TA555 Regorafenib for previously treated advanced hepatocellular carcinoma
- TA554 Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years
- TA553 Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence
- TA552 Liposomal cytarabine–daunorubicin for untreated acute myeloid leukaemia
- TA551 Lenvatinib for untreated advanced hepatocellular carcinoma
- TA547 Tofacitinib for moderately to severely active ulcerative colitis
- TA545 Gemtuzumab ozogamicin for untreated acute myeloid leukaemia

Disbanding and standing down the JFC in preparation for the Integrated APC

- The group agreed to stand down the JFC henceforth to allow for progress setting up the new APC
- The meeting on the 30th January was the final JFC meeting
- The first Integrated South Tyneside and Sunderland Area Prescribing Committee meeting is scheduled for the 3rd April 2019

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