

SUMMARY OF FORMULARY WORKING GROUP RECOMMENDATIONS FOR NENC-WIDE CONSULTATION

Recommendations made by Formulary Working Group (FWG) their meeting of:

May 2024

Drug and indication	Rationale / criteria	Status and formulary position proposed by Formulary Working Group	Notes on decision	Cost impact	Commissioning / service implications
Softacort® (3.35 mg/ml of hydrocortisone sodium phosphate) preservative free eye drops - local conjunctival inflammation and other ocular inflammation	<ul style="list-style-type: none"> Least potent of the ocular corticosteroids and therefore less likely to cause rises in IOP and other corticosteroid related adverse effects. 	Green Plus – for patients who require a preservative free low potency ocular corticosteroid	<ul style="list-style-type: none"> Overall, the evidence base is poor and there are no published head to head studies comparing Softacort® with other low potency (or any other) topical ocular corticosteroids. Anecdotal reports from specialists indicate it is effective in treating conjunctival inflammation without raising IOP (some use across the region). 	<p>Cost saving compared Prednisolone sodium phosphate 0.5% (MINIMS)</p> <p>Softacort £10.99 for 30 unit dose Prednisolone minims £13.50 for 20 unit dose</p>	Nil

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Actimorph® - Morphine Oro-dispersible tablets	<ul style="list-style-type: none"> Concerns around inaccurate dosing with morphine sulfate oral solution 2mg/ml in community Need for an immediate release formulation with a broader range of strengths compared to Sevredol®. 	Green – first line immediate release preparation (Sevredol to be removed)	<ul style="list-style-type: none"> Previously rejected by the North of Tyne, Gateshead and North Cumbria APC following input from the APC pain subgroup on the grounds that adding another opioid to formulary was contrary to the efforts to reduce opioid use. This request is widely supported across the ICS. Schedule 2 controlled drug therefore presents more issues for secondary care in terms of storage and documentation compared to morphine sulfate oral solution 2mg/ml. 	<p>Anticipated to be cost neutral.</p> <p>Actimorph is comparable in price for 7 days treatment at most doses.</p> <p>Actimorph 10mg x 56 = 4.75 Sevredol 10mg x 56 =£5.31 Actimorph 20mg x 56 = £9.50 Sevredol 20mg x 56 £10.61 10mg/5ml oral solution 300ml = £5.45</p> <p>At lower doses, where it is likely to have most benefit, there is an increase in cost. i.e. for one week's treatment totalling 10mg per day the cost is £2.50 for Actimorph 1mg tablets but £0.64 for oral solution 10mg/5mL Due to low numbers and comparable costs the impact is not likely to be significant.</p>	Nil
Doxylamine/Pyridoxine (Xonvea®) - Nausea and Vomiting in Pregnancy		Doxylamine/Pyridoxine (Xonvea®) to be added to formulary for use in line with the RCOG guidelines as a GREEN drug.	<ul style="list-style-type: none"> Rejected by NTAG in 2021 pending national guidance. Now included in the updated RCOG guideline (Management of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum) as one of the first line options. 	<p>Unclear</p> <p>The June 2024 Drug Tariff prices are:</p> <p>Cyclizine - £3.96 for 100 x 50mg Prochlorperazine - £1.55 for 28 x 5mg Metoclopramide - £3.75 for 28 x 5mg or £0.83 for 28 x 10mg Xonvea - £28.50 for 20 tablets.</p>	Nil

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Progesterone Vaginal Capsules (Utrogestan®) / Cyclogest® pessaries	<ul style="list-style-type: none"> For bleeding in early pregnancy 	GREEN Plus to support the pregnancies of women who have a history of miscarriage or premature labour as per NICE NG25: Preterm labour and birth AND NICE NG126: Ectopic pregnancy and miscarriage: diagnosis and initial management	<ul style="list-style-type: none"> When discussed at NTAG it was suggested that these patients might fall under the high risk pregnancy tariff and therefore should be given a RED status. It has been confirmed that these patients don't fall under the high-risk pregnancy tariff. 	Cost neutral	Nil
Daridorexant - insomnia	<ul style="list-style-type: none"> As per TA922 	NHCFT to be allowed to prescribe daridorexant in accordance with NICE criteria and the NTAG approval (GREEN Plus)	<ul style="list-style-type: none"> Following NICE (TA922) approved for use in two sleep centres (NuTH and JCUH) We have been informed that there is an established sleep centre at NHCFT who have requested access. This is supported by the service at NuTH. Additional patient numbers likely to be small 	NICE estimate that 35 patients per 100,000 will start treatment in Year 1 increasing to 206 patients per 100,000 by year 5. For the NENC this equates to £320K in year 1 to £1.8 million in year 5 but this assumes CBTi is available.	Nil
Quinine sulfate - leg cramps		Quine sulfate 200mg tablets to be added to formulary in addition to the 300mg tablets for leg cramps as a GREEN drug	<ul style="list-style-type: none"> Previously discussed and agreed to only add the 300mg tablets due to relative cost of strengths 200mg is the starting dose. 	Cost neutral The June 2024 Drug Tariff prices are: 200mg x 28 = £6.88 300mg x 28 = £2.41	Nil
Fluoxetine 10mg Capsules	<ul style="list-style-type: none"> Requested by CNTW as an additional option for dose titration and/or patient tolerability 	GREEN	<ul style="list-style-type: none"> Comparable in cost to Fluoxetine 20mg/5ml oral solution SF (70ml) Twice the cost of Fluoxetine 20mg/5ml oral solution (70ml) Will replace some liquid use 	The June 2024 Drug Tariff prices are: 10mg caps x 30 = £13.10 20mg caps x 30 = 85p 30mg caps x 30 = £3.21 40mg caps x 30 = £2.15 20mg/5ml oral solution SF x 70ml = £12.95 20mg/5ml oral solution 70ml = £6.73	Nil

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Finerenone – RAG status		GREEN plus	<ul style="list-style-type: none"> Request from ST&S to change finerenone to a Green drug status. This was on the grounds that drugs like spironolactone / eplerenone are widely used in primary care and are less safe than finerenone. GPs do not routinely initiate these treatments and that other formularies have these treatments as GREEN plus. 	No change	Nil
Tacrolimus ointment (0.1 & 0.03%) and Pimecrolimus cream – atopic dermatitis –		Topical tacrolimus / pimecrolimus for atopic dermatitis to remain GREEN plus	<ul style="list-style-type: none"> A request from a GPwER (Dermatology and Skin Surgery) to consider changing the RAG status of topical tacrolimus / pimecrolimus for atopic dermatitis to GREEN. SPCs updated and state 'these can be initiated by physicians with experience in the diagnosis and treatment of atopic dermatitis', which includes many primary healthcare professionals. 	No change	Nil
Hydrocortisone oral solution		The licensed oral solution (5mg/5ml and 10mg/5ml) (Colonis®) should replace the unlicensed preparation. GREEN	<ul style="list-style-type: none"> A licensed hydrocortisone oral solution (5mg/5ml and 10mg/5ml) is now available. Unlicensed preparation currently on formulary. 	Likely to be minimal 10mg/5ml x 100ml = £270 5mg/5ml x 100ml = £135	Nil
Sildenafil – Raynauds disease		Reference to secondary to be removed for sildenafil for the treatment of Raynauds.	<ul style="list-style-type: none"> Formulary entry states sildenafil is approved for secondary Raynauds (as a GREEN plus drug). In terms of the use of sildenafil there is no difference between primary and secondary Raynauds. 	Likely to be minimal	Nil

NICE Technology appraisal or guidance	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact	Commissioning / service implications
All NICE TAs published in April and May 2024 are currently/will be subject to NENC wide consultation on the NTAG website prior to the submission to the July 2024 of NTAG.					
All links to MHRA drug safety updates added to formulary as published. Significant alerts where further action is required are highlighted.					

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