

**North East and North Cumbria ICS  
Formulary Working Group**

**Minutes of the ICS Formulary Working Group held at 1pm on  
11<sup>th</sup> January 2024 – Microsoft Teams**

**PRESENT:**

Dr Shafie Kamaruddin – Chair (CDDFT)	Matthew Lowery - Prof Sec (NUTH)	Dr Andrew Berrington (ST&S)
Rachel Berry (ICB)	Nichola Duffelen (CNTW)	Venessa Echanique (QEH)
Mohammed Majid (NTHFT)	Dr Alan McCubbin	Tracy Percival (JCUH)
Dr Rupert Smith	Beverley Walton (CDDFT)	Jennifer Whitehall (NUTH)
Shane Wilkinson (TEWV)	Hannah Willoughby (ICB)	

**APOLOGIES:**

Dr Christopher Coe (NHCFT)	Richard Morris (TEWV)	
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**IN ATTENDANCE:** David Scott  
June Howey (minutes).

**24/01 Previous Meeting Minutes**

It was agreed to remove Gliclazide MR from formulary during the last meeting but due to a typo the minutes / consultation implied that all gliclazide products were being removed. This has now been amended.

The minutes of the meeting held on 9<sup>th</sup> November 2023 were accepted as an accurate record.

**24/02 Matters Arising.**

Dr Kamaruddin, Diabetes Consultant, declared a conflict of interest with regards to tirzepatide, contained within the Horizon Scanning document.

## 24/03 Issues raised by the Medicines Subcommittee

Summary of decisions is available on [Medicines Committee | North East and North Cumbria NHS \(northeastnorthcumbria.nhs.uk\)](http://www.northeastnorthcumbria.nhs.uk)

## 24/05 Paperwork / Processes

- i) ML reported that there had been a question as to whether the results of the consultation post-FWG needed to go back to FWG prior to it being discussed at NTAG.

After discussion with the professional secretaries of NTAG and the Medicines Committee, to avoid delays, it was agreed that only when the consultation raised significant issues (as agreed by the professional secretaries) would it come to the FWG prior to NTAG.

The group agreed with this approach.

## 24/06 New Product Requests

### a) Requests deferred from previous meetings.

Nil

### b) New Products

#### i) Liposomal Bupivacaine (Exparel®)

Exparel® is a prolonged release liposomal formulation of bupivacaine. It has been requested by anaesthetists at Newcastle Hospitals for brachial plexus blocks for post-operative pain in major shoulder / upper limb surgery. This is as an alternative to using a local anaesthetic infusion via an indwelling brachial plexus nerve catheter. Although the cost is significantly higher than plain local anaesthetics, it is anticipated that cost savings will be made in anaesthetist / nursing time and consumables through not using an indwelling brachial plexus nerve catheter. Gateshead have expressed an interest in using this treatment.

The evidence base for liposomal bupivacaine vs. single dose brachial plexus blocks of other local anaesthetics or infusions via a nerve catheter isn't conclusive, although there were no safety concerns from the studies. Some comments had been received from Chris Coe (Consultant Anaesthetist, NHCFT) that if we were minded to approve this detailed audit, including outcomes, should be undertaken.

***FWG Recommendation:*** Liposomal Bupivacaine (Exparel®) should be added to formulary for major shoulder / upper limb surgery, subject to trusts carrying out an audit and presenting to their own Drug and Therapeutics Panel and then the FWG within 1 year.

**c) New Formulations and extension to use.**

**i) Melatonin Oral Solution 1mg/ml (Consilient Health)**

Request from TEWV to switch the preferred oral melatonin solution to the Consilient Health product, which is licensed. Alcohol and propylene glycol free. Although slightly more expensive there will not be a huge number of patients using this. At the previous meeting it was agreed that a separate working group should be set up to discuss product choice, the RAG status and work to harmonise the shared care guidelines. There are also some background issues around the commissioning shared care that need to be addressed. These discussions are ongoing.

***FWG Recommendation:*** Approve melatonin oral solution 1mg/ml (Consilient Health) as first choice for new patients, unable to tolerate a solid dosage form.

**24/07 Formulary Issues**

**i) Antidepressant prescribing in children**

Antidepressants currently have a green status on the formulary. The group were asked to consider if these should have GREEN+ status in children.

Psychotropic prescribing in children is an area of significant concern for GPs. It was felt that this is a very specialist area and it isn't appropriate for these patients to be discharged to primary care. There is a wide variation in the approaches taken across the region with some services employing a shared care type approach. It was felt that there are more fundamental issues that need to be addressed rather simply changing the RAG status to GREEN+.

***FWG Recommendation:*** It was agreed that CNTW and TEWV need to discuss this outside of the meeting and come back to the FWG with a plan.

**ii) Progesterone Vaginal Capsules (Utrogestan®)**

NICE (NG126) guidance recommends micronised progesterone for patients with bleeding in early pregnancy and a history of miscarriage, to reduce the chances of miscarriage. This recommendation is based on studies that used Utrogestan® Vaginal Capsules. It has been requested to change the RAG status of Utrogestan® from RED to GREEN+ for this indication and to add Cyclogest® (another micronised progesterone preparation) to formulary in case of supply issues with Utrogestan® Vaginal Capsules.

***FWG Recommendation:*** Approve the change of RAG status of Utrogestan® Vaginal Capsules from RED to GREEN+ for the prevention

of miscarriage, in line with NICE. Furthermore to add Cyclogest® for this indication, as GREEN+, in case of supply issues with Utrogestan®.

**iii) Budesonide orodispersible tablets (Jorveza®) - RAG status**

For the treatment of eosinophilic oesophagitis. There is a NICE TA for induction treatment (6-12 week course) and NTAG recommends that it can be used for maintenance treatment. On the Durham and Tees Valley formulary it was RED for induction and GREEN+ for maintenance. It had a GREEN status on the Sunderland and South Tyneside and North of Tyne, Gateshead and North Cumbria formularies, which has led to confusion. It was recognised that there is a lack of clarity regarding the pathway and further information is required to enable an informed decision.

**FWG Recommendation:** *Defer until the usual pathway for these patients is clarified.*

**iv) Naltrexone - RAG status**

Naltrexone has a RED status for both opioid and alcohol dependency, however Human Kind have requested a GREEN+ status to enable patients to be passed back to primary care for ongoing treatment. This would be in line with all other alcohol dependency related medication on formulary. It was noted in Co. Durham these treatments had a RED status due to local commissioning arrangements and it was previously RED on the North of Tyne, Gateshead and North Cumbria Formulary, and Sunderland and South Tyneside Formularies for this indication. Naltrexone is unlicensed for alcohol dependency.

**FWG Recommendation:** *The request to change the status of Naltrexone from RED to GREEN+ was declined on the grounds that it was RED for this indication prior to the merger.*

**v) Infliximab 120mg SC (Remsima®)**

Approved by NTAG during COVID to allow patients to be treated at home, instead of coming into hospital for IV infliximab. Remsima SC is more expensive in terms of drug costs and is included in the ICB block contract. It is proposed that the reference to COVID is removed so it can be used as an option. CDDFT have found Remsima SC to be cost neutral overall when used in gastro patients requiring larger doses. North Tees currently use this routinely in gastro patients but not in rheumatology.

**FWG Recommendation:** *Remove reference to COVID and leave to individual Trusts to use should they wish.*

**vi) Anastrozole for breast cancer prevention**

Anastrozole is now licensed for prevention treatment of patients with a strong family history of breast cancer. This medication already has a GREEN + status on formulary and requires no further action.

**vii) Trimovate Cream,**

Trimovate cream has been getting regularly used after it was relaunched following its discontinuation. It was removed from formulary when it was discontinued but wasn't re-added.

***FWG Recommendation:*** *Trimovate cream to be added back to formulary.*

**viii) Vitamin B Co Strong – refeeding**

Request to change the current RED status to GREEN+ to allow community-based dietetic services, who don't usually prescribe, to ask GPs to initiate treatment in patients with eating disorders at risk of refeeding syndrome.

Since this request was received further discussions have occurred within CNTW and the plan is to keep prescribing in-house due to the urgent nature of the prescriptions.

***FWG Recommendation:*** *Vitamin B Co Strong for refeeding to remain RED.*

**ix) Methylphenidate XL brand choice**

Request from TEWV for a preferred brand of methylphenidate XL to be added to formulary. ML pointed out that the preferred brand was already stated on the formulary for the Concerta® XL branded generics. It was noted there are differences between some of the XL brands and these aren't necessarily interchangeable. The current, ongoing, supply issues with methylphenidate were recognised.

***FWG Recommendation:*** *Due to the ongoing supply issues it was agreed to leave the formulary listing for methylphenidate as it is.*

**x) Tostran® and Testim® - menopause**

ML reported that the links to the menopause guidance, featuring their use for low libido in menopause, had been added to the Tostran® and Testim® preparations.

**xi) Bupropion**

Currently on formulary for smoking cessation with 'RAG status as per local commissioning arrangements' and RED for resistant depression. A request has been received to change the RAG status of bupropion to GREEN+ to allow smoking cessation services to advise it's use now that the supply issues have been resolved. Smoking cessation services are unable to prescribe this due to the need to access medical records to assess contraindications.

It was noted the RED status is also preventing primary care from continuing prescribing for patients with resistant depression following specialist initiation.

***FWG Recommendation:*** *RB to seek clarity from Chantel Clark (requester) regarding clinical input and usage. Local authority involvement is required. Retain as a RED drug for depression until the two mental health trusts have an opportunity to discuss further.*

**xii) Venlafaxine entry in NENC formulary**

The MR versions of venlafaxine were restricted some years ago due to the high costs versus the plain formulations. The costs of the MR products have reduced and are now cheaper than plain formulations. A request has been made to remove the restrictions on formulary to allow additional savings to be made.

***Recommendation:*** *The restrictions around the MR formulations of venlafaxine should be removed from the formulary.*

**xiii) Ciprodex® ear drops**

Ciprodex® ear drops were approved by the Sunderland and South Tyneside APC formulary meeting in December 2022. It is the only licensed option for tympanostomies. However this hadn't been added to the merging list, so was accidentally omitted.

***FWG Recommendation:*** *Ciprodex® ear drops to be added to formulary as a GREEN drug.*

**24/08 Formulary Review**

Nil

**24/09 RDTC Monthly Formulary Amendments –October, November 2023**

Formulary Amendments – October, November 2023

Drug safety updates – October, November 2023

For information, no specific issues raised for discussion.

Clarity sought on process –

- RB asked about the process for NICE TAs noting that these will have been through the NTAG consultation process by the time the FWG meets. ML advised that any issues should be raised as part of the consultation and also at this meeting as appropriate.
- Drug safety updates and recommendations for formulary changes would be actioned by the FWG.

#### **24/10 RDTC Horizon Scanning –November 2023**

For information, no specific issues raised for discussion.

#### **24/11 Chairman's Business**

None.

#### **24/12 Any Other Business**

- It was confirmed that if a shared care guideline is updated it needs to go to guideline group prof sec (Susan Turner). TP confirmed that the author should contact the other specialists across the region who will supply the contact details.
- Membership of group – Hannah Willoughby going on maternity leave. Alan Green to deputise on behalf of ICB.

#### **24/13 Proposed Future Meeting Dates**

- 14<sup>th</sup> March 2024
- 9<sup>th</sup> May 2024
- 11<sup>th</sup> July 2024
- 12<sup>th</sup> September 2024
- 14<sup>th</sup> November 2024