North East and North Cumbria ICB
Formulary Working Group

Minutes of the ICB Formulary Working Group held at 1pm on 14th September 2023 – Microsoft Teams

PRESENT:

Dr Shafie Kamaruddin – Chair (CDTH)	Matthew Lowery - Prof Sec (NUTH)	Dr Peter Carey (ST&S)
Jane Carman (LMC)	Chantel Clark (ICB)	Venessa Echanique (QEH)
Richard Morris (TEWV)	Dr Rupert Smith	Beverley Walton (CDTH)
Hannah Willoughby (ICB)		

APOLOGIES:

Dr Andrew Berrington (ST&S)	Rachel Berry (ICB)	Dr Christopher Coe (NHCFT)

IN ATTENDANCE: David Scott
June Howey (minutes).

INTRODUCTION

As this was only the second meeting of the ICB Formulary Working Group (WFG) and there were some new faces, the Chair welcomed everyone to the meeting and a round of introductions took place.

23/13 Previous Meeting Minutes

The minutes of the meeting held on 13th July 2023 were accepted as an accurate record.

23/14 Matters Arising.

None.

23/15 Issues raised by the Medicines Subcommittee

Summary of decisions is available on Medicines Committee | North East and North Cumbria NHS (northeastnorthcumbria.nhs.uk)

23/16 Paperwork / Processes

- Formulary Assessment Tool, Terms of Reference and the Application Form were circulated for comment in July. Sections have been added regarding reviewing the drug safety alerts and NICE clinical guidelines to see if any formulary amendments are required. It was noted these documents will continue to evolve over time.
- Declarations of Interest - annual reviews are carried out via NTAG but for members of this group who are not involved in NTAG declarations can be made in relation to specific topics on the day of the meeting.

23/17 New Product Requests

a) Requests deferred from previous meetings.

i) Nil

b) New Products

i) Nil

c) New Formulations and extension to use.

i) Riluzole Orodispersible Tablets (Emylif®)

Requested by the head of the Newcastle MND service as an additional option for patients with swallowing difficulties.

Riluzole is NICE approved for the treatment of amyotrophic lateral sclerosis (ALS) in adults. Emylif® is bioequivalent to the branded 50mg tablets (Rilutek®). Swallowing safety testing was also carried out and no evidence of deterioration in swallowing was found. The inclusion of Emylif® on formulary would lead to a minor cost savings when used instead of riluzole oral suspension (Teglutek®). Riluzole is a RED drug, provided via homecare, from the NUTH MND service and via shared care from the South Tees MND service. The South Tees MND service are supportive of this request. There are no patent issues in relation to the liquid formulation.

Recommendation: *The Formulary Working Group recommend the addition of riluzole orodispersible tablets (Emylif®) to the formulary for patients with swallowing difficulties where crushing tablets is not appropriate.*

23/18 Formulary Issues

i) Quinine Sulfate – leg cramps

Quinine sulfate for leg cramps was previously on the formulary but was inadvertently missed off during the formulary merger. The group was asked to consider if this should be added to the formulary for nocturnal leg cramps - in accordance with MHRA advice only. It was noted that the 300mg are more cost effective than the 200mg tablets.

An audit is currently being carried out regarding the use of quinine sulfate in primary care and we have asked for a copy to be sent to the committee for review in due course.

Recommendation: *The Formulary Working Group agreed that Quinine sulfate for leg cramps should be added onto the formulary with a GREEN status, with links to MHRA advice and recommendation to use 300g as this is more cost effective than 200g.*

ii) Calfovit D3

Calfovit D3 effervescent granules were discontinued in 2022. The group discussed whether a generic preparation should be listed on formulary, rather than specific brand. However, whilst this would ease supply issues, it was acknowledged that the number of alternatives available could be overwhelming.

Recommendation: *The working group recommends that Adcal-D3 effervescent tablets are added to formulary along with Cacit D3 sachets (as a sodium free alternative).*

iii) Emollients and Home Oxygen

Recent alerts from MHRA have highlighted the fire risk posed by emollients and other skin products, which can soak into bedding, clothing and dressings acting as an accelerant. This warning applies to both paraffin based and non-paraffin products.

Oil free preparations should be used where there will be direct contact with oxygen on the face such as nasal prongs and CPAP masks.

Recommendation: *The working group recommends that AquaGel (oil free) is added to the formulary, to relieve dryness of the nose, lips and the face when the patient is using oxygen via nasal prongs, CPAP masks etc.*
ML agreed to speak to the NUTH respiratory team.

iv) Tadalafil 5mg daily – Erectile dysfunction (ED)

NTAG recommended that the generic tadalafil 5mg (daily) preparation should be used for penile rehabilitation after prostatectomy. Both the 5mg and 2.5mg tablets were included in NHSE “items not to be routinely prescribed primary care” guidance, however the 5mg strength has now been removed from this guidance as pricing is now comparable to on demand treatment.

The working group have been asked to consider adding daily tadalafil 5mg to formulary for the treatment of ED in general and not just for penile rehabilitation.

Recommendation: *The working group agreed to add tadalafil 5mg daily to formulary for General ED (in accordance with SLS criteria).*

v) Budget impact of promethazine (RDTC)

RDTC review highlighting the extreme cost of promethazine and alimemazine versus other sedating antihistamines.

Recommendations:

- **Insomnia** – 20mg promethazine hydrochloride (Sominex®).
- **Sedation in mental health** – hydroxyzine 25mg tablets.
- **Allergic or pruritic skin condition** – hydroxyzine, chlorphenamine or fexofenadine.
- **Nausea, vomiting and labyrinthine disorders** – promethazine teoclate (Avomine®) or alternative medicine such as cyclizine or cinnarizine.
- Add “DO NOT PRESCRIBE” or similar status to promethazine hydrochloride 10mg and 25mg tablets to discourage use where more cost-effective alternatives are available.

TEWV use PRN promethazine for short term sedation to control agitation and anxiety. Discharge on this medication is strongly discouraged. CDTH only use promethazine for insomnia for a few patients who have come from primary care on this medication. ML to discuss with the NuTH dermatology and paediatric departments. Discussions required at the TEWV/CNTW D&Ts regarding the use of hydroxyzine for sedation in mental health. The risk of QT prolongation is an issue.

Recommendation: *Defer until next meeting to allow time for discussions to take place.*

vi) Budget impact of acetylcysteine (RDTC)

RDTC review highlighting the cost differences between acetylcysteine and carbocisteine when used as mucolytics. Consensus statement from the ICB respiratory network and guidance says either acetylcysteine effervescent tablets or carbocisteine can be used. The proposal is to remove acetylcysteine tablets from formulary and retain effervescent tablets as these are more cost effective.

Recommendation: *The working group recommends removing acetylcysteine tablets from formulary and retain effervescent tablets*.

vii) Sodium chloride 1mmol/ml solution

The formulary choice for infants was to use 1mmol/ml solution. The NPPG and RCPCH have made a recommendation to use a standardised 5mmol/ml solution. Both of these products are now licensed; however,

these are currently not available. NuTH are in the process of changing over from 1mmol/ml to the 5mmol/ml solution.

The committee are asked to consider if the formulary should be updated to include the 5mmol/ml sodium chloride oral solution as well as 1mmol/ml or to wait until Trusts are ready to switch from 1mmol to 5mmol.

Recommendation: *The working group recommends adding 5mmol/ml solution in addition to 1mmol/ml solution in preparation for the switch over, as Green Plus.*

viii) Ciprofloxacin ear drops 0.2%

Request from a GP to change the status of ciprofloxacin ear drops 0.2% from Green Plus to Green. This will allow primary care prescribing to treat patients in a more-timely manner rather than waiting for specialist appointments. The NICE CKS guidelines have been used as a reference for this request. It was noted that the NICE primary care antibiotic guidelines for otitis externa do not mention the use of ciprofloxacin ear drops.

Recommendation: *The working group recommends the status of ciprofloxacin ear drops 0.2% should be changed to Green to allow GP treatment of resistant otitis externa in accordance with C&S results.*

ix) Midazolam palliative care - RAG status

Midazolam is first line treatment for agitation, restlessness, and delirium in palliative care but is currently Green Plus on formulary which prohibits GP prescription.

Recommendation: *The working group recommends that the formulary status of Midazolam for palliative care should be changed to Green.*

x) Immunosuppressants - solid organ transplants

The Professional Secretary (Mr Matthew Lowery) declared an interest as he is based at Newcastle Hospitals which is the Transplant Centre in the ICS.

Repatriation of immunosuppressants prescribed for solid organ transplants started almost 10 years ago. NHSE, as the commissioner, wish to see all post-transplant immunosuppressive therapy prescribed from secondary care, but accept that this can only be done when the correct infrastructure is in place.

In Newcastle the adult renal and adult cardiothoracic transplants have been repatriated. Adult liver transplant patients haven’t been repatriated and to do so would require restructuring of the OPD clinics.

Shared care guidelines need to remain in place for transplant patients in the community who require MDS boxes as Newcastle Hospitals currently do not have access to EPS to facilitate the required weekly scripts.

Recommendation: *The working group recommends that the formulary status of solid organ transplant immunosuppressants will remain Amber until electronic systems are in place to allow secondary care to prescribe effectively for this cohort of patients.*

23/19 Formulary Review

Beverly Walton raised issues around differing restrictions in the new formulary compared to the old Durham & Tees Valley formulary.

It was noted the formulary review section is for more intensive reviews on sections of the formulary and restrictions should be picked up in the formulary issues section.

Action: *ML and BW to discuss outside of this meeting.*

23/20 RDTC Monthly Formulary Amendments – July and August 2023

Formulary Amendments - July 2023

- Rimegepant is the first oral preparation of the calcitonin gene-related peptide receptor antagonists recommended by NICE as an option for preventing episodic migraines in adults who have at least 4 and fewer than 15 migraine attacks per month. Proposed as a Green Plus drug. Efficacy to be confirmed at 12 weeks by the specialist and further 4 weeks to be supplied to allow transfer to GP for continuation. Very little monitoring required.

Drug safety updates – July 2023

- Hyoscine hydrobromide patches (Scopoderm 1.5mg Patch or Scopoderm TTS Patch): risk of severe anticholinergic side effects, including hyperthermia. Drug safety advice to be linked to formulary.
  .

Formulary Amendments - August 2023

- Otitis media with effusion (OME) in under 12s. The updated guidance adds ‘Do Not Do’ recommendations on antibiotics, oral and nasal corticosteroids, antihistamines, leukotriene receptor antagonists, mucolytics, PPIs, anti-reflux medicines, and decongestants for OME-related hearing loss.
- NG126: Ectopic pregnancy and miscarriage: diagnosis and initial management. Updated recommendations on the use of misoprostol and mifepristone for management of miscarriage.

Drug safety updates – August 2023

- Drug safety alerts will be added to the relevant section of formulary.

23/21 RDTC Horizon Scanning – July, August and September 2023 *

September 2023

- Rivastigmine indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Interest expressed within the dementia services at TEWV – formulary application pending.

23/22 Chairman's Business

None

23/23 Any Other Business

- A query was raised around the process for bringing new requests to the meeting. The group were advised of the process – email all of the formulary pharmacists to ensure no duplication of effort, then complete the formulary assessment tool and forward it to the Newcastle team.
- Dry eye review. Mr Lowery carried out a large piece of work on behalf of the North of Tyne, Gateshead and North Cumbria APC last year to look at the various preparations and costs. The review was completed between the APC being disbanded and this working group being formed. Mr Lowery asked if anyone would be willing to sense check the document in relation to currently available products and prices etc. so this can be progressed to update the dry eye formulary.
  OUTCOME: *Beverley Walton volunteered to help with this piece of work.*

23/24 Future Meeting Dates

- 9th November 2023
- 11th January 2024
- 14th March 2024