North East and North Cumbria ICS
Formulary Working Group

Minutes of the ICS Formulary Working Group held at 1pm on 9th November 2023 – Microsoft Teams

PRESENT:

Dr Shafie Kamaruddin – Chair (CDDFT)	Matthew Lowery - Prof Sec (NUTH)	Dr Andrew Berrington (ST&S)
Rachel Berry (ICB)	Dr Christopher Coe (NHCFT)	Venessa Echanique (QEH)
Mohammed Majid (NTHFT)	Dr Alan McCubbin	Richard Morris (TEWV)
Tracy Percival (ST)	Dr Rupert Smith	Beverley Walton (CDDFT)
Jennifer Whitehall (NUTH)	Hannah Willoughby (ICB)	

APOLOGIES:

None received		

IN ATTENDANCE: David Scott
June Howey (minutes).

Matthew Lowery (ML) introduced Jennifer Whitehall who will be acting as his deputy for this meeting.

23/25 Previous Meeting Minutes

Item 23/18 Formulary Issues

Budget impact of promethazine – Richard Morris (RM) asked that the wording is amended to "TEWV use PRN promethazine for short term sedation to control agitation and anxiety on inpatient wards. Discharge on this medication is strongly discouraged".

The minutes of the meeting held on 14th September 2023 were accepted as an accurate record subject to the above amendment.

23/26 Matters Arising.

None.

23/27 Issues raised by the Medicines Subcommittee

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

- **Denosumab – RAG status**

  Denosumab for osteoporosis has a Green plus status on formulary; however, concerns were raised at the last NTAG meeting regarding safety aspects. In particular the requirement for long term monitoring and monitoring required after discontinuation. The FWG have been asked to consider a change of status to Amber with a formal shared care guideline put in place.

  FWG recommendation: *Denosumab for osteoporosis should be changed to Amber, subject to a shared care guideline being produced. In the interim the RAG status should remain as Green plus until the shared care guideline is in place.*

23/28 Paperwork / Processes

i) Nil

23/29 New Product Requests

a) Requests deferred from previous meetings.

i) Promethazine

Following the last meeting ML reported that the NUTH dermatologists use very little promethazine. RM reported that TEWV had considered the RDTC review at their September D&T meeting and were going to produce a guideline to minimise its use, as there were some concerns about using hydroxyzine as an alternative. Whilst promethazine is relatively high cost it was agreed there is a small cohort of patients who benefit from this treatment and GPs should be allowed to prescribe it, if they feel it is appropriate.

FWG recommendation: *Promethazine should remain on formulary as a green drug but with a second line status.*

b) New Products

i) Nil

c) New Formulations and extension to use.

i) Opicapone (Ongentys®) 50mg capsules

On formulary as an alternative to tolcapone for patients with Parkinson's Disease with motor complications in whom entacapone has not been tolerated or failed. NUTH Neurology have requested that opicapone moves to joint first line with entacapone. This was on the grounds it has greater efficacy at reducing OFF time, results in fewer outpatient visits and has less side effects compared to entacapone. In the original Phase III study opicapone was non-inferior to entacapone in terms of reducing OFF time. Other published evidence showing benefit of opicapone vs. entacapone was from small retrospective studies and was therefore considered to be weak. Opicapone is significantly more expensive than entacapone.

FWG recommendation: *Entacapone should remain as the first line option with opicapone as second line.*

****Post meeting update:*** *The group have been made of aware of a forthcoming price reduction for opicapone, giving it parity with entacapone and therefore have agreed that opicapone can be given equal footing with entacapone.*

ii) Benilexa® (Levonorgestrel 20 micrograms/24 hours Intrauterine Delivery System (IUD)

This is a single handed insertion IUD. It is licensed for 6 years of use for contraception but not for endometrial protection as part of HRT. CDDFT have evaluated the device as they thought it could be used in most women and would offer cost savings. However they found that the device is quite large and insertion is more difficult than anticipated. They have since decided to continue to use Mirena®. It was pointed out that the cost difference with Mirena® is minimal and therefore any potential savings are outweighed by problems arising from failed insertions.

FWG recommendation: *Benilexa® should not be added to the formulary.*

iii) Sertraline 100mg/5ml Concentrate for Oral Solution

Requested by TEWV. It is a licensed preparation that must be diluted prior to use and must only be diluted from a specified list of drinks. It would be used for a small cohort of patients who are unable to take a solid dose form or who require small doses. The current alternative is sertraline oral suspension 50mg/5ml which is unlicensed. The group recognised that a licensed product should be used in preference to an unlicensed product but were concerned about the potential risks arising from the different strength and requirement for dilution.

FWG recommendation: *Sertraline 100mg/5ml concentrate for oral solution should be added to the formulary. Prescriptions should clearly state that this is a concentrate and specify the manufacturers name (Thame).*

23/30 Formulary Issues

i) **Aciclovir 3% Eye Ointment and Ganciclvoir 1.5% Eye Ge**l

Requested to change ganciclovir 1.5% eye gel to first line ahead of aciclovir 3% eye ointment on the grounds of cost. It was noted that the Moorfields formulary has ganciclovir 1.5% eye gel as first line. However one of the regional corneal experts based in NUTH believes that aciclovir is more effective and that longer courses are required with ganciclovir 1.5% eye gel. The group noted the advice relating to the teratogenicity and adverse effects on fertility of ganciclovir.

FWG recommendation: *The preference is removed from both products while this is reviewed in conjunction with the ophthalmologists. The pregnancy prevention and use during pregnancy advice should be included on the formulary.*

ii) Caphosol / Gelclair – RAG Status

Sunderland City Hospitals have requested that the RED status of Caphosol and Gelclair is reviewed and changed to Green Plus. Caphosol and Geclair are indicated for oral mucositis in patients receiving chemotherapy and radiotherapy. Prior to the merge Caphosol was a RED drug on the Durham and Tees Valley and North of Tyne, Gateshead and North Cumbria formularies whereas it was Green on the Sunderland and South Tyneside Formulary. During the merging process it was agreed that both should have RED status. It was understood that most of these patients will be having regular contact with the specialist services. The challenges for remote patients who require supplies outside of scheduled appointments were recognised, but it was noted that hospitals have mechanisms for supplying RED drugs to patients without them having to attend hospital.

FWG recommendation: *Caphosol and Gelclair for oral mucositis in patients receiving chemotherapy and radiotherapy should remain as RED drugs.*

iii) Celecoxib – RAG

Previously non-formulary on Durham and Tees Valley Formulary, but Green status on Sunderland and South Tyneside, and North of Tyne, Gateshead North Cumbria formularies. Given a Green Plus Status during the merge.

FWG recommendation: *Celecoxib is changed to a Green status.*

iv) Combined Hormonal Contraceptives (CHCs)

Suggestion from CDDFT sexual health team to add further information relating to the choice of CHCs and their respective VTE risks. Following discussions outside of the meeting it was agreed that prescribers should be familiar with respective VTE risk of the different CHCs. It was recognised that brand prescribing is important with CHCs to avoid patient confusion.

FWG recommendation: *The CHC section of the formulary should be checked for consistency and should include the branded options and be worded as not to exclude new branded generics.*

v) Diclofenac suppositories - renal colic RAG

Request to change the status of diclofenac suppositories to Green Plus for renal colic as there had been some requests to continue this in primary care from urology. The group felt that overall this wasn't required.

FWG Recommendation*: Diclofenac suppositories should remain Red.*

vi) Housekeeping - licensing changes

A list of unlicensed products currently on formulary but missing the standard

flag was reviewed.

FWG recommendation: *The suggested changes were endorsed.*

vii) Housekeeping - misc primary and secondary care

A list detailing a few issues for both primary and secondary care drugs was reviewed.

FWG recommendation:

- *MST® 5mg MR tablets should be added to formulary as there is not a 5mg Zomorph® preparation. This is to facilitate de-prescribing and use in other patients who require small doses.*
- *Gliclazide MR should be removed as included in do not prescribe list.*
- *Betnesol N cream should be removed as expensive and is considered less suitable for prescribing in the BNF.*

viii) Housekeeping - misc secondary care drugs

A list detailing a few issues for secondary care drugs was reviewed.

FWG Recommendation:

- *Low Molecular Weight Heparins - remove preference that relate to specific Trusts. RAG status to remain as Green plus and Red for maternity.*
- *Intranasal Fentanyl to be added. Used for children during the diamorphine shortage and now preferred. Ensure appropriate protocol is in place if used.*
- *Desflurane – to be removed from formulary on environmental grounds. Usage has decreased significantly.*

ix) Lanthanum and Sevelamer – RAG

The phosphate binders, lanthanum and sevelamer, used to be funded by NHSE specialised commissioning (with a caveat that they were suitable for shared prescribing with primary care). As a result these were RED drugs. These are now both are now generic and no longer classed as a high-cost drugs funded by NHSE

FWG recommendation: *Lanthanum and sevelamer should be changed to Green plus.*

x) Loperamide oral dispersible

Requested that, due to high cost, loperamide oral dispersible should only be used in patients with high output stoma when crushing tablets / opening capsules has failed. Has also been requested for a small cohort of oral cancer patients struggling to use the capsules. Also to remove the liquid preparation from formulary as licensed product no longer available.

FWG recommendation: *To amend the wording of loperamide oral dispersible to used only if opening capsules and crushing tablets has failed or isn't suitable (following assessment by the specialist). Remove liquid preparation from formulary.*

xi) Melatonin

It was recognised that the melatonin product selection needs the brands and indications specifying and that needs to be done in conjunction with the work to harmonise the shared care guidelines. This is in addition to choosing the most suitable liquid preparation. It was recognised that the issues relating to the RAG status of these products were subject to broader, ongoing, discussions.

FWG recommendation: *Separate working group to be set up to discuss product choice.*

xii) Metolazone (Xaqua®)

On formulary for use on the advice of cardiology. Recognised that used by other specialities.

FWG recommendation: *Metolazone (Xaqua®) to be changed to Green Plus without any specialism specified.*

xiii) s/c Methotrexate – RAG

Work required to reflect the different RAG statuses across the ICS and different mechanism of supply in separate Trust. There are ongoing issues around the provision sharps disposal. Some confusion is arising from its positioning in different BNF chapters.

FWG recommendation: *To be deferred subject to further discussions. Issues arising from positioning in different chapters of formulary to be fixed.*

xiv) Nefopam

Removed from the North of Tyne formulary a few years ago following concerns around high usage, a significant rise in cost, weak evidence of benefit and issues around toxicity. Some use allowed in CDDFT for acute pain. Chris Coe felt that this still has a role in patients who have very limited options and pointed out that there is a lack of evidence base for most analgesics in chronic pain.

FWG recommendation: *After discussion to be removed from formulary.*

xv) Prucalopride

NICE approved for use in women. Proposal to use for men with chronic constipation as well.

FWG recommendation:

xvi) Rectal corticosteroids

Very high cost of prednisolone suppositories compared to other rectal corticosteroids.

FWG recommendation: *Defer, further work and discussion with the gastroenterology teams required.*

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xvii) Sulfasalazine

Prior to the merger there were different RAG status for gastroenterology and rheumatology. Now AMBER for all indications and the national shared care guideline is in the process of being implemented.

FWG recommendation: *Keep as AMBER and point to existing shared care guidelines or IMD monitoring guideline (for NoT, Gateshead and North Cumbria) document as an interim measure. In circumstances where a specific locality guideline isn't available another locality shared care guideline can be used.*

xviii) TEWV unlicensed indications

Recommendation: *Deferred until next meeting.*

xix) **Utrogestan Vaginal Capsules**

Recommendation: *Deferred until next meeting.*

23/31 Formulary Review

Nil

23/32 RDTC Monthly Formulary Amendments –September 2023

Formulary Amendments – September 2023

Drug safety updates – September 2023

For information, no specific issues raised for discussion

23/33 RDTC Horizon Scanning – October 2023

For information, no specific issues raised for discussion

23/34 Chairman's Business

None.

23/35 Any Other Business

- None.

23/36 Future Meeting Dates

- 11th January 2024
- 14th March 2024