

Somerset Clinical Commissioning Group

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 11th November 2015**

Present:	Dr Clare Barlow	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS FT	CB
	Jon Beard	Chief Pharmacist, Taunton & Somerset NHS FT	JB
	Steve Du Bois	Chief Pharmacist- Head of Medicines Management, SD Somerset Partnership NHS Foundation Trust	
	Shaun Green	Associate Director, Head of Medicines Management, NHS Somerset CCG	SG
	Catherine Henley	Medicines Manager, NHS Somerset CCG	CH
	Dr Sally Knights	Chair, Drug & Therapeutics Committee, Yeovil District Hospital	SK
	Jean Perry	Commissioning Manager, NHS Somerset CCG	JP
	Dr Geoff Sharp	GP Delegate (Central Mendip Federation), Chair	GS
	Jon Standing	Chief Pharmacist, Yeovil District Hospital	JS
	Donna Yell	Prescribing Support Technician, NHS Somerset CCG	DL
Apologies:	Rosemary Brook	Consultant Psychiatrist Somerset Partnership	RB
	Dr Orla Dunn	Consultant in Public Health, Somerset County Council	OD
	Ann Lee	Clinical Director, St Margaret's Hospice	AL
	Dr Steve Edgar	GP, Somerset Local Medical Committee representative	SE
	Matt Harvey	Development and Liaison Officer, Somerset LPC	MH
	Gordon Jackson	Patient Representative	GJ

1	WELCOME
	GS welcomed everyone.
2	APOLOGIES
	Apologies were provided as detailed above.
3	DECLARATIONS of INTEREST
	GS asked for declarations of interest. CH confirmed that declaration of interests (DOI) for JS is now up to date. No additional interests were declared by anyone attending the meeting.
4	MINUTES OF THE MEETING HELD ON 9th September 2015
4.1	The Minutes of the meeting were agreed as an accurate record.
4.2	<p>GS ran through the action points from the last meeting. Most actions were complete or raised on the agenda. The following items were specifically noted:</p> <ul style="list-style-type: none"> • Melatonin for Hemicrania Continua and PD related sleep disorder- the agreed preparation is licensed Circadin but SG is still waiting more information from Mark Fish regarding treatment length. SG commented that he would be attending the TST DTC meeting this week and would try to speak to Mark there. Action SG/ Mark Fish • TST Biosimilars Policy – TST has not yet approved this policy. JB will share when it is ready. Action JB <p>JB stated that the idea of the policy is that a biosimilar should be used instead of the originator brand, where one is available and that patients cannot demand a more expensive product. JS stated that YDH haven't written a formal policy, but it would be useful to see the TST policy once it is published.</p> <ul style="list-style-type: none"> • Requests to GPs for liquid medications for patients having bariatric surgery - JB had emailed the bariatric surgeons, stating that they should not request liquids from GPs and that all such requests will be ignored. • NG5: Medicines optimisation baseline assessment- Not all completed assessments had been returned, therefore agreed to discuss further in January. Action CH
5	MATTERS ARISING (not otherwise on the agenda)
5.1	<p>Low Molecular Weight Heparin (LMWH) bridging therapy guidance</p> <p>At the last meeting, LMC had requested that the following sentence on the first page of the policy is amended as highlighted below:</p> <p><i>Arrangements are made for prescription and administration of LMWH by POAC. This will involve individual liaison with the patient's general practice, and may involve community or hospital administration of LMWH. Patient has INR checked prior to surgery to ensure adequate control.</i></p> <p>It had also been requested that contact numbers for POAC are included on the discontinuation timelines.</p>

	<p>CH had emailed the authors of the guidance to ask whether these amendments had been made but there had been no response. JB agreed to follow up. Action JB</p> <p>JS stated that YDH have not yet agreed to follow the TST policy. SG asked that the two Trusts work together to get a 'Somerset CCG-wide' policy Action JB & JS</p>
5.2	Acute Kidney Injury – collated Trust Actions and Community AKI data
	<p>The group viewed the collated actions taken by SomPar, YDH and TST to identify and minimise AKI. It was noted that there had been a broad range of activity to address the issue of AKI across the Trusts</p> <p>SG said that he would share the information with the regional AKI meeting as well as Weston and RUH. Trusts should pick out useful action points. Action SG</p>
6	OTHER ISSUES - no other issues were raised
6.1	Urology overactive bladder (OAB) prescribing pathway
	<p>SG had been working with the Care of the Elderly Specialists at TST to produce an OAB prescribing pathway which complies with NICE guidance on OAB to go into formulary. The latest MHRA warning on uncontrolled hypertension has been incorporated into the pathway.</p> <p>The pathway starts with appropriate self-management advice to try to get prescribers to take conservative action first, before resorting to medication.</p> <p>The group considered the new pathway to be appropriate but wanted to ensure that the YDH urologists had also been consulted for comment before final publication. SK agreed to share the new OAB Pathway with the YDH urologists and ask for comment ASAP. Action: SK</p>
6.2	Review of Biologics (Anti TNF) pathway for Rheumatoid Arthritis
	<p>SG said that this item had been raised on the agenda to stimulate discussion and thought prior to the expected publication of the NICE guidance in January. The following points were raised:</p> <ul style="list-style-type: none"> • Biosimilar etanercept products are expected to be licensed shortly. • NICE is likely to recommend the most cost effective product. • Specialists were asked to think about whether the pathway should be changed to make etanercept first line and certolizumab/ golimumab second line. • The golimumab manufacturer is reviewing the price of the drug. The once monthly dosing makes it more convenient for patients and they provide a delivery service. • We are aware that in changing the pathway, other issues will arise that may need to be resolved. • There was a discussion around the BSR position on biosimilars vs the commissioning position. • In view of the financial position, we will be looking to be early adopters of biosimilar etanercept and to switch existing patients. • Drugs will need to be named 'by brand' in the pathway. • Budgets will be set based on a 'best guess' with reference to what has happened with biosimilar infliximab. • There are other clinical areas where biosimilar etanercept will need to be discussed.

	SK and JB were asked to consult local specialists on their opinions and feed back to the January SPF meeting for a more detailed discussion. Action SK & JB
6.3	YDH Horizon scanning
	<p>SG outlined that the CCG needs to start thinking about its commissioning intentions for next year and that SPF has oversight of the budget for PbR excluded drugs</p> <p>After looking at the 15/16 Prescribing Outlook document, JS presented some information around potential cost pressures for YDH. JS presented some preliminary information on where YDH is likely to see particular growth but he will need to have further discussions with particular clinical areas. The main points were:</p> <ul style="list-style-type: none"> • Ophthalmology is likely to see a 50% growth in Eylea[®] usage at YDH as they adopt a 'treat and extend' approach. SG pointed out that the formal position is that treatment should be 'as per NICE' and that the commissioners need more information on what is being proposed. Action JS • Obs and Gynae usage of Botox[®] is likely are likely to increase but more detail is needed on what they are planning to treat. Unsure whether this is urological use or not. Action JS • Rheumatology- NICE are looking at whether non-radiographic Ankylosing Spondylitis (AS) in terms of whether there is a better response if you treat when the event is happening. This could be a cost pressure if there is a positive appraisal. • Apremilast- is currently being reviewed by NICE for treatment of moderate to severe psoriatic arthritis. YDH are currently obtaining direct from the company, free of charge and it is suitable (unlike the biologics) for patients with prior malignancy. YDH currently have 7 patients on the drug. If NICE were to approve apremilast in future, this could present a cost pressure. The appraisal in Sept 2015 was negative due to the prohibitive cost but this may change if the price comes down. • Alirocumab and evolocumab will not be implemented early. Await formal NICE guidance. • YDH would like to discuss a budget for apomorphine as the have a doctor who would like to prescribe in a small number of patients. • There is still a debate around the funding for a number of dermatology patients whose care has been transferred back to YDH from TST. • Rifaximin for hepatic encephalopathy- usage is likely to increase. <p>TST have not yet had time to provide similar information. It was agreed that SG, JB, JP and JS would form a subgroup to discuss the issues and report back to SPF and Finance. Action: SG, JB, JP and JS</p>
7	Formulary Applications
7.1	NEJM: Empagliflozin, Cardiovascular Outcomes, and Mortality in Type 2 Diabetes
	<p>The above journal article was reviewed which looks at cardiovascular events and mortality in type 2 diabetic a patients at high risk of cardiovascular events taking empagliflozin vs placebo through a randomised double blind, controlled trial.</p> <p>The study showed that patients with type 2 diabetes at high risk of cardiovascular</p>

	<p>events who received empagliflozin compared with placebo, had a lower rate of primary composite cardiovascular outcome and death from any cause when empagliflozin was added to standard care.</p> <p>Empagliflozin, which is already on the formulary, is the only newer antidiabetic agent with outcome data around cardiovascular outcomes and mortality; all others have HbA1c reduction as a surrogate marker. In view of the evidence provided by this large study it was agreed that empagliflozin should be made first line choice of SGLT2 inhibitor in Somerset. Formulary and Traffic Light Scheme (TLS) to be amended. Action: Steve Moore</p> <p>On the strength of this evidence, prescribers should consider using empagliflozin ahead of a gliptin where this is appropriate.</p>
7.2	<p>Synjardy[®] (empagliflozin/metformin) <i>Boehringer Ingelheim</i></p> <p>This combination product is available in 4 strengths: 12.5mg/1000mg, 12.5mg/850mg, 5mg/1000mg, 5mg/850mg. Cost = £36.59 for 56 tablets (all strengths)</p> <ul style="list-style-type: none"> • This combination product costs the same as Empagliflozin alone. • A similar combination preparation already exists as green on the traffic lights: Xigduo[®] (dapagliflozin and metformin) where patient choice or compliance dictates a combination form. • PAMM had previously agreed to add to formulary with GREEN traffic light status for patients who have been stabilised on the individual components. Formulary to be updated. Action: Steve Moore
7.3	<p>Binosto[®] 70mg (alendronic acid) effervescent tablets <i>Internis Pharmaceuticals</i></p> <ul style="list-style-type: none"> • Cost =£22.50 for 4 tablets- approximately the same as Alendronic Acid oral solution. • Tablets need to be dissolved in 120ml of water (oral solution = 100ml dose.) • Sodium content is high- 602.54 mg of sodium. <p>PAMM had previously agreed to approve as an alternative for patients with swallowing difficulties where continued use is still appropriate. GREEN. Formulary to be updated. Action: Steve Moore</p>
7.4	<p>AirFluSal Forspiro 50/500[®] (salmeterol/fluticasone) Dry Powder Inhaler <i>Sandoz</i></p> <ul style="list-style-type: none"> • AirFluSal Forspiro is licensed for the symptomatic treatment of adults with COPD, with a FEV1 <60% predicted normal (pre bronchodilator) and a history of repeated exacerbations and who have significant symptoms despite regular bronchodilator therapy. • It is a dry powder inhaler, providing the same drugs at the same doses as Seretide Accuhaler 50/500. Unlike Seretide, it is <u>not</u> licensed in asthma or for use in under 18 year olds • Cost= £32.74 compared to Seretide Accuhaler[®] 50/500 = £40.92 • Due to be launched in early December <p>Agreed to approve as a GREEN TLS status product. Formulary to be updated. Action: Steve Moore</p> <p>The CCG will work to identify suitable patients on Seretide 500 Accuhaler who could use this device and could safely be switched.</p> <p>SG will provide info to the Respiratory Group Action: SG</p>

7.5	<p>Ivermectin Cream (Soolantra®) 10mg/g Galderma UK</p> <ul style="list-style-type: none"> • Licensed for the treatment of the inflammatory lesions of rosacea • Price =£18.29/ 30g • NICE guidance due in December. • It is a parasitocidal and more costly than topical metronidazole but it may stop a cohort of patients progressing to oral antibiotics. <p>It was agreed to approve as a GREEN TLS status product subject to further guidance from the dermatologists on the place of ivermectin cream in therapy for rosacea. Formulary to be updated once further info obtained from TST.</p> <p style="text-align: right;">Action: Steve Moore</p> <p>JB stated that TST DTC received an application for this product and there would be a discussion at the meeting later this week. Await further information from TST DTC.</p> <p style="text-align: right;">Action: CH</p>
7.5	<p>Praluent® solution for injection in pre-filled pen (alirocumab) Sanofi</p> <p>This is another in a new class of lipid lowering drug (an IG1 monoclonal antibody) licensed for:</p> <p>Adult patients with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet:</p> <ul style="list-style-type: none"> - in combination with a statin or statin with other lipid lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin or, - alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated. <p>The SPC states that the effect of Praluent® on cardiovascular morbidity and mortality has not yet been determined. Cost = £168 per pen / £336 per month</p> <p>Due to the cost and lack of clinical outcome data, It was agreed that the CCG will wait until NICE publish their guidance (due June 16) or until SPF receive a formal specialist application. This product will have a BLACK 'Not recommended' TLS status. Steve Moore to update formulary.</p> <p style="text-align: right;">Action: Steve Moore</p>
7.6	<p>Trulicity® (dulaglutide) 1.5mg and 0.75mg prefilled pen Eli Lilly</p> <p>This is a long acting GLP-1 analogue launched earlier this year and licensed to improve glycaemic control in adults with Type 2 diabetes mellitus as monotherapy or add-on therapy.</p> <ul style="list-style-type: none"> • It is available in a prefilled pen device. • The dose is once weekly. • This product was considered in March 2015 and not added to the formulary because at, £90.95 for 4 doses, it was significantly more expensive than modified release exenatide. • The price has now been reduced to £73.25 for 4 doses which compares favourably with modified release exenatide. • It has been shown to be non-inferior to 1.8mg liraglutide. • There are no comparative data with other weekly dose GLP-1 receptor agonists. <p>It was agreed:</p> <ul style="list-style-type: none"> • to approve as a GREEN TLS status product. Steve Moore to update formulary.

	<p style="text-align: right;">Action: Steve Moore</p> <ul style="list-style-type: none"> SG to provide info to Diabetes Group and interface services. <p style="text-align: right;">Action: SG</p>
8	D&TC DECISIONS
8.1	Somerset Partnership D&T meeting
	<p>A verbal update from the last meeting held 5th November was provided. The main points were:</p> <ul style="list-style-type: none"> Sompar had agreed to a switch of Concerta[®] patients to Matoride[®] in primary care Following an audit they are looking to improve the reviewing and monitoring of patients with learning disabilities who are prescribed antipsychotics.
8.2	TST
	No new meetings since 31/7/15 were noted. Next meeting due 13/11/15.
8.3	Taunton & Somerset Antimicrobial Prescribing Group (TSAPG)
	A statement has been added to the infection management guidance recommending pivmecillinam only for patients with uncomplicated cystitis and not for patients with sepsis / systemic symptoms.
8.4	YDH DTC
	<p>Last meeting 22/9/15.</p> <p>There is a stock supply issue with BCG for bladder instillation, YDH have a supply of unlicensed BCG from Germany which they don't feel they can use while they can obtain the licensed product. They are considering what to do.</p>
8.5	BNSSG DTC
	<p>Minutes noted. The Joint formulary group will be considering the addition of Toujeo[®] soon (a concentrated insulin) to their formulary. CH to follow up as could present safety issues in primary care.</p> <p style="text-align: right;">Action: CH</p>
8.6	RUH Bath D&TC
	Minutes noted
9	NICE Guidance
	A summary of the NICE guidance published since the last SPF was provided to the Forum for information. Relevant items had been placed on the agenda.
9.1	NHS Sheffield CCG framework of NICE guidance
	Noted
9.2	TA355 Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation
	<p>Positive appraisal noted. This drug is already on formulary. Agreed to add NICE guidance to formulary and update NOAC table.</p> <p style="text-align: right;">Action Steve Moore</p>

9.3	TA 356: Ruxolitinib for treating polycythaemia vera
	Terminated appraisal noted. TLS to be updated. Action: Steve Moore
9.4	TA357: Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS to be updated Action: Steve Moore
9.5	TA358: Tolvaptan for treating autosomal dominant polycystic kidney disease
	Positive appraisal noted. It was acknowledged that this is commissioned by the CCG. It was agreed to make this a RED 'hospital only' drug. TLS to be updated. Action: Steve Moore SG stated that there would be a few patients who may need this drug so this will need to be looked at as part of the horizon scanning/ budget setting exercise for next year. He pointed out that Trusts will need to find out the price of tolvaptan under the patient access scheme in order to get budget setting right.
9.6	TA 359 Idelalisib for treating chronic lymphocytic leukaemia
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. Formulary to be updated re. funding by NHSE. Action: Steve Moore
9.7	TA360 Paclitaxel as albumin-bound nanoparticles in combination with gemcitabine for previously untreated metastatic pancreatic cancer
	Negative appraisal noted. TLS to be updated Action: Steve Moore
9.8	TA 361: Simeprevir in combination with sofosbuvir for treating genotype 1 or 4 chronic hepatitis C (terminated appraisal) (for noting)
	Terminated appraisal noted. TLS to be updated Action: Steve Moore
9.9	TA 362 Paclitaxel as albumin-bound nanoparticles with carboplatin for untreated non-small-cell lung cancer
	Terminated appraisal noted.
9.10	Final Appraisal Determination (FAD): Vortioxetine in Major Depressive Disorder
	The positive NICE FAD for Vortioxetine in major depressive disorder was discussed. NICE are likely to recommend that vortioxetine is an option to treat major depressive episodes in adults whose depression has responded inadequately to two different antidepressants within the same episode. Sompar have commented that it is surprising that the FAD looks at a trial comparing vortioxetine with agomelatine which was not approved by NICE (the appraisal for agomelatine was terminated because the manufacturer failed to submit evidence). The evidence for its use is poor. It was agreed that Somerset will not adopt this drug early and that there will be further discussions when NICE publish the guidance.
10	NICE Clinical Guidance
10.1	NG20: Coeliac disease: recognition, assessment and management
	The guidance was reviewed. The group noted that:

	<ul style="list-style-type: none"> • Clinicians are reminded to consider other autoimmune issues and other gastrointestinal problems that could cause the same problems. • There is nothing specific regarding medicines within the guidance • YDH and TST to raise with gastroenterologists.
10.2	NG21: Home care: delivering personal care and practical support to older people living in their own homes
	<p>The guidance states that health professionals should make sure carers have specific support around medicines management. There should be a written care plan by health professionals, containing information about the purpose of the medicine, the dose and timing the importance of non-compliance and what to do if non-compliant.</p> <p>Trusts were asked to review the guidance and implement recommendations.</p>
10.3	NG 16 Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset
	<p>Noted. This guidance recommends ensuring that promoting healthy lifestyles is a theme considered in all health and social care strategy groups.</p> <p>Trusts to consider.</p>
11	NHS ENGLAND SPECIALIST COMMISSIONING
	<p>No new information was available. SG said that he is hoping to get more clarity around what will be remaining with NHSE and what will be coming back to CCG.</p>
12	PBR excluded drug monitoring
12.1	Trust Data
	<p>Month 7 data was reviewed for both Trusts. The following was noted:</p> <p><u>TST</u></p> <ul style="list-style-type: none"> • No contract agreed yet • Overall, overspending by £221k but recommended budget was £500k above the actual budget assigned. • Budget calculations had built in a big reduction for biosimilar infliximab to offset some of the growth, but not all of it. • Spend is reasonable against original prediction. <p><u>YDH</u></p> <ul style="list-style-type: none"> • Also overspending especially on adalimumab and etanercept. • Some of overspend due to slower adoption of biosimilar infliximab. This was, in part, due to the loss of a specialist nurse who could help in switching patients over • The ophthalmology service is expanding and YDH has picked up patients who they weren't previously able to offer a service to • Big increase in growth hormone spending. YDH to investigate why. Action: JS • Budget calculations had built in a big reduction for biosimilar infliximab to offset some of the growth, but not all of it.
13	HORIZON SCANNING
	<p>The following horizon scanning documents were made available to SPF members in advance of the meeting. Relevant items from these documents had already been added to the agenda:</p>

	<ul style="list-style-type: none"> • RDC Monthly Horizon Scanning document Sept and Oct 15 • UKMI Prescribing Outlook and New Drugs Online • A list of forthcoming NICE ESNM • NICE forward planner <p>As discussed under item 6.3 subgroups will be formed to horizon scan for new drugs and report back to SPF and Finance. Aim to complete the process by January.</p> <p>The future launch of Sacubitril/Valsartan in the treatment of heart failure, if approved by NICE (appraisal expected June/ July 16) could create financial pressures. The outcome data is quite good in terms of reduced mortality. The drug is not licensed yet but estimated cost is approx. £1500/patient/ year. SG has estimated that if NICE approve, this will cost an extra £3million/ year by the end of 2017/18. It was agreed that SPF will review if the license is granted significantly in advance of the NICE appraisal.</p>
15	DRUG SAFETY
15.1	MHRA Drug Safety Update Sept and Oct 2015
	<p>Trusts were asked to review these documents address relevant issues. The group specifically noted:</p> <ul style="list-style-type: none"> • The rare risk of subacute cutaneous lupus erythematosus with proton pump inhibitors • The Yellow Card mobile app • Mirabegron is now contraindicated in severe uncontrolled hypertension due to serious cases of hypertension with this drug.
15.2	NHSE Patient Safety Alert – Supporting the introduction of the National Safety Standards for Invasive Procedures
	Alert noted. Trusts were asked to review and implement the recommendations.
15.3	NHSE Patient Safety Alert: Support to minimise the risk of distress and death from inappropriate doses of naloxone
	Alert noted. Trusts were asked to review and implement the recommendations.
15.4	Patient safety alert – Risk of death and serious harm by falling from hoists
	Alert noted. Trusts were asked to review and implement the recommendations.
16	BNF Changes
	Noted.
17	ANY OTHER BUSINESS
	None noted.
	DATE OF NEXT MEETING
	13 January 2016 at Wynford House (Meeting Room 2) , Lufton Way, Yeovil, Somerset BA22 8HR between 2.30pm and 5pm

SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 11 NOV 2015

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
1	Declarations of interest (1)	Members were asked to notify the Prescribing Forum secretary of any standing declarations of interest, which could be held on record.	All (on going)	Ongoing
2	Melatonin for Hemicrania Continua and PD related sleep disorder	SG awaiting information on agreed duration of treatment from Mark Fish	SG/ Mark Fish 13th Jan 16	Complete. On agenda for Jan SPF meeting
3	TST Biosimilars Policy	JB to share policy at next SPF (if published)	JB 13th Jan 16	Not approved by TST yet
4	NG5: Medicines optimisation	CH to collate completed assessments so priority areas of work can be identified	CH 13th Jan 16	Awaiting strategy from SomPar & YDH baseline assessment.
5	LMWH Bridging guidance (1)	Follow up amendments suggested by LMC	JB 13th Jan 16	In progress
6	LMWH Bridging guidance (2)	YDH & TST to work together to see whether they can agree a single document that they both work to.	JS & JB 13th Jan 16	No progress yet
7	Acute Kidney Injury	Share collated Trust actions from TST, YDH and SomPar with Regional AKI meeting, RUH and Weston	SG 13th Jan 16	
8	OAB Pathway	Share new pathway with YDH urologists for comment ASAP	SK 13th Jan 16	
9	Anti TNF pathway and biosimilar etanercept	Consult local specialists on their opinions and feed back to the January SPF meeting for a more detailed discussion.	SK & JB 13th Jan 16	TST- working on strategy, SK to feedback at Jan meeting
10	Eylea® 'treat and extend' approach at YDH	Obtain more info on what is being proposed.	JS 13th Jan 16	Being picked up in the budget setting process
11	Obs and Gynae Botox® Prescribing	Obtain more info on intended use	JS 13th Jan 16	Complete. Use is for UI.
12	Horizon Scanning	Form sub groups to discuss and feed back to SPF and Finance	SG, JB, JS & JP 13th Jan 16	TST meeting booked
13	AirFluSal Forspiro 50/500®	SG to provide information to respiratory group	SG 13th Jan 16	
14	Ivermectin Cream (Soolantra®)	Follow up the outcome of TST DTC discussions re. place in rosacea therapy.	CH 13th Jan 16	Complete. On agenda for Jan SPF meeting

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
15	BNSSG Toujeo® formulary decision	Follow up the outcome of BNSSG discussions	CH 13 th Jan 16	Complete
16	YDH Growth Hormone spend	Investigate reason for unanticipated increase in spend	JS 13 th Jan 16	Spend down at month 7
17	Formulary/ Traffic Light Changes	<ul style="list-style-type: none"> • Empagliflozin formulary status – make first line choice of SGLT2 inhibitors as only agent with outcome data. Make reference to NEJM NEJM: Empagliflozin, Cardiovascular Outcomes, and Mortality in Type 2 Diabetes article • Synjardy® (empagliflozin/metformin) 12.5mg/1000mg, 12.5mg/850mg, 5mg/1000mg, 5mg/850mg. Cost = £36.59 for 56 tablets (all strengths). TLS GREEN where patient choice or compliance dictates a combination form. • Binosto® 70mg (alendronic acid) effervescent tablets TLS GREEN for patients with swallowing difficulties where continued use is still appropriate. Tablets need to be dissolved in 120ml of water and patient still needs to remain upright for at least half an hour after taking. • AirFluSal Forspiro 50/500® For adults with COPD <u>only</u>. It is <u>not</u> licensed in asthma or for use in under 18 year olds. Cost= £32.74 compared to Seretide Accuhaler® 50/500 = £40.92. TLS GREEN • Praluent® (alirocumab) solution for injection in pre-filled pen. Not recommended due to cost and lack of clinical outcome data. TLS BLACK. 	Steve Moore 13 th Jan 16	<p>Online formulary updated</p> <p>To check with SM regarding PDF formulary and traffic lights</p>

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
23	Formulary/ Traffic Light Changes	<ul style="list-style-type: none"> • Trulicity® (dulaglutide) 1.5mg and 0.75mg prefilled pen £73.25 for 4 doses. Once weekly dosing. Price compares favourably with long acting exenatide. Non-inferior to 1.8mg liraglutide. TLS GREEN • TA355 Edoxaban for preventing stroke and systemic embolism in people with NVAF Update formulary, TLS and NOACs table with this guidance. TLS GREEN • TA 356: Ruxolitinib for treating polycythaemia vera - Terminated appraisal noted Update TLS with NICE decision- not commissioned. TLS BLACK. • TA357: Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab Positive appraisal. TLS to be updated as funded by NHSE Specialist Commissioning. TLS RED • TA358: Tolvaptan for treating autosomal dominant polycystic kidney disease Positive appraisal. Commissioned by the CCG. It was agreed to make this a RED 'hospital only' drug. TLS to be updated. • TA 359 Idelalisib for treating chronic lymphocytic leukaemia Positive appraisal. TLS to be updated as funded by NHSE Specialist Commissioning. TLS RED 	Steve Moore 13 th Jan 16	<p>Online formulary updated</p> <p>To check with SM regarding PDF formulary and traffic lights</p>

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	Formulary/ Traffic Light Changes	<ul style="list-style-type: none"> <li data-bbox="564 300 1050 568">• TA360 Paclitaxel as albumin-bound nanoparticles in combination with gemcitabine for previously untreated metastatic pancreatic cancer Negative appraisal noted. Update TLS with NICE decision- not commissioned. TLS BLACK. <li data-bbox="564 607 1050 837">• TA 361: Simeprevir in combination with sofosbuvir for treating genotype 1 or 4 chronic hepatitis C Terminated appraisal noted Update TLS with NICE decision- not commissioned. TLS BLACK. <li data-bbox="564 860 1050 1090">• TA 362 Paclitaxel as albumin-bound nanoparticles with carboplatin for untreated non-small-cell lung cancer Terminated appraisal noted Update TLS with NICE decision- not commissioned. TLS BLACK 	Steve Moore 13 th Jan 16	<p data-bbox="1272 562 1414 663">Online formulary updated</p> <p data-bbox="1272 696 1481 864">To check with SM regarding PDF formulary and traffic lights</p>