

Clinical Commissioning Group

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 6th July 2016**

Present:	Dr Geoff Sharp	GP Delegate (Central Mendip Commissioning Locality), GS Chair	
	Jon Beard	Chief Pharmacist, Taunton & Somerset NHS FT	JB
	Shaun Green	Associate Director, Head of Medicines Management, NHS Somerset CCG	SG
	Catherine Henley	Medicines Manager, NHS Somerset CCG	CH
	Gordon Jackson	Patient Representative	GJ
	Michael Lennox	Chief Officer, Somerset LPC	ML
	Jean Perry	Commissioning Manager, NHS Somerset CCG	JP
	Jon Standing	Chief Pharmacist, Yeovil District Hospital	JS
	Gaynor Woodland	Prescribing Support Technician, NHS Somerset CCG	GW
Apologies:	Dr Clare Barlow	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS FT	CB
	Steve Du Bois	Chief Pharmacist- Head of Medicines Management, Somerset Partnership NHS Foundation Trust	SD
	Dr Orla Dunn	Consultant in Public Health, Somerset County Council	OD
	Liz Harewood	Deputy Chief Pharmacist, Somerset Partnership NHS Foundation Trust	LH
	Dr Sally Knights	Chair, Drug & Therapeutics Committee, Yeovil District Hospital	SK
	Ann Lee	Clinical Director, St Margaret's Hospice	AL
	Dr Robert Munro	GP, Somerset Local Medical Committee representative	RM

1	WELCOME
	GS welcomed everyone.
2	APOLOGIES
	Apologies were provided as detailed above.
3	DECLARATIONS of INTEREST
	GS asked for declarations of interest and there were no changes noted.
4	MINUTES OF THE MEETING HELD ON 4 May 2016
4.1	The Minutes of the meeting were agreed as an accurate record.
4.2	GS ran through the action points from the last meeting. The actions were all complete or on the agenda.
5	MATTERS ARISING (not otherwise on the agenda)
5.1	YDH Biosimilars Policy –
	<p>JS reported that no further progress has been made on agreeing a YDH policy. SG stated that as this as biosimilar use is projected to deliver substantial cost savings, it is desirable to get the policy signed off. JS stated that Somerset is ahead of the rest of the country in using biosimilars, so cost savings are currently being realised. JS stated that there are no issues at YDH with starting new patients on the biosimilar, but further discussion is needed around patient consent and any switching process. Some patients have refused to switch to biosimilar products, despite being fully informed about the similarity of the medication and the cost savings to the NHS.</p> <p>JB confirmed that the T&S policy has already been implemented.</p> <ul style="list-style-type: none"> It was agreed that YDH will bring the policy back to SPF once it has been agreed.
5.2	LMWH Bridging Guidance
	<p>CH informed the group that she is still awaiting feedback from Dr Khan regarding a couple of points. JS offered to chase this up with Dr Kahn and GS stated that he was happy to contact Dr Kahn to get this completed.</p> <ul style="list-style-type: none"> CH to draft a letter to Dr Kahn for GS to send <p style="text-align: right;">Action: CH</p>
5.3	Eylea® ‘treat and extend’ approach

	<p>Still awaiting clarification from T & S regarding how the patients are assessed as having ongoing clinical need for Eylea[®] after the first year's treatment.</p> <p>There was a lack of clarity from YDH around whether patients are being assessed at their outpatient appointment and only being given Eylea[®] if it needed or whether they were being treated "prophylactically". JS stated that the general feeling was that the "treat and extend" approach led to patients needing fewer appointments. He suggested that it would be useful to include ophthalmologists in discussions about their approach.</p> <p>JP and GS were concerned that if the patients had to be assessed before each administration of Eylea[®], this could lead to an increase in outpatients' visits for patients. JP suggested that a closer look at the cost implications would be useful.</p> <p>SG emphasised that patients must be assessed for clinical need before each administration. If there is no clinical need, patients should not be receiving the treatment. He also pointed out that the 'treat and extend' regime has not been approved by NICE and the trials for this regime have not provided the evidence needed to support its use.</p> <ul style="list-style-type: none"> • SG proposed not to approve this regime as it is not approved by NICE and significantly increases costs. This was agreed. SG reminded the committee this decision will apply to both YDH and T & S.
5.4	Vitamin B12 advice on investigation management
	<p>The haematologists approached have indicated that they are happy to adopt the RUH policy as guidance in Somerset.</p> <ul style="list-style-type: none"> • CH to contact RUH to gain permission to use their document. • To add the flow chart to the Navigator app <p style="text-align: right;">Action: CH</p>
5.5	SCG for 6-MP in Inflammatory Bowel Disease
	<p>Changes to the Shared Care Guideline approved</p> <ul style="list-style-type: none"> • Steve Moore to add to CCG website <p style="text-align: right;">Action: Steve Moore</p>
5.6	Patient held information cards for NOACs
	<p>SG mentioned that there is currently no funding in the CCG for this work, although medication specific cards are available from the different manufacturers. These may be supplied by community pharmacy to patients.</p> <ul style="list-style-type: none"> • GS suggested discussing with the medication safety group, <p style="text-align: right;">Action: CH</p>
5.7	Botox for Anal Fissures

	<p>JS is currently awaiting more evidence to support the use of Botox in this way.</p> <ul style="list-style-type: none"> Remove from action list. To revisit if new evidence is forthcoming
5.8	Updated guidance on Conflicts of Interest
	<p>The CCG will be reviewing its internal policies to ensure compliance with this updated guidance.</p> <ul style="list-style-type: none"> Trusts will also be expected to review their own policies.
6	OTHER ISSUES
6.1	SIGN patient information on heart failure
	<p>T & S cardiologists have reviewed this document and gave the opinion that this is useful information for patients. ML expressed concerns about the length of the document at 40 pages long, however GJ felt that it is an informative document for patients with heart failure</p> <ul style="list-style-type: none"> SG suggested flagging the document to GPs as a useful resource To consider adding to the Somerset Choices website so that patients can access it directly <p style="text-align: right;">Action: CH</p>
6.2	NHS England: stopping overmedication of people with learning difficulties
	<p>Current work with SomPar is highlighting patients that need a review to consider any inappropriate prescribing.</p> <ul style="list-style-type: none"> CH is leading on this work and will update the committee on progress <p style="text-align: right;">Action: CH</p>
6.3	Regional Medicines Optimisation Committees
	<p>SG informed the committee that no further meetings have yet been arranged for this region</p> <ul style="list-style-type: none"> SG to update the group of any progress <p style="text-align: right;">Action: SG</p>
6.4	Draft Sacubitril Valsartan Shared Care Agreement
	<p>The committee suggested adding a link to the SIGN patient information on heart failure (item 6.1 on this agenda). The document was approved subject to any further comments</p> <ul style="list-style-type: none"> CH to add a link to the SIGN guidance Steve Moore to add to website <p style="text-align: right;">Action: CH/Steve Moore</p>
6.5	Biosimilar Glargine Insulin (Abasaglar)
	This was included in the discussion about item 5.1: YDH Biosimilars policy
6.6	CQC Medicines Management recommendations
	<p>SG asked trusts to review their CQC Medicines Management recommendations and share the findings at the next meeting. JS & JB stated that the CQC reports should be available for the September meeting. CH to contact SDB to ask to</p>

	<p>share findings at next meeting</p> <ul style="list-style-type: none"> • JB, JS and SDB to share CQC findings at the next meeting <p style="text-align: right;">Action: CH, JB, JS & SDB</p>
6.7	Polypharmacy app based on SIGN polypharmacy guidance
	<p>SG suggested that this app is adopted for use in Somerset rather than developing specific Somerset guidance. The app promotes deprescribing, so is in line with Somerset policy. GS mentioned that other apps have been well received, and this was agreed.</p> <ul style="list-style-type: none"> • To share the app with relevant professionals <p style="text-align: right;">Action: CH & SG</p>
7	Formulary Applications
7.1	<p>Cangrelor - co-administered with aspirin in adult patients with coronary artery disease undergoing percutaneous coronary intervention (PCI) who have not received an oral P2Y12 inhibitor prior to the PCI procedure and in whom oral therapy with P2Y12 inhibitors is not feasible or desirable.</p> <p>(Kangrexal®) 50mg powder for concentrate for solution injection / infusion. £2500 / box of 10 vials (<i>The Medicines Company UK Ltd</i>)</p>
	<ul style="list-style-type: none"> • No supporting information received so this was not discussed. To reconsider if any details forthcoming
7.2	<p>Riluzole 5mg/ml oral suspension (Teglutik®) £100/300ml (<i>Martindale Pharmaceuticals Ltd</i>)</p>
	<p>Proposed to add to formulary for use for patients with motor neurone disease who are unable to swallow tablets – approved</p> <ul style="list-style-type: none"> • Agreed by PAMM as AMBER • This decision was noted • Steve Moore to add to TLS <p style="text-align: right;">Action: Steve Moore</p>
7.3	<p>Toujeo® 300iu/ml solution for injection in a 1.5ml prefilled pen. (<i>Sanofi</i>) £33.13/3pens. Sompar formulary application.</p>
	<p>This has been approved by T & S, and Weston. SomPar have also approved Toujeo for some patients who are injected by community nurses. It was noted that this product has a specific device for administration, reducing the likelihood of errors. The price has recently reduced, bringing this in line with current therapies,</p> <ul style="list-style-type: none"> • Approved as AMBER • Steve Moore to add to TLS <p style="text-align: right;">Action: Steve Moore</p>
7.4	<p>Carbocisteine 750mg/10ml oral solution, 10ml sachets, sugar free £3.85 / 15 sachets (<i>Intrapharm Laboratories</i>)</p>
	<p>The removal of the 5 day time limit on treatment means that this product is a cost effective alternative to liquid. JS pointed out that some patients would not</p>

	<p>be taking the 750mg three times a day dose, and this would lead to wastage and would be less cost effective. However, it was felt that the majority of patients take this dose.</p> <p>Due to a declared conflict of interests, SG took no part in the discussion.</p> <ul style="list-style-type: none"> Proposed as GREEN - Approved for addition to formulary. <p style="text-align: right;">Action: Steve Moore</p>
7.5	<p>Mylife Clickfine Autoprotect 5mm and 8mm (Ypsomed) £19.00/100</p> <p>These are compliant with European rules on devices to prevent needlestick injury. They are a cost effective option for use by healthcare professionals when treating patients.</p> <ul style="list-style-type: none"> CH to check no supply issues before approval Action: CH Proposed as GREEN - Approved for addition to formulary once supply checked <p style="text-align: right;">Action: Steve Moore</p>
7.6	<p>Co-dydramol and co-codamol 8/500 – non-formulary proposal</p> <p>A recent Cochrane review of these products showed little evidence of efficacy over paracetamol alone. TST have made them non-formulary because the co-codamol and co-dydramol are commonly involved in administration errors.</p> <ul style="list-style-type: none"> Proposal to remove from the formulary – Approved <p style="text-align: right;">Action: Steve Moore</p>
7.7	<p>Safinamide 50mg and 100mg (Xadago[®]) tablets (Profile Pharma Limited) £69/30 tabs - both strengths</p> <p>This is a new MAOB inhibitor licensed for use in Parkinson's disease. A recent evidence review by MTRAC concluded that the evidence for this treatment compared with other established drugs in its class, is relatively weak.</p> <ul style="list-style-type: none"> Proposed to reject this application – Agreed. Steve Moore to update TLS as BLACK <p style="text-align: right;">Action: Steve Moore</p>
7.8	<p>Naproxen 250mg effervescent tablets (Stirlescent[®]) (Stirling Anglian Pharmaceuticals LTD) £7.90/20 tabs N.B. - Liquid special Naproxen Oral Susp 125mg/5ml £131.32/400ml</p> <p>Approved by PAMM as cost effective alternative to the liquid special.</p> <ul style="list-style-type: none"> Proposed as GREEN - Approved for addition to formulary <p style="text-align: right;">Action: Steve Moore</p>
7.9	<p>Brivaracetam tablets (Briviact) Available as 10mg, 25mg, 50mg, 75mg, 100mg tabs. Cost of all strengths except 10mg £129.64 for 56 tabs. 10mg cost £36.64 for 14 tabs.</p> <p>Recently approved by MPH as 'last line' for use in epilepsy and agreed earlier by</p>

	<p>PAMM.</p> <ul style="list-style-type: none"> Proposed as AMBER – Approved. Steve Moore to update TLS <p style="text-align: right;">Action: Steve Moore</p>
7.10	Strivit-D3® 800iu (colecalfiferol) capsules. £2.34/30 caps
	<p>Decision by PAMM to approve all licensed formulations</p> <ul style="list-style-type: none"> Cost effective formulations to be GREEN <p style="text-align: right;">Action: Steve Moore</p>
7.11	Guanfacine (Intuniv®) prolonged release tablet
	<p>Approved by SomPar and YDH for ADHD as a treatment option for patients with ADHD in children and adolescents for whom stimulants are not suitable, not tolerated or shown to be ineffective. YDH would like to have a ‘shared care’ arrangement for this drug.</p> <p>Scottish Medicines Consortium have approved and accepted within its licensed indications. All Wales have not approved and excluded as not being cost effective. NICE advice suggests some evidence of efficacy over placebo, there are no head to head trials with existing products. Cost is approximately 50% more expensive than other ADHD drugs on the market at maximum dose.</p> <p>There are some local concerns about the side effect profile (particularly cardiac effects) and monitoring requirements.</p> <p>Proposed as RED ‘hospital only’ drug until there is more clinical experience with guanfacine. It should only be prescribed when all other options have been unsuccessful. There is potential for review and shared care arrangements in future.</p> <p style="text-align: right;">Action: Steve Moore</p>
8	D&TC DECISIONS
8.1	Somerset Partnership D&T meeting
	No update available
8.2	YDH D&TC – last meeting 12/4/16. Minutes received
	<p>The minutes and action points from the last meeting were reviewed. Nothing of particular to note.</p> <p>JS informed the committee that Sally Knight has resigned from her role as chair of the D&TC committee. JS is taking on the role until a permanent replacement is found.</p> <ul style="list-style-type: none"> SK to be removed from the membership of this group. <p style="text-align: right;">Action: GW</p>
8.3	TST D&T – last meeting 20/5/16. Minutes received
	The minutes and action points from the last meeting were reviewed. Nothing of particular to note

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8.4	Taunton & Somerset Antimicrobial Prescribing Group (TSAPG) . Minutes received.
	The minutes and action points from the last meeting were reviewed. Nothing of particular to note
8.5	RUH Bath DPG: minutes received from the December, April and May meetings
	It was noted that the use of Xultophy has been approved by the RUH D&TC. Awaiting outcome of BCAP decision as to whether this will be recommended for primary care prescribing.
8.6	BNSSG D&TC
	Minutes from 23/3/2016 were viewed and noted.
8.7	BNSSG JFG
	Minutes from 12/4/2015 were viewed and noted
8.8	Weston D&TC
	Minutes from 12/5/2016 were viewed and noted.
	Part 2 – Items for information or noting
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
	NICE Technology Appraisals
9.2	TA217 Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease (updated)
	It was noted that this updated guidance extends the indications for these medicines. The cost implications are negligible Formulary to be updated with new recommendations. Action: Steve Moore
9.3	TA390 Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes
	Positive appraisal noted. Formulary to be updated to include new recommendations Action: Steve Moore
9.4	TA391 Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel (for noting)
	Positive appraisal noted. Specialist commissioning;not commissioned by CCG. TLS to be updated Action: Steve Moore

9.5	TA392 Adalimumab for treating moderate to severe hidradenitis suppurativa (for noting)
	<p>Positive appraisal noted. Patients need to be assessed by dermatologists.</p> <ul style="list-style-type: none"> • Agreed and article to be included in the newsletter so that patients can be referred via the correct route • Specialist commissioning, not commissioned by CCG. TLS to be updated <p style="text-align: right;">Action: Steve Moore</p>
9.6	TA393 Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia
	<p>Positive appraisal noted.</p> <ul style="list-style-type: none"> • Patient access scheme will reduce cost burden • To be approved for patients in line with NICE guidance only • Trusts must ensure that patients fit the NICE criteria to fulfil commissioning requirements. <p style="text-align: right;">Action: Steve Moore</p>
9.7	TA394 Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia
	<p>Positive appraisal noted.</p> <ul style="list-style-type: none"> • Patient access scheme will reduce cost burden • To be approved for patients in line with NICE guidance only • Trusts must ensure that patients fit the criteria to fulfil commissioning requirements <p>Approved as RED. TLS to be updated.</p> <p style="text-align: right;">Action: Steve Moore</p>
9.8	TA395 Ceritinib for previously treated anaplastic lymphoma kinase positive non-small-cell lung cancer (for noting)
	<p>Positive appraisal noted.</p> <ul style="list-style-type: none"> • Specialist commissioning, not commissioned by CCG. TLS to be updated with details of NICE guidance <p style="text-align: right;">Action: Steve Moore</p>
9.9	TA396 Trametinib in combination with dabrafenib for treating unresectable or metastatic melanoma (for noting)
	<p>Positive appraisal noted.</p> <ul style="list-style-type: none"> • Specialist commissioning, not commissioned by CCG. TLS to be updated with details of NICE guidance <p style="text-align: right;">Action: Steve Moore</p>
9.10	TA397 Belimumab for treating active autoantibody-positive systemic lupus erythematosus (for noting)
	<p>Positive appraisal noted.</p> <ul style="list-style-type: none"> • Specialist commissioning, not commissioned by CCG. TLS to be updated with details of NICE guidance <p style="text-align: right;">Action: Steve Moore</p>

10	NICE Clinical Guidance
10.1	NG33 Tuberculosis (updated)
	TB mainly the concern of Public Health. The updated test sequence noted.
10.2	CG155 Psychosis and schizophrenia in children and young people: recognition and management (updated)
	<ul style="list-style-type: none"> Updated recommendations on medication for children noted. CH to check shared care agreements to ensure compliance Action: CH
10.3	NG47 Haematological cancers: improving outcomes
	Noted.
10.4	CG152 Crohn's disease: management (updated)
	New recommendation on inducing remission noted
10.5	CG42 Dementia: supporting people with dementia and their carers in health and social care (updated)
	Updated guidance noted.
10.6	CG98 Jaundice in newborn babies under 28 days (updated)
	Updated guidance noted.
11	NHS ENGLAND SPECIALIST COMMISSIONING
	The latest Specialist Commissioning Drug briefing from NHS England was reviewed by the group, as well as the latest list of drugs commissioned by NHS England. SG reminded the meeting that trusts need to be aware of these documents as they clarify the commissioning arrangements for specialist drugs
12	PBR excluded drug monitoring
12.1	T & S Trust Data
	<u>Month 2</u> <ul style="list-style-type: none"> SG noted that as we are now on a pure PbR contract all drugs are funded in line with NICE guidelines. The main area of growth is drugs for macular degeneration, mainly Eylea; hence our concerns over 'treat and extend' potentially driving additional costs. JB stated that he believes that the growth is due to some longer term prescriptions from last year and this will diminish
12.2	YDH Trust data
	<u>Month 2</u> <ul style="list-style-type: none"> JS stated that subcutaneous methotrexate should appear on the spreadsheet because some patients are still supplied by the hospital Variance of ~ + £80,000

	<ul style="list-style-type: none"> • Main drivers of growth are the same as T&S • Activity higher than expected on anti-TNFs and macular degeneration <p>It was noted that both trusts are significantly overspending on Eylea[®]. This will be monitored. YDH to consider auditing use to ensure in line with NICE guidelines.</p>
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"> • RDTC Monthly Horizon Scanning document May and June 16 • UKMI Prescribing Outlook and New Drugs Online • A list of forthcoming NICE ESNM • NICE forward planner
14	DRUG SAFETY
14.1 & 2	MHRA Drug Safety Update May and June 2016
	Trusts were asked to review the safety of those drugs highlighted.
14.3	NHSE Patient Safety Alert
	No new alerts were raised in May or June
15	BNF Changes
	<p>JS informed the group that guidance has been distributed by the CQC on BNF categories. JS will forward this guidance</p> <p style="text-align: right;">Action: JS</p>
16	ANY OTHER BUSINESS
	<ul style="list-style-type: none"> • ML informed the group that Somerset LPC is happy to share the minutes of their meetings, if people would find this useful. This was agreed, so to be added to the agenda for the next meeting <p style="text-align: right;">Action: GW</p> <ul style="list-style-type: none"> • SG apprised the group of the current work programme looking at blood glucose testing strips. This will include giving guidance on cost effective choices of testing strips that are 'ISO compliant'. The completed guidance will be shared, before circulation, to allow people to comment. • GS stated that as Sally Knights is stepping down from her role as Chair of Yeovil D & T, he will be writing to her to thank her for her contribution to the SPF.
	DATE OF NEXT MEETING
	14 September 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 6 July 2016

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	LMWH Bridging Guidance	Letter to be drafted for GS to request feedback on this policy from Dr Khan	CH 14 Sept 16	
3	Vitamin B12 advice on investigation management	CH to contact RUH to gain permission to use their document.	CH 14 Sept 16	
4	Vitamin B12 advice on investigation management	To add the flow chart to the Navigator app	CH 14 Sept 16	
5	SCG for 6-MP in Inflammatory Bowel Disease	Add updated shared care agreement to website	Steve Moore 14 Sept 16	Complete
6	NOACs Card	To discuss with medication safety group	CH 14 Sept 16	Complete
7	SIGN patient information on heart failure	To be flagged to GPs as a useful resource	CH 14 Sep 16	
8	SIGN patient information on heart failure	To investigate whether this could be added to the health information on the Somerset Choices website	CH 14 Sep 16	
9	NHS England: stopping overmedication of people with learning difficulties	CH to keep the committee updated of any progress with action plan	CH 14 Sep 16	Ongoing
10	Regional Medicines Optimisation Committees	SG to update the group of any progress	SG 14 Sep 16	Ongoing
11	Draft Sacubritil Valsartan Shared Care Agreement	To add a link to SIGN guidance on heart failure	CH 14 Sep 16	Complete
12	Draft Sacubritil Valsartan Shared Care Agreement	To add completed SCA to website	Steve Moore 14 Sept 16	Complete

13	CQC recommendations	To contact SD to request that he review the CQC medicines Management recommendations for SomPar and feedback to the group at the next meeting	CH 14 Sep 16	Ongoing
14	CQC recommendations	Trusts to review their CQC medicines Management recommendations and feedback to the group at the next meeting	JB, JS and SD 14 Sep 16	Ongoing
15	Polypharmacy app	To share the app with other relevant healthcare professionals	CH 14 Sep 16	
16	YDH D&TC	To remove SK from the membership of this group	GW 14 Sep 16	Complete
17	TA392 Adalimumab for treating moderate to severe hidradenitis suppurativa	To include referral routes in medicines management newsletter	Steve Moore 14 Sep 16	
18	CG155 Psychosis and schizophrenia in children and young people: recognition and management (updated)	To check shared care agreements to ensure compliance	CH 14 Sep 16	
19	BNF Changes	To forward CQC guidance on BNF categories	JS 14 Sep 16	
20	AOB	To add Somerset LPC minutes to future agendas	GW 14 Sep 16	Complete

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
	<p>Formulary / Traffic Light Changes</p>	<ul style="list-style-type: none"> • Riluzole 5mg/ml oral suspension Add as AMBER • Toujeo® 300iu/ml solution for injection Add as AMBER • Carbocisteine 750mg/10ml oral solution Add as GREEN • Mylife Clickfine Autoprotect Add as GREEN • Co-dydramol and co-codamol 8/500 Remove from formulary- make BLACK 'not recommended' • Safinamide 50mg and 100mg Add to TLS as BLACK • Naproxen 250mg effervescent tablets Add as GREEN • Brivaracetam tablets Add as AMBER • Strivit-D3® 800iu (colecalciferol) capsules Add as GREEN • Guanfacine (Intuniv®) prolonged release tablet Add as RED 	<p>Steve Moore 14 Sept 16</p>	

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	Formulary / Traffic Light Changes	<ul style="list-style-type: none"> <li data-bbox="564 344 1050 546">• TA217 Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease (updated) Add updated recommendations to formulary <li data-bbox="564 582 1050 815">• TA390 Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes Add updated recommendations to formulary <li data-bbox="564 851 1050 1061">• TA391 Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel Specialist commissioning, not commissioned by CCG. TLS RED <li data-bbox="564 1097 1050 1285">• TA392 Adalimumab for treating moderate to severe hidradenitis suppurativa Specialist commissioning, not commissioned by CCG. TLS RED <li data-bbox="564 1321 1050 1509">• TA393 Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia Add to TLS as RED <li data-bbox="564 1545 1050 1733">• TA394 Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia Add to TLS as RED <li data-bbox="564 1769 1050 2002">• TA395 Ceritinib for previously treated anaplastic lymphoma kinase positive non-small-cell lung cancer Specialist commissioning, not commissioned by CCG. TLS RED 	Steve Moore 14 Sept 16	

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