

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 20<sup>th</sup> September 2017**

<b>Present:</b>	Jon Beard (JB)	Chief Pharmacist, Taunton & Somerset NHS FT
	Dr Clare Barlow (CB)	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS FT
	Shaun Green (SG)	Associate Director, Head of Medicines Management, NHS Somerset CCG
	Catherine Henley (CH)	Medicines Manager, NHS Somerset CCG
	Sam Morris (SJM)	Medicines Manager, NHS Somerset CCG
	Jean Perry (JP)	Commissioning Manager, NHS Somerset CCG
	Jon Standing (JS)	Chief Pharmacist, Yeovil District Hospital
<b>In Attendance</b>	Dr Anita Goff	Consultant Geriatrician, Taunton & Somerset NHS FT
<b>Apologies:</b>	Steve Du Bois (SDB)	Chief Pharmacist- Head of Medicines Management, Somerset Partnership NHS Foundation Trust
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Ann Lee (AL)	Clinical Director, St Margaret's Hospice
	Michael Lennox (ML)	Chief Officer, Somerset LPC
	Dr Robert Munro (RM)	GP, Somerset Local Medical Committee representative
	Dr Geoff Sharp (GS)	GP Delegate (Central Mendip Commissioning Locality), Chair
	Zoe Talbot-White (ZT)	Prescribing Support Technician, NHS Somerset CCG
	Helen Tapson (HT)	Registrar in Public Health, Somerset County Council

**1 INTRODUCTIONS**

SG welcomed everyone to the meeting and informed the group that Dr Anita Goff would be attending to discuss opicopone.

**2 APOLOGIES**

Apologies were provided as detailed above.

**3 DECLARATIONS of INTEREST**

No new declarations of interest.

**4 MINUTES OF THE MEETING HELD ON 19<sup>th</sup> July 2017**

**4.1**

The Minutes of the meeting were agreed as an accurate record except attendees need to be amended:

Liz Harewood attended instead of SDB, Gordon Jackson is no longer a member and did not attend July meeting, ZTW was not present, CB and JB did not attend the July meeting.

**Action CH**

**4.2** SG ran through the action points from the last meeting. Most actions were either complete or, raised on the agenda. The following action points were specifically noted:

- SG has received no feedback on the YDH IBS pathway, therefore action complete.
- Eludaxoline has now been approved by NICE for certain patients with IBS, so formulary status will need to be reviewed.

## **5 MATTERS ARISING**

### **5.1 LMWH Bridging Guidance- YDH Update**

No update from YDH- Keep on agenda and review at next meeting. **Action: CH**

### **5.2 Antipsychotics in learning difficulties- SomPar Data**

SDB has only just received the first official draft of the report- bring forward to next meeting. **Action: SDB**

### **5.3 Aripiprazole long acting injection and paliperidone 3-monthly injection traffic light status**

CCG has agreed to make both ALAI and PP3M Amber drugs, but decision to 'share care' would be at the discretion of the GP.

The Primary Care Improvement Scheme, and can confirm that it only covers paliperidone and risperidone depo administration. Aripiprazole is not covered. Sompar to raise with commissioners. **Action: SDB**

Antipsychotic depo shared care guideline to be updated **Action: CH and Mal Patel**

### **5.4 Price reduction of Epistatus prefilled oral syringe**

- Epistatus® 10 mg Oromucosal Solution, Midazolam, is already on the formulary. The NHS price for a single 10mg in 1mL prefilled syringe is £45.76. – reduced from £60
- Cost effective for patients who are using infrequently.
- Reduction noted.

## **6 OTHER ISSUES**

### **6.1 Lixisenatide vs liraglutide**

SG explained that the LEADER trial showed some improved cardiovascular outcomes with high dose liraglutide. However, an analysis of cost effectiveness, shows that the number of patients who would need to be treated to prevent one cardiovascular event in 3 years was 66 in the analysis of the primary outcome and 98 in the analysis of death from any cause.

- The 3 year costs for liraglutide 1.8mg = £4285 compared to £2106 for lixisenatide giving an additional cost of £2179.
- Multiplying this by 66 gives us a 3 year cost of £143,814 to prevent one event.

It was therefore decided at PAMM that:

- Liraglutide 1.8mg remains non- formulary and is not a cost effective use of NHS resources
- Lixisenatide remains first line formulary choice in class
- The scorecard indicator and work to switch patients to lixisenatide from liraglutide will recommence.

## 6.2 American College of Rheumatologists guidelines on perioperative management of DMARDs in elective THR and TKR and local guidance

The above guidance was recently published and SG asked Trusts whether they had anything similar. TST provided their guidance which GPs agreed at PAMM, is a useful document. A trust guideline on stopping biologics prior to surgery is a useful reference document. SG asked whether pre-operative assessment clinics are aware of this guidance and whether the guidance needed to go through TST DTC.

- JB to check that TST guidance on peri-operative management of DMARDs has been ratified and whether it should apply to all surgery, not just orthopaedics. **Action JB**

Propose to have a link from the formulary to MPH webpage on this, if ratified.

## 6.3 DMARD Monitoring

SG explained that primary care would like to adopt the BSR guidance for monitoring DMARDs although we acknowledge that the guidance differs from the individual drug summaries of product characteristics.

SG to share with Sheryl Vincent to incorporate into the Enhanced service for DMARD monitoring. **Action SG**

Replace DMARD Shared Care Guidelines (SCG) with a single SCG. **Action CH**

## 6.5 DVT Treatment Pathway

SG has drafted a pathway for Primary Care which was viewed by the group. This will go to PAMM next month.

CB commented that D-dimer is not normally useful in cancer patients as it will almost certainly be positive anyway and would delay the investigation of a suspected DVT.

He asked members to feed back to him formally and we will bring an amended draft to the next meeting. **Action All/SG**

SDB will clarify how MIUs currently treat suspected DVT. **Action SD**

## 7 Formulary Applications

### 7.1 Inhixa<sup>®</sup> (enoxaparin biosimilar) solution for injection in pre-filled syringe. Each mL contains 100 mg (10,000 IU) enoxaparin sodium. (Techdow Pharma Ltd)

- Biosimilar enoxaparin. Approx. 20% cost saving against Clexane in primary care
- Trusts will get different commercial prices
- Should be prescribed by brand and use is likely to be driven by what Trusts are prescribing
- **-Approved**

Add to formulary ; **Green TLS**

**Action: Steve Moore**

JB and JS confirmed that the biosimilar price in secondary care is currently unfavourable. Agreed that there will be no switch in primary care and we will monitor how the market develops in secondary care.

7.2 **Trimbow® inhaler- 87 mcg beclometasone dipropionate, 5 mcg formoterol fumarate dihydrate and 9 mcg glycopyrronium per dose (Chiesi Ltd)**

- First 'triple' ICS + LABA + LAMA MDI inhaler to uk market
- For maintenance treatment in adults with moderate to severe COPD who are not adequately treated by a combination of an ICS and a LABA 60 dose inhaler £44.50 (1 month)
- Cost effective for pts needing all 3 components if inhaler technique is good
- Other triple inhalers are expected to follow.

- **Approved**

Add to formulary ; **Green TLS**

**Action: Steve Moore**

7.3 Ongentys 50mg Capsules- Opicapone\_(Bial Pharma UK Ltd) 30x 50mg £93.90 (= 1 month)

**Dr Anita Goff attended to put forward application for use** in a small number of adults with Parkinson's Disease (PD) who are unable to tolerate entacapone or entacapone + levodopa.

Dr Goff explained that:

- Opicapone is a new COMT inhibitor.
- Most patients have good success with entacapone. However, the most common side effect of entacapone is diarrhoea that doesn't resolve and there are no other real alternatives as tolcapone causes diarrhoea and hepatotoxicity.
- Use of anti-diarrhoeals in this group of patients can lead to problems because patients with PD are prone to constipation.
- Once daily dosing of opicapone is advantageous for some patients
- The drug may benefit 25-50 patients per year.
- RUH Bathe are using some opicapone and have reported good results in some patients

The increased cost of opicapone (est. £25k/ year) was discussed in the context of the current CCG financial deficit. It was agreed that:

- neurology specialists, care of the elderly and those with an interest in Parkinson's only could begin trialling opicapone in a small cohort of patients over a period of a few months.
- the decision to start should be made at the monthly multidisciplinary team meeting.
- patients should be reviewed by telephone one month after starting and the drug withdrawn if no benefit.
- TST will need to decide which parameters should be monitored.
- TST DTC to review monitoring data in February and SPF to review data in March
- JS to feedback to YDH specialists.
- To be made 'not recommended' on the formulary as GPs should not

Add to TLS; **Black- 'not recommended'**

**Action: Steve Moore**

7.4 **Glucodrate: hydration product for patients with Short Bowel or high output stomas and would be used instead of St Marks solution.**

- Hydration product for patients with Short Bowel or high output stomas and would be used instead of St Marks solution. £78 for 30 sachets
- Application made by dieticians at TST DTC
- Currently, patients are provided with instructions on how to make their own St Mark's solution.
- PAMM opinion is that this is a very expensive product when most patients are capable of making their own. Recommend non-formulary.
- Position is that this is not supported.

Add to TLS; **Black- 'not recommended'**

**Action: Steve Moore**

**7.5 ADEK Plus vitamin supplement for patients with Cystic Fibrosis**

This product does not have ACBS status yet. Bring back when ACBS status granted.

**7.6 Sompar request for dual use of cholinesterase inhibitors and memantine**

SDB was not able to attend meeting. To be added to November agenda. **Action CH**

**8 D&TC DECISIONS and other reports**

**8.1 Somerset Partnership D&TC – Last meeting 05/09/17 – Minutes received**

Sompar are trying to improve the addition of indications on medicines labels and would like acute trusts to do the same because it helps with medicines reconciliation. JS and JB to look into improving this at YDH and TST. **Action JS &JB**

**8.2 YDH D&TC – last meeting 09/08/17- cancelled**

No new minutes

**8.3 T&ST D&TC – Last meeting 28/07/17- minutes received**

CB highlighted that:

- TST are evaluating lidocaine patches for rib fracture.
- 1 patient has been approved for tacrolimus (hospital prescribed) instead of arsenic suppositories.

**8.4 T&S Antimicrobial Prescribing Group - Last meeting 09/08/17 – minutes received**

Noted

**8.5 RUH Bath D&TC – Last meetings 11/05/17, 8/6/17 & 13/07/17– Minutes received**

Noted

**8.6 BNSSG D&TC – Last meeting 19/07/17 – Minutes received**

Noted

**8.7 BNSSG Joint Formulary Group – Last meeting 28/06/2017– Minutes received**

Noted

**8.8 LPC report**

ML not present

**Part 2 – Items for information or noting**

**9 NICE Guidance Summary of published guidance –Noted**

## **NICE Technology Appraisals**

### **9.1 TA464 Bisphosphonates for treating osteoporosis**

Update noted.

NICE now recommend prescribing an oral bisphosphonate where the 10 year probability of osteoporotic fragility fracture is at least 1%.

Intravenous bisphosphonates are recommended as options for treating osteoporosis in adults only if:

- The person is eligible for risk assessment as defined in NICE's guideline on osteoporosis
- The 10 year probability of osteoporotic fragility fracture is at least 10% or
- The 10 year probability of osteoporotic fragility fracture is at least 1% and the person has difficulty taking oral bisphosphonates or these drugs are contraindicated or not tolerated.

Wording will go into the formulary

This guidance should reduce the need for DEXA scanning. SG to review what is commissioned.

**Action: SG**

Formulary to be updated.

**Action: Steve Moore**

### **9.2 TA160 Alendronate, etidronate, risedronate, raloxifene and strontium ranelate for the primary prevention of osteoporotic fragility fractures in postmenopausal women**

Update noted

NICE has withdrawn its guidance on the use of etidronate for the primary prevention of osteoporotic fragility fractures in postmenopausal women because etidronate is no longer marketed in the UK.

### **9.3 TA161 Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women**

Update noted

NICE has withdrawn its guidance on the use of etidronate for the secondary prevention of osteoporotic fragility fractures in postmenopausal women because etidronate is no longer marketed in the UK.

### **9.4 TA 457 Carfilzomib for previously treated multiple myeloma**

Positive appraisal; add to TLS as per NICE Guidance with note that this is **NHSE commissioned. Red TLS** - update TLS

**Action: Steve Moore**

### **9.5 TA458 Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane**

Positive appraisal; add to TLS as per NICE Guidance with note that this is **NHSE commissioned. Red TLS** - update TLS

**Action: Steve Moore**

- 9.6 TA459 Collagenase clostridium histolyticum for treating Dupuytren's contracture**  
 Positive appraisal; already agreed to commission provided TAG positive. Add to TLS as per NICE Guidance with note that this is **CCG commissioned**.  
**Red TLS** - update TLS **Action: Steve Moore**  
 Dupuytren's policy will need to be updated. **Action: SG**
- 9.7 TA460 Adalimumab and dexamethasone for treating non-infectious uveitis**  
 Positive appraisal; add to TLS as per NICE Guidance with note that adalimumab is **NHSE commissioned** and dexamethasone is **CCG commissioned**.  
**Red TLS** - update TLS **Action: Steve Moore**
- 9.8 TA461 Roflumilast for treating chronic obstructive pulmonary disease**  
 Positive appraisal; For patients having a relapse after triple therapy. Add to TLS, as per NICE Guidance with note that this is **CCG commissioned**.  
**Red TLS** - update TLS **Action: Steve Moore**
- 9.9 TA462 Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma**  
 Positive appraisal; add to TLS as per NICE Guidance with note that this is **NHSE commissioned**. **Red TLS** - update TLS **Action: Steve Moore**
- 9.10 TA463 Cabozantinib for previously treated advanced renal cell carcinoma**  
 Positive appraisal; add to TLS as per NICE Guidance with note that this is **NHSE commissioned**. **Red TLS** - update TLS **Action: Steve Moore**
- 9.11 TA465 Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma-**  
 Positive appraisal; add to TLS as per NICE Guidance with note that this is **NHSE commissioned**. **Red TLS** - update TLS **Action: Steve Moore**
- 9.12 TA466 Baricitinib for moderate to severe rheumatoid arthritis**  
 Positive appraisal; An oral biologic drug; Agreed commissioned from day 1.  
 Add to TLS as per NICE Guidance with note that this is **CCG commissioned**.  
**Red TLS** - update TLS **Action: Steve Moore**  
 RA pathway to be updated. **Action: SG**
- 9.13 TA467 Holoclax for treating limbal stem cell deficiency after eye burns**  
 Positive appraisal; add to TLS as per NICE Guidance with note that this is **NHSE commissioned**. **Red TLS** - update TLS **Action: Steve Moore**
- 9.14 TA468 Methylnaltrexone bromide for treating opioid-induced constipation (terminated appraisal)**  
 Terminated appraisal; Not recommended; add to TLS.  
**Black TLS** - update TLS **Action: Steve Moore**
- 9.15 TA469 Idelalisib with ofatumumab for treating chronic lymphocytic leukaemia (terminated appraisal)**

Terminated appraisal; Not recommended; add to TLS.

**Black TLS** - update TLS

**Action: Steve Moore**

**9.16 Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia (terminated appraisal)**

Terminated appraisal; Not recommended; add to TLS.

**Black TLS** - update TLS

**Action: Steve Moore**

**9.17 TA471 Eluxadoline for treating irritable bowel syndrome with diarrhoea**

Positive appraisal; Add to TLS as per NICE Guidance with note that this is CCG commissioned. Previously 'not recommended' - need to amend TLS.

**Amber TLS** - update TLS

**Action: Steve Moore**

**9.18 TA472 Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab**

Positive appraisal; add to TLS as per NICE Guidance with note that this is **NHSE commissioned. Red TLS** - update TLS

**Action: Steve Moore**

**9.19 TA473 Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck**

Positive appraisal; add to TLS as per NICE Guidance with note that this is **NHSE commissioned. Red TLS** - update TLS

**Action: Steve Moore**

**9.20 TA190 Pemetrexed for the maintenance treatment of non-small-cell lung cancer**

Positive appraisal; add to TLS as per NICE Guidance with note that this is **NHSE commissioned. Red TLS** - update TLS

**Action: Steve Moore**

**9.21 TA474 Sorafenib for treating advanced hepatocellular carcinoma**

Positive appraisal; add to TLS as per NICE Guidance with note that this is **NHSE commissioned. Red TLS** - update TLS

**Action: Steve Moore**

**9.22 TA475 Dimethyl fumarate for treating moderate to severe plaque psoriasis**

Positive appraisal; already agreed to commission provided TAG positive. Add to TLS as per NICE Guidance with note that this is **CCG commissioned.** Costs can be passed through straight away.

**Red TLS** - update TLS

**Action: Steve Moore**

Need to add to Trust PBR excluded drug spreadsheets.

**Action: CH**

**9.23 TA476 Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer**

Positive appraisal; add to TLS as per NICE Guidance with note that this is **NHSE commissioned. Red TLS** - update TLS

**Action: Steve Moore**

**9.24 TA366 Pembrolizumab for advanced melanoma not previously treated with ipilimumab**



Amended after a change to the commercial arrangements in August 2017. This change does not affect the cost effectiveness of pembrolizumab. Sections 1.1, 2.3 & 5.4 updated. **Noted.**

## **10 NICE Clinical Guidance**

### **10.1 NG71 Parkinson's disease in adults**

SG asked Dr Goff to provide a summary of things that primary care might see changing as a result of this new guidance:

- Midodrine for orthostatic hypotension- clinical experience is that this tends to be more useful than fludrocortisone
- Modafinil recommended for excessive daytime somnolence.
- Agreed to amend TLS to say that melatonin can be used for longer than 13 weeks in Parkinson's. **Action: Steve Moore**
- Need to review guidance on dementia drug use in Parkinson's. **Action: CH**
- Clozapine recommended for psychotic symptoms not responsive to standard treatment. CH to raise at next SomPar DTC. **Action: CH**

### **10.2 NG12 Suspected cancer: recognition and referral**

Update noted

### **10.3 CG32 Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition**

Update noted

### **10.4 CG160 Fever in under 5s: assessment and initial management**

Update noted

### **10.5 NG72 Developmental follow-up of children and young people born preterm**

No prescribing issues noted.

### **10.6 CG81 Advanced breast cancer: diagnosis and treatment**

Update noted

### **10.7 PH56 Vitamin D: supplement use in specific population groups**

Update noted

### **10.8 CG153 Psoriasis: assessment and management**

Update noted

### **10.9 CG156 Fertility problems: assessment and treatment**

Update noted

### **10.10 NG73 Endometriosis: diagnosis and management**

Guidance noted

Need to revisit endometriosis surgery policy.

Formulary to be updated with new guidance.

**Action: SG**

**Action: Steve Moore**

- 10.11 MIB110 Freesyle Libre for Blood Glucose Monitoring**
- Currently not prescribable, but this is going into the drug tariff on November 1<sup>st</sup>. Price
  - Review cost effectiveness at next meeting. **Action:CH**
- 11 NHS ENGLAND SPECIALIST COMMISSIONING**
- 11.1 Sodium oxybate and pitolisant for symptom control of narcolepsy with cataplexy (adults)**
- Specialist commissioning has recommended these drugs for children but they do not commission for adults. This potentially raises an inequality issue and problems at transition to adult services.
- JB and JS to raise with the neurologists to suggest that we may want to commission for adults **Action: JB & JS**
- 12 PBR excluded drug monitoring**
- 12.1 T & S Trust Data- Month**
- TST has improved the presentation of their data.
  - No apparent spend on alirocumab and evolocumab.
  - Romiplostim doesn't appear to be being captured.
  - JB to check that spreadsheet claims are correct. **Action: JB**
- 12.2 YDH Trust data- Month**
- £48k predicted overspend, there will be some potential savings feeding through
  - SG is comfortable that the current position is about right.
- 13 HORIZON SCANNING**
- 13.1 NICE forward planner - Noted**
- 14 DRUG SAFETY**
- 14.1 MHRA Drug Safety Update July 17 – eNewsletter - noted**
- 14.2 MHRA Drug Safety Update August 17 – eNewsletter – noted**
- European review of adrenaline autoinjectors highlighted- Trusts asked to consider internally
- 15 BNF Changes**  
June and August eNewsletter – **Noted**
- 16 ANY OTHER BUSINESS**
- SG thanked JS for his input over the last few years
- DATE OF NEXT MEETING**  
**15<sup>th</sup> November 2017 at Wynford House (Meeting Room 1), Lufton Way, Yeovil, Somerset BA22 8HR between 2.30pm and 5pm**

**SOMERSET PRESCRIBING FORUM**  
**SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 20<sup>th</sup> September 17**

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	Amend July Minutes	Amend as detailed above.	CH 15 <sup>th</sup> Nov 17	
3	LMWH Bridging Guidance- YDH	Add to November agenda.	CH 15 <sup>th</sup> Nov 17	
4	Antipsychotics in learning difficulties – SomPar data	Bring report to November meeting, if ready.	SDB 15 <sup>th</sup> Nov 17	
5	ALAI & PP3M with inclusion in shared care arrangement	Sompar to raise inclusion of aripirazole injection IN THE Primary Care Improvement Scheme with commissioners.	SDB 15 <sup>th</sup> Nov 17	
		SCG for depo antipsychotics to be updated to include PP3M and ALAI	CH and Mal Patel 15 <sup>th</sup> Nov 17	
6	TST guidance on peri-operative management of DMARDs	Check that guidance on peri-operative management of DMARDs has been ratified and whether it should apply to all surgery, not just orthopaedics.	JB 15 <sup>th</sup> Nov 17	
7	DMARD Monitoring	SG to share BSR guidance with Sheryl Vincent to incorporate into the Enhanced service for DMARD monitoring.	SG 15 <sup>th</sup> Nov 17	
		Create a single SCG for all DMARDs incorporating the BSR Guidance.	SG Jan 18	
8	DVT Pathway	Members to provide formal feedback to SG on draft	All / SG 15 <sup>th</sup> Nov 17	
		Clarify how MIUs treat suspected DVT	SDB 15 <sup>th</sup> Nov 17	
9	Sompar request for dual use of cholinesterase inhibitors and memantine	Add to November Agenda	CH 15 <sup>th</sup> Nov 17	
10	Adding indications to medicines labels	Look into improving this at YDH and TST	JS & JB 15 <sup>th</sup> Nov 17	
10	Sompar request for dual use of AChEis and memantine	Add to November agenda	CH 15 <sup>th</sup> Nov 17	

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
11	NICE TA459 – Collagenase clostridium histolyticum for treating Dupuytren’s contracture	Dupuytren’s policy to be updated.	SG 15 <sup>th</sup> Nov 17	
13	NICE TA466 Baricitinib for moderate to severe rheumatoid arthritis	Update RA pathway.	SG 15 <sup>th</sup> Nov 17	
14	Dimethyl fumarate for moderate to severe plaque psoriasis	Ensure that Trust Pbr Excluded spreadsheets are updated	CH 15 <sup>th</sup> Nov 17	
15	MIB110 Freestyle Libre for Blood Glucose Monitoring	Bring cost effectiveness review to next meeting.	CH 15 <sup>th</sup> Nov 17	
16	Sodium oxybate and pitolisant for symptom control of narcolepsy with cataplexy	JB and JS to raise with the neurologists to suggest that we may want to commission for adults	JB & JS 15 <sup>th</sup> Nov 17	
17	T & S Trust Data	JB to check that spreadsheet claims are correct.	JB 15 <sup>th</sup> Nov 17	
14	Formulary and Traffic Light System changes	<ul style="list-style-type: none"> <li>• <a href="#">Inhixa</a><sup>®</sup> (enoxaparin biosimilar) solution for injection in pre-filled syringe. Add -TLS status <b>Green</b></li> <li>• <b>Trimbow</b><sup>®</sup> Inhaler: Add -TLS status <b>Green</b></li> <li>• <b>Ongentys</b><sup>®</sup> 50mg Capsules: Add - TLS status <b>Black</b></li> <li>• <b>Glucodrate</b><sup>®</sup> (St Marks solution sachets) chewable tablets: Add - TLS status <b>Black</b></li> <li>• [TA 464] NICE guidance: Bisphosphonates for osteoporosis- update formulary- commissioned as per guidance.</li> <li>• [TA457] NICE guidance: TLS status <b>RED</b> ‘funded by NHSE’.</li> <li>• [TA458] NICE guidance: TLS status <b>RED</b> ‘funded by NHSE Specialist Commissioning’</li> <li>• [TA459] NICE guidance: TLS status <b>RED</b> ‘funded by CCG Specialist Commissioning’.</li> <li>• [TA460] NICE guidance: TLS status <b>RED</b> drug. Note that adalimumab is <b>NHSE commissioned</b> and</li> </ul>	Steve Moore 20 <sup>th</sup> Nov17  Steve Moore 17 <sup>th</sup> May 17	

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
	Traffic Light System changes Cont.	<p>dexamethasone is <b>CCG commissioned</b>.</p> <ul style="list-style-type: none"> <li>• <b>[TA461] NICE guidance:</b> TLS status <b>Amber</b> 'funded by CCG'</li> <li>• <b>[TA462] NICE guidance:</b> TLS status <b>RED</b> 'funded by NHSE Specialist Commissioning'.</li> <li>• <b>[TA463] NICE guidance:</b> TLS status <b>RED</b> 'funded by NHSE Specialist Commissioning'.</li> <li>• <b>[TA465] NICE guidance:</b> TLS status <b>RED</b> 'funded by NHSE Specialist Commissioning'.</li> <li>• <b>[TA466] NICE guidance:</b> TLS status <b>RED</b> 'funded by CCG'</li> <li>• <b>[TA467] NICE guidance:</b> TLS status <b>RED</b> 'funded by NHSE Specialist Commissioning'.</li> <li>• <b>[TA468] NICE guidance:</b> terminated appraisal; TLS status; <b>BLACK</b></li> <li>• <b>[TA469] NICE guidance:</b> terminated appraisal; TLS status; <b>BLACK</b></li> <li>• <b>[TA470] NICE guidance:</b> terminated appraisal; TLS status; <b>BLACK</b></li> <li>• <b>[TA471] NICE guidance:</b> TLS status <b>Amber</b> 'funded by CCG'</li> <li>• <b>[TA472] NICE guidance:</b> TLS status <b>RED</b> 'funded by NHSE'</li> <li>• <b>[TA473] NICE guidance:</b> TLS status <b>RED</b> 'funded by NHSE'</li> <li>• <b>[TA190] NICE guidance:</b> TLS status <b>RED</b> 'funded by NHSE'</li> <li>• <b>[TA474] NICE guidance:</b> TLS status <b>RED</b> 'funded by NHSE'</li> <li>• <b>[TA474] NICE guidance:</b> TLS status <b>RED</b> 'funded by NHSE'</li> <li>• <b>[TA475] NICE guidance:</b> TLS status <b>RED</b> 'funded by CCG'</li> <li>• <b>[TA476] NICE guidance:</b> TLS status <b>RED</b> 'funded by NHSE'</li> </ul>		