

DORSET MEDICINES ADVISORY GROUP

Recommendation Summary

The Dorset Medicines Advisory Group (DMAG) represents the four provider Trusts and GPs within the Clinical Commissioning Group (CCG). It provides recommendations to the CCG on the prescribing and commissioning of medicines.

Summary of recommendations considered at a meeting of the group on Tuesday 9 July 2019. Formulary entries and associated documents can be accessed at www.dorsetformulary.nhs.uk.

PRODUCT	DECISION		COMMENTS
	Previous position	Recommended position	
1. Products re-categorised			
Amiodarone	Amber	Amber SCG	With new SCG guidance, in line with NHS E guidance https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance-v2.pdf
Digoxin	Green	Amber	For new heart failure patients, in line with NICE guidance
Aliskiren	Amber	Red	In line with NHS E guidance https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance-v2.pdf
Ganciclovir eye gel	Red	Amber	The alternative (acyclovir eye ointment) that was used has been discontinued, normally supplied by secondary care and not requiring another supply, a few patients might need an extension to treatment
Fludroxycortide (Haelan®) tape	Red	Amber	Considered to be suitable for Primary care prescribing to support ongoing-repeat use

PRODUCT	DECISION	COMMENTS
2. New requests		
Sevikar-HCT® (amlodipine besilate, hydrochlorothiazide, olmesartan medoxomil)	Non-formulary	This combination product is a much more expensive option and might only be useful for treatment-resistant patients. Group decided this should not be recommended for formulary inclusion.
5-aminolaevulinic acid (Ameluz®)	Red	As part of photodynamic therapy.
Semaglutide	Not approved	Send back to diabetes working group due to DMAG concerns about the risk of retinopathy and associated monitoring requirements. Guidance on the comparative advantages and disadvantages of GLP-1s and how one is chosen over another would be useful for primary care.
3. Products considered by NICE		
Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes (TA583) – needs adding to the formulary		
4. Miscellaneous recommendations by DMAG		
Within combined oral contraceptives section of the formulary information on soya as an excipient has been added.		“Soya may be included as an excipient in medicines. How it is listed as an excipient may vary. Further information regarding how it is named would be available through the regional medicines information service at Southampton if required”
New wording on formulary regarding compression stockings		“There is no specific formulary for compression stockings but the most cost effective option should be chosen”
Lidocaine - Clarification of formulary status for different formulations.		Ointment is now green and injections are amber for use in primary care, other topical preparations remain red.
Potassium permanganate	Remain as Green	Amend the formulary entry back to Permitabs® to match SystmOne and the Dictionary of Medicines and Devices (dm+d) published by NHS Business Services Authority

PRODUCT	DECISION	COMMENTS
Palliative care formulary (chapter 21 of formulary)		To reflect the community pharmacy palliative care list, the following drugs to be added to the palliative care formulary chapter. Dexamethasone 3.3mg/ml Injection, Dexamethasone 2mg Tablets, Diamorphine 10mg Injection, Diamorphine 30mg Injection, Diazepam 5mg/ml Injection, Diazepam 10mg Rectal Tubes, Diclofenac 100mg Suppositories, Fentanyl 25mcg Patches, Metoclopramide 5mg/ml Injection, Morphine sulphate 10mg/ml Injection, Morphine sulphate 30mg/ml Injection, Morphine sulphate 10mg/5ml Oral Solution, Oxycodone 10mg/ml Injection, Sodium chloride 0.9% Injection, Water for Injection.
5. Further Assessment / Evidence Required		
Strontium (new preparation available)		Osteoporosis working group to review the pathway, check evidence and see where the drug may fit. DMAG requires more evidence for use and where it might fit and more guidance from the group based on risks.
6. New documents approved		
<ul style="list-style-type: none"> • Adult Pain Management Guidelines • QTc prolongation guidance (from cardiology & mental health) • Amiodarone shared care guidance • Pelvic pain Pathway • DMARDs shared care guideline. (West Dorset) 		
7. Documents Reviewed		
<ul style="list-style-type: none"> • Terms of Reference • Urticaria treatment pathway • Apremilast in psoriasis (no changes) • Pharmacological management of psoriasis guideline 		

Classification of products:

'RED' drugs for hospital use only

'AMBER with shared care' drugs suitable for use with shared care arrangements

'AMBER' drugs suitable for use without shared care arrangements

'GREEN' drugs suitable for prescribing in primary and secondary care

'Not Recommended' – drugs not recommended for use in Dorset