Nottinghamshire Area Prescribing Committee

(Incorporating the Nottinghamshire Joint Formulary Group)

Annual Report 2013-14

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EXCEUTIVE SUMMARY

Key Achievements of the Nottinghamshire Area Prescribing Committee in 2013-14

- Support to the QIPP agenda
  - Maintained the Nottinghamshire Joint Formulary (including increasing the functionality and range of resources available on the website)
  - Continued to manage the introduction of the novel oral anticoagulants (NOACs)
  - Horizon scanning
  - Adherence to the financial mandate

- Robust internal systems and processes
  - 13-14 action plan completed
  - JFG website publicly available
  - Revamp of the APC website with supporting patient information

Six quorate meetings were held during 2013-14. The APC continues to be well attended by members from stakeholder organisations.

22 *new* medicine requests for inclusion in the formulary were reviewed by the APC (see appendix 1)

25 guidelines / shared care protocols or other documents were approved by the APC; five of which were new (see appendix 4).

52 medicines were classified as part of **horizon scanning** (see appendix 1).

18 medicines were reviewed by the APC to **change the traffic light classification** (see appendix 1).

Financial implications of APC decisions;

Type of implication	Number of decisions	Cost implication
Savings	4	Predicted savings of £266,000
Cost avoidance	59	£4,443,641
Cost neutral	25	N/A
Cost pressure	11 (5 NICE TA)	£777,104 (of which £553,550 is associated with NICE TA)

Future Priorities for 14-15

- Continue to support QIPP and pathway redesign
- Undertake the APC biannual stakeholder survey to inform the on-going review and development of the APC in the changing NHS landscape
- Continue to review the APC and JFG IT strategy to ensure that all information is easily accessible to prescribers across the health community.

PURPOSE AND MEMBERSHIP OF COMMITTEE

The Nottinghamshire Area Prescribing Committee has been in place since 2007. It is a partnership committee and spans a number of organisations across the Nottinghamshire Health Community namely;

- Nottingham University Hospitals NHS Trust (including Nottingham Treatment Centre)
- Sherwood Forest Hospitals Foundation Trust
- Nottinghamshire Healthcare Trust (including Health Partnerships)
- NHS Nottingham City CCG (including CityCare)
- NHS Mansfield & Ashfield CCG
- NHS Nottingham North & East CCG
- NHS Rushcliffe CCG
- NHS Nottingham West CCG
- NHS Newark & Sherwood CCG
- Public Health Nottinghamshire County and Nottingham City

The purpose of the APC is:

- To establish a collective strategic approach to prescribing & medicines management issues across the Nottinghamshire Health Community, in relation to the safe, clinical and cost effective use of medicines.
- To approve policy on prescribing and medicines management issues at the interface between primary and secondary care and identify associated resource implications for consideration by the commissioning organisations.
- To support and advise on robust governance arrangements for the effective delivery of medicine policy within a framework of the whole patient care pathway.
- To provide guidance on these issues for commissioners and providers within the healthcare community.

The APC undertakes a number of duties including:

- Approving prescribing policies, formularies, traffic light classifications, shared care agreements and prescribing guidelines for implementation across primary and secondary care
- Establishing and maintaining a joint formulary between the Clinical Commissioning Groups (CCGs) and organisations that provide NHS services.
- Advising and assisting the CCGs and provider trusts in the formation, development and implementation of plans for the introduction of new pathways, treatments, local policies and national guidance with implications for prescribing.
- Ensuring that all NICE approved medicines appear on the Nottinghamshire Joint Formulary (including a traffic light classification) within 90 days of publication.

All outputs of the APC can be accessed through its website at www.nottsapc.nhs.uk

The Nottinghamshire Joint Formulary can be accessed via www.nottinghamshireformulary.nhs.uk

APC COMMITTEE MEMBERS AND ATTENDANCE RECORD BY ORGANISATION

Name of Representative	Role within Organisation	Organisation	Organisational Attendance Record					
			May	July	Sep	Nov	Jan	Mar
Dr Mark Devonald (Until December 2013)	NUH DTC Chair	Nottingham University Hospitals NHS Trust	✓	✓	✓	✓	✓	✓
Dr Meeta Mallik (from January 2014)	NUH DTC Chair							
Sarah Pacey	Assistant Chief Pharmacist							
Deborah Storer (Deputy)	Medicines Information Manager and D&T Pharmacist							
Dr David Kellock	SFHFT DTC Chair	Sherwood Forest Hospitals NHS Foundation Trust	✓	✓	✓	✓	✓	✓
Steve May	Chief Pharmacist							
Steve Haigh (Deputy)	Medicines Information, Formulary & Clinical Trials Pharmacist							
Cathy Quinn (Chair)	Associate Director of Public Health	Public Health Nottinghamshire County & Nottingham City	✓		✓	✓	✓	✓
Dr Chris Kenny (Deputy)	Director of Public Health							
Tanya Behrendt	Deputy Head of Medicines Management	NHS Nottingham City Clinical Commissioning Group	✓	✓	✓	✓	✓	✓
Dr Esther Gladman	GP prescribing lead							
Mindy Bassi	Head of Medicines Management							
Nicky Bird*	Senior Prescribing Advisor	NHS Nottinghamshire County Clinical Commissioning Groups	✓	✓	✓	✓	✓	✓
Dr Khalid Butt	GP -County CCGs (North)							
Dr Alex Macdonald	GP- County CCGs (South)							
Richard Harris (until July 2013)	Community Pharmacist	Local Pharmaceutical Committee	✓	✓		✓	✓	✓
Dave Fernley /Ankish Patel								
Dr Felicity Armitage	GP	Local Medical Committee	✓			✓	✓	✓
Penny Keith	Clinical Nurse Specialist – Long Term Conditions	Nottingham CityCare	✓	✓	✓	✓	✓	✓
Shailesh Panchmatia	Head of Medicines Management							
John Lawton	Senior Pharmacist (South)	Nottinghamshire Healthcare NHS Trust	✓	✓	✓	✓	✓	✓
Karen Chadwick (Deputy)	Senior Pharmacist							
Sangeeta Bassi (until Sep 13)	Senior Pharmacist (North)							

*The APC is managed by Nicky Bird, Senior Prescribing & Interface Advisor and Amanda Rawlings, Prescribing Interface Advisor, Shared Medicines Management Team (Mansfield and Ashfield CCG) with invaluable support from the Specialist Formulary & Interface Pharmacists; James Sutton, Nottingham University Hospitals, Jill Theobald & Lynne Kennell (Job Share), Sherwood Forest Hospitals NHS Foundation Trust

KEY ACHIEVEMENTS FOR 2013-14

SUPPORT TO QIPP

QIPP continues to be a challenge for member organisations. The majority of cost pressures from APC decisions for 13-14 (for medicines at the interface) were due to positive NICE Technology Appraisals (namely rivaroxaban for PE and recurrent VTE, mirabegron for over active bladder and dapagliflozin for diabetes). Healthcare organisations are legally obliged to fund within 90 days of publication by NICE where the APC has worked with local specialists to produce supplementary information to inform the CCGs of the potential cost impact to prescribing budgets.

The APC has supported QIPP in a number of ways such as;

Nottinghamshire Joint Formulary
During its decision making the APC considers cost effectiveness and affordability so that all medicines included on the formulary represent clinical and cost effective prescribing. See Appendix 1 for the outcome of all submissions to the Joint Formulary.

Novel Oral Anticoagulant (NOAC) subgroup
This group originally set up in 2012 consisting of haematology, cardiology and stroke representatives from the local secondary care Trusts and GP representation has continued to function well. This has maintained a managed introduction of the NOACs taking into account safety aspects for patients as well as supporting service capacity and budgetary implications across the health community. The group will continue to meet in the next financial year as NOACs continue to be a priority.

Managed introduction of new medicines
The APC continued to undertake horizon scanning to ensure the managed introduction of new medicines into the health community by co-ordinating work and engaging in a timely way with the relevant clinicians. During 13-14 the JFG identified 52 new medicines through active scanning which were then classified appropriately. This approach ensured that prescribers had access to up to date information in order to guide their prescribing. See Appendix 1 for the outcome of all medicines identified via horizon scanning. NB it is not always possible to quantify this risk accurately to calculate the exact cost avoidance.

Financial Mandate
This is the second year that the APC has worked to its mandate of seeking CCG approval for individual decisions exceeding £10K (per CCG). Whilst the majority of decisions (except NICE TAs) have been below this threshold, APC decisions have been impacted by other factors such as the needs of different commissioner's e.g. Public Health. As a consequence the APC will ensure that when a submission is received all relevant commissioners have been identified and consulted with.

The APC is very mindful of the cumulative effect of its decision making and will produce quarterly finance reports for its stakeholder organisations.

APC SYSTEM AND PROCESSES

The APC is keen to maintain a robust framework to guide its decision making where this has included undertaking a self-assessment of APC systems and processes against the NICE Good Practice Guide: Developing and Updating Local Formularies. The outcomes of this and the previous stakeholder survey have informed the subsequent action plans for the APC.

The action plan for 13-14 focussed on a number of different areas ranging from APC performance, member development and communication. The majority of actions have been completed where some will require on-going review such as communication and will be included on the 14-15 action plans. See Appendix 3 for further information.

Things to specifically note;

Launch of JFG open website & new APC website

The JFG website had previously only been available only to those on an NHS network due to constraints of the formulary IT. We have worked with our IT partners to ensure that the formulary is available on the open internet and is a reference source with high functionality for users. The new site www.nottinghamformulary.nhs.uk was successfully launched in April 2013 to support this and use of both the JFG website and APC website is increasing year on year (see appendix 1).

The Nottinghamshire Joint Formulary is used innovatively in contrast to other formularies across the country, even those using the same software and the feedback is that this is valued by clinicians. It contributes to reducing health inequalities and improves continuity of care across Nottinghamshire Healthcare Community ensuring that accurate and timely information is available to prescribers. The formulary significantly helps to facilitates discussions between clinicians across the interface and benefits clinicians / patient decision making during consultations.

The APC website needed to move as the previous hosting site had become a legacy website during 2013-14. This was used as an opportunity to redesign the layout, appearance and functionality of the APC website to make it more user friendly. See www.nottsapc.nhs.uk

Public and Patient Engagement

Whilst various options have been explored to obtain patient representation on the APC it continued to be difficult to identify a solution fit for purpose. The APC acknowledged that there are a number of reasons behind this and will continue to regularly consider the options in 14-15. That said some patient information resources including 'frequently asked questions' have been developed to assist patients better understanding of the APC and JFG functions when accessing information on the websites.

Communication

The APC acknowledges that good communication is key to successful engagement with stakeholders where it continues to issue regular bulletins, a forward work programme and maintain a live online formulary resource.

3 clinicians have directly attended APC and JFG meetings to discuss their formulary submission/guideline which has supported their better understanding of the financial pressures faced by commissioning organisations. The Specialist Interface & Formulary pharmacist role continues to play a pivotal role in helping clinicians understand the systems and processes of the JFG and APC and raising awareness of the APC within secondary care as a whole.

FINANCIAL IMPLICATIONS OF APC DECISIONS TO PRESCRIBING BUDGETS FOR 2013-14

Overall the decisions that the APC made throughout 2013-14 with regard to traffic light classification and inclusion in the formulary resulted in a **net saving/cost avoidance of £4.5 million** drug costs for the Nottinghamshire Health Community. This is against a local primary care growth in prescribing cost of 2.5% (£3.6m) and nationally an increase in prescribing cost of 3.3%.

Financial implications of APC decisions to prescribing budgets 2013 – 14

Type of implication	Number of decisions	Cost implication
Savings	4	Predicted savings of £266,000
Cost avoidance	59	£4,443,641
Cost neutral	25	N/A
Cost pressure	11 (5 NICE TA)	£777,104 (of which £553,550 is associated with NICE TA)

The details of this, including the sources used to calculate this figure, are contained in Appendix 2.

Savings

Potential savings of £266K have been identified from APC decisions. The majority of this relates to the use of lixisenatide as the most cost effective GLP1 for diabetes. The APC has also facilitated work to bring about savings by influencing prescribers in secondary care to prescribe according to agreed guidelines or to prescribe in a more cost effective way. Examples of this include using finasteride first line before dutasteride and prescribing of immediate release medicines first line in preference to extended release in Parkinson's disease.

Cost avoidance

Cost avoidance comes about when

- a medicine (either a new medicine or clinical indication) is not accepted on to the formulary or it is given a 'grey' or 'grey awaiting submission' classification or
- a medicine is included in the formulary with a clear place in therapy which limits its use and therefore potential financial impact.

The financial implication of cost avoidance is calculated using intended patient numbers from submissions/business cases or NICE / New Drugs Online cost calculators and is based on full year effect. This classification is carried out as part of horizon scanning.

For 13-14 there was significant cost avoidance of £4.5 million for medicines that are indicated for use predominantly in primary care. Much of this amount was the result of three drugs – linaclotide for constipation (with strict prescribing criteria), rivaroxaban (NOAC) post ACS and lomitapide a very high cost drug for familial hyperlipidaemia.

Cost neutral

An assessment of these decisions suggests that they were in general cost neutral for the Nottinghamshire Health Community. There may be a slight shift between primary and secondary care but overall for the health community the decision will be cost neutral. Some examples include:

- Change from Amber 2 to Amber 3 traffic light classification to reflect the new classification rather than a change in practice.
- Dronedarone where a change to shared care moved the £16K cost from secondary care to primary care but will have reduced hospital activity.
- Introduction of a new medroxyprogesterone injection (Sayana Press®) a contraceptive injection which has benefits to patients at no extra cost and was cost neutral.

Cost pressure

Decisions made by the APC during 13-14 resulted in a potential cost pressure of £777,104. The majority of the cost pressure is driven by positive NICE TAs where there is a legal requirement to fund treatment. There is the continuing cost pressure of the NOACs for other indications e.g. atrial fibrillation which is being actively managed by the NOAC sub-group.

It must be noted that in past years the actual cost pressures from APC decisions was approximately 10% of the potential cost pressure.

FUTURE PRIORITIES FOR 2014-15

- Continue to support QIPP and pathway redesign
- Undertake the APC biannual stakeholder survey to inform the on-going review and development of the APC in the changing NHS landscape
- Continue to review the APC and JFG IT strategy to ensure that all information is easily accessible to prescribers across the health community.

QIPP and pathway redesign

QIPP continues to be a priority for the local health economy and the APC will continue to support this with its decisions. It will do this by ensuring the formulary is maintained to a high standard and contains the relevant medicines and information to enable clinicians to prescribe cost effectively. Horizon scanning of new medicines will be carried out and new drugs will be introduced in a managed way across the health community. The NOAC work is included within this.

Service transformation programmes for organisations will continue to gather pace where the APC will need to be responsive to these changes and support them with timely changes in traffic light classifications of medicines and approval of guidelines, where needed, to support new pathways.

APC biannual stakeholder survey

Stakeholders will be surveyed again during early summer of 2014 so that the results can be discussed and inform the plan for the remainder of the year.

There will also be a time out session for APC members during the autumn of 2014 for joint learning and to further develop the decision making of the APC. The session will allow a plan to be made which will address any development needs of the APC so it continues to be highly effective for member organisations.

APC and JFG IT strategy

The APC will continue to work with its IT partners and stakeholders to ensure it is using IT resources effectively for all stakeholder organisations and their staff.

ACKNOWLEDGEMENTS

The APC would like to thank all who have either worked with us to produce documents or who have taken part in any consultation the APC has carried out. They are too numerous to mention individually but they make a significant contribution to the working of the APC.

We would also like to thank Dr Mark Devonald, Dr Chris Kenny, Richard Harris and Sangeeta Bassi as deputies/previous members for their contributions to the committee during 2013-14.

APPENDIX 1 – NOTTINGHAMSHIRE JOINT FORMULARY GROUP ANNUAL REPORT 2013-14

Introduction

The Nottinghamshire Joint Formulary Group (NJFG) is a sub-group of the Nottinghamshire Area Prescribing Committee (NAPC). The main purpose of the group is to lead on the development, maintenance and review of the Nottinghamshire Joint Formulary by:

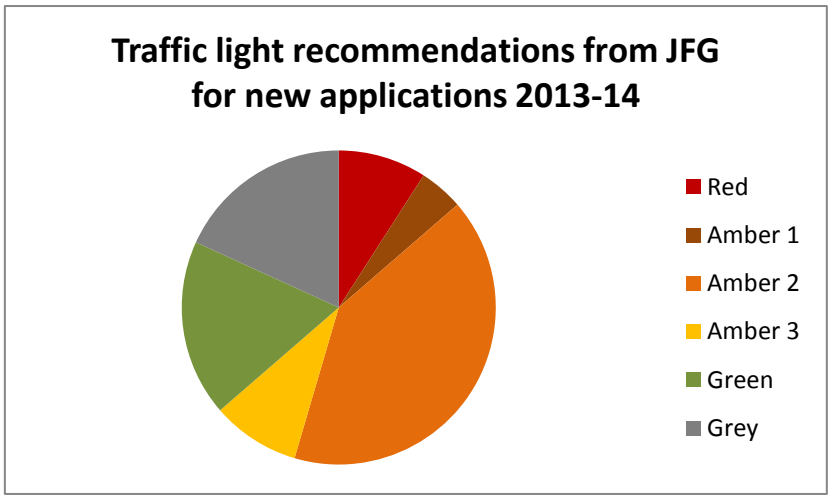
- Making evidence-based recommendations for the inclusion of medicines, medical devices, wound care products and dietary products on the Nottinghamshire Joint Formulary
- Classifying of these products within the Nottinghamshire Traffic Light system

There have been six meetings of the NJFG with good attendance from all organisations and professional groups.

Key Achievements

1) <u>New Medicine Submission Reviews and Recommendations to APC</u>

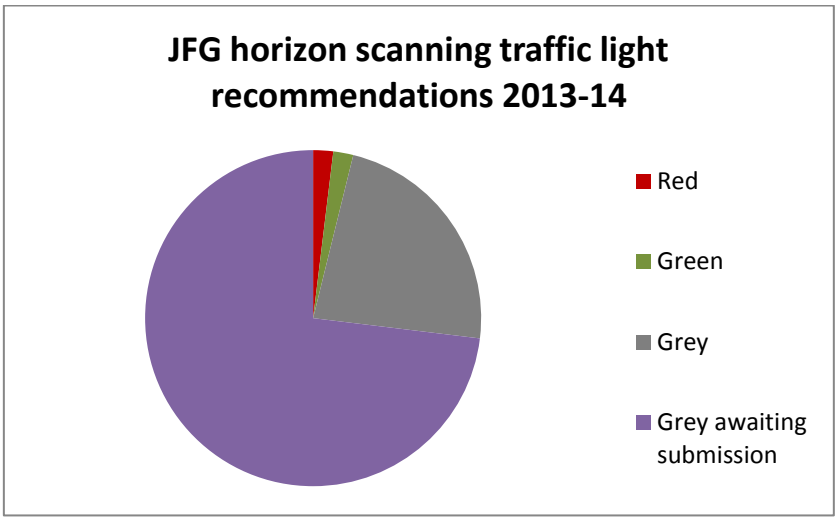
22 new applications were reviewed by the NJFG and outcomes are detailed below:



The NJFG considers submissions for new medicines submitted by primary or secondary care which are to be prescribed at the interface. An independent review of the evidence is carried out by the Specialist Interface and Formulary Pharmacist (SIFP) to inform decision making. Following consideration at JFG, recommendations for traffic light classifications are sent to APC for ratification.

2) <u>Horizon scanning.</u>

All new medicines, or new indications for existing medicines, which may potentially have an impact on prescribing at the interface are reviewed pre-emptively by the NJFG. This is a way of managing the introduction of new drugs in a considered and effective way for the healthcare community. Traffic light recommendations have been made for 52 medicines as a result of horizon scanning activities at JFG. The details of which shown below:



3) The managed introduction of the new oral anticoagulants
This area has continued to be a priority for the SIFPs as the licensed indications of the new anticoagulants have been expanded and it became clear that a multi-disciplinary working group was needed to develop local guidance and address local issues. The SIFPs have been instrumental in establishing and co-ordinating the work of this group.

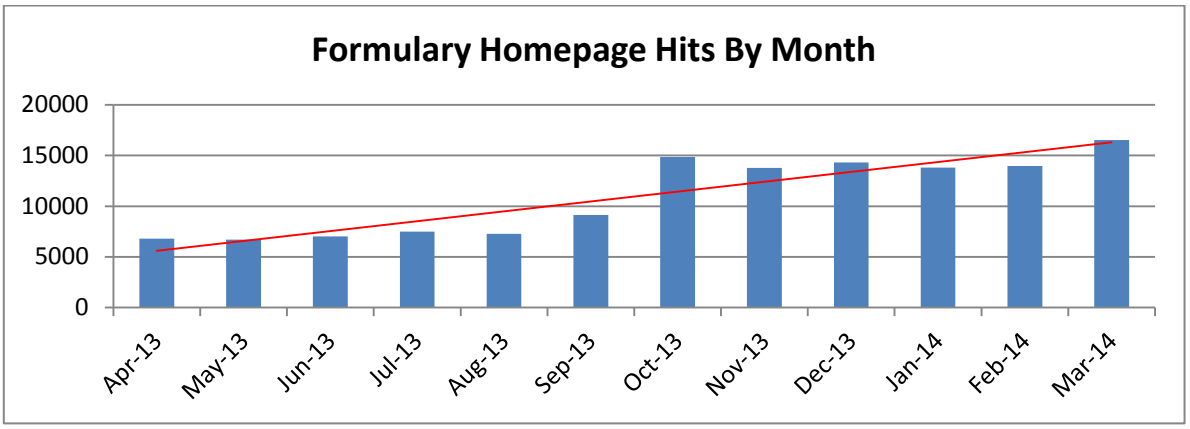
Review against priorities identified in 2012-2013 report

1) Nottinghamshire Joint Formulary
The formulary has continued to be updated regularly with new information as it becomes available. The formulary is a 'live' resource which is actively managed to ensure it is up to date. A considerable amount of effort goes in to maintaining the formulary to ensure it is regularly updated and therefore fit for purpose.

2) NICE Good Practice Guide for Formulary development
Good progress has been made against the work plan to address gaps identified against the Good Practice Guide for Formulary development. The JFG terms of reference have been updated and a Non-Medical Prescriber (NMP) member has been identified.

3) Consultation and ratification of the unlicensed chapter of the formulary
A review of the unlicensed chapter is in progress.

4) Increase use of the formulary within primary and secondary care
Website traffic on the formulary website continues to increase.



5) Poisoning and enteral feeding chapters
Previously the poisoning chapter available on the formulary reflected the content of the SFHFT formulary only. This has been reviewed, consulted on and ratified and is now available for use by the health community.

Work on the enteral feeding chapter is on-going.

6) Development and updating of prescribing guidelines
The Specialist Interface and Formulary Pharmacists (SIFP) have continued to lead on the development, update or support prescribing guidelines and prescribing position statements. A full list of ratified documents, many of which the SIFPs have contributed to is listed in Appendix 4.

Future Priorities of the NJFG

1) The managed introduction of new medicines remains a key priority, encompassing formulary applications and horizon scanning activities. Key stakeholders will be engaged with at an early stage to increase knowledge of formulary and APC processes.

2) Increase the focus of the SIFP on the Mental Health Interface agenda.

3) Continue to raise awareness of the joint Formulary with clinicians in both primary and secondary care so that use of the formulary increases.

4) Updating the Nottinghamshire Joint Formulary and maintaining the dynamic nature of the resource remains a key priority. This will require engagement of secondary care specialist pharmacists to develop and update prescribing guidelines and shared care protocols where appropriate with co-ordination by the SIFPs will be required.

APPENDIX 2 – FINANCIAL DATA

Meeting Date	Drug	Indication	Classification	Type of classification	Positive NICE TA	Overall cost implications for the Nottinghamshire Health Community	Cost implications Primary Care						Cost Implications Secondary Care			Public Health	
							M&A	N&S	NNE	NW	Rush	City	NUH	SFHT	NHCT	PH	
May-13	Apixaban	Preventing stroke and systemic embolism in patients with AF	Red	New submission	Yes	Considerable cost pressure	Considerable cost pressure from the NOACs in general which has been highlighted to CCGs however the red classification allowed the managed introduction.						Minimal cost pressure			N/A	This was a holding traffic light position and the classification was reviewed at the November meeting.
May-13	Linagliptin	Type two diabetes	Amber 2	New submission	No	Cost pressure of £600	£600						Cost neutral			N/A	
May-13	Exorex (Coal tar solution)	Psoriasis	Green	New submission	No	Cost neutral	Cost neutral						Cost neutral			N/A	
May-13	Timolol PF eye gel (Tiopex)	Galucoma / Raised IOP	Amber 2	New submission	No	minimal savings	Minimal savings						cost neutral			N/A	
May-13	Saxagliptin	Type 2 diabetes	Grey	Removal from formulary	No	Cost neutral	Cost neutral						Cost neutral			N/A	Removed from formulary as linagliptin added. Existing patients may remain on it.
May-13	Strontium Ranelate	Osteoporosis	Amber 2	change in Traffic light classification	No	Cost neutral	Cost neutral						Cost neutral			N/A	Previously GREEN - changed due to safety concerns. No impact on budget
May-13	Rifampicin / isoniazid / pyrazinamide / ethambutol (Voractiv)	TB	Non-formulary / Grey awaiting assessment	Horizon scanning	No	cost avoidance											

Meeting Date	Drug	Indication	Classification	Type of classification	Positive NICE TA	Overall cost implications for the Nottinghamshire Health Community	Cost implications Primary Care						Cost Implications Secondary Care			Public Health	
							M&A	N&S	NNE	NW	Rush	City	NUH	SFHT	NHCT	PH	
May-13	Sildenafil oral solution (Revatio)	Pulmonary arterial hypertension	Non-formulary /Grey awaiting assessment	Horizon scanning	No	cost avoidance											
May-13	Latanoprost single use eye drops (Monopost)	Glaucoma	Non-formulary /Grey awaiting assessment	Horizon scanning	No	Small cost avoidance											
May-13	Bimatoprost preservative free eye drops (Lumigan UD)	Glaucoma	Non-formulary /Grey awaiting assessment	Horizon scanning	No	Small cost avoidance											
May-13	Lidocaine and tatracaine (Pliaglis)	Local dermal anaesthesia for dermatological procedures	Non-formulary /Grey awaiting assessment	Horizon scanning	No	cost avoidance											
May-13	Colestilan (BindRen)	Phosphate binder	Non-formulary /Grey awaiting assessment	Horizon scanning	No	cost avoidance											
May-13	Imiquimod Cream 3.75% (Zyclara)	Actinic keratosis	Non-formulary /Grey awaiting assessment	Horizon scanning	No	Small cost avoidance											

Meeting Date	Drug	Indication	Classification	Type of classification	Positive NICE TA	Overall cost implications for the Nottinghamshire Health Community	Cost implications Primary Care						Cost Implications Secondary Care			Public Health	
							M&A	N&S	NNE	NW	Rush	City	NUH	SFHT	NHCT	PH	
May-13	Lidocaine 4% cream (LMX 4)	Local anesthesia prior to venepuncture or cannulation	Non-formulary /Grey awaiting assessment	Horizon scanning	No	Cost neutral											
Jul-13	perampanel	Epilepsy	Amber 2	New submission	No	Cost pressure £36,200	Cost pressure £36,200 for 20 patients						Minimal cost pressure			N/A	Some of this cost pressure may be offset by discontinuation of other antiepileptics.
Jul-13	Ingenol Mebutate	Actinic keratosis	Amber 3	New submission	No	Cost pressure £26,00	Cost pressure £26,000 for 400 patients						Minimal cost pressure			N/A	
Jul-13	Latanoprost preservative free eye drops	Galucoma / Raised IOP	Amber 2	New submission	No	Saving £9,000	Potential SAVING of £9000						Cost neutral			N/A	
Jul-13	Mirabegron	OAB	Amber 3	New submission	Yes	cost pressure £342K	£61K	£43K	£49K	£32K	£42K	£115K	Cost neutral			N/A	Using NICE template - likely to be less
Jul-13	Propiverine	OAB	Amber 3	New submission	No	Cost neutral	Cost neutral						Cost neutral			N/A	Assumes higher doses not Rxed as only cost effective at lower doses.
Jul-13	Actikerall & Efudix	As Per Nottinghamshire Actinic Keratosis Pathway	Amber 3	change in Traffic light classification	no	cost neutral	Cost neutral						Cost neutral			N/A	These drugs were identified as being appropriate for the new classification of Amber 3
Jul-13	Gabapentin & pregabalin	As per Nottinghamshire Neuropathic Pain Guideline	Amber 3	change in Traffic light classification	no	cost neutral	Cost neutral						Cost neutral			N/A	

Meeting Date	Drug	Indication	Classification	Type of classification	Positive NICE TA	Overall cost implications for the Nottinghamshire Health Community	Cost implications Primary Care						Cost Implications Secondary Care			Public Health	
							M&A	N&S	NNE	NW	Rush	City	NUH	SFHT	NHCT	PH	
Jul-13	Colecalciferol	As per Vitamin D guidelines	Amber 3	change in Traffic light classification	no	cost neutral	Cost neutral						Cost neutral			N/A	
Jul-13	Buprenorphine (Butrans, Transtec)	As per opioids for persistent non-cancer pain.	Amber 3	change in Traffic light classification	no	cost neutral	Cost neutral						Cost neutral			N/A	
Jul-13	Aquacel Ag ribbon, Atrauman Ag, suprasorb A+Ag	As per Guideline for Antimicrobial Woundcare Products	Amber 3	change in Traffic light classification	no	cost neutral	Cost neutral						Cost neutral			N/A	
Jul-13	Souvenaid	Nutritional drink for early alzheimers	Grey - Non formulary	Horizon scanning	No	Cost neutral											Expensive supplement £1,273 perpatient per year. Not currently on prescription therefore nil cost avoidance
Jul-13	Avanafil (Stendra)	Erectile dysfunction	Grey - Non formulary	Horizon scanning	No	Moderate cost avoidance											
Jul-13	Canakinumab (Ilris)	Refractory gout	Grey - Non formulary	Horizon scanning	No	PBR excluded. Negative NICE TA. Significant cost avoidance prior to NICE TA											
Jul-13	Alogliptin (Vipidia)	Type 2 diabetes	Grey - Non formulary	Horizon scanning	No	cost avoidance											
Jul-13	Betamethason MR (Clipper)	Ulcerative colitis in active phase	Grey - Non formulary	Horizon scanning	No	cost avoidance											

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							M&A	N&S	NNE	NW	Rush	City	NUH	SFHT	NHCT	PH	
Jul-13	Insujet and injex needle free insulin devices	Diabetes	Grey - Non formulary	Horizon scanning	No	cost avoidance											
Jul-13	Rivaroxaban	Secondary prevention of atheroslclerotic events following ACS	Non-formulary /Grey awaiting assessment	Horizon scanning	No	Cost avoidance £779,584											
Jul-13	Teriflunomide (Aubagio)	Relapsing remitting multiple sclerosis	Non-formulary /Grey awaiting assessment	Horizon scanning	No	Cost avoidance											PBR excluded Moderate cost avoidance until publication of NICE TA
Jul-13	Dimethyl fumarate (Tecfidera)	Relapsing remitting multiple sclerosis	Non-formulary /Grey awaiting assessment	Horizon scanning	No	cost avoidance											PBR excluded Moderate cost avoidance until publication of NICE TA
Jul-13	Tadalafil	Benign prostatic hyperplasia	Non-formulary /Grey awaiting assessment	Horizon scanning	No	Cost avoidance											
Jul-13	Lurasidone (Latuda)	Schizophrenia	Non-formulary /Grey awaiting assessment	Horizon scanning	No	cost avoidance											
Sep-13	Lixisenatide	Diabetes	Amber 2	New submission	No	Saving £257,000	POTENTIAL savings of upto £257,500						Cost neutral			N/A	
Sep-13	Dapagliflozin	Diabetes	Amber 2	New submission	Yes	cost pressure £71,550	£193,311 using NICE template, Max £71,550 based on submission						Cost neutral			N/A	

Meeting Date	Drug	Indication	Classification	Type of classification	Positive NICE TA	Overall cost implications for the Nottinghamshire Health Community	Cost implications Primary Care						Cost Implications Secondary Care			Public Health	
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Sep-13	Rivaroxaban	Treatment of PE & prevention of recurrent PE and DVT.	Amber 2	New submission	Yes	Cost pressure £140K	£25K	£18K	£20K	£13K	£17K	£47K	Cost neutral			N/A	Using NICE template. Secondary care will supply the first 21 days of treatment
Sep-13	Depot medroxy progesterone (Sayana Press)	Contraception	Green	New submission	No	Cost neutral	Cost neutral						Cost neutral				no significant cost pressure as similar price to Depo-provera
Sep-13	Targinact	Pain	Grey	New submission	No	Cost neutral	Cost neutral						Cost neutral			N/A	NB was reviewed at a later meeting. Although not approved so technically no cost pressure - there is currently £44K of prescribing in primary care
Sep-13	Memantine	Dementia	Amber 2	change in Traffic light classification	No	cost neutral	Cost neutral						Cost neutral			N/A	Changed from Amber 1 to Amber 2
Sep-13	Elvitegravir + cobocistat + emtrcitabine + tenofovir (Stribild)	HIV	Non-formulary /GREY awaiting assessment	Horizon scanning	No	cost avoidance											
Sep-13	Potassium hydroxid solution 5% (Molludab)	Molluscum contagiosum	Non-formulary /Grey awaiting assessment	Horizon scanning	No	cost avoidance											

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							M&A	N&S	NNE	NW	Rush	City	NUH	SFHT	NHCT	PH	
Sep-13	Destromethorphan / quinidine (Nuedexta)	Pseudobulbar effect	Non-formulary /Grey awaiting assessment	Horizon scanning	No	cost avoidance											
Sep-13	Soybean oil unit dose eye drops (Emustil)	Ocular lubricant	Non-formulary /Grey awaiting assessment	Horizon scanning	No	Small cost avoidance											
Sep-13	VSL #3	Probiotic	Non-formulary /Grey awaiting assessment	Horizon scanning	No	Moderate cost avoidance											
Sep-13	Phos-Lo capsules	Phosphate binder	Amber 1	Formulary amendments	No	Cost neutral											
Sep-13	Balneum plus cream	Emollient	Green	Formulary amendments	No	Cost neutral											
Sep-13	Olanzepine embonate depot	Antipsychotic	Red	Formulary amendments	No	Cost neutral											
Sep-13	Pantoprazole	PPI	Green	Formulary amendments	No	Cost neutral											
Sep-13	Varicella zoster	shingles vaccine	Green	Formulary amendments	No	?											As per national vaccination programme
Sep-13	Fluticasone furoate + vilanterol (Relvar ellipta)	COPD	Grey / Non formulary	Horizon scanning	No	cost avoidance											

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Nov-13	Chloralidone	Treatment of hypertension	Grey	New submission	No	cost avoidance	Cost avoidance						Cost avoidance			N/A	No longer manufactured in the UK therefore only available as a licensed special
Nov-13	Insulin degludec	Diabetes	Grey	New submission	No	cost avoidance	Cost avoidance						Cost avoidance			N/A	Unable to quantify cost avoidance as the submission did not contain enough information re place in therapy in order to estimate this.
Nov-13	Naloxone (Prenoxad)	Take home prefilled syringe for opioid overdose in drug misusers	Green	New submission	No	Cost neutral	Cost neutral						Cost neutral			£10k funding available	Commissioned by public health for City CCG only. Funding provided by public health for drug costs
Nov-13	Apixaban	AF	Amber 2	change in Traffic light classification	Yes	Cost pressure from the NOACs in general for this indication	Considerable cost pressure which has been highlighted to CCGs previously						cost neutral			N/A	Changed from previous classification of RED to Amber 2
Nov-13	Granisetron transdermal patch (Sancuso)	Chemtherapy induced nausea and vomiting	non - Formulary / Grey awaiting submission	Horizon scanning	No	Small cost avoidance											
Nov-13	Sildenafil chewable tablets (Nipatra)	Erectile dysfunction	non - Formulary / Grey awaiting submission	Horizon scanning	No	Small cost avoidance											

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Nov-13	Sodium hydrogencarbonate 500mg / sodium dihydrogenphosphate 680mg suppositories (Lacicarbon A)	Laxative / bowel prep	non - Formulary / Grey awaiting submission	Horizon scanning	No	cost avoidance											
Nov-13	Bimatoprost timolol preservative free eye drops (Ganfort)	Glaucoma	non - Formulary / Grey awaiting submission	Horizon scanning	No	Small cost avoidance											
Nov-13	Flo tone device	Attaches to MDI	non - Formulary / Grey awaiting submission	Horizon scanning	No	Small cost avoidance											
Nov-13	Sorbaderm	Barrier preparation	non - Formulary / Grey awaiting submission	Horizon scanning	No	Small cost avoidance											
Nov-13	Domperidone	Promoting tollerance of enteral feeds in children	Grey / Non-formulary	Horizon scanning	No	Small cost avoidance											

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Nov-13	Omega-3 fatty acids	Schizophrenia	Grey / Non-formulary	Horizon scanning	No	Small cost avoidance											
Nov-13	Emollin	emollient spray	Amber 3	Formulary amendments	No	Cost neutral											
Nov-13	Dexamfetamine	narcolepsy	Grey	Formulary amendments	No	small cost avoidance											
Nov-13	clonidine	ADHD	Red	Formulary amendments	No	Cost neutral											
Nov-13	Oxybutynin elixir 2.5mg/5ml (ditropan)	over active bladder	GREEN	Horizon scanning	No	small cost saving											
Jan-14	Fidaxomicin	C difficile	Amber 2	New submission	No	Cost pressure £102K	£12,000						£68K	£22K	nil	N/A	Funding in secondary care still to be resolved. NUH potentially submitting a business case to CCGs.Recommendation in HPA guidance.
Jan-14	rivaroxaban	single dose for treatment of suspected DVT	Amber 3	New submission	No	Cost neutral	Cost neutral						Cost neutral			N/A	will be cost neutral only if it is prescribed for one dose. A full financial evakuation is needed to assess any impact if continued for the duration of a treatment course.

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Jan-14	Targinact	Pain in niche group of patients (4th line)	Amber 2 (specialist initiation)	Appeal - change in Traffic Light classification	No	cost neutral	Cost neutral						Cost neutral			N/A	APPEAL. May produce savings if those patients in primary care already prescribed it can be reviewed against the criteria.
Jan-14	Tadalafil once daily	Penile rehab following radical prostatectomy	Grey/non - formulary	Reconsideration of traffic light classificaiton - no change	No	cost neutral	Cost neutral						Cost neutral			N/A	No change to classification.
Jan-14	Erectile dysfunction pumps	Penile rehab following radical prostatectomy	Red	Reconsideration of traffic light classificaiton - no change	No	Cost neutral	Cost neutral						£15K	Cost neutral	Cost neutral	N/A	No change to classification therefore cost neutral in reality
Jan-14	Apraclonidine eye drops	Raised intraocular pressure in complex patients not responding to other treatments	Amber 2		No	cost neutral	Cost neutral						Cost neutral			N/A	Pragmatic change to reflect current practice.
Jan-14	Apraclonidine eye drops	Post op use	Red	change in Traffic light classification	No	cost neutral	Cost neutral						Cost neutral			N/A	
Jan-14	Lomitapide (Lojuxta)	homozygous familial hypercholesterolaemia	Grey - Non formulary	Horizon scanning	No	Cost avoidance of £307K											

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Jan-14	Alogliptin / pioglitazone (incresyn)	Type 2 diabetes	Grey - Non formulary	Horizon scanning	No	cost avoidance											
Jan-14	Co-proxamol	Pain	Grey - Non formulary	Formulary amendments	No	cost neutral											
Jan-14	Alogliptin / metformin (Vipdomet)	Type 2 diabetes	Grey - Non formulary	Horizon scanning	No	cost avoidance											
Jan-14	Cobocistat (Tybost)	HIV	non - Formulary / Grey awaiting submission	Horizon scanning	No	cost avoidance											
Jan-14	Canagliflozin (Invokana)	Type 2 diabetes	non - Formulary / Grey awaiting submission	Horizon scanning	No	cost avoidance											NICE TA in production
Jan-14	Olodaterol (striverdi respimat)	COPD	non - Formulary / Grey awaiting submission	Horizon scanning	No	cost avoidance											
Jan-14	Paliperidone	antipsychotic	Amber 2	Formulary amendments	No	Cost neutral											
Jan-14	Dexamethasone	Croup as per CKS	Green	Formulary amendments	No	Cost neutral											
Jan-14	Gardasil	for indications other than vaccination programme	non - Formulary / Grey awaiting submission	Horizon scanning	No	cost avoidance											

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Mar-14	Linaclotide	Constipation in patients with irritable bowel	Amber 2	New submission	No	Cost pressure £58,754 .However NDO estimated cost pressure of £3,415,811 therefore cost avoidance of £3,357,057 by ensuring clear place in therapy.	Cost pressure of £58, 754 in the first year and £34,273 for subsequent years (therefore assume approx £10k pressure for secondary care due to first 8 weeks treatment being prescribed in secondary care)									N/A	First 8 weeks to be prescribed by secondary care.
Mar-14	Resource thicken up CLEAR	Second line thickener in patients unable to tolerate 1st line and are at risk of dehydration.	Green	New submission	No	cost pressure - minimal	Cost neutral						Minimal cost pressure			N/A	
Mar-14	Ulipristal	Emergency contraception before 72 hours (currently on formulary for 72-120hours)	Grey	New submission	No	Cost neutral	Cost neutral						Cost neutral			PH not minded to fund.	Could not be added to the formulary for this indication as not affordable to PH as one of the commissioners
Mar-14	dronedarone	AF	Amber 1	change in Traffic light classification	Yes	cost neutral	£16,380						Cost reduction of £16,380			N/A	To remain RED until a SCP is developed.
Mar-14	Fentanyl buccal film (breakyl)	breakthrough pain in cancer	Grey / Non formulary awaiting submission	Horizon scanning	No	cost avoidance											

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Mar-14	Aclidinium bromide + formoterol fumarate	COPD	Grey / Non formulary awaiting submission	Horizon scanning	No	cost avoidance											
Mar-14	Tiotropium respimat (spiriva)	Asthma	Grey / Non formulary awaiting submission	Horizon scanning	No	cost avoidance											
Mar-14	Dexlansoprazole (Dexilant)	GORD	Grey / Non formulary awaiting submission	Horizon scanning	No	cost avoidance											
Mar-14	Vortioxetine (Brintellix)	Major depressive disorder	Grey / Non formulary awaiting submission	Horizon scanning	No	cost avoidance											
Mar-14	Cangrelor	ACS patients undergoing PCI	Grey / Non formulary awaiting submission	Horizon scanning	No	cost avoidance											
Mar-14	Dalbavancin (Zeven)	Skin and sof tissue infections	Grey / Non formulary awaiting submission	Horizon scanning	No	cost avoidance											
Mar-14	Dulaglutide	Type 2 diabetes	Grey / Non formulary awaiting submission	Horizon scanning	No	cost avoidance											
Mar-14	Liraglutide	Obesity	Grey / Non formulary awaiting submission	Horizon scanning	No	significant cost avoidance											

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Mar-14	Safinamide	Parkinson's disease	Grey / Non formulary awaiting submission	Horizon scanning	No	cost avoidance											
Mar-14	Insulin degludec + liraglutide combination (Ideglira)	Type 2 diabetes	Grey / Non formulary awaiting submission	Horizon scanning	No	Moderate cost avoidance											
Mar-14	Solifenacin + tamsulosin (Vesomni)	LUTS in men	Grey / Non formulary awaiting submission	Horizon scanning	No	cost avoidance											
Mar-14	Dapagliflozin + metformin	Type 2 diabetes	Grey / Non formulary	Horizon scanning	No	cost avoidance											
Mar-14	Silk clothing garments	Eczema	Grey / Non formulary	Horizon scanning	No	cost avoidance											

APPENDIX 3 – NOTTINGHAMSHIRE APC ACTION PLAN 2013-14

	Action	Comments	Lead	Target date for completion	Status	Comments
APC/JFG processes	Update APC terms of reference	Include recommendations from NICE GPG	NB	Jul-13	completed	Ratified at the September 2013 APC meeting
	Update JFG terms of reference	Include recommendations from NICE GPG	AR	Aug-13	completed	Ratified at the September 2013 APC meeting
	Update 'Framework for Managing Medicines Across the Notts Health Community' (FMM)	Include recommendations from NICE GPG	NB	Sep-13	completed	Completed January 2014
	Re-affirm mandate with stakeholder organisations	Members to take to relevant boards/governing body within member organisations	NB	Jul-13	Partially completed	County and City CCGs supported with some amendments NUH – supported at DTC Jan 14 SFHT – supported at DTC Dec 13 NHCT – no response received PH - supported Feb 14
	Update APC admin processes	Include recommendations from NICE GPG for front sheet, submission form and pro-forma to reflect decision making process	AR	Jan-14	Partially completed	On-going – some elements completed
	Develop an update/review programme of the formulary	Include recommendations from NICE GPG and incorporate in FMM	JFG strategy group.	Sep-13	completed	Included in review of JFG Terms of Reference
	Develop an appeal process	Include recommendations from NICE GPG in FMM	NB	Jan-14	completed	Included in Framework for Managing Medicines Across the Notts Health Community (FMM)

	Action	Comments	Lead	Target date for completion	Status	Comments
APC performance, development and quality assurance	Develop guidance for declaration of interest.	Incorporate into TOR. Already complete DOI on an annual basis.	NB	Jul-13	completed	Included in APC Terms of Reference
	Develop and implement effectiveness measures	Need to define measures of effectiveness that can be easily collected	NB/AR with input from Khalid Butt	Mar-14	Outstanding	Issues identifying measurable and meaningful indicators. To carry over to 14/15 action plan
Member development	Arrange suitable ongoing training for APC members	Undertake a training needs analysis & signpost to training	Tanya Behrendt	Jul-13	Partially Completed	TNA sent to APC members for completion March 14 To assess trends and develop strategy in 14/15
	Obtain lay representation	Job description complete. Need to identify resource for HR process, ongoing support and expenses.	Mindy Bassi	Jan-14	outstanding	Numerous discussions held including feedback from City CCG Patient & public engagement team. Conclusion – it is likely that each member organisation will need to identify and undertake their own patient engagement.
	Develop an induction checklist for new members	New members are required to attend a meeting as an observer prior to becoming a voting member	JT	Mar-14	completed	Ratified at the March 14 APC meeting

	Action	Comments	Lead	Target date for completion	Status	Comments
Communication	Launch Joint Formulary on a public website	Formulary available on www site April 2013. Need to raise awareness across the HC.	Interface team	Apr-13	completed	Website launched April 2013 – see www.nottinghamshireformulary.nhs.uk Interface team has been to a number of County CCG PLT events to raise awareness
	APC website needs to be relocated and content reviewed.	Current host site will cease to exist in September	Interface team	Sep-13	completed	New website went live October 2013 www.nottsapc.nhs.uk
	Review information on website e.g. meeting dates, timelines for decisions, work in progress.	Forward work programme available on APC website and updated monthly.	AR	Mar-14	completed	New website went live October 2013.
	Develop FAQ for patients	Draft FAQ re traffic lights/ formulary and what the APC is	AR	Jul-13	completed	Ratified at July 13 APC meeting
	Review methods and contacts for dissemination of information. Work with secondary care committee members to improve communication with secondary care doctors at all levels	Reliant on sec care committee members. Review the role of interface team and link in with comms teams across the HC	Interface team and secondary care members	Mar-14	Partially completed	Information relating to the APC and JFG including the websites is included in Junior Doctor induction programme via Trust Pharmacy departments. Interface team has been to a number of County CCG PLT events to raise awareness. Both APC and JFG websites are linked to e-Healthscope. Methods of communication will continue to be regularly reviewed during 14-15
	Identify groups who are currently not receiving bulletins in all organisations and regularly update mailing lists including private providers.	Link in with comms teams across the HC.		Mar-14	Partially completed	
	Continue to raise awareness of the relevance of APC decisions to clinicians and stakeholder organisations e.g. eHealthscope.			Mar-14	Partially completed	
	Raise awareness of the website, especially the Joint Formulary Website (Raise profile of the Joint Formulary)			Mar-14	Partially completed	
	Raise profile of importance of horizon scanning and the managed introduction of new medicines.	Improve links with relevant clinicians when carrying out horizon scanning		Mar-14	Partially completed	

APPENDIX 4 – 2013-14 APC RATIFIED DOCUMENTS

Date of Meeting	Title	SCP / Guideline / Other	Update or new
May 2013	Shared Care Protocol for management of growth failure in children and young people with growth hormone	SCP	Update
	Prescribing clopidogrel for Transient Ischaemic Attack	Position statement	New
July 2013	Overactive bladder clinical guideline	Guideline	Update
	Lower Urinary Tract Symptoms Guideline	Guideline	Update
	Novel oral anticoagulants prescribing statement.	Position statement	Update
	Frequently asked questions for patients about the APC/JFG	Information	New
	Framework for Managing Medicines across the Nottinghamshire Health Community	Framework	Update
September 2013	Nottinghamshire Joint Formulary Terms of Reference	Terms of reference	New
	Nottinghamshire APC Terms of Reference	Terms of reference	Update
	Nottinghamshire Adult Asthma Treatment Summary	Guideline	Update
	Acetyl cholinesterase inhibitor prescribing information sheets		
	- Donepezil	Prescribing information	Update
	- Galantamine	Prescribing information	Update
	- Rivastigmine	Prescribing information	Update
November 2013	Oral Nutritional Supplement (sip feed) guideline for adults	Guideline	Update
	Nebulised colistimethate in the treatment of pseudomonas aeruginosa lung infections in adult patients with non-CF bronchiectasis	Guideline	Update
	Generic lamotrigine position statement	Position statement	Update
	Nottinghamshire Headache Pathway	Guideline	New
	Opioids for Persistent Non-Cancer Pain Guidelines	Guideline	Partial Update
	Memantine	Prescribing information	New
	Anticoagulation in AF guideline	Guideline	Partial Update
January 2014	Treatment algorithm for the management of type 2 diabetes	Guideline	Update
	Pain guidance to include targinact	Guideline	Partial update
	Aripiprazole	Prescribing information	Update
	Antibiotic guidelines to include fidaxomicin	Guideline	Partial update
March 2014	Laxative treatment guidelines for Adults	Guideline	New