

**Northern, Eastern & Western Devon Clinical Commissioning Group**  
**South Devon and Torbay Clinical Commissioning Group**

**Notes of the meeting of the South and West Devon Formulary Interface Group**

Tuesday 11<sup>th</sup> April 2014, 2pm – 4.30pm

The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

<b>Present:</b>	Chris Roome (CR) – Head of Clinical Effectiveness Larissa Sullivan (LS) – Interface Pharmacist Gareth Franklin (GF) – Clinical Guidance Manager Iain Roberts (IR) – Lead MO Pharmacist Carol Webb (CW) – Joint Formularies Technician Paul Manson (PLM) – Lead MO Pharmacist Keith Gillespie (KG) - GP David Gwynne - GP Emma Hewitt (EH) – Joint Formulary Pharmacist Steve Cooke (SC) – Chief Pharmacist Amanda Gulbranson (AG) – Clinical Effectiveness Lead Mark Stone (MS) – Community Pharmacist	NEW Devon CCG NEW Devon CCG NEW Devon CCG South Devon & Torbay CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG Plymouth Community Healthcare Devon Partnership Trust Devon LPC
<b>Apologies</b>	Paul Humphriss (PH) - Head of Medicines Management  Phil Melliush (PM) – GP Bill Nolan (BN) – GP Margaret Hinchliffe (MH) Andrew Gunatilleke (AG1) – Consultant, Chair SDNT DTC Elena Mercer (EM) – Formulary Pharmacist	Torbay and Southern Devon Health and Care NHS Trust South Devon & Torbay CCG South Devon & Torbay CCG Lay member South Devon NHS Trust South Devon NHS Trust
<b>1</b>	<b>Welcome:</b> Introductions were made and apologies as noted above.	
<b>3</b>	<b>Notes of last meeting 14<sup>th</sup> March 2014:</b> These were noted and agreed.	
	<b>Action log:</b> Items carried forward. A comment was made regarding ephedrine nasal drops in regard to the wording in the BNF, stating that the formulary choice is more likely to cause rebound congestion. It was agreed that they should remain in the formulary.	
<b>7</b>	<b>Chapter 4 – Epilepsy</b> This section has been merged, taking into account the recent MHRA advice on branded prescribing for epilepsy treatments. It was pointed out that 70-80% of treatment is prescribed as a generic across both areas. There is a need for a consensus across Devon on this issue. <ul style="list-style-type: none"> <li>• For drugs in category 2 it was decided to re-word the information note to indicate that if the patient is stable on a current generic there was no requirement to switch to a branded product</li> <li>• For Lamotrigine/Lamictal it was decided to put the cost of treatment for both products.</li> <li>• For carbamazepine it was pointed out that most epilepsy prescribing would be for the M/R preparation which should be prescribed by brand anyway.</li> <li>• It was agreed to put an additional note on those preparations also used for other conditions that the brand prescribing advice is for treating epilepsy patients only.</li> </ul>	

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- It had been noted that the phenobarbital elixir 15mg/5ml contains 38% alcohol and that there is an alternative preparation which is 50mg/5ml and is alcohol free. It was decided to add in the 50mg/5ml and the 15mg/ml would remain together with a note about the alcohol content
- Midazolam buccal: it was agreed to have both the licensed Buccolam® and the unlicensed Epistatus® products in the formulary. There was discussion about the need to warn prescribers that Buccolam® is 5mg/ml whereas Epistatus is 10mg/ml
- Epilepsy clinical guidance, due to there being only one GP present it was decided to email this guidance to the other GPs on the committee to ask what additional guidance would be useful to include, for example information on driving.

**Action: To email the epilepsy clinical guidance to the GPs on the committee for comment and additions**

**8 Chapter 4 – Parkinson’s**

- Management of Parkinson’s disease. It was agreed that patients suspected of having Parkinson’s should be referred to a specialist untreated. In the light of this it was decided that co-benaldopa and co-careldopa would be included in the formulary as specialist (amber) drugs
- There was discussion about including the brand names for co-benaldopa and co-careldopa. It was agreed that only the M/R preparations are required to be prescribed by brand
- Apo-go preparations are used in Plymouth under the Homecare delivery system  
**Action: to ask EM if Homecare is used in South Devon & Torbay and which apomorphine preparations are required.**
- Tolcapone, not currently in the Plymouth formulary. It will be included as a South Devon and Torbay prescribed item only, red secondary care only.
- It was agreed to remove the notes at the beginning of section 4.9.3
- Riluzole shared care: CR informed the committee that, as all shared care is required to be appropriate to the provider footprint the place for hosting the shared care guidelines is with the 3 localities and South Devon and Torbay CCG. It is not appropriate for the formularies to host these guidelines. Appropriate links will be included in the on-line formularies to the Shared Care Guidelines. There is a list of the Shared Care that is funded across Devon, there are many that are not funded and the content of these can be considered to become prescribing guidance where appropriate.  
 The process of agreeing the content of shared care guidelines is not clear at the moment. There will be no new Shared care Guidelines agreed unless the funding for them has been previously agreed.

**4 Chapter 4 – sections 4.1 – 4.3**

- It was agreed to change temazepam to amber
- It was agreed to delete all cloral/chloral products apart from chloral hydrate 500mg/5ml which is used within secondary care

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- It was agreed to have melatonin listed with just the licensed 2mg m/r tablets. The notes to be adjusted to acknowledge there may be prescribing of the unlicensed products. It was also agreed to include the information from the South Devon shared care into the prescribing notes
- Treatment for generalised anxiety disorder (GAD): it was agreed to remove citalopram and fluoxetine from the list of options and to move venlafaxine m/r to the 2<sup>nd</sup> line alternative after sertraline, followed by escitalopram
- 4.1.2, it was agreed to remove diazepam liquid 5mg/5ml. The preparations to include for lorazepam in addition to the 1mg tablets to be checked with EM and JM  
**Action: To ask EM & JM which lorazepam preparations are to be included in the formulary**
- 4.2.1, it was agreed to remove trifluoperazine from the formulary as it is rarely used. To add the additional indications to quetiapine

**To be considered at the next meeting:**

- Section 4.3 antidepressants and remaining guidance
- Section 4.4 ADHD
- Section 4.11 Dementia
- Section 4.10 Substance dependence
- Sections 4.5 – 4.6

**7 Recent drug decisions including NICE**

These were noted

**8 MHRA Drug Safety Update – March**

These were noted.

**Any other business**

- The launch date of the new formulary of the 1<sup>st</sup> June was discussed. It is very likely that this will have to be moved due to the diabetes section which has to be agreed.

**Next meeting:** Friday 11<sup>th</sup> April 2014 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ

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<b>South and West Devon Formulary Group – Action log</b>			
<b>Date</b>	<b>Action</b>	<b>Responsible</b>	<b>Completed</b>
June 2013	To bring a revised osteoporosis pathway to future meeting	GF	
Sept 2013	An update on the dressings project to be given to the meeting after the next dressings meeting	TM	
Dec 13	Brand names for epilepsy treatments <ul style="list-style-type: none"> <li>• To brief the committee on this when available</li> </ul>	IR	
Feb 14	To add guidance on medication reviews in the elderly to an agenda when available	AG	
Apr 14	To email the epilepsy clinical guidance to the GPs on the committee for comment and additions	CW	
Apr 14	To ask EM if Homecare is used in South Devon & Torbay and which apomorphine preparations are required	CW	
Apr 14	To ask EM & JM which lorazepam preparations are to be included in the formulary	CW	