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
Friday 9th May 2014, 2pm – 4.30pm
The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

Present:	Chris Roome (CR) – Head of Clinical Effectiveness	NEW Devon CCG
	Gareth Franklin (GF) – Clinical Guidance Manager	NEW Devon CCG
	Iain Roberts (IR) – Lead MO Pharmacist	South Devon & Torbay CCG
	Carol Webb (CW) – Joint Formularies Technician	NEW Devon CCG
	Keith Gillespie (KG) - GP	NEW Devon CCG
	David Gwynne - GP	NEW Devon CCG
	Emma Hewitt (EH) – Joint Formulary Pharmacist	NEW Devon CCG
	Steve Cooke (SC) – Chief Pharmacist	Plymouth Community Healthcare
	Amanda Gulbranson (AG) – Clinical Effectiveness Lead	Devon Partnership Trust
	Phil Melluish (PM) – GP	South Devon & Torbay CCG
	Bill Nolan (BN) – GP	South Devon & Torbay CCG
	Sarah Marner – Interface Pharmacist	NEW Devon CCG
	Jeremy Morris – Formulary Pharmacist	Plymouth Hospitals NHS Trust
	Elena Mercer (EM) – Formulary Pharmacist	South Devon NHS Trust
Apologies	Paul Humphriss (PH) - Head of Medicines Management	Torbay and Southern Devon Health and Care NHS Trust
	Andrew Gunatilleke (AG1) – Consultant, Chair SDNT DTC	South Devon NHS Trust
	Larissa Sullivan (LS) – Interface Pharmacist	NEW Devon CCG
	Paul Manson (PLM) – Lead MO Pharmacist	NEW Devon CCG
	Mark Stone (MS) – Community Pharmacist	Devon LPC
	Margaret Hinchliffe (MH)	Lay member

1. **Welcome:** apologies as noted above.

3. **Notes of last meeting 11th April 2014:** These were noted and agreed.

Action log:

Items completed and items carried forward.

There was discussion about the launch of the new formulary and the timing of this. It was agreed that the 1st June was no longer possible due to the outstanding work:

- Mental health – on today's agenda
- Chapter 6 – a meeting is hoped to take place mid-June with the Diabetes clinicians of both Trusts to discuss the type-2 treatment pathway
- Palliative Care – both current chapters are very similar and could be merged easily. Need to acknowledge that a review of this area is needed, but to include links out to the two palliative care organisations for up to date information
- Chapter 5 – primary care guidelines is completed, the remainder of the Chapter is being worked on
- Chapter 9 – The merged Chapter should be on the next meeting agenda
- Chapter 10 – The majority of the chapter is completed

There looks to be two meetings worth of work to be completed.

4.	**Versomni®** The formulary group had been asked to consider adding Versomni® into the formulary, a new fixed dose combination product containing tamsulosin 400 micrograms and solifenacin 6mg. This was discussed and although there may be short term savings to be made due to the pricing of this product, but once solifenacin is available as a generic these would not continue. There was also the point made that the cheaper alternative muscarinic preparations would not be tried before moving to this. It was agreed not to add Versomni® to the formulary. **Action: to write to the clinician with the decision not to add Versomni® to the formulary**
5.	**Chapter 4 section 4.3** • Amitriptyline / nortriptyline, it was agreed to add a note to indicate that these were no longer used for the treatment of depression, except for established patients. • Amitriptyline / nortriptyline, to add the indication of migraine prophylaxis • Reboxetine, it was agreed to remove this from the formulary • Venlafaxine, it was agreed to remove the brand Venlalic® XL as the Drug Tariff price is this brand. It was noted that both the M/R capsules and tablets need to be included due the contract price for capsules within the hospital trusts. • There was discussion about the advice given about the use of antipsychotics in dementia with Lewy bodies. It was decided to strengthen this advice • To remove 'children & adolescents' from the title of the guidance on obsessive compulsive disorder • Guidance on prolactin measurement, it was decided to remove the levels as these are communicated on the results sent to the GP. To contact Ruth Ayling who provided this guidance for the PAJF, to contact Mike Watterson of Torbay to see if this guidance can cover both trusts • It was acknowledged that the guidance on the management of acute confusion needs to be reviewed, but can be included in the merged formulary **Action: contact Ruth Ayling and Mike Watterson to see if the guidance on measurement of prolactin can cover both trusts**
6.	**Chapter 4 – sections 4.4 ADHD** This section was agreed
7.	**Chapter 4 – sections 4.11 Dementia** It was decided to condense the guidance on prescribing in Alzheimer's Disease, giving the emphasis on prescribing and noting specialist memory clinic details. **Action: To condense the guidance on prescribing in Alzheimer's Disease**
8.	**Chapter 4 – sections 4.10 Substance dependence** **Alcohol dependence** • There was discussion regarding the use of chlordiazepoxide and diazepam in alcohol withdrawal, both are used according to the setting. It was decided to add diazepam in the list of drugs in this section and to remove the chlordiazepoxide regimen. To add links to the different trust's guidance in this area • Naltrexone, there was discussion about the use of this. The inclusion of further information

	from the SPC and NICE guideline was considered **Nicotine dependence** • Information on the use of NRT in patients taking clozapine to be added into the 'special populations' section **Opioid dependence** • It was agreed to remove from the formulary the very specialist use methadone injections, diamorphine and MXL® capsules • It was agreed that lofexidine tablets should be a red, secondary care only, drug as the recommended length of treatment is 7-10 days.
9.	**Chapter 4 – sections 4.5 and 4.6** • The comment was made that domperidone suppositories have been discontinued • The updated MHRA guidance on domperidone to be added • It was agreed to identify in the formulary which 5-HT3 antagonists are used in the appropriate trust • Hyoscine hydrobromide injections to be changed to blue • It was agreed to amend the chemotherapy induced nausea and vomiting guidance to cover both trusts
10.	**Recent drug decisions including NICE** These were noted
11.	**MHRA Drug Safety Update – April** These were noted
Next meeting: Friday 13th June 2014 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ	

South and West Devon Formulary Group – Action log

Date	Action	Responsible	Completed
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 • To brief the committee on this when available	IR	
Feb 14	To add guidance on medication reviews in the elderly to an agenda when available	AG	
May 14	To write to the clinician with the decision not to add Versomni® to the formulary	CR	Complete
May 14	To contact Ruth Ayling and Mike Watterson to see if the guidance on measurement of prolactin can cover both trusts	CW	
May 14	To condense the guidance on prescribing in Alzheimer's Disease	CW	Complete