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 12th September 2014, 2pm – 4.30pm
The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

Present:	Andrew Gunatilleke (AG), Consultant, Chair	South Devon NHS Trust
	Iain Roberts (IR), Lead MO Pharmacist	South Devon & Torbay CCG
	Emma Hewitt (EH), Joint Formulary Pharmacist	NEW Devon CCG
	Larissa Sullivan (LS), Interface Pharmacist	NEW Devon CCG
	Elena Mercer (EM), Formulary Pharmacist	South Devon NHS Trust
	Bill Nolan (BN), GP	South Devon & Torbay CCG
	Petrina Trueman (PT), Joint Formulary Pharmacist	NEW Devon CCG
	Jeremy Morris, Formulary Pharmacist	Plymouth Hospitals NHS Trust
	Phil Melluish (PM), GP	South Devon & Torbay CCG
	Paul Manson (PLM), Lead MO Pharmacist	NEW Devon CCG
	Carol Webb (CW), Joint Formularies Technician	NEW Devon CCG
	David Gwynne, GP	NEW Devon CCG
	Margaret Hinchliffe (MH)	Lay member
	Wayne Thomas (WT), Consultant	Plymouth Hospitals NHS Trust
In attendance	Hilary Pearce (HP) – Clinical Effectiveness Pharmacist (For item 5. Lisdexamfetamine)	NEW Devon CCG
Apologies	Amanda Gulbranson (AG), Clinical Effectiveness Lead	Devon Partnership Trust
	Keith Gillespie (KG), GP	NEW Devon CCG
	Steve Cooke (SC), Chief Pharmacist	Plymouth Community Healthcare
	Mark Stone (MS), Community Pharmacist	Devon LPC
	Paul Humphriss (PH), Head of Medicines Management	Torbay and Southern Devon Health and Care NHS Trust

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

2. **Notes of last meeting:**
   The notes of the meeting of 11th July 2014 were agreed

Action list from the previous minutes, not on the agenda:

- To ascertain both CCGs what service is being commissioned in regard to reviewing patients taking drugs for dementia
  - This is being looked into based on an All Wales document that has been produced. There is also work happening in GP practices.
- Contact dieticians regarding agreed common products and form an appropriate list, there needs to be a common list between dieticians within the Trusts.

3. **Atrial Fibrillation**
   Guidance on AF was not included in the merged formularies due to the imminent publication of NICE CG180 on the management of atrial fibrillation in June 2014. EH outlined the updated formulary guidance in line with the NICE.
   Diagnosis and identification: it was agreed not to include this section
   Warfarin: to change the Time in Therapeutic Range (TTR) to 65%
   Action: Define with specialists "new – onset" AF and clarify treatment pathway EH

	for these patients	
4.	**Lipid guidance (formulary statin choice)** Due to the publication of new NICE Lipid clinical guidance (CG181) the management of these patients is being reviewed. This is also being discussed at the CPC due to the implications of the changes being recommended. The committee are being asked to agree the formulary statin choices. NICE recommends the use of high intensity statins of low acquisition cost in both primary and secondary prevention of CVD. There was discussion on the different preparations, rosuvastatin is not mentioned in the guidance other than it is not recommended. It was agreed to remove both rosuvastatin and pravastatin from the formulary. To add notes into the formulary regarding rosuvastatin and why it is no longer recommended. The committee asked that the statement for ezetimibe be strengthened to highlight the patients for whom it would be suitable and that it is not an alternative for patients who cannot tolerate statins. **Actions:** • **Remove pravastatin from the formulary** • **Remove rosuvastatin from the formulary and add in notes for why it is no longer recommended. Circulate notes for agreement by email**	**CW** **PT/CW**
5.	**Lisdexamfetamine** The Clinical Policy Committee (CPC) as accepted the use of lisdexafetamine for the management of ADHD. HP outlined the details of the drug, the commissioning decision and a draft formulary entry. It had been agreed that lisdexamfetamine would only go into the formularies once shared care guidance is available. This has been agreed by the Medicines Optimisation Strategy Group in principle and DPT are writing the guideline.	
6.	**Varenicline** There has been a request from the Torbay Stop Smoking Service to move varenicline to equal first-line in the formulary with NRT products. This was discussed and it was agreed to put 'referral to the Stop Smoking Service' as the green first-line option, with the remaining products all as blue second-line. It was discussed if bupropion could be removed from the formulary. **Action: To report back to the Stop Smoking Services with this decision, to ask if there is a place for bupropion and to amend the formulary accordingly**	**CW**
7.	**Formulary amendments** A list of suggested cost saving amendments to the formulary was presented. It was agreed to: • Add in an alternative brand, Lucette®, to Yasmin® but not remove Yasmin® • Add in an alternative brand, Lizinna®, to Cileste® but not remove Cileste® It was discussed that it was appropriate for when a generic name of a preparation is listed in the formulary, and if there is a cost saving to be made with a particular brand, this change can be made within Medicines Optimisation without the formulary being amended. Using ScriptSwitch® or practice formularies to direct prescribing. If a brand is currently listed in the formulary then any change should be agreed with the	

committee.

8. **Recent drug decisions including NICE**
TA315 Canagliflozin, this has possible primary care prescribing. To be added in as a red, hospital only drug. The process for these NICE TAs to be discussed with the Clinical Effectiveness Team

9. **MHRA Drug Safety Update, August**
This was noted.

Any other business

- Spiriva®, new indication of COPD. This is already in the formulary for asthma. This would need an application to CPC.
- The question was asked about what involvement the FIG should have in requests to GPs for prescribing outside of the formulary. It was agreed that those requests should be referred to the Trust DTC.

Next meeting: Friday 14th November 2014 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ

South and West Devon Formulary Group – Action log

Date	Action	Responsible	Completed
June 13	To bring a revised osteoporosis pathway to future meeting	CW	On the agenda
Dec 13	To brief the committee on brand names for epilepsy treatments when available	IR	
July 14	Contact dieticians regarding agreed common products and form an appropriate list of feeds	CR/CW	Completed
July 14	Growth hormone commissioning arrangements to be confirmed	CR	Completed: not NHS England commissioned, all paid for by the CCGs so differences in services are fine
Sept 14	Atrial Fibrillation: Treatment pathway for new-onset AF patients to be clarified	EH	Completed
Sept 14	Lipid guidance (formulary statin choice) • Remove pravastatin from the formulary • Remove rosuvastatin from the formulary and add in notes for why it is no longer recommended. Circulate notes for agreement by email	 CW CW/PT	 Completed Completed
Sept 14	Varenicline: To report back to the Stop Smoking Services with the decision to put all products as second-line, to ask if there is a place for bupropion and to amend the formulary accordingly	CW	Completed, bupropion to remain