**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 14th November 2014, 2pm – 4.30pm
## The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

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| **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 |
| | Bill Nolan (BN), GP | South Devon & Torbay CCG |
| | Petrina Trueman (PT), Joint Formulary Pharmacist | NEW Devon CCG |
| | Jeremy Morris (JM), 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 |
| | Margaret Hinchliffe (MH) | Lay member |
| | Mark Stone (MS), Community Pharmacist | Devon LPC |
| | Steve Cooke (SC), Chief Pharmacist | Plymouth Community Healthcare |
| **In attendance** | Tony Perkins (TP), Medicines Optimisation Pharmacist (For item 4) | NEW Devon CCG<br>South Devon NHS Trust |
| | Alan Desmond (AD), Consultant Gastroenterologist | NEW Devon CCG |
| | Hilary Pearce (HP), Clinical Effectiveness Pharmacist (For item 13) | |
| **Apologies** | Paul Humphriss (PH), Head of Medicines Management | Torbay and Southern Devon Health and Care NHS Trust |
| | Elena Mercer (EM), Formulary Pharmacist | South Devon NHS Trust |
| | David Gwynne (DG), GP | NEW Devon CCG |

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

2. **Notes of last meeting:**
   The notes of the meeting of 12th September 2014 were agreed

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

- Brand names for epilepsy treatments, it was commented that this issue has been outstanding for some time.
  **Action: to follow up the issue of brand name advice for epilepsy treatments in the formulary.** **IR**
- Lipids: this piece of work is still being consulted on.

**Osteoporosis**

The proposed entry into the formulary was presented and discussed. This piece of work had been conducted across Devon by Stuart Kyle from North Devon District Hospital and circulated to secondary care clinicians in the acute trusts for comment.

- It was agreed to change risedronate from blue to green first-line. It was also agreed to change denosumab from amber to blue second-line. There are on-going discussions about the service currently provided by Torbay Hospital which may be changing to ask GPs to provide denosumab treatment for osteoporosis.

- The comment was made about denosumab now having a license to treat men.
  **Action: to check this licensing of denosumab for men and amend the wording of the guidance accordingly.** **CW**
- The MHRA information on calcium levels and ONJ for patients receiving denosumab has been added.
- Vitamin D, Invita D3 to be added to the formulary. Colecalciferol capsules to be removed from the formulary.

It was agreed to add this clinical guidance to the formulary, aligning the information across Devon.

3. **Melatonin update**
   The background to the proposed formulary entry was given to the meeting. There was discussion about the Drug Tariff costs of the unlicensed liquid preparations. It was agreed to add a note about the preferred option due to cost, 5mg/5ml.
   It was agreed to add these notes to the formulary.

4. **DuoResp Spiromax® inhaler**
   IR and TP declared an interest on behalf of the CCG. Teva are likely to be sponsoring some training on inhaler technique.
   DuoResp Spiromax® is a bioequivalent inhaler to Symbicort® and it is proposed that this be added into the formulary. It is only licensed for adults at the moment. The device is different and may be easier to operate by some individuals. DuoResp Spiromax® cost 20% less than Symbicort®, giving a significant saving opportunity. It was acknowledged that wholesale switching would be difficult as patients, would need to be done at a review of patient's treatment.
   It was agreed that DuoResp Spiromax® be added into the formulary

5. **NICE CKD/Hypertension update**
   NICE published new guidance on CKD, CG182, this needs to be reflected in relevant sections of the formulary.
   NASIDs – to include the renal adverse effects
   Renin-angiotensin system – revised text and monitoring advice
   AF – CG182 recommends apixaban in preference to warfarin in these patients. There is a differing of opinion between renal and haematology clinicians. It was agreed to leave this information until there has been confirmation from the South West Network.
   Bisphosphonates – it was agreed to add information from the SPCs to the monograph for the individual drugs
   Vitamin D – inclusion of guidance in the formulary for prescription of vitamin D in CKD patients
   Aspirin – to add information to the drug monograph and other appropriate places regarding increased bleed risk in CKD patients
   Hypertension – the guidance in the formulary has been reviewed and appropriate information added to the text. New to the S&W formulary would be information on hypertension in pregnancy, diabetic patients and patients with CKD
   It was agreed to add this clinical guidance to the formulary, aligning the information across Devon.

6. **NICE CG184 Dyspepsia**
   This guidance updates that currently in the S&W Formulary. Some amendments were suggested by AD, these were agreed:
   - To remove the diagnosis and treatment information on Barrett's oesophagus
   - To expand the information severe conditions to use the wording in the NICE Guideline 1.6.10
   - There were discussions about the terms full-dose and low-dose PPI.
   - It was agreed to change the wording on continuing treatment to 'the lowest dose which controls symptoms'.

7. **Dermatology Ciclosporin Western Locality shared care**
   Derriford wish to change the brand of ciclosporin used for their patients to Capimune® from Neoral®. The amended shared care guidance was agreed.
   **Action: to email the dermatologists in South Devon Hospital to ask if they are considering changing.** **JM**

8. **TA318 Lubiprostone**
   It is proposed that lubiprostone be categorised as a specialist initiated drug, this was agreed. It was agreed that it was appropriate for treatment to be initiated by a specialist clinician, to remove the words 'with experience of treating chronic idiopathic constipation'. There was discussion about treatment if lubiprostone is not effective after two weeks, it was agreed to amend to wording to indicate that treatment should be stopped, rather than reconsidered. It was suggested that the use of lubiprostone should be monitored in 12 months' time.

9. **TA315 Canagliflozin**
   It is proposed that canagliflozin be categorised as a specialist initiated drug, this was agreed. Notes are to be added to indicate its place in treatment and that it is to be used in line with NICE, although licensed for wider use.

10. **Western Locality Continence Formulary**
    Some amendments to the Continence Formulary have been suggested, these were agreed.
    There was some discussion about a Continence Formulary to cover the South Devon area.

11. **Expanded notes for stopping dementia treatments**
    The Formulary had been approached to increase the information given in this area. It was agreed that this information was very helpful and should be included in the formulary

12. **Oxycodone brand change**
    The secondary care central buying contract has changed to purchasing Lynlor® standard release and Oxylan® for modified release. There was some discussion regarding this and changes that could be made in the formulary to be able to realise savings within primary care. It was agreed to recommend Longtec® modified release and Shortec® standard release. It was asked that a statement be put into the formulary that within secondary care generic prescribing for these items should be used.

13. **Recent drug decisions including NICE**
    - CPC decision to commission second-generation antipsychotic depot injections for schizophrenia. A proposed amended formulary entry was presented where aripiprazole, olanzapine and paliperidone are included in the formulary as red, secondary care only drugs until a service agreement is produced to enable these to be administered in primary care.
      It was noted that pipotiazine is to be discontinued in March, a note to be added that no new patients should be commenced on this treatment.
      It was also noted that, although risperidone is to be no longer commissioned it needs to stay in the formulary for current patients. This was agreed.
      It was asked that the notes on olanzapine be expanded to include the requirement for those prescribing and administering to have completed the appropriate training package. To also include that after administration observation of the patient is required for a period of 3 hours.

14. **MHRA Drug Safety Updates**
    September:
    - Denosumab, these notes have been included in the osteoporosis guidance
    - Nitrofurantoin contraindicated in patients with eGFR less than 45ml/min, this information to be included in the formulary

    October: This was noted.

15. **Unlicensed medication**
    Some expanded notes on unlicensed medication are proposed to be added into the formulary. This was agreed.
    It was also asked that a link to the comprehensive Derriford guidance be added and to any guidance that South Devon Hospital might have.

As this is the last Formulary meeting that Emma Hewitt will be present at, having finished her secondment, she was thanked for all the work she has completed for the formulary.

**Next meeting: Friday 9th January 2015 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ**

**South and West Devon Formulary Group – Action log**

| Date | Action | Responsible | Completed |
|---|---|---|---|
| Dec 13 | To brief the committee on brand names for epilepsy treatments when available | IR | |
| Nov 14 | To follow this issue up. | IR | |
| Nov 14 | Check the licensing of denosumab for men and amend the wording of the guidance accordingly. | CW | Treatment of men would remain within secondary care |
| Nov 14 | To email the dermatologists in South Devon Hospital to ask if they are considering changing from Neoral® to Capimune® | JM | |