

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 January 2015, 2pm – 4.30pm
The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

Present:	Andrew Gunatilleke (AG), Consultant, Chair Iain Roberts (IR), Lead MO Pharmacist Larissa Sullivan (LS), Interface Pharmacist Bill Nolan (BN), GP Petrina Trueman (PT), Joint Formulary Pharmacist Phil Melliush (PM), GP Paul Manson (PLM), Lead MO Pharmacist Carol Webb (CW), Joint Formularies Technician Margaret Hinchliffe (MH) Steve Cooke (SC), Chief Pharmacist David Gwynne (DG), GP Elena Mercer (EM), Formulary Pharmacist	South Devon NHS Trust South Devon & Torbay CCG NEW Devon CCG South Devon & Torbay CCG NEW Devon CCG South Devon & Torbay CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG Lay member Plymouth Community Healthcare NEW Devon CCG South Devon NHS Trust
In attendance	Sarah Human, Palliative Care Consultant (for agenda item 3) Kevin Ashworth, Medicines Optimisation Pharmacist	Rowcroft Hospice South Devon & Torbay CCG
Apologies	Paul Humphriss (PH), Head of Medicines Management Jeremy Morris (JM), Formulary Pharmacist Wayne Thomas (WT), Consultant	Torbay and Southern Devon Health and Care NHS Trust Plymouth Hospitals NHS Trust Plymouth Hospitals NHS Trust
1. Welcome: apologies as noted above.		
2. Notes of last meeting: The notes of the meeting of 14 th November 2014 were agreed		
Action list outstanding from the previous minutes, not on the agenda: <ul style="list-style-type: none"> ○ Brand names for epilepsy treatments: there has not been any agreement on this between the clinicians. The current formulary reflects the MHRA Drug Safety Alerts and it was decided that this is the correct position for the formulary. ○ Denosumab licensing: the treatment of male patients would remain within secondary care. <ul style="list-style-type: none"> ○ Subsequent to the last formulary meeting there were further discussions. Contact from the LMC has resulted in the proposed change across Devon to be postponed and it is due to be discussed at the Medicines Optimisation Strategy Group on the 14th January. *See post meeting note in the notes of the meeting of 13th March 2015 ○ The work to enable the prescribing to move from secondary to primary care in South Devon and Torbay CCG is progressing 		
3. Palliative Care Chapter During the merge of the two formularies it was realised that both of the Palliative Care Chapters needed a more complete review. The presented chapter is a result of this; the majority is a combined formulary with some locally developed guidance.		

Treatment of pain:

- Transmucosal fentanyl preparations; both of the Hospices use either Effentora® or Abstral®. It was decided to remove Actiq® and replace it with Abstral®.
- Transdermal buprenorphine; although Transtec® is not in the formulary it was asked that a warning is put into the text to highlight the different dosage interval.
- Neuropathic pain; there is a link to the main chapter page and details on dosages for gabapentin and pregabalin in renal impairment. There was some discussion about twice a day dosing.

Nausea and vomiting:

- There was discussion about the warnings on metoclopramide and domperidone and long term treatment. This has been widely discussed in Palliative Care services and some notes have been added to advise prescribers

Oropharyngeal problems:

- Dry mouth; there were discussions on the products available in the formulary and it was decided to remove BioXtra® gel and to add in Oralieve® gel. There had also been a request from the South Devon Speech and Language clinicians for Oralieve® to be added.
- Oral ulceration; Orabase® and Orahesive® are no longer used so these have been removed. Gelclair® and MuGard® have been added.

Care of the dying person:

- Some additional text is to be added explaining what happened to the Liverpool Care Pathway and a link to national guidance

The revised Palliative Care Chapter was agreed for addition into the formulary. Sarah Human and her colleagues were thanked for the work that had been done to achieve this.

4. Hypnotics

Due to Devon Partnership Trust removing temazepam from their guidance, and the cost of temazepam there was discussion on removing it from the formulary. It was agreed that it could be removed from primary care prescribing, but that it was still required in the acute trusts. It was agreed to change the status of temazepam from amber to red (hospital only). It was also agreed to remove loprazolam.

5. Folic acid in pregnancy - amendment

It had been noted that the Royal College of Obstetrics and Gynaecology had updated their guidance on women taking folic acid. Women with a BMI of 30 or greater are advised to take 5mg.

The amended formulary entry, with some amendments, was agreed

6. Hypurin® insulins

It was agreed to add the range of porcine and bovine insulins into the formulary

7. Alprostadil preparation

Due to a current shortage of Caverject® we have been asked to add a new cream (Vitaros®) formulation to the formulary. An application has also been made to the North and East Formulary. It was agreed to postpone a decision on this and for the

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

appropriateness of the product to be assessed properly.

Action: Alprostadil cream to be added to the next agenda

8. Fostair® Nexthaler

We have been asked to consider adding the new device, Fostair® Nexthaler to the formulary. This was discussed and it was decided that more information is required. Fostair® is not currently in the North and East Formulary and an application is to be considered at the next meeting. It was agreed to add Fostair® Nexthaler and the licensing of the original Fostair® for COPD into that discussion, and to bring back to the next South and West meeting.

Action: Fostair® Nexthaler and Fostair® for COPD to be added to the next agenda

9. Generic pregabalin

The meeting was made aware that due to some of the patent expiry there may be some generic preparations available on the market. It was agreed for the formulary to remain unchanged as there are currently no generic preparations available.

10. Recent drug decisions including NICE

These were noted

11. MHRA Drug Safety Updates

November: this was noted

December:

- Ivabradine in the treatment of angina, risk of cardiac side effects. It was agreed to add the notes into the formulary

Next meeting: Friday 13th March 2015 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ

South and West Devon Formulary Group – Action log

Date	Action	Responsible	Completed
Nov 14	To ask the dermatologists in South Devon Hospital to ask if they are considering changing from Neoral® to Capimune®	EM	
Jan 15	Alprostadil cream to be added to the next agenda		On the agenda
Jan 15	Fostair® Nexthaler and Fostair® for COPD to be added to the next agenda		On the agenda