

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

Wednesday 8th July 2015, 2pm – 4.30pm

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

Present:	<p>Andrew Gunatilleke, Consultant, Chair</p> <p>Andy Craig, GP</p> <p>Amanda Gulbranson, Clinical Effectiveness Lead</p> <p>Phillipa Hawkins, Matron</p> <p>Margaret Hinchliffe</p> <p>Matt Howard, Clinical Evidence Manager</p> <p>Paul Manson, Lead MO Pharmacist</p> <p>Phil Melliush, GP</p> <p>Elena Mercer, Formulary Pharmacist</p> <p>Jeremy Morris, Formulary Pharmacist</p> <p>Bill Nolan, GP</p> <p>Iain Roberts, Lead MO Pharmacist</p> <p>Larissa Sullivan, Interface Pharmacist</p> <p>Petrina Trueman, Joint Formularies Pharmacist</p> <p>Carol Webb, Joint Formularies Technician</p>	<p>South Devon NHS Trust</p> <p>NEW Devon CCG</p> <p>Devon Partnership Trust</p> <p>Torbay and Southern Devon Health and Care NHS Trust</p> <p>Lay member</p> <p>NEW Devon CCG</p> <p>NEW Devon CCG</p> <p>South Devon & Torbay CCG</p> <p>South Devon NHS Trust</p> <p>Plymouth Hospitals NHS Trust</p> <p>South Devon & Torbay CCG</p> <p>South Devon & Torbay CCG</p> <p>NEW Devon CCG</p> <p>NEW Devon CCG</p> <p>NEW Devon CCG</p>
In attendance	Dr Lee Dobson, Consultant (for agenda item 6)	South Devon NHS Trust
Apologies	<p>Steve Cooke, Chief Pharmacist</p> <p>Lynda Price, Head of Medicines Optimisation</p> <p>Amanda Pell, Pharmaceutical Advisor</p> <p>Georgina Praed, Head of Prescribing and Medicines Optimisation</p>	<p>Plymouth Community Healthcare</p> <p>Torbay and Southern Devon Health and Care NHS Trust</p> <p>Kernow CCG</p> <p>Kernow CCG</p>
1.	<p>Welcome: apologies as noted above.</p> <p>The meeting was informed that a GP replacement for Dr David Gwynne is being considered.</p>	
2.	<p>Notes of last meeting:</p> <p>The notes of the meeting of 13th May 2015 were agreed.</p> <p>Declarations of interest:</p> <p>Dr Lee Dobson: lecture fees and training from GSK</p> <p>Matt Howard: In a previous post, attended CPD events sponsored by various companies</p>	
3.	<p>Proposed introduction of a change in FIG process</p> <p>A proposal to introduce a bi-monthly virtual <i>eFIG</i> process to be run in the months when there is no scheduled face to face FIG meeting has been made. Although bi-monthly face to face meetings are proportionate for the majority of clinical discussions they may inadvertently affect the speed with which potential efficiency measures can be adopted. Specifically relating to the adoption of "preferred brands" which may bring savings by the promotion particular brands. The process is outlined in the paper presented; papers would be presented to the committee by email for a two week period of consultation. Replies would be co-ordinated and considered by the chair and a decision made. Items can be deferred to the next face to face meeting as appropriate. Members would be encouraged to reply to these emails and were reminded that a 'no response' would be taken to be agreement with the proposals. The decisions would then be noted at the following face to face meeting.</p> <p>It was agreed to pilot this process for 4 to 6 months.</p>	

4. **Proposed changes to formulary products**

- **Concerta® XL to Xenidate® XL:** There is a potential cost reduction in prescribing of £69,000 per year across the NEW Devon CCG. Only the 18mg and 36mg are available as Xenidate® XL. Devon Partnership Trust and Plymouth Community Healthcare are agreeable to this change. It was agreed to add Xenidate® XL as an additional brand to the formulary. It was asked that the methylphenidate entry be split into the release characteristics.

Action: to add Xenidate® XL to the formulary and split the entry to refer to the release characteristics

CW

- **Galantamine preferred brand, Luventa® XL:** To change prescribing to the brand Luventa® XL would give a potential cost reduction of £48,000 across NEW Devon CCG. It was noted that galantamine is rarely prescribed due to the cost, alternative preparations are prescribed. It was agreed to add Luventa® XL.

Action: to add Luventa® XL as the preferred brand

CW

- **Octasa®:** The proposal to add Octasa® into the formulary, in addition to Asacol® was agreed. The Gastroenterologists at PHNT raised no objection to this, Lucy Wessels from SD&T CCG was checking with South Devon.

Action: to add Octasa® to the formulary. To check with Lucy Wessels for any reply from the South Devon & Torbay Gastroenterologists

CW

- **Stavelo® to Sastravi®:** It is proposed that Stavelo® is replaced in the formulary by Sastravi®. This would give an approximate saving of £55,000 across Devon over 12 months. PHNT, PCH specialists have been contacted regarding this change and are happy with this change. The national contract brand for the acute trusts is Sastravi®. It was agreed to add Sastravi® into the formulary and remove Stavelo®.

Action: to add Sastravi® to the formulary and remove Savelo®. To contact the specialists in South Devon and Torbay regarding this change

CW

- **Ropinirole MR preferred brand, Eppinix® XL:** Eppinix® XL is a branded version of ropinirole MR. Eppinix® XL is half the cost and would give savings of approximately £71,000 annually for NEW Devon CCG. PHNT, PCH specialists have been contacted regarding this change and are happy with this change. It was noted that the hospital purchasing contract preferred products are different from the formulary choices. It was agreed to add Eppinex® XL to the formulary.

Action: to add Eppinix® XL to the formulary. To contact the specialists in South Devon and Torbay regarding this change

CW

Assurance was given by Medicines Optimisation that the products above demonstrated bioequivalence.

There was an opinion expressed in regard to chasing branded generics as it is felt that they may cause increased cost pressures in the NHS elsewhere. It was noted that the Devon LPC understands the realistic cost pressures the NHS in Devon is under.

Assurance was given that the Medicines Optimisation Teams are focussing on those with guaranteed, significant, savings.

6.	<p>Formulary applications</p> <ul style="list-style-type: none"> • Duaklir® and Ultibro®: These inhalers are combinations of preparations already in the formulary. They would be for use in patients requiring combination LABA/LAMA treatment. This would aid compliance with treatment and is also a cheaper way of prescribing the combination. Dr Dobson commented that currently there is inappropriate prescribing of LAMA/ICS combination and that these combinations would encourage use of LABA/LAMA combination. It was noted that the Respiratory section of the formulary is currently being reviewed and that the position of these treatments in a treatment pathway would be made clear. Dr Tim Howell at PHNT had been contacted and is agreeable with the addition of these inhalers. Action: Duoklir® and Ultibro® to be added to the formulary • Sirdupla®: this is a combination inhaler containing salmeterol and fluticasone, available in two strengths (25 microgram/125mg and 25 microgram/250 microgram per metered dose). It is proposed to add this in addition to Seretide®. Significant savings could be made for both CCGs if Sirdupla® were prescribed in place of Seretide®. It was noted that a rebate scheme is being currently offered by GSK. It was agreed to add Sirdupla®. Action: to add Sirdupla® to the formulary 	<p>CW</p> <p>CW</p>
5.	<p>ADHD Shared care guidelines</p> <p>Lisdexamfetamine was approved for addition to the formularies once a shared care guideline was agreed. The suite of shared care guidelines, including lisdexafetamine, has been revised and was presented to the meeting.</p> <p>There was significant discussion regarding the service provision for ADHD patients over 18 years of age.</p> <p>There were concerns expressed in regard to the changes in GP responsibilities and the funding for those changes.</p> <p>These shared care guidelines were not agreed</p> <p>Actions:</p> <ul style="list-style-type: none"> • To contact Jo Roberts regarding the level of GP decision making, should it be discussed at JUMOG and/or CPC • To review the action required when there are changes in the patient's condition • To check the funding for shared care across both CCGs 	<p>AG</p> <p>AmG</p> <p>LS</p>
7.	<p>Measuring prolactin in patients taking antipsychotics</p> <p>This guidance was in the Plymouth Formulary and has been revised by the South West Endocrinologists. There was discussion regarding measuring prolactin. The document was agreed in principle with some minor amendments to be made.</p> <p>Action: to check this with the CCG pathology group</p>	<p>PT</p>
8.	<p>Amitriptyline, overdose/suicide risk</p> <p>This was discussed and it was agreed that the current notes in the formulary be amended to include self-harm. To consider putting a similar statement in the opioids section.</p>	
9.	<p>PPI dispersible tablets</p> <p>The information regarding the use of dispersible PPI tablets and/or omeprazole liquid (non-formulary) to be expanded.</p>	
10.	<p>MST 5mg tablets</p> <p>Since the change from MST® to Zomorph® there are occasions within secondary care for the use of the 5mg MST® which is not available in Zomorph®. It was agreed to add these as a red, hospital only preparation.</p>	

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

11.	Recent drug decisions including NICE Noted
12.	MHRA Drug Safety Updates <ul style="list-style-type: none"> • May: nothing to add • June: to add notes regarding SGLT2 inhibitors, high-dose ibuprofen and uterine perforation risks with IUCD
AOB	The availability of Pivmecillinam from community pharmacy was discussed
Next meeting: Wednesday 9th September 2015 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ	

South and West Devon Formulary Group – Action log			
Date	Action	Responsible	Completed
Mar 2015	Guidance on infant feeds to be considered at a future meeting	CW	Ch 9 Nutrition on the review work plan
Jul 2015	ADHD Shared Care: To contact Jo Roberts regarding the level of GP decision making, should it be discussed at JUMOG and/or CPC	Andrew G	
	To review the action required when there are changes in the patient's condition	Amanda G	
	To check the funding for shared care across both CCGs	LS	
Jul 2015	To check the proposed measuring prolactin guidance with the CCG pathology group	PT	