

**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 13th March 2015, 2pm – 4.30pm

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

Present:	<p>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) David Gwynne (DG), GP Elena Mercer (EM), Formulary Pharmacist Jeremy Morris (JM), Formulary Pharmacist Matt Howard (MH), Clinical Evidence Manager</p>	<p>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 NEW Devon CCG South Devon NHS Trust Plymouth Hospitals NHS Trust NEW Devon CCG</p>
In attendance	<p>Tony Maggs, Microbiology Care Consultant (for agenda item 3) Stephen Mills, Clinical Nurse Specialist (for agenda item 6) Roz Gittins, Lead Clinical Pharmacist (South West) (for agenda item 6)</p>	<p>South Devon NHS Trust Torbay Drug and Alcohol Service Addaction</p>
Apologies	<p>Steve Cooke (SC), Chief Pharmacist Paul Humphriss (PH), Head of Medicines Management Lynda Price, Interim Head of Medicines Optimisation Chris Sullivan, Pharmacist Phillipa Hawkins, Matron Amanda Gulbranson, Clinical Effectiveness Lead</p>	<p>Plymouth Community Healthcare Torbay and Southern Devon Health and Care NHS Trust Torbay and Southern Devon Health and Care NHS Trust Devon Partnership Trust Torbay and Southern Devon Health and Care NHS Trust Devon Partnership Trust</p>
1. Welcome: apologies as noted above.		
2. Notes of last meeting: The notes of the meeting of 9 th January 2015 were agreed. It was noted that, subsequent to the meeting, the delay in denosumab being prescribed within GP practices is due to being unable to identify funding streams.		
Action list outstanding from the previous meeting:		
<ul style="list-style-type: none"> ○ Denosumab: Funding/cost is delaying denosumab moving from secondary to primary care prescribing. The issue has been passed onto the Medicines Optimisation Commissioning Strategy Group who discussed this and required further financial information to be provided ○ Neoral® to Capimune®: This change is not being done in South Devon NHS Trust for dermatology patients 		

<ul style="list-style-type: none"> ○ Pregabalin: A letter has been sent out to from NHS England advising on the licensing and generic prescribing. It was agreed to put appropriate wording as suggested in the letter into the formulary.
<p>3. Antimicrobial review</p> <p>Public Health England (PHE) revised their antibacterial advice (previously the HPA guidance); NICE issued a clinical guideline on pneumonia. These prompted a review of this section. Microbiologists from PHNT, Jim Grieg, and SDHNFT, Tony Maggs, were consulted in this review.</p> <ul style="list-style-type: none"> • Acute rhinosinusitis: it was agreed to keep in clarithromycin for children and those with penicillin allergy • Community acquired pneumonia: amended notes from NICE CG191 were agreed • Meningitis: agreed to have ceftriaxone listed as an alternative to benzylpenicillin • Uncomplicated UTI: agreed to amend the first-line treatment to nitrofurantoin and second-line to trimethoprim as in the PHE advice • UTI in pregnancy: agreed the antibiotic choices, different to the PHE advice • UTI in children: in lower UTI cefalexin is added as an alternative. In upper UTI cefixime is added for children with penicillin allergy • C. difficile: there was discussion about ensuring the availability of vancomycin. It was agreed to re-word the advice • Epididymitis: advice has been added • Pelvic inflammatory disease: current choices to remain although different to the PHE advice • Cellulitis: to remove the information on outpatient treatment, adding information on the services to contact in severe cases • Oral and dental infections: to add the contact numbers for the emergency dentist service. <p>Action: revised section to be added to the formulary and the quick reference guide updated CW</p>
<p>6. Nalmefene NICE TA325</p> <p>Nalmefene has been added to the formulary in line with the NICE TA, as a specialist input (amber) drug. It is for those patients who wish to reduce their alcohol consumption rather than abstinence. The requirement for it to be prescribed together with psychosocial support was discussed and the availability of this support. There were also extensive discussions on who should prescribe nalmefene and that prescribing just by specialist services may delay access.</p>
<p>4. Jaydess®</p> <p>Jaydess® was approved for use by the Clinical Policy Committee. Its position in the formulary was discussed. It was agreed to add this to the formulary and to make both Jaydess® and Mirena® first-line preparations, in line with NICE recommendations on LARC. The notes in the formulary will highlight the licensing differences of the two products.</p>
<p>5. Alprostadil cream</p> <p>An application was made to add to the formulary Vitaros® cream, new form of</p>

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

alprostadil. Alprostadil is in the formulary as an additional option for patients who are not suitable for treatment with a PDE-5 inhibitor. It would be in addition to Caverject®, which is currently unavailable. Its use would not totally replace the injectable alprostadil but may be the preferred treatment for first-time patients. The use of this product should be cost neutral, possibly cost saving. It was agreed to add Vitaros® to the formulary as a specialist input (amber) drug.

7. Treatments for actinic keratosis

The formulary group has been asked to consider removing diclofenac 3% gel and changing ingenol mebutate gel to a first-line treatment. Both PHNT and SDHNFT dermatology departments are in agreement. This change in the formulary was agreed

8. Fostair® proposal

Fostair® has now a licence for treatment of COPD; this will be amended in the formulary. Fostair NEXThaler® which is only licensed for asthma. Was also considered. It was agreed to add Fostair NEXThaler®, subject to a future review of formulary products.

9. Carmize® 0.5%

The current formulary choice of carmellose preservative free is Celluvisc®. Carmize® would appear to be more cost effective as the vial can be kept for 12 hours after opening. This cost saving is dependent on the frequency of use and patients using the preparation correctly. If a patient is requesting more than 30 each month this is to be questioned or an alternative product prescribed. This to be noted in the formulary. It was agreed to add Carmize®.

10. Magnesium preparations

There is now a licensed magnesium preparation available, Magnaspartate®. It was agreed to add this to the formulary and remove the unlicensed preparations.

11. Wound management change

Tissue viability has asked that UrgoClean and Hydrosorb Comfort be added to the formulary. Sorbsan to be changed to hospital only. This was all agreed.

12. Quetiapine

It was agreed to add Zaluron® XL to the formulary as an alternative to Seroquel® XL. This has potential savings of £250,000 for the CCG. Both Devon Partnership Trust and Plymouth Community Healthcare are happy with this change.

13. Esomeprazole granules

Esomeprazole granules were included in formulary as the only licensed preparation for use via nasogastric tubes. Lansoprazole is now also licensed for use in naso-gastric tubes. The notes in the formulary to be amended and esomeprazole removed from the formulary

14. Recent drug decisions including NICE

These were noted

15. MHRA Drug Safety Updates

January:

- To check and expand if necessary the notes on valproate and pregnancy
- To add the notes regarding mycophenolate

February:

- To add the notes regarding tiotropium

Any other business

- **Neditol® XL:** it was agreed to add this as the preferred brand of tolterodine 4mg MR. Gives a saving of approximately 50%
- **Prostap 11.25mg:** A request to add this has been made.
Action: To be added to the next meeting agenda
- There was discussion about prescribing of drugs that that have been turned down by the CPC. These are noted in the formulary, there is a system in place to allow some prescribing within secondary care. To be discussed at next week's CPC meeting
- **Infant feeds:** There is guidance in the North and East Formulary.
Action: this to be looked at for a future meeting
- There was discussion about the addition of new products and what the application process should be

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

South and West Devon Formulary Group – Action log

Date	Action	Responsible	Completed
March 2015	To look at the addition of Prostap 11.25mg into the formulary	PT	On the agenda
March 2015	Guidance on infant feeds to be considered at a future meeting	CW	Chapter 9 Nutrition on the review workplan