

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 May 2015, 2pm – 4.30pm

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

Present:	Chris Roome, Head of Clinical Effectiveness, Chair Iain Roberts (IR), Lead MO Pharmacist Andy Craig (AC), GP Margaret Hinchliffe (MH) Matt Howard (MH), Clinical Evidence Manager Paul Manson (PLM), Lead MO Pharmacist Sarah Marner (SM), Interface Pharmacist Phil Melliush (PM), GP Elena Mercer (EM), Formulary Pharmacist Jeremy Morris (JM), Formulary Pharmacist Bill Nolan (BN), GP Larissa Sullivan (LS), Interface Pharmacist Petrina Trueman (PT), Joint Formularies Pharmacist Carol Webb (CW), Joint Formularies Technician	NEW Devon CCG South Devon & Torbay CCG NEW Devon CCG Lay member NEW Devon CCG NEW Devon CCG NEW Devon CCG South Devon & Torbay CCG South Devon NHS Trust Plymouth Hospitals NHS Trust South Devon & Torbay CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG
In attendance	Karen Sampson (KS), Fracture Liaison Nurse (for agenda item 6) David Bearman (DB), Community Pharmacist	Torbay and Southern Devon Health and Care NHS Trust
Apologies	Andrew Gunatilleke (AG), Consultant Steve Cooke (SC), Chief Pharmacist Lynda Price, Interim Head of Medicines Optimisation Phillipa Hawkins, Matron Amanda Gulbranson, Clinical Effectiveness Lead	South Devon NHS Trust Plymouth Community Healthcare Torbay and Southern Devon Health and Care NHS Trust Torbay and Southern Devon Health and Care NHS Trust Devon Partnership Trust
1.	Welcome: apologies as noted above. Chris Roome kindly agreed attend and to chair the meeting in the absence of Andrew Gunatilleke David Gwynne has resigned from the committee	
2.	Notes of last meeting: The notes of the meeting of 13 th March 2015 were agreed.	
	Action list outstanding from the previous meeting:	
	<ul style="list-style-type: none"> Prostap® 11.25mg: the addition of this into the formulary for endometriosis was looked into. Specialists from both Acute Trusts have been asked and within PHNT Prostap® is no longer used, SDHNFT have no objection to it being removed from the formulary. 	
	Action: to remove leuprorelin from the formulary	CW
6.	Proposed changes to formulary products (part 1)	
	<ul style="list-style-type: none"> Calcium and vitamin D preparations: the proposal to replace the current formulary tablet choices with less costly Accrete®-D3 and TheiCal® was discussed. Concerns were expressed by KS regarding this change, palatability issues for patients and the size of the once daily tablet. 	

<p>IR highlighted a declaration of interest, in that there is a rebate scheme currently being offered for Adcal® D3.</p> <p>It was noted that the hospital purchasing contract preferred products are different from the proposed formulary choices.</p> <p>It was agreed not to remove any products, but to add into the formulary Accrete®-D3 as the first-line choice of calcium and vitamin D.</p> <p>Action: to add Accrete®-D3 into the formulary</p>	CW
<p>3. Addition of lixisenatide</p> <p>The Clinical Policy Committee has approved the addition of lixisenatide to the Devon formularies. It had previously been turned down in July 2013 due to concerns with pancreatic safety; these safety concerns have now been resolved. Lixisenatide will be added to the formulary.</p> <p>It was noted that NICE are due to issue revised diabetic treatment guidance in August. This section is therefore scheduled for a review at this point.</p> <p>Action: lixisenatide to be added to the formulary</p>	CW
<p>4. Measuring prolactin in patients taking antipsychotics</p> <p>This item was postponed to the next meeting</p>	
<p>5. Review: Chapter 7 Obs. Gynae</p> <p>This section of the formulary has been reviewed.</p> <ul style="list-style-type: none"> • 7.1.1: Dinoprostone vaginal tablets 3mg are no longer used – removed • 7.3 Contraception guidance: this information has been updated • 7.3.1: the products in this section have been ordered such that the less costly products are first-line, the main brands are to remain in the formulary but as second-line choices • Evra®: the accuracy of the age criteria in the notes to be checked and amended if needed. <p>The changes to this section were agreed</p> <p>Action: the formulary to be updated</p>	CW
<p>6. Proposed changes to formulary products (part 2)</p> <p>There was discussion regarding branded generic drug switches and the Drug Tariff category M and C.</p> <p>It was noted that the hospital purchasing contract preferred products are different from the formulary choices and that these are prescribed generically.</p> <p>Action: appropriate notation to be made in the formulary regarding primary care preferred brands.</p> <ul style="list-style-type: none"> • Brand for metformin MR: To change prescribing to the brand Sukkarto® MR would give a potential cost reduction of £110,000 across the CCG. This was agreed. • Brand for venlafaxine MR: To change prescribing to the brands Vensir® XL and Venlablue® XL would give a potential cost reduction of £500,000 across the CCG. Venlablue® XL has the full license of conditions, Vensir® XL is not licensed for generalised anxiety disorder, but the product gives the greater saving potential. It was proposed to add Vensir® XL to the formulary and to note the licensing and that for GAD Venlablue® XL is licensed. This was agreed 	CW

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Assurance was given by Medicines Optimisation that the products above demonstrated bioequivalence.		
Action: the agreed branded products to be added to the formulary		CW
Due to time constraints and late submission of information from DPT the remaining proposed brand changes will be carried over to the next agenda		
7.	Biosimilar infliximab The addition of biosimilar products for infliximab was noted and agreed.	
8.	MST 5mg tablets Carried over to a future agenda	
9.	Bimataprost 300 microgram discontinuation The ophthalmologists at PHNT and SDHNFT are happy for patients to be switched to bimataprost 100 microgram.	
10.	PPI dispersible tablets Carried over to a future agenda	
11.	Amitriptyline: to add the unlicensed indication of irritable bowel syndrome, NICE CG61 Carried over to a future agenda	
12.	Continence formulary – South Specialists within South Devon are happy to adopt the current Western Locality Continence Formulary	
13.	Recent drug decisions including NICE Deferred to next meeting	
14.	MHRA Drug Safety Updates Deferred to next meeting	
Next meeting: Wednesday 8th July 2015 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ		

South and West Devon Formulary Group – Action log			
Date	Action	Responsible	Completed
March 2015	Guidance on infant feeds to be considered at a future meeting	CW	Chapter 9 Nutrition on the review work plan, to be considered at that point