

**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 11th November 2015, 2pm – 4.30pm
The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ**

Present:	Andrew Gunatilleke, Consultant, Chair Steve Cooke, Chief Pharmacist Matt Howard, Clinical Evidence Manager Paul Manson, Lead MO Pharmacist Elena Mercer, Formulary Pharmacist Jeremy Morris, Formulary Pharmacist Bill Nolan, GP Rebecca Perkins, MO Pharmacist Iain Roberts, Lead MO Pharmacist Larissa Sullivan, Interface Pharmacist Petrina Trueman, Joint Formularies Pharmacist Carol Webb, Joint Formularies Technician	South Devon NHS Trust Plymouth Community Healthcare NEW Devon CCG NEW Devon CCG South Devon NHS Trust Plymouth Hospitals NHS Trust South Devon & Torbay CCG Kernow CCG South Devon & Torbay CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG
In attendance	Jeanne Smith, MO Practice Pharmacist	South Devon & Torbay CCG
Apologies	Andy Craig, GP Phillipa Hawkins, Matron Amanda Gulbranson, Clinical Effectiveness Lead Margaret Hinchliffe Phil Melliush, GP Mark Stone, Community Pharmacist	NEW Devon CCG Torbay and Southern Devon Health and Care NHS Trust Devon Partnership Trust Lay member South Devon & Torbay CCG Devon LPC
1.	Welcome: apologies as noted above.	
2.	Notes of last meeting: The notes of the meeting of 8 th September 2015 were agreed. Declarations of interest: Matt Howard: In a previous post, attended CPD events sponsored by various companies	
3.	Action list from previous meetings <ul style="list-style-type: none"> • South and West wound management meetings, formulary representation has been agreed. The ordering of the combination corticosteroid inhalers in the formulary was questioned. It was agreed to put a comment into the formulary that they are ordered primarily by cost and that the two green products, Fostair® and Duoresp Spiromax® are the less costly. 	
4.	Proposed changes to formulary products <ul style="list-style-type: none"> • Gapapentin liquid 50mg/mL: the proposed addition of this was discussed and it was agreed, due to the cost and limited requirement in primary care, that it should be a red (hospital only) drug • Fusidic acid eye drops: due to the significant rise in the cost of this preparation its place in the formulary was considered. The ophthalmologists in Plymouth and Torbay have been contacted and made comment. It was agreed not to remove fusidic acid eye drops but to change its use to hospital only (red) • Imipramine – neuropathic pain: due to the cost of nortriptyline it was agreed to add imipramine to the first-line treatments for neuropathic pain as an alternative to 	

amitriptyline. It was also agreed to change nortriptyline to an amber (specialist) drug so that it is still available for the pain specialists to recommend if needed.

5.

Product applications

- **Renacet®:** An application has been received to add into the formulary Renacet® as an alternative to Phosex®. Its cost is less than Phosex®, the tablets are smaller and taste more pleasant which it is hoped would aid compliance.

There was discussion about the commissioning of these treatments for renal patients. Currently the service is commissioned by NHS England; it is unclear if phosphate binding drugs are included in this.

It was agreed to add Renacet® into the formulary as a red (hospital only) drug until there is clarification on the commissioning arrangements.

Action: to contact Jess Miller, Tracey Williams and the interface pharmacists to clarify the commissioning arrangements for renal services

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- **PolyMem®:** PolyMem® products are currently in the North and East Devon Formulary, tissue viability services would like these to be added to the formulary. This was agreed.
- **Compression garments:** These products are currently in the North and East Devon Formulary, tissue viability services would like these to be added to the formulary. This was also agreed.
- **Kerra-pro®:** This application was re-submitted with more information on its use in patients at risk of developing pressure ulcers. It was agreed to add this product to the formulary

6.

PHNT Bowel cleansing preparations

To increase the safety when supplying patients with these preparations it was agreed to put a link into the formulary to the ordering information for Derriford Hospital, which GPs are required to use. Information on the process for Torbay Hospital to be added when available.

7.

Formulary entry: Botulinum toxin for chronic anal fissure

Following the Clinical Policy Committee's decision to commission botulinum toxin for anal fissure, following failure of topical treatments, the formulary entry has been revised to reflect this. This was agreed to be amended.

8.

Chapter 14: Immunisation and vaccines - review

This chapter has been reviewed.

It was asked that the links to the PGDs are added into the chapter so that there is one place for prescribers to find this information, this was agreed.

9.

Chapter 8: Malignant disease – review

This chapter has been sent to the Cancer Services Pharmacists in both Trusts for comment. The cancer Drugs Fund list products have been checked and the recent deletions made.

There was discussion about the current availability of shared care guidelines that are not part of the agreed shared care guidelines for which payments are made. Should these guidelines be incorporated into the formulary guidance?

Action: to enquire from Prescribing Control about the shared care guidelines for treatments that are not part of the agreed list.

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10.	<p>NOAC for DVT</p> <p>The current formulary entry has been reviewed in the light of the suite of NICE TAs and also the local DVT pathways, and also the place of warfarin in treating DVT. There was discussion about the costs of treatment with NOACs compared to warfarin.</p> <p>It was asked if the same information is to be part of the Atrial Fibrillation guidance, it was commented that the South West Cardiovascular Strategic Network guidance is being reviewed at the moment and the formulary guidance will be revised accordingly.</p> <p>Changes to the recommendations in the guidance were suggested and the guidance was agreed to go into the formulary once these amendments have been made.</p> <p>It was agreed that all the NOACs and warfarin should be included as green (first-line) drugs in line with the NICE TAs.</p>
11.	<p>Monitoring recent changes to preferred brand choice</p> <p>Information on some of the saving made to date on the preferred brand changes that have recently been made in the formulary. This gives re-assurance that the changes are being effective in decreasing spend.</p>
12.	<p>Position statement on biosimilars</p> <p>Due to the increasing availability of biosimilar preparations and their possible inclusion into the formulary it is proposed to put into the formulary a statement about these preparations. This can then be referred/ linked to when these preparations are included into the formulary. This was agreed to be added.</p>
13.	<p>Recent drug decisions including NICE</p> <p>These were noted</p>
14.	<p>MHRA Drug Safety Updates</p> <ul style="list-style-type: none"> • September: nothing to add • October: to add the information about mirabegron and the severe risk of hypertension and associated cerebrovascular and cardiac events.
<p>Next meeting: Wednesday 9th January 2016 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ</p>	

South and West Devon Formulary Group – Action log			
Date	Action	Responsible	Completed
Sep 2015	to ask the specialists if there any of the drugs for urinary frequency which could be removed from the formulary and to ask for their comments on this section of the formulary	PT	Draft section on the meeting agenda
Nov 2015	to contact Jess Miller, Tracey Williams and the interface pharmacists to clarify the commissioning arrangements for renal services	LS	Complete
Nov 2015	to enquire from Prescribing Control about the shared care guidelines for treatments that are not part of the agreed list	LS	