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

Present:	Andrew Gunatilleke, Consultant, Chair	South Devon NHS Trust
	Andy Craig, GP	NEW Devon CCG
	Amanda Gulbranson, Clinical Effectiveness Lead	Devon Partnership Trust
	Margaret Hinchliffe	Lay member
	Matt Howard, Clinical Evidence Manager	NEW Devon CCG
	Phil Melluish, GP	South Devon & Torbay CCG
	Elena Mercer, Formulary Pharmacist	South Devon NHS Trust
	Jeremy Morris, Formulary Pharmacist	Plymouth Hospitals NHS Trust
	Bill Nolan, GP	South Devon & Torbay CCG
	Rebecca Perkins, MO Pharmacist	Kernow CCG
	Iain Roberts, Lead MO Pharmacist	South Devon & Torbay CCG
	Mark Stone, Community Pharmacist	Devon LPC
	Larissa Sullivan, Interface Pharmacist	NEW Devon CCG
	Petrina Trueman, Joint Formularies Pharmacist	NEW Devon CCG
	Carol Webb, Joint Formularies Technician	NEW Devon CCG
In attendance	Dr Elizabeth Batalla-Duran, SpR	South Devon NHS Trust
	Graham Parsons, MO Pharmacist	NEW Devon CCG
Apologies	Steve Cooke, Chief Pharmacist	Plymouth Community Healthcare
	Lynda Price, Head of Medicines Optimisation	Torbay and Southern Devon Health and Care NHS Trust
	Phillipa Hawkins, Matron	Torbay and Southern Devon Health and Care NHS Trust
	Paul Manson, Lead MO Pharmacist	NEW Devon CCG

1. **Welcome:** apologies as noted above.

2. **Notes of last meeting:**
The notes of the meeting of 8th July 2015 were agreed.
Declarations of interest:
Matt Howard: In a previous post, attended CPD events sponsored by various companies
Iain Roberts: SDTCCG has a joint working agreement with Teva

3. **Action list from previous meetings**
- ADHD Shared Care Guidelines:
  - A series of meetings have been arranged to look at shared care as a whole, to aim to un-pick the finances and to look at the level of responsibilities. The first meeting is on Tuesday 15th September. In the meantime the established ADHD shared care remain in place, the guideline for lisdexamfetamine is not agreed
  - In the draft guidelines the GP monitoring and the actions to be taken has been re-worded
- Measuring prolactin in patients taking antipsychotics
  - Pathology group to be contacted

4. **Proposed changes to formulary products**
- **Tildiem® 60mg preferred brand of diltiazem 60mg:** currently there is no preferred brand for diltiazem 60mg. If prescribing changed to Tildiem® there is a

potential reduction of approximately £59,460 per annum. This was agreed

Action: to add Tildiem® 60mg to the formulary. **CW**

Wound management products

There was discussion about the need to have more information about these applications, including expected increase or decrease in costs. The request was made that declarations of interest should be required.

- **Flaminal® Hydro, Flaminal® Forte**
  This was not agreed for addition to the formulary. Information on the anticipated usage both in primary and secondary care and cost needs to be provided
- **Biatain® silicone, Biatain® silicone lite**
  This was not agreed for addition to the formulary, comparative cost information needs to be provided
- **Kerra-pro® pressure reducing pads**
  This was not agreed for addition to the formulary. Information on the anticipated usage both in primary and secondary care and cost needs to be provided
- **Hospiform® retention bandage**
  It was agreed to add this and to remove K-Band®

There was discussion regarding the provision of prescribing data to be able to monitor the use of wound management products. It was noted that there is formulary representation at the North and East Wound Management meeting, it was agreed that this should be pursued for the South and West.

Actions:

- **To add into the formulary Hospiform® and remove K-Band®** **CW**
- **To ask if there could be formulary representation at the South and West Wound Management meetings** **CW**

5. **Review: Chapter 3: Respiratory**

- **3.1.1 – 3.3.3**
  Both the North & East and South & West Devon Formularies have been reviewed together, combining guidance as appropriate.
  Throughout the guidance sections it was agreed to link to the appropriate BNF sections rather than list the products.
  Asthma – adult treatment guidance
  - It was agreed that leukotriene receptor agonists should be preferred over theophylline in step 3
  - It was agreed to remove salbutamol tablets from step 4, leaving the preparations as red, hospital only

  Asthma – paediatric treatment guidance
  - It was agreed that patients under 2 years of age, not controlled under Step 3 should be referred to a paediatrician

  COPD Guidance
  This section has been significantly changed using the GOLD guidance rather than

NICE. Not significantly different in the early stages of treatment, the differences are with patients who have frequent symptoms and exacerbations. It was asked if more context could be put in the introduction.
There was discussion about that layout and that the categories are not a stepwise treatment ladder. To add some notes to the introduction to this effect and to look at being able to format the guidance differently.
It was asked that the smoking cessation advice be highlighted more.
The cost of triple therapy was discussed. It was asked that the cost vs. QALY information could be added.

Actions:

to add more context about GOLD into the introduction	**PT**
to add notes into the introduction about the categories not being steps	**PT**
to try re-formatting the information	**CW**
to add cost vs. QALY information	**PT**

Croup
This guidance is unchanged. It was commented that there is some CCG guidance on this as part of 'The Big Six', this needs to be checked
3.1.1 Adrenoceptor agonists (LABA)
There was discussion around the colour and the ordering of the products. It was agreed that they should all be green and ordered according to cost of treatment.
The BNF position of Ultibro® was discussed and it was agreed to move it to 3.1.4 Compound bronchodilator preparations together with Duaklir® and to order them according to cost.

Actions:

to order the LABA inhalers according to cost and to change indacaterol to green	**CW**
to move Ultibro® to section 3.1.4	**CW**

3.1.2 Antimuscarinic bronchodilators
The colour of the inhalers was discussed and it was agreed to leave tiotropium as green, first line and to change aclidinium from amber to blue, second-line.

Action: to change aclidinium to blue, second-line	**CW**

3.1.3 Theophylline
It was agreed to add phyllocontin to the formulary
3.3.2 Leukotriene receptor antagonists
It was agreed to remove zafirlukast from the formulary

- **3.4.1 – 3.11**
  It was agreed that information about self-care and purchasing medication be added in the appropriate places
  To add a note to fexofenadine that it is only indicated for chronic idiopathic urticaria and that the 120mg is not included in the formulary
  Emerade®, and alternative to EpiPen® is currently being looked at by the Medicines Optimisation Team

  It was agreed to remove menthol and eucalyptus inhalation

The reviewed chapter of the formulary was agreed to be added to the website

6.	**Review: Chapter 7 (7.4.1 – 7.4.6) Urinary tract disorders** 7.4.1 Drugs for urinary retention It was agreed to remove indoramin and bethanechol from the formulary 7.4.2 Drugs for urinary frequency It was agreed to change darifenacin from green to blue, second-line and to change mirabegron from amber to blue, second-line. There was discussion about the number of drugs listed in this section and it was agreed to ask the specialists if there any which could be removed. **Action: 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** The reviewed section of the formulary was agreed to be added to the website	**PT**
7.	**NICE TA336 Empagliflozin** This NICE TA was issued in March 2015 and empagliflozin has been added to the formulary. Its position in the treatment of type 2 diabetes has been added to the current guidance in the formulary. It was noted that NICE are due to issue revised guidance on the treatment of type 2 diabetes in October and that the recommendations will be reviewed at that time.	
8.	**Lipids** The main recommendations in the revised NICE Clinical Guideline 181, published in July 2014, have been incorporated into the formulary guidance. It was agreed to remove atorvastatin chewable tablets. Formulary to be updated with this revised guidance.	
9.	**AChI – annual review by specialist requirement** The formularies have received a letter asking if the requirement for and annual review to be removed from the guidance for GPs. This is to be discussed at the October North and East formulary Group. Members of this group are invited to attend and to email any comments, questions or concerns they may have. **Action: to email questions, comments or concerns about removing the specialist annual review to Carol Webb**	**All**
11.	**Recent drug decisions including NICE** Noted	
12.	**MHRA Drug Safety Updates** • July: to check the current notes on denosumab and injectable bisphosphonates, amend if needed • August: nothing to add	

Next meeting: Wednesday 11th November 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	To check the proposed measuring prolactin guidance with the CCG pathology group	**PT**	
Sep 2015	To ask if there could be formulary representation at the South and West Wound Management meetings	**CW**	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**	