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 13th January 2016, 2pm – 4.30pm
The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

Present:	Andrew Gunatilleke, Consultant, Chair	South Devon NHS Trust
	Steve Cooke, Chief Pharmacist	Livewell Southwest
	Andy Craig, GP	NEW Devon CCG
	Emma Gitsham, Joint Formularies Pharmacist	NEW Devon CCG
	Margaret Hinchliffe	Lay member
	Matt Howard, Clinical Evidence Manager	NEW Devon CCG
	Paul Manson, Lead MO Pharmacist	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
	Larissa Sullivan, Interface Pharmacist	NEW Devon CCG
	Carol Webb, Joint Formularies Technician	NEW Devon CCG
In attendance	Sarah Jane Rowlands, MO Practice Pharmacist	South Devon & Torbay CCG
	Dorota Babinska, MO Practice Pharmacist	South Devon & Torbay CCG
	Clare Stoyles, MO Practice Pharmacist	South Devon & Torbay CCG
Apologies	Mark Stone, Community Pharmacist	Devon LPC

1. **Welcome:** apologies as noted above and introductions were made.

   Declarations of interest:
   Matt Howard: In a previous post, attended CPD events sponsored by various companies

2. **Notes of last meeting:**
   The notes of the meeting of 11th November 2015 were agreed.

   Action list from previous meetings

   - Urinary frequency – drug section: Consultants in both Trusts were asked if the current list of formulary treatments could be amended. Comment was received from South Devon and Torbay. It was agreed to move tolterodine to a first-line treatment option. There was discussion about removing darafenacin as the Consultants hardly use it and would be happy for it to be removed. Although it is rarely used in primary care it was decided to leave it in the formulary as it is specified in the Nice Guideline, also the patent is due to expire sooner than solifenacin which may cause a reduction in cost.

     Action: amended formulary section to be added to the formulary **CW**

   - Shared care: There is work being done across the CCGs in regard to this, information will be bought to this meeting when available. There was discussion about shared care and if it is an opt in or opt out system. It was agreed that no shared care should commence without the GP practice agreeing with the secondary care clinician that they are happy to take on the shared care.

3.	**Proposed changes to formulary products** • Fostair®/ Fostair NEXThaler®: it was noted that the 100/6 NEXThaler is now licensed for COPD. It was agreed to add into the formulary the new 200/6 strength in both MDI and NEXThaler devices, it was noted that this strength is only licensed for asthma. Flat pricing for all four inhalers at the present time was noted • Dicycloverine removal from the formulary: the liquid preparation has increased in cost significantly, it was agreed to remove this from the formulary • Fibrates: it was noted that the fibrates in the formulary have been amended to amber (specialist). All members had been emailed regarding this prior to this meeting • Fosfomycin: there is now a licensed, oral fosfomycin preparation which can be obtained through community pharmacy. There was discussion regarding any stock issues, but this was not seen as a major problem. It was agreed to amend the formulary entry • Rivastigmine 13.3mg patch: It was agreed to add this into the formulary. There was brief discussion about a cheaper brand of the 4.6mg patch. This may be bought back to the formulary if medicines Optimisation decide to pursue this.	
4.	**Product applications** • **Simbrinza® eye drops:** An application has been received to add this to the formulary. It is a combination of brinzolamide and brimonidine, both of which are already formulary products. There was discussion about combination products in general and that this needs to be in the formulary and prescribed as a generic preparation, this was agreed. **Action: to add Simbrinza® into the formulary**	
5.	**Relvar® for COPD** Relvar® Ellipta (92/22) has been commissioned for use in COPD patients by the Clinical Policy Committee and is required to be added into the formulary. It has not been commissioned for use in asthma. There was discussion about the confusion of new products and different devices coming onto the market. The proposed formulary entry was agreed with a re-arrangement of the notes to clearly indicate that it is only for use in COPD. **Actions: Relvar® to be added to the formulary**	**CW**
6.	**Alogliptin** This has been commissioned for use by the Clinical Policy Committee and is required to be added to the formulary. There was discussion regarding the licensing of alogliptin with other treatments. It was agreed to add alogliptin, once final approval has been given from the CCG, as the first-line DPP-4 inhibitor and to remove saxagliptin **Action: Alogliptin to be added, saxagliptin to be removed from the formulary following final agreement from the CPC process**	**CW**
7.	**Recent drug decisions including NICE** These were noted. The British pain Society has produce guidance on high dose opioids, Opioids Aware. It was agreed to add a link to this information in the formulary and to consider the information at the next review of that section. **Action: to add a link to the British Pain Society information**	**CW**

8.	**MHRA Drug Safety Updates** • November: nothing to add • December: to add a link to the information on the revised pregnancy advice for patients taking mycophenolate	
9.	**Meeting dates 2016/ 2017:** It was noted that the September meeting may need to be re-arranged due to the availability of some members.	
	• There was discussion regarding the use of medical devices as opposed to licensed medicinal product. For a medical device to be available to be prescribed it has to be listed in the Drug Tariff. Medical device products are CE marked and do go through a quality process. In light of the discussion it was agreed to remove Clinitas Gel, a medical device, and replace it with Viscotears Gel, a licensed medicinal product. Both Instillagel, a licensed medicinal product, and Optilube Active, a medical device, are listed in the Continence Formulary. There was discussion regarding these two products and also that it is thought that a gel not containing lidocaine is preferred. **Action: to contact Ros Archer, Olive Robertson and Debbie Yarde regarding for their opinion on which product is suitable**	**CW**
	• There was discussion around shared care guidance and the appropriate committee and responsibilities of the approval of new shared care and the reviewing of the current guidance	
Next meeting: Wednesday 9th March 2016 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ		

South and West Devon Formulary Group – Action log

Date	Action	Responsible	Completed
Jan 16	To contact Ros Archer, Olive Robertson and Debbie Yarde regarding for their opinion on which lubricating product is in use	**CW**	Completed