

Notes of the meeting of the South and West Devon Formulary Interface Group
Wednesday 13th July 2016, 2pm – 4.30pm
The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

Present:	Andrew Gunatilleke, Consultant, Chair Steve Cooke, Chief Pharmacist Emma Gitsham, Joint Formularies Pharmacist Matt Howard, Clinical Evidence Manager Paul Manson, Lead MO Pharmacist Elena Mercer, Formulary Pharmacist Rebecca Perkins, MO Pharmacist Iain Roberts, Lead MO Pharmacist Mark Stone, Community Pharmacist Larissa Sullivan, Interface Pharmacist Carol Webb, Joint Formularies Technician	Torbay and South Devon NHS Trust Livewell Southwest NEW Devon CCG NEW Devon CCG NEW Devon CCG Torbay and South Devon NHS Trust Kernow CCG South Devon & Torbay CCG Community Pharmacy NEW Devon CCG NEW Devon CCG
Apologies	Phil Melliush, GP Jeremy Morris, Formulary Pharmacist Bill Nolan, GP	South Devon & Torbay CCG Plymouth Hospitals NHS Trust South Devon & Torbay CCG
In attendance	Theresa Mitchell, Tissue Viability Clinical Nurse Specialist	Livewell Southwest
1.	<p>Welcome: apologies as noted above and introductions were made.</p> <p>Declarations of interest: None declared</p> <p>It was noted that the meeting was not quorate; therefore it was agreed that informal discussions would be had, with any outcomes or decisions in principle agreed and ratified by the eFIG process after the meeting.</p>	
2.	<p>Notes of last meeting:</p> <p>The notes of the meeting of 11th May 2016 were agreed</p> <p>Action list from previous meetings</p> <ul style="list-style-type: none"> • BD Viva pen needle compatibility: communication received from the companies indicated that the formulary needles are compatible with the current insulin pens. • South Devon gluten free prescribing: action pending • Hospital prescribing of oxycodone: notes have been included to indicate generic prescribing within secondary care • Spironolactone: proposed monitoring wording has been accepted by Torbay, yet to receive comment from Plymouth. <p>Action: to chase Plymouth for comment, giving a 2 week deadline for reply. To include the proposed wording after that date.</p> <ul style="list-style-type: none"> • QT prolongation information: this is removed from the action list and has been added to the formulary team work plan. 	
3.	<p>Wound management product amendments</p> <p>The following applications were considered and it was agreed to make the following changes, if agreement received via eFIG:</p> <ul style="list-style-type: none"> • Cuticell® Contact to be added, Adaptic® Touch to change status from hospital only. Silflex® and Mepitel® One to be removed from the formulary 	

- Biatain® Silicone and Biatain® Silicone Lite to be added, Alleevyn® Gentle border, Advasorb® border, Advasorb Silfix Lite, Cavi-care® and Mepilex® heel to be removed from the formulary
- Flaminal® Hydro, Flaminal® Forte to be added. This is a sterile alginate gel containing antimicrobial enzymes. Debrides the wound and particularly appropriate for the diabetic foot. The formulary does not include a product equivalent to Flaminal®. The training for users of wound management products was asked about and the options were outlined. It was agreed to add a note to the proposed formulary entry to indicate that Flaminal® should only be used after Tissue Viability advice, to ensure it is being used appropriately. It was agreed to be listed as amber.
- Octenilin® wound irrigation solution and Octenilin® wound gel to be added. Prontosan® gel and Prontosan® irrigation solution to be removed from the formulary.
- Aquacel Ag to be removed from the formulary, to be replaced by Aquacel AG+ Extra due to a lower acquisition cost (there was no paper for this item)

Comments were made that for future applications it would be helpful to have the frequency of dressing change, and to ensure this is also included in the formulary.

The proposed Total Purchase agreement scheme was briefly outlined.

4. Proposed changes to formulary products

- **Removal of pholcodine and simple linctus:** to promote the message of self-care and these products are readily available from community pharmacy we have been asked to consider removal of these products. This was discussed and it was agreed to remove pholcodine linctus but to keep simple linctus as this is still required within secondary care.
- **Proposal to change tiotropium to second-line:** this proposed change would leave glycopyrronium as the first-line product. This had been suggested originally to reflect the cost of tiotropium, but recently the Respimat® price has reduced. This was discussed and it was agreed to leave both products as first-line choices.

5. Product applications

- **Enstilar® for psoriasis**
An application had been received for this to be added to the formulary, it is a foam presentation of calcipotriol plus betamethasone. The differences between this and the formulary Dovobet® products were discussed. It is not clear if adding this would be a cost pressure, saving or neutral. It was agreed not to add Enstilar®, but to invite the applicant to attend the next formulary meeting to discuss further.

Action: to invite the applicant to attend a future formulary meeting

EG

6. Asthma COPD Overlap Syndrome (ACOS), COPD guidance

- **ACOS:** a medicines optimisation request had been made asking for some formulary guidance on this condition. This was discussed and it was agreed to add the guidance which has been consulted on with the acute trusts.
- **COPD guidance:** we had been asked to make some amendments to the recently agreed COPD guidance. These amendments have been agreed with the acute trusts. There was discussion generally about the COPD guidance and the choices in treatment available. It was agreed to invite a local respiratory specialist to the next formulary meeting to discuss further.

Action: to invite a respiratory specialist to attend a future formulary meeting

EG

<p>7. Acne guidance review</p> <p>This section of the formulary has been reviewed and consulted upon by local specialists. The presented review was discussed and agreed with the following amendments:</p> <ul style="list-style-type: none"> • Adapalene to be changed to a green, first-line treatment • Epiduo® to remain blue, second-line treatment • Oxytetracycline to be changed to blue, second-line treatment and erythromycin to be changed to amber, specialist • To update the oral contraceptive text in regard to the choices, listing Lizinna® as first choice due to the lower VTE risk associated with norgestimate, and Gedarel 30/150 and Lucette as alternative treatment options • It was agreed to add adapalene gel, which is the same cost as the cream • It was agreed to remove Zineryt® solution <p>There was discussion about removing clindamycin solution/ lotion, it was agreed to leave it in but to change the indication for its use to specialist conditions.</p> <p>In severe acne to highlight that for patients being considered for oral isotretinoin a psychiatric assessment should be made before initiation of treatment.</p>
<p>8. NOAC Review</p> <p>The South West Cardiovascular Strategic Clinical Network has reviewed their NOAC guidance. The formulary information has been written in the light of this, it was agreed to add this information into the formulary and to link to the South West guidance.</p>
<p>9. Secondary care drugs guidance</p> <p>It was agreed to add more information into the definition of a 'secondary-care' drug to give primary care more guidance. This was agreed.</p>
<p>10. Recent drug decisions including NICE</p> <p>These were noted.</p> <p>A question was asked about the NICE TA388 sacubitril/valsartan. This has gone into the formularies as a hospital only drug while consultation takes place with specialists in regard to its place in treatment.</p>
<p>11. MHRA Drug Safety Updates</p> <ul style="list-style-type: none"> • May – noted • June – to include the notes on canagliflozin and high risk cardiovascular patients
<p>12. Any other business:</p> <p>It was asked that appropriate links could be included for lorazepam into the severe agitation text in the formulary.</p> <p>It was asked if information from the NICE guideline on Medicines Optimisation could be included in the formulary. It was discussed that it was difficult to include general information such as this.</p>
<p style="text-align: center;">Next meeting: Wednesday 21st September 2016 2pm – 4:30pm</p> <p style="text-align: center;">The Watermark, Ivybridge PL21 0SZ</p>

South and West Devon Formulary Group – Action log			
Date	Action	Responsible	Completed
May 16	To provide a form of words to be included in regard to South Devon gluten free prescribing	IR	
May 16	To look at the monitoring requirements for spironolactone in the SPC <ul style="list-style-type: none"> July: to chase Plymouth cardiologists for comment, giving a 2 week deadline for reply. To include the proposed wording after that date 	EG	
July 16	Enstilar® for psoriasis, to invite the applicant to attend a future formulary meeting	EG	
July 16	COPD guidance, to invite the applicant to attend a future formulary meeting	EG	