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 9th March 2016, 2pm – 4.30pm
The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

Present:	Andrew Gunatilleke, Consultant, Chair	Torbay and South Devon NHS Trust
	Steve Cooke, Chief Pharmacist	Livewell Southwest
	Emma Gitsham, Joint Formularies Pharmacist	NEW Devon CCG
	Margaret Hinchliffe	Lay member
	Matt Howard, Clinical Evidence Manager	NEW Devon CCG
	Brian McCabe, MO Practice Pharmacist (for Paul Manson)	NEW Devon CCG
	Phil Melluish, GP	South Devon & Torbay CCG
	Elena Mercer, Formulary Pharmacist	Torbay and 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	Community Pharmacy
	Chris Sullivan, MO Pharmacist	Devon Partnership Trust
	Carol Webb, Joint Formularies Technician	NEW Devon CCG
In attendance	Sam Rosindale, Diabetes Lead Champion	Torbay and South Devon NHS Trust
	Lynn Fitzpatrick, Specialist Dietitian Paediatric Team Lead	Torbay and South Devon NHS Trust
	Julie Kemmer, Clinical Community Dietitian and Team Lead	Torbay and South Devon NHS Trust
	Paula Murphy, Professional Lead Dietitian	Plymouth Hospitals NHS Trust
Apologies	Andy Craig, GP	NEW Devon CCG
	Paul Manson, Lead MO Pharmacist	NEW Devon CCG
	Larissa Sullivan, Interface Pharmacist	NEW Devon CCG

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

   Declarations of interest: None declared

2. **Notes of last meeting:**
   The notes of the meeting of 13th January 2016.

   Action list from previous meetings

   - **Catheter lubricating gels:** Debbie Yarde and Olive Robertson had been contacted regarding which lubricating gel is preferred. Both agreed that a gel with local anaesthetic is not needed for regular use and that a lubricating gel without anaesthetic is needed in the formulary, Optilube® would be their preferred choice. It was noted that Optilube® is a medical device. It was agreed to add Optilube® into the formulary and to remove Instillagel® and Optilube® Active.

3. **Proposed changes to formulary products**

   - **Insulin pen needles:** A request has been received to include BD Viva® insulin pen needles. These pen needles are compatible with many pen devices. The BD Viva® pen needles are 5mm (31G) and 4mm (32G), 3-bevel needle tip. It was agreed to add BD

	Viva® insulin pen needles to the current formulary choices and review in a couple of years with the view to removing those with little use. It was agreed to add BD Viva® as first-line choice alongside GlucoRx® Finepoint; Microdot Droplet® and Omnican Fine® needles to be changed to second-line choices as they are currently used less in comparison. • **Fendrix®:** This hepatitis B vaccination is included in the green book for use in patients with renal insufficiency. Due to the cost it was agreed to add this as a specialist (amber) vaccine, but with notes to indicate it is only for this group of patients. • **Prednisolone 25mg tablets:** we have been asked to consider removing or re-classifying them to hospital only. This is due to the risk of prescribing errors that may occur. It was agreed to change prednisolone 25mg to hospital only and to include a note as in the North and East Formulary to indicate its use primarily in chemotherapy regimens. • **Riluzole liquid:** It was agreed to add the liquid preparation to the formulary.	
4.	**Review: nutrition** • **Oral nutrition supplements (ONS):** The reviewed section was discussed and several amendments and changes in format were discussed. These are going to be completed and the section bought back to the meeting for further discussion. **Action: Julie Kemmer and Paula Murphy to work on a revised ONS formulary section** • **Adult malnutrition guidance:** This guidance has been reviewed and agreed with the lead nutritionists at the four Devon Trusts. It was agreed to add this into the formulary. • **Infant nutrition guidance:** This is new guidance for the South and West Formulary. This was agreed to be added into the formulary with a couple of minor amendments	**CW**
5.	**Product applications** • **Abasaglar®:** this is an insulin glargine biosimilar; the reference product is Lantus®. Abasaglar® has the same licensed indication as Lantus®. Its cost is 15% lower than Lantus®. The addition of Abasaglar® into the formulary is supported by all the secondary care Trusts. It was agreed to add Abasaglar® into the formulary with wording added to highlight the need for caution if switching regimens, and inform prescribers of the price difference between products. • **Taptiqom®:** this is a single use, preservative free eye drop combination of tafluprost and timolol, for the treatment of glaucoma; tafluprost monotherapy is currently not included in the South and West formulary for this indication, although it is being prescribed. The cost of using the two separate products together is higher than the cost of using the combination product. There was discussion about the number of prostaglandin analogues in the formulary and it was requested that the ophthalmologists are contacted to ascertain if there a place for tafluprost. It was agreed not to include the preparations at the moment. **Action: to contact the ophthalmologists about the place of tafluprost and if it is required on the formulary** • **Emerade®:** Emerade® has a longer shelf life from manufacture in comparison to other adrenaline auto-injectors. Emerade® has the full dose range, including the 500 microgram Resuscitation Council recommended adult dose, unlike other devices. Emerade® has a longer needle length compared to other auto-injectors, reducing the chance of patients receiving a subcutaneous injection and increases the chance of IM injection. Prescribing of Emerade® could reduce annual cost if the device is not used however these costs are not	**EG**

likely to be accrued in year one. The meeting was informed that the company do have education and training materials available. It was agreed to add Emerade® into the formulary as the first-line preparation and Epipen® to be changed to second-line.

- **Sayana Press®:** This is a subcutaneous medroxyprogesterone long-acting contraceptive. Although slightly more expensive than the intra-muscular injection, patients can self-administer this injection which could reduce the number of clinic appointments required, and increase patient choice. This was discussed and it was agreed to add Sayana Press® into the formulary along with updated clinical guidance information.

6. **Treclin®**
This has been commissioned for use by the Clinical Policy Committee and is required to be added to the formulary. This is a combination of clindamycin and tretinoin for the use in moderate acne. This would go into the formulary together with the current formulary preparations of Isotrexin® and Epiduo®. It was noted that a review of this section of the formulary would be undertaken later in the year. The drafted formulary entry was agreed.

7. **NICE TA: Voritoxetine**
This is a new treatment for depression which has been approved for use by NICE. The position in the formulary has been discussed with clinicians in Devon Partnership Trust and Livewell South West. Voritoxetine is currently in the formulary as a hospital only drug, this was discussed and it was agreed that this be changed to a specialist (amber) drug.

8. **Stoma Care Formulary (accessory products)**
This formulary section has been produced by the Stoma Team at Plymouth Hospitals NHS Trust and consulted with the team and Torbay and South Devon NHS Trust. This will be a new section in the South and West Formulary. The selected products have been chosen on clinical and cost effectiveness. This was discussed and agreed for inclusion into the formulary.

9. **Oxycodone – brand prescribing**
Following information from the Care Quality Commission advising that oxycodone products should be prescribed by brand name we have been asked to remove the current statement that 'generic prescribing is preferred in secondary care'. The meeting was informed that Plymouth Hospitals NHS Trust are currently discussing this, therefore decision postponed pending feedback regarding acute trust decision.
Action: To report back regarding the PHNT discussions on branded prescribing of oxycodone products. **JM**

10. **ADHD Shared Care**
The "Lisdexamfetamine for ADHD in children and adolescents" commissioning policy was approved by the Devon Clinical Policy Committee (CPC) on 4th June 2014 and publishing of the policy was put on hold until shared care guidance had been written. Implementation to be discussed and finalised via the formulary groups. The policy was discussed at the North and East FIG on 11th September 2014, and South and West FIG on 12th September 2014, and there were points in the shared care guidance which needed to be clarified.
The formulary group were asked to agree the clinical content and GP responsibilities in 3 amended draft SCGs for atomoxetine, lisdexamfetamine, and methylphenidate for attention deficit hyperactivity disorder (ADHD) in children and adolescents. These guidelines were discussed and agreed to be published.

11.	Recent drug decisions including NICE These were noted. • Butec® (buprenorphine) patches had been agreed to be added to the formulary and BuTrans® removed using the eFIG process.	
12.	**MHRA Drug Safety Updates** • January 2016: o Nicorandil - to add the notes into the formulary o Brand prescribing for levonorgestrel-releasing IUS: to check current notes and add information if required. • February 2016 o Spironolactone –the MHRA remind HCP of the risk of hyperkalaemia associated with spironolactone when used concomitantly with renin-angiotensin system drugs in patients with heart failure. This prompted discussion around the frequency of monitoring of potassium and creatinine. The MHRA state that the concomitant use of spironolactone with ACE inhibitors or ARBs is not routinely recommended. **Action: Contact local specialists regarding the MHRA update, and place in therapy of spironolactone in the management of heart failure patients.**	**EG**
Next meeting: Wednesday 11th May 2016 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ		

South and West Devon Formulary Group – Action log

Date	Action	Responsible	Completed
Mar 16	Julie Kemmer and Paula Murphy to work on a revised ONS formulary section	**CW**	Completed, on the agenda
Mar 16	To contact the ophthalmologists about the place of tafluprost and if it is required on the formulary	**EG**	To conduct a review of this section later in the year
Mar 16	To report back regarding the PHNT discussions on branded prescribing of oxycodone products.	**JM**	
Mar 16	To contact specialists regarding the spironolactone MHRA update and confirm place in therapy	**EG**	