

Notes of the meeting of the South and West Devon Formulary Interface Group
Wednesday 11th May 2016, 2pm – 4.30pm
The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

Present:	Andrew Gunatilleke, Consultant, Chair Steve Cooke, Chief Pharmacist Andy Craig, GP Emma Gitsham, Joint Formularies Pharmacist Matt Howard, Clinical Evidence Manager Paul Manson, Lead MO Pharmacist Phil Melliush, GP Elena Mercer, Formulary Pharmacist Jeremy Morris, Formulary Pharmacist Bill Nolan, GP Rebecca Perkins, MO Pharmacist Iain Roberts, Lead MO 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 NEW Devon CCG South Devon & Torbay CCG Torbay and South Devon NHS Trust Plymouth Hospitals NHS Trust South Devon & Torbay CCG Kernow CCG South Devon & Torbay CCG NEW Devon CCG NEW Devon CCG
Apologies	Mark Stone, Community Pharmacist Margaret Hinchliffe	Community Pharmacy Lay member

1. **Welcome:** apologies as noted above and introductions were made.
The meeting was informed that Margaret Hinchliffe is resigning her position on the formulary group. The group expressed appreciation of her attendance.
Declarations of interest: None declared

2. **Notes of last meeting:**
The notes of the meeting of 9th March 2016 were agreed
A question was asked about the BD Viva® pen needles and their compatibility with all pen devices.
Action: to email BD to ask the question about BD Viva® needles and pen compatibility EG
- Action list from previous meetings**
- Oral nutrition supplements: Julie Kemmer and Paula Murphy have revised the ONS section and include information on when specific products may be suitable. This was agreed.
Gluten free foods, South Devon have taken the position to restrict prescribing of these products to a limited list for only those patients under 18 years of age. South Devon would like this to be reflected in the formulary.
Action: To provide a form of words to be included in regard to South Devon gluten free prescribing IR
 - Tafluprost: The specialists have been contacted to inform them of the decision not to include tafluprost or Taptiqom® into the formulary. This section of the formulary will be reviewed later in the year.
 - Oxycodone – brand prescribing: It was agreed to keep the statement that generic prescribing is preferred in secondary care. This is due to the frequent changes in the

contract brands available and stocked. It was requested that clearer information be made available on using the correct form (capsules or liquid) for immediate release and defining modified release.

Action: To provide a form of words to be included in regard to hospital prescribing of oxycodone

JM

- Spironolactone: The specialists have been contacted regarding the spironolactone MHRA update and to confirm place in therapy. It was agreed to change the status of spironolactone to amber in the formulary for all indications. It was also agreed to add into the formulary contact information for the Heart Failure teams.

A question was asked about how frequently monitoring should be done. The different acute trusts have different frequencies of monitoring these patients. The suggestion was made to look at including the monitoring requirements in the SPC.

Action: To look at the monitoring requirements for spironolactone in the SPC

EG

3. Proposed changes to formulary products

- **Removal of Durolane®:** The Rheumatologists no longer wish to use this and removing it would bring us into line with the NICE Guideline which does not recommend this treatment. Removal of Durolane® was agreed.
- **Methylprednisolone tablets change in status:** This is currently hospital only. It was agreed to change it to amber to allow prescribing by primary care on the advice of specialists.
- **Rizatriptan wafers:** It was agreed to remove this preparation from the formulary. The orodispersible tablets are included and would be available for the same indications.
- **Removal of venlafaxine MR 225mg:** This had been discussed using the eFIG process but not agreed. There was further discussion and it was agreed to remove the 225mg preparation. There was discussion about the formatting of the venlafaxine entry and of the general availability of branded generic products.

4. Product applications

- **Blood glucose testing strips:** A review of the newer blood glucose meters and testing strips had been conducted by the diabetes specialist nurses from the acute trusts. It was agreed to remove from the formulary GlucoRx®, Glucolab® and Mylife Pura® and to include Glucomen Areo®, Accu-check Performa Nano® and Wavesense Jazz® wireless. For patients who are counting carbohydrate Accu-check Aviva® and Freestyle Lite® strips will be added and Freestyle Optium® β-ketone strips for those patients testing ketones.

5. Guidance on the management of vitamin D deficiency

The guidance has been widely consulted and a large number of comments received. The meeting was asked to accept the guidance and consider the vitamin D and vitamin D with calcium products to be available on the formulary. It was agreed:

- to include Stexerol® as a solid dose form of vitamin D, Invita D3 is currently a liquid formulation and will remain, and only the Fultium® D3 80 micrograms (3200 unit) preparation will be included
- to include theiCal® and remove Calceos® and Calcichew-D3® from the formulary. The meeting asked that a note is added that it is not expected that patients taking preparations no longer included in the formulary are switched.
- Other changes to the hospital only preparations were also agreed

6.	<p>Re-wording of gentamicin entry</p> <p>This has been re-worded to make it clearer that gentamicin injection may be prescribed for nebulisation (off-label). The re-worded entry was agreed</p>	
7.	<p>Re-wording of methotrexate and folic acid</p> <p>It had been pointed out that the advice given for methotrexate and folic acid appeared to be ambiguous. These notes have been revised and were agreed.</p>	
8.	<p>QT prolongation</p> <p>The notes regarding QT prolongation for citalopram/ escitalopram have been revised and a suggested comment to add to the notes on methadone. These were agreed to be added.</p> <p>There was discussion about the number of drugs involved if we were to include the warning on all appropriate preparations, there is no definitive UK list. The suggestion was made to have a page of information which could be linked to in appropriate places.</p> <p>Action: to look at the feasibility of including a page about QT prolongation and the number of drugs involved</p>	EG
9.	<p>Asplenia guidance</p> <p>Plymouth Hospitals NHS Trust have recently updated their guidance, this has been summarised for inclusion into the formulary. It has been sent to the South Devon hospital microbiologists for comment, but there has been no response. It was agreed to add the information to the formulary and to inform South Devon and take any comments they may have.</p>	
10.	<p>Linezolid</p> <p>A request had been received to change the status of linezolid to enable primary care prescribing to avoid hospital admission. The suggested formulary entry leaves the drug as red (hospital only) but the notes have been revised to include exceptional prescribing outside of hospital may be appropriate. The additional safety information has been included; it was asked that information on serotonin syndrome be added. It was agreed to amend the formulary accordingly and to include serotonin syndrome information.</p>	
11.	<p>Devon Formularies Annual Report 2015/2016</p> <p>This report has been written regarding the activities of both formulary groups over the last year. This will be presented at the Clinical Policy Committee in July.</p>	
12.	<p>Recent drug decisions including NICE</p> <p>This was noted including Alzain® addition, doxazosin MR removal, and Colofac® brand removal. These were agreed using the eFIG process.</p> <p>A question was asked about the NICE TA388 sacubitril/valsartan which should be included within the formularies within 30 days. This will go into the formularies as a hospital only drug while consultation takes place with specialists in regard to its place in treatment.</p>	

13. **MHRA Drug Safety Updates**

- **March** – noted
- **April**
 - SGLT2 inhibitors, notes to be added
 - Apomorphine with domperidone, notes to be added
 - Live attenuated vaccines, notes to be added

Next meeting: Wednesday 13th July 2016 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ

South and West Devon Formulary Group – Action log

Date	Action	Responsible	Completed
May 16	To email BD to ask the question about BD Viva needles and pen compatibility	EG	Completed
May 16	To provide a form of words to be included in regard to South Devon gluten free prescribing	IR	
May 16	To provide a form of words to be included in regard to hospital prescribing of oxycodone	JM	Completed
May 16	To look at the monitoring requirements for spironolactone in the SPC	EG	
May 16	To look at the feasibility of including a page about QT prolongation and the number of drugs involved	EG	