**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 21st September 2016, 2pm – 4.30pm
## The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

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| **Present:** | Andrew Gunatilleke, Consultant, Chair | Torbay & South Devon NHS Trust |
| | Steve Cooke, Chief Pharmacist | Livewell Southwest |
| | Andy Craig, GP | NEW Devon CCG |
| | Fiona Dyroff, Clinical Effectiveness Governance Support Officer | NEW Devon CCG |
| | Emma Gitsham, Joint Formularies Pharmacist | NEW Devon CCG |
| | Brian McCabe, MO Pharmacist (deputising for Paul Manson) | NEW Devon CCG |
| | Phil Melluish, GP | South Devon & Torbay CCG |
| | Elena Mercer, Formulary Pharmacist | Torbay & South Devon NHS Trust |
| | Jeremy Morris, Formulary Pharmacist | Plymouth Hospitals NHS Trust |
| | Bill Nolan, GP | South Devon & Torbay CCG |
| | Iain Roberts, Lead MO Pharmacist | South Devon & Torbay CCG |
| **Guests** | Beverley Baker, Non-medical Prescribing Lead | NEW Devon CCG |
| | Toby Chave, Consultant Dermatologist | Plymouth Hospitals NHS Trust |
| | Jonathan Charnock , Student | |
| | Louise Crathorne, Clinical Evidence Scientist | NEW Devon CCG |
| | Arek Opilowski, Practice Pharmacist | South Devon and Torbay CCG |
| | Dianna Sells, Associate Specialist Community Contraception, Sexual Health | Livewell South West |
| | Petrina Trueman, Clinical Evidence Pharmacist | NEW Devon CCG |
| **Apologies** | Matt Howard, Clinical Evidence Manager | NEW Devon CCG |
| | Paul Manson, Lead MO Pharmacist | South Devon and Torbay CCG |
| | Rebecca Perkins, MO Pharmacist | NHS Kernow |
| | Mark Stone, Community Pharmacist | |
| | Carol Webb, Joint Formularies Technician | NEW Devon CCG |

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

   **Declarations of interest:** Toby Chave had received lecture fees in excess of £150 in the last year from a manufacturing company.

   The meeting was informed that Steve Cooke is retiring from Livewell Southwest, his position on the groups will be replaced by Sally Mayell. Due to a change in role Elena Mercer will no longer be attending the group for a period, any questions can be forwarded to Paul Foster.

2. **Notes of last meeting:**

   The notes of the meeting of 13th July were agreed. A query was raised with the regard to Torbay and South Devon NHS Trust's agreement with the COPD guidance, and whether local Trusts were in agreement at the time of the meeting. Original emails to be reviewed and committee to be updated at next meeting.

   **Action: To confirm details and update committee in November** **EG**

**Action list from previous meetings**

- To provide a form of words to be included in regard to South Devon gluten-free prescribing. Action complete.
- To look at the monitoring requirements for spironolactone in the SPC
  - July: to chase Plymouth cardiologists for comment, giving a 2 week deadline for reply. To include the proposed wording after that date: the wording is now in the formulary. Action complete.
- Enstilar® for psoriasis, to invite the applicant to attend a future formulary meeting: Toby Chave, Consultant Dermatologist was present at the meeting. Action complete.
- COPD guidance, to invite the applicant to attend a future meeting. Action complete, specialist has confirmed attendance for discussion at a future FIG meeting

**Enstilar® application**

An application had been received for this to be added to the formulary and was discussed at the July 2016 meeting; the committee considered that there were uncertainties regarding the evidence, uptake and resulting future budget impact. It had been agreed that the applicant would be invited to attend a future meeting.

Toby Chave, the applicant, was present for the discussion. There was discussion about the current lack of topical treatment options for psoriasis. It was suggested that availability of Enstilar® may result in fewer patients being referred to secondary care for light therapy or systemic treatments. The specialist stated that there had been positive feedback from patients to date, and patients liked the foam vehicle. No significant cost implications are expected. It was agreed that Enstilar® was suitable as a first-line topical treatment and would be added to the formulary as an additional option for the treatment of psoriasis. The specialist considered that the ointment formulation may be removed from the formulary at a later date.

3. **Proposed changes to formulary products**

- **Miconazole/ nystatin:** the proposed formulary entry was discussed and agreed with the following amendments:
  - Age band and dosing information to be added to miconazole.
  - A note to be added stating that treatment with Nystan® is normally taken for 7 days and should be continued for 48 hours after symptom resolution.
  - 7 day comparative costs to be added to formulary entry for both nystatin and miconazole

  There was discussion regarding drug interactions with miconazole. It was agreed that the severity of several acknowledged interactions would be reviewed and considered for addition to the formulary.
- **Sevelamer/ Renvela®:** a financial saving may be available if sevelamer carbonate is prescribed generically rather than by brand (Renvela®). There was discussion about prescribing generically; it was noted that there are two sevelamer salts available, hydrochloride and carbonate which are not interchangeable. The change in prescribing is supported by the local renal units. It was agreed to remove the brand.

4. **Triptorelin entry review**: the proposed formulary entry was discussed and agreed.

5. **Review: Gastrointestinal guidance**

- **Adult GORD and dyspepsia management**

  This section of the formulary has been reviewed and consulted upon by local

specialists. The presented review was discussed and agreed subject to the following amendments:

- Eradication of H. pylori: treatment for penicillin allergic, with prior quinolone exposure to be removed as a second line treatment from the formulary but include a link to the NICE guidance. This treatment option is used in a small group of patients and at the time of writing a licensed version of bismuth is unavailable.
- Remove Gaviscon Advance® - pending decision awaiting EM response re: ENT
- Remove omeprazole MUPs and rabeprazole.
- A decision was made to keep esomeprazole in the formulary and add esomeprazole IV as a hospital only 'red' treatment for management of GI bleeds.
- Note to be added referring paediatric clinicians to the paediatric reflux disease guidance.

- **Paediatric reflux management**
  This section of the formulary has been reviewed; it is largely based on NICE Guidance NG1. The review has been consulted upon by local specialists. The presented review was discussed and agreed. It was agreed that a link to the SDHCT intranet guideline 0911 entitled 'Infant and early childhood feeding for South Devon' should be included.

**Action: SDHCT ENT department to feedback to EM regarding removal of Gaviscon Advance®.** **EM**

**Link to SDHCT intranet guideline (infant and childhood feeding) to be forwarded.** **EM**

6. **Negative Pressure Wound Therapy (NPWT)**

A paper was presented by Beverley Baker. The information is intended to provide clarity to GPs on the use of NPWT. It was agreed that the sentence suggesting disposable products are available on prescription in the South and West be removed.

There was discussion about prescribing and availability of NPWT. It was suggested that Beverley Baker attempt to align the process in the South and West with that in the North and East.

7. **Products applications:**

- **Toujeo®**
  An application has been received for this to be added to the formulary, this is a high strength basal insulin licenced for the treatment of type 1 or type 2 diabetes mellitus in adults ≥18 years. There was discussion about the product doses and cost, the advantages to patients and the inbuilt safety of the pen applicator. It is expected that patient numbers will be small and the majority of patients suitable for treatment will have Type 2 diabetes mellitus. The committee agreed to add Toujeo® to the formulary as an amber drug. The proposed formulary entry was agreed subject to the inclusion of a fourth note stating that the product is only for use in patients with large daily insulin requirements in order to reduce the number and volume of injections.

- **Levosert®**
  An application has been received for this to be added to the formulary, it is a levonorgestrel intrauterine system licensed for contraception and management of heavy menstrual bleeding. There was discussion about the cost effectiveness of

Levosert® compared to the alternatives, the time each product was licensed for, the difficulty of anticipating how long a women would use the product for and any training requirements for fitting the device. The applicant Diana Sells was present for the discussions. It was agreed that Levosert® would be included in the formulary as an alternative to existing products. It will be added as 'green'.

8. **Review: Type 2 Diabetes guidance**

The December 2015 NICE publication of updated type 2 diabetes mellitus guidance, has prompted a formulary review of the clinical guideline and associated products. 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:

- Repaglinide to be removed
- Glucagon-like peptide-1 receptor agonists: lixisenatide to be changed from amber to green and the remaining class products to become blue.
- Sodium glucose co-transporter 2 (SGLT2) inhibitors: change from amber to blue
- Sulphonylureas: Glipizide change from green to blue
- Thiazolidinediones: pioglitazone to be changed from blue to green.
- Long acting insulin analogues: Abasaglar to be changed from blue to green
- Glucose injection to be removed.

There was discussion about the costs of different drug classes and how to direct people to the most cost effective option. NICE state that the cheapest option should be used in each class unless there is a clinical reason not to do so but do not make recommendations between classes. Currently there is no local consensus between specialists regarding the choice of treatment used for intensification after metformin. It was agreed to add a statement to the formulary to highlight that the group of drugs with the lowest acquisition cost after metformin is the sulphonylureas.

**Action:** **Details of Plymouth Hospitals NHS Trust diabetes nurse to be forwarded.** **SC**

**Link to South Devon hypoglycaemia guideline to be forwarded.** **EM**

9. **Dulaglutide for Type-2 diabetes**

The Clinical Policy Committee made a recommendation that Dulaglutide (Trulicity®) for the treatment of type 2 diabetes be adopted locally. This decision is subject to ratification by the CCGs. The proposed formulary entry was discussed and agreed in principle, pending publication of the commissioning policy.

Discussion took place with regard alternative treatments. Exenatide the only alternative once weekly treatment requires pre-mixing. Lixisenatide is the least costly option and will become first line 'green' in the formulary. Dulaglutide will be added to the formulary as 'blue'. All other treatments within this class will become 'blue'.

10. **Recent drug decisions including NICE**

These were noted.

11. **MHRA Drug Safety Updates**

- **July** - noted
- **August** - noted

**Next meeting: Wednesday 9th November 2016 2pm – 4:30pm**

**The Watermark, Ivybridge PL21 0SZ**

| South and West Devon Formulary Group – Action log | | | |
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| **Date** | **Action** | **Responsible** | **Completed** |
| Sept 16 | Confirm COPD notes from July FIG and update committee in November | EG | |
| Sept 16 | Links to South West intranet guidelines to be forwarded to EG (infant and childhood feeding & hypoglycaemia).<br>SDHCT ENT department to feedback to EM regarding removal of Gaviscon Advance®. | EM<br>EM | |
| Sept 16 | Details of Plymouth Hospitals NHS Trust diabetes nurse to be forwarded to EG. | SC | |