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

Present:	Andrew Gunatilleke	Consultant, Chair	Torbay & South Devon NHS FT
	Andy Craig	GP	NEW Devon CCG
	Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
	Matt Howard,	Clinical Evidence Manager	NEW Devon CCG
	Emma Gitsham	Joint Formularies Pharmacist	NEW Devon CCG
	Tristan Frame	MO Pharmacist	NEW Devon CCG
	Paul Manson	Lead MO Pharmacist	NEW Devon CCG
	Rebecca Perkins	MO Pharmacist	NHS Kernow
	Josh Hamilton	GP	NHS Kernow
	Phil Melluish	GP	South Devon and Torbay CCG
	Bill Nolan	GP	South Devon and Torbay CCG
	Iain Roberts	Lead MO Pharmacist	South Devon and Torbay CCG
	Larissa Sullivan	Interface Pharmacist	South Devon and Torbay CCG
Guests:	Lee Dobson	Respiratory Consultant	Torbay & South Devon NHS FT
	Chris Lane	Respiratory CNS	Plymouth Hospitals NHS Trust
	David Waine	Respiratory Consultant	Plymouth Hospitals NHS Trust
	Emily Whittome	MO Practice Pharmacist	South Devon and Torbay CCG
Apologies:	Carol Webb	Joint Formularies Technician	NEW Devon CCG
	Jeremy Morris	Formulary Pharmacist	Plymouth Hospitals NHS Trust
	Petrina Trueman	Clinical Evidence Pharmacist	NEW Devon CCG

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

   Lee Dobson, Chris Lane and David Waine attended the meeting for the discussion of COPD.

   Emily Whittome attended the meeting as an observer

   Declarations of interest: Rebecca Perkins' spouse had recently been accepted onto the NICE clinical guideline development group for COPD but had not started at the time of the meeting.

2. **Notes of the meeting held on 21 September 2016**

   The notes of the meeting held on 21 September 2016 were agreed subject to the following amendments:

   - **Toujeo®:** Iain Roberts asked for an amendment to the wording in the minutes with regard to the number of injections. It was agreed that Iain Roberts would provide a form of words for this entry. **IR**
   - **Miconazole/nystatin:** At the September 2016 meeting there was discussion regarding drug interactions with miconazole/nystatin. The Clinical Effectiveness Team has undertaken a review of the severity of several interactions and considered them for addition to the formulary. The group discussed issues pertinent to including drug interactions in the formulary:
     - The formulary will only include drug interactions referenced by the MHRA. Other individual interactions may be considered on a case by case basis. Action complete

   Action List Update and matters arising

   - *Confirm COPD notes from July and update committee in November.* Item reported under matters arising, this includes the new guideline discussion. Action complete.
   - *Links to South West intranet guidelines to be forwarded to EG (infant and childhood feeding & hypoglycaemia).* Action complete.

- *SDHCT ENT department to feedback to EM regarding removal of Gaviscon Advance®.* SDHCT ENT had responded; one specialist would like Gaviscon Advance® to remain on the formulary for ENT manifestations of reflux. Removal would leave Peptac® as the preferred formulary alginate for use in adults.

  It was agreed that if no further comments are received by the end of the year and no more evidence becomes available for Gaviscon Advance® it will be removed from the formulary. There was discussion about the cost of Gaviscon Advance® which is more expensive than the alternative. Action complete.

- *Details of Plymouth Hospitals NHS Trust diabetes nurse to be forwarded to EG.* The details have been received and are now in the formulary. Action complete.

Matters arising

- **COPD:** A query was raised with regard to the notes of the meeting of 13 July 2016; the query related to Torbay and South Devon NHS Foundation Trust's agreement with the COPD guidance at the time of the meeting. Subsequent to the July meeting it was highlighted that Torbay and South Devon NHS Foundation Trust were not in agreement with the guideline. At the meeting in September 2016 it was agreed that the original e-mails be reviewed and that the committee would be updated at the November 2016 meeting.

  A review of the e-mails has taken place. The meeting notes are correct. Action complete

- The COPD guidance discussed at the July 2016 meeting had been adapted from GOLD, since then feedback had been received from a specialist that the guidance may not be fully supported by the evidence. Additionally, the July 2016 meeting had not been quorate and it was subsequently noted that the proposed guidance had not been reviewed by Torbay & South Devon NHS FT. Since July 2016 informal discussions had taken place regarding deviation from GOLD and the need to highlight 1st and 2nd line treatments. The guidance has been redrafted in line with GOLD and acknowledgement of the South Devon and Torbay CCG guidance which was developed independently of NEW Devon CCG.

  The proposed formulary entry was discussed and agreed subject to the following amendments:
  - Appendix 1: Gold model for initial pharmacological management of COPD will not be adopted into the formulary.
  - Appendix 2: Information from the South Devon and Torbay CCG guidance to be extracted and included in formulary guidance.

  Action: Information from the South Devon and Torbay CCG guidance to be extracted and included in the formulary guidance. **MH/CW**

  There was discussion regarding identification of 1st and 2nd line treatments.

  Torbay and South Devon NHS Foundation Trust and Plymouth Hospitals NHS Trust are in agreement with the South Devon and Torbay CCG guidance.

  The recommendations in the South Devon and Torbay CCG guidance are evolving. A launch is planned at which the guidance will be explained. Further work will be completed outside of the FIG meeting. Updates can be sent to the Formulary Interface Group (FIG) generic e-mail. If necessary updates can be brought to a future meeting.

  There may be concern in primary care with regard to diagnosis categories including asthma and COPD. A South Devon and Torbay document is available for Asthma COPD Overlap Syndrome (ACOS) which Lee Dobson offered to share with the group.

3. **Proposed changes to formulary products:**

- **Entresto®**
  The Devon FIGs have been asked to consider a change in the 'traffic-light' RAG classification of sacubiril/valsartan (Entresto®) from its current 'red' hospital only prescription status to 'amber' whereby specialist input is required when prescribing a treatment in primary care.
  The proposed entry had been developed with specialists from the North and East. The proposed change to the formulary entry was discussed. Majority opinion was that Entresto® should remain a 'red' drug. The following amendments to the formulary entry were agreed:
  - The majority of the notes section from the proposed entry will be added to the current formulary entry. The section regarding ongoing management and monitoring of patients being performed in primary care will not be added.
  - Drug prices will be removed from the entry.

  Discussion took place about the optimisation of well understood standard treatments before using newer treatments. Some members suggested that more could be done to optimise use of standard treatments for heart failure patients. However Entresto® may be useful for patients who are unwell despite receiving optimal standard treatment. There was also discussion about current lack of experience with this drug, potential unknown safety issues or those associated with co-administration. In addition the NICE costing template suggests that the drug is expensive; however use is expected to reduce hospital admissions. The QALY for this treatment is towards £30,000 on the NHS England Medicines Optimisation Dashboard. Entresto® has a NICE TA so it is not appropriate for discussion at the CCGs Clinical Policy Committee.

4. **Menopause/HRT guidance review**

A review of the Devon formulary guidance on menopause and HRT was prompted by the 2015 NICE guideline publication (NG23 Menopause: diagnosis and management). It is largely based on NG23, the BNF and the British Menopause Society guidance. Text has also been incorporated from the current north and east/south and west Devon formulary pages. This section of the formulary was circulated to south and west Devon specialists for comment.

The presented review was discussed and agreed with minor amendments including:

- The proposed section on diagnosis will be removed once an expected CRG is published if there is Devon wide agreement.
- 'Menopausal women with, or at high risk of, breast cancer should be referred to a healthcare professional with expertise in menopause' to be amended to 'Menopausal women with, or at high risk of, breast cancer should be referred to a gynaecology specialist in the first instance or breast cancer specialist in certain circumstances'.
- Tibolone to remain as amber.
- The strength to be added to medroxyprogesterone acetate.
- Vaginal atrophy; Hormonal preparations - Estriol – note 1 to be removed.

Action: Agreed changes to this section of the formulary to be made and emailed to chair for agreement. **CW**

A discussion took place about the use of 'amber' status. Over time 'amber' has been used in a number of circumstances and clarification of its meaning was requested. The Devon formulary website defines amber as 'treatment where specialist input is required for general use. A specialist is not exclusively a consultant, rather someone with recognised skills, for example a GP with special interest, specialist nurse or microbiology culture and sensitivity report. The Clinical Effectiveness team will be surveying GPs in

the future. A question regarding 'amber' status can be included. Discussion also took place regarding clarifying when patients should be referred to a breast cancer specialist.

Action: Clarification to be sought from gynaecology specialists as to when patients should be referred to a breast cancer specialist. **MH**

5. **5-ASA: olsalazine & balsalazide removal**

The South and West Devon Formulary Interface Group has received a request from the new Devon CCG Medicines Optimisation Team to consider removal of two aminosalicylates in order to rationalise treatment options and harmonise with the north and east Devon formulary. The requested revision to the formulary entry was discussed but not approved by the group.

A discussion took place about the need for care when removing items from the formulary. It was felt that patient numbers were low and that new patients will not be initiated on this treatment. The e-PACT data will be reviewed and the outcome discussed with the chair via e-mail, with removal agreed if patient numbers are low.

Action: e-PACT data to be reviewed and discussed by email with the chair. **CW**

6. **Post prostatectomy guidance**

The formulary has been asked to include a brief statement regarding a preferred PDE-5 inhibitor for use in patients post prostatectomy. The statement is similar to that agreed for the North and East formulary. The proposed statement was discussed and approved for inclusion into the formulary.

A discussion took place about the evidence for PDE-5 inhibitors and the benefits of longer acting treatments. There is no evidence for one PDE-5 inhibitor over another. As sildenafil currently has the lowest acquisition cost it should be considered first line in preference to other PDE-5 inhibitors. However individual patients may experience better results and fewer side effects with one drug compared to another. Sildenafil is a short acting treatment; a longer acting treatment may be preferred post-surgery.

It was agreed that subsequent to the addition of the proposed entry into the formulary additional work will be undertaken to attempt to clarify optimal dosing regimen which will be added to the statement.

Action: Subsequent to the addition of the proposed statement to the formulary work will be undertaken to refine the statement in line with the FIG discussion. **MH/CW**

7. **Product applications:**

- **Thick and Easy**: Faye Lewis was unable to attend the meeting for this item. Item to be brought to a future meeting.
- **Cetraben® ointment**: An application has been received for the inclusion of Cetraben® ointment into the formulary for the treatment of dry skin in eczema, dry cases of psoriasis and other dry skin conditions. The applicant states that the inclusion of Cetraben® ointment will increase patient choice of emollient without a cost pressure. The applicant indicates that the product is intended to be added to the formulary as a green, first line product to be used by all prescribers in primary and secondary care. The proposed entry was discussed and agreed with the following amendments:
  - Yellow soft paraffin to be removed,
  - Epaderm® ointment to be replaced with Hydromol® ointment
  - Cetraben® ointment to be added.

A discussion took place about patient choice. It was suggested that alternative products should be available as long as they are of a similar price.

8. **Antibacterials**

The Primary Care Antimicrobial Guidance is reviewed regularly using Public Health England Management of Infection Guidance for Primary Care. The formulary aims to provide a simple, effective, economical and empirical approach to the treatment of common infections and to minimise the emergence of bacterial resistance in the community. The proposed formulary entry has been reviewed by two local microbiologists.

The proposed formulary entry was discussed and approved for inclusion into the formulary subject to the following amendments:

Acute exacerbation of COPD:
- Doxycycline dose entry to be checked.

Community multi-drug resistant UTIs:
- Pivmecillinam to remain amber
- Add supply statement from fosfomycin section
- Fosfomycin – keep 'Do not use for empirical treatment'.

Acute pyelonephritis
- TrimethoprIm to be changed from blue to amber

A discussion took place about rescue packs for patients with acute exacerbation of COPD, any outcomes from the work currently taking place will be forwarded to Matt Howard, and with regard to PDF summaries for the treatment of urinary tract infections. PDF summaries have benefits as the information is readily available. However, they become out of date. It was also noted that trusts may have their own versions which may differ from the formulary.

9. **Ivermectin (Soolantra®) CPC decision**

The Clinical Policy Committee made a recommendation that ivermectin 1% cream (Soolantra®) for the treatment of inflammatory lesions of papulopustular rosacea 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.

10. **Causes of secondary hypercholesterolaemia**

A request had been received from a working group of NEW Devon CCG's Pathology Optimisation Team to incorporate into the existing formulary guidance a section of text highlighting the possible causes of secondary hypercholesterolaemia.

The proposed addition to the formulary was discussed. The proposed text was not approved for addition to the formulary.

A discussion took place about the risk of the formulary becoming an ever growing medical textbook and the likelihood of the proposed text being read.

11. **Drugs affecting the renin-angiotensin system – clinical guidance review**

This item was deferred to the next meeting.

12 **Amendment to reflux disease and PPI guidance**

This item was deferred to the next meeting.

13. **Recent drug decisions including NICE**
These were noted.

14. **MHRA Drug Safety Updates**
The safety updates for September and October were deferred to the next meeting

15. **Any Other Business**

Layout of the formulary: The layout of the formulary had changed in line with the new BNF layout, however following feedback it had been agreed that the layout would revert to its previous format.

NICE Do not Do list: Iain Roberts raised the issue of the NICE 'Do not do' list.

The group discussed issues pertinent to the NICE 'do not do' list. It is not practical for every item on this list to be considered by the CCGs. However any those that are of particular interest could be considered.

Clinical Effectiveness Team

- Emma Gitsham is due to start maternity leave.
- Petrina Truman is due to leave the CCG to take up a new role.

The group thanked Emma and Petrina for all their hard work and extended their best wishes for the future.

Next meeting: 11th January 2016, 2pm – 4.30pm

South and West Devon Formulary Group – Action log

Date	Action	Responsible	Completed
Nov 16	Toujeo® - form of words to be provided for this entry.	IR	
Nov 16	Information from the South Devon and Torbay CCG guidance on COPD to be extracted and included in formulary guidance.	MH/CW	Completed
Nov 16	Agreed changes to the menopause and HRT section of the formulary to be made and e-mailed to chair for agreement	CW	Completed
Nov 16	Menopause and HRT guidance review. Clarification to be sought from gynaecology specialists as to when patients should be referred to a breast cancer specialist.	MH	
Nov 16	e-PACT data for 5-ASA: olsalazine & balsalazide removal to be reviewed and discussed by email with the chair	CW	Complete
Nov 16	Proposed post prostatectomy guidance to be added to the formulary. Subsequent work to be undertaken to refine the statement in line with the FIG discussion.	MH	Guidance added, subsequent work added to the work-plan