Northern, Eastern & Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Meeting of the South and West Devon Formulary Interface Group
Minutes

Wednesday 8th March 2017: 2:00 pm – 4.30 pm

The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

Present:

Andrew Gunatilleke (Chair)	Consultant	Torbay & South Devon NHS FT
Andy Craig	GP	NEW Devon CCG
Josh Hamilton	GP	Kernow CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Paul Manson	Senior MO Pharmacist	NEW Devon CCG
Phil Melluish	GP	South Devon and Torbay CCG
Jeremy Morris	Formulary Pharmacist	Plymouth Hospitals NHS Trust
Bill Nolan	GP	South Devon & Torbay CCG
Iain Roberts	Lead MO Pharmacist	South Devon & Torbay CCG
Larissa Sullivan	Joint Formularies Pharmacist	South Devon & Torbay CCG

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and introductions

Apologies

Mark Stone	Community Pharmacist

Josh Hamilton attended the meeting on behalf of Kernow CCG.

Declarations of Interest

Declarations of Interest forms were collected. There were no declarations to report.

2. Minutes of the meeting held on 11th January 2017 and matters arising

The minutes of the meeting held on 11th January 2017 were approved.

Summary of actions			
	Action	**Lead**	**Status**
17/01	*Patient groups for which Monuril® is licensed to be confirmed with the manufacturer.* It was confirmed that Monuril® is only licenced for use in women.	MH	Complete
17/02	*Modafinil - Clarity regarding the frequency at which this monitoring should be carried out to be sought from specialists. Once received this will be e-mailed to FIG members.* Modafinil has been added to the formulary.	MH	Complete
17/03	Formulary notes to be drafted for applicable issues raised in the discussion of Thick and Easy and added into the formulary.	FL/CW	Complete
17/04	Plymouth Hospitals NHS Trust and Livewell to be contacted to ensure that they are content that Thick and Easy Clear and Nutilis Clear products are include in the formulary.	CW	Complete
17/05	Specialists to be contacted to ascertain if there are specific circumstances in which ketone testing was preferable to urine tests. Subsequent to the meeting it was noted that there was an entry for ketone testing in the formulary. Therefore this action is not required.	MH	Complete

Tiotropium Handihaler® Device

An application to add Tiotropium brand (Braltus®) to the formulary had been discussed and approved at the meeting held on 11th January 2017.

Subsequently it had been noted that the Handihaler® device should have been removed from the formulary. A discussion took place about whether existing patients should be switched from the Handihaler® device. The group noted that fewer patients were expected to be started on Tiotropium in the future.

It was agreed that the Handihaler® device will no longer be included in the formulary for new starters. However existing patients will not be switched from the Handihaler® device.

ACTION: Matt Howard to update the formulary entry for the Handihaler® in-line with the position agreed by FIG.

3. Consideration of Naloxegol for change of status from Red to Amber in the formularies

Naloxegol decreases the constipating effect of opioids. An application has been received from a palliative medicine consultant in Plymouth to update the status of Naloxegol from 'red' to 'amber' in the formulary to allow continuation of prescribing in primary care following specialist initiation.

A discussion took place about who was considered to be a specialist in palliative care; it was agreed that specialists included specialist palliative care nurses as well as consultants. The group agreed that Naloxegol should be prescribed only to palliative care patients experiencing constipation as a result of opioid pain relief for whom opioid pain relief was effective. If the opioid was not providing effective pain relief it should be stopped. Naloxegol should only be prescribed by a GP for this group of patients. There was also discussion about the status of Naloxegol in the formulary; it had been added as a 'red' (hospital only drug) as NICE recommend it for general use.

It was agreed that the formulary status of Naloxegol be updated from 'red' to 'amber' to allow continuation of prescribing in primary care following specialist initiation. The group also recommended that the EPACT data be reviewed in six months.

It was agreed that a note would be included that for patients outside the agreed group, prescribing should remain in secondary care.

ACTION: Matt Howard to update the formulary entry for the Naloxegol from 'red' to 'amber' in-line with position agreed by the FIG.

4. Novorapid PumpCart: proposed change to formulary status

The Novorapid PumpCart was added to the formulary as a red (hospital only) drug in November 2016 at the request of a formulary pharmacist at Derriford Hospital. Subsequently a request has been received from the Torbay and South Devon MO team and from the team at Torbay Hospital responsible for paediatric patients on insulin pumps to update the status of the Novorapid PumpCart from 'red' to 'amber' (specialist initiated). Novorapid PumpCart cartridges are required for certain types of insulin pumps and slot straight into the pump.

The current status of the Novorapid PumpCart cartridges as a 'red' drug requires ongoing prescribing by secondary care. However, once the patient has been trained to use the pump GPs in the Derriford and Torbay areas are prescribing the Novorapid PumpCart. Changing the formulary status of the PumpCart cartridges from 'red' to 'amber' to reflect current clinical practice is the most pragmatic option.

The FIG agreed that the formulary status of the Novorapid PumpCart be amended from 'red' to 'amber'.

ACTION: Hilary Pearce to update the formulary entry for the Novorapid PumpCart from 'red' to 'amber' in-line with position agreed by the FIG.

5. Consideration of Pipexus® modified-release (m/r) tablets for addition to the formularies

An application has been received for the addition of Pipexus® m/r tablets to the formulary. Pipexus® m/r tablets are available in the same strengths as the originator product and represent a potential cost saving for the CCGs. Pipexus® is included in the North and East Devon formulary.

A discussion took place about the potential for supply shortages. Written comments had been received on behalf of community pharmacies raising concerns about the availability of branded generics: it was noted that despite assurances from suppliers with regard to the availability of products this is rarely the case and that where there is a bulk switch/significantly increased prescribing there is always an availability problem. (These comments are also applicable item 6 Cholurso® and item 7 Evolve® below). However the group did not feel that a large number of patients would switch brand at the same time and that shortages were therefore unlikely. There was also a discussion about the potential for confusion relating to dosing as Pramipexole packs also express the dose as the Dihydrochloride and print both doses in milligrams.

The application for the addition of Pipexus® to the formulary was approved.

ACTION: Matt Howard to update the formulary entry for Pramipexole and the preferred brand page of the formulary to include Pipexus® modified release tablets as the preferred brand.

It was suggested that suppliers are advised of the change to the formulary and the potential for an increase in demand.

ACTION: Paul Manson/Iain Roberts to advise suppliers about the change to the formulary.

6. Consideration of Cholurso® as preferred brand of ursodeoxycholic acid for addition to the formularies

An application has been received for the addition of Cholurso® as the preferred brand of Ursodeoxycholic acid to the formulary. The presented paper was discussed; it was agreed that Cholurso® (Ursodeoxycholic Acid) 250mg tablets will be added to the formulary.

Discussion took place about the strengths of Cholurso® to be included in the formulary. It was agreed that only the 250mg dose will be added. Patients requiring larger doses will be prescribed multiples of 250mg. There was also discussion about prescribing of generics, the potential savings, lack of clarity about what patients are taking and switching patients from one brand to another. It was agreed that existing patients would not be actively switched to Cholurso®.

Written comments had been received on behalf of community pharmacies as per item 5 Pipexus® above.

ACTION: Matt Howard to liaise with gastroenterologists to clarify whether the 150mg and 300mg strengths can be removed from the formulary.

ACTION: **Matt Howard to update the formulary entry for Ursodeoxycholic Acid and the preferred brand page of the formulary to include Cholurso® as the preferred brand.**

7. Consideration to add Evolve® as the preferred brand for hypromellose 0.3% P/F, carmellose 0.5% P/F, and sodium hyaluronate 0.2 P/F eye drops

An application has been received to add the range of Evolve® products to the formulary on the basis that these products offer lower acquisition costs than currently recommended brands, and that the device may be easier to use for some patients. The addition of the Evolve® preservative free range is intended to simplify choice and reduce cost.

A discussion took place about the cost of preservative free products and the potential savings. There was also discussion about chronic usage of these products; it was noted that all the products have a three month shelf life and that there is a device available for patients with dexterity problems. Written comments had been received on behalf of community pharmacies as per item 5 Pipexus® above.

It was agreed that all the Evolve® products will be added to the formulary. Additional work may be needed to narrow the choices and agree 1st and 2nd line choices. Patients will not be actively switched to Evolve® products. Carmize® unit dose eye drops (Carmellose) will be removed from the formulary.

ACTION: **Matt Howard to check with Louise Greaves that ophthalmologists have been contacted about the removal of some products for the treatment of dry eye from the formulary.**

ACTION: **Hilary Pearce to add Evolve® as the preferred brand of Hypromellose 0.3% P/F and Carmellose 0.5% P/F for the treatment of dry eye conditions and update the preferred brand page of the formulary. Carmize® unit dose vials (Carmellose) to be removed from the formulary.**

Sodium Hyaluronate Evolve® HA 0.2% P/F 10ml will not be available until April 2017.

ACTION: **Matt Howard to check availability of Sodium Hyaluronate Evolve® HA 0.2% P/F 10ml before adding it to the formulary in April 2017.**

8. Consideration of Prednisolone 10mg/ml oral solution for addition to the formularies

An application has been received for the addition of Prednisolone 10mg/ml oral solution to the formularies. It is indicated for a wide variety of diseases and is available in 30ml bottles. Due to its 'special container' status quantities can only be supplied in multiples of 30ml bottles. Bottles must be used within 3 months of opening. It is also proposed that Prednisolone soluble 5 mg tablets be given 'blue' status in the formulary.

A discussion took place about the potential for this to be cost saving or a cost pressure to the CCGs. There was also a suggestion that the soluble tablet version of Prednisolone is not needed as standard tablets can be dissolved but are not licenced for use in this way. The prescribing of 'off licence' medicines when a 'licenced' alternative is available was also discussed. It was agreed that contact be made with

the Royal Devon and Exeter Hospital (RD&E) to ascertain if they have any experience of dissolving standard tablets.

ACTION: Matt Howard to contact RD&E to ascertain if they have any experience of dissolving standard Prednisolone tablets.

It was noted that the total dose per course rarely exceeds150mg.

It was agreed that the Prednisolone 10mg/ml oral solution be added to the formulary as a 'red' drug.

It was also agreed that Prednisolone soluble 5mg tables remain in the formulary but change to second-line 'blue'.

ACTION: Matt Howard to update the formulary entry for Prednisolone to be updated in line with the discussion.

9. Clinical Policy Committee Recommendation: Brivaracetam for the management of epilepsy

The Clinical Policy Committee made a recommendation that Brivaracetam for the management of epilepsy be adopted locally. This decision has been ratified by NEW Devon CCG and is awaiting ratification by South Devon and Torbay CCG. The presented formulary entry was discussed and agreed in principle without amendment. The formulary will be updated following completion of the CCGs' governance process and publication of the commissioning policy.

ACTION: On completion of the CCGs' governance processes, Hilary Pearce to add Brivaracetam for the management of epilepsy to the formulary.

10. Clinical Policy Committee Recommendation: Ulipristal acetate tablets (Esmya®) for intermittent treatment of uterine fibroids

The Clinical Policy Committee made a recommendation that Ulipristal Acetate tablets (Esmya®) for intermittent treatment of uterine fibroids be adopted locally. This decision has been ratified by NEW Devon CCG and is awaiting ratification by South Devon and Torbay CCG. The presented formulary entry was discussed and agreed in principle without amendment. The formulary will be updated following completion of the CCGs' governance process and publication of the commissioning policy.

ACTION: On completion of the CCGs' governance processes, Matt Howard to add Ulipristal Acetate tablets (Esmya®) for intermittent treatment of uterine fibroids to the formulary.

11. Omeprazole orodispersible tablets (MUPS®) for paediatric use

In September 2016 Omeprazole (MUPS®) were removed from the South and West Formulary at the request of the Western locality MO team. This was on the basis that Omeprazole MUPS® are more expensive than Lansoprazole dispersible tablets (FASTABS) and that FASTABS are licenced for administration via a nasogastric tube.

A request has been received from the formulary pharmacist at Derriford Hospital to reconsider this decision. This is on the basis that Omeprazole Orodispersible tablets (MUPS®) is licenced for use in children and that Omeprazole liquid, which is expensive and not licenced for use in children, is being used as an alternative.

A discussion took place about dosage and the status of the Omeprazole (MUPS®) in the formulary. It was agreed that, as the majority of initiations would be in secondary care; keeping it as 'amber' rather than changing to 'blue' allows it to be more clearly highlighted that Omeprazole (MUPS®) has only been approved for use in children and is not for wider prescribing.

ACTION: Hilary Pearce to add Omeprazole orodispersible tablets (MUPS®) for paediatric use to the formulary.

12. Recent Drug Decisions (including NICE)

The recent drug decisions were noted.

It was reported that no additional information had been received from Torbay and South Devon NHS Foundation Trust, therefore Gaviscon Advance products had been removed from the formulary.

13. MHRA Drug Safety Update

- January 2017 - noted
- February 2017: Hyoscine butylbromide (Buscopan) – the advice for healthcare professionals will not be added to the formulary as this product is not included in the formulary.

14. Any other business

<u>Adult tension headache</u>

Clarity had been sought as to the availability of acupuncture through the NHS for adult tension headache. Acupuncture is available via the pain service at Derriford Hospital.

Summary of actions			
	Action	**Lead**	**Status**
17/06	Handihaler® device to be removed from the formulary for new starters.	Matt Howard	Complete
17/07	Formulary status of Naloxegol to be amended from 'red' to 'amber'.	Matt Howard	Complete
17/08	Formulary status of the Novorapid PumpCart to be amended from 'red' to 'amber'.	Hilary Pearce	Complete
17/09	Formulary entry for Pramipexole and the preferred brand page of the formulary to be updated to include Pipexus® modified release tablets as the preferred brand.	Matt Howard	Complete
17/10	Suppliers to be advised about change to formulary to include Pipexus® modified release tablets as the preferred brand.	Iain Roberts/ Paul Manson	
17/11	Liaise with gastroenterologists to clarify whether the 150mg and 300mg strengths of Ursodeoxycholic Acid tablets can be removed from the formulary.	Matt Howard	
17/12	Formulary entry and the preferred brand page of the formulary to be updated to include Cholurso® as the preferred brand of Ursodeoxycholic acid.	Matt Howard	Complete
17/13	Confirmation to be sought from Louise Greaves that ophthalmologists have been contacted about the removal of some products for the treatment of dry eye conditions from the formulary.	Matt Howard	Complete
17/14	Evolve® to be added to the formulary as the preferred brand of Hypromellose 0.3%3% P/F and Carmellose 0.5% P/F for the treatment of dry eye conditions and update the preferred brand page of the formulary. Carmize® unit dose vials (Carmellose) to be removed from the formulary.	Hilary Pearce	Complete
17/15	Availability of Sodium Hyaluronate Evolve® HA 0.2% P/F 10ml to be checked before adding it to the formulary as the preferred brand for the treatment of dry eye conditions in April 2017 and updating the preferred brand page of the formulary.	Matt Howard	
17/17	RD&E to be contacted to ascertain if they have any experience of dissolving standard Prednisolone tablets.	Matt Howard	Complete
17/18	Formulary entry for Prednisolone to be updated in line with the discussion.	Matt Howard	Complete
17/19	On completion of the CCGs' governance processes Brivaracetam for the management of epilepsy to be added to the formulary	Hilary Pearce	Complete
17/20	On completion of the CCGs' governance processes, Ulipristal acetate tablets (Esmya®) for intermittent treatment of uterine fibroids to be added to the formulary.	Matt Howard	Complete
17/21	Omeprazole orodispersible tablets (MUPS®) to be added to the formulary for paediatric.	Hilary Pearce	