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

Meeting of the South and West Devon Formulary Interface Group

Minutes

Wednesday 10 May 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
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Paul Manson	Senior MO Pharmacist	NEW Devon CCG
Phil Melluish	GP	South Devon & Torbay CCG
Bill Nolan	GP	South Devon & Torbay CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Rebecca Perkins	MO Pharmacist	Kernow CCG
Iain Roberts	Lead MO Pharmacist	South Devon & Torbay CCG
Larissa Sullivan	Joint Formularies Pharmacist	South Devon & Torbay CCG
Darren Wright	Joint Formularies Technician	NEW Devon CCG

Guests:

Steve Cooke	MO Pharmacist	NEW Devon CCG
Edward Davies	Consultant Cardiologist	Plymouth Hospitals NHS Trust
Lily Hammarlund-Sim	Pharmacist	Kernow CCG
Phil Keeling	Consultant Cardiologist	T&SD NHS Trust

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and announcements

Apologies

Josh Hamilton	GP	Kernow CCG
Sally Mayell	Clinical Director of Pharmacy	Livewell Southwest
Jeremy Morris	Formulary Pharmacist	Plymouth Hospitals NHS Trust
Christopher Sullivan	Lead Clinical Pharmacist	Devon Partnership Trust
Mark Stone	Community Pharmacist	

Declarations of Interest

Rebecca Perkins

- Teva loan the use of an AIMs machine for conducting Advanced Inhaler Technique Training to NHS Kernow CCG. I completed initial training to deliver 'Advanced Inhaler Technique' in 2014. This was funded by Teva.

Phil Keeling

- In receipt of lecture fees in excess of £150 in the last year from Bayer, MSD and Daiichi Sankyo.
- Have taken part in trial for drug(s) /device(s) - Novartis

2. Minutes of the meeting held on Wednesday 8th March 2017 and matters arising

Minutes of the meeting held on 8th March 2017

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

Minor wording changes clarifying the dose were agreed to this section. These were that:

the **'total dose per course rarely exceeds 150mg**'.
'It was agreed that the Prednisolone **10mg/ml** oral solution be added to the formulary as a 'red' drug

Subject to these amendments the minutes of the meeting held on Wednesday 8th March 2017 were approved.

Matters arising

Evolve consultation

Following agreement at the FIG meeting on 8th March 2017 to add the range of Evolve® products to the formulary as the preferred brand for the treatment of dry eye the Clinical Effectiveness team had contacted specialists at Derriford Hospital to seek their views on the proposal to remove Carmize®, Hyabak® and Hylo-Forte® from the formulary. No requests to retain Carmize® had been received therefore it had been removed from the formulary.

The FIG were asked to consider whether Hyaback and Hylo-Forte P/F eye drops be retained as formulary options for the treatment of dry eyes.

A discussion took place about reducing the number of products on the formulary and the shelf life of products. It was agreed to remove Hyabak® 0.15% 10ml and Hylo-Forte® 0.2%10ml from the formulary.

ACTION: Darren Wright to remove Hyabak® 0.15% 10ml and Hylo-Forte® 0.2% 10ml for the treatment of dry eye from the formulary.

Annual report 2016-17

The Annual report 2016-17 was accepted. The committee thanked Carol Webb for her hard work in producing the report.

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.* This is now available in local warehouses.	Iain Roberts/ Paul Manson	Complete
17/11	Liaise with gastroenterologists to clarify whether the 150mg and 300mg strengths of Ursodeoxycholic Acid tablets can be removed from the formulary. It was agreed that no change would be made due to time constraints.	Matt Howard	Complete
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% 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.* This is now available and will be added to the formulary.	Matt Howard	Complete
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.* This item was included on the agenda.	Hilary Pearce	Complete

3. Consideration of Glucodrate for addition to the formularies

An application has been received for the inclusion of glucodrate into the formulary as an 'amber' product for specialist initiation only. It would be for use by patients who cannot tolerate or who are unable to prepare St Mark's Electrolyte Solution. The applicant suggested that inclusion of glucodrate into the formulary may increase patient compliance, improve clinical outcomes and reduce healthcare professionals' time.

A discussion took place about the potential for an increase in costs associated with Glucodrate. Written comments from a consultant gastroenterologist were tabled at the meeting. The FIG agreed that glucodrate be added to the formulary as a second line specialist initiated 'amber' product in line with proposed use.

ACTION: Darren Wright to add Glucodrate to the South and West Devon formulary as a second line specialist initiated 'amber' product for use when St Mark's Electolyte Solution cannot be tolerated or when a patient cannot prepare the alternative.

It was further suggested that e-pact data for Glucodrate be checked in 6-12 months for levels of usage.

4. Omeprazole orodispersible tablets

In September 2016 the FIG agreed to remove omeprazole MUPS from the formulary sections on dyspepsia and GORD due to the product being more expensive than alternative treatments. Subsequently, a request was received for the reconsideration of the decision. At the FIG meeting in March 2017 it was agreed that omeprazole MUPS be included in the

formulary as ‘amber’ (specialist initiation). However, this appears to conflict with the formulary section for paediatric reflux diseases which recommends that a four week course of proton pump inhibitors (PPIs) or H2-receptor antagonists (H2RAs) be given before considering referral.

The FIG were asked whether they still consider omeprazole MUPS should be re-introduced to the formulary as an amber option.

A discussion took place and it was agreed that omeprazole MUPS would be included in the formulary as ‘blue’ and that a note be added stating that this is for paediatric use (clarify age).

ACTION: Darren Wright to include omeprazole MUPS as ‘blue’ in the South and West Devon formulary with a note stating that it is for paediatric use (clarify age).

5. Freestyle Optium β-ketone strips

In November 2016 the FIG had agreed that Freestyle Optium β-ketone test strips be removed from the formulary; the formulary has been updated. Following discussion with diabetes nurses Iain Carr requested the re-inclusion of this product into the formulary for use by patients who carb count and use a different meter for glucose testing.

A discussion took place about the meter used. It was agreed that more information was needed before a decision could be taken and that Iain Carr be invited to attend the relevant meeting.

ACTION: Hilary Pearce to contact Iain Carr to request further information and to invite him to attend a future FIG meeting to support the paper.

6. IBS Guidance

The South and West Devon Formulary guidance on Irritable Bowel Syndrome (IBS) was reviewed in 2013. In February 2015 NICE issued clinical guideline CG61 (Irritable bowel syndrome in adults: diagnosis and management.

In light of NICE CG61 the formulary section for IBS has been reviewed and a proposal submitted to the FIG to update the guidance. A discussion took place and subject to the following amendments the proposed formulary entry for Irritable Bowel Syndrome guidance was accepted:

Constipation

<u>Macrogol oral powder, compound</u>

Note to be added about prescribing by brand.

Antidepressants

It was agreed that‘, therefore their use should be limited to IBD-D’ be added to the first paragraph of the section on antidepressants.

Reference to nortriptyline to be removed from the notes section.

ACTION: Darren Wright to update the IBS section of the South and West Devon formulary in line with the discussion.

It was further suggested that e-pact data for Dicycloverine be checked.

7. Removal of Nystan as preferred brand nystatin oral suspension 100,000 units/ml

An application has been received to remove Nystan® from the formulary as the preferred brand of nystatin oral suspension 100,000 units/ml and to revert back to the generic dose in line with the recently updated BNF and BNFc.

There was a discussion which supported generic prescribing. In addition written comments received on behalf of community pharmacy indicated agreement with generic prescribing. The application was accepted.

ACTION: Darren Wright to remove Nystan® from the South and West Devon formulary entry for nystatin oral suspension 100,000 units/ml and to revert back to the generic dose in line with the recently updated BNF and BNFc.

ACTION: Nystan® to be removed from the preferred brand page of the formulary.

8. Review of venlafaxine preferred brands in formulary

The NEW Devon CCG Medicines Optimisation Team has submitted proposals for the review of venlafaxine preferred brands in the formulary.

A discussion took place about the three proposals presented in the meeting papers. The FIG agreed that it was appropriate to return to generic prescribing. Written comments had been received on behalf of community pharmacies indicating agreement with a return to generic prescribing.

The proposed South and West Formulary entry for venlafaxine was accepted subject to the following amendment:

- Vensir XL® M/R capsules 225mg not to be added to the formulary.
- Venlafaxine M/R capsules 225mg to be added to the formulary.
- Note two of the notes section to be removed.
- Venlafaxine 37.5mg capsules to remain blue and be listed alongside other strengths.

ACTION: Darren Wright to update the South and West Devon formulary entry for venlafaxine in line with the discussion

ACTION: Vensir XL® to be removed from the preferred brand page of the formulary.

9. Reclassification of sacubitril valsartan (Entresto®)

An application requesting that the formulary status of Sacubitril/valsartan (Entresto®) be reclassified from ‘red’ (hospital only prescription) to ‘amber’ for treating symptomatic chronic heart failure with reduced ejection fraction in some people was discussed in November 2016 and briefly in January 2017. The FIG agreed that there should be no change from the ‘Red’ status at that time. No specialists attended for the previous discussions but had recently requested that the decision be reconsidered and that they be given another opportunity to explain their rationale for a proposed amber status.

Two consultant cardiologists joined the meeting. A discussion took place about the identification and management of patients with heart failure, the optimisation of standard treatments, the number of patients likely to receive sacubitril/valsartan, the benefits of treating appropriate patients with sacubitril/valsartan and the role of heart failure nurses. It was also noted that a web based system for GP education was being considered. It was agreed that this should not be provided by a drug manufacturer.

The FIG agreed that sacubitril/valsartan (Entresto®) be reclassified from 'red' to 'amber' and that the notes section from the North and East Devon formulary entry be included in the South and West Devon formulary entry with amendments to the order of the notes.

ACTION: Darren Wright to update the South and West Devon formulary entry for sacubitril valsartan (Entresto®) in line with the discussion.

It was further agreed that secondary care specialists will prescribe for the first three months of treatment and only request that GPs take over when a patient is stable. It was agreed that the notes indicate that prescribing would remain with specialists for three months. However specialists acknowledged that over time as experience is gained GPs may begin to initiate treatment.

The FIG acknowledged that secondary care may become overwhelmed seeing patients each time a prescription is required and be unable to see new patients. It was noted that some data had been extracted on lead times. It was suggested that a practice audit be undertaken in 6-12 months time.

The FIG requested that a paragraph be added to the letter sent by secondary care to GPs describing the roles of secondary care specialists and GPs in prescribing sacubitril/valsartan (Entresto®). Matt Howard to forward GP letter template from Dr Davies to Dr Gunatilleke.

ACTION: Matt Howard to forward letter template from Dr Davies to Dr Gunatilleke.

Dr Andrew Gunatilleke suggested that he discuss clarification of categories of amber status in the Devon formularies with Dr Tawfique Daneshmend.

10. Management of Thyroid Disorders

The thyroid guidance section of the formulary has been reviewed. Currently there is no guidance on the management of thyroid disorders in the South and West Devon formulary. The proposed guidance is based on several sources including the North and East Devon formulary. The section of the formulary thyroid guidance relating to liothyronine was reviewed separately and is reported under item 11 below.

The FIG considered the three questions outlined in the meeting paper. There was discussion about:

- the status of carbimazole and propylthiouracil in the formulary and how patients are managed,
- the risk of agranulocytosis and the advice to be included in the formulary
- whether the guidance on when treatment is recommended for sub-clinical hyperthyroidism is adequate.

In addition, it was noted that patients with hyperthyroidism are always managed by specialists but GPs prescribe medication due to waiting times for outpatient appointments. Blood tests are taken by GPs as part of the work-up when patients are referred to secondary care.

The FIG agreed that:

- Carbimazole and propylthiouracil will be reclassified as 'Amber; specialist recommendation' to reflect clinical practice. An amendment to the order of the sentences in the entry for propylthiouracil was agreed to highlight that, with the exception of early pregnancy, propylthiouracil should only be used second-line to carbimazole due to the risk of hepatotoxicity.
- The advice on the risk of bone marrow suppression induced by antithyroid drugs included in the current product page of the South and West Devon Formulary and the North and East Devon Formulary was discussed. This advice, which has a more extensive list of symptoms than BNF advice, was accepted for inclusion in the guidance section on thyroid disease and will remain in the product pages.
- The guidance for when treatment is recommended for subclinical hyperthyroidism is adequate. It was noted that the advice of a specialist would be sought for these patients.

ACTION: Darren Wright to update the thyroid section of South and West Devon formulary in line with the discussion

11. Liothyronine

The formulary guidance for liothyronine was reviewed as part of the formulary thyroid guidance review. Liothyronine has since been included in NHS England's review of low value prescription items from April 2017. When this has been completed NHS England will be issuing new guidance to CCGs.

Specialists had been contacted for their views on the place in therapy for liothyronine. Responses received reported that liothyronine had been discussed at the Peninsula Endocrine Network meeting; the view was that a small sub-group of patients may benefit from liothyronine. From responses received it appeared that specialists wished to review patients and stop treatment if patients were not responding to liothyronine. A protocol is being developed by the specialists.

A discussion took place about the lack of evidence for liothyronine, its formulary status, what constitutes an inadequate response in patients receiving other treatments and the need for patients to be regularly reviewed by specialists. It was suggested that the formulary status could be changed to 'Red' or that the product become 'non-formulary', however it was agreed that liothyronine would remain 'Amber'.

The specialist proposed amendments to the formulary entry for liothyronine were accepted by the FIG subject to minor amendments to the order of the notes section and the addition of a note stating that patients should be reviewed by a specialist every 12 months.

Steve Cooke will provide a link to the host website for the specialist protocol for patients receiving liothyronine once complete. Darren Wright will add link to the formulary website

once available. It was suggested that the progress made in terms of review by specialists of patients receiving liothyronine should be considered at a future date.

ACTION: Hilary Pearce to follow-up with Steve Cooke regarding link to host website for specialist protocol for patients receiving liothyronine.

ACTION: When available Darren Wright to add link to host website for specialist protocol for patients receiving liothyronine to the formularies.

It was also noted that the outcome of the NHS England review of low value prescriptions will prompt a further review of liothyronine.

It was further suggested that if the price of liothyronine does reduce a further review be undertaken in six-months.

Action: Darren Wright to update the South and West Devon formulary entry for liothyronine for thyroid disorders in line with the discussion.

12. Tramadol MR Advice

It was suggested that Tramadol MR is being used locally and that it be either added to the formulary or reference to it removed. A discussion took place with regard to this suggestion. The Clinical Effectiveness team advised that there was a procedure to follow with regard to formulary applications to be considered by the FIG and that Tramadol MR advice would be considered as part of the review of the pain chapter of the formulary.

13. NHS England – Review and website entry

NHS England has identified a number of low value prescription items; some of which are included in the Devon formularies. NHS England will be leading a review of these items and introducing new guidance for Clinical Commissioning Groups.

A discussion took place about whether the Clinical Effectiveness team should undertake reviews of the items listed in the formulary for discussion at FIG meetings ahead of completion of the NHS England review. It was accepted that any such reviews would have to follow the full FIG process. It was agreed that in order to avoid duplication of work and potentially having to reverse decisions taken by the FIG the outputs from the NHS England review be awaited.

14. Recent Drug Decisions (including NICE)

The recent drug decisions were noted.

15. MRHA Drug Safety Updates: March and April

- March: SGLT2 inhibitors: updated advice on increased risk of lower-limb amputation (mainly toes) – advice for healthcare professionals will be added to the formulary.
- April: Valproate and developmental disorders: new alert asking for patient review and further consideration of risk minimisation measures –the advice for healthcare professionals will be added to the formulary.

16. AOB

Prednisolone 10mg/ml oral solution - 'Red' formulary status of Prednisolone 10mg/ml oral solution to be included on FIG agenda.

ACTION: Matt Howard to include 'Red' formulary status of Prednisolone 10mg/ml oral solution on agenda for next FIG meeting.

Lyrica Patent for Pregabalin - Lyrica patent for Pregabalin to be included on the FIG agenda.

ACTION: Matt Howard to include Lyrica patent for Pregabalin on agenda for the next FIG meeting.

Summary of actions

	Action	Lead	Status
17/22	Hyabak® 0.15% 10ml and Hylo-Forte® 0.2% 10ml for the treatment of dry eye to be removed from the formulary.	Darren Wright	Complete
17/23	Glucodrate to be added to the formulary as a second line specialist initiated 'amber' product for use when St Mark's Electolyte Solution cannot be tolerated or when a patient cannot prepare the alternative.	Darren Wright	Complete
17/24	Omeprazole MUPS to be added as 'blue' in the formulary with a note stating that it is for paediatric use (clarify age).	Darren Wright	Complete
17/25	Iain Carr to be contacted to request further information for the Freestyle Optium β-ketone stick application and to invite him to attend a future FIG meeting to support the paper	Hilary Pearce	Complete
17/26	IBS section of the formulary to be updated in line with the discussion.	Darren Wright	Complete
17/27	Nystan® to be removed from the formulary entry for nystatin oral suspension 100,000 units/ml and to revert back to the generic dose in line with the recently updated BNF and BNFc.	Darren Wright	Complete
17/28	Nystan® to be removed from the preferred brand page of the formulary.	Darren Wright	Complete
17/29	Formulary entry for venlafaxine to be updated in line with the discussion	Darren Wright	Complete
17/30	Vensir XL® to be removed from the preferred brand page of the formulary.	Darren Wright	Complete
17/31	Formulary entry for sacubitril valsartan (Entresto®) to be updated in line with the discussion.	Darren Wright	Complete
17/32	Sacubitril valsartan (Entresto®) - Letter template from Dr Davies to be forwarded to Andrew Gunatilleke	Matt Howard	Complete

17/33	Thyroid section of formulary to be updated in line with the discussion	Darren Wright	Complete
17/34	Follow-up with Steve Cooke with regard to link to host website for specialist protocol for patients receiving liothyronine.	Hilary Pearce	
17/35	Liothyronine - When available link to host website for specialist protocol for patients receiving liothyronine to be added to the formularies.	Darren Wright	
17/36	Formulary entry for liothyronine for thyroid disorders to be updated in line with the discussion.	Darren Wright	Complete
17/37	Red' formulary status of Prednisolone 10mg/ml oral solution to be included on next FIG agenda.	Matt Howard	Complete
17/38	Lyrica patent for Pregabalin to be included on next FIG agenda	Matt Howard	Complete