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 12th July 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
Bill Nolan	GP	South Devon & Torbay CCG
Iain Roberts	Lead MO Pharmacist	South Devon & Torbay CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Larissa Sullivan	Joint Formularies Pharmacist	South Devon & Torbay CCG
Darren Wright	Joint Formularies Technician	NEW Devon CCG

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and announcements

Apologies

Phil Melluish	GP	South Devon &Torbay CCG
Lily Hammarlund Sim	Pharmaceutical Advisor	NHS Kernow CCG
Josh Hamilton	GP	NHS Kernow CCG
Mark Stone	Community Pharmacist	
Jeremy Morris	Formulary Pharmacist	Plymouth Hospitals NHS Trust

Declaration of Interests

No interests were declared.

2. Minutes of the meeting held on Wednesday 10th May 2017 and matters arising

The minutes of the meeting held on 10th May 2017 were approved.

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.		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.		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).		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.		Complete
17/26	IBS section of the formulary to be updated in line with the discussion.		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.		Complete
17/28	Nystan® to be removed from the preferred brand page of the formulary.		Complete
17/29	Formulary entry for venlafaxine to be updated in line with the discussion.		Complete
17/30	Vensir XL® to be removed from the preferred brand page of the formulary.		Complete
17/31	Formulary entry for sacubitril valsartan (Entresto®) to be updated in line with the discussion.		Complete
17/32	Sacubitril valsartan (Entresto®) - Letter template from Dr Davies to be forwarded to Andrew Gunatilleke.		Complete
17/33	Thyroid section of formulary to be updated in line with the discussion.		Complete
17/34	Follow-up with Steve Cooke with regard to link to host website for specialist protocol for patients receiving liothyronine.		Complete
17/35	Liothyronine - When available link to host website for specialist protocol for patients receiving liothyronine to be added to the formularies.		
17/36	Formulary entry for liothyronine for thyroid disorders to be updated in line with the discussion.		Complete
17/37	'Red' formulary status of Prednisolone 10mg/ml oral solution to be included on next FIG agenda.		Complete

17/38	Lyrica patent for Pregabalin to be included on next FIG agenda		Complete

Matters arising

- Report of e-FIG decisions

  The FIG received a report of the June 2017 e-FIG decisions.

3. Fiasp Products

An application has been received from Dr Dimitropoulos, specialist in diabetic medicine, at Derriford Hospital for the consideration of Fiasp products for addition to the formularies.

Fiasp is a fast-acting insulin aspart in a new formulation which has a faster initial absorption after subcutaneous administration. It is licensed for type 1 and type 2 diabetes in adults and can be used in insulin pumps. The application has wide support from other specialists at Derriford and also at Torbay Hospital and RD&E Hospital. However specialists did not support widespread use such as with Novorapid.

It is not proposed that any of the existing short acting human analogue insulins in the formulary be replaced; Novorapid is licensed for a wider age group. The European Medicines Agency Report for Fiasp identifies two main studies on the clinical efficacy of Fiasp in reducing blood glucose as part of diabetes treatment with Novorapid as a comparator. Fiasp has a similar safety profile to Novorapid (there is a difference in timing of hypoglycaemic episodes), but no distinct difference in efficacy. Fiasp is similarly priced to Novorapid.

A discussion took place. It was noted that Fiasp will not replace Novorapid. Novorapid is 'blue' in the formularies except the pump cart which is 'amber'.

The FIG accepted the proposed formulary entry. Fiasp products will be added to the formulary with 'amber' status.

ACTION: Formulary Team to add Fiasp products to the formulary in line with the discussion.

4. Consideration of Ralvo® as preferred brand of lidocaine 700mg (5% w/w) medicated plasters

The NEW Devon CCG Medicines Optimisation team has proposed that Ralvo® be included in the formulary as a preferred brand of lidocaine 700 mg (5% w/w) medicated plaster. The acquisition cost of Ralvo® is lower than Versatis® and there could be savings across Devon of more than £112,000.

The FIG discussed the possible reasons for the manufacturer of Versatis® producing Ralvo® which is an identical product at a cheaper acquisition cost. The FIG also discussed the possible effectiveness of the patches, the possible reuse of patches and a reduction in the number of patches used by each patient. It was noted that a stronger patch may be produced in future.

The FIG agreed that Ralvo® be added to the formulary with amber status as the preferred brand of lidocaine.

ACTION: Formulary Team to add Ralvo® to the formulary as the preferred brand of lidocaine 700 mg (5% w/w) medicated plaster.

ACTION: Ralvo® to be added to the preferred brand page of the formulary.

5. Prednisolone 10mg/ml oral solution

Prednisolone 10mg/ml oral solution was considered by the S&W FIG in March 2017 and added to the formulary as a 'Red' hospital only drug. At that meeting it was agreed that contact be made with Royal Devon and Exeter NHS Foundation Trust to ascertain if they have any experience of dissolving standard tablets. At that time the FIG also agreed that Prednisolone 10mg/ml oral solution be added to the formulary as a 'Red' hospital only drug. Since the decision was taken the formulary team have received a number of comments from stakeholders that a 'Red' classification may be causing issues for GPs in the South and West Devon area who wish to prescribe the product but feel unable to due to its 'hospital only' status.

The FIG was asked if it wished to reconsider the classification of prednisolone 10mg/ml oral solution. The FIG considered the formulary status of Prednisolone 10mg/ml oral solution and agreed that it should be changed to a second-line (Blue) preparation

ACTION: Formulary Team to amend the formulary status of prednisolone 10mg/ml oral solution from (Red) to become a second-line (Blue) preparation.

6. Management of Epilepsy

A request was received from the MO Pharmacist at South Devon and Torbay CCG that the information in 'Management of Epilepsy' guidance be clarified and expanded to accommodate the recent MHRA Drug Safety update (April 2017): Valproate and developmental disorders destinations where valproate was mentioned.

The guidance has been reviewed and made more relevant to girls and women of childbearing age. A local specialist contacted had commented that the updated guidance was appropriate.

The FIG was asked to consider whether the proposed entry was clearer than the current entry and highlights the MHRA Drug Safety Update?

The FIG considered the updated guidance. Subject to the removal one sentence the updated guidance was approved.

ACTION: Formulary Team to update the formulary section for the management of epilepsy with the new guidance in line with the discussion.

7. Emergency Contraception Guidance

The Faculty of Sexual and Reproductive Healthcare (FSRH) have written new advice on Emergency Hormonal Contraception (EHC) for overweight women. This promoted a review of the current formulary 'Emergency Contraception'; guidance on the contraception pages.

The new guidance places additional emphasis on IUD as the most effective method of emergency contraception and local specialists were contacted for their views. The FIG were asked to consider whether they agreed with the specialists recommendations and whether the FSRH weight and EHC advice is clear in the proposed revised entry?

A discussion took place about the effect of weight on the efficacy of Levonorgestrel and on Ulipristal Acetate, the cost on an unplanned pregnancy, GP capacity for IUD fittings and referral of patients to family planning.

It was agreed that the Formulary Team liaise with family planning with regard to rapidity of patient referrals from GPs for IUD.

ACTION: Formulary Team to liaise with Family Planning with regard to rapidity of patient referrals from GPs for IUD.

It was also agreed that a short sentence be added to section 7.3.5 Emergency Contraception with regard to copper IUD being more effective than hormonal methods of emergency contraception. Subject to this addition the FIG accepted the updated guidance for addition to the formulary.

ACTION: Formulary Team to update the emergency contraception advice formulary guidance in line with the discussion.

8. Proposed revision to formulary entry for "Gonadorelin analogues and gonadotrophin-releasing hormone antagonists"

It has been highlighted to the formulary team that the current formulary entry in relation to gonadotropin-releasing hormone (GnRH) analogues may be unclear in relation to each product's licensed indication and duration of treatment. There is concern that this may lead to longer term administration than intended.

The current entry has been updated in line with the individual product's Summary of Product Characteristics (SPC). The proposed amendments were presented to the FIG. The FIG were asked to consider whether the proposed amendments clarified the licensed indication and duration of treatment for the two formulary choice GnRH analogues and if the FIG accepted the proposed amendments.

A discussion took place about identification of the indications for which each strength of Triptorelin and Goserelin injection are licenced. Larissa Sullivan to forward a table for possible inclusion in the formulary to the formulary team at NEW Devon CCG.

ACTION: Larissa Sullivan to forward table for possible inclusion in the formulary to the formulary team at NEW Devon CCG.

ACTION: Formulary Team to update the formulary entry for Gonadorelin analogues and gonadotrophin-releasing hormone antagonists" in line the discussion.

9. Blood glucose monitoring in type 1 diabetes mellitus

A patient had contacted the CCG with regard to restrictions on the number of test strips available to patients with diabetes mellitus. Subsequently a request has been received from the NEW Devon CCG Medicines Optimisation team that the formulary guidance for blood glucose monitoring in type 1 diabetes mellitus include additional information from NICE NG17 'Type 1 diabetes in adults: diagnosis and management'.

The formulary team had reviewed the formulary guidance. The FIG was asked to consider the proposed amended formulary guidance for inclusion in the formulary.

A discussion took place about the cost of testing devices and strips. The feeling is that there is downward pressure on the cost of testing products and that costs of less than £10 are expected.

The FIG accepted the proposed changes to the formulary guidance for blood glucose monitoring strips.

ACTION: Formulary Team to update the formulary section for Blood glucose monitoring in type 1 diabetes with the new guidance.

10. Maintenance and Reliever Therapy (MART) Regimes

Additional information was proposed for inclusion into the current formulary Asthma – adult treatment guidance.

The FIG were asked to consider the key point and questions relating to the guidance: the emphasis that this guidance aims to replace SABAs as reliever inhaler, personalised asthma actions plans to be designed for MART Regimes, monitoring of prescriptions being issued, the position of MART Regimes in the formulary, asthma – adult treatment guidance, Step 3: Add on therapy.

A discussion took place about whether an extra note was needed with regard to drug strength. Two small corrections to the proposed guidance were noted. The FIG accepted the additional information proposed for inclusion in the current formulary Asthma – adult treatment guidance.

ACTION: Formulary Team to include the additional information for Maintenance and Reliever Therapy (MART) Regimes into the Asthma formulary guidance.

11. Migraine Guidance

The South and West Formulary guidance for migraine has been updated in line with the NICE clinical guideline 150 'Headaches in over 12s: diagnosis and management' and guidance developed by Dr Weatherby, a migraine specialist at Derriford Hospital.

Written comments had been received from Dr Medcalf. These had been responded to by the formulary team.

The FIG reviewed the proposed update to the migraine guidance and considered the comments received from Dr Medcalf. There was discussion about:

- Removal of pizotifen from the product entry for antimigraine drugs as no longer included in NICE guidance for prophylaxis of migraine. It was agreed that the formulary team would send the Northern and Eastern paediatrics entry to specialists.

ACTION: Formulary team to send the Northern and Eastern paediatrics entry to specialists.

- Removal of migraine as an indication from the product entry for sodium valproate. The FIG agreed that this should be removed.
- Changes to the current formulary triptans. The FIG agreed that no changes were needed.
- The addition of zolmitriptan nasal spray for patients where vomiting restricts oral treatment was discussed by the FIG. The FIG decided to wait for the outcome of the consultation with East Devon migraine specialists before making a final decision
- Removal of aspirin/metoclopramide and paracetamol/metoclopramide sachets from the formulary. The FIG agreed that these products should remain in the formulary.
- Opioid induced headaches: Note on medication overuse headache - point to be amended to read 'Where medication overuse headache is suspected seek advice from a hospital service/neurology department and/or the Pain clinic'.

ACTION: Formulary team to amend proposed migraine guidance in line with the discussion and send to Dr Medcalf, Dr Whetherby and pain consultants at Torbay and South Devon NHS Foundation Trust.

- Section on prophylaxis of migraine to be reordered and emphasis given to the need to consider the possibility of medication overuse in patients with chronic headache.
- It was agreed that the note on Ribofavin would not be added to the formulary guidance.

Comments in support of the proposed guidance had been received on behalf of community pharmacists.

Amendments to be made to the proposed Migraine guidance as per the discussion and brought back to a future South and West FIG meeting

ACTION: Formulary Team to amend migraine guidance and bring back to a future FIG meeting for agreement.

12. Sodium Oxybate for narcolepsy with cataplexy

At its meeting on 24th May 2017 the Clinical Policy Committee (CPC) made a recommendation in favour of routinely commissioning sodium oxybate for patients aged 19 years and over with narcolepsy with cataplexy who meet specific criteria.

The FIG considered the proposed formulary entry. There was discussion about the possibility that some patients are being seen in primary care. It was noted that Sodium Oxybate may be being prescribed off licence and that all patients should be reviewed to ensure that they meet the criteria for treatment. The FIG noted that Sodium Oxybate is Payment by Results (PbR) excluded and is funded by CCGs. Monitoring of use of Sodium Oxybate for the treatment of

patients aged 19 years and for narcolepsy with cataplexy may be undertaken by medicines optimisation.

It was noted that the formulary entry for Sodium Oxybate needs to be added to the formulary following completion of the CCG governance process and publication of the commissioning policy. The presented formulary entry with Sodium Oxybate as a 'Red' (secondary care only drug) was agreed in principle.

ACTION: On completion of the CCGs governance processes, Formulary Team to add the approved entry for Sodium Oxybate for the treatment of narcolepsy with cataplexy to the formulary.

13. Lecicarbon A Suppositories for the management of chronic constipation

At its meeting on 24th May 2017 CPC made a recommendation in favour of routinely commissioning lecicarbon A suppositories for the management of chronic constipation. The applicant was Mr Chris Oppong, a colorectal surgeon from Derriford Hospital. The application was supported by Mr Andrew Gee, colorectal surgeon at RD&E NHS FT.

Their use is proposed as an alternative to options, such as rectal irrigation, in patients for whom use of other established laxatives has not been effective and prior to the use of the prokinetic laxatives, prucalopride and lubiprostone. Mr Oppong saw lecicarbon A suppositories as an option for specialists to recommend.

A discussion took place about prescribing by primary care in South Devon. The FIG agreed the proposed formulary entry without amendment. The FIG agreed in principle that Lecicarbon A Suppositories be added to the formulary as an 'amber' specialist initiated product.

ACTION: On completion of the CCGs governance processes, Formulary Team to add the approved entry for Lecicarbon A Suppositories for the management of chronic constipation to the formulary.

14. Recent drug decisions (including NICE)

The recent drug decisions were noted.

15. MHRA Drug Safety Updates: May and June 2017

May 2017: Finasteride – advice for healthcare professionals noted, no action required.

June 2017: Denosumab - advice for healthcare professionals to be merged with current formulary advice.

Brimonidine gel – advice for healthcare professionals noted - not CCG commissioned. No action required.

16. Any other Business

<u>Newsletter update</u>

Newsletter update to be forwarded to Sophie Cottrell for circulation to the MO team.

ACTION: Formulary Team to forward the newsletter update to Sophie Cottrell.

Roles and Responsibilities

Larissa Sullivan stated that she may not attend all FIG meetings in future but would like to continue to receive meeting papers.

The FIG discussed ownership and influence of decisions taken by the group. It was suggested that consideration be given to following-up on job roles where there is low attendance.

Summary of actions

	Action	**Lead**	**Status**
17/35	Liothyronine - When available link to host website for specialist protocol for patients receiving liothyronine to be added to the formularies.	Formulary Team	
17/39	Fiasp products entry to be added to the formulary in line with the discussion.	Formulary Team	Complete
17/40	Ralvo® to be added to the formulary as the preferred brand of lidocaine 700 mg (5% w/w) medicated plaster.	Formulary Team	Complete
17/41	Ralvo® to be added to the preferred brand page of the formulary.	Formulary Team	Complete
17/42	Formulary status of prednisolone 10mg/ml oral solution to be amended from (Red) to become a second-line (Blue) preparation	Formulary Team	Complete
17/43	Formulary section for the management of epilepsy to be updated with the new guidance in line with the discussion.	Formulary Team	Complete
17/44	Emergency contraception guidance: Liaise with Family Planning with regard to rapidity of patient referrals from GPs for IUD.	Formulary Team	Complete
17/45	Update emergency contraception advice formulary guidance in line with the discussion.	Formulary Team	Complete
17/46	Proposed revision to the formulary entry for “Gonadorelin analogues and gonadotrophin-releasing hormone antagonists”: Table for possible inclusion in the formulary to be forwarded to the formulary team at NEW Devon CCG.	Larissa Sullivan	Complete
17/47	Formulary entry for Gonadorelin analogues and gonadotrophin-releasing hormone antagonists” to be updated in line the discussion.	Formulary Team	Complete
17/48	Formulary section for Blood Glucose monitoring in Type 1 diabetes to be updated in line with new guidance	Formulary Team	Complete
17/49	Additional information for Maintenance and Reliever Therapy (MART) Regimes to be included in the asthma formulary guidance.	Formulary Team	Complete

17/50	Migraine guidance: Northern and Eastern formulary paediatric entry to be send to specialists.	Formulary Team	
17/51	Amendments to be made to the proposed migraine guidance in line with the discussion and send to Dr Medcalf, Dr Whetherby and pain consultants at Torbay and South Devon NHS Foundation Trust	Formulary Team	
17/52	Migraine guidance: amended migraine guidance to be brought back to a future meeting for agreement.	Formulary Team	
17/53	On completion of the CCGs governance processes the approved entry for sodium oxybate for the treatment of narcolepsy with cataplexy to be added to the formulary	Formulary Team	Complete
17/54	On completion of the CCGs governance processes the approved entry for lecicarbon A suppositories for the treatment of constipation to be added to the formulary.	Formulary Team	Complete
17/55	Newsletter update: Newsletter to be forward to Sophie Cottrell	Formulary Team	Complete