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

Notes of: Meeting of the South and West Devon Formulary Interface Group

Wednesday, 11th January 2017: 2:00pm – 4.30 pm The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

Present:	Andrew Gunatilleke	Consultant, Chair	Torbay & SD 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
	Paul Manson(PMa)	Senior MO Pharmacist	NEW Devon CCG
	Phil Melluish (PMe)	GP	South Devon & Torbay CCG
	Bill Nolan	GP	South Devon & Torbay CCG
	Iain Roberts	Lead MO Pharmacist	South Devon & Torbay CCG
	Larissa Sullivan	Joint Formulary Pharmacist	South Devon & Torbay CCG
	Carol Webb	Joint Formularies Technician	NEW Devon CCG
Guests:	Faye Lewis	SALT & CL Dysphagia	Torbay & SD NHS FT
	Charles Thomas	MO Pharmacist	South Devon & Torbay CCG
Apologies:	Jeremy Morris	Formulary Pharmacist	Plymouth Hospitals NHS Trust
	Mark Stone	Community Pharmacist	
	Josh Hamilton	GP	Kernow CCG

1.

Welcome: apologies were noted and introductions were made.
Faye Lewis attended the meeting for the discussion of Thick and Easy
Charles Thomas attended the meeting as an observer.

Declarations of interest: Declarations of interest were collected.
Iain Roberts - *Any other interest (other than personal or family medical conditions) which could be seen as influencing view of the drug / device under consideration*: Joint working project previously with TEVA.

2.

Notes of previous meeting:

The notes of the meeting held on Wednesday 9th November 2016 were approved.

Action list updates and matters arising

- *Toujeo® - form of words to be provided for this entry*. Action complete
- *Menopause and HRT guidance review: Clarification to be sought from gynaecology specialists as to when patients should be referred to a breast cancer specialist.* Replies received from gynaecologists had stated that they were happy that patients be referred to them. GPs should send any breast cancer details to the gynaecologists. Action complete.

Entresto®

A discussion took place to clarify the reason that Entresto® remained a 'red' drug. 'Entresto® remained a red drug in order to promote optimisation of existing therapies prior to its initiation'.

3.	**Deferred from 21 September 2016 meeting** • **Drugs affecting the renin-angiotensin system – clinical guidance review**: A review of the formulary guidance has taken place and advice on monitoring associated with ACE has been included. The proposed formulary entry was discussed and agreed with no amendments. • **Amendment to reflux disease and PPI guidance**: Subsequent to the publication of the paediatric reflux guidance discussed on 21 September 2016 two specialists have requested additional information be added to the text. The proposed formulary entry was discussed and agreed with no amendments.	
4.	**Proposed changes to formulary products:** • **Preferred brand for fosfomycin – Monuril** Fosfomycin is currently included in the Devon formularies as amber (specialist input). Monuril® brand is licensed for use in adult and adolescent females. Monuril® is not licensed for use in males, or children under the age of 12 years. An application has been received to update the current formulary entry for fosfomycin as there are expected cost savings. It is proposed that the entry be amended to state that Monuril® brand should be prescribed for females and that fosfomycin should be prescribed as a generic for males. The proposal was accepted by the North and East FIG. The proposed changes to the formulary entry were discussed. The changes were not approved for inclusion in the formulary on the basis that the suggested changes may cause confusion and that there was little saving. A discussion took place about : o Possible use of Script Switch. o The groups for which Monuril® is licensed. It was agreed that this would be confirmed with the manufacturer. **ACTION: Groups for which Monuril® is licened to be confirmed with the manufacturer.** • **Vitamin C products** A request has been received from the Medicines Optimisation Team to remove vitamin C products from the formulary. There is rarely clinical need for prescribing vitamin C supplements. The cost of vitamin C supplementation has increased and it is cheaper for people to buy products over the counter. The proposal to remove vitamin C from the formulary was discussed and accepted. Discussion took place about whether there was a need for vitamin C to be included in the formulary. Comments had been received from dieticians stating that vitamin C was not required in the formulary. If vitamin C is required a multi-vitamin can be given.	**MH**

	ISMN formulary entry update A request has been made by Medicines Optimisation colleagues to review whether isosorbide mononitrate immediate release has a place in the formulary or if it can be removed. The request was considered. The formulary entry for ISMN will remain subject to the following amendments: ○ Tablets 10mg, 20mg, 40mg to be a 'blue' drug ○ Chemydur XL® Monomil XL® modified release tablets 60 mg to be a 'green' drug. Discussion took place about whether there was a potential cost saving. It was felt potential savings were likely to be small and that prices fluctuated. • **Modafinil revised entry** A revised formulary entry for treatment of excessive sleepiness associated with narcolepsy with or without cataplexy was produced for the North and East Formulary; it is proposed to revise the South and West Formulary entry accordingly. The proposed formulary entry was discussed but not approved at this time. A discussion took place about monitoring of patients and the frequency at which monitoring was required. Further information was requested. It was agreed that further information would be sought from specialists and e-mailed to FIG members for consideration. **ACTION: Clarity regarding the frequency at which monitoring should be carried out to be sought from specialists. Once received this will be e-mailed to FIG members.**	**MH**
5.	**Ticagrelor: NICE TA420** The formulary team had been asked to add additional notes to the formulary to define high risk patients. The proposed formulary entry was discussed and agreed with the following amendment: • 'Twice daily' to be added to the ticagrelor 90mg dose. A discussion took place about whether this guidance was for new patients or if GPs should retrospectively look for patients who may benefit from the treatment. The group felt that NICE intended the guidance to be used from this point forward.	
6.	**Adult tension headache guidance - new** Guidance has been produced by a consultant neurologist at PHNT and a GP as a Clinical Referral Guidance. The group were asked to consider the guidance and whether members are content that it is added to the formulary section rather than the referral section of the website. The presented entry was discussed and approved for addition to the formulary section of the website with no amendments. A discussion took place about medication overuse headaches. Some concern was expressed with regard to stopping medication abruptly. It was agreed that patients experiencing this type of headache should receive a clear message that the	

	painkillers should be stopped. Patient should be told that initially the headache will get worse but they must persevere until the headache goes. The group acknowledge the difficulty in doing this if painkillers were being taken to relieve pain in another part of the body.	
7.	**Asthma guidance review** The adult and paediatric asthma guidance sections of the formulary have been reviewed in line with updated BTS guidance. Further guidance is expected from NICE. A further review will take place once this becomes available. The presented review was discussed and accepted with the following amendment: • Bullet point to be added to the 'choice of device' section stating that the In-check device may be useful when determining choice of device. A discussion took place about the choice of device to deliver medication and the In-check device.	
8.	**Product applications** • **Thick and Easy** An application has been received to include Thick and Easy food thickeners in the formulary. The proposed entry was discussed and is pending subject to further work. A discussion took place about the differences between Thick and Easy and Thick and Easy Clear and also Nutilis Clear in their formulation and in cost. It was agreed that both Thick and Easy Clear and Nutilits Clear will be added to the formulary as 'amber' products. The possibility of securing a Peninsula wide contract for acute and community providers was raised but not felt to be feasible due to the timing of individual contracts. Discussion also took place about benefits; including safety, of not switching patients who prefer starch based products to clear products, the preference of individual trusts and of community providers with regard to the products used and unnecessarily using products in sachets rather than in tins. It was agreed that formulary notes will be added for applicable issues raised in the discussion. **ACTION: Formulary notes to be drafted for applicable issues raised in the discussion and added into the formulary.** It was also agreed that contact will be made with Plymouth Hospitals NHS Trust and with Livewell to ensure that they are content that Thick and Easy Clear and Nutilis Clear products are included in the formulary. **ACTION: 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.** • **Glucomen Areo 2K** - A formulary application has been received from the Medicines Optimisation team to replace Freestyle Optium β-ketone test strips with Glucomen Areo Ketone test strips as a specialist item. The proposed	**FL/ CW** **CW**

	formulary entry was discussed and agreed without amendment. A discussion took place about whether ketone test strips were always required or if urine tests could be used for some patients. It was agreed that contact would be made with specialist to ascertain if there were specific circumstances in which ketone testing was preferable to urine tests. **ACTION: Specialists to be contacted to ascertain if there are specific circumstances in which ketone testing was preferable to urine tests.** • **Resp-Ease 7%** - An application has been received for the addition of Resp-Ease® 7% to the formularies. The presented paper was discussed and approved for addition to the formulary without any amendments. • **Tiotropium brand (Braltus®)** - An application has been received to add Tiotropium brand (Braltus®) to the formulary. The presented paper was discussed and approved for addition to the formulary with minor amendments. o Glycopyrronium remains 'green' o Respimat® (Tiotropium) 'green' (listed 1st) o Braltrus® Zonda® (Tiotropium) 'green' (listed 2nd) o Handihaler® (Tiotropium) 'green' (listed 3rd) o Aclidinium was commissioned by the CCG via the Clinical Policy Committee process, and cannot be removed from the formulary by the FIG. Discussion took place about the place in the formulary for glycopyrronium and tiotropium and their delivery devices. The Braltrus® Zonda® and Spiriva® Handihaler® devices each deliver 10mg of the drug. Ease of use of devices for patients and patient choice were also discussed.	**MH**
9.	**Stopp Start document** The Medicines Optimisation Team has updated a STOPP/START document produced by NHS Cumbria to reflect new criteria and the local formulary. It is intended that the document will be hosted on the NEW Devon CCG website and a link added from the formulary under local resources. The presented document was discussed and it was agreed that the document would be linked to from the South and West Devon Formulary.	
10.	**Management of neuropathic pain (revised notes)** The revised notes for the management of neuropathic pain were presented. The presented notes were discussed and accepted subject to minor amendments: • Treatment section – sentence stating 'The *majority* of patients who find it initially helpful, will find the drug becomes less effective within a 6 month period.' to read 'A *significant number* of patients who find it initially helpful, will find the drug becomes less effective within a 6 month period.' • Bullet point to be added to pregabalin notes highlighting the abuse potential of this drug.	

	• Notes on TENS
	  ○ Remove first paragraph.
	  ○ Move second paragraph to become last paragraph under 'Treatment' before psychological factors note.
	Discussion took place about medication for the treatment of neuropathic pain. It was suggested that the whole of the pain chapter be reviewed, this should include the addition of a documented pain score to ensure that patients are not taking medication that is no longer effective. Additionally the potential risk of abuse associated with pregabalin should be highlighted. The patent for (Lyrica®) ends in July, it was agreed that Pregabaline (Lyrica®) would be revisited if NHS England revise their guidance as a result of court proceedings	

11.	**Vitamin D guidance update post PHE** In July 2016 Public Health England revised its recommendation on vitamin D. Sections of the formulary guidance for the management of vitamin D deficiency have been revised to reflect the new recommendations. The guidance also highlights that multivitamin preparations which contain vitamin D are available over-the-counter from pharmacies and supermarkets. The presented formulary guidance was discussed and approved with no amendments.	
12.	**Recent drug decisions (including NICE)** These were noted. It was also noted that commissioning responsibility for NovoRapid Pump Cart will be coming back from NHS England to the CCGs. This will be brought to FIG for discussion.	
13.	**MHRA Drug Safety Update** September - Notes to be added in regard to levonorgestrel-containing emergency hormonal contraception. October - Notes to be added in regard to etoricoxib dose November - Noted December - Noted	
14.	**Meeting dates for 2017-18** Meeting dates for 2017-18 had been circulated with the meeting papers.	
15.	**Any other business** Clinical Effectiveness Team • Carol Webb will be retiring from the CCG. The group thank Carol for all her hard work and extended their best wishes for the future.	
Next meeting: 8th March 2017		

South and West Devon Formulary Interface Group – Action log			
	Action	**Responsible**	**Complete**
17/01	Patient groups for which monuril® is licensed to be confirmed with the manufacturer.	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.	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	
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 included in the formulary.	CW	
17/05	Specialists to be contacted to ascertain if there are specific circumstances in which ketone testing was preferable to urine tests.	MH	N/A (info already in formulary)