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 9th May 2018: 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
Trudy Bown	Chief Pharmacy Procurement & IT Manager	University Hospitals Plymouth NHS Trust
Andy Craig	GP	NEW Devon CCG
Emma Gitsham	Joint Formularies Pharmacist	NEW Devon CCG
Lily Hammarlund-Sim	Pharmaceutical Advisor	Kernow CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Nicola Joyce	Pharmacist	Livewell Southwest
Sarah Marner	Interface MO Pharmacist	NEW Devon CCG
Bill Nolan	GP	South Devon & Torbay CCG
Iain Roberts	Lead MO Pharmacist	South Devon & Torbay CCG
Peter Rowe	Consultant Nephrologist	University Hospitals Plymouth NHS Trust
Graham Simpole	Joint Formularies Support Pharmacist	NEW Devon CCG
Darren Wright	Joint Formularies Technician	NEW Devon CCG

Guests:

Andrew Bastin	Pre-Registration Pharmacist	University Hospitals Plymouth NHS Trust
Tim Wilson	Consultant in Pain Management and Anaesthesia	University Hospitals Plymouth NHS Trust

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and announcements

Apologies

Paul Foster	Clinical Director, Pharmacy & Prescribing	Torbay & South Devon NHS FT
Josh Hamilton	GP	Kernow CCG
Phil Melluish	GP	South Devon and Torbay CCG
Mark Stone	Community Pharmacist	

University Hospitals Plymouth NHS Trust

Plymouth Hospitals NHS Trust has been given approval by the Department of Health to change its name to University Hospitals Plymouth NHS Trust with effect from 1st April 2018.

Declaration of Interests

Declarations of Interest were collected and reported. The Declarations made did not result in anyone being excluded from the meeting or from the discussion of any item. All Declarations of Interest are reported in the minutes.

Drug included in agenda	Company	Drug included in agenda	Company
AgaMatrix® Ultra-Thin Lancets 0.20mm/33G BD Microfine®+ 0.20mm/33G lancets	WaveSense Europe Limited Becton Dickinson UK Ltd	Approximate Equivalent Dose of Opioids - Guidance Any branded or generic opioid analgesic	Various manufacturers
Constipation in adults Various medications	Various manufacturers	Transmucosal fentanyl – Guidance Abstral® Effentora®	Kyowa Kirin International Teva UK Ltd
Asthma – Paediatric Treatment Guidance children Various medications	Various manufacturers	Items which should not be routinely prescribed in primary care: Lidocaine Plasters (Ralvo®) Targinact®	Grunenthal Ltd Napp Pharmaceuticals Ltd
Acute rhinosinusitis Various medications	Various manufacturers		

Name	Declaration
Tim Wilson	Provided an evening training event for GPs sponsored by Grunenthal but not especially publicising their products the fee was £200.

2. Minutes of the meeting held on 14th March 2018 and matters arising

The minutes of the meeting held on 14th March 2018 were approved.

Summary of actions

	Action	Lead	Status
18/26	Alprostadil urethral sticks to be added to the formulary in line with the discussion.	Formulary Team	Complete
18/27	Vacuum devices to be added as an addendum to section 7.4.5 "Drugs for erectile dysfunction".	Formulary Team	Complete
18/29	Consideration of Zeroveen Emollient Cream: Kernow fact sheet to be forwarded to the Formulary Team.	Lily Hammarlund-Sim	Complete
18/30	Zeroveen Emollient Cream to be added to the formulary as a 'blue' second line drug.	Formulary Team	Complete
18/31	Trimbow to be added to the formulary in line with the discussion.	Formulary Team	Complete
18/32	Formulary status of rifaximin 550mg tablets to be amended from red to amber status in line with the discussion.	Formulary Team	Complete
18/33	Shortec to be added to the formulary as the preferred brand of oxycodone oral solution in line with the discussion.	Formulary Team	Complete
18/34	Lutein and antioxidants: Current formulary entry for lutein and antioxidants to be replaced with new agreed entry.	Formulary Team	Complete
18/35	*Lutein and antioxidants: Edward Doyle to be contacted about patient information leaflets provided by Torbay and South Devon NHS Foundation Trust.* Edward Doyle has been contacted. Torbay and South Devon NHS Foundation Trust have a leaflet but it does not explicitly state any brand names. If patients wish to try diet supplements they will need to buy them themselves.	Andrew Gunatilleke	Complete
18/36	Nausea and vomiting in pregnancy and hyperemesis gravidarum: Updated formulary entry to be added in line with the discussion.	Formulary Team	Complete
18/37	Acute Pain – accepted guidance to be added to the formulary.	Formulary Team	Complete
18/38	Chronic Non-Malignant Pain – guidance to be amended in line with the discussion.	Formulary Team	Complete
18/39	Management of Opioids – Formulary guidance to be amended in line with the discussion.	Formulary Team	Complete
18/40	Management of pain in substance misuse disorders - Accepted formulary guidance to be added to the formulary.	Formulary Team	Complete
18/41	Chronic cancer pain indication to be removed from transdermal fentanyl formulary entry if local specialists are in agreement.	Formulary Team	Complete

18/42	4.7.2 Opioid analgesics - Formulary entries for opioid analgesics to be amended in line with the discussion.	Formulary Team	Complete
18/43	4.10.3 Opioid dependence – formulary entries to be updated in line with the discussion.	Formulary Team	Complete
18/44	4.7.1 Compound analgesic preparations – accepted formulary entries to be added to the formulary.	Formulary Team	Complete
18/45	Entry for FreeStyle Libre to be added to the formulary with amber status.	Formulary Team	Complete
18/46	Thoughts on the report of the Devon Formulary and Referral user survey and possible next steps to be e-mailed to the Formulary team. No comments had been received by e-mail. However the group expressed a positive view of the report at the meeting.	FIG members	Complete
18/47	MHRA Drug Safety Updates: February 2018 - Mycophenolate mofetil, mycophenolic acid: updated contraception advice for male patients – notes and link to the MHRA safety update to be added to the formulary.	Formulary team	Complete

3. Items which should not be routinely prescribed in primary care – Lidocaine plasters and Targinact®

In November 2017, following public consultation NHS England (NHSE) and NHS Clinical Commissioners (NHSCC) published guidance for CCGs on 18 treatments which should not be routinely prescribed in primary care. CCGs are "expected to have 'due regard' to the guidance in formulating local policies and making decisions about implementation".

Following publication of the NHS England guidance, additional consultation with local specialists was undertaken. Consultants were asked to provide comments on the proposal to adopt the NHS England guidance. A number of the recommendations were considered and accepted by the Formulary Interface Group (FIG) at the meetings on 17th January 2018, and 14th March 2018.

The FIG was asked to consider two further treatments: Lidocaine plasters and Targinact. Dr Tim Wilson, Consultant in Pain Management and Anaesthesia, University Hospitals Plymouth NHS Trust joined the meeting and participated in the discussions.

<u>Lidocaine plasters</u>

Lidocaine medicated plasters are included in the South and West Devon Joint Formulary as amber (specialist input) for use in post-herpatic neuralgia. Lidocaine medicated plasters are also included in the formulary guidance on the management of neuropathic pain and for the treatment of pain in palliative care. Three month ePACT data (Oct 2017 to December 2017) had identified that 866 patients were treated during the period. Annualised costs have been estimated to be approximately £513,000 per annum.

Consultants had been asked to consider the proposal that the current formulary entry be replaced and that the NHS England guidance be adopted in full. However, responses received from consultants in pain management & anaesthesia and palliative care indicated that they wished to continue to be able to use lidocaine plasters.

The FIG was asked to consider whether it wished to adopt the NHSE/NHSCC guidance on lidocaine plasters, and what (if any) additional information should be added to the formulary entry.

There was discussion about the use of lidocaine plasters; it was noted that they are useful for some patients and that they can be a useful alternative to opioids and neuropathic agents. Lidocaine plasters also have a good safety profile. However this has to be weighed up against the potential for inappropriate use and the high cost of the plasters. The FIG recognised that there was strong support from local specialists and GPs for lidocaine plasters to continue to be available. The FIG also noted that the manufacturer of lidocaine plasters was unlikely to provide further evidence to support there use in currently unlicensed indications. The discussion also noted the potential difficulty in stopping lidocaine plasters in some patients and the need to review and monitor efficacy of ongoing prescriptions. It was suggested that a pragmatic approach be taken and that lidocaine plasters could prevent the need for other opioid medications.

The FIG agreed that lidocaine plasters should be initiated in secondary care and that GPs may be asked to continue treatment. The patient's pain score should be reviewed prior to initiation and after one month of treatment. It was also agreed that the need for regular review of efficacy be added and highlighted in the formulary.

The Formulary Team will draft a revised formulary entry in line with the discussion and circulate it to FIG members and specialists.

ACTION: Formulary Team to draft revised formulary entry for lidocaine plasters in line with the discussion and circulate to FIG members and specialists.

<u>Targinact</u>

Targinact is currently included as an amber (specialist input) option in the South and West Devon Joint Formulary, for severe pain requiring opioid analgesia, only in palliative care patients, chronic pain and gastroenterology where laxative treatment has failed. It is not recommended for preoperative use or within the first 12-24 hours post-operatively.

There was discussion about the use of Targinact. Specialist opinion noted the complexity of the situation and that Targinact had a limited place. Targinact can be useful in moving patients off opioids. Some concern was expressed about the pressure on pain clinics if all prescribing is carried out in secondary care.

The FIG felt that there was a limited place for Targinact, however they did not wish to remove it from the formulary. The Formulary Team will draft a revised formulary entry in line with the discussion and circulate it to FIG members and specialists.

ACTION: Formulary Team to draft revised formulary entry for Targinact in line with the discussion and circulate to FIG members and specialists.

4. Approximate equivalent dosages of opioids

The treatment of pain with opioids guidance has recently been reviewed; during this review it was noted that the information on the approximate equivalent dosages of opioids varied between the two Devon Formularies. In order to align the guidance and provide consistency it was proposed that a review of approximate equivalent doses of opioids take place. This review has now taken place and the revised guidance circulated to specialists. At the time of inclusion of the paper in the committee board pack no comments had been received from specialists, however subsequent to the circulation of the meeting papers comments were received. There were presented at the meeting.

The FIG considered the proposed formulary guidance. There was discussion about:

- The information to be included in two chapters of the formulary; Chapter 4 Central Nervous System and Chapter 16 Palliative Care. It was agreed that the opioid dose conversation tables should be included in Chapter 16 (Palliative Care) and the rotating/switching opioids guidance with minor amendments be included in Chapter 4 Central Nervous System.

ACTION: Formulary Team to add rotating/switching opioids guidance to Chapter 4: Central Nervous System.

ACTION: Formulary Team to review the addition of opioid conversation tables to Chapter 16: Palliative Care.

- It had been suggested that the South and West Devon Formulary and the North and East Devon Formulary tables, 'A guide to equivalent doses of opioid drugs' be merged. It was noted that the Palliative Care Team would be happy to undertake further work on this. The FIG agreed that the tables be housed on the hospice website and that the formulary link to them.
- It was agreed that section 16.2 'Treatment of pain in palliative care: Transdermal fentanyl patches (Matrifen®/Mezolar®)' be reworded to avoid confusion.
- A minor amendment was agreed to the transdermal fentanyl entry in Chapter 4.

ACTION: Formulary Team to reword section 16.2 'Treatment of pain in palliative care: Transdermal fentanyl patches (Matrifen®/Mezolar®)' in line with the discussion.

ACTION: Formulary Team to contact Palliative Care Teams to request an update/revision and relocation of the tables entitled "A guide to equivalent doses of opioid drugs".

ACTION: Formulary Team to update Transdermal Fentanyl entry in Chapter 4 according to the agreed entry.

5. Transmucosal fentanyl

The treatment of pain with opioids guidance was recently reviewed; during this review it was noted that there was overlap in the South and West Devon Formulary guidance on transmucosal fentanyl products included in Chapters 4 and 16.

The Formulary Team proposed that a revision be made to Chapter 16: Section 16.2 Treatment of pain in palliative care: Transmucosal fentanyl preparations. The guidance in Chapter 4 has been incorporated in this revision. During the review specialists were contacted for their comments. These have been incorporated in to the proposed guidance. No major changes have been made to the guidance.

The FIG considered the proposed formulary guidance, there was discussion about transmucosal fentanyl being only for palliative cancer patients in the last few weeks of life and not for cancer survivors. It was agreed that the statement 'should only be used in patients undergoing palliative care treatment' in the guidance be emboldened.

The FIG accepted the proposed formulary entry subject to this minor amendment.

ACTION: Formulary Team to update the formulary guidance for Transmucosal fentanyl in line with the discussion.

6. Acute rhinosinusitis

Previously the Primary Care Antimicrobial Guidance was reviewed annually using the Public Health England 'Management of Infection Guidance for Primary Care'. NICE and Public Health England are now collaborating to provide guidance periodically.

The current formulary guidance is based on NICE CG69. In October 2017 NICE published NG79 Sinusitis (acute): antimicrobial prescribing; this NICE guideline contains more information on when to use antimicrobials. NG79 has been used to revise the current formulary guidance. The proposed guidance was circulated to microbiology specialists prior to the meeting.

The FIG discussed the current and proposed formulary entry. In particular there was discussion about the need for clarity about the length of time antibiotic prescription should be delayed for and the number of days medication should be taken for. There was also discussion about the time interval between doses and whether this should be written as 'four times a day' or 'every six hours' in the formulary. It was agreed that this would be standardised throughout the antimicrobial guidance to the number of times a day.

ACTION: Formulary Team to standardise the timings of doses of antimicrobials throughout the antimicrobial guidance to the number of times a day.

There was also discussion about the clarity and flow of the proposed guidance including identification of first and second line drugs, treatment of patients under 12 years of age and during pregnancy.

It was agreed that the proposed guidance be updated in line with the discussion. The Formulary Team will circulate the final draft guidance to the group via e-mail for approval.

ACTION: Formulary Team to amend proposed formulary guidance in line with the discussion and circulate final draft to the group via e-mail for approval.

7. Asthma - paediatric treatment

The recent publication of NICE Guideline NG80 (November 2017): "Asthma: diagnosis, monitoring and chronic asthma management" has prompted a review of the South and West Devon Formulary Paediatric Asthma Treatment Guidance. Current Formulary guidance is based on the recommendations made by the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). There are differences between the two guidelines and the recommendations in the management of this condition.

The aim of review of the formulary guidance is to update the guidance if necessary and aid local prescribers who manage this patient group. Local paediatric consultants had been contacted prior to the meeting to gather responses in relation to the review. No comments had been received.

The FIG considered the proposed updated formulary Paediatric Asthma Treatment Guidance. It was noted that NICE does not make any recommendations on the management of acute asthma exacerbation. The Formulary Team will consider a revision to this section separately. There was also discussion about the colour status of fluticasone propionate in the formulary, which is currently 'amber'. Members of the FIG agreed that this should remain 'amber'.

The FIG committee decided that in the absence of comments it was unable to accept changes to the formulary in line with NG80 at this time. It was agreed that the proposed minor amendments be adopted into the current guidance to provide clarity and circulated to specialists for feedback once published.

ACTION: Formulary Team to adopt proposed minor amendments into the updated formulary Asthma – paediatric treatment guidance and circulate to specialists for feedback once published.

There was discussion about the status of salmeterol/fluticasone propionate combination products. South Devon and Torbay CCG do not recommend the initiation of this inhaled combination. The Formulary Team will consider the current formulary advice and review this as part of the adult asthma review.

ACTION: Formulary Team to consider the formulary advice for the salmeterol/fluticasone propionate combination inhaler as part of the adult asthma review.

8. Management of constipation in adults

The formulary entry for the management of Constipation in Adults has been reviewed following publication of the NICE Clinical Knowledge Summary (CKS) update of June 2017. Additionally, a request was received from the Medicines Optimisation Team to review the

formatting of the guidance in the North and East Devon Formulary. A subsequent attempt to align and merge the guidance in both formularies has been made. The current formulary guidance appears to be up to date with no major changes required as a result of the NICE CKS update. The proposed new formulary entry includes changes to the formatting and appearance of the formulary and transfer of the information in the "Treatment - advantages & disadvantages" slider to the drug entry pages. This will be more in keeping with other formulary entries and will reduce the degree of app and website manipulation required to access the appropriate information.

Subsequent to the circulation of the meeting papers '1.1.6 Peripheral opioid-receptor antagonists' had been revised. The updated version was tabled at the meeting.

The FIG considered and accepted the proposed constipation and changes to associated drug entries subject to minor amendment:

- Management of constipation in adults
  - Following 'The dose of laxative should be gradually titrated up or down to aim for three soft stools per week' delete '(previously 1-2 stools per day)'
  - Opioid induced constipation – add 'consider reducing or stopping the opioid, if appropriate'.

- 1.6.2 Stimulant laxatives
  - Co-danthrusate – delete capsules 50mg/60mg and associated dosing rates as the capsules have been discontinued.

- 1.6.4 Osmotic laxatives
  - Macrogol oral powder, compound – notes to be amended:
    - Number and reorder bullet points.
    - Minor amendments agreed including:
      - Remove 'Macrogol preparations should be reserved only for patients where other treatments have been ineffective'.
      - After 'Caution: may cause electrolyte disturbances' delete 'There is currently insufficient evidence to support its routine use before well-established, less expensive drugs'.
      - After 'some patients find it difficult to drink the prescribed volume'. Delete 'Only use when other agents are ineffective'.

ACTION: Formulary Team to update the formulary guidance for the management of constipation in adults in line with the discussion.

9. Addition of AgaMatrix Ultra-Thin Lancets 0.20mm/33G

The current formulary option of BD Microfine+ 0.20mm/33G was discontinued in February 2018, this follows the discontinuation of the 0.30mm/30G product in October 2017. The formulary guidance currently recommends BD Microfine+ for use with the Wavesense Jazz meter. This meter comes with AgaMatrix Ultra-Thin Lancets. These were not originally recommended as the

formulary choice as there was a significant price difference between them and the BD Microfine+ product. The AgaMatrix price reduced in the February 2018 Drug Tariff to £5.43 per 200 from £7.17.

It is proposed that AgaMatrix Ultra-Thin Lancet 0.20mm/33G replace the BD Microfine+ 0.2mm/33G for the Wavesense Jazz meter and all other compatible devices where BD Mircofine+ is listed in the formulary.

The FIG considered and accepted the proposed addition of AgaMatrix Ultra-Thin Lancet 0.20mm/33G to the local formulary.

ACTION: Formulary Team to add AgaMatrix Ultra-Thin Lancet 0.20mm/33G to the formulary.

10. Recent drug decisions (including NICE)

The recent drug decisions were noted.

11. MHRA Drug Safety Updates: March 2018, April 2018

March 2018

- Daclizumab (Zinbryta▼): suspension and recall for safety reasons; review patients as soon as possible and start alternative therapy. Following publication the MHRA advice for healthcare professionals was added to the formulary and will remain there for 10 months. After this time reference to daclizumab will be removed from the formulary.

- Esmya (ulipristal acetate) for uterine fibroids: do not initiate or re-start treatment; monitor liver function in current and recent users. MHRA Safety Advice has been added to the formulary.

- Head lice eradication product: risk of serious burns if treated hair is exposed to open flames or other sources of ignition, eg, cigarettes. This guidance will be added to any affected products in the formulary.

ACTION: MHRA drug safety updates guidance for head lice eradication products to be added to any affected products in the formulary.

- Confidential prescribing and patient safety reports on key indicators now available for GPs. No action required.

April 2018

- Valproate medicines (Epilim▼, Depakote▼): contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met. Add advice for healthcare professionals as detailed in the MHRA drug safety update.

ACTION: Valproate medicines MRHA safety update to be added to the formulary.

- Obeticholic acid (Ocaliva▼): risk of serious liver injury in patients with pre-existing moderate or severe hepatic impairment; reminder to adjust dosing according to liver function monitoring. This is a 'red' drug. No action required.

- Suspect and adverse reaction? Yellow Card it. No action required.

12. Any Other Business

South and West Devon FIG Chair

Andrew Gunatilleke explained that he was in the process of stepping down as Chair of the South Devon and Torbay's Drugs and Therapeutics Committee as he will be undertaking other work.

Members were asked to consider a future Chair for the South and West Devon FIG.

Summary of actions

	Action	Lead	Status
18/48	Lidocaine plasters – revised formulary entry to be drafted in line with the discussion and circulated to FIG members and specialists.	Formulary Team	Complete
18/49	Targinact – revised formulary entry to be drafted in line with the discussion and circulated to FIG members and specialists.	Formulary Team	Complete
18/50	Formulary team to add rotating/switching opioids guidance to Chapter 4: Central Nervous System.	Formulary Team	Complete
18/51	Review the addition of opioid conversion tables to Chapter 16: Palliative Care.	Formulary Team	Outstanding
18/52	Reword section 16.2 'Treatment of pain in palliative care: Transdermal fentanyl patches (Matrifen®/Mezolar®)' in line with the discussion.	Formulary Team	Complete

18/53	Palliative Care Teams to be contacted to request an update/revision and relocation of tables entitled 'A guide to equivalent doses of opioid drugs'.	Formulary Team	Outstanding
18/54	Transdermal Fentanyl entry in Chapter 4 to be updated according to the agreed entry.	Formulary Team	Complete
18/55	Formulary to be updated with accepted entry for Transmusocal Fentanyl.	Formulary Team	Complete
18/56	Timings of doses of antimicrobials to be standardised to the number of times per day throughout the antimicrobial guidance.	Formulary Team	Outstanding
18/57	Proposed formulary guidance for acute rhinosinusitis to be amended in line with the discussion and circulated to FIG by e-mail for approval.	Formulary Team	Outstanding
18/58	Proposed minor amendments to be adopted into the formulary Asthma – paediatric treatment guidance and circulated to specialists for feedback once published.	Formulary Team	Complete
18/59	Formulary advice for salmeterol/fluticasone propionate combination inhaler to be considered as part of the adult asthma review.	Formulary Team	Outstanding
18/60	Formulary guidance for the management of constipation in adults to be updated in line with the discussion.	Formulary Team	Complete
18/61	AgaMatrix Ultra-Thin Lancet 0.20mm/33G to be added to the formulary.	Formulary Team	Complete
18/62	MHRA Safety Update: March 2018 – guidance for head lice eradication products to be added to any affected products in the formulary.	Formulary Team	Complete
18/63	MRHA Safety update: April 2018 – update for valproate medicines to be added to the formulary.	Formulary Team	Complete