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 14th March 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	Plymouth Hospitals NHS Trust
Andy Craig	GP	NEW Devon CCG
Emma Gitsham	Joint Formularies Pharmacist	NEW Devon CCG
Lily Hammarlund-Sum	Pharmaceutical Advisor	Kernow CCG
Josh Hamilton	GP	Kernow CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Nicola Joyce	Pharmacist	Livewell Southwest
Sarah Marner	Interface Medicines Optimisation Pharmacist	NEW Devon CCG
Phil Melluish	GP	South Devon & Torbay CCG
Bill Nolan	GP	South Devon & Torbay CCG
Iain Roberts	Lead MO Pharmacist	South Devon & Torbay CCG
Graham Simpole	Joint Formularies Support Pharmacist	NEW Devon CCG
Darren Wright	Joint Formularies Technician	NEW Devon CCG

Guests:

Ann Smith	Practice Based Pharmacist	South Devon & Torbay CCG
Florence Barrett	Pre-reg Pharmacist	Torbay & South Devon NHS FT
Tomazo Kallis	Medicines Optimisation Pharmacist	NEW Devon CCG
Laura Palmer	Pre-reg Pharmacist	Livewell Southwest

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and announcements

Apologies

Peter Rowe Consultant Nephrologist Plymouth Hospitals NHS Trust

Sarah Marner will be attending FIG meetings in place of Paul Manson.

Declaration of Interests

Declarations of Interest were collected and reported.

Drug included in agenda	Company	Drug included in agenda	Company
Alprostadil Intraurethral delivery system for the treatment of erectile dysfunction. Alternative treatments: Alprostadil Intracavernosal injection Alprostadil Topical cream	Meda Pharmaceuticals UCB Pharma Limited Pfizer Limited Ferring Pharmaceuticals Ltd	Items which should not routinely be prescribed in primary care: Immediate release fentanyl Lutein and Antioxidants	Various
Vacuum devices for erectile dysfunction	Various	Nausea and vomiting in pregnancy and hyperemesis gravidarum guidance: Promethazine, Cyclizine, Metoclopramide, Prochlorperazine, Ondansetron	Various
Zeroveen® Emollient Cream Alternative treatments: Aveeno Cream	Thornton and Ross Ltd Johnson & Johnson Ltd	Opioid analgesics: Any branded or generic opioid analgesic	Various
Rifaximin 550mg tablets	Norgine Limited	Trimbow Any other inhalers for the management of severe to moderate COPD	Chiesi Limited Various
Oxycodone oral solution Shortec® Other brands of Oxycodone oral solution	Qdem Pharmaceuticals Limited Napp Pharmaceuticals Ltd DE Pharmaceuticals Wockhardt UK Ltd	FreeStyle Libre device for interstitial glucose monitoring in diabetes Alternative devices: Blood glucose monitoring devices Continuous glucose monitors	Abbott Laboratories Ltd Various Various

Name	Declaration
Josh Hamilton	Has shares in GlaxoSmithKline
Tomazos Kallis	- Self employed consultant work for Devon LPC (in the remit of Patient Safety) - Facilitator work for CEPN (Care Navigation)
Iain Roberts	Received funding for joint training initiative - TEVA Welsh Centre for Pharmacy Professional Education (WCPPE) - Train the trainer: joint working initiative

2. Minutes of the meeting held on Wednesday 17th January 2018 and matters arising

The minutes of the meeting held on Wednesday 17th January 2018 were approved.

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. Warwick Heale is organising a meeting. This has been superseded by STP wide work.		Complete
17/99	Opioid analgesics: Targinact® and Tapentadol® sections to be taken back to FIG following publication of NHS England guidance in November. Targinact moved to Clinical Effectiveness Work Programme. This will be brought to a future FIG meeting as part of the work on Items which should not routinely be prescribed in primary care. Tapentadol is included on the agenda.		Complete
18/03	Trimbow® to be brought to S&W FIG following discussion at the N&E FIG meeting. Included on agenda.		Complete

18/23	Liothyronine – feedback on discussion to Warwick Heale. Discussions are taking place.		Complete
18/24	Nausea and vomiting in pregnancy and hyperemesis gravidarum to be brought back to FIG on completion of further work around the status and position within the treatment pathway, safety, the dose of ondansetron required and the cost. Item included on agenda.		Complete
18/25	Update agreed sections of the formulary migraine guidance in line with discussion.		Complete

Terms of Reference (ToR)

An updated ToR had been circulated to group members for comment. The group received the updated ToR. A suggestion had been made about including a voting procedure. However it was noted that the group was not a formal voting group and that decisions were made on the basis of a consensus. In the event of it not being possible to reach a consensus the Clinical Effectiveness team will undertake further work on the item, before bringing it to a future meeting.

The group accepted the presented ToR. The ToR will be reviewed annually.

3. Consideration of alprostadil urethral sticks

A formulary application has been received from Dr Soumya Misra, Consultant Urologist, Northern Devon Healthcare NHS Trust for the addition of alprostadil urethral sticks (MUSE) to the formulary.

MUSE intraurethral sticks are indicated, in adults aged 18 years and above, for the treatment and diagnosis of erectile dysfunction. They are available as 250mcg, 500mcg, and 1000mcg transurethral delivery systems. It has been suggested that MUSE intraurethral sticks present a less invasive route of administration, for men who would otherwise be offered alprostadil via intracavernosal injection, but alprostadil cream would be a less invasive route to MUSE intraurethral sticks, which can be painful.

It was noted that alprostadil urethral sticks are already in use. The costs are similar to current alprostadil formulary options, and would offer another choice as patient preference should be considered when deciding treatment plans.

A comment had been submitted via e-mail suggesting that a note be added to the formulary entry stating that specialists should state the Selected List Scheme (SLS) exemption category in the clinical letter. That would make it clear in the records if justification was required. The FIG accepted this addition to the formulary entry.

The FIG accepted the proposed formulary entry with the addition of a note stating that specialists are to let GPs know which SLS exemption category applies.

ACTION: **Formulary Team to add formulary entry for alprostadil urethral sticks to the formulary in-line with the discussion.**

4. Consideration of "vacuum devices" as an addendum to "drugs for erectile dysfunction"

A formulary request has been received from the Medicines Optimisation team of South Devon and Torbay CCG for the inclusion of "vacuum devices" as an addendum to Section 7.4.5 "Drugs for erectile dysfunction (ED)". It is proposed that the South and West Devon Formulary entry is similar to that in North and East. Specialists were contacted to determine if there is a preferred device. It is also suggested that "Vacuum Devices" be added to the list of drugs requiring an endorsement of "SLS" in the formulary guidance on prescribing for ED.

These devices are used to achieve and sustain an erection in men suffering from ED. They are often effective treatment options for selected patients regardless of the aetiology of the ED and may be prescribed at NHS expense provided the patient satisfies the conditions specified in the Drug Tariff and if the prescriber endorses the face of the prescription form with the reference "SLS".

The FIG considered the formulary application and proposed formulary entry:

- 12 month ePACT data (November 2016 to October 2017) suggest that a total of 44 prescriptions were written for these devices. 43 of these were for SOMA brand.
- Devices should be initiated in secondary care. Patients will receive their first supply from secondary care.
- An advisor from iMEDicare (manufacturer of SOMA brand) attends the secondary care clinics and provides advice to patients on how to use the device.
- Patients may request renewal of rings.

The FIG accepted the proposed formulary entry with the addition of a note stating that specialists are to let GPs know which "SLS" exemption category applies.

ACTION: **Formulary team to add the proposed formulary entry for "Vacuum devices" as an addendum to section 7.4.5 "Drugs for erectile dysfunction".**

5. Consideration of Zeroveen® Emollient Cream

An application has been received from the Medicines Optimisation team, NEW Devon CCG for the addition of Zeroveen emollient cream to the formulary. Zeroveen emollient cream is a 2-in-1 moisturising cream and wash, containing oatmeal. It has a similar formulation to Aveeno Cream which is currently included in the formulary as a blue drug (second line) emollient and barrier preparation. The Medicines Optimisation Teams of NEW Devon CCG and South Devon and Torbay CCG have proposed that Zeroveen emollient cream also be included as a blue (second line) emollient and barrier preparation. Currently work is being undertaken to review the emollient section with local specialists' recommendations: this will be brought to a future meeting.

The FIG discussed the addition of Zeroveen emollient cream to the formulary:

- As Zeroveen emollient cream has a lower acquisition cost than Aveeno cream, cost savings are possible.
- Self-care - the CCGs in Devon support GPs in promoting patient self-care. Zeroveen emollient cream is available over the counter for patients to purchase. GPs support the principle of self-care, however conversations with patients can sometimes be difficult.
- Zeroveen is similar but not the same as Aveeno cream.
- Kernow CCG has a formulary fact sheet for self-care. Lily Hammarlund-Sim to forward fact sheet to the formulary team.

ACTION: Lily Hammarlund-Sim to forward Kernow CCG fact sheet to the formulary team.

The FIG accepted the addition of Zeroveen emollient cream into the formulary.

ACTION: Formulary team to add Zeroveen emollient cream to the formulary as a blue second line drug.

6 Reconsideration of Trimbow® 87 micrograms /5 micrograms /9 micrograms pressurised inhalation

Trimbow is a combination metered dose inhaler (MDI) [beclometasone dipropionate 87 micrograms, an inhaled corticosteroid (ICS); formoterol fumarate dihydrate 5 microgram, a long-acting beta$_2$-agonist (LABA); and glycopyrronium bromide 9 micrograms, a long-acting muscarinic antagonist (LAMA)].

Trimbow is licensed for maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an ICS and a LABA. Trimbow is not licensed for switching of patients who are stable on triple therapy or patients not adequately controlled on therapy other than ICS/LABA.

Two previous meetings of the South and West Devon Formulary Interface Group (FIG), considered the addition of Trimbow to the joint formulary. The original meeting paper was included in the board pack for reference.

In November 2017 the South and West FIG considered the addition of Trimbow to the joint formulary. However, at that time the group felt that further work and discussion with specialists was required with regard to Trimbow vs. LABA/LAMA + separate ICS and its position in the formulary.

In January 2018, the Formulary Team were able to confirm that specialists had been contacted to discuss where Trimbow fits into local guidance for the management of COPD, but no responses had been received. The committee noted an apparent lack of specialist support for this product, and concerns were raised regarding its restricted license and place in therapy. It was noted that Trimbow was due to be discussed at the North and East Devon FIG, with specialist representation, and it was proposed that Trimbow be reconsidered by the South and West Devon FIG following the outcome of that meeting.

Subsequent to the meeting in January 2018 an attempt at further consultation with respiratory consultants across south and west Devon has been made. A response was received from Dr Philip Hughes, Consultant in general and thoracic medicine, Plymouth Hospitals NHS Trust supporting the place for a single triple dose inhaler for a subset of COPD patients.

The FIG considered the presented paper. It was noted that Trimbow may be useful for some patients. There was discussion about the lower cost of Trimbow compared to other options, the restrictions of the licence and switching of patients. It was agreed that patients for whom Trimbow is not licensed should not be routinely switched to Trimbow. If a patient is switched to Trimbow and it is not licensed for them the patient must be made aware of this. It was agreed that the wording in the formulary entry around the patients for whom Trimbow is recommended should be strengthened.

The FIG accepted the proposed formulary entry subject to inclusion of stronger wording around the patients for whom Trimbow is recommended.

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

7. Reclassification of rifaximin 550mg tablets from red to amber

Rifaximin (Targaxan®, Norgine Pharmaceuticals Limited) is a semi-synthetic derivative of the antibiotic rifamycin. Rifaximin is a non-absorbed antibacterial agent which has a broad antimicrobial spectrum against most of the Gram-positive and negative, aerobic and anaerobic bacteria, including ammonia producing species. Rifaximin may inhibit the division of urea-deaminating bacteria, thereby reducing the production of ammonia and other compounds that are believed to be important to the pathogenesis of hepatic encephalopathy (HE). There are limited effective options available for the treatment of HE.

Rifaximin is available as 550mg and 200mg tablets. Rifaximin 550mg tablets are indicated for the reduction in recurrence of episodes of HE in patients aged 18 and older, at a net price of £259.23 per 56-tablet pack.

NICE technology appraisal TA337 supports the use of rifaximin 550mg tablets for preventing episodes of HE. To comply with statutory responsibilities rifaximin 550mg tables were added to the South and West Devon Formulary as a red (hospital only) drug for this indication.

Following a request from a GP, it is now proposed that rifaximin 550mg tablets be reclassified to amber (specialist use), to indicate that ongoing prescribing by GPs is considered appropriate, following initiation by a gastroenterology consultant.

The FIG considered the proposal. There was discussion about the number of patients currently prescribed rifaximin and the potential for the number of patients to increase over time. The FIG did not feel that changing the colour status of rifaximin from red to amber would increase use. However use may increase due to lifestyle factors and increased life expectancy.

It was suggested that the Medicines Optimisation Team review the e-PACT data after six months.

The FIG accepted the proposed formulary entry for rifaximin 550mg tablets.

ACTION: Formulary team to update the formulary entry for rifaximin.

8. Consideration of Shortec® as a preferred brand of oxycodone oral solution

An application has been received to include Shortec as the preferred brand of oxycodone oral solution.

Shortec oral solution contains oxycodone hydrochloride in the following concentrations:

- Shortec ***liquid*** contains 5mg/5ml (available in bottles of 250ml)
- Shortec ***concentrate*** contains 10mg/1ml (available in bottles of 120ml)

Both are licensed for the treatment of moderate to severe pain in patients with cancer and post-operative pain; and for the treatment of severe pain requiring the use of a strong opioid. The inclusion of Shortec these products as the preferred brand of oral solution offers additional saving compared with generic prescribing and is an extension of a currently recommended brand.

The FIG considered the formulary application. There was discussion about the brand used in secondary care for which a contract is in place. This was not considered to be a problem as patients could switch from one product to another on admittance and discharge from hospital.

The FIG accepted Shortec as the preferred brand of oxycodone oral solution.

ACTION: Formulary Team to include Shortec as the preferred brand of oxycodone oral solution in the South and West Devon Formulary.

9. Items which should not routinely be prescribed in primary care

In November 2017, following public consultation NHS England (NHSE) and NHS Clinical Commissioners (NHSCC) published guidance for CCGs on items which should not be routinely prescribed in primary care. This guidance relates to 18 treatments that these organisations recommend 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".

A number of the recommendations were considered and accepted by the South and West Devon FIG at the meeting on 17th January 2018.

Following publication of the NHS England guidance, consultation with local specialists has been undertaken and consultants have provided comments on the proposal to adopt the NHS England guidance.

The FIG was asked to consider the recommendations for these treatments:

<u>Immediate release fentanyl</u>

The discussion for immediate release fentanyl is reported under agenda item 11 – Opioid analgesics.

Lutein and antioxidants

Currently the South and West Devon Formulary does not support prescribing lutein and antioxidants (or other nutritional supplements) for age-related macular degeneration. The formulary currently contains a statement to this effect. However three month ePACT data (Oct 2017 – Dec 2017) suggest that in south and west Devon 19 patients have been prescribed these products.

It is proposed that the current formulary entry be replaced and that the NHS England guidance be adopted in full. Responses received from consultant ophthalmologists across Devon indicate support for this proposal; in addition it was suggested that nutritional advice be developed. The proposed formulary entry includes such advice which was circulated to specialists, however no further response has been received.

The FIG considered the proposed formulary entry which includes a statement that prescribing to current patients should stop. There was discussion about leaflets being given to patients by Torbay and South Devon NHS Foundation Trust promoting these products. The FIG accepted the proposed formulary entry without amendment

ACTION: Formulary team to replace the current formulary entry for Lutein and antioxidants with the new agreed formulary entry.

It was also agreed that Andrew Gunatilleke would write to Edward Doyle about the patient information leaflets provided by Torbay and South Devon NHS Foundation Trust.

ACTION: Andrew Gunatilleke to write to Edward Doyle about the patient information leaflets provided by Torbay and South Devon NHS Foundation Trust.

10. Nausea and vomiting in pregnancy and hyperemesis gravidarum

During development of draft referral guidance by Devon Referral Support Services (DRSS) it was suggested that the formulary include additional guidance for the management of nausea and vomiting in pregnancy and hyperemesis gravidarum. It is intended that this guidance support primary care clinicians, and complement the referral guidance.

Guidance was drafted and circulated to specialists across Devon for comment. The guidance was considered by the South and West Devon FIG in January 2018. At that meeting some concern was expressed regarding ondansetron, and the Clinical Effectiveness formulary team were asked to undertake additional work to consider its status and position within the treatment pathway, safety, the dose of ondansetron required and the cost.

Further work has been undertaken; the draft entry for consideration by the FIG proposes that ondansetron be considered as a third line option, and preferably avoided in the first trimester. It is also noted that there is less safety data with ondansetron and studies are mixed. A link to the recommendations made by the Royal College of Obstetricians and Gynaecologists (RCOG) is added.

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

- The status of ondansetron; acceptance of the proposed guidance would change the formulary status of ondansetron from ‘red’ to ‘blue’. The FIG agreed that the tablets and oral solution be classified as ‘blue’ in the formulary. The suppository and injection will be classified at ‘red’.

- Safety advice from the RCOG and UKMi Specialist Pharmacy Service (SPS). A link to the RCOG guidance is included in the proposed formulary entry. It was agreed that a link to the "best use of medicine in pregnancy" (bumps) website be added.

The current entry for prochlorperazine states that "prochlorperazine buccal tablets have been included only for use as an alternative to injection in certain circumstances (e.g. GP call out)". The number of tablets that can be given is currently restricted to 10. The FIG considered the restriction and agreed that it should be removed.

The FIG accepted the proposed updated formulary guidance subject to the agreed amendments.

ACTION: Updated formulary guidance for Nausea and vomiting in pregnancy and hyperemesis gravidarum to be included in the formulary in line with the discussion.

11. Opioid analgesics

The formulary treatment of pain with opioids guidance has been reviewed, with consideration given to "Opioids Aware" guidance from the Royal College of Anaesthetists Faculty of Pain Medicine. Consideration has also been given to the choice of formulary recommended opioids.

This review was first included on the South and West Devon FIG agenda in September 2017, and was revisited in November 2017. Input has been sought throughout the process from a number of stakeholders including local consultants and pharmacists, as well as members of the South and West Devon FIG.

Since the South and West Devon FIG last reviewed the document in November 2017 and following additional feedback from stakeholders the guidance pages have been revised, and a reformatting of the layout and structure has been undertaken. The drug entries have also been further reviewed and supporting notes clarified/strengthened in response to stakeholder comments.

The FIG considered the proposed updated formulary entry section by section:

- <u>Acute Pain</u>
  - This section was accepted without amendment.

ACTION: Updated acute pain guidance to be included in the formulary.

- <u>Chronic Non-Malignant Pain</u>

  - Torbay and South Devon NHS Foundation Trust's pain service resource ReConnect2Life may be changing. The formulary will update reference to this resource when notified of the change.
  - The FIG considered how the efficacy of opioids is measured in practice. There was discussion about measuring patients' baseline pain level in order to assess the benefits of treatment. Several types of measure were considered, these included numerical and pictorial scores. The FIG noted that perception of pain may be linked a patient's psychology and that

some healthcare professionals may be looking for perfection but in reality only a 30-50% reduction in pain may be achieved with opioids.

- It was agreed that the formulary should state that baseline pain levels should be assessed and documented prior to commencing treatment with opioids, and pain should be assessed in order to determine benefit of ongoing treatment. It was requested that the formulary include a link to a pain scale. A 3-5 point reduction in pain score (on a scale of 0 to 10) would be considered reasonable.
- There was discussion about the pharmacological treatment steps in the management of chronic non-malignant pain. It was agreed that the current Step 1 be split into two steps as follows:
  - Step 1 - Regular Paracetamol 1g six hourly (or appropriate lower dose)
  - Step 2 - Add in NSAID such as ibuprofen (maximum 800mg eight hourly) or naproxen (maximum 500mg 12 hourly) unless contraindicated. Consider gasto-protection; stop if not effective.
  - Current Step 2 to become Step 3.
- There was discussion about the current Step 3, in particular with regard to tramadol. After consideration of current use of tramadol it was agreed that tramadol would remain listed in the formulary but reference to its use in the management of chronic non-malignant pain be removed. This is to prevent over-prescribing.

ACTION: Formulary team to update the guidance for chronic non-malignant pain in line with the discussion.

- <u>Management of opioids</u>

  - Approximate equivalent dosages of opioids - it was noted that this section is currently under review.
  - Opioid contracts – the proposed entry was accepted. It was noted that the Western Locality are currently developing an opioid contract. Once published, the formulary will include a link to the document.

ACTION: Formulary team to update entry for the management of opioids in line with the discussion.

- <u>Management of pain in substance misuse disorders</u>

  There was discussion about the contact details; the FIG agreed that no change was needed. The proposed entry was accepted without amendment.

ACTION: Accepted formulary entry to be included in the formulary.

- <u>4.7.2 Opioid analgesics</u>

  The FIG discussed and approved the formulary entry for opioid analgesics; some minor amendments were identified:
  - Immediate release fentanyl:

- Abstral® and Effentora® - current indications to be removed and replaced with "Breakthrough cancer pain in palliative care". A note is to be added which states "Following national guidance from NHS England Abstral and Effentora should only be used in patients undergoing palliative care treatment and where the recommendation to use immediate release fentanyl in line with the NICE guidance, has been made by a multi-disciplinary team and/or other healthcare professional with recognised specialism in palliative care".

  - Transdermal Fentanyl - Mezolar® patch 37.5 microgram strength to be added. Chronic cancer pain indication to be removed if local specialists are in agreement.

ACTION: "Chronic cancer pain" indication to be removed from transdermal fentanyl formulary entry if local specialists are in agreement.

  - Targinact® - No amendments were proposed to the current formulary entry. Separate work is ongoing as part of the NHS England consultation. This will be brought to FIG in due course.

ACTION: Formulary team to update entries for opioid analgesics in line with the discussion.

- 4.10.3 Opioid dependence

  The FIG discussed and approved the formulary entries for opioid dependence; some minor amendments were identified.

  - Lofexidine – the current colour status was discussed. The FIG agreed that Lofexidine remain 'red'.

  The FIG accepted the formulary entries for opioid dependence subject to minor amendment.

ACTION: Formulary team to update the formulary entries for opioid dependence in line with the discussion.

- 4.7.1 Compound analgesic preparations – no amendments were proposed to the formulary entries for compound analgesic preparations.

ACTION: Formulary team to add accepted formulary entries for compound analgesic preparations to the formulary.

12. FreeStyle Libre for interstitial glucose monitoring in diabetes

The Clinical Policy Committee (CPC) made a recommendation at its meeting in January 2018 that a 6 month trial of the FreeStyle Libre be routinely commissioned for patients with type 1 diabetes meeting certain criteria. Patients will be attending specialist secondary care clinics for their diabetes and have been assessed by their specialist to meet one of a number of agreed criteria set out in the policy. FreeStyle Libre would be continued if the patient demonstrated the applicable continuation criteria at a 6 month clinic assessment.

The trial is to be initiated only by specialist endocrinologists. The specialist must inform the patient's GP of the indication under which the trial is commenced and the continuation criteria the patient must meet at their six month diabetes clinic review. On completion of the trial, if the patient has achieved

the indicated continuation criteria the specialist must inform the patient's GP to allow for continued prescribing in primary care.

The recommendation is now being taken through the CCGs' governance processes.

The FIG was asked to consider the formulary status of FreeStyle Libre and whether secondary or primary care should fund the sensors during the trial period. The monitor and one sensor (which will last for 2 weeks) are free.

It was noted that cost effectiveness had been discussed by the Clinical Policy Committee; the FIG discussed secondary care and primary care budgets and the potential for use of the device to result in cost savings in some patient groups over time for primary care if patients achieved better control of their diabetes. There was also discussion about moving budgets between primary and secondary care; some concern was expressed that this may result in other patient groups being disadvantaged. Representatives from Kernow CCG stated that the device was not commissioned by Kernow CCG; concern had been expressed over the impact on GP budgets. The FIG noted the benefit to patients meeting the criteria of reducing the need to undertake lancet and test strip monitoring. It was also noted that cheaper products were likely to become available soon. There was also discussion about DVLA testing requirements which state that drivers must undertake lancet and test strip monitoring.

The FIG agreed that FreeStyles Libre should be funded by primary care during the 6 month trial period and that it will have 'amber' status in the South and West Devon Formulary.

ACTION: Formulary team to add FreeStyle Libre to the formulary with 'amber' status.

13. The Devon Formulary and Referral user survey report

At the end of 2017 the Formulary Team undertook a survey of users of the Devon Formulary and Referral website and App to enable the team to understand and improve user experience and satisfaction. The FIG received a report of the Devon Formulary and Referral user survey. The survey comprised 18 questions. These broadly covered:

- The demographic area in which respondents worked and their primary job role.
- Formulary and referral use.
- General thoughts on content.
- Navigation and the search function.
- The traffic light drug classification system.
- Any additional comments respondents wished to make.

Responses were generally very positive. However a number of possible next steps have been identified. These include:

- Contacting the design agency to discuss functionality options that can be amended within budget.
- Ask secondary care colleagues to help address issues around requests for primary care prescribing of secondary care only drugs (red drugs).
- Consideration of a FAQs page to include information about applications/reclassifications.

- Feedback to DRSS.
- Determine which trust(s) will not allow personal downloads of the app to trust supplied phones and ask if phones can be supplied with the app already embedded.
- Production of a summary report for publication.
- Quizzes updated and new ones published.

Due to time constraints at the meeting the FIG were asked to review the report of the User Survey and the next steps identified by the Formulary Team and forward their thoughts to the Formulary Team.

ACTION: FIG members to e-mail thoughts on the report of the Devon Formulary and Referral user survey and possible next steps to the Formulary Team.

14. Recent drug decisions (including NICE)

The recent drug decisions were noted.

15. MHRA Drug Safety Updates: February 2018

- Misoprostol vaginal delivery system (Mysodelle): reports of excessive uterine contractions (tachysystole) unresponsive to tocolytic treatment – this is not included in the formulary therefore no action is required.

- Mycophenolate mofetil, mycophenolic acid: updated contraception advice for male patients – notes and link to the MHRA safety update to be added to the formulary. The Specialist Medicines Service (SMS) guideline will be updated in line with the guidance if needed.

ACTION: Mycophenolate mofetil, mycophenolic acid: updated contraception advice for male patients – notes and link to the MHRA safety update to be added to the formulary.

- Gadolinium-containing contrast agents: Omniscan and iv Magnevist no longer authorised, MultiHance and Primovist for use only in liver imaging. This is a 'red' drug. No action required.

16. Any other business

<u>Retirement of Paul Manson</u>

The FIG noted that Paul Manson was retiring. In his absence the FIG expressed sincere thanks to Paul for his valuable and substantial contribution to the work of the South and West Formulary Interface Group.

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.	FIG members	Outstanding
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