Northern, Eastern and Western Devon
Clinical Commissioning Group

**Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group**
**Thursday 10th December 2015: 9:00am – 11:00am. Old Heathcoat's School, Tiverton**

| | | |
|---|---|---|
| **Present** | Tawfique Daneshmend (TD), Consultant Gastroenterologist - Chair | RD&E |
| | Carol Albury, Locality Medicines Optimisation Pharmacist | NEW Devon CCG |
| | Iain Carr, Medicines Optimisation Pharmacist | NEW Devon CCG |
| | Emma Gitsham, Joint Formulary Pharmacist | NEW Devon CCG |
| | Andrew Harrison, GP, The South Lawn Medical Practice | NEW Devon CCG |
| | Matt Howard, Clinical Evidence Manager | NEW Devon CCG |
| | Matt Kaye, Chief Pharmacist | NDDH |
| | Simon Kay, GP | NEW Devon CCG |
| | Carole Knight, Formulary Pharmacist | NDDH |
| | Stuart Kyle, DTC Chair / Consultant Rheumatologist | NDDH |
| | Denise Lanyon, Medicines Optimisation Pharmacist | NEW Devon CCG |
| | Bethan Rogers, Formulary Pharmacist | RD&E |
| | Petrina Trueman (PT), Clinical Evidence Pharmacist | NEW Devon CCG |
| | Ben Waterfall , GP | NEW Devon CCG |
| | Carol Webb (CW), Joint Formularies Technician | NEW Devon CCG |
| **Apologies** | Amanda Gulbranson, Clinical Effectiveness Lead | DPT |
| | Susie Harris, Consultant, Elderly Care | RD&E |
| | Beverly Baker, Non-Medical Prescribing Lead | NEW Devon CCG |
| | Sam Smith, Locality Medicines Optimisation Pharmacist | NEW Devon CCG |

1. Welcome and Apologies – noted above
   Declarations of interest:
   - Matt Howard: hospitality at CPD events sponsored by a variety of companies (in a previous employment)
   - Carol Albury: GSK shared held in Australian superannuation fund (in process of being sold)
   - no other interests were declared

2. **Notes of previous meeting:**
   The notes of the meeting of 8th October 2015 were agreed.

Action list from the previous minutes

- Notes for PPI with aspirin: Completed, notes added to the formulary
- Section 7.4.1 – 7.4.6: awaiting replies from secondary care consultants
- Immunoglobulin forms: awaiting confirmation from RD&E
- Acetylcholinesterase inhibitor annual review: amended wording agreed and added to the formulary

3. **Proposed changes to formulary products**
   - Fultium D3®: it was agreed to add into the formulary the new 20 000IU preparation.
   - Fostair®/ Fostair NEXThaler®: it was noted that the 100/6 NEXThaler is now licensed for COPD. It was agreed to add into the formulary the new 200/6 strength in both MDI and NEXThaler devices, it was noted that this strength is only licensed for asthma. Formulary entry to be amended to reflect this and re-

emphasize that brand prescribing is recommended. Flat pricing for all four inhalers at the present time was noted.

4. **Formulary applications**

- **Renacet:** An application has been received to add into the South and West formulary Renacet® as an alternative to Phosex®. Its cost is less than Phosex®, the tablets are smaller and taste more pleasant which it is hoped would aid compliance. The Renal clinicians in RD&E are in agreement with this.
  It was agreed to add Renacet® into the formulary as an amber (specialist initiated) drug and to change the other phosphate binders to amber.
  **Action: to add Renacet® into the formulary** **CW**
- **Simbrinza® eye drops:** An application has been received to add this to the formulary. It is a combination of brinzolamide and brimonidine, both of which are already formulary products. There was discussion about the number of products in this section of the formulary and a future review. There was discussion about the colour of these products and it was agreed that they should all be amber with additional notes about the order of preferred treatments.
  **Action: to add Simbrinza® into the formulary** **CW**
- **Dermatonics® Once Heel Balm:** This is currently in the formulary as a hospital only treatment; a request has been made to change this so that it is available for GPs to prescribe. It has been difficult to ascertain information on how effective it is as a treatment, the expected number of patients and therefore the cost. There was discussion about its appropriate use patients at high risk of foot ulcers as part of their daily routine and to make GPs aware of the correct patients. Concerns were expressed about the danger of 'product creep' and the associated costs. It was agreed to change this to amber with notes in the formulary to indicate that it should only be prescribed with specific recommendation from podiatry in high-risk diabetic patients. It was also agreed that only the 75g should be included in the formulary.
  **Action:**
  **To change Dermatonics® to an amber preparation** **CW**
  **To contact Lyndon White and Mel Hucker in regard to notes on the correct patient group.** **CW**
  **To look at adding information on the correct amount of cream/ ointments to be used** **CW**
- **Linagliptin:** This is currently in the South and West Formulary, a request has been made to add this to the North and East Formulary. Its use would be in patients with renal impairment as there is no dose adjustment required. There is no difference in the cost compared to sitagliptin. There was discussion on which renally impaired patients should be prescribed linagliptin. The addition of linagliptin to the formulary was agreed.
  **Action:**
  **Linagliptin to be added to the formulary as an amber drug** **CW**
  **To contact Dr Warren for confirmation of which renally impaired patients should be prescribed linagliptin** **PT**

5. **Relvar® for COPD**

Relvar® Ellipta 92/22 has been commissioned for use in COPD patients by the Clinical Policy Committee and is required to be added into the formulary. It has not

| | | |
|---|---|---|
| | been commissioned for use in asthma. There was discussion about the confusion of new products and different devices coming onto the market. The proposed formulary entry was agreed with a small re-arrangement of the notes to clearly indicate that it is only for use in COPD.<br>**Action: Relvar® to be added to the formulary** | **CW** |
| 6. | **Chapter 8 Malignant Disease - review**<br>This chapter has been sent to the Cancer Services Pharmacists in both Trusts for comment. The cancer Drugs Fund list products have been checked and the recent deletions made. | |
| 7. | **Suspected drug allergy information**<br>A request had been made to add into the formulary some information from the NICE Clinical guideline CG183 from the CCG NICE Planning and Assurance Group. There was discussion about the appropriateness of adding this to the formulary and it was agreed not to add this to the formulary.<br>**Action: to communicate to the NPAG the decision of the formulary group** | **CW** |
| 8. | **Imipramine neuropathic pain**<br>Due to the cost of nortriptyline it was agreed to add imipramine to the first-line treatments for neuropathic pain as an alternative to amitriptyline. | |
| 9. | **Position statement on biosimilars**<br>Due to the increasing availability of biosimilar preparations and their possible inclusion into the formulary it is proposed to put into the formulary a statement about theses preparations. This can then be referred/ linked to when these preparations are included into the formulary. This was agreed to be added. | |
| 10. | **MHRA Drug Safety Update, October and November:**<br>• October: to add the information about mirabegron and the severe risk of hypertension and associated cerebrovascular and cardiac events.<br>• November: nothing to add | |
| 11. | **Recent drugs decisions:**<br>These were noted | |
| | **Next meeting: Thursday 11th February 2016** | |

**Northern & Eastern Formulary – Action Log**

| Date | Action | Responsible | |
|---|---|---|---|
| Aug 15 | Section 7.4.1-7.46 review<br>• To contact Bladder and Bowel, Care of the Elderly and Gynae to aim to rationalise the drug choices<br>• To check with Clinical Effectiveness regarding a commissioning policy for tadalafil post prostatectomy | PT<br><br>PT | Awaiting replies |
| Oct 15 | To send to CW the appropriate link to the immunoglobulin forms | SKy | Forms being completed |