Northern, Eastern and Western Devon
Clinical Commissioning Group

Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group
Thursday 13th October 2016: 9:00am – 11:00am. Old Heathcoat's School, Tiverton

Present	Susie Harris (SH), Consultant, Elderly Care - Chair	RD&E
	Carol Albury (CA), Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Beverly Baker (BB), Non-Medical prescribing lead	NEW Devon CCG
	Iain Carr, Medicines Optimisation Pharmacist	NEW Devon CCG
	Emma Gitsham (EG), Joint Formulary Pharmacist	NEW Devon CCG
	Andrew Harrison (AH), GP	NEW Devon CCG
	Matt Howard (MH), Clinical Evidence Manager	NEW Devon CCG
	Matt Kaye (MK), Chief Pharmacist	NDHT
	Denise Lanyon (DL), Medicines Optimisation Pharmacist	NEW Devon CCG
	Bethan Rogers (BR), Formulary Pharmacist	RD&E
	Carol Webb (CW), Joint Formularies Technician	NEW Devon CCG
In attendance	John Christie, Consultant (for agenda item 3)	RD&E
	Sian Ludman, Consultant (for agenda item 4)	RD&E
	Petrina Trueman, Clinical Evidence Pharmacist (for agenda item 5 and 9)	NEW Devon CCG
	Emily McGrath, Consultant (for agenda item 6)	RD&E
	Sophie Wright, Pre-registration Pharmacist (observing)	RD&E
Apologies	Tawfique Daneshmend (TD), Consultant Gastroenterologist	RD&E
	Simon Kay (SK), GP	NEW Devon CCG
	Stuart Kyle (SKy), DTC Chair / Consultant Rheumatologist	NDHT
	Sam Smith (SS), Locality Medicines Optimisation Pharmacist	NEW Devon CCG

1. **Welcome and Apologies** – noted above
   Declarations of interest: No interests were declared

2. **Notes of previous meeting:**
   The notes of the meeting of 11th August 2016 were agreed.

3. **Proposed changes to formulary products**
   Rifaximin: the request has been made by specialists at the Royal Devon and Exeter NHS Foundation Trust to consider a change in the status of rifaximin for preventing episodes of overt hepatic encephalopathy. Currently rifaximin 550mg tablets are included in the formulary as a red drug for hospital only prescription, the request was made that it is considered for amber status so that prescribing can be continued in primary care for appropriate patients. This was discussed and it was acknowledged that it is used in a small number of patients. There was discussion about its suitability in blister packs, it was agreed to put appropriate notes about this into the formulary. It was agreed to change rifaximin from red to amber. John Christie was in attendance for this discussion.

4. **Emerade® re-consideration**

Sian Ludman was in attendance for this discussion

This was first considered at the formulary meeting on the 11th February 2016. A request to re-consider the application has been received. It was decided to agree the addition of Emerade® into the formulary. This would give access to two products giving patients the choice of delivery device. Emerade® also has a longer needle length which may benefit obese patients and the full 500 microgram adult dose. Emerade® will be added as an additional green, first-line, preparation.

5. **Ivermectin (Soolantra®) CPC decision**

Emily McGrath was in attendance for this discussion

The decision, in principle, has been made by the Clinical Policy Committee to commission ivermectin 1% cream for the treatment of moderate or severe rosacea. The position of oxytetracycline in the treatment options was discussed and it was agreed to remove this, the dermatologists use lymecycline, although unlicensed, as patient compliance is reportedly better. There is guidance on the treatment of rosacea currently being developed which will be included in the formulary in due course.

6. **Product applications**

- **Enstilar®:** an application had been received for Enstilar® cutaneous foam spray to be added to the formulary, it is a foam presentation of calcipotriol plus betamethasone. This has previously been approved for addition to the South and West Devon Formulary. Trial data suggest that this formulation has a greater efficacy to the ointment without increased side effects. It was agreed to add Enstilar® into the formulary, the formulary entry to mirror the South West in listing this as generic with the different forms of preparation.

  Emily McGrath was in attendance for this discussion

- **Cetraben ointment:** an application has been received to add this into the formulary as an alternative emollient preparation. It is similar in formulation as Epaderm® ointment but reported to have a lighter feel. It was agreed to remove Epaderm® from the formulary in favour of Hydromol® ointment (same composition but lower acquisition cost) and to add Cetraben®.

  Emily McGrath was in attendance for this discussion

- **Levosert®:** Levosert® is a levonorgestrel intrauterine system, licensed for 3 year use for contraception and heavy menstrual bleeding. Identical in formulation to Mirena®. Its place would be for appropriate women who require protection for less than 3 years, where Levosert® would be a less costly option than Mirena®. This was discussed and it was agreed to add Levosert® to the formulary.
- **Toujeo®:** An application has been received for this to be added to the formulary, this is high strength basal insulin licenced for the treatment of type 1 or type 2 diabetes mellitus in adults ≥18 years. It was proposed as a treatment option for patients that require large doses of insulin; it may reduce the volume or number of injections required. It is expected that patient numbers will be small and the majority of patients suitable for treatment will have Type 2 diabetes mellitus. It was noted that patients currently receiving Humulin® R, which is only available from

secondary care (non-formulary), may be changed to Toujeo®. It was agreed to add Toujeo® to the formulary as an amber drug. It was asked that a note is added to highlight that specialist involvement is required during its initiation.

7. **Antibacterial guidance review**

This is the regular review of this section using the revised Public Health England antimicrobial guidance. Microbiologists from both Trusts and the Antimicrobial Stewardship Group have agreed the appropriate amendments.

For UTI in adults nitrofurantoin is recommended as first-line by Public Health England since 2014, there is some reluctance to make this change by the microbiologists. They have been asked to detail some reasoning.

Action: to wait for a response before making the change **IC**

In resistant UTI fosfomycin is one of the treatment choices. It was agreed to leave fosfomycin as an amber drug and to change Pivmecillinam to amber.

Miconazole/ nystatin: It was agreed to change miconazole to the first-line preparation and nystatin would become second-line. This is due to the change in licensed doses on the nystatin products causing confusion and a change in recommendation by Public Health England. This change was also agreed by Palliative Care for that section of the formulary.

8. **Review: Gastrointestinal guidance**

- Adult GORD and dyspepsia management: this guidance was reviewed in 2014 following the publication of the NICE Clinical Guideline 184. Minor changes have been made to the text.
- Paediatric reflux management: this is a new section to the North and East Formulary. The existing guidance from the South and West Formulary has been revised in line with the NICE guideline 1 published in January 2015. This new guidance was agreed to be added into the formulary

9. **Dulaglutide CPC decision**

The Clinical Policy Committee made a recommendation that Dulaglutide (Trulicity®) for the treatment of type 2 diabetes be adopted locally. The proposed formulary entry was discussed and agreed; lixisenatide is the least costly option and will become first line ‘green’ in the formulary. Dulaglutide will be added to the formulary as ‘blue’. All other treatments within this class will become ‘blue’.

10. **Proposed changes to formulary products**

- Sevelamer/Renvela®: a financial saving may be available if sevelamer carbonate is prescribed generically rather than by brand (Renvela®). It was noted that there are two sevelamer salts available, hydrochloride and carbonate which are not interchangeable. The change in prescribing is supported by the local renal units. It was agreed to remove the brand.
- CosmoCol: the proposal was made to add into the formulary CosmoCol granules, an alternative brand of macrogol. This was discussed and it was agreed to add CosmoCol plain, orange and ‘orange, lemon and lime’.

Due to time constraints the remaining agenda items will be transferred to the

	December meeting.
	The meeting was informed that Dr Darunee Whiting has resigned from the Northern Locality board and will no longer be attending the formulary meeting. Dr Glen Allaway, a GP from Lynton, will be joining the formulary group from the December meeting. The meeting was also informed that Emma Gitsham will be going on to maternity leave.
Next meeting: Thursday 8th December 2016	

Northern & Eastern Formulary – Action Log

Date	Action	Responsible	
August 2016	To review the dry eye preparations in the formulary	**CA**	Moved to MO work-plan, remove from this list
October 2016	For UTI in adults nitrofurantoin is recommended as first-line, microbiologists have been asked to detail some reasoning. To wait for a response before making the change	**IC**	