NHS

Northern, Eastern and Western Devon
Clinical Commissioning Group

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

Present	Tawfique Daneshmend (TD), Consultant Gastroenterologist - Chair	RD&E
	Iain Carr, Medicines Optimisation Pharmacist	NEW Devon CCG
	Emma Gitsham (EG), Joint Formulary Pharmacist	NEW Devon CCG
	Susie Harris (SH), Consultant, Elderly Care	RD&E
	Andrew Harrison (AH), GP	NEW Devon CCG
	Matt Howard (MH), Clinical Evidence Manager	NEW Devon CCG
	Matt Kaye (MK), Chief Pharmacist	NDHT
	Simon Kay (SK), GP	NEW Devon CCG
	Carole Knight (CK), Formulary Pharmacist	NDHT
	Denise Lanyon (DL), Medicines Optimisation Pharmacist	NEW Devon CCG
	Bethan Rogers (BR), Formulary Pharmacist	RD&E
	Sam Smith (SS), Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Carol Webb (CW), Joint Formularies Technician	NEW Devon CCG
	Darunee Whiting, GP	NEW Devon CCG
Apologies	Carol Albury (CA), Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Chris Sullivan (CS), Clinical Effectiveness Pharmacist	DPT
	Stuart Kyle (SKy), DTC Chair / Consultant Rheumatologist	NDDH
	Ben Waterfall (BW), GP	NEW Devon CCG
	Beverly Baker (BB), Non-Medical prescribing lead	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)
   - no other interests were declared

2. **Notes of previous meeting:**

   The notes of the meeting of 10th December 2015 were agreed.

Action list from the previous minutes

Section 7.4.1 – 7.4.6: it was agreed to amend the status of mirabegron to blue (second-line)

3. **Proposed changes to formulary products**

   - BuTec®: an application to change the formulary preferred brand of buprenorphine patches from BuTrans® to BuTec® was discussed. This is an identical product to BuTrans®. Changing to this product would give a potential of £116,000.00 across Devon. The current hospital contract is for BuTrans®, but there is no price difference within the hospital. There was discussion about ensuring that the 7 day patches are prescribed correctly. It was agreed to translate the indication notes from the South and West Formulary into the North and East Formulary. It was agreed to include BuTec® into the formulary and remove BuTrans®.

4. **Formulary applications**

   - **Abasaglar®:** this is an insulin glargine biosimilar; the reference product is Lantus®. Abasaglar® has the same licensed indication as Lantus®. Its cost is 15% lower than

Lantus®. The addition of Abasaglar® into the formulary is supported by all the secondary care Trusts. It was agreed to add Abasaglar® into the formulary.

- **Taptiqom®:** this is a single use, preservative free eye drop combination of tafluprost and timolol, for the treatment of glaucoma; both individual products are currently in the North and East formulary for this indication. The cost of using the two separate products together is higher than the cost of using the combination product. It was agreed to add Taptiqom® into the formulary.
- **Emerade®:** this adrenaline auto-injector is slightly more expensive than the current formulary product (Epipen®) for equivalent 150 microgram and 300 microgram strengths; it has a longer shelf-life of 30 months. This was discussed and it was agreed that any savings would be difficult to realise due to the uncertainty of the remaining expiry, once the product reaches the community pharmacy shelf for dispensing. It was noted and discussed that Emerade® is supplied in the 500 microgram Resuscitation Council recommended adult dose. This strength is not provided by the current formulary product Epipen®. The point was made that having Emerade® on the formulary would double pharmacy stock and complicate the formulary unless it was to entirely replace Epipen®.

  Demonstrator examples of the various products were examined and tried, there was discussion about the suggested ease of use and being able to get a definite injection compared to the other products. It was also noted that Emerade® has a longer needle length compared to Epipen®. It was noted that training would be provided by the company and that the LPC is in the process of developing an allergy MUR.

  Following the discussions it was agreed not to add this into the formulary. If further information is available this would be considered again.
- **Ultibro® Breezhaler**: This had previously been discussed in August 2015. Ultibro® is a combination of indacaterol and glycopyrronium for COPD. There is currently no LABA/LAMA combination product in the North and East Formulary. A cost saving is possible using the combination inhaler rather than the individual monotherapies used concomitantly. This type of combination treatment is part of the GOLD guidance for those patients with significant symptoms and low risk of exacerbations.

  It was agreed to add Ultibro® into the formulary

5. **Treclin®**

   This has been commissioned for use by the Clinical Policy Committee and is required to be added to the formulary. This is a combination of clindamycin and tretinoin for the use in moderate acne. This would go into the formulary together with the current formulary preparations of Duac® and Epiduo®. It was noted that a review of this section of the formulary would be undertaken later in the year. The drafted formulary entry was agreed.

6. **Alogliptin**

   This has been commissioned for use by the Clinical Policy Committee and is required to be added to the formulary. There was discussion regarding the licensing of alogliptin with other treatments. It was asked that clear notes are added in regard to the licensing and that the current notes for sitagliptin be reviewed and consideration given to applying this wording or similar to alogliptin. It was noted that Hba1c is now represented by a %, this will be amended. It was noted that the formulary team are currently reviewing the type 2 diabetes guidance following publication of the updated NICE clinical guideline in 2015 – revision of the gliptins formulary text will form part of the ongoing section review.

7.	**Nitrofurantoin MHRA safety warning** It was agreed to add into the formulary the MHRA safety warning from September 2014. Although long-term treatment is not approved in the Formulary, it was acknowledged that it is prescribed in this way. The meeting asked that the Formulary entry be changed to emphasize that long-term treatment should not be prescribed.	
8.	**Revised chronic constipation in children** It had been noted that the referral information currently in the formulary was out of date. The amendment was agreed.	
9.	**Recent drugs decisions:** These were noted	

10	**MHRA Drug Safety Update:**
	• December 2015: to add a link to the information on the revised pregnancy advice for patients taking mycophenolate
	• January 2016:
	  ○ Nicorandil – to add the notes into the formulary
	  ○ Brand prescribing for levonorgestrel-releasing IUS: to check current notes and add information if required.	

	The committee was informed of the resignation of Dr Ben Waterfall from the group due to surgery commitments. Ben was thanked for his input into the formulary. Replacement was discussed and invitations for expressions of interest are going to be sent to GPs, in the Northern Locality in the first instance.	**CA**
	Next meeting: Thursday 14th April 2016	

Northern & Eastern Formulary – Action Log

Date	Action	Responsible	
Aug 15	Section 7.4.1-7.46 review • To check with Clinical Effectiveness regarding a commissioning policy for tadalafil post prostatectomy	EG	
Oct 15	To send to CW the appropriate link to the immunoglobulin forms	SKy	Forms being completed