Northern, Eastern and Western Devon
Clinical Commissioning Group

Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group

Thursday 9th February 2017: 9:00am – 11:00am. Old Heathcoat's School, Tiverton

Present	Tawfique Daneshmend (TD)	Consultant Gastroenterologist	RD&E
	Carol Albury (CA)	Locality MO Pharmacist	NEW Devon CCG
	Glen Allaway (GA)	GP	NEW Devon CCG
	Iain Carr (IC)	MO Pharmacist	NEW Devon CCG
	Susie Harris (SH)	Consultant, Elderly Care	RD&E
	Andrew Harrison (AH)	GP	NEW Devon CCG
	Denise Lanyon (DL)	MO Pharmacist	NEW Devon CCG
	Simon Kay (SK)	GP	NEW Devon CCG
	Stuart Kyle (SKy)	DTC Chair / Consultant Rheumatologist	NDHT
	Jess Parker (JP)	GP	NEW Devon CCG
	Hilary Pearce (HP)	Clinical Effectiveness Pharmacist	NEW Devon CCG
	Sam Smith (SS)	Locality MO Pharmacist	NEW Devon CCG
	Carol Webb (CW)	Joint Formularies Technician	NEW Devon CCG
In attendance/ guests:	Fiona Dyroff (FD)	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
	Deborah Owens (DO)	Lead Speech and Language Therapy	RD&E
Apologies	Beverly Baker (BB)	Non-medical Prescribing Lead	NEW Devon CCG
	Matt Howard	Clinical Evidence Manager	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 held on 8th December 2016 were agreed.

   Matters arising

   Glucomen Areo Ketone Test Strips - Subsequent to the meeting in December 2016 a request had been received that Freestyle Optium ß-ketone test strips be retained in the formulary. Both Freestyle Optium ß-ketone test strips and Glucomen Areo Ketone Test Strips are now in the formulary.

   ISMN formulary entry update

   Confirmation had been received from the relevant specialist that patients could be managed with long acting ISMN and that the immediate release product could be removed from the formulary.

   Action List Update

   - Nitrofurantoin/trimethoprim

   A response has recently been received from micro-biologists; some issues remain to be resolved. A discussion took place, it was noted that microbiologists have their own App for UTIs. Public Health England is due to issue new guidance in March 2017. A discussion also took place about differing

guidance between the microbiologists' app and the CCG website being used at individual acute trusts for the treatment of UTI. It was suggested that this be raised with the Anti-Microbial Stewardship group.

It was agreed that the position of Trimethoprim in the formulary will remain as is for the time being. Nitrofurantoin will be changed to a 'green' (1st line) drug.

3. **Product Applications**

- **Thick and Easy** - An application has been received to include Thick and Easy food thickeners in the formulary. The application was discussed and it was agreed that both Thick and Easy and Thick and Easy Clear will be added to the formulary.

  A discussion took place about the starch and gum versions of Thick and Easy and Nutilis products; starch based products are preferred locally but a clear product could also be included in the formulary. No Nutilis products will be added. Discussion also took place about benefits; including safety, of not switching patients who prefer starch based products to clear products. Products will be provided in tins. Sachets are more expensive than tins and are not considered to be necessary by the speech and language therapists.

  Deborah Owens will look into the amount of product that should be prescribed at any time and e-mail details to Carol Webb for addition to the formulary notes. It was noted that there are safety issues associated with switching patients between starch and gum based products. It was agreed that letters from specialists to GPs will state whether the patient is using the starch or gum formulation and how much to prescribe each month.

ACTION: Details of how much product should be prescribed at any time to be e-mailed to Carol Webb. **DO**

- **Darifenacin** - An application has been received from Medicines Optimisation colleagues for the addition of Darifenacin into the formulary. Darifenacin has been added to the South and West Formulary. The proposal was discussed, it was agreed that Darifenacin will be added to the North and East Formulary as 'blue' second line above Solifenacin. Darifenacin will be given to new patients. Some patients may be switched to Darifenacin from Solifenacin.

  A discussion took place about the acquisition costs of Darifenacin and Solifenacin. A cost saving could be made if Darifenacin was used instead of Solifenacin. Currently there is no generic Darifenacin product; a generic formulation of Solifenacin is expected in December 2018.

  It was noted that the medicines optimisation team will need to liaise with the service with regard to those changes around bowel and bladder care.

- **Resp-Ease® 7%** – An application has been received for the addition of Resp Ease® 7% into the formularies. The presented paper was discussed and agreed for addition to the formulary without amendment.

- **Tiotropium brand - Braltus®** - An application has been received to add Tiotropium brand (Braltus®) to the formulary as the preferred brand. The presented paper was discussed and approved with no amendments.
  - Braltus® will be added as the preferred brand of Tiotropium
  - The Handihaler® device will be removed
  - Tiotropium will be changed to 'green' first line.
- **Pramipexole m/r brand – Pipexus®** - An application has been received to add pipexus® m/r to the formulary. The presented paper was discussed and approved for addition to the formulary without amendment.
- **Ursodeoxycholic acid brand – Cholurso®** - An application has been received for the addition of Ursodeoxycholic acid brand - Cholurso® to the formulary. The presented paper was discussed; it was agreed that Cholurso® (ursodeoxycholic acid) 250mg tablets would be added to the formulary.

  A discussion took place about the strength of tablets to be added to the formulary. It was agreed that only the 250mg tablets would be included and that a note be added to the formulary stating that 2 x 250mg tablets, at the lowest acquisition cost, should be prescribed for patients needing 500mg doses. Patient compliance with treatment and possible supply shortages of individual brands were also discussed.

4. **Ticagrelor: NICE TA420**

   The formulary team had been asked to add additional notes to the formulary to define high risk patients. The proposed formulary entry was discussed and agreed without amendment.

   A discussion took place about the target population defined by NICE. There was also discussion about whether the guidance was for new patients only. It was noted that the TA gives no indication that NICE expects patients to be identified retrospectively by primary care. Treatment will be initiated in secondary care for new patients and in secondary care if any patients are identified retrospectively.

   Medicines Optimisation colleagues will monitor usage of Ticagrelor.

5. **Brivaracetam for epilepsy recommended by CPC**

   Route commissioning of Brivaracetam for epilepsy has been agreed in principle by the Clinical Policy Committee (CPC) and is now going through the governance processes of the CCG. The presented formulary entry was discussed and agreed without amendment. The formulary will be updated following completion of the CCG governance processes and publication of the commissioning policy.

6. **Ulipristal acetate 5mg (Esmya®) recommended by CPC**

   Routine commissioning of Ulipristal acetate 5mg for intermittent treatment of uterine fibroids in line with NICE CG44 has been agreed in principle by CPC and is now going through the governance processes of the CCG. The presented paper was discussed and agreed without amendment. The formulary will be

updated following completion of the CCG governance processes and publication of the commissioning policy.

A discussion took place about initiation of treatment. Each 3 month course of treatment will be initiated by a consultant. GPs will usually prescribe the remaining two months. Where patients have a longer gap between courses of treatment a new referral to secondary care may be needed. It was noted that the responsibilities of specialists outlined in the formulary entry were agreed by Mr Peyton-Jones on behalf of RD&E and Mr Eckford on behalf of NDDH.

7. **Sayana® Press – review of decision**

A request has been received for the FIG to reconsider the addition of Sayana® Press into the formulary. The presented paper was discussed and agreed without amendment.

A discussion took place about whether patients would self-administer the injection. The preparation is included in the South West formulary and is in use in primary care.

8. **Psoriasis guidance review**

This item was deferred. BAD is expected to publish new guidance later in the year.

9. **Rosacea guidance review**

The proposed clinical guidance produced by Dr Emily McGrath, Consultant dermatologist, RD&E Hospital was discussed and agreed without amendment.

A paper was discussed proposing the addition of azelaic acid 15% gel for the treatment of mild rosacea in place of azelaic acid 20% cream which is not licensed for this indication. It was noted that azelaic acid gel is licensed for rosacea and is recommended by NICE CKS.

A paper was discussed proposing the addition of doxycycline 40mg modified release (MR) for the treatment for moderate or severe rosacea. It was noted that the formulary includes lymecycline which is not licensed for this indication. A discussion took place on whether doxycycline 40mg MR, which is licensed for rosacea, should be included as a further treatment option. It was noted that NICE CKS recommend a number of oral tetracyclines for rosacea including lymecycline. It was also noted that a course of doxycycline MR is almost three times the cost of a course of lymecycline, however, no information has been identified to suggest that doxycycline MR offers value for money for the NHS. It was agreed that a note would be added to the formulary to indicate that doxycycline MR is licensed for the treatment of rosacea, however, it is more expensive than lymecycline. In addition a note would be added indicating that the use of lymecycline for rosacea is supported by NICE CKS.

10. **Amendment to COPD guidance**

The presented paper was discussed and agreed with minor amendment.

It was noted that the threshold for CAT scores should be checked. Categories A and C have criteria for CAT scores less than 10 whereas categories B and D have criteria for CAT scores of more than 10. Therefore, a patient with a CAT score of 10 falls between the two criteria.

11. **Adult Tension headache guidance – NEW**

Guidance has been produced by a consultant neurologist at PHNT and a GP as a Clinical Referral Guidance (CRG). This has been accepted for inclusion in the South and West Devon formulary. The proposed guidance was discussed but not accepted for addition to the North and East Devon Formulary section. It was agreed that the formulary guidance would be reconsidered when referral guidance was published.

A discussion took place about the information on acupuncture. It was agreed that the information on acupuncture would remain in the guidance as its use is supported by NICE.

12. **Amendment to reflux disease and PPI guidance**

Subsequent to the publication of the paediatric reflux guidance discussed on 13 October 2016 two specialists have requested additional information be added to the text. The proposed formulary entry was discussed and agreed with no amendments.

13. **Drugs affecting the renin-angiotensin system – clinical guidance review**

A review of the formulary guidance has taken place and additional advice on monitoring has been included. The proposed formulary entry was discussed and agreed with no amendments.

14. **Recent drug decisions (including NICE)**

The recent drug decisions were noted.

A discussion took place about the use of the terms DOAC and NOAC. Currently there is lack of clarity about when each should be used.

15. **MHRA Drug Safety Updates: December, January**

- December 2016 - noted
- January 2017 - noted

16. **Date of next meeting**

Thursday 13th April 2017.

It was noted that this is the day before Good Friday. In order to ensure that the meeting is quorate members were requested to notify the Clinical Effectiveness Team as soon as possible if they are unable to attend.

Dr Daneshmend confirmed his attendance.

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Northern & Eastern Formulary – Action Log			
	Action	**Responsible**	**Complete**
17/01	Details of how much Thick and Easy product should be prescribed on each prescription to be sent to Carol Webb for inclusion	Deborah Owens	Complete