Northern, Eastern and Western Devon
Clinical Commissioning Group

Meeting of the Northern and Eastern Devon Formulary Interface Group

Minutes

Thursday 10 August 2017: 9:00am – 11:00am

Old Heathcoat School, Tiverton

Present:

Tawfique Daneshmend (Chair)	Consultant Gastroenterologist	RD&E
Carol Albury	Locality MO Pharmacist	NEW Devon CCG
Beverley Baker	Non-Medical Prescribing Lead	NEW Devon CCG
Susie Harris	Consultant, Elderly Care	RD&E
Andrew Harrison	GP	NEW Devon CCG
Janice Headon	MO Pharmacist	NEW Devon CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Simon Kay	GP	NEW Devon CCG
Matt Kaye	Chief Pharmacist	NDHT
Denise Lanyon	MO Pharmacist	NEW Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Darren Wright	Joint Formularies Technician	NEW Devon CCG

Guests:

Hannah Jones	Healthcare Evidence Reviewer	NEW Devon CCG
Naomi Scott	Healthcare Evidence Reviewer	NEW Devon CCG

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and introductions:

Apologies

Glen Allaway	GP	NEW Devon CCG
Carole Knight	Formulary Pharmacist	NDHT
Stuart Kyle	DTC Chair / Consultant Rheumatologist	NDHT
Bethan Rogers	Formulary Pharmacist	RD&E
Sam Smith	Locality MO Pharmacist	NEW Devon CCG

Declaration of Interests

The chair reviewed the Declaration of Interests forms; it was not felt that any of the declarations received would have any impact on the deliberations of the meeting.

All Declarations of interest are reported in the FIG Annual Report.

2. Minutes of the meeting held on Thursday 8th June 2017 and matters/actions arising

The minutes of the meeting held on 8th June 2017 were approved.

It was noted that the RD&E is reviewing literature to see if lecicarbon A suppositories are as effective as phosphate enemas as bowel preparation. This may be adopted as a trial at RD&E.

Matters/actions arising

Summary of actions

Date	Action	Lead	Status
17/02	On completion of the CCGs governance processes the approved entry for sodium oxybate for the treatment of narcolepsy with cataplexy to be added to the formulary		Complete
17/03	Sodium oxybate for the treatment of narcolepsy with cataplexy; discussion needed at a future FIG meeting on how patients would be managed in primary care.		Complete
17/04	On completion of the CCGs governance processes the approved entry for lecicarbon A suppositories for the treatment of constipation to be added to the formulary.		Complete
17/05	Bladder and bowel group to be informed when the formulary entry for Lecicarbon A suppositories is updated.		Complete
17/06	Prednisolone 10mg/ml oral solution to be added to the formulary as a second-line (blue) preparation		Complete
17/07	*Medicines optimisation team to consider adding a script-switch message to indicate the most effective preparation for the amount of product being prescribed*. A script-switch message has been added.		Complete
17/08	Approved entry for Episenta® prolonged release capsules and granules to be added to the North and East Devon Formulary.		Complete
17/09	NovoRapid Pump Cart cartridges to be added as 'amber' to the North and East Devon formulary.		Complete
17/10	Consideration of Soltel® as the preferred brand of salmeterol 25mcg dose pressurised metered dose (pMDI) inhaler: Respiratory specialists and paediatricians to be contacted for their views on Soltel, and an estimate of the number of paediatric patients using salmeterol.		Complete
17/11	Consideration of Soltel® as the preferred brand of salmeterol 25mcg dose pressurised metered dose (pMDI) inhaler: Liaise with Matt Howard over the evidence supporting Soltel®		Complete

17/12	Agreed entry for glucodrate to be added to the North and East Devon Formulary.		Complete
17/13	On expiry of Lyrica patent formulary entry for pregabalin to be updated.		Complete
17/14	Lyrica and Alzain to be removed from the preferred brand page of formulary on the expiry of the patent for Lyrica.		Complete
17/15	Formulary for entry for naloxegol to be updated from 'red' to 'amber' for palliative care.		Complete
17/16	*Impact of change of status of ciclosporin 1mg/ml single dose eye drops from red to amber on the prescribing budget to be discussed with the CCG lead for the budget.* An agreement is in place.		Complete
17/17	Entry for ciclosporin 1mg/ml single dose Eye Drops to be updated from 'red' to 'amber' after discussion of the prescribing budget		Complete
17/18	Ciclosporin eye drops 2% (unlicensed) to be removed from the formulary.		Complete
17/19	Formulary entry for Venlafaxine to be updated in-line with the FIG discussion.		Complete
17/20	Vensir XL and Venlablue XL to be removed from the preferred brand page of the formulary.		Complete
17/21	Asacol (mesalazine) 400mg and 800mg modified release tables to be removed from the formulary for the management of inflammatory bowel disease and from the preferred brand page of the formulary.		Complete
17/22	Agreed entry for Liothyronine to be added to the formulary.		Complete
17/23	Liothyronine: liaise with Steve Cooke and agree local arrangements with GPs and specialists for reviewing patients.	Carol Albury	
17/24	Proposed revision to formulary entry for "Gonadorelin analogues and gonadotrophin-releasing hormone antagonists" Clarification to be sought as to whether indication is primary or secondary care.		Complete
17/25	Agreed formulary entry for blood glucose monitoring in type 1 diabetes mellitus to be added to the formulary.		Complete
17/26	Agreed entry for Asthma Maintenance and Reliever Therapy (MART) Regimes to be added to the formulary.		Complete
17/27	Continence guidance section of the formulary to be updated in line with amendments discussed the FIG.		Complete
17/28	Formulary entry for continence to be updated		Complete

Report of e-FIG decisions – June and July

The group received the report of the e-FIG decisions for June and July.

One decision was taken via e-FIG in June:

- The formulary entry for gluten free prescribing was approved and the formulary has been updated.

Three decisions were taken via e-FIG in July:

- Ralvo was accepted as the preferred brand of lidocaine medicated plasters and the formulary has been updated.
- The proposal to reclassify hydroxycarbamide capsules as amber for patients with myeloproliferative disorders, when used in accordance with the shared care guideline was approved and the formulary has been updated.
- A number of concerns had been raised during the discussion in June of the proposal that Soltel be the preferred brand of salmeterol. These were addressed and Soltel was approved as the preferred brand of salmeterol. The formulary has been updated.

The group discussed issues pertinent to the report. One copying error was identified; this will be corrected in the report.

Post meeting note: The Clinical Effectiveness team confirm that the copying error did not apply to the details of responses received.

3. Consideration of Fiasp products for addition to the formularies

An application has been received from Dr Dimitropoulos, specialist in diabetic medicine, at Derriford Hospital for the consideration of Fiasp products for addition to the formularies. The formulary team presented a paper. Matt Edmunds, Public Health Registrar, Devon County Council had contributed to the paper.

Fiasp is a fast-acting insulin aspart in a new formulation which has a faster initial absorption after subcutaneous administration. It is licensed for type 1 and type 2 diabetes in adults and can be used in insulin pumps. The application has wide support from other specialists at Derriford and also at Torbay Hospital and from Dr Thomas Fox, Dr Neil Walker and Dr Roderick Warren at RD&E Hospital. However specialists did not support widespread use such as with Novorapid.

It is not proposed that any of the existing short acting human analogue insulins in the formulary be replaced; Novorapid is licensed for a wider age group. The European Medicines Agency Report for Fiasp identifies two main studies on the clinical efficacy of Fiasp in reducing blood glucose as part of diabetes treatment with Novorapid as a comparator. Fiasp has a similar safety profile to Novorapid (there is a difference in timing of hypoglycaemic episodes), but no distinct difference in efficacy. Fiasp is similarly priced to Novorapid.

A discussion took place about Fiasp being a new drug and whether extra monitoring was needed. It was noted that the drug was very similar to others currently in use and that there were no concerns about safety. There was also discussion about whether cheaper biosimilars were likely to become available. There is nothing currently available but this may change in the future.

It was agreed that Fiasp be added to the formulary as a specialist initiated ‘amber’ drug.

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

4. Consideration of carbocisteine oral liquid 250mg/5ml for removal from the formularies

An application has been received from the Medicines Optimisation Team for the removal of carbocisteine oral liquid 250mg/5ml on the basis that carbocisteine 750mg/10ml SF sachets were added to the formulary in 2015; and that two liquid formulations are not required. Carbocisteine

is a mucolytic agent licenced for the adjunctive therapy of respiratory tract disorders characterised by excessive, viscous mucus, including chronic obstructive airways disease.

The 750mg/10ml SF sachets are cheaper than oral liquid 250mg/5ml. The change is generally supported by specialists. However it was noted that there are a small number of patients who cannot take medication by mouth and that drawing up syringes may be easier from a bottle than a sachet.

A discussion took place about options for patients who cannot take medication by mouth. It was agreed that these patients could be treated off formulary.

The proposed formulary entry was agreed without amendment.

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

5. Emergency contraception guidance

The Faculty of Sexual and Reproductive Healthcare (FSRH) have written new advice on Emergency Hormonal Contraception (EHC) for overweight women. This promoted a review of the current formulary 'Emergency Contraception'; guidance on the contraception pages.

The new guidance places additional emphasis on intrauterine device (IUD) as the most effective method of emergency contraception and local specialists were contacted for their views. The FIG was asked to consider whether they agreed with the specialist's recommendations and whether the FSRH weight and EHC advice is clear in the proposed revised entry?

The FIG agreed that the guidance was clearer. There was discussion about the entry for weight and EHC. It was agreed that confirmation be sought as to whether the dose of Levonorgestrel can continue to be doubled for women with a BMI of more than 30. Once confirmed the entry for Weight and EHC will be amended and replicated section in note 5 of section 7.3.5 of the emergency contraception guidance.

ACTION: Formulary Team to seek guidance as to whether the dose of Levonorgestrel can continue to be doubled for women with a BMI of more than 30.

Subject to clarification of the points raised the FIG accepted the updated guidance for inclusion into the formulary.

ACTION: Formulary team to update the formulary guidance for emergency contraception subject to clarification regarding the use of Levonorgestrel in women with a BMI of more than 30.

6. Management of epilepsy

Information in the 'Management of Epilepsy' guidance has been reviewed and clarified to accommodate the recent MHRA Drug Safety update (April 2017): Valproate and developmental disorders - destinations where valproate was mentioned. The guidance has been made more relevant to girls and women of childbearing age and has been updated in the South and West Devon formulary.

No comments were received from consultants at Northern Devon Healthcare NHS Trust or Royal Devon and Exeter NHS Foundation Trust; however a specialist from Plymouth Hospitals NHS Trust had commented that the updated guidance was appropriate.

The FIG was asked to consider whether the proposed entry was clearer than the current entry and highlights the MHRA Drug Safety Update?

A discussion took place about the low levels of engagement from neurologists; it was noted that all the Devon neurologists meet on a regular basis and it was suggested in future that the neurologists could be asked to consider the guidance at one of their meetings.

There was also discussion about reference in the guidance to patients being seen within two weeks of referral, the entry for monotherapy, the possibility that there may be a lean to prescribe Ethosuximide to girls of pre-childbearing age to avoid the need to switch later and about which products are licenced.

The FIG agreed that the reference to patients being seen within two weeks of referral be retained in the guidance. The formulary entry was approved.

It was noted that patient information leaflets are available and a suggestion was made that if available a link be added to the formulary information for patients who have had a seizure.

ACTION: If available Formulary Team to add link to information for patients who have had a seizure.

ACTION: Upon clarification of the points raised in the discussion the Formulary Team to update the formulary entry.

7. Migraine treatments

The North and East Devon formulary guidance for migraine is being updated in line with the NICE clinical guideline for headaches in the over 12s (CG150) issued in 2015. As part of this work, the formulary team has reviewed the prescribing data for triptans. Before migraine specialists are approached with the proposed update to the formulary guidance the formulary team is seeking the views of the FIG on the current triptan options.

There is no change to the advice that the choice of triptans may be made on the basis of cost. The NICE Guidance Development Group for CG150 considered that different triptans were equally effective; however, efficacy of triptans can vary between individuals. Consensus opinion was that failure to respond to a particular triptan may not be indicative that another triptan will also not work.

The FIG were asked to consider whether the second-line formulary triptans should be reconsidered and also if the current formulary position of not including orodispersible tablets as a formulary option should be reconsidered?

The FIG noted that a high level of use of non-formulary options occurred locally. Discussion took place about the difficulties created by price concessions when trying to identify the cheapest long-term option for the formulary. Issues around the supply chain for a number of drugs were raised. There was also discussion about the inclusion of oral dispersible products

into the formulary and about the use of nasal sprays and injectable triptans which are included in the formulary.

The FIG recognised that this is a complex area. It was suggested that reconsideration of the second-line formulary triptans should wait for feedback on the formulary section to be received from specialists and for issues around pricing concessions to stabilise.

ACTION: The formulary team to send proposed updates to the formulary migraine guidance to specialists for review.

8. Catheter patency (maintenance) solutions

The medicines optimisation team in conjunction with bladder and bowel care specialists reviewed the formulary entry relating to catheter patency (maintenance) solutions.

The FIG was asked if the proposed updates provided clear, relevant information. Additional feedback received was from medicines optimisation and bladder and bowel specialists prior to the meeting which proposed removal of the Optiflo products. The FIG was also asked to confirm agreement that OptiFlo products be removed from the formulary.

A discussion took place about catheter associated urinary tract infections (UTIs) and the increased frequently at which catheters are changed. There was also discussion about the number of installations used by each appliance. OptiFlo uses two installations rather than one, as with Uro-trainer, which will double the cost.

The FIG approved the changes to the formulary entry. In addition the FIG agreed that OptiFlo products be removed from the formulary.

ACTION: Formulary team to update the formulary entry for Catheter patency (maintenance) solutions in line with the discussion.

9. Spiolto® Respimat® combination inhaler for the treatment of chronic obstructive pulmonary disease (COPD) in adults

At its meeting on 26th July 2017 the Clinical Policy Committee (CPC) made a recommendation in favour of routinely commissioning Spiolto Respimat combination inhaler for the treatment of chronic obstructive pulmonary disease (COPD) in adults. The place in therapy for Spiolto Respimat is as an alternative to other LAMA/LABA fixed dose combination inhalers within its licenced indication in patients with COPD in accordance with relevant international, national and local guidance. Points raised by CPC were with regard to the previously issued MRHA safety advice and whether it still applied. The Clinical Effectiveness Team reiterated that MHRA advice reported in the paper still applies with regards to tiotropium and relates to both HandiHaler® and Respimat.

The FIG discussed the MRHA safety advice. The MRHA safety advice will be highlighted on the formulary and in updates circulated through the usual channels. It is not anticipated that usage of Spiolto Respimat will be high initially but may increase as patients move to LABA/LAMA combinations. The FIG also noted that consideration should be given to the device rather than just the medication and that it is important to ensure that patients can use their device correctly.

The FIG approved the proposed formulary entry without amendment. The proposed entry will be added to the formulary on completion of the CCGs' governance process and publication of the commissioning policy.

ACTION: On completion of the CCGs' governance processes, Formulary Team to add the approved entry for Tiotropium bromide monohydrate and olodaterol hydrochloride (Spiolto® Respimat®) combination inhaler for COPD to the formulary

10. Recent drug decisions (including NICE)

The recent drug decisions were noted.

TA443 Obeticholic acid for treating primary biliary cholangitis will add costs, however this is NHS England commissioned.

11. MHRA Drug Safety Updates: June and July

- June 2017
  - Denosumab (Prolia, Xgeva) - advice for healthcare professionals will be added to the formulary.
- July 2017 – MRHA drug safety updates noted.

12. AOB

Prednisolone Rectal Foam

Difficulties had been experience in obtaining feedback from specialists regarding prednisolone rectal foam and reducing use. Tawfique Daneshmend provided feedback on the current position. Work is ongoing with the Medicines Optimisation team.

Promotion of formulary

The Formulary team expressed thanks to Tawfique Daneshmend and Stuart Kyle for promoting the formulary to new junior doctors and reminding senior doctors of the formulary.

It was noted that there is internal agreement at the RD&E to highlight sections of the formulary each week. Information will also be circulated to Bethan Rogers.

It was agreed that data be brought to the next FIG meeting to see if promotion of the formulary has increased use.

ACTION: Clinical Effectiveness team to bring formulary data to the FIG meeting in October 2017

Changes to regular FIG meeting attendees

Changes to regular attendance at FIG meetings were reported. Samantha Smith and Iain Carr will no longer regularly attend meetings. Carol Albury will attend on behalf of locality pharmacists and Janice Headon will attend on behalf of medicines optimisation at NEW Devon CCG.

Summary of actions

	Action	Lead	Status
17/23	Liothyronine: liaise with Steve Cooke and agree local arrangements with GPs and specialists for reviewing patients.	Carol Albury	
17/29	Fiasp products to be added to the formulary in line with the FIG discussion.	Formulary Team	Complete
17/30	Formulary entry for carbocisteine to be updated.	Formulary Team	Complete
17/31	Guidance to be sought as to whether the dose of Levonorgestrel can continue to be doubled for women with a BMI of more than 30.	Formulary Team	Complete
17/32	Formulary team to update the formulary guidance for emergency contraception subject to clarification regarding use of Levonorgestrel in women with a BMI of more than 30.	Formulary Team	Complete
17/33	If available link to information for patients who have had a seizure to be added to the formulary.	Formulary Team	
17/34	Subject to clarification of the points raised during the discussion, formulary entry for the management of epilepsy to be updated.	Formulary Team	Complete
17/35	Proposed updates to be added to the formulary migraine guidance and sent to specialists for review.	Formulary Team	
17/36	Formulary entry for Catheter patency (maintenance) solutions to be updated in line with the discussion.	Formulary Team	Complete
17/37	On completion of the CCGs' governance processes, approved entry for Tiotropium bromide monohydrate and olodaterol hydrochloride (Spiolto® Respimat®) combination inhaler for COPD to be added to the formulary	Formulary Team	Complete
17/38	Formulary data to be brought to FIG meeting in October.	Formulary Team	Complete