

Northern, Eastern & Western Devon Clinical Commissioning Group South Devon and Torbay Clinical Commissioning Group

	Notes of the meeting of the South and West Devon Form	nulary Interface Group					
	Tuesday 14 th February 2014, 2pm – 4.30pm						
	The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ						
Present: Phil Melluish (PM) – GP– Chair South Devon & Torbay CCG							
Flesent.	Bill Nolan (BN) – GP						
	Larissa Sullivan (LS) – Interface Pharmacist	South Devon & Torbay CCG					
		NEW Devon CCG NEW Devon CCG South Devon & Torbay CCG					
	Gareth Franklin (GF) – Clinical Guidance Manager						
	lain Roberts (IR) – Lead MO Pharmacist						
	Carol Webb (CW) – Joint Formularies Technician	NEW Devon CCG					
	Margaret Hinchliffe (MH)	Lay member					
	Paul Manson (PLM) – Lead MO Pharmacist	NEW Devon CCG					
	Andrew Gunatilleke (AG1) – Consultant, Chair SDNT DTC	South Devon NHS Trust					
	Steve Cooke (SC) – Chief Pharmacist	Plymouth Community Healthcare					
	Elena Mercer (EM) – Formulary Pharmacist	NEW Devon CCG					
	Karen O'Brien – MO Pharmacist	South Devon & Torbay CCG					
Apologies	Keith Gillespie (KG) - GP	NEW Devon CCG					
	Sarah Marner (SM) – Interface Pharmacist	NEW Devon CCG					
	Chris Roome (CR) – head of Clinical Effectiveness	NEW Devon CCG					
	David Gwynne - GP	NEW Devon CCG					
	Jeremy Morris (JM) – Formulary Pharmacist Plymouth Hospitals NH						
	Chris Sullivan (CS) - Pharmacist	Devon Partnership Trust					
1	Welcome: Apologies as noted above.						
3	Notes of last meeting 13 th December 2013: These were not	ted and agreed.					
	Action log:						
	 Revised Osteoporosis pathway: A revised drug pathway is being developed by specialists across Devon, to be discussed at a future meeting. Antibacterial section: The merge of the BNF entry sections of Chapter 5 is in draft 						
	• Cardiology: LMWH, LS will speak to Rebecca Bell about	approved indications for South					
	Devon. The recent draft NICE guideline was noted.						
	• Pain:						
	\circ Matrifen [®] this is to be discussed in the South De	von GP forum. Still waiting for a					
	response from South Devon Hospice. (post meet	-					
	Consultant, SDHCT is happy for Matrifen [®] to be t	• , , ,					
	 Targinact[®] (post meeting note) AG passed on a r 	•					
	 Fulginact "(post incetting note) Ad passed on a reply from billo Sykes who is happy for Targinact® to be specialist initiated Notes for Zomorph® - completed Eyes: Wording for administration aids – complete Bimatoprost, it was agreed to add both strengths to the formulary Epilepsy: It was agreed that advice on consistent brand prescribing is needed but that the 						
- Lynepsy. It was agreed that advice on consistent brand prescribing is needed but that the							



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	issue is very complex		
4	Chapter 7 Obstetrics, gynaecology and urinary tract disorders		
	The merge of this chapter was completed by Tony Perkins, PM presented on his behalf.		
	Comments and outstanding items to be checked:		
	Carbetocin		
	Action: to check if carbetocin is it used in Derriford		
	 7.1.1.1 Ductus arteriosus, to follow the BNF format and reference the drugs here but 		
	include them in Chapter 2		
	 Terbutaline – add a summary of the recent MHRA Drug Safety Update on obstetric 		
	indications with link		
	 Estriol cream – 0.1% and 0.01% strengths to be equal first line (green) 		
	• Clotrimazole – to add a reference to the section in chapter 5. To add in the 100mg		
	pessaries for use in pregnancy		
	 Econazole is not in the primary care guidelines or the HPA guidelines 		
	Action: Check current primary care usage and ask Graham Parsons if there was any		
	discussion during guideline development		
	 Balance Activ[®] & Replens MD[®]- to be amber 		
	 Contraceptive pills – there was discussion around that brands included in regard to the 		
	cheaper options. It was agreed to stay with what is already included, add Rigevidon® and		
	change Cerazette [®] to generic desogestrel		
	Ulipristal – to update the note regarding the licensing. To make clear that up to 72 hours		
	levonorgestrel is the formulary choice, that ulipristal is the choice after this.		
	 South Devon formulary guidance on selecting specific antimuscarinic agents based on 		
	symptoms and side-effects to be reviewed for inclusion in SW formulary.		
	Bladder installation products		
	Action: to check which bladder instillation products are used in Derriford		
	There is a new solifenacin/trospium combined product; interest expressed by specialist in		
	South Devon- to be progressed via appropriate route.		
	Action: to determine most appropriate route to progress application		
5	Chapter 3 Respiratory		
	The merge of this chapter was done by Karen O'Brien who presented the chapter to the		
	committee. Comments and outstanding items to be checked:		
	 Ipratropium bromide – to delete the asthma indication 		
	Theophylline		
	 To delete the asthma indication 		
	 To delete the 200mg daily for 4 days at the start of the initiation guidance for Uniphyllin[®] 		
	 60mg/5mL liquid – not used in South Devon, is this used in Derriford 		
	Action: to check if theophylline 60mg/5mL is used in Derriford		
	 Corticosteroid inhalers – to define high, medium and low dose corticosteroids in terms of 		



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	beclometasone equivalent				
	LABA / ICS combination inhalers - to remain blue				
	Grazax – it was agreed that there is no monitoring to be done for this drug and that there is no need for Shared Care. There is only Shared care for this in the Plymouth area at the moment				
	 Action: To discuss variations in Shared Care within the formulary area with Chris Roome Adrenaline - the dose for under 6 months of age should be 150 micrograms 				
	 N-Acetyl cysteine – there was discussion about the prescribing of this product. 				
6	Dermatology questions:				
	Dr NG Sheau from Torbay Hospital has asked if ingenol (Picato [®]) could reclassified as a second line drug as in the rest of Devon, currently red in the South Devon Formulary. Dr Ng also requested imiquimod 5% (Aldara [®]) be reclassified from hospital only to specialist. This was discussed and it was felt that more information was needed. The merge of the dermatology chapter is currently underway				
7	Recent drug decisions including NICE				
	These were noted				
	• Loperamide melts: a consultant in Derriford has asked that these be included into the formulary. This was discussed and it was felt that more information is needed.				
	There was discussion at this point as what information from the specialists is would be needed				
	for an application submitted to the formulary groups for a decision to be made. Suggestions were the number of patients, cost, place in treatment and the opinion of both the hospital				
	trusts. Actions to produce a check list of points for discussion at FIC				
8	Action: to produce a check list of points for discussion at FIG				
0	MHRA Drug Safety Update – December, January These were noted				
	Any other business				
	 AG noted that there is some new guidance forthcoming about medication reviews in the 				
	elderly, could this information be added into the formulary.				
	Action: to add guidance on medication reviews in the elderly to an agenda when				
	available				
	• There was discussion regarding a launch date for the new South and West Formulary, it				
	was decided to aim for the beginning of June. Further hosting fees would be due after June				
	for the current Plymouth Formulary.				
Next mee	ting: Friday 14 th March 2014 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ				



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South and V	Vest Devon Formulary Group – Action log		
Date	Action	Responsible	Completed
June 2013	To bring a revised osteoporosis pathway to future meeting	GF	
Sept 2013	An update on the dressings project to be given to the meeting	ТМ	
	after the next dressings meeting		
Sept 2013	Updated ToR for discussion – future meeting	GF	
Dec 2013	Cardiology:		
	 LMWH, waiting for this to be discussed 	LS	
Dec 13	Brand names for epilepsy treatments		
	To ask Rebecca Bell to brief the committee on this when	IR	
	available		
Feb 14	Chapter 7 Obstetrics, gynaecology and urinary tract disorders		
	 check primary care usage of Econazole and ask Graham 	GF	Yes-
	Parsons if there was any discussion on this drug		minimal use
	 to check if carbetocin is it used in Derriford 	CW	Not used
	 to check which bladder instillation products are used in 	CW	Checked
	Derriford		and noted
	 to determine most appropriate route to progress 	GF	
	solifenacin/trospium application		
Feb 14	Chapter 3 Respiratory		
	 to check if theophylline 60mg/5mL is used in Derriford 	CW	Yes
	 to discuss variations in Shared Care within the formulary 	GF	
	area with Chris Roome		
Feb 14	To produce a formulary group check list to enable discussions at	GF	
	FIG		
Feb 14	To add guidance on medication reviews in the elderly to an		
	agenda when available	AG	