

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

Thursday 24th May 2013, 9:00am – 11:00am. Castle Place Surgery, Tiverton EX16 6 NP

Present	Chris Roome (CR)– Head of Clinical Effectiveness, Chair	NEW Devon CCG
	Gareth Franklin (GF) – Clinical Guidance Manager	NEW Devon CCG
	Sam Smith (SS) – Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Stephen Hunt (SH) – GP, Waterside Practice	NEW Devon CCG
	Hugh Savill(HS) – GP, Castle Place Surgery	NEW Devon CCG
	Bernie Wathen (BW) – Formulary Pharmacist	NDDH
	Andrew Harrison (AH) – GP, The South Lawn Medical Practice	NEW Devon CCG
	Tawfique Daneshmend (TD)– DTC Chair/Consultant Gastroenterologist	RD&E
	Beverly Baker (BB) – Non Medical Prescribing Lead	NEW Devon CCG
	Carol Albury (CA) - Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Tracey Foss (TF) – Director of Pharmacy	RD&E
	Ross Mitchell (RM)	Dorset Healthcare
	Petrina Trueman - Joint Formularies Pharmacist	NEW Devon CCG
	Carol Webb – Joint Formularies Technician	NEW Devon CCG

Apologies	Mike Jefferies (MJ) – Consultant	RD&E
	Simon Kay (SK) – GP, Haldon House Surgery	NEW Devon CCG
	Stephen Myers (SM) – GP, Boutport Street Surgery	NEW Devon CCG
	Amanda Gulbranson (AG)– Clinical Effectiveness Lead	DPT
	Matt King (MK) – GP, Coleridge Medical Centre	NEW Devon CCG
	Stuart Kyle (Sky) – DTC Chair / Consultant Rheumatologist	NEW Devon CCG
	Darunee Whiting (DW) – GP, Northam Surgery	NEW Devon CCG
	Niall Ferguson (NF) – Director of Pharmacy	NDDH
	Hazel Parker (HP) – Clinical Pharmacist	RD&E

1. Welcome and Apologies – noted above
 - Due to his retirement from NDDH Bernie Wathen was thanked for his valued input into the formulary process over many years
 - Ross Mitchell was welcomed, representing Dorset Healthcare who provide healthcare for Devon Prisons. They wish to develop links with the local formularies.
 - Stephen Myers, who is retiring at the end of the year, and Mike Jefferies are also leaving the group

2. **Notes of previous meeting**
The notes of the meeting of 25th April 2013 were agreed with one amendment to item 3, to include clinical representation.

3. **Action list from the previous minutes**
 - **Dermatology**
This section has been sent to the Dermatologists, awaiting the final replies. It was agreed by the Dermatologists to rationalise the choice of steroid preparations

Action: To follow up for final replies from Dermatologists

GF

- **Future Chair and group membership**

TD has approached Susie Harris who is considering joining this group
Terms of Reference – see item 10.

- **Infant Feeds Guidance**

The links to the further information document still need to be made. It was asked if the Northern Devon dieticians were in agreement.

Action: To check that Northern Devon dieticians are in agreement with the Infant feeds Guidance.

GF

The Health Visitors are contracted to follow the infant feeding guidance and have co-ordinator, Mandy Grant, who is tasked with ensuring they are up to date with the guidance issued and disseminating information.

- **New Anticoagulation guidance (Peninsula)**

Progress has begun to bring a working group together to assess the implications for the use of Rivaroxaban for DVT.

- **Link to NHS England decisions**

This will be added to the Home page of the new website and to the current ExEJF Home page. There was some discussion about the implications associated with the NHS England decisions

- **Mirabegron**

CR has sent communication that Mirabegron is not currently in the Formulary. The NICE TA is expected to be published in June. Comments were made regarding poor discharge letters regarding this and that it will be good to formalise treatments once the NICE has been issued.

- **Clinical Policy Group information**

Paperwork is currently being devised which will be sent to clinicians

4. Recent drug approvals

a) NDDH DTC

Argatroban was approved as per RD&E for heparin induced thrombocytopenia. Funded by secondary care. There was discussion about how secondary care drugs should be represented within the Formulary.

b) RD&E DTG

Perfenidone was discussed, PbR excluded. There was discussion about patients who are currently on this treatment. Perfenidone is subject to a NICE TA issued in April, it would need to be in the Formulary as a secondary care drug, even if the service is being commissioned elsewhere.

c) Clinical Policy Committee

There were no specific drugs discussed. The Hyperhidrosis Policy was approved which included preparations which need to be added to the Formulary

d) PHTCG

Two statements were issued regarding Intravitreal aflibercept or bevacizumab for wet AMD.

Action: This information needs to be added to the Formulary

GF/CW

<p>5. Applications for drugs already included in Devon formularies:</p> <ul style="list-style-type: none"> Insuman range of insulin It was agreed to add Insuman Rapid and Insuman Basal to the formulary. These would be added to those alternatives already in the formulary. Action: To be added to the Formulary 	<p>GF/CW</p>
<p>6. Palliative care guidance in the NE Joint Formulary There is lengthy detailed guidance in North Devon and briefer information in the ExEJF. It was agreed that palliative care guidance is needed in the NE Joint Formulary. HS is the Chair of the Devon End of Life Committee which included representation from across Devon. It was suggested that this was discussed there with the hope that guidance for both the NE Joint Formulary and the Southern and Western Joint Formulary could be produced. Action: Formulary Palliative care guidance to be added to the agenda of the next Devon End of Life Committee agenda</p>	<p>HS</p>
<p>7. Renal Formulary Guidance The current ExEJF information was sent to Richard DSouza and some amendments made. There was discussion regarding the inclusion of Adcal chewable tablets as it was thought that the preferred preparation was Calcichew. Action: To look at the prescribing data for Adcal chewable tablets and to contact Richard DSouza regarding its inclusion. Osvaren has been included as an alternative before using non-calcium based phosphate binders</p>	<p>CW/GF</p>
<p>8. Contraception guidance The current ExEJF information was reviewed by Dr Jane Bush who agreed with all the guidance and some additions suggested. These are detailed in the attached paper. These additions were agreed to be added. It was commented that Femulen has been discontinued and needed to be removed. Action: Agreed contraception guidance with the additions to be added to the NE Joint Formulary The question was asked that if there were changes to the Formulary that required no discussion could these be made and a summary to be given at the next available meeting. This was agreed.</p>	<p>GF/CW</p>
<p>9. Mental health guidance in the NE Joint Formulary The NE Joint Formulary is covered by Devon Partnership Trust (DPT). It was agreed that the current ExEJF/DPT guidance be adopted for the NE Joint Formulary. There was some discussion regarding the addition of Escitalopram and Pregabalin, which are not currently included in the North Devon Formulary. It was agreed to add these as specialist initiated drugs. There was discussion as how to reflect this in GP system formularies. It was agreed to add promethazine for insomnia, not currently in the North Devon Formulary. It was agreed to remove those drugs from the current North Devon Formulary which are not in the DPT guidance. It was acknowledged that patients who are stable on these treatments should not have their treatment</p>	

<p>changed. It was agreed to add Depakote, trazadone, and also a section on ADHD which is not currently included. DPT has been asked if the oral 1st generation antipsychotics should be added, no reply to date.</p> <p>Actions: To follow up DPT about the oral 1st generation antipsychotics To add and remove items as detailed in the notes</p>	<p>GF GF/CW</p>
<p>10. Terms of Reference</p> <p>The draft Terms of Reference were presented for comment: 1.1 to add the word therapeutic, to read ‘.....local drug and therapeutic choices and guidance....’ To expand section 5 to include who the group is responsible to and the reporting arrangements, and the production of an annual report. Quoracy to be added, which is not locality based.</p> <p>Action: Amendments to be made and brought back to the next meeting</p>	<p>GF</p>
<p>11. Responses to consultation</p> <p>A brief questionnaire about the merger of the Northern and Eastern formulary was shared across the area. A good response of 123 responses was received within a short period suggesting users are engaged with the process and interested in the future. It was noted that there was very little response from NDDH, there was discussion about the difficulties of communication within secondary care.</p>	
<p>12. NICE Technology Appraisals – April</p> <p>Noted. It was decided to add this to the standing item of recent drug approvals.</p>	
<p>13. MHRA Drug Safety Update – April</p> <p>The information on Strontium was noted and this information needs to be added to the Formulary. The place of Strontium in the formularies Devon-wide needs to be looked at. GPs have been informed and may be reviewing patients; guidance is needed on what to give those patients.</p> <p>Actions: To add to the formulary the notes about Strontium To review the formulary guidance on osteoporosis</p>	<p>GF/CW GF</p>
<p>14. Any other business</p> <p>There was discussion on how or should holding statements be issued about non-formulary items. It was agreed that a form of simple statement be issued that a particular drug is not commissioned. Also that an application to the CPC be asked for.</p>	
<p>Next meeting: 27th June 2013, Meeting Room C, Tiverton Hospital, Tiverton EX16 6NT</p>	

Northern & Eastern Formulary – Action Log			
Date	Action	Responsible	
March 2013	Dermatology section to be sent to the Dermatologists. May 13: To follow up responses.	GF	
April 2013	Infant Feeds Guidance: To be added to the current Exeter & Eastern formulary which the North Devon Formulary can link to. Also links to be made to the further information document.	CW/GF	
May 2013	To check that Northern Devon dieticians are in agreement with the Infant feeds Guidance.	GF	
April 2013	New anticoagulation guidance To bring together a working group to assess the implications for the use of Rivaroxaban for treatment of DVT	GF/IC/CA	
April 2013	MHRA Drug Safety Update – March To add to the formulary the note about Dabigatran	CW	Completed
May 2013	PHTCG Information from decisions needs to be added to the Formulary	GF/CW	
May 2013	Insuman Rapid and Insuman Basal To be added to the Formulary	GF/CW	Completed
May 2013	Palliative care guidance in the NE Joint Formulary Formulary Palliative care guidance to be added to the agenda of the next Devon End of Life Committee agenda	HS	
May 2013	Renal Formulary Guidance To look at the prescribing data for Adcal chewable tablets and to contact Richard DSouza regarding its inclusion.	GF/CW	
May 2013	Contraception guidance Agreed contraception guidance with the additions to be added to the NE Joint Formulary	GF/CW	Completed
May 2013	Mental health guidance in the NE Joint Formulary To follow up DPT about the oral 1 st generation antipsychotics To add and remove items as detailed in the notes	GF GF/CW	
May 2013	Terms of Reference Amendments as detailed in the notes to be made and brought back to the meeting	GF	
May 2013	MHRA Drug Safety Update – April To add to the formulary the notes about Strontium To review the formulary guidance on osteoporosis	GF/CW GF	