

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

Thursday 25th June 2013, 9:00am – 11:00am. Meeting Room C, Tiverton Hospital, Tiverton EX16 6NT

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
	Beverly Baker (BB) – Non Medical Prescribing Lead	NEW Devon CCG
	Carol Albury (CA) - Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Iain Carr (IC) – 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
	Andrew Harrison (AH) – GP, The South Lawn Medical Practice	NEW Devon CCG
	Simon Kay (SK) – GP, Haldon House Surgery	NEW Devon CCG
	Matt King (MK) – GP, Coleridge Medical Centre	NEW Devon CCG
	Carol Webb (CW) – Joint Formularies Technician	NEW Devon CCG
	Stuart Kyle (SKy) – DTC Chair / Consultant Rheumatologist	NDDH
	Niall Ferguson (NF) – Director of Pharmacy	NDDH
	Carole Knight (BW) – Formulary Pharmacist	NDDH
Tracey Foss (TF) – Director of Pharmacy	RD&E	
Invited	Grant Smith (GS) - Medicines Optimisation Pharmacist (Item 6)	NEW Devon CCG
	Carl Peacock (CP) - Medicines Optimisation Pharmacist	NEW Devon CCG
Apologies	Tawfique Daneshmend (TD)– DTC Chair/Consultant Gastroenterologist	RD&E
	Ross Mitchell (RM)	Dorset Healthcare
	Petrina Trueman (PT) - Joint Formularies Pharmacist	NEW Devon CCG
	Stephen Myers (SM) – GP, Boutport Street Surgery	NEW Devon CCG
	Darunee Whiting (DW) – GP, Northam Surgery	NEW Devon CCG
1.	Welcome and Apologies – noted above	
2.	Notes of previous meeting The notes of the meeting of 23 rd May 2013 were agreed.	
3.	Action list from the previous minutes	
	<ul style="list-style-type: none"> • Dermatology This section has been sent to the Dermatologists, and agreed with them. Although, they now wish to make amendments to the acne and eczema sections. Action: To follow up with Dermatologists the amendments to the acne and eczema sections • Infant Feeds Guidance The links to the further information document have been made to the RD&E website where this is hosted. The Northern Devon dieticians still need to indicate they are in agreement. Action: To follow up with the Northern Devon dieticians for agreement to the Infant feeds Guidance. 	<p style="text-align: right;">GF</p> <p style="text-align: right;">GF</p>

- **New Anticoagulation guidance**

The South and West Formulary are putting guidance in place. Clinical caution has been expressed from primary and secondary care for the use of the newer anticoagulants in DVT, but interest was expressed in looking at the guidance from the South and West Formulary with a view of putting this in to place. Linking in with the Diagnostic CPG was discussed and it was agreed to do this and to take the South & West guidance for their information and opinion.

Action: To contact the Diagnostic CPG and obtain their opinion on the South and West guidance and the use of the newer anticoagulants

CA

- **PHTCG**

As these decisions were negative it was agreed not to reference them in the formulary

- **Palliative care guidance in the NE Formulary**

The Devon End of Life Committee meets in early July. It was reported that the two hospices in this area wish to have separate guidance, and that it is unlikely common guidance could be achieved. There was discussion on the need for guidance to be available in the Formulary as much of palliative care is given in primary care

Action: The issue of common palliative care guidance being available to primary care to be taken to the Devon End of Life Committee in July

HS

- **Renal Formulary guidance**

The prescribing data shows Adcal chewable tablets being used. Work needs to be done in individual practices by the Medicines Optimisation Teams to ascertain the condition Adcal is prescribed for

Action: To remove Adcal from the Formulary and the Renal guidance

GF/CW

- **Mental health guidance in the NE Formulary – 1st generation antipsychotics**

1st generation antipsychotics are very rarely used in DPT, no new initiations. It was agreed to acknowledge their use but not to include the items in the Formulary.

Action: To include a note about the use of 1st generation antipsychotics only

GF/CW

- **Terms of Reference** (item 10 on the agenda)

- **MHRA Drug Safety Update, Strontium** (item 9 on the agenda)

4. Recent drug approvals

- a) **NDDH DTC** – No new drugs approved
- b) **RD&E DTG** – No new drugs approved
- c) **Clinical Policy Committee (CPC)** - (item 5 on the agenda)
- d) **NICE guidance**

The May decisions were noted. The question was asked regarding the issuing of NICE and drugs being added to the Formulary after 90 days. Are the drugs available for use with in secondary care before the 90 days have elapsed, at which point they able to be passed through for payment.

<p>e) Drugs added to the Formulary since last meeting These were noted</p>	
<p>5. Revised COPD pathway: The first approvals from the CPC are three preparations for COPD, Acclidinium, Glycopyrronium and Indacaterol. These approvals and a revised pathway have been sent to the relevant consultants both in RD&E and NDDH. The draft COPD pathway was presented to the group and discussed. There was much discussion regarding which choices should be first-line. Also discussion on the patient preference for the different devices. It was agreed that:</p> <ul style="list-style-type: none"> • Glycopyrronium is added to the Formulary and pathway as a first-line (green) alternative to tiotropium for new patients • Indacaterol is added to the Formulary and pathway as an additional second-line (blue) to formoterol • Acclidinium is to be added to the Formulary as a specialist (yellow) preparation. Only a note to be added to the pathway. <p>Other amendments to the pathway were agreed:</p> <ul style="list-style-type: none"> • To move the comment about stopping ipratropium to the top of the boxes • In the LAMA + LABA + ICC to add in tiotropium and glycopyrronium <p>Action: Amendments to be made to the COPD pathway</p>	GF
<p>6. Melatonin prescribing GS detailed the work he has done looking at the use of melatonin prescribing and making the recommendation that advice on prescribing is included in the Formulary. Also that the licensed product melatonin m/r 2mg (Circardin®) tablets be added. There was discussion around this and the use in children as an unlicensed use of a licensed product, also the Biomelatonin use currently. It was noted that CAMHS and DPT are currently using the m/r 2mg preparation.</p> <p>Action: Melatonin m/r 2mg (Circardin®) and notes on prescribing to be added to the Formulary</p>	GF
<p>7. NE Formulary website update An update of the work being done was given, creating a new platform for the Formulary which would also provide access to an App for smart phones.</p>	
<p>8. Eye chapter This document is part of the merger work of the Exeter and East Devon and North Devon formularies. It has been sent to the relevant consultants and there are just a few very specialist areas which remain to be agreed. There was discussion about the use of brand names from the secondary care consultants; it was acknowledged that this is a widespread problem. It was pointed out that many of the timolol combination products are not in the current ND Formulary or stocked in NDDH. There was some discussion about this and it was agreed to look at the North Devon prescribing data to ascertain their use. It was agreed to bring this chapter back to the next meeting for approval.</p>	

	<p>Actions: To look at the prescribing data for, current non-formulary, timolol combination products in North Devon practices Draft chapter to be bought back to this meeting in July</p>	<p>CA GF</p>
<p>9. Updated osteoporosis pathway</p>	<p>Due to the recent MHRA Drug Safety warnings on the use of strontium, this has caused reviews of the current osteoporosis treatment pathways. Current formulary guidance has been amended accordingly. This now means that denosumab will be considered earlier in the treatment options than previously. The question was asked about denosumab being given in primary care, a 6-monthly sub-cutaneous injection. It was felt that there was no need for shared-care guidance. There has been some resistance from NDDH secondary care in the past regarding primary care administration of denosumab, it was thought that this is not so great now.</p> <p>Actions: The issue of primary care administration of denosumab to be discussed with relevant clinicians Revised osteoporosis pathway to be bought to the next meeting</p>	<p> SKy GF</p>
<p>10. Terms of Reference</p>	<p>The amended draft Terms of Reference were presented. The production of an annual report has been added. Quoracy of two medical practitioners (at least one GP) and one pharmacist from NEW Devon CCG has been added. Support of the use of NHS England commissioned drugs has been added. These Terms of Reference were agreed.</p>	
<p>11. MHRA Drug Safety Update – May</p>	<p>These were noted, no issues for the Formulary</p>	
<p>12. Any other business</p>	<p>None</p>	
<p>Next meeting: 25th July 2013, Meeting Room C, Tiverton Hospital, Tiverton EX16 6NT</p>		

Northern & Eastern Formulary – Action Log			
Date	Action	Responsible	
June 2013	Dermatology To follow up with Dermatologists the amendments to the acne and eczema sections	GF	
June 2013	Infant Feeds Guidance: To follow up with the Northern Devon dieticians for agreement to the Infant feeds Guidance.	GF	
June 2013	New anticoagulation guidance To contact the Diagnostic CPG and obtain their opinion on the South and West guidance and the use of the newer anticoagulants	CA	Completed
June 2013	Palliative care guidance in the NE Joint Formulary The issue of common palliative care guidance being available to primary care to be taken to the Devon End of Life Committee in July	HS	
June 2013	Renal Formulary Guidance To remove Adcal from the Formulary and the Renal guidance	GF/CW	Completed
June 2013	Mental health guidance in the NE Joint Formulary To include a note about the use of 1 st generation antipsychotics only	GF/CW	Completed
June 2013	Revised COPD pathway Amendments detailed in the notes to be made to the COPD pathway	GF	
June 2013	Melatonin prescribing Melatonin m/r 2mg (Circardin®) and notes on prescribing to be added to the Formulary	GF	
June 2013	Eye chapter To look at the prescribing data for, current non-formulary, timolol combination products in North Devon practices Draft chapter to be brought back to this meeting in July	CA GF	
June 2013	Updated osteoporosis pathway The issue of primary care administration of denosumab to be discussed with relevant clinicians Revised osteoporosis pathway to be brought to the next meeting	Sky GF	