Northern, Eastern and Western Devon Clinical Commissioning Group

Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group
Thursday 25th July 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
	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
	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 (CK) – Formulary Pharmacist	NDDH
	Tracey Foss (TF) – Director of Pharmacy	RD&E
	Tawfique Daneshmend (TD)– DTC Chair/Consultant Gastroenterologist	RD&E
	Ross Mitchell (RM)	Dorset Healthcare
	Petrina Trueman (PT) - Joint Formularies Pharmacist	NEW Devon CCG
	Darunee Whiting (DW) – GP, Northam Surgery	NEW Devon CCG
Invited	Carl Peacock (CP) - Medicines Optimisation Pharmacist	NEW Devon CCG
	Louise Greaves (LG) – Medicines Optimisation Pharmacist	NEW Devon CCG
Apologies	Beverly Baker (BB) – Non Medical Prescribing Lead	NEW Devon CCG
	Hugh Savill (HS) – GP, Castle Place Surgery	NEW Devon CCG
	Simon Kay (SK) – GP, Haldon House Surgery	NEW Devon CCG
	Andrew Harrison (AH) – GP, The South Lawn Medical Practice	NEW Devon CCG

1. Welcome and Apologies – noted above

2. Notes of previous meeting

The notes of the meeting of 25th June 2013 were agreed, one amendment to be made in item 3, New Anticoagulation Guidance, sentence to read: 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.

3. Action list from the previous minutes

- **Dermatology**

  This is in draft and being followed up with the Dermatologists.

  Action: Amendments to the acne and eczema sections to be agreed with the Dermatologists **GF**

- **Infant Feeds Guidance**

  This has been followed up and there are some outstanding questions which need to be answered.

  Action: To follow up with the Northern Devon dieticians for agreement to the Infant feeds Guidance. **GF**

- **New Anticoagulation guidance**
  DW reported that the content of the guidance has been agreed. It was asked that the information that needs to be discussed with patients and dosage information be formatted such that it can be easily found.
  Action: To be added to the formulary with the key points highlighted **GF/CW**
- **Palliative care guidance in the NE Formulary**
  Action carried forward to the next meeting
- **Revised COPD pathway**
  The revised pathway was sent to the consultants; David Halpin is happy with the placement of the LAMAs but would like to see all the LABAs as first-line choices. This was discussed and it was decided, balancing the evidence for indacaterol and current lack of familiarity, to remain with the original decision of salmeterol as first-line and indacaterol and formoterol as second-line.
- **Melatonin prescribing**
  CR has contacted Ron Smith regarding the possible inclusion of melatonin m/r 2mg into the formulary, awaiting a reply. It was reported that at the RD&E the paediatric acute physicians do most of the prescribing. They are happy for it to be added but are more concerned that they still have a range of formulations available.
  Action: to follow up with Ron Smith regarding the inclusion of melatonin m/r 2mg in the formulary **CR**
- **Eye chapter**
  Prescribing data shows that the combination eye drops for glaucoma are being widely prescribed in both areas. There was discussion about their use in elderly patients and those with dexterity problems, and also the higher cost of these products. The question was asked if these products are placed in a glaucoma treatment pathway that is followed by the specialists. It was commented that the specialists need to be given the opportunity to look at the choices and costs, and which treatments should be made available on the formulary. There were also comments made about the preservative free preparations available.
  It was commented that this has moved away from a merge of the two formularies to more of a review of this section and resources need to be found to do this.
  Action: To contact the specialist service to ascertain if there is a treatment pathway in use, if they require the combination products and if the choice can be rationalised **SS/CA**
- **Updated osteoporosis pathway**
  SKy reported that he is meeting with colleagues locally, and from Torbay to discuss the place of denosumab in the treatment pathway. It may be that this will need to be worked out with the CPC.
  It was noted that it needs to be made clear that GP prescribing of denosumab is only for osteoporosis as there has been some confusion in this.

Action: To report back progress on the place of denosumab in the treatment pathway

4. Recent drug approvals

a) **NDDH DTC** – No new drugs approved

b) **RD&E DTG** – No new drugs approved

c) **Clinical Policy Committee (CPC)**

The items for the forthcoming meeting on 31st July 2013 were noted

d) **NICE guidance**

The June decisions were noted.

- TA287 rivaroxaban, it was noted that this will be linked in to the wider work being done
- TA288 dapagliflozin, the specialists have already been contacted and, due to the limited license it is likely to be included in the formulary as an orange (specialist input required) drug, and consultant initiated if it is to be combined with insulin. The side effects and cautions in treatment are to be noted in the formulary.
- TA290 mirabegron, the NICE clinical guideline on urinary incontinence has been delayed so the place of mirabegron in the pathway may change. The specialists agree the patient should have tried and failed on one antimuscarinic drug before considering mirabegron. It was noted that the first-line option should be referral to the bladder and bowel team, this needs to be reflected in the formulary.
- CG164 familial breast cancer, the specialists are currently being asked their opinion of this guideline.

e) **Drugs added to the Formulary since last meeting**

These were noted

5. Revised Alcohol and Drug Guidance

Devon Partnership Trust (DPT) issued new guidance in May; the presented document is a merge of this and the current guidance in the ExEJF.

There was much discussion around this guidance and it was decided that in most instances to link out from the formulary to the DPT guidance would be best and would ensure that the guidance being accessed is up to date.

There was discussion around the acute situations that are presented in a GP practice and the need for information on these to be included. **GF**

Action: to contact DPT and ask for information that could be included in acute situations

Vitamin B preparations were discussed and it was noted that I/V high potency thiamine injection is used. It was also commented that patients are discharged on vitamin B co strong preparations, which is not a recommended treatment. **GF**

Action: to ask the specialists about the use of vitamin B co strong

The section on calculating units of alcohol was thought to be a good addition but that

	the glass sizes need to be better defined **Action: to look for a national guidance/calculator for assessing units of alcohol** The maintenance of abstinence following withdrawal was discussed and it was agreed that acamprosate should be an orange drug. The doses in the DPT guidance for disulfiram are outside of the SPC recommended doses, these are being checked with DPT. It was noted that when the patient is passed back to the care of the GP they should be taking the appropriate licensed dose. The place of the voluntary services was asked about, it was thought that they are likely to be involved at the end of the pathway. Opioid dependence is under review by DPT and the majority is covered by NICE TAs.	**GF**
6.	**Draft Primary Care Infection Guidance** This is one of the most used sections of the formulary. This is the first draft of the merged guidance, based on the Health Protection Agency guidance. It has been sent to the microbiologists for comment, needs to be sent to other specialities. There are some specific questions for the committee: • UTI in pregnancy: there was discussion about the risks of using trimethoprim or cephalexin **Action: to ask the obstetricians about the use of antibiotics for UTI in pregnancy** • Recurrent UTI: currently there is no guidance in either formulary. The suggestion was made to link into the pathway work being developed in the Northern Locality. • Diverticulitis and Cholecystitis: currently no guidance in the ExEJF **Action: guidance for diverticulitis and cholecystitis to be included** • Topical antibiotics for impetigo: the HPA have fusidic acid as the preferred treatment. It was thought that the RD&E are moving away from mupirocin which should be reserved for MRSA. **Action: to check that the RD&E are happy to amend the guidance to fusidic acid from mupirocin**	**GF** **TD/GF** **GF**
7.	**Proposed new formulary platform for Devon** The proposed new formulary website and App were introduced to the committee.	
8.	**MHRA Drug Safety Update** June: • Diclofenac: to reflect this information in the formulary • Co-cyprindiol: to make sure this information is reflected in the formulary July: • No issues for the formulary	
9.	**Any other business** None	
Next meeting: 26th September 2013, Meeting Room C, Tiverton Hospital, Tiverton EX16 6NT		

Northern & Eastern Formulary – Action Log		
Date	**Action**	**Responsible**
June 2013	**Dermatology:** Amendments to the acne and eczema sections to be agreed with the Dermatologists	GF
June 2013	**Infant Feeds Guidance:** To follow up with the Northern Devon dieticians for agreement to the Infant feeds Guidance.	GF
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	**Revised COPD pathway** Amendments detailed in the notes to be made to the COPD pathway	GF
July 2013	**New anticoagulation guidance** To be added to the formulary with the key points highlighted	GF/CW
July 2013	**Melatonin prescribing** To follow up with Ron Smith regarding the inclusion of melatonin m/r 2mg in the formulary	CR
July 2013	**Combination glaucoma treatments** To contact the specialist service to ascertain if there is a treatment pathway in use, if they require the combination products and if the choice can be rationalised	SS/CA
July 2013 June 2013	**Updated osteoporosis pathway** To report back progress on the place of denosumab in the treatment pathway Revised osteoporosis pathway to be bought to the next meeting	SKy GF
July 2013	**Revised Alcohol and Drug Guidance** • To contact DPT and ask for information that could be included in acute situations • To ask the specialists about the use of vitamin B co strong • To look for a national guidance/calculator for assessing units of alcohol	GF
July 2013	**Draft Primary Care Infection Guidance** • To ask the obstetricians about the use of antibiotics for UTI in pregnancy • Guidance for diverticulitis and cholecystitis to be included • To check that the RD&E are happy to amend the guidance to fusidic acid from mupirocin	GF TD/GF GF