

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

Thursday 26<sup>th</sup> September 2013: 9:00am – 11:00am. Meeting Room C, Tiverton Hospital

<b>Present</b>	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
	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
	Carole Knight (CK) – Formulary Pharmacist	NDDH
	Petrina Trueman (PT) - Joint Formularies Pharmacist	NEW Devon CCG
	Darunee Whiting (DW) – GP, Northam Surgery	NEW Devon CCG

<b>Invited</b>	Janice Headon (JH) - Medicines Optimisation Pharmacist	NEW Devon CCG
	Mandy Yu (MY) – Pre-reg Pharmacist	NDDH

<b>Apologies</b>	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
	Iain Carr (IC) – Medicines Optimisation Pharmacist	NEW Devon CCG
	Ross Mitchell (RM)	Dorset Healthcare
	Tracey Foss (TF) – Chief Pharmacist	RD&E

1. Welcome and Apologies – noted above

2. **Notes of previous meeting**

The notes of the meeting of 26<sup>th</sup> July 2013 were agreed.

**Action list from the previous minutes**

- **Dermatology** (see later agenda item)

- **Infant Feeds Guidance**

This has been followed up and there are still some debate on the scope and content. It was commented that the delay of this guidance was delaying work in addressing inappropriate prescribing, and prescribers are waiting for this guidance. It is considered more important to get some guidance published even if a version 2 is being worked up.

**Action: GF to contact specialists to finalise guidance.**

**GF**

- **New Anticoagulation guidance**

Guidance has been re-formatted to put the key points at the beginning. To be checked and added to the formulary.

**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** (see later agenda item)

- **Melatonin prescribing**

To be removed from the action list. There are further discussions amongst the specialists about the use of m/r preparations. To come back to this meeting if required.

- **Combination glaucoma treatments** (see later agenda item)

- **Updated osteoporosis pathway**

Stuart Kyle reported that he has met with osteoporosis leads for all four Trusts. There is a pathway being drafted for primary care treatment for post-menopausal women. Management of other patient groups to be guided by secondary care specialists.

SKy

**Action: To bring back the pathway for primary care treatment for post-menopausal women, which should be pan-Devon guidance.**

- **Revised alcohol and drug guidance**

- Acute situations: there are no service providers and no formal guidance possible in this situation
- Use of vitamin B co strong: this is not recommended for use, not to be include in the formulary or guidance
- National units of alcohol calculator: will be included when found

- **Draft primary care infection guidance**

This has been sent to the microbiologists, waiting for a response. The South and West Formulary guidance has been agreed, this will be sent to try and move this forward.

GF

**Action: to bring the second draft to this meeting when available**

**Any other business**

- 9.
- CA reported that the Dressings Formulary has been finalised and sent out. In future this will be included on the Formulary website. The Stoma Formulary is being finalised. The Continence Formulary has stalled due to staffing issues.
  - GF reported that a county-wide piece of work is being done to look at vitamin D prescribing and un-licensed preparations being used in place of the formulary choices. Fultium®, the licensed preparation, is not included in the North Devon Formulary. It was agreed to add this.

**Action: To add Fultium® to the North Devon Formulary**

GF

**3. ENT Chapter**

The first draft of the merged ENT Chapter was presented. There was discussion on some of the proposed deletions and additions:

Medijel – agreed not to add, to be included on the homely remedies list in NDDH as there is some use.

Pilocarpine – to be included as this is the only oral treatment available for dry mouth associated with radiotherapy for head and neck cancer.

Antacid and oxetacaine – to be added as hospital only, also for post radiotherapy symptom management

12.1.1 Otitis Externa – section out for consultation with the specialists, no comments yet. The inclusion of Sofradex® was discussed, it was agreed that this was not required as the two products were sufficient to treat patients, so would not be included.

12.1.2 Otitis Media – it was asked if the doses of antibiotics for children could be presented as a dose in mg rather than mg/kg as this is not practical in primary care. It was agreed to look at this.

**Action: Final draft to be bought to the meeting when available**

**GF**

#### 4. Respiratory chapter

The first draft of the merged Respiratory Chapter was presented. There was discussion on some of the proposed deletions and additions:

Seretide® all strengths – currently the North Devon Formulary includes only the 50 and 500 microgram products. There was significant discussion of the reasons, but it was decided to include all the strengths of Seretide® in the combined formulary so that the range of products was available to treat patients at steps 1-5 and to enable step up and step down.

Haleraid – although not able to be prescribed on the NHS they are supplied. To be included in the Formulary

Desloratidine – it was decided not to include this

Alimemazine tartrate – it was agreed to include this as a hospital only drug, used in pre-med.

Anaphylaxis, adrenaline – it was agreed to specify the brand as EpiPen®

Of the guidance sections:

Croup – there is currently differing guidance in RD&E and NDDH. It was agreed that primary care focussed should be added to the formulary, in addition to the secondary care guidance.

Bronchiectasis – this section is not required

Pros and Cons of inhalers – it was agreed that this guidance is useful, to be updated with the new devices. It was agreed to look at putting links to appropriate You-Tube videos on inhaler use.

**Action: Final draft to be bought to the meeting when available**

**GF**

#### 5. Dermatology review / website update

This chapter has now been agreed by the specialists. Benzoyl peroxide is currently discontinued/not available. It was agreed to leave benzoyl peroxide in the Formulary as an option for mild acne, noting the current supply issues. The dermatologists have asked if Aveeno® cream could be added, this was discussed but it was agreed not to add this as there was already significant choice in this area.

**Action: To alert prescribers to the temporary unavailability of benzoyl peroxide and to alert them once more when it is available again**

**SS/CA**

#### 6. Eye chapter update

Glaucoma treatments – responses have been received from specialists in both RD&E and NDDH, essentially in agreement. Latanoprost is used first-line but after that it is difficult to define an order in the treatments. The combination eye drops are required. It was agreed that discussion is needed regarding the preservative free preparations. It was agreed to go back to the specialists suggesting that tafluprost is deleted from the formulary, as the first-line should be latanoprost preservative free which is recently

available. Bimatoprost is available preservative free and inclusion of this as a second line would be logically consistent with the preserved eye drop choices. Nutritional supplements, it was agreed to add a link to the EPC statement and the summary points to a section in the formulary.

**Action: to check with the specialists regarding preservative free treatments for glaucoma**

GF

## 7. Recent drug approvals

a) **NDDH DTC** – Flixonase® nasules added to the formulary

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

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

### July 2013

Renavit, approved to be added to the formulary as an orange drug

**Action: to add Renavit to the Formulary**

GF/CW

Flutiform, not approved

Lixisenatide, not approved

### September 2013

Abatacept subcutaneous injection, Rituximab with and without methotrexate, Tocilizumab without methotrexate and the use of DAS28 scores when initiating biologics for rheumatoid arthritis – all approved. Drugs are in formulary already for NICE indications, brief acknowledgment as RED hospital only use and link to commissioning policies.

d) **NICE guidance**

The July and August decisions were noted.

### Technology Appraisals

- Bipolar disorder (children) – aripiprazole TA292
- Thrombocytopenic purpura – eltrombopag TA293
- Aflibercept solution for injection for treating wet-age related macular degeneration TA294

### Technology Appraisals

- Breast cancer (HER2 negative, oestrogen receptor positive, locally advanced or metastatic) - everolimus (with an aromatase inhibitor) TA295

## 8. Drug Safety Updates

August:

**Action: reminder on precautions for use of nitrofurantoin, especially in renal impairment to be added to the formulary**

GF/CW

**Action: to note the change in metoclopramide of the maximum dose and duration of use in the formulary**

September – nothing to note

**Next meeting:** 24<sup>th</sup> October 2013, Meeting Room C, Tiverton Hospital, Tiverton EX16 6NT

Northern & Eastern Formulary – Action Log			
Date	Action	Responsible	
Sept 2013	<b>Infant Feeds Guidance:</b> Follow guidance up with specialists	GF	
June 2013	<b>Palliative care guidance in the NE Joint Formulary</b> 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	
July 2013	<b>New anticoagulation guidance</b> To be added to the formulary with the key points highlighted	GF/CW	
Sept 2013	<b>Updated osteoporosis pathway</b> Revised osteoporosis pathway to be brought to the next meeting	SKy	
July 2013	<b>Draft Primary Care Infection Guidance</b> To bring the final draft to the meeting when available	GF	
Sept 2013	<b>Vitamin D</b> To add Fultium® to the North Devon Formulary	GF	<b>Complete</b>
Sept 2013	<b>ENT Chapter</b> Final draft to be brought to the meeting when available	GF	
Sept 2013	<b>Respiratory Chapter</b> Final draft to be brought to the meeting when available	GF	
Sept 2013	<b>Dermatology</b> To alert prescribers to the temporary unavailability of benzoyl peroxide and to alert them once more when it is available again	SS/CA	<b>Complete</b>
Sept 2013	<b>Eye Chapter</b> To check with the specialists regarding preservative free treatments for glaucoma	GF	
Sept 2013	<b>CPC decisions</b> To add Renavit® to the Formulary	CW	<b>Complete</b>
Sept 2013	<b>Drug Safety Updates</b> Reminder on precautions for use of nitrofurantoin, especially in renal impairment to be added to the formulary To note the change in metoclopramide of the maximum dose and duration of use in the formulary	CW	