

Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group
Thursday 24th October 2013: 9:00am – 11:00am. Meeting Room C, Tiverton Hospital

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
	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
	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
	Tawfique Daneshmend (TD)– DTC Chair/Consultant Gastroenterologist	RD&E
	Carol Peacock (CP) – Medicines Optimisation Pharmacist	NEW Devon CCG
Invited	Grant Smith (GS) – Medicines Optimisation Pharmacist	NEW Devon CCG
	Jill Parker (JP) - Medicines Optimisation Pharmacist	NEW Devon CCG
Apologies	Beverly Baker (BB) – Non Medical Prescribing Lead	NEW Devon CCG
	Tracey Foss (TF) – Chief Pharmacist	RD&E
	Darunee Whiting (DW) – GP, Northam Surgery	NEW Devon CCG
	Ross Mitchell (RM)	Dorset Healthcare

- Welcome and Apologies – noted above

- **Notes of previous meeting**

The notes of the meeting of 28th September 2013 were agreed.

Action list from the previous minutes

- **Infant Feeds Guidance**

It was agreed to put brief notes and products into the formulary with links both to the RD&E and NDDH guidance- final entry to be agreed by specialists in both areas

Action: To add details and products into the formulary

GF/CW

- **Palliative care guidance**

The issue of having common primary care palliative care guidance across Devon was discussed at the Devon End of Life Committee and agreed in principle. It was asked that any guidance could be available in the new year.

Action: To bring to this committee when available

HS

- **New Anticoagulation guidance**

Guidance has been re-formatted to put the key points at the beginning. To be checked and added to the test formulary site and a link sent to the committee.

Action: To be added to the formulary and a link sent to the committee

GF/CW

- **Updated osteoporosis pathway**

A rough pathway has been drafted and is out with the other consultants for comment. There was discussion about the funding of denosumab treatment, which is available, and who should be administering.

There was concerns expressed that CCG pathway work for Bone Health seems to be separate, which should be joined up

Actions:

To send SKy information on funding CR

To bring back the pathway for primary care treatment for post-menopausal women, this should be pan-Devon guidance. SKy

- **Draft primary care infection guidance**

There is a meeting with the microbiologists mid/end November.

Action: To bring the draft to the December meeting GF

- **ENT Chapter**

Draft chapter to be discussed at departmental meeting

Action: To brings a draft chapter to the next meeting GF

- **Respiratory Chapter**

Draft chapter has been sent to the specialists, awaiting comments

Action: To brings a draft chapter to the next meeting GF

- **Eye Chapter**

Third draft sent to the specialists

Action: To brings the final draft chapter to the next meeting GF

- **Drug Safety Update**

It was reported that an RD&E clinician has sent a letter out disagreeing with the update on nitrofurantoin precautions.

Action: To send a copy of this letter to TD GF

- TD reported that Susie Harris has agreed to replace Mike Jefferies on this committee

Action: To send Susie Harris details of the meeting, dates and venues CW

- **Diabetes merged section**

Grant Smith reported on the merge of this section of the formularies-. There were very few differences between the two formularies.

- Diagnosis of diabetes: to clarify the time between the two HbA1c measurements

- Titration of metformin: the importance of titrating on smaller doses needs to be highlighted

- Addition of Apidra®: this was discussed and agreed to add.

There was discussion on the use of first and second-line short-acting insulins and the differences in treating Type 1 and Type 2 diabetes

Action: GS to check with the consultants GS

- Hypodermic equipment: there is work being done across Devon to look at the different pen needles and to include in the formularies the cheaper products if suitable. Sharps boxes and needle clipping devices have been included from the

North Devon formulary

- Metformin powder: it was agreed to add this to prevent the unlicensed, expensive liquid being prescribed for patients with swallowing difficulties.
- Metformin SR: the consultants have asked for this to be added. There was discussion about this and the doubt over its place in therapy. It was acknowledged that it may have a niche place in patients who are unable to tolerate metformin, which has been titrated slowly. It was suggested that it be added as a yellow drug and that the notes based on the SMC advice be added.

Action: GS to take the concerns of the meeting back to the consultants for discussion

GS

- Secondary care input for GLP-1 mimetics: it was agreed that specialist knowledge was required to initiate treatment, not necessarily from secondary care. It was agreed that these drugs remain yellow in light of recent safety concerns. It was also agreed to add notes to the formulary that the CPC have not approved lixisenatide or insulin degludec.
- Glucose 50% had been removed by the consultants in the section on hypoglycaemia in the unconscious patient. It was agreed to remove all information about the management of unconscious patients.
- It was asked that in the recently agreed blood glucose monitoring devices section that the notes regarding those patients that may require alternative machines be highlighted.

• **Thyroid disease**

The detailed, current, ExEJF guidance was shared with the consultant in NDDH who agreed that this information should be included in the new North and East Formulary. Comment from GPs asked for the guidance on preferred treatment regimens to be included in the treatment section.

Action: GF to reorder section and send around for comment

• **CNS stimulants and ADHD**

PT reported on the first draft of this section of the merged formulary. As there are a NICE Clinical Guideline and NICE TA dexamfetamine, methylphenidate and atomoxetine will all be included. The current formulary entry will cover children and adolescents up to 18 years of age. It was agreed that any notes only need to be the referral process and current contact details.

Modafinil is included in this section for the treatment of narcolepsy

PT

Action: To bring the draft section to the next meeting

• **Primary care prescribing cost reductions**

To help ease cost pressures a number of formulary amendments were proposed which, if implemented would result in patients receiving the same active ingredients at lower costs.

- It was agreed to recommend brand prescribing of Laxido® for macrogol compound oral powder

- The formulary entry for montelukast already promoted generic prescribing. This should be reinforced through medicines optimisation pharmacists
- The Zeroderma range of products to be added to the formulary
- The note was agreed to be added asking GPs not to routinely prescribe Icaps® in the management of macular degeneration.

It was noted that there will be other items coming to future meetings

It was also asked that notes on generic/brand prescribing be added into the formulary

- **Recent drug approvals**

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

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

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

October 2013

- Intrathecal baclofen for severe spasticity in adults – NHS England
- Urinary catheterisation –policy withdrawn as was an operational rather than commissioning policy
- Imiquimod 3.75% (Zyclara) For Acitinic Keratosis – not commissioned
- Survimed OPD HN - approved
- Insulin Degludec for use in type 1 and type 2 diabetes – not commissioned

d) **NICE guidance**

The September decisions were noted.

Technology Appraisals

- TA296 – Lung cancer, crizotinib not recommended

Clinical guideline

- CG161 – urinary incontinence in women

- **Drug Safety Update**

October:

Action: reminder on not to prescribe combinations of anticoagulants to be added

GF/CW

- **Any other business**

The timing of the launch of the new formulary was asked about. The new formulary will be launched when Chapters 1-6 were completed. This is hoped to be mid/late December.

Next meeting: Thursday 28^h November 2013 Meeting Room C, Tiverton Hospital, Tiverton EX16 6NT

Northern & Eastern Formulary – Action Log			
Date	Action	Responsible	
June 2013	Palliative care guidance in the NE Joint Formulary To bring to Devon wide primary care guidance this committee when available	HS	
July 2013	New anticoagulation guidance To be added to the formulary and a link sent to the committee	GF/CW	See Link in email
Sept 2013	Infant Feeds Guidance: To add details and products into the formulary with links to RD&E and NDDH guidance	GF/CW	See Link in email
Sept 2013	Updated osteoporosis pathway <ul style="list-style-type: none"> To send SKy information on funding of denosumab To bring back the pathway for primary care treatment for post-menopausal women, this should be pan-Devon guidance. 	CR SKy	
Sept 2013	ENT Chapter Final draft to be brought to the next meeting	GF	
Sept 2013	Draft Primary Care Infection Guidance To bring the final draft to the December meeting	GF	On the agenda
Sept 2013	Respiratory Chapter Final draft to be brought to the next meeting	GF	On the agenda
Sept 2013	Eye Chapter Final draft to be brought to the next meeting	GF	On the agenda
Sept 2013	Drug Safety Update To send a copy of the nitrofurantoin letter to TD	GF	Complete
Oct 2013	Membership To send Susie Harris details of the meeting, dates and venues	CW	Complete
Oct 2013	Diabetes section Final draft to be brought to next meeting <ul style="list-style-type: none"> To check first & second-line short acting insulins with the consultants To take the concerns of the meeting regarding metformin M/R back to the consultants for discussion 	GS/GF/CW	On the agenda
Oct 2013	ADHD To bring the draft section to the next meeting	PT	