

Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group
Thursday 9th January 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
	Matt King (MK) – GP, Coleridge Medical Centre	NEW Devon CCG
	Carol Webb (CW) – Joint Formularies Technician	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
	Susie Harris (SHa) – Consultant, Elderly Care	RD&E
	Beverly Baker (BB) – Non Medical Prescribing Lead	NEW Devon CCG
	Tracey Foss (TF) – Chief Pharmacist	RD&E
	Ross Mitchell (RM) - Pharmacist	Dorset Healthcare

Apologies	Stephen Hunt (SH) – GP, Waterside Practice	NEW Devon CCG
	Carole Knight (CK) – Formulary Pharmacist	NDDH
	Petrina Trueman (PT) - Joint Formularies Pharmacist	NEW Devon CCG
	Stuart Kyle (SKy) – DTC Chair / Consultant Rheumatologist	NDDH
	Darunee Whiting (DW) – GP, Northam Surgery	NEW Devon CCG
	Niall Ferguson (NF) - Director of Pharmacy	NDDH

1. Welcome and Apologies – noted above

2. **Notes of previous meeting:** The notes of the meeting of 28th November 2013 were agreed.

Action list from the previous minutes, not on the agenda

- **Infant Feeds Guidance:** IC is producing a summary of key points.
- **Updated osteoporosis pathway:** Deferred
- **GI Chapter:** NICE do not have any advice on brand prescribing for mesalazine, BNF consider preparations are not interchangeable. Both Asacol® and Octasa® are included in the formulary

Action: List of bowel preparations to be sent to IC

TD

- **ENT Chapter:** Deferred, waiting for an update from secondary care clinicians
- **Pain section:** Deferred to next meeting

3. **Antibacterial section**

This came to the committee in July 13. This is the final draft of the primary care guidelines, using the HPA guidelines as a basis. The microbiologists are happy with this section, agreement in most sections except for UTI in children and acute pyelonephritis where there is a difference in choice of antibiotic (North Devon – cephalexin, Eastern Devon – co-amoxiclav).

The committee made the following comments:

- Influenza in pregnant women: could information be added for what can be used rather than what should not be used.
- Acute sore throat: as well as the centor criteria it was asked that current family history of strep. A infections be added to indicate treatment
- Meningitis: giving I/V antibiotic prior to admission. The suggestion was made to delete the phrase 'and non-blanching rash' and to add in 'if suspected meningococcal disease' ...give I/V benzylpenicillin or cefotaxime

Actions:

To check this change of wording with the microbiologists

GF

To write to Public Health England for their response on this

CR

- UTI in pregnancy: cephalexin is the first choice locally. Formulary choices give scope for treatment
- Cellulitis: there was discussion about the stated 7 days treatment length, 14 days is more frequently used, and also the use of clindamycin which is no longer a formulary choice

Action: to take these issues back to the microbiologists for clarification. To invite them to a formulary meeting if appropriate

GF

- Cold sores: it was thought this needed to be re-worded to indicate that self-treatment options are available.
- Genital herpes: this section will be included
- Skin flexures and genital area: Trimovate® is often difficult to obtain

Action: to find out if there is an alternative treatment to Trimovate®

GF

4. Final draft of respiratory chapter

This came to the committee in September 13. A link to the final chapter had been sent to the committee. This chapter has been completed, there are one or two issues to be completed:

- Duration of steroid treatment in COPD
- Oxygen, this information is being looked at across Devon
- Pneumonia in children, to add extra information if needed

5. Final draft of the eye chapter

The ophthalmologists have been well engaged in this chapter.

- Tafluprost: the ophthalmologists would like to retain this in the formulary for established patients. There are now less expensive alternatives for new patients and it was agreed not to include tafluprost in the formulary
- Olopatadine: it was agreed to include this into the formulary and to remove antazoline/xylometazoline eye drops. It was also agreed to add a note about self-care
- Brand prescribing: this issue as discussed and it was suggested that CA and SS contact the ophthalmologists regarding 2-3 products that should be prescribed as generic.

6. Diabetes

A link to the diabetes section previously agreed had been sent to the committee.

CV and neuropathy in diabetes

This draft had been prepared by Grant Smith.

- Management of blood lipids: atorvastatin is now equal first-line with simvastatin. There was discussion about the efficacy compared to 40mg simvastatin, it was agreed to add in 10/20mg rather than just 10mg. It was commented that few people tolerate simvastatin 80mg. It was agreed to make it clearer that atorvastatin 40/80mg is an alternative
- Diabetic neuropathy: pregabalin, there was discussion about the length of titration. There was discussion on the order of the 2nd line choices, patients often remain on the last treatment tried even if it is not effective. There needs to be guidance on reviewing and stopping treatment, also a note about going back to gabapentin if pregabalin is not effective. It was noted that the guidance proposed for the South and West Devon Formulary includes more information.

Action: Grant Smith to compare the South and West guidance and produce a suitable draft

GF/GS

Formulary choice of pen needles

It had been decided to add into the formulary choices of insulin pen needles. Three pen needles specified were agreed to be added. The diabetes specialist nurses had been given sample of the proposed needles to be tried.

7. Epilepsy

There is a shared service for epilepsy between NDDH and RD&E. All of the drugs are specialist initiated; the condition is managed in primary care there is clinical information to be included. Treatment options are in line with the NICE clinical guideline. There was comment about including information on rectal preparations, this was agreed.

The MHRA Drug Safety Update for November includes information about the recommendations for brand prescribing in this group of drug treatments. This was discussed and the difficulties highlighted for phenytoin and carbamazepine. It was noted that moving back to brand prescribing in some instances has an associated cost. It was agreed to add notes into the formulary about brand recommended prescribing.

Actions:

To draft out associated costs/savings for the brand changes recommended

CA

To contact neurologists, Learning Disability and paediatricians for their opinion on this

GF

MHRA advice

Including in the formulary Epistatis, which is unlicensed, and Buccolam was discussed. It was agreed that both preparations need to be included.

8. Proposed formulary amendments

It was agreed to remove Cerazette® as a brand and to include this as a generic preparation.

It was also agreed to change the brand of isosorbide mononitrate m/r 60mg to Chemydur® XL 60mg.
9. Recent drugs decisions: These were noted
10 MHRA Drug Safety Updates, November and December: These were noted
Next meeting: Thursday 30th December 2013 Meeting Room C, Tiverton Hospital, Tiverton EX16 6NT

Northern & Eastern Formulary – Action Log			
Date	Action	Responsible	
Nov 2013	Updated osteoporosis pathway	SKy	
Nov 2013	GI Chapter		
	○ to send the list of bowel cleansing preparations to IC	TD	On agenda
Nov 2013	ENT Chapter		
	Final draft to be brought to the next meeting	GF	
Nov 2013	Pain section		
	○ to check with NDDH and RD&E about just using Matrifen as the preferred brand of fentanyl patches	GF	
	○ to look at the prescribing data for these preparations	CA	On agenda
	○ to include appropriate wording for place of Abstral in treatment	GF	
	○ to send SHa the opioid conversion tables proposed for the South & West Formulary for comment and possible inclusion	GF	
9 th Jan 14	Antibacterial section		
	○ Meningitis: To check the change of wording with the microbiologists	GF	
	○ Meningitis: To write to Public Health England for their response on this	CR	
	○ To take the issues on treatment of cellulitis back to the microbiologists for clarification. To invite them to a formulary meeting if appropriate	GF	
	○ to find out if there is an alternative treatment to Trimovate®	GF	
9 th Jan 14	Diabetic neuropathy		
	○ Grant Smith to compare the South and West guidance and produce a suitable draft	GF/GS	
9 th Jan 14	Epilepsy		
	○ To draft out associated costs/savings for the brand changes recommended	CA	
	○ To contact neurologists, Learning Disability and paediatricians for their opinion on this MHRA advice	GF	