

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

Thursday 24th April 2014: 9:00am – 11:00am. Castle Surgery, Tiverton

Present	Tawfique Daneshmend (TD) - DTC Chair/Consultant Gastroenterologist, Chair	RD&E
	Gareth Franklin (GF) – Clinical Guidance Manager	NEW Devon CCG
	Emma Hewitt (EH) – Joint Formularies Pharmacist	NEW Devon CCG
	Carol Webb (CW) – Joint Formularies Technician	NEW Devon CCG
	Matt King (MK) – GP, Coleridge Medical Centre	NEW Devon CCG
	Darunee Whiting (DW) – GP, Northam Surgery	NEW Devon CCG
	Simon Kay (SK) – GP, Haldon House Surgery	NEW Devon CCG
	Iain Carr (IC) – Medicines Optimisation Pharmacist	NEW Devon CCG
	Susie Harris (SHa) – Consultant, Elderly Care	RD&E
	Tracey Foss (TF) – Chief Pharmacist	RD&E
	Stuart Kyle (SKy) – DTC Chair / Consultant Rheumatologist	NDDH
	Carole Knight (CK) – Formulary Pharmacist	NDDH
	Carl Peacock (CP) – Medicines Optimisation Pharmacist	NEW Devon CCG
	Niall Ferguson (NF) - Director of Pharmacy	NDDH
	Carol Albury (CA) - Locality Medicines Optimisation Pharmacist	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
Beverly Baker (BB) – Non Medical Prescribing Lead	NEW Devon CCG	
In attendance	Grant Smith (GS) – Medicines Optimisation Pharmacist	NEW Devon CCG
Apologies	Stephen Hunt (SH) – GP, Waterside Practice	NEW Devon CCG
	Chris Roome (CR)– Head of Clinical Effectiveness	NEW Devon CCG
	Sam Smith (SS) – Locality Medicines Optimisation Pharmacist	NEW Devon CCG

1. Welcome and Apologies – noted above

Declaration of interest:

- SKy informed the meeting that he has received honoraria from Amgen (denosumab)

2. **Notes of previous meeting:** The notes of the meeting of 27th February 2014 were agreed.

Action list from the previous minutes, not on the agenda

- **Pain:** Devon-wide neuropathic pain guidance has been sent to endocrinologists and again to the pain clinicians. Endocrinologists happy with the content and for a single guideline.
- **ENT Chapter:** The merged chapter is complete, this will be reviewed at a later date
- **Antibacterial section:** A good response was received from the paediatricians who support the use of NICE / HPA guidance in the pre-hospital management of suspected meningococcal disease.
- **Chapter 2 cardiology:** All points have been addressed and completed except for the list of hospital only specials.
 - **Action: List of the hospital only specials to be checked to ensure they are still required in the formulary**

GF

<p>3. Formulary website and app</p> <p>The new North and East Devon Formulary and Referral website was launched on the 31st March 2014. The Smartphone/tablets app will be available soon.</p> <p>The usage statistics have been encouraging with an average of 220 visits daily.</p> <p>Promotion of the formulary was discussed</p>	<p>GF</p>
<p>4. Melatonin</p> <p>GS outlined the background to this issue. Biomelatonin[®], which can be dissolved, is an established product. Both Trusts are agreed that Circadin[®] is an appropriate product for most patients and to be used first-line, they are happy for patients to be switched to Circadin[®]; these can be crushed for those patients unable to swallow tablets. It was agreed to ask for a letter of support from the secondary care clinicians be written.</p> <p>CAMHS also support the use of Circadin[®].</p> <p>Action: to request a letter of support for the switching of patients to Circadin[®] from the Paediatricians</p> <p>A proposed formulary entry was presented. It was asked if it could be made clear that the Circadin[®] can be crushed and that the Biomelatonin could be dissolved. It was also asked that the guidance note be expanded to include information on the reviewing of treatment.</p> <p>Action: to expand the current guidance notes on melatonin and to include information on reviewing patients</p>	<p>GS</p>
<p>5. Osteoarthritis</p> <p>The updated NICE CG177 indicated no change in drug treatment. There was discussion regarding topical NSAIDs and the use of tramadol if patients cannot use codeine. There was discussion about topical capsaicin, it was agreed to amend the text to indicate that it may not be suitable for some patients (as per NICE guidance)</p> <p>Action: to amend the point about topical capsaicin to indicate it may not be suitable for some patients</p> <p>It was asked if a link to resources on strengthening exercise could be added</p> <p>Action: an appropriate link to resources on exercise to be found and added</p>	<p>CW</p>
<p>6. Osteoporosis</p> <p>A draft formulary entry was presented.</p> <ul style="list-style-type: none"> • Under primary prevention of fragility fractures the line about raloxifene and zoledronic acid to be removed. • Corticosteroid induced: It was suggested that a link be added to the National Osteoporosis Guidelines Group advice. NOGG also give information on stopping bisphosphonates using a risk stratification tool. There is currently no advice for those patients taking intermittent courses of steroids. If there is suspected high use of steroids, advice would be to conduct a DEXA scan for a baseline and repeat after 2 years to assess bone density • Information on bisphosphonate holidays, the comment was made that there is no prescribing of zoledronic acid in primary care although it is include in the algorithm 	<p>SKy</p>

- Sodium clodronate, the brand names to be removed
- Local statement regarding denosumab prescribing was discussed.
- Vitamin D testing, there was discussion about this and the quality of the results of the test. DW wished to explore this further but that this should not hold up the publishing of the advice in the formulary
- Zoledronic acid, there is now a generic 5mg injection which is licensed for Paget's disease. To be included in the formulary and brand names to be removed from the other preparations

Action: Generic zoledronic acid 5mg injection to be added to the formulary

CW

- Calcium and vitamin D preparations, the products to be included need to be looked into. To add a statement about soya to Adcal®

Action: Revised osteoporosis guidance to come to future meeting

GF

7. Patent expiry dates

There was a discussion about the brand names included in the formulary and the need for generic prescribing particularly when patents expire. It was decided to remove the brand names from the formulary, except where branded prescribing is required for a specific reason

Action: to remove unnecessary brand names from the formulary

CW

8. **Recent drugs decisions:** These were noted

9. **MHRA Drug Safety Update, March and April:** These were noted

10 Any other business

- Chairmanship of the meeting, Chris Roome is standing down as Chair. The clinicians in the meeting were asked to consider who should replace him.
- Nitrofurantoin, due to the discontinuation of Macrochantin® 50mg it was agreed to add the nitrofurantoin m/r preparation. This would also be in line with the HPA guidance.

Next meeting: Thursday 22nd May 2014 Castle Place Surgery, Kennedy Way, Tiverton EX16 6NP

Northern & Eastern Formulary – Action Log			
Date	Action	Responsible	
27 th Feb 14	Chapter 2 Cardiology <ul style="list-style-type: none"> List of the hospital only specials to be checked to ensure they are still required in the formulary 	GF	
24 th April 14	Melatonin <ul style="list-style-type: none"> to request a letter of support for the switching of patients to Circadin® from the Paediatricians to expand the current guidance notes on melatonin and to include information on reviewing patients 	GS/GF	GS/GF
24 th April 14	Osteoarthritis <ul style="list-style-type: none"> to amend the point about topical NSAIDs to indicate it may not be suitable for some patients an appropriate link to resources on exercise to be found and added 	CW	SKy
24 th April 14	Osteoporosis <ul style="list-style-type: none"> Zoledronic acid 5mg injection to be added to the formulary Revised osteoporosis guidance to come to future meeting 	CW	GF
24 th April 14	Patent expiry dates <ul style="list-style-type: none"> to remove unnecessary brand names from the formulary 	CW	