

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

Thursday 25th June 2014: 9:00am – 11:00am. Old Heathcoat School Community Centre, Tiverton

Present	Hugh Savill (HS) – GP, Castle Place Surgery, Chair	NEW Devon CCG
	Gareth Franklin (GF) – Clinical Guidance Manager	NEW Devon CCG
	Emma Hewitt (EH) – Joint Formularies Pharmacist	NEW Devon CCG
	Petrina Truman (PT) – 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
	Simon Kay (SK) – GP, Haldon House Surgery	NEW Devon CCG
	Iain Carr (IC) – Medicines Optimisation Pharmacist	NEW Devon CCG
	Tracey Foss (TF) – Chief Pharmacist	RD&E
	Ali Hodgetts (AH) – Clinical Pharmacy Manager	RD&E
	Carole Knight (CK) – Formulary Pharmacist	NDDH
	Carol Albury (CA) - Locality Medicines Optimisation Pharmacist	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
	Stephen Hunt (SH) – GP, Waterside Practice	NEW Devon CCG
	Sam Smith (SS) – Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Peter Cope (PC) – HM Prisons	Dorset Healthcare
In attendance	Alison Danby – Medicines Optimisation Technician	NEW Devon CCG
	Sandra Chapman – Medicines Optimisation Technician	NEW Devon CCG
Apologies	Tawfique Daneshmend (TD) - DTC Chair/Consultant Gastroenterologist	RD&E
	Darunee Whiting (DW) – GP, Northam Surgery	NEW Devon CCG
	Susie Harris (SHa) – Consultant, Elderly Care	RD&E
	Stuart Kyle (SKy) – DTC Chair / Consultant Rheumatologist	NDDH
	Niall Ferguson (NF) - Director of Pharmacy	NDDH
	1. Welcome and Apologies – noted above HS kindly chaired the meeting in the absence of TD	
	2. Notes of previous meeting: The notes of the meeting of 24 th April 2014 were agreed.	
	Action list from the previous minutes, not on the agenda	
	<ul style="list-style-type: none"> • Melatonin: The proposed formulary guidance was agreed to be included. There was discussion regarding the point about crushing the tablets. This point to be reworded to indicate that crushing tablets can be done. Action: Re-word bullet point regarding crushing tablets and email to committee for agreement • Osteoporosis: The revised guidance is still outstanding. This was discussed and it was agreed that this needs to come to the July meeting for agreement as GPs are asking for guidance. Testing for vitamin D deficiency, breaks in treatment and the DEXA scan capacity are point holding up this guidance. 	
	3. Any other business not on the agenda:	

- Brands of opioids (see below)

4. Eyes – review of dry eye

EH outlined the reason for this review, based on the South and West Formulary where the guidance is split into the severity of the condition. The addition of the extra information was discussed and agreed helpful and could be used to give to patients.

The possible addition of Hylo-Care® was discussed. It was agreed not to add this to the formulary, due to the additional cost, unclear benefits compared to existing formulary products, and that only one consultant had expressed any interest in this product.

Action: to contact the consultant who requested Hylo-care® and inform them of the decision and the reasons why the decision was made.

EH

5. MCQ – eyes

This quiz is going to be included in the formulary.

6. MI – secondary prevention

GF outlined proposed formulary entry based on NICE CG173. It was agreed that this was helpful guidance to be included into the formulary. There were comments made about triple therapy and the increased use of NOACs. It is not clear how patients taking a NOAC should be managed if they require triple therapy.

Action: to take the question regarding triple therapy and patients taking NOACs back to the consultants for advice

GF

Any other business: Opiates

Brand prescribing is recommended for all strong opioids. Changes to these brands are being proposed to give the cheaper of the options.

- Currently the formulary includes Matrifen® and Durogesic® brands of fentanyl patches. It was agreed to remove Durogesic® and to include Mezolar®.
- Currently the formulary includes MST® and Zomorph® brands of long acting morphine sulphate. It was agreed to remove MST® from the formulary. HS agreed to take this change to the End of Life committee to inform them of this change. RD&E and NDHT would also be using Zomorph® as the preferred brand.
- There are several brands of oxycodone that are cheaper than the original brand. Oxycontin® and Longtec®, and Oxynorm® are currently on the contract within the acute trusts until October. It was agreed to wait until then before recommending a change.
- Injectable opioids: when diamorphine became unobtainable morphine was used in its place. The supplies of diamorphine are now stable again, it was agreed to move back to using diamorphine.

7. Frequency of formulary meetings

Now that the merge of the formularies has finished it is suggested to reduce the frequency of the formulary meetings. With the formulary team managing both this formulary and the South and West Devon formulary, to have monthly meetings is not sustainable. This was discussed and it was agreed to space the meetings from September to every six weeks. The date of the July meeting would remain at the 24th July

<p>8. Nitrofurantoin costing</p> <p>Due to the discontinuation of Macrochantin® the cost of Nitrofurantoin 50mg has increased. It is proposed that the formulary should be changed to include Nitrofurantoin m/r 100mg at a twice a day dose. The microbiologists in both trusts have been consulted and are happy with this change. It was agreed to replace Nitrofurantoin 50mg with 100mg m/r.</p>
<p>9. Immunisation guidance in chemotherapy</p> <p>This guidance has been produced by Kate Scatchard and, as the service is shared, covers both the RD&E and NDHT. It was agreed to be very useful information and to be included into the formulary.</p>
<p>10 NRT products</p> <p>Public Health now manages the smoking cessation services. It has been asked that Niquitin gum and 4mg lozenges be added to the formulary. This was agreed</p>
<p>11 Recent drugs decisions: These were noted</p>
<p>12 MHRA Drug Safety Update, May:</p> <p>The Domperidone entry to be checked and to include the information from the update. There was discussion about the quantity of adrenaline pens prescribed to children</p> <p>Gareth informed the meeting that he will be leaving NEW Devon CCG in September.</p>
<p>Next meeting: Thursday 24th July 2014 Castle Place Surgery, Kennedy Way, Tiverton EX16 6NP</p>

Northern & Eastern Formulary – Action Log		
Date	Action	Responsible
Feb 14	<p>Chapter 2 Cardiology</p> <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
April 14	<p>Osteoarthritis</p> <ul style="list-style-type: none"> an appropriate link to resources on exercise to be found and added 	SKy
April 14	<p>Osteoporosis</p> <ul style="list-style-type: none"> Revised osteoporosis guidance to come to future meeting 	GF
June 14	<p>Melatonin</p> <ul style="list-style-type: none"> Re-word bullet point regarding crushing tablets and email to committee for agreement 	CW