

Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group
Thursday 11th September 2014: 9:00am – 11:00am. Old Heathcoats School, Tiverton

Present	Hugh Savill (HS) – GP, Castle Place Surgery, Chair	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
	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
	Carole Knight (CK) – Formulary Pharmacist	NDDH
	Stuart Kyle (SKy) – DTC Chair / Consultant Rheumatologist	NDDH
	Sam Smith (SS) – Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Carol Albury (CA) - Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Susie Harris (SHa) – Consultant, Elderly Care	RD&E
	Matt King (MK) – GP, Coleridge Medical Centre	NEW Devon CCG
	Tracey Foss – Chief Pharmacist	RD&E
	Stephen Hunt (SH) – GP, Waterside Practice	NEW Devon CCG
	Amanda Gulbranson (AG) – Clinical Effectiveness Lead	DPT

In attendance	Hilary Pearce (HP) – Clinical Effectiveness Pharmacist (For item 6. Lisdexamfetamine)	NEW Devon CCG
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Apologies	Ali Hodgetts (AH) – Clinical Pharmacy Manager	RD&E
	Andrew Harrison (AH) – GP, The South Lawn Medical Practice	NEW Devon CCG
	Beverly Baker (BB) – Non Medical Prescribing Lead	NEW Devon CCG
	Tawfique Daneshmend (TD) - Consultant Gastroenterologist - Chair	RD&E
	Niall Ferguson (NF) - Director of Pharmacy	NDDH
	Carl Peacock (CP) – Medicines Optimisation Pharmacist	NEW Devon CCG

1. Welcome and Apologies – noted above
HS kindly chaired the meeting in TD’s absence.

2. **Notes of previous meeting:**
The notes of the meeting of 25th June 2014 were agreed.

Action list from the previous minutes, not on the agenda

• **Atrial fibrillation – updated formulary guidance**

Rate or rhythm control: To ask the cardiologists which patients would be suitable for ablation and which patients should be seen in secondary care.

Information added, to be sent around to the group for information

3. **Vitamin D preparation**

A high strength vitamin D preparation is now available, InVita® D3 oral solution, containing 25,000IU vitamin D. It was agreed to add InVita® D3 to the formulary for patients who are at risk of vitamin D deficiency, for example those taking bisphosphonates, and to remove Fultium® D3.

Action: to draft some notes to be added to the formulary for the appropriate use of InVita® D3 SKy

There was discussion about GP prescribing of denosumab (Prolia®) for osteoporosis. It is being prescribed by GPs in surrounding CCGs with no shared care payments required. It was agreed to send a proposal to the LMC for information.

Action: to draw up a statement for the LMC in regard to denosumab for osteoporosis and to email to the committee for comment SKy

Denosumab (XGEVA®) for malignancy was discussed. This is commissioned by NHS England and subject to separate budgets. The prescribing of this in primary care is not a decision this committee can make. This issue is being progressed by a strategy group.

4. Lipid guidance (formulary statin choice)

Due to the publication of new NICE Lipid clinical guidance (CG181) the management of these patients is being reviewed. This is also being discussed at the CPC due to the implications of the changes being recommended.

The committee are being asked to agree the formulary statin choices, putting atorvastatin as the first choice statin in all cases where appropriate. NICE recommends the use of high intensity statins of low acquisition cost in both primary and secondary prevention of CVD. There was discussion on the different preparations, rosuvastatin is not mentioned in the guidance other than it is not recommended. It was agreed to remove both rosuvastatin and pravastatin from the formulary. To add notes into the formulary regarding rosuvastatin and why it is no longer recommended.

The committee asked that the statement for ezetimibe be strengthened to highlight the patients for whom it would be suitable and that it is not an alternative for patients who cannot tolerate statins.

Actions:

- **Change atorvastatin to the first choice statin** CW
- **Remove pravastatin from the formulary** CW
- **Remove rosuvastatin from the formulary and add in notes for why it is no longer recommended** PT/CW
- **Strengthen the statement regarding the use of ezetimibe** PT

5. NICE CKD/Hypertension update

NICE published new guidance on CKD, CG182, this needs to be reflected in relevant sections of the formulary. It was asked that CKD level could be defined, the suggestion was 'CKD 3 and above'.

NASIDs – updating of the renal adverse effects

Renin-angiotensin system – revised text and monitoring advice

AF – CG182 recommends apixaban in preference to warfarin in these patients. There is a differing of opinion between renal and haematology clinicians. It was agreed to leave this information until there has been confirmation from Dr Martyn James.

Bisphosphonates – it was agreed to add information from the SPCs to the monograph for the

individual drugs

Vitamin D – minor changes to the information

Aspirin – to add information to the drug monograph and other appropriate places regarding increased bleed risk in CKD patients

Hypertension – the guidance in the formulary has been reviewed and appropriate information added to the text. The committee asked that indapamide be removed from the text and the wording ‘thiazide-like diuretic’ is sufficient.

6. **Lisdexamfetamine**

The Clinical Policy Committee (CPC) as accepted the use of lisdexafetamine for the management of ADHD. HP outlined the details of the drug, the commissioning decision and a draft formulary entry. It had been agreed that lisdexamfetamine would only go into the formularies once shared care guidance is available. This has been agreed by the Medicines Optimisation Strategy Group in principle and DPT are writing the guideline.

7. **Formulary amendments**

A list of suggested cost saving amendments to the formulary was presented. It was agreed to:

- Steripoule was agreed to be added as a brand for sodium chloride 0.9% nebulas
- Accrete® D3, it was agreed that more work needed to be done to rationalise the calcium and vitamin D preparations in the formulary.
- Viscotears®, it was agreed to change the brand in the formulary to this
- Lizinna, it was agreed to remove Cilest® and to add in Lizinna
- Liothyronine, this is currently being looked at.
- GnRH analogues savings opportunities were outlined in regard to switching the brand on GnRH analogues in the formulary. It was agreed to add in triptorelin I/M injections 3mg, 11.25mg and 22.5mg and remove leuprorelin, goserelin S/C implants would also remain in the formulary

Actions:

- **To amend the formulary according to these discussions**
- **To rationalise the formulary choices for calcium and vitamin D preparations**
- **To look into adding liothyronine with appropriate advice**

CW
CA
EH

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

9. **MHRA Drug Safety Update, July and August:**

This was noted

Any other business:

HS advised the committee that norethisterone is no longer being recommended by the Family Planning service to postpone menstruation.

Action: to look at this and to find out what the alternatives are

EH/PT

Next meeting: Thursday 23rd October

Northern & Eastern Formulary – Action Log			
Date	Action	Responsible	
April 14	Osteoporosis <ul style="list-style-type: none"> Revised osteoporosis guidance to come to future meeting 	CW	
Sept 14	Vitamin D preparation <ul style="list-style-type: none"> To draft some notes to be added to the formulary for the appropriate use of InVita® D3 To draw up a statement for the LMC in regard to denosumab for osteoporosis and to email to the committee for comment 	SKy	SKy
Sept 14	Lipid guidance (formulary statin choice) <ul style="list-style-type: none"> Change atorvastatin to the first choice statin Remove pravastatin from the formulary Remove rosuvastatin from the formulary and add in notes for why it is no longer recommended Strengthen the statement regarding the use of exetimibe 	CW	Complete
		CW	Complete
		PT/CW	Complete
		PT	Complete
Sept 14	Formulary amendments <ul style="list-style-type: none"> To rationalise the formulary choices for calcium and vitamin D preparations To look into adding liothyronine with appropriate advice 	CA	EH
Sept 14	Norethisterone <ul style="list-style-type: none"> Advice for postponing menstruation to be looked into 	PT/EH	