

Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group
Thursday 23rd October 2014: 9:00am – 11:00am. Old Heathcoat's School, Tiverton

Present	Tawfique Daneshmend (TD) - Consultant Gastroenterologist - Chair	RD&E
	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
	Andrew Harrison (AH) – GP, The South Lawn Medical Practice	NEW Devon CCG
	Simon Kay (SK) – GP, Haldon House Surgery	NEW Devon CCG
	Iain Carr (IC) – Medicines Optimisation Pharmacist	NEW Devon CCG
	Niall Ferguson (NF) - Director of Pharmacy	NDDH
	Stuart Kyle (SKy) – DTC Chair / Consultant Rheumatologist	NDDH
	Sam Smith (SS) – 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
	Ben Waterfall (BW) – GP	NEW Devon CCG
	Carl Peacock (CP) – Medicines Optimisation Pharmacist	NEW Devon CCG
In attendance	Lauren Margetts – Medicines Optimisation Technician	NEW Devon CCG
Apologies	Carol Albury (CA) - Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Ali Hodgetts (AH) – Clinical Pharmacy Manager	RD&E
	Beverly Baker (BB) – Non Medical Prescribing Lead	NEW Devon CCG
	Carole Knight (CK) – Formulary Pharmacist	NDDH
1.	Welcome and Apologies – noted above	
2.	Notes of previous meeting: The notes of the meeting of 11 th September 2014 were agreed.	
	Action list from the previous minutes, not on the agenda	
	<ul style="list-style-type: none"> • Osteoporosis The proposed entry into the formulary was presented and discussed. It has been circulated to secondary care clinicians for comment, which have been included in the draft. Rheumatology and Care of the Elderly are meeting on the 7th November at which further amendments may be suggested. Points discussed: <ul style="list-style-type: none"> ○ Page 7: links to the CKD information to be added, with notes. The information from NICE detailing criteria for treatment to remain in. The section on risk factors for fractures to be highlighted. ○ The MHRA information on calcium levels and ONJ for patients receiving denosumab has been added. This information to be re-worded so that it is clearer, calcium needs to be checked after each dose of denosumab. ○ To take out the reference to the Royal College of Physicians guidance. ○ Vitamin D, Invita D3 has been added. Fultium is to remain in the formulary and a reference to the tablets which do not contain peanut oil be added. 	

<ul style="list-style-type: none"> • Liothyronine <ul style="list-style-type: none"> ○ The draft entry for the formulary was agreed 	
<p>3. Behavioural and psychological symptoms of dementia (BPSD) Devon Partnership Trust (DPT) has revised their guidance on BPSD. A proposed, shortened, revised entry into the formulary was discussed. It was agreed that this is useful guidance and it was acknowledged that although risperidone is the only licensed treatment, specialist may recommend unlicensed preparations. The guidance was agreed to go into the formulary</p>	
<p>4. TA315 Canagliflozin It is proposed that canagliflozin be categorised as a specialist initiated drug. Notes are to be added to indicate its place in therapy and that it is to be used in line with NICE, although licensed for wider use. This was agreed to go into the formulary</p>	
<p>5. TA318 Lubiprostone It is proposed that lubiprostone be categorised as a specialist initiated drug. There was discussion about the length of treatment, is two weeks the maximum. It was agreed that it was appropriate for treatment to be initiated in secondary care and continued by the GP. There was discussion about the Bladder and Bowel Service and their engagement with the formulary and it was agreed to try and improve this. Action: to try and gain clarity about lubiprostone length of treatment and to email the members with any information</p>	EH
<p>6. Actinic Keratosis treatments The formulary has been asked to consider removing diclofenac 3% gel and changing ingenol mebutated gel to a first-line treatment. Both RD&E and NDDH dermatology departments are in agreement. This change in the formulary was agreed</p>	
<p>7. DuoResp Spiromax inhaler SS declared an interest on behalf of the CCG. Teva are likely to be sponsoring some training on inhaler technique. DuoResp Spiromax is a bioequivalent inhaler to Symbicort and it is proposed that this be added into the formulary. DuoResp Spiromax is only licensed for adults at the moment. The device is different and may be easier to operate by some individuals. DuoResp Spiromax cost 20% less than Symbicort, giving a significant saving opportunity. It was acknowledged that wholesale switching would be difficult as patients prefer specific devices. It was also agreed that Respiratory clinicians also need to be in agreement for any change to happen. It was agreed that DuoResp Spiromax be added into the formulary</p>	
<p>8. Infant Formulas The formulary had been asked to consider adding a number of additional specialist infant formulas. There was discussion about the appropriate use of these products. This was discussed and it was agreed to ask the dieticians for further information on the products that are being requested. Action: to obtain further information on the specialist infant formulas</p>	CW

<p>9. Varenicline At the last South and West Formulary meeting it had been agreed that varenicline should be an equal first-line treatment together with NRT. The group have been asked to consider the same in this formulary. This was agreed.</p>
<p>10. Unlicensed medication It has been proposed to add some information about unlicensed and off-label preparations to the formulary. This was discussed and the information was agreed to be added, with the amendment to remove the information on Medicines for Children removed. It was also asked that a link to this information be added to the unlicensed preparations in the formulary.</p>
<p>11. Z-drugs and temazepam It was noted that DPT have removed temazepam from their guidance. The group was asked to consider removing temazepam from the formulary. This was discussed and the group asked for further information on current use. Action: to look at the current use of temazepam with a view to removing it from the formulary. PT</p>
<p>12. Recent drugs decisions: These were noted</p>
<p>13. MHRA Drug Safety Update, September and October: This was noted</p>
<p>Any other business:</p> <ul style="list-style-type: none"> Promotional business cards have been printed to be used to increase awareness of the formulary. Website usage data was asked for. Action: to provide some analytics data on how the website/app is being used CW The GP chairmanship of this group was discussed and the GPs were asked to consider this. TD has agreed to care take for a short while until a new chair comes forward The group was informed that oxycontin is going to be available as a generic
<p style="text-align: center;">Next meeting: Thursday 27th November 2014</p>

Northern & Eastern Formulary – Action Log			
Date	Action	Responsible	Completed
Sept 14	Osteoporosis <ul style="list-style-type: none"> To draw up a proposed statement for the LMC in regard to denosumab treatment and to email to the committee for comment 	SK	Completed
Sept 14	Formulary amendments <ul style="list-style-type: none"> To rationalise the formulary choices for calcium and vitamin D preparations 	CA	
Sept 14	Norethisterone <ul style="list-style-type: none"> Advice for postponing menstruation to be looked into 	PT/EH	
Oct 14	Lubiprostone <ul style="list-style-type: none"> to try and gain clarity about lubiprostone length of treatment and to email the members with any information 	EH	Completed
Oct 14	Infant Formulas <ul style="list-style-type: none"> to obtain further information on the specialist infant formulas 	CW	
Oct 14	Z-drug and temazepam <ul style="list-style-type: none"> to look at the current use of temazepam with a view to removing it from the formulary 	PT	On the agenda
Oct 14	Website/app use <ul style="list-style-type: none"> to provide some analytics data on how the website/app is being used 	CW	