

Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group
Thursday 27th November 2014: 9:00am – 11:00am. Old Heathcoat’s School, Tiverton

Present	Tawfique Daneshmend (TD), Consultant Gastroenterologist - Chair	RD&E
	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
	Iain Carr (IC), Medicines Optimisation Pharmacist	NEW Devon CCG
	Niall Ferguson (NF), Director of Pharmacy	NDDH
	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
	Ben Waterfall (BW), GP	NEW Devon CCG
	Carl Peacock (CP), Medicines Optimisation Pharmacist	NEW Devon CCG
In attendance	Hilary Pearce, Clinical Effectiveness Pharmacist (for item 8)	NEW Devon CCG
Apologies	Ali Hodgetts (AH), Clinical Pharmacy Manager	RD&E
	Beverly Baker (BB), Non-Medical Prescribing Lead	NEW Devon CCG
	Carole Knight (CK), Formulary Pharmacist	NDDH
	Hugh Savill (HS), GP, Castle Place Surgery, Chair	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
	Stuart Kyle (SKy), DTC Chair / Consultant Rheumatologist	NDDH
	Susie Harris (SHa), Consultant, Elderly Care	RD&E
	Tracey Foss (TF), Chief Pharmacist	RD&E
	Darunee Whiting (DW), GP, Northam Surgery	NEW Devon CCG

1. Welcome and Apologies – noted above

2. **Notes of previous meeting:**

The notes of the meeting of 23rd October 2014 were agreed.

Action list from the previous minutes, not on the agenda

- **Osteoporosis:** The letter to the LMC has been sent and acknowledgement of receipt received.
Action: response from the LMC to the osteoporosis guidance to be discussed at the next meeting
- **Calcium and vitamin D products:** Next meeting
- **Norethisterone:** its use in postponing menstruation is still current.
- **Lubiprostone:** The classing of this as specialist initiated was discussed and it was agreed to change this to a second-line treatment, as neighbouring formularies. There was discussion on how to control inappropriate use, it was agreed to put in the notes from the NICE implementation guidance in regard to its place in treatment.

Action: notes in lubiprostone’s place in therapy to be added to the formulary

CW

	<ul style="list-style-type: none"> • Website/app use: data on the use of the app and website were presented • CKD and apixaban: this needs to remain on the action log. The Peninsula Heart and Stroke Committee are still working on their draft guidance. In the meantime the formulary should remain with warfarin or a NOAC as the advice, not to specify a specific NOAC. <p>Action: to update formulary with the revised Peninsula Heart and Stroke Guidance when available</p>	PT
3.	<p>Review of formulary hypnotics</p> <p>Devon Partnership Trust (DPT) are no longer recommending temazepam as an option. Removing temazepam from the formulary was discussed, which is supported by work being done in GP practices. It was agreed to remove temazepam and to include zaleplon, which is subject to NICE TA277. It was agreed to add into the formulary appropriate note for zaleplon about the when its use would be appropriate.</p> <p>Action: to draft a hypnotic formulary entry and email to members for discussion and agreement.</p>	PT
4.	<p>NICE CG184 Dyspepsia</p> <p>The current formulary has very brief guidance. The expanded notes from the CG184 was discussed and agreed to be added. The treatment of Barrett’s Oesophagus was discussed and it was agreed to check the relevant NICE TAs and to add appropriate notes. There was discussion about the meaning of full dose and it was agreed to translate those into figures. The question was asked about when to move onto 2nd line treatments in H. Pylori, the full guideline to be checked and information added.</p> <p>Actions:</p> <p>Add information about treating Barrett’s Oesophagus</p> <p>Change full dose and low dose to the appropriate doses</p> <p>To check and add information on when to use 2nd line H. pylori treatments</p>	CW
5.	<p>Brand change for oxycodone products</p> <p>The secondary care central buying contract has changed to purchasing Lynlor® standard release and Oxylan® for modified release. It was agreed to recommend Longtec® modified release and Shortec® standard release. The entry would be for generic oxycodone with the recommended brands for prescribing in primary care detailed in the notes. It was also agreed to add a message onto Scriptswitch.</p>	
6.	<p>Fesoterodine</p> <p>The tabled paper detailed a request received to add fesoterodine back into the formulary, having been removed in 2012. It was noted that the addition of fesoterodine as a specialist drug was unlikely to increase costs. It was agreed to add fesoterodine in as a specialist drug.</p> <p>Action: to add fesoterodine into the formulary</p> <p>There was discussion about tolterodine MR and that there is now available a branded generic preparation which would enable savings to be generated.</p> <p>Action: to add Neditol XL® 4mg into the formulary</p> <p>It was agreed that a full review of this section was required to aim to define a treatment</p>	CW CW

pathway. Involvement of the Bladder and Bowel service would be essential in this review.

7. Wound management - review

This chapter is the result of a review of the current guidance by a group of Tissue Viability, community nurses. It was agreed to add this chapter to the formulary.

8. Recent drugs decisions:

- CPC decision to commission second-generation antipsychotic depot injections for schizophrenia. A proposed amended formulary entry was presented where aripiprazole, olanzapine and paliperidone are included in the formulary as red, secondary care only drugs until a service agreement is produced to enable these to be administered in primary care. It was noted that pipotiazine is to be discontinued in March. It was agreed to add into the formulary fluphenazine and haloperidol which would align the entry with the South and West Formulary. It was also noted that, although risperidone is to be no longer commissioned it needs be available for current patients. It was agreed to add risperidone as notes rather than a drug entry.

9. MHRA Drug Safety Update, November:

This was noted

Any other business:

- The meeting was asked to consider adding into the formulary Ebesque®, a branded generic of quetiapine XL. DPT would support its addition to the formulary. This was agreed.
- The frequency of the meetings was discussed and it was agreed to move the meetings to the second Thursday of alternate months. It was noted that the January meeting clashes with the North Devon DTC, it was agreed to cancel this meeting.

Next meeting: Thursday 26th February 2015

Northern & Eastern Formulary – Action Log			
Date	Action	Responsible	Completed
Sept 14	Formulary amendments <ul style="list-style-type: none"> To rationalise the formulary choices for calcium and vitamin D preparations 	CA	On the agenda
Oct 14	Infant Formulas <ul style="list-style-type: none"> to obtain further information on the specialist infant formulas 	CW	Not available yet
Nov 14	Osteoporosis <ul style="list-style-type: none"> response from the LMC to the osteoporosis guidance to be discussed at the next meeting 		On the agenda
Nov 14	CKD and apixaban <ul style="list-style-type: none"> to update formulary with the revised Peninsula Heart and Stroke Guidance when available 	PT	Not available yet.