

**Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group
Thursday 8th October 2015: 9:00am – 11:00am. Old Heathcoat's School, Tiverton**

Present	Tawfique Daneshmend (TD), Consultant Gastroenterologist - Chair Carol Albury, Locality Medicines Optimisation Pharmacist Beverly Baker, Non-Medical Prescribing Lead Iain Carr, Medicines Optimisation Pharmacist Susie Harris, Consultant, Elderly Care Andrew Harrison, GP, The South Lawn Medical Practice Ali Hodgetts, Clinical Pharmacy Manager Matt Kaye, Chief Pharmacist Simon Kay, GP Carole Knight, Formulary Pharmacist Stuart Kyle, DTC Chair / Consultant Rheumatologist Sam Smith, Locality Medicines Optimisation Pharmacist Petrina Trueman (PT), Joint Formularies Pharmacist Ben Waterfall , GP Carol Webb (CW), Joint Formularies Technician Darunee Whiting, GP, Northam Surgery	RD&E NEW Devon CCG NEW Devon CCG NEW Devon CCG RD&E NEW Devon CCG RD&E NDDH NEW Devon CCG NDDH NDDH NEW Devon CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG
Apologies	Amanda Gulbranson, Clinical Effectiveness Lead Matt Howard, Clinical Evidence Manager Carl Peacock, Medicines Optimisation Pharmacist	DPT NEW Devon CCG NEW Devon CCG
Attending	Bethan Rogers, Clinical Effectiveness Pharmacist – agenda item 6 For agenda item 11: Colm Owens, Consultant Nick Cartmell, GP Laura Hill, Clinician Steve Cooke, Chief Pharmacist Bridget McEvelly, patient representative	NEW Devon CCG DPT SD&T CCG DPT PCH Alzheimer's Society
<p>1. Welcome and Apologies – noted above Declarations of interest:</p> <ul style="list-style-type: none"> no interests were declared <p>TD had received a letter from Matt King resigning from the Formulary Group, due to ill health. TD will reply thanking Matt for his valuable input into the Formulary.</p> <p>CW informed the meeting that formulary and referral website and app have been shortlisted in the 'using technology to improve efficiency' category of the HSJ Awards 2015. The final winner will be announced at the awards ceremony on 18th November 2015.</p>		
<p>2. Notes of previous meeting: The notes of the meeting of 13th August 2015 were agreed.</p>		

Action list from the previous minutes

- **LFT Testing when changing type of statin:** replies from specialists are that patients with stable LFTs do not need to be re-tested when switching to a higher intensity statin.
- **Gluten free prescribing guidelines:** this is progressing
- **Notes for PPI with aspirin:** to be done
- **Changes to COPD guidance:** local specialists agree with the changes. Website has been uploaded with the reviewed chapter 3.
- **Section 7.4.1 – 7.4.6:** to be done
- **Preferred IV iron formulary entry:** the revised formulary entry was agreed. Monofer® to be given except in renal dialysis where Diafer® is the formulary choice.

3. Formulary applications

- **Levomethol cream 1%:** This was agreed to be added as a treatment option in pruritis and referenced in Chapter 16 Palliative Care
Action: to add Levomethol cream 1% to the formulary
- **Medi Derma-S®:** The proposal to add this to the formulary and remove Cavilon® products was discussed. This has the potential to give savings of £30,000 over 12 months. The community nursing teams will be working to change patients and prescribing practice, and also to reduce the inappropriate use of Proshield® products. This was agreed.
Action: to add Medi Derma-S® and remove Cavilon® from the formulary

CW

CW

4. Monitoring recent changes to preferred brand choice

Information on some of the saving made to date on the preferred brand changes that have recently been made in the formulary. This gives re-assurance that the changes are being effective in decreasing spend.

5. NOAC for DVT

The current formulary entry has been reviewed in the light of the suite of NICE TAs and also the local DVT pathways, and also the place of warfarin in treating DVT. There was discussion about the costs of treatment with NOACs compared to warfarin. It was commented that 3-6 months treatment with a NOAC is cheaper than warfarin together with the costs of monitoring. Changes to the recommendations in the guidance were suggested and were agreed. It was also agreed to add edoxaban as a 'green' drug in line with the NICE TA, also agreed to change enoxaparin from 'amber' to 'green'.

6. Formulary entry: Botulinum toxin for chronic anal fissure

Following the Clinical Policy Committee's decision to commission botulinum toxin for anal fissure, following failure of topical treatments, the formulary entry has been revised to reflect this. This was agreed to be amended.

7. Chapter 14: immunisation and vaccines review

This chapter has been reviewed for both of the Devon Formularies. Appropriate information from the Green Book has been linked to. Additional advice on travel has been included. The information to include on immunoglobulins was discussed,

it was agreed not to include individual products but to include a link to the appropriate, local ordering form.

This chapter was agreed to be added to the formulary

Action: To send to CW the appropriate link to the immunoglobulin forms

SKy

8. **Stoma Formulary**

This stoma formulary currently sits on Medicines Optimisation Post. It was agreed to add this into the Formulary.

9. **Recent drugs decisions:**

These were noted

10. **MHRA Drug Safety Update, August and September:**

These were noted

11. **Acetylcholinesterase inhibitor annual review**

A letter had been sent to the Devon Formularies asking that the requirement for specialist services to conduct an annual review be removed from the guidance. The proposal was outlined to the meeting. There was discussion about the difficulties of bringing patients to these annual appointments and the distress that it may cause. There was discussion about the unlikely stopping of treatment due to a lack of improvement. There is a proposal to create a clearer post diagnosis pathway for patients. The comments from the South and West Formulary group were noted. There was agreement to this proposal.

Wording for the amendment to the guidance to be agreed by email and amended accordingly. Members were reminded that no reply indicates agreement.

Action: to email amended wording to CO and NC and then to the FIG members

CW

Next meeting: Thursday 10th December 2015

Northern & Eastern Formulary – Action Log			
Date	Action	Responsible	
Aug 15	Low dose aspirin and PPI for all patients <ul style="list-style-type: none"> to add notes that consideration should be given to providing a PPI for patients on low dose aspirin and that a PPI does not prevent 100% of bleeds 	PT/MH	Completed
Aug 15	Section 7.4.1-7.46 review <ul style="list-style-type: none"> Availability of any bladder training resources that could be linked to. To contact Bladder and Bowel, Care of the Elderly and Gynae to aim to rationalise the drug choices To check with Clinical Effectiveness regarding a commissioning policy for tadalafil post prostatectomy 	PT PT PT	Awaiting replies
Oct 15	To send to CW the appropriate link to the immunoglobulin forms	SKy	Forms being completed
Oct 15	Acetylcholinesterase inhibitor annual review: <ul style="list-style-type: none"> to email amended wording to CO and NC and then to the FIG members 	CW	Complete