Northern, Eastern and Western Devon
Clinical Commissioning Group

Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group
Thursday 13th August 2015: 9:00am – 11:00am. Old Heathcoat's School, Tiverton

Present	Tawfique Daneshmend, Consultant Gastroenterologist - Chair	RD&E
	Carol Albury, Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Andrew Harrison, GP, The South Lawn Medical Practice	NEW Devon CCG
	Ali Hodgetts, Clinical Pharmacy Manager	RD&E
	Matt Howard (MH), Clinical Evidence Manager	NEW Devon CCG
	Matt Kaye, Chief Pharmacist	NDDH
	Simon Kay, GP	NEW Devon CCG
	Petrina Trueman (PT), Joint Formularies Pharmacist	NEW Devon CCG
	Carol Webb (CW), Joint Formularies Technician	NEW Devon CCG
	Darunee Whiting, GP, Northam Surgery	NEW Devon CCG
Apologies	Beverly Baker, Non-Medical Prescribing Lead	NEW Devon CCG
	Iain Carr, Medicines Optimisation Pharmacist	NEW Devon CCG
	Tracey Foss, Chief Pharmacist	RD&E
	Susie Harris, Consultant, Elderly Care	RD&E
	Carole Knight, Formulary Pharmacist	NDDH
	Stuart Kyle, DTC Chair / Consultant Rheumatologist	NDDH
	Sam Smith, Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Ben Waterfall , GP	NEW Devon CCG
Attending	Tony Perkins, Medicines Optimisation Pharmacist – for agenda item 5, Respiratory review	NEW Devon CCG
	Denise Lanyon, Medicines Optimisation Pharmacist	NEW Devon CCG
	Grant Smith, Specialist Pharmacist	RD&E

1. Welcome and Apologies – noted above
   Declarations of interest:
   - Matt Howard: hospitality at CPD events sponsored by a variety of companies (in a previous employment)
   - Tony Perkins: TEVA advisory board for Duoresp Spiromax® (9th December 2014), also sponsored inhaler technique training
   - no other interests were declared

2. **Notes of previous meeting:**
   The notes of the meeting of 11th June 2015 were agreed.

Action list from the previous minutes, not on the agenda

- **Should a PPI be given to all patients taking low dose aspirin**: this has been looked into and the answer is neither simple nor clear. It is not possible to avoid all bleeds, those patients who have had bleeds previously should be considered for a PPI but the data is not there to exclude low risk patients. PPI use also needs to be balanced with the risk of *C. diff* infection.
  Action: to add some 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**
- **LFT Testing when changing type of statin**: There has been some replies from

specialists, this needs to be checked that all are happy before advice is put into the formulary

Action: to agree information for the formulary with specialists **PT**

- **Gluten free prescribing guidelines**: this is progressing and a draft is almost ready

3. **Proposed introduction of a change in Formulary process**

A proposal to introduce a bi-monthly virtual *eFIG* process to be run in the months when there is no scheduled face to face FIG meeting has been made. Although bi-monthly face to face meetings are proportionate for the majority of clinical discussions they may inadvertently affect the speed with which potential efficiency measures can be adopted. Specifically relating to the adoption of "preferred brands" which may bring savings by the promotion particular brands.

The process is outlined in the paper presented; papers would be presented to the committee by email for a two week period of consultation. Replies would be co-ordinated and considered by the chair and a decision made. Items can be deferred to the next face to face meeting as appropriate. Members would be encouraged to reply to these emails and were reminded that a 'no response' would be taken to be agreement with the proposals. The decisions would then be noted at the following face to face meeting.

It was agreed to pilot this process for 4 to 6 months.

4. **Formulary applications**

- **Tildiem® 60mg:** The proposal to include the preferred brand of Tildiem® into the formulary for diltiazem 60mg. There is a potential cost reduction in prescribing of approximately £50,000 per year across the NEW Devon CCG. It was agreed to add Tildiem® 60mg

Action: to add Tildiem® 60mg to the formulary **CW**

- **Sirdupla®:** this is a combination inhaler containing salmeterol and fluticasone, available in two strengths (25 microgram/125mg and 25 microgram/250 microgram per metered dose). It is proposed to add this in addition to Seretide®. It was agreed to add Sirdupla®.
- **Action: to add Sirdupla® to the formulary** **CW**
- **Duaklir® and Ultibro®:** These inhalers are combinations of preparations already in the formulary. They would be for use in patients requiring combination LABA/LAMA treatment. This would aid compliance with treatment and is also a cheaper way of prescribing the combination. It was commented that the uptake of aclidinium, glycopyrronium and indacaterol was currently low. It was agreed not to added Duaklir® or Ultibro® to the formulary and to re-consider at a later date.

5. **Review: Chapter 3 Respiratory**

3.1.1 – 3.3.3

Both the North & East and South & West Devon Formularies have been reviewed together, combining guidance as appropriate.

Throughout the guidance sections it was agreed to link to the appropriate BNF sections rather than list the products.

Asthma – adult treatment guidance

- Overuse of reliever inhalers, it was agreed to amend the number of inhalers per year to six and to strengthen the wording.

- To add in peak flow meter information into the appropriate section of the guidance.
- It was agreed to list salbutamol tablets as a red, hospital only preparation
- Indications for short courses of oral steroid, it was asked that guidance should be added on the need for a review by GP/ Nurse within a month

Asthma – paediatric treatment guidance

- It was agreed that patients under 2 years of age, not controlled under Step 3 should be referred to a paediatrician
- Step 5, frequent exacerbations, the dose of BDP equivalent to be checked

COPD Guidance

This section has been significantly changed using the GOLD guidance rather than NICE. Not significantly different in the early stages of treatment, the differences are with patients who have frequent symptoms and exacerbations. In discussion it was agreed that, although currently there is not much awareness of GOLD, treating patients this way is very sensible and would be happy with this approach. Although specialists in both Trusts have been contacted there has been no comments received.

Action: to contact specialists regarding the proposed changes to the COPD guidance **PT**

- It was asked that the smoking cessation advice be highlighted more
- A link to be added to the oxygen information

Croup

This guidance is unchanged. It was commented that there is some CCG guidance on this as part of 'The Big Six', this needs to be checked

3.2 Corticosteroids (combination inhalers)

- The list ordering of the products was discussed, this is to be checked and ordered appropriately.

3.4.1 – 3.11

- It was agreed that information about self-care and purchasing medication be added in the appropriate places
- Emerade®, and alternative to EpiPen® is currently being looked at by the Medicines Optimisation Team
- It was agreed to remove menthol and eucalyptus inhalation **CW**

Action: the reviewed Chapter 3 to be added to the formulary

6. **Review: Chapter 7 (7.4.1 – 7.4.6) Urinary Tract Disorders**

The clinical guidance is unchanged.

7.4.1

- Tamsulosin has been changed to a green, first-line, drug. To amend the notes regarding cataract surgery advising patients to stop tamsulosin 4 weeks prior.

7.4.2

- Due to the long waiting time for referrals to the Bladder and Bowel service the question was asked if there are any resources that could be linked to

	that would give simple advice on bladder training • There was discussion about the treatment order of the products and the possible removal of solifenacin. It was agreed to as Debbie Yarde, Bladder and Bowel Nurse to rationalise the choices. Also to contact the Care of the Elderly, Gynae service. **Actions:** • **To ascertain the 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** 7.4.5 The use of tadalafil post prostatectomy (unlicensed) was discussed. There is no commissioning policy regarding this, although GPs are being asked to prescribe. **Action: To check with Clinical Effectiveness regarding a commissioning policy for tadalafil post prostatectomy**	**PT** **PT**
7.	**NOAC for DVT** It was agreed to postpone this item to the next meeting	
8.	**Formulary choices for IV iron preparations** It was asked if the formulary could prioritise the current products. Monofer® being the preferred first choice product for NDDH. It was commented that Diafer® has just been agreed for use in renal patients in the RD&E. **Action: to contact both Trusts to ascertain the preferred IV iron products and to add notes to the formulary entry accordingly**	**PT**
9.	**Recent drugs decisions:** These were noted A list of recent decisions made at the RD&E New Drugs Group was tabled	
10.	**MHRA Drug Safety Update, June and July:** June: to add notes regarding SGLT2 inhibitors, high-dose ibuprofen and uterine perforation risks with IUCD July: to check the current notes on denosumab and injectable bisphosphonates, amend if needed	**CW**
	Next meeting: Thursday 8th October 2015	

Northern & Eastern Formulary – Action Log			
Date	**Action**	**Responsible**	**Completed**
Jun 15	LFT testing when changing from simvastatin to atorvastatin	PT	
Jun 15	Gluten free prescribing guidelines	SS	
Aug 15	Low dose aspirin and PPI for all patients • to add some 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	
Aug 15	Chapter 3 review: • To contact specialists regarding the proposed changes to the COPD guidance	PT	Completed
Aug 15	Section 7.4.1-7.46 review • To ascertain the 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	
Aug 15	To contact both Trusts to ascertain the preferred IV iron products and to add notes to the formulary entry accordingly	PT	Completed