

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

<b>Present</b>	Tawfique Daneshmend (TD) Consultant Gastroenterologist, Chair Carol Albury (CA), Locality Medicines Optimisation Pharmacist Iain Carr (IC), Medicines Optimisation Pharmacist Matt Howard (MH), Clinical Evidence Manager Carole Knight (CK), Formulary Pharmacist Stuart Kyle (SKy), DTC Chair / Consultant Rheumatologist Sam Smith (SS), Locality Medicines Optimisation Pharmacist Petrina Truman (PT), Joint Formularies Pharmacist Ben Waterfall (BW), GP Carol Webb (CW), Joint Formularies Technician	RD&E NEW Devon CCG NEW Devon CCG NEW Devon CCG NDDH NDDH NEW Devon CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG
<b>In attendance</b>	Emma Hewitt (EH), Clinical Evidence Pharmacist Jo Peacock (JP), Medicines Optimisation Pharmacist	NEW Devon CCG NEW Devon CCG
<b>Apologies</b>	Beverly Baker (BB), Non-Medical Prescribing Lead Tracey Foss (TF), Chief Pharmacist Susie Harris (SHa), Consultant, Elderly Care Andrew Harrison (AH), GP, The South Lawn Medical Practice Ali Hodgetts (AH), Clinical Pharmacy Manager Carl Peacock (CP), Medicines Optimisation Pharmacist Darunee Whiting (DW), GP, Northam Surgery	NEW Devon CCG RD&E RD&E NEW Devon CCG RD&E NEW Devon CCG NEW Devon CCG
<p>1. Welcome and Apologies – noted above Declarations of interest: no interests declared.</p>		
<p>2. <b>Notes of previous meeting:</b> The notes of the meeting of 26<sup>th</sup> February 2015 were agreed. <b>Denosumab:</b> SKy reported that some denosumab is being given at GP practices. A letter from the two Trusts is being sent out to all practices to ascertain whether GPs would be willing to prescribe and administer denosumab. <b>Calcium and vitamin D products:</b> it was noted that the hospital purchasing contract preferred products are different from the formulary choices. <b>Nortriptyline:</b> it was noted that this is also used in pelvic pain.</p>		
<p><b>Action list from the previous minutes, not on the agenda</b></p> <ul style="list-style-type: none"> <li>• <b>Infant formulas:</b> The dieticians had asked for some additional products to be added to the formulary. JP met with them and as a result it was agreed not to add them and that cost savings could be made with correct prescribing and use of the current formulary products. It was also proposed that other products were removed as detailed in the paper. The soya products to be removed are the same cost to purchase OTC as the conventional formula, both North Devon and Exeter dieticians are happy for these to be removed. These changes were agreed.</li> <li>• <b>Outstanding antibacterial points checked with microbiologists:</b> <ul style="list-style-type: none"> <li>○ Uncomplicated UTI: first-line nitrofurantoin in line with the PHE guidance was queried: microbiologists are happy to change this back to</li> </ul> </li> </ul>		

trimethoprim. Pivmecillinam is going to be reported and the microbiologists would like it to be in the formulary with dosage information

- Chlamydia trachomatis in pregnancy: clarithromycin is contraindicated in pregnancy so could not replace erythromycin in these patients, it was agreed to remove erythromycin from the choices
- Lyme disease: to clarify when it is worth doing serology and whether to treat whilst serology is pending. Unless there are symptoms there is no need to treat while waiting for serology
- Pulsed terbinafine: this is not standard or licensed practice.
- **Nalmefene:** Commissioning at Devon County Council are not actively promoting the use of nalmefene, would be used for very specific patients. Psychosocial support is well established and would be available.

### 3. Palliative Care

This proposed chapter for the formulary is a merge of the North Devon and Exeter Palliative Care guidance. Consultation and support for this has come from both North Devon and Exeter.

- Mouthcare: it was agreed to add sucralfate suspension to the formulary as a hospital only preparation. It was agreed to note that oral salicylate gel is available to purchase. It was asked that some more information on doses to be added for aciclovir and doxycycline mouthwash. It was agreed to add in the 50mg fluconazole preparation.
- Medication in Just in Case Bags: a dose to be added to the haloperidol Just in Case Bags: the paperwork for the bags was acknowledged and it was agreed that when the paperwork is hosted on a single website we would be able to link out to it. The content is outlined in the chapter. There was discussion on the confusion and possible incidents that happens on discharge from hospital. These incidents need to be reported via the CD Occurrence Reports that need to be made to NHS England; currently no such incidents have been reported.

**Action: the new Palliative Care chapter to be added to the formulary**

**CW**

### 4. Addition of lixisenatide

The Clinical Policy Committee has approved the addition of lixisenatide to the Devon formularies. It had previously been turned down in July 2013 due to concerns with pancreatic safety; these safety concerns have now been resolved. Lixisenatide will be added to the formulary.

It was noted that NICE are due to issue revised diabetic treatment guidance in August. This section is therefore scheduled for a review at this point.

**Action: lixisenatide to be added to the formulary**

**CW**

### 5. Dermatronics® cream

This was approved for use in NDDH by their DTC to enable them to comply to a CQUIN target of diabetic foot care. There was discussion about this and the slippage of use outside of the hospital. More information is required before this can be added

to the formulary, other than as hospital only. It was agreed to add this to the formulary as a red, hospital only product and for use in NDDH only.

#### 6. **Proposed changes to formulary products**

- **Concerta® XL to Xenidate® XL:** There is a potential cost reduction in prescribing of £69,000 per year across the CCG. Only the 18mg and 36mg are available as Xenidate® XL, therefore the 27mg Concerta® XL would remain on the formulary. Devon Partnership Trust is agreeable to this change. This was agreed.
- **Brand for metformin MR:** To change prescribing to the brand Sukkarto® MR would give a potential cost reduction of £110,000 across the CCG. This was agreed.
- **Brand for venlafaxine MR:** To change prescribing to the brands Vensir® XL and Venlablue® XL would give a potential cost reduction of £500,000 across the CCG. Venlablue® XL has the full license of conditions, Vensir® XL is not licensed for generalised anxiety disorder, but the product gives the greater saving potential. It was proposed to add Vensir® XL to the formulary and to note the licensing and that for GAD Venlablue® XL is licensed. This was agreed
- **Brand for galantamine MR:** To change prescribing to the brand Luventa® XL would give a potential cost reduction of £48,000 across the CCG. This was agreed. Assurance was given by Medicines Optimisation that the products above demonstrated bioequivalence.

#### 7. **Biosimilar infliximab**

The addition of biosimilar products for infliximab was noted and agreed.

#### 8. **Bimataprost 300 microgram discontinuation**

The ophthalmologists at NDDH and RD&E are happy for patients to be switched to bimataprost 100 microgram. This will be added to the formulary

#### 9. **Pregabalin guidance**

The NHS England letter was noted. An amendment has been added to the formulary

#### 10 **Vitamin K**

An incident had been reported of the reluctance of a GP practice to prescribe phytomenadione to a patient taking warfarin. It was agreed to change the colour of phytomenadione to amber and the additional notes from the BNF on haemorrhage due to warfarin to be added to the formulary.

#### 11 **Low dose aspirin and PPI**

A query has been received from a GP who has been written to by a gastrointestinal consultant indicating that all patients taking 75mg aspirin should be taking a PPI. This was discussed and it was thought that those patients at high risk of bleeding, worsening symptoms would benefit.

**Action: to look further at this and to report back any information**

**TD**

#### 12 **Eating with dignity website**

Including a link to this website was discussed. It was decided that the formulary should not link out to overtly commercial websites, It was noted that those working with Care Homes may wish to direct people to this site.

