

Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group

Thursday 11th August 2016: 9:00am – 11:00am. Old Heathcoat's School, Tiverton

Present	Tawfique Daneshmend (TD), Consultant Gastroenterologist - Chair Carol Albury (CA), Locality Medicines Optimisation Pharmacist Iain Carr, Medicines Optimisation Pharmacist Emma Gitsham (EG), Joint Formulary Pharmacist Andrew Harrison (AH), GP Matt Howard (MH), Clinical Evidence Manager Matt Kaye (MK), Chief Pharmacist Denise Lanyon (DL), Medicines Optimisation Pharmacist Bethan Rogers (BR), Formulary Pharmacist Carol Webb (CW), Joint Formularies Technician	RD&E NEW Devon CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG NDHT NEW Devon CCG RD&E NEW Devon CCG
In attendance	Andrew Ludman, Consultant Cardiologist (for agenda item 5)	RD&E
Apologies	Beverly Baker (BB), Non-Medical prescribing lead Susie Harris (SH), Consultant, Elderly Care Simon Kay (SK), GP Carole Knight (CK), Formulary Pharmacist Stuart Kyle (SKy), DTC Chair / Consultant Rheumatologist Sam Smith (SS), Locality Medicines Optimisation Pharmacist Darunee Whiting, GP	NEW Devon CCG NEW Devon CCG NEW Devon CCG NDHT NDHT NEW Devon CCG NEW Devon CCG
<p>1. Welcome and Apologies – noted above</p> <p>Declarations of interest:</p> <ul style="list-style-type: none"> • Andrew Ludman: <ul style="list-style-type: none"> ○ November 2015 received travel costs and accommodation for a Heart Failure conference ○ Recruited a patient onto the Paradigm Extension Study, no personal financial gain. • No other interests were declared 		
<p>2. Notes of previous meeting:</p> <p>The notes of the meeting of 9th June 2016 were agreed.</p>		
<p>3. Product application</p> <ul style="list-style-type: none"> • Optive Fusion®: an application has been received to add Optive Fusion® into the formulary for the treatment of dry eye. It was noted that this preparation is a medical device rather than a licensed medicinal product. Optive Fusion® is a combination eye drop containing sodium hyaluronate and carmellose, which are already included in the formulary. The combination eye drop represents a saving when compared to using the two separate preparations currently included on the formulary. It was agreed to add Optive Fusion® into the formulary. 		

There was discussion about the number of treatments for dry eye in the formulary and the variety being prescribed including a large amount of non-formulary items; a review of this section was agreed.

Action: to review the dry eye products currently in formulary.

CA

4. PDE-5 inhibitor treatment post prostatectomy

We have been asked to provide brief guidance statement regarding the preferred PDE-5 inhibitor for use post prostatectomy. Specialists have been contacted and, although there is no particular advantage for one agent over another, it was agreed to recommend sildenafil. Sildenafil is now generically available and therefore significantly lower in cost than the other agents.

The drafted statement, with minor amendments, was agreed for addition to the formulary

5. Sacubitril valsartan (Entresto®) formulary position

Andrew Ludman was in attendance for this discussion.

Entresto® is subject to a NICE Technology Appraisal so has already been added into the formulary as a secondary care use only (red) drug. A request has been made that it is considered for amber status to enable primary care to continue prescribing after the patient has been titrated to the correct dose and stable. A draft formulary entry was passed out during the meeting for discussion. This was agreed with some minor changes to the text regarding the initial duration of secondary care oversight and added emphasis to the warning regarding concomitant use with ACE inhibitor/ARB therapy.

It was agreed to change the status of Entresto® to amber

6. Negative Pressure Wound Therapy (NPWT)

BB was unable to attend the meeting. It is understood that this information is to provide clarity to the prescribing of these products. The Tissue Viability teams hold responsibility for the supply of NPWT and the products should not be prescribed by primary care.

It was agreed to add this information into the formulary.

7. Review: Type 2 Diabetes guidance

NICE recently reviewed their guidance on Type 2 Diabetes which prompted this review of the formulary guidance. The draft formulary guidance was widely circulated to, and comments received from, the diabetes and renal specialists.

This was discussed and minor amendments suggest to the text.

The agreed guidance is to be added to the formulary.

8. Triptorelin entry review

We have been asked to review the formulary guidance following an incident in primary care. Specialists were contacted to clarify dosage intervals and regimens for various indications. It was also requested that a statement be added to remind prescribers to inject the contents of the syringe immediately once reconstituted, to avoid precipitation. A drafted formulary entry was agreed, with the amendment to add in all the indications.

9. Specialist Drugs Guidance

It was agreed to add more information into the definition of a 'secondary-care' drug to

give primary care more guidance. This was agreed.

10. **Recent drugs decisions:** These were noted

11. **MHRA Drug Safety Update:**

- **June** – to include the notes on canagliflozin and high risk cardiovascular patients
- **July** - noted

Next meeting: Thursday 13th October 2016

Northern & Eastern Formulary – Action Log

Date	Action	Responsible
August 2016	To review the dry eye preparations in the formulary	CA