

Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group
Thursday 14th April 2016: 9:00am – 11:00am. Old Heathcoat's School, Tiverton

Present	Susie Harris (SH), Consultant, Elderly Care - Chair Carol Albury (CA), Locality Medicines Optimisation Pharmacist Beverly Baker (BB), Non-Medical prescribing lead Iain Carr, Medicines Optimisation Pharmacist Emma Gitsham (EG), Joint Formulary Pharmacist Matt Howard (MH), Clinical Evidence Manager Matt Kaye (MK), Chief Pharmacist Simon Kay (SK), GP Carole Knight (CK), Formulary Pharmacist Denise Lanyon (DL), Medicines Optimisation Pharmacist Bethan Rogers (BR), Formulary Pharmacist Sam Smith (SS), Locality Medicines Optimisation Pharmacist Chris Sullivan (CS), Clinical Effectiveness Pharmacist Carol Webb (CW), Joint Formularies Technician Darunee Whiting, GP	RD&E NEW Devon CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG NDHT NEW Devon CCG NDHT NEW Devon CCG RD&E NEW Devon CCG DPT NEW Devon CCG NEW Devon CCG
In attendance	Emily Knox, Pre-registration Pharmacist	NDHT
Apologies	Tawfique Daneshmend (TD), Consultant Gastroenterologist Andrew Harrison (AH), GP Stuart Kyle (SKy), DTC Chair / Consultant Rheumatologist	RD&E NEW Devon CCG NDDH
1.	Welcome and Apologies – noted above Declarations of interest: • no interests were declared	
2.	Notes of previous meeting: The notes of the meeting of 11 th February 2016 were agreed. Action list from the previous minutes Both outstanding actions are going to be followed up	
3.	Proposed changes to formulary products • Insulin pen needles: A request has been received to include BD Viva® insulin pen needles. These pen needles are compatible with many pen devices. The BD Viva® pen needles are 5mm (31G) and 4mm (32G), 3-bevel needle tip. It was agreed to add BD Viva® insulin pen needles to the current formulary choices and review in a couple of years with the view to removing those with little use. It was agreed to add BD Viva® as first-line choice alongside GlucoRx® Finepoint; Microdot Droplet® and Omnican Fine® needles to be changed to second-line choices as they are currently used less in comparison. It was also asked that note be added to indicate that new patients should be prescribed the first-line choices. • Fendrix®: This hepatitis B vaccination is included in the green book for use in patients with renal insufficiency. This will be added as a specialist (amber) vaccine, but with notes to indicate it is only for this group of patients.	

- **Prednisolone 25mg tablets:** we have been asked to consider removing or re-classifying them to hospital only. This is due to the risk of prescribing errors that may occur. It was agreed to change prednisolone 25mg to hospital only and to amend the notes to say its use is only in chemotherapy regimens.
- **Pregabalin preferred brand, Alzain®:** A request to add Alzain® as the preferred brand of pregabalin for epilepsy or generalised anxiety disorder was considered. It was agreed to add this brand for those specific patients.
- **Removal of doxepin capsules:** Due to the high cost of doxepin and the availability of alternative treatments it was decided to remove doxepin from the formulary.
- **Blood glucose testing strips:** A review of the newer blood glucose meters and testing strips had been conducted by the diabetes specialist nurses from the acute trusts. It was agreed to remove from the formulary GlucoRx®, Glucolab® and Mylife Pura® and to include Glucomen Areo®, Accu-check Performa Nano and Wavesense Jazz® wireless. For patients who are counting carbohydrate Accu-check Aviva® and Freestyle Lite® strips will be added and Freestyle Optium β-ketone strips for those patients testing ketones. It was asked that some notes are added to indicate when carbohydrate or ketone testing would be appropriate.

4. Formulary applications

- **Sayana Press®:** This is a subcutaneous medroxyprogesterone long-acting contraceptive. Although slightly more expensive than the intra-muscular injection, patients can self-administer this injection which could reduce the number of clinic appointments required, and increase patient choice. It was not agreed to add this preparation into the formulary, however the existing notes for medroxyprogesterone acetate will be amended to highlight that in certain women a subcutaneous preparation may be preferred (non-formulary choice).

5. NICE TA Vortioxetine

This is a new treatment for depression which has been approved for use by NICE. The position in the formulary has been discussed with clinicians in Devon Partnership Trust and Livewell South West. Vortioxetine is currently in the formulary as a hospital only drug, this was discussed and it was agreed that this be changed to a specialist (amber) drug.

6. Review: nutrition

- Oral Nutrition supplements (ONS), this section of the formulary has been reviewed with comments received from dieticians from both trusts. Amendments to the paper presented were agreed:
 - Add some notes when to use fibre containing ONS
 - Not to remove Ensure® plus
 - To remove Fortisip® extra
 - To remove Nutricia preOp®
 - To add an indication to MCT Pro-cal
 - To add duration and review of treatment information to VSL#3

The information on gluten free prescribing was discussed and it was agreed to add into the formulary the current South and West Devon Formulary information, which is based on the Coeliac UK information. This will be reviewed when the CCG wide work is concluded.

- **Adult malnutrition guidance:** This guidance is new to the North and East Formulary;

it has been agreed with the lead nutritionists at the four Devon Trusts. It was agreed to add this into the formulary.

- **Infant nutrition guidance:** This is reviewed guidance. This was agreed to be added into the formulary.

7. Guidance on the management of vitamin D deficiency

This reviewed guidance has been widely circulated for consultation. The aim is to be able to have the same guidance in both of the formularies. Amendments to the paper presented were:

- To repeat the information to treat patients with suspected vitamin D deficiency empirically at the beginning of the guidance
- To add notes regarding post bariatric surgery patients and the dose of calcium and vitamin D required.

Action:

Fultium-D3 - Contact specialists to enquire for how long hyperparathyroid patients are treated in the peri-operative period in order to determine if the product should be listed as red for hospital use only; and to find out if the 20,000 unit product is still required for cystic fibrosis patients or if an alternative would be suitable.

EG

8. QT prolongation

It was agreed to add the revised notes into the formulary

9. Devon Formularies Annual Report 2015/2016

This report has been written regarding the activities of both formulary groups over the last year. This will be presented at the Clinical Policy Committee in June.

10 Recent drugs decisions: These were noted

11 MHRA Drug Safety Update:

- February 2016: the update on spironolactone was discussed and it was agreed not to add these notes as there was information in the formulary.
- March 2016: Noted

Guidance has been produced by the North and East Devon wound care formulary group in regard to the prescribing and use of barrier products. It was agreed to add this into the formulary

The group was informed that the ADHD shared care for lisdexamfetamine and reviewed guidance for methylphenidate, and atomoxetine has been published on the CCG website.

Dexamethasone injection, it was asked that the formulary entry be revised to indicate that the strength is quoted as dexamethasone base.

Next meeting: Thursday 9th June 2016

Northern & Eastern Formulary – Action Log

Date	Action	Responsible	
Aug 15	Section 7.4.1-7.46 review <ul style="list-style-type: none">• To check with Clinical Effectiveness regarding a commissioning policy for tadalafil post prostatectomy	EG	
Oct 15	To send to CW the appropriate link to the immunoglobulin forms	SKy	Closed
Apr 16	Fultium-D3 - Contact specialists to enquire for how long hyperparathyroid patients are treated in the peri-operative period in order to determine if the product should be listed as red for hospital use only; and to find out if the 20,000 unit product is still required for cystic fibrosis patients or if an alternative would be suitable.	EG	Completed