Northern, Eastern and Western Devon
Clinical Commissioning Group

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

Thursday, 8th December 2106: 9.00 am – 11:00 am. Old Heathcoat's School, Tiverton

Present	Stuart Kyle (Sky), DTC Chair/Consultant Rheumatologist	NDHT
	Carol Albury (CA), Senior Medicines Optimisation Pharmacist	NEW Devon CCG
	Glen Allaway (GA), GP	NEW Devon CCG
	Beverly Baker (BB), Non-Medical Prescribing Lead	NEW Devon CCG
	Susie Harris (SH), Consultant, Elderly Care	RD&E
	Iain Carr, (IC) Medicines Optimisation Pharmacist	NEW Devon CCG
	Andrew Harrison (AH), GP	NEW Devon CCG
	Matt Howard (MH), Clinical Evidence Manager	NEW Devon CCG
	Simon Kay (SK), GP	NEW Devon CCG
	Matthew Kaye (MK), Chief Pharmacist	NDHT
	Carole Knight (CK), Medicines Information & Formulary Pharmacist	NDHT
	Denise Lanyon (DL), Medicines Optimisation Pharmacist	NEW Devon CCG
	Paul Marks (PM), Medicines Optimisation Pharmacist	NEW Devon CCG
	Jess Parker (JP), GP	NEW Devon CCG
	Bethan Rogers (BR), Formulary Pharmacist	RD&E
	Samantha Smith (SS), Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Carol Webb (CW), Joint Formularies Technician	NEW Devon CCG
In attendance	Fiona Dyroff (FD), Clinical Effectiveness Governance Support Officer	NEW Devon CCG
	Hilary Pearce (HP), Clinical Effectiveness Pharmacist (item 8)	NEW Devon CCG
	Penny Smith (PS), Paediatric Epilepsy Nurse (items 8 and 9)	RD&E
Apologies	Tawfique Daneshmend (TD), Consultant Gastroenterologist	RD&E

1. **Welcome and Apologies** – noted above

   Declarations of interest: No interests were declared.

2. **Notes of previous meeting:**

   The notes of the meeting of 13 October 2016 were agreed.

   Action list update: noted

3. **Asthma guidance review**

   The adult and paediatric asthma guidance sections of the formulary have been reviewed. The presented review was discussed and minor amendments made to the text. The agreed guidance is to be added to the formulary.

4. **Vitamin D guidance update post PHE**

   In July 2016 Public Health England revised its recommendation on vitamin D. Sections of the formulary guidance for the management of vitamin D deficiency have been revised to reflect the new recommendations. The guidance also highlights that multivitamin preparations which contain vitamin D are available over-the-counter from pharmacies and supermarkets.

   The presented update was discussed and agreed:

   - ***Chronic Kidney Disease:*** Entry for treatment provided to renal patients to be checked

with renal physicians.

ACTION: Description of the treatment provided to renal patients to be checked with renal physicians. **CW**

ACTION: Wording of the formulary entry to be amended in line with the discussion and circulated to FIG members by e-mail for approval. **CW**

5. **Menopause/HRT guidance review**

The formulary guidance on menopause and HRT has been reviewed using NICE guidance publication (NG23 Menopause: diagnosis and management) and the British Menopause Society guidance. The reviewed document was circulated to local specialists for comment, responses are awaited.

The presented review was discussed and agreed with the following amendments.

- ***Vasomotor symptoms:*** Sentence on clonidine hydrochloride to be removed if not needed. Confirmation to be sought from specialists.

ACTION: Confirmation to be sought from specialists as to whether the sentence on clonidine hydrochloride is needed. **CW**

- Premique® to be changed to green
- Prempak-C® to be changed to green
- Kliofem to be added and Elleste Duiet Conti® removed
- ***Selective oestrogen receptor modulators***: Raloxifene to be moved to the osteoporosis chapter
- Norethisterone to be changed to green.

6. **Preferred brand of fosfomycin - Monuril**

Fosfomycin is currently included in the Devon formularies as amber (specialist input). Monuril® brand is licensed for use in adult and adolescent females. Monuril® is not licensed for use in males, or children under the age of 12 years.

An application has been received to update the current formulary entry for fosfomycin as there are expected cost savings. It is proposed that the entry be amended to state that Monuril® brand should be prescribed for females and that fosfomycin should be prescribed as a generic for males.

The presented formulary entry was discussed and agreed with the following amendment:

- A sentence on the licensing for Monuril® to be included in the formulary entry to explain the reason for the difference in prescribing for males and females.

7. **Stop Start document**

The Medicines Optimisation Team has updated a STOPP/START document produced by NHS Cumbria to reflect new criteria and the local formulary. It is intended that the document will be hosted on the NEW Devon CCG website and a link added from the formulary under local resources.

A discussion took place about the usefulness of the document; some members felt that the document was a useful reminder about polypharmacy. However some members questioned whether the document would be used. It was also noted that there were areas, including how to start medication or concerns about medication, that were not covered. It was suggested that use of the document could be reviewed in six months' time or if another guide became available. It was agreed that the document would be linked to from the North and East Devon Formulary.

8. **Product applications**

Modafinil: An application has been received to included modafinil in the formulary as an amber treatment. Modafinil is currently included in the South and West Devon formulary.

The proposed formulary entry was discussed and agreed.

Discussion also took place about the need for a clear diagnosis of narcolepsy to be made by a specialist physician and ongoing responsibility for treatment. The formal handover letter from secondary to primary care should include all relevant information for GPs. Modafinil is already prescribed in primary care. It was suggested that consultants be asked for feedback with regard to the issues raised.

ACTION: Consultants to be asked for feedback **BR**

It was suggested that a link to the GMC prescribing guidance on responsibilities for continuing care or treatment be added to the information page of the formulary.

Glucomen Areo Ketone test strips: A formulary application has been received from the Medicines Optimisation team to replace Freestyle Optium β-ketone test strips with Glucomen Areo Ketone test strips as a specialist item. The proposed formulary entry was discussed and agreed.

Perampanel: An application has been received from Dr Tim Harrower a consultant neurologist at the RD&E for the addition of perampanel to the formulary. Perampanel is currently listed in the South and West Devon Formulary as a specialist use (amber) drug. Dr Harrower treats patients in the South and West Devon Formulary area and also in the North and East Devon Formulary area and would like to provide the same treatment to patients in both geographical areas. The proposed formulary entry was discussed and it was agreed to add perampanel to the North and East Devon formulary.

9. **Proposed changes to formulary products**

- **Levetiracetam granules (Desitrend®):** An application has been received for the addition of Levetiracetam granules to the formulary as an amber item, for use in children who cannot tolerate the flavour of the suspension and cannot take the tablets which are large. The proposed changes to the formulary where discussed and agreed.
- **Vitamin C products:**
  A request has been received from the Medicines Optimisation Team to remove vitamin C products from the formulary. There is rarely clinical need for prescribing Vitamin C supplements. It was noted that the cost of Vitamin C supplementation has increased and that it is cheaper for people to buy products over the counter.

  A discussion took place and it was agreed that Vitamin C should be removed from the formulary. A note will be added to the formulary stating that "Deficiency is rare and ascorbic acid is not recommended. In iron deficiency states ascorbic acid may increase gastro-intestinal iron absorption but its role in clinical practice is not established and also not recommended".
- **Sacubitril/valsartan**
  A paper was tabled at the meeting. To avoid accidental prescribing of concomitant ACEi or ARB it is proposed that the brand name (Entrestol®) be removed from the formulary entry for Sacubitril/valsartan and that generic names be used when prescribing. It is also proposed to add a note that 'scacubitril/valsartan must not be started for at least 48 hours after discontinuing ACE inhibitor therapy'.
  This was agreed.
- **ISMN formulary entry update**: A request has been made by Medicines Optimisation colleagues to review whether isosorbide mononitrate immediate release has a place in the formulary or if it can be removed. The proposed formulary entry was discussed and it was agreed that the immediate release isosorbide mononitrate should be removed from the formulary.

	○ It was agreed to add a note that the 60mg tablets can be halved to give a 30mg dose It was also agreed that renal physicians would be contacted with regard to the removal of ISMN immediate release. **ACTION: Check with renal physicians**	**CW**
10.	**Recent drug decisions (including NICE):** The recent drug decisions were noted.	
11.	**MHRA Drug Safety Updates**: • August – noted • September - advice on levonorgestrel emergency contraception to be added • October – etoricoxib, to put in advice for healthcare professionals • November – noted	
12.	Next meeting: Thursday 9th February 2017	

Northern & Eastern Formulary – Action Log

Date	Action	Responsible	Complete
October 2016	For UTI in adults nitrofurantoin is recommended as first-line, local suggestion is that trimethoprim remains preferred; microbiologists have been asked to detail some reasoning. To wait for a response before making the change.	**IC**	
November 2016	Vitamin D guidance. Description of the treatment provided to renal patients to be checked for accuracy.	**CW**	Wording to remain as agreed
November 2016	Menopause/HRT guidance: confirmation to be sought from specialists as to whether the sentence on clonidine hydrochloride is needed.	**CW**	Clonidine no longer required