Northern, Eastern and Western Devon
Clinical Commissioning Group

Meeting of the Northern and Eastern Devon Formulary Interface Group

Minutes

Thursday 14th December 2017: 9:00am – 11:00am

Old Heathcoat School, Tiverton

Present:

Susie Harris (Chair)	Consultant, Elderly Care	RD&E
Carol Albury	Locality MO Pharmacist	NEW Devon CCG
Janice Headon	MO Pharmacist	NEW Devon CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Denise Lanyon	MO Pharmacist	NEW Devon CCG
Simon Kay	GP	NEW Devon CCG
Matt Kaye	Chief Pharmacist	NDHT
Jess Parker	GP	NEW Devon CCG
Bethan Rogers	Formulary Pharmacist	RD&E
Graham Simpole	Joint Formulary Support Pharmacist	NEW Devon CCG
Darren Wright	Joint Formularies Technician	NEW Devon CCG

Observer:

Shruti Beharry	Pre-registration Pharmacist	RD&E

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and introductions:

Apologies

Glen Allaway	GP	NEW Devon CCG
Beverley Baker	Non-Medical Prescribing Lead	NEW Devon CCG
Tawfique Daneshmend	Consultant Gastroenterologist	RD&E
Carole Knight	Formulary Pharmacist	NDHT
Andrew Harrison	GP	NEW Devon CCG
Stuart Kyle	DCT Chair / Consultant Rheumatologist	NDHT

Declaration of Interests

Declarations of Interest forms were collected; there were no Declarations of Interest to report.

2. Minutes of the meeting held on Thursday 12 October 2017 and matters/actions arising

The minutes of the meeting held on Thursday 12 October 2017 were approved.

Summary of actions

Date	Action	Lead	Status
17/39	Formulary entry for Budesonide, (Budenofalk®), Hydrocortisone and Prednisolone for the treatment of active ulcerative colitis to be amended in line with the discussion.		Complete
17/40	AirFluSal MDI: consideration to be given to how the formulary and MO website can provide additional support information. Formulary Team to discuss with MO Team.	Formulary Team	
17/41	AirFluSal MDI to be added to the formulary and Seretide 125 and 250 Evohalers, and Sirdupla pressurised metered dose inhalers to be removed from the formulary in line with the discussion.		Complete
17/42	AirFluSal® Forspiro® 50microgram/500microgram DPI to be added to the formulary in line with the discussion, including notes that this is not for new initiations and with regard to the blister strip. Seretide® 500 Accuhaler® to be removed from the formulary.		Complete
17/43	Notes to be added to the MO Post regarding availability of placebo inhalers from the MO team and the cost savings to be made if suitable patients are switched to AirFluSal® Forspiro® 50microgram/500microgram DPI. Formulary Team to discuss with MO Team.	MO and Formulary Team	
17/44	Formulary entry for Ondansetron to be updated in line with the discussion.		Complete
17/45	Formulary status of Rivaroxaban to be amended from 'red' to 'amber'.		Complete
17/46	Midazolam oromucosal solution: GPs to be advised that Buccolam® can be prescribed in single doses. Done via scripswitch.		Complete
17/47	Midazolam oromucosal solution: Buccolam® – agreed formulary entry and additional notes to be added to the formulary.		Complete
17/48	Midazolam oromucosal solution: Epistatus® to be removed from the formulary		Complete
17/49	Agreed formulary entry for COPD to be updated in line with the discussion.		Complete
17/50	Agreed guidance for the management of low back pain and sciatica to be added to the formulary.		Complete
17/51	MHRA Drug Updates: Adrenaline – Liaise with MO in East regarding the number of auto-injectors for each patient.	Formulary Team	

17/52	MHRA Drug Updates: Adrenaline – Liaise with MO in North regarding the number of auto-injectors for each patient.	Louise Greaves	
17/53	AOB: Invita D3 50,000IU tablets and oral solution for vitamin D deficiency – paper to be brought to a future meeting.	MO Team	
17/54	AOB: Bio-similars – inform Formulary Team which biosimilar products are used at Royal Devon and Exeter NHS Foundation. This has been completed for Clexane. Further work will be undertaken.		Complete

3. Neomag® (magnesium glycerophosphate) 4mmol chewable tablets

An application has been received from the MO teams in North and East Devon for Neomag® to be included in the formulary, as it offers a licenced magnesium glycerophosphate tablet preparation for the treatment of chronic magnesium loss or hypomagnesaemia. It is proposed that it be included as 'amber' in the formulary as an alternative treatment to Magnaspartate®, for those patients who cannot tolerate high sugar content, or prefer a tablet formulation as opposed to drinking a solution.

The FIG accepted the proposed formulary entry without amendment.

There was discussion about whether Neomag® should be the first or second line option. The FIG agreed that Neomag® and Magnaspartate® should have equal status and should not be considered as first or second line.

ACTION: Formulary Team to add Neomag® to the formulary entry for magnesium products in line with the discussion.

4. Activon Tube® 100% Medical Grade Manuka Honey

An application has been received from a Senior Clinical Nurse Specialist Tissue Viability Community, Royal Devon and Exeter NHS Trust for Activon Tube® to be included in the formulary. Activon tube® is indicated for debriding necrotic tissue or for topping up dressings where the honey has been washed away by exudate. It can be applied directly onto the wound bed, for partial or full thickness wounds including; sloughy wounds, pressure ulcers, surgical wounds, burns, graft sites and malodorous wounds.

The current formulary recommendation is Medihoney tube® which is listed as a green (1st line) product. It is proposed that Activon tube® replace Medihoney tube® and is listed as a green (1st line) product.

The product has been assessed locally by tissue viability nurse teams. Experience of using the product in other organisations has also found it to be efficacious.

There was discussion about cost. The FIG noted that a small cost saving could be made if Activon tube® replaced Medihoney tube®.

The FIG accepted the proposed formulary entry without amendment.

ACTION: Formulary Team to replace Medihoney tube® with Activon tube® as the recommended brand of Medical Grade Manuka Honey in the formulary.

5. Activheal Silicone Foam Border dressing

An application has been received from a Senior Clinical Nurse Specialist Tissue Viability Community, Royal Devon and Exeter NHS Trust for the inclusion of ActivHeal Silicone Foam Border dressing into the formulary.

The current formulary recommended soft silicone wound contact dressing is Biatain silicone. It is proposed that ActivHeal Silicone Foam Boarder dressings replace Biatain silicone adhesive foam dressings as the formulary recommendation for use on moderate to heavy exuding chronic and acute wounds. The product has been trialled locally by Tissue Viability nurses and has received positive feedback from both nurses and patients.

There was discussion about cost. The FIG noted that a saving could be made if Activheal Silicone Foam Boarder dressings replaced Biatain Silicone Adhesive foam dressing as the formulary recommendation for this indication.

The FIG accepted the proposed formulary entry without amendment.

ACTION: Formulary team to replace Biatain Silicone Adhesive foam dressing with Activheal Silicone Foam Boarder dressings as the formulary recommended brand of soft silicone wound contact dressing.

6. Oseltamivir and zanamivir for influenza

Currently guidance on the treatment and prophylaxis of influenza is included in the North and East Devon Formulary, under Upper Respiratory Tract Infections. NICE Technology Appraisals TA168 (February 2009) and TA158 (September 2008) were added to the formulary in line with statutory obligations within 90 days of publication. However it has recently been highlighted during regular review that oseltamivir and zanamivir are not listed as formulary options with a full drug entry, merely mentioned as part of the aforementioned TAs.

It is proposed that oseltamivir and zanamivir be included as individual drug monographs, specifically under formulary entry 5.3.4 Influenza, to indicate clearly that these products are suitable for prescribing in line with the NICE TAs.

A discussion took place about the status of oseltamivir and zanamivir for influenza in the formulary.

The FIG accepted the proposed formulary entry; it was agreed that oseltamivir and zanamivir would be listed in the formulary in alphabetical order with ‘blue’ status. It was also agreed that descriptions of when oseltamivir and zanamivir should be prescribed would be included.

ACTION: Formulary team to add oseltamivir and zanamivir, with ‘blue’ status to the influenza section of the formulary.

ACTION: Formulary team to add notes to the entries for oseltamivir and for zanamivir describing when each of them should be prescribed.

7. Reclassification of sodium oxybate

In July 2017, sodium oxybate oral solution 500mg/1ml was added to the formulary for the management of narcolepsy with cataplexy in adults aged 19 years and older, in line with specific criteria, following a commissioning decision from the Clinical Policy Committee. Sodium oxybate oral solution is currently listed as a 'red' (secondary care only) drug.

A prescribing guideline has recently been agreed between specialist services, NEW Devon CCG, and the Local Medical Committee (LMC) to support the safe prescribing and monitoring of sodium oxybate in primary care for appropriate patients, when the GP is confident to undertake specified roles. GPs will be recompensed for the additional work via the CCG Specialised Medicines Scheme (SMS). The new guideline will be hosted on the NEW Devon CCG website and is due to be funded from 1st January 2018.

The commissioning policy for sodium oxybate requires specialist assessment of efficacy after 3 months of treatment. Currently only one consultant neurologist, based in Exeter, treats all patients across Devon.

It is proposed that sodium oxybate be reclassified as amber when used in line with the SMS prescribing guideline; this is to allow continued prescribing in primary care following dose titration and stabilisation and efficacy assessments by specialist services.

A discussion took place about what would happen if a patient's GP did not agree to take on prescribing of sodium oxybate; it was noted that if this arose prescribing responsibility would remain in secondary care. It was also noted that as part of the STP, when activity moves between organisations the money moves with it. The FIG accepted the proposed formulary entry without amendment.

ACTION: Formulary Team to update the formulary status of sodium oxybate from 'red' to 'amber' in line with the discussion.

8. Revised modafinil formulary entry

In December 2016, modafinil was added to the North and East Devon formulary as an amber (specialist input) option to manage excessive sleepiness associated with narcolepsy with or without cataplexy. Guidance notes were included to support the safe use of modafinil when continued in primary care. A prescribing guideline has recently been agreed between specialist services, NEW Devon CCG, and the Local Medical Committee (LMC) to support the safe prescribing and monitoring of modafinil in primary care for appropriate patients, when the GP is confident to undertake specified roles. GPs will be recompensed for the additional work via the CCG Specialised Medicines Scheme (SMS). The new guideline will be hosted on the NEW Devon CCG website and is due to be funded from 1st January 2018. It is proposed that the formulary entry for modafinil be updated to reflect this.

The FIG considered the proposed formulary entry and it was accepted without amendment.

There was discussion about patient numbers and levels of usage. The FIG noted that the MO team undertake spot checks on usage and where prescribing originates from.

ACTION: **Formulary Team to update the formulary entry for modafinil as per the agreed formulary entry.**

9. Removal of Sinemet as preferred brand of co-careldopa

Co-careldopa tablets contain a combination of carbidopa and levodopa. Levodopa is converted to dopamine, which improves the signs and symptoms of Parkinson's disease. It inhibits the peripheral metabolism of levodopa, allowing levodopa to cross the blood brain barrier. Sinemet is currently the preferred brand of co-careldopa in the North and East Devon joint formulary.

The NEW Devon CCG medicines optimisation (MO) team has requested that Sinemet be removed from the formulary as the preferred brand and that generic prescribing be recommended.

The proposed formulary entry was accepted without amendment.

There was discussion about safety, packaging, the potential for double dosing and use of Script-switch. Overall cost savings can be made however cost structures are complicated. Patients on Sinemet Plus will be actively switched in the first instance; those on other doses may not be actively switched.

ACTION: **Formulary team to remove Sinemet from the formulary as the preferred brand of co-careldopa.**

ACTION: **Formulary team to remove Sinemet from the preferred brand page of the formulary.**

10. Nausea and vomiting in pregnancy and hyperemesis gravidarum

During development of draft referral guidance by Devon Referral Support Services (DRSS) it was suggested that the formulary include additional guidance for the management of nausea and vomiting in pregnancy and hyperemesis gravidarum. It is intended that this guidance, which is based on Royal College Guidance, support primary care clinicians, and complement the referral guidance.

The FIG reviewed the proposed guidance which it was suggested be included in both the formulary and referral sections of the website.

A discussion took place about the Pregnancy Unique Quantification of Emesis and nausea (PUQE) scoring system and additional information. It was agreed that this should be retained in the formulary but that the PUQE scoring system table be included at the end of the guideline. There was also discussion about the formulary status of promethazine hydrochloride and cyclizine. It was agreed that within this guidance promethazine hydrochloride would have 'green' formulary status and cyclizine 'blue' formulary status.

A request was made that the entry for Ondansetron be 4-8mg twice daily rather than 8mg twice daily. The formulary team will explore and advise Bethan Rogers and Alice Hovell of outcome. Guidance on Ondansetron will be reviewed regularly.

ACTION: **Formulary team to explore changing the entry for ondansetron from 8mg twice daily to 4-8mg twice daily and advise Bethan Rogers and Alice Hovell of the outcome.**

ACTION: **Formulary team to update formulary guidance for nausea and vomiting in pregnancy and hyperemesis gravidarum in line with the discussion.**

11. ONS formulary choices

Over the last year or so there have been significant changes in the ONS market with several new companies launching products and multiple changes in primary care prices. The ongoing dietitian review project in North and East Devon has allowed the dietetic teams to gain experience of the newer low cost products before requesting their addition to the formulary. There has been good patient and prescriber acceptance of these new products. Following this, the dietetic departments at the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust requested a review of the products listed in this section of the formulary.

To facilitate the review a discussion paper was written by the Medicines Optimisation Team and circulated to the dietetic teams who submitted comments which were included in the meeting papers.

The FIG considered the proposed formulary guidance 'Choice of oral nutritional supplements'. The proposed entry recommendations were accepted subject to the following amendments:

- Pages to be restructured into sections e.g. all 'without fibre' products together, all 'with fibre' products together. Powders will have 'green' status and ready made products 'blue status'.
- Fresubin® to retain 'blue' status.
- Standard energy soups – proposed entry to be reordered to show AYMES® Savoury first, Ensure® Plus Savoury second and Vitasavoury® third.
- Milkshake sections to be reduced; all milkshakes to be put into one section. 1.5kcal/ml milkshake style and additional advice to be included with general guidance on use for GPs.
- 1.5kcal/ml yoghurt style Fresubin® YoDrink to be added to the formulary with 'amber' status.
- More than 1.5kcal /ml low volume - Fortisip® Compact and Ensure® Compact to be reordered.
- High protein: Altraplen® Protein add "standard volume", Fortsip® add "low volume". Both products to have 'amber' status.
- Dessert: Nutricrem® to be added with 'blue' status.
- Fat based calorie liquid supplement: Calogen® favours to be added.

- Addendices – Formulary choice oral nutritional supplements – add ‘food fortification’ information line to this page.

ACTION: Formulary team to update formulary guidance on ONS to be updated as per the discussion.

12. Antimicrobials and infections

The Primary Care Antimicrobial Guidance is reviewed annually using the Public Health England ‘Management of Infection Guidance for Primary Care’. The Formulary team noted that a review of the UTI section of the guidance will be undertaken separately and brought to FIG for discussion in February 2018. Iain Carr will be invited to attend the meeting.

ACTION: Iain Carr to be asked to attend the FIG meeting in February 2018.

The FIG considered the proposed guidance:

- Acute otitis media – formulary team to ascertain whether adults should have antimicrobials for an ear infection and report back at the February meeting.

ACTION: Formulary team to establish whether adults should have antimicrobials for an ear infection and report back at the February meeting.

- Acute rhinosinusitis – Formulary team to establish whether the proposed formulary guidance is in agreement with NICE NG79, ‘Sinusitis (acute): antimicrobial prescribing’.

ACTION: Formulary team to establish whether the proposed formulary guidance is in agreement with NICE NG79, ‘Sinusitis (acute): antimicrobial prescribing’.

- Community-acquired pneumonia (CAP) – treatment in the community: Urgent hospital admission for all patients with a CRB65 score of 3-4. It was agreed that ‘unless hospital admission is inappropriate according to patient treatment escalation plans’ be added. There was discussion about the value of each score.
- Diverticulitis - further work needed and possible return to FIG.

ACTION: Formulary team to undertake further work on Diverticulitis and if required bring back to FIG.

- Cholecystitis: Leave as is and consult specialists as to whether section is needed.

ACTION: Formulary Team to undertake further work on Cholecystitis and if required bring back to FIG.

- Bacterial vaginosis: Metronidazole gel 0.75% to be amended to read Metronidazole vaginal gel 0.75%. Clindamycin cream 2% to be amended to read Clindamycin vaginal cream 2%

- Dermatophyte infection – Proximal fingernail or toenail (adults): Note to be added to strengthen advice that patients must commit to completing course of treatment.

ACTION: Formulary team to add note to strengthen advice that patients must commit to completing course of treatment.

13. Recent drug decisions (including NICE)

The recent drug decisions were noted.

14. MHRA Drug Safety Updates: October and November

- October 2017
  - Methylprednisolone injectable medicine containing lactose: do not use injectable methylprednisolone medicines that contain lactose in patients with a known or suspected allergy to cows' milk to be added to the formulary.

ACTION: Advice for healthcare professionals on Methylprednisolone injectable medicine containing lactose to be added to the formulary.

  - Gabapentin (Neurontin): risk of severe respiratory depression: Advice for healthcare professionals to be added to the formulary.

ACTION: Advice for healthcare professionals on gabapentin to be added to the formulary.

  - Isotretinoin (Roaccutane): rare reports of erectile dysfunction and decreased libido: No action required.
  - Clozapine: reminder of potentially fatal risk of intestinal obstruction, faecal impaction, and paralytic ileus: Advice for healthcare professionals to be added to the formulary.

ACTION: Advice for healthcare professionals on clozapine to be added to the formulary.

ACTION: Formulary Team to ascertain whether information is available on the incidence of impairment of intestinal peristalsis.

- November 2017
  - Gentamicin: potential for histamine-related adverse drug reactions with some batches: No action required.
  - Quinine: reminder of dose-dependent QT-prolonging effects; updated medicine Interactions: No action required.
  - Social media campaign for suspected adverse drug reactions: reminder to prescribe and dispense by brand name only: No action required.
  - Antiepileptic drugs: updated advice on switching between different manufacturers'

products: the advice for healthcare professionals is already covered in the formulary.

15. Any Other Business

Prescribing in Primary Care

NHS England have published a document outlining items which may or may not be prescribed in primary care. It is likely that this will be adopted locally following discussion at FIG. Liothyronine is being discussed by the Planned Care group.

Staffing

Janice Headon is leaving the CCG to work in a practice. The FIG expressed thanks and best wishes to Janice.

Summary of actions

Date	Action	Lead	Status
17/40	AirFluSal MDI: consideration to be given to how the formulary and MO website can provide additional support information. Formulary Team to discuss with MO Team.	Formulary Team	
17/43	*Notes to be added to the MO Post regarding availability of placebo inhalers from the MO team and the cost savings to be made if suitable patients are switched to AirFluSal® Forspiro® 50microgram/500microgram DPI.* Discuss with MO Team.	MO and Formulary Team	Complete
17/51	MHRA Drug Updates: Adrenaline – Liaise with MO in East regarding the number of auto-injectors for each patient.	Formulary Team	
17/52	MHRA Drug Updates: Adrenaline – Liaise with MO in North regarding the number of auto-injectors for each patient.	Louise Greaves	
17/53	AOB: Invita D3 50,000IU tablets and oral solution for vitamin D deficiency – paper to be brought to a future meeting.	MO Team	
17/55	Neomag® to be added to the formulary entry for magnesium products in line with the discussion.	Formulary Team	Complete
17/56	Replace Medihoney tube® with Activon tube® as the recommended brand of Medical Grade Manuka Honey in the formulary.	Formulary Team	Complete
17/57	Biatain Silicone Adhesive foam dressing to be replaced in the formulary with Activheal Silicone Foam Boarder dressings as the formulary recommended brand of soft silicone wound contact dressing.	Formulary Team	Complete
17/58	Oseltamivir and zanamivir, to be added with 'blue' status to the influenza section of the formulary.	Formulary Team	Complete

17/59	Notes to be added the entries for oseltamivir and for zanamivir describing when each of them should be prescribed.	Formulary Team	Complete
17/60	Formulary status of sodium oxybate to be amended from 'red' to 'amber' in line with the discussion.	Formulary Team	Complete
17/61	Formulary entry for modafinil to be updated as per the accepted proposed formulary entry.	Formulary Team	Complete
17/62	Formulary entry for sinemet to be updated in line with the accepted proposed formulary entry.	Formulary Team	Complete
17/63	Sinemet to be removed from the preferred brand of the formulary.	Formulary Team	Complete
17/64	Nausea and vomiting in pregnancy and hyperemesis gravidarum: Changing formulary entry for ondansetron from 8mg twice daily to 4-8mg twice daily to be explored and Bethan Rogers and Alice Hovell advised of outcome.	Formulary Team	Complete
17/65	Formulary guidance for nausea and vomiting in pregnancy and hyperemesis gravidarum to be updated in line with the discussion.	Formulary Team	Complete
17/66	Formulary entry for oral nutritional supplements to be updated as per the discussion.	Formulary team	
17/67	Antimicrobial and infections: Iain Carr to be invited to attend FIG meeting in February 2018	Formulary Team	Complete
17/68	Antimicrobial and infections: Whether adults should receive antimicrobials for an ear infection to be established and reported back to FIG in February 2018.	Formulary Team	
17/69	Antimicrobial and infections: Establish whether the proposed formulary guidance for Antimicrobial and infections is in agreement with NICE NG79, 'Sinusitis (acute): antimicrobial prescribing'.	Formulary Team	Complete
17/70	Antimicrobial and infections: Community-acquired pneumonia (CAP) – 'unless hospital admission is inappropriate according to patient treatment escalation plans' to be added after Urgent hospital admission for all patients with a CRB65 score of 3-4.	Formulary Team	Complete
17/71	Antimicrobial and infections: further work to be undertaken on Diverticulitis and if required Diverticulitis to be brought back to FIG.	Formulary Team	
17/72	Antimicrobial and infections: further work to be undertaken on Cholecystitis and if required Cholecystitis to be brought back to FIG.	Formulary Team	
17/73	Antimicrobial and infections: Dermatophyte infection – Proximal fingernail or toenail (adults): Note to be added to strengthen advice that patients must commit to completing course of treatment.	Formulary Team	
17/74	MRHA Drug Safety Update: October 2017 Advice for healthcare professionals on Methylprednisolone injectable medicine containing lactose to be added to the formulary.	Formulary Team	Complete
17/75	MRHA Drug Safety Update: October 2017 Gabapentin (Neurontin): Advice for healthcare professionals to be added to the formulary.	Formulary Team	Complete

17/76	MRHA Drug Safety Update: October 2017 Clozapine: Advice for healthcare professionals to be added to the formulary.	Formulary Team	Complete
17/77	MRHA Drug Safety Update: October 2017 Clozapine: Ascertain whether information is available on the incidence of impairment of intestinal peristalsis.	Formulary Team	Complete