Northern, Eastern and Western Devon
Clinical Commissioning Group

Meeting of the Northern and Eastern Devon Formulary Interface Group

Minutes

19th April 2018

9:00am – 11:00 am

Old Heathcoat School, Tiverton

Present:

Tawfique Daneshmend	Consultant Gastroenterologist	RD&E NHS FT
Carol Albury	Locality MO Pharmacist	NEW Devon CCG
Beverley Baker	Non-Medical Prescribing Lead	NEW Devon CCG
Emma Gitsham	Joint Formulary Pharmacist	NEW Devon CCG
Susie Harris	Consultant, Elderly Care	RD&E NHS FT
Andrew Harrison	GP	NEW Devon CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Denise Lanyon	MO Pharmacist	NEW Devon CCG
Matt Kaye	Chief Pharmacist	NDHT NHS FT
Jess Parker	GP	NEW Devon CCG
Bethan Rogers	Formulary Pharmacist	RD&E NHS FT
Graham Simpole	Joint Formulary Support Pharmacist	NEW Devon CCG

Guests:

Karen Hetherington	Senior Clinical Nurse Specialist	RD&E NHS FT

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and Introductions:

Attendees were welcomed to the meeting.

Karen Hetherington joined the meeting to discuss the proposed addition of Eclypse Border dressings, Eclypse Oval dressings and Octenilin Wound Irrigation Solution and Wound Gel to the local formularies.

Apologies

Glen Allaway	GP	NEW Devon CCG
Simon Kay	GP	NEW Devon CCG
Stuart Kyle	DCT Chair/ Consultant Rheumatologist	NDHT
Darren Wright	Joint Formulary Technician	NEW Devon CCG

Subsequent to the meeting apologies were received from Carole Knight, Clinical Pharmacist (Medicines Information and Formulary) NDHT.

Apologies were also received from Susie Harris as she was unable to join the meeting until 10.00 am.

Declaration of Interests

Agenda Item	Company	Agenda Item	Company
Eclypse Border and Eclypse Border Oval dressings	Advancis medical UK	Items which should not routinely be prescribed in primary care:	
Alternative treatments for sloughy wounds	Various manufacturers	Immediate release fentanyl Lutein and antioxidants Tadalafil	Various manufacturers
Octenilin® Wound Irrigation Solution and Wound Gel	Schülke and Mayr UK Ltd	Hypertension	
Prontosan® Wound Irrigation Solution and Wound Gel	B. Braun Medical Ltd	Various medications	Various manufacturers
Zeroveen® Emollient Cream	Thornton and Ross Ltd	Constipation in adults	
Alternative treatments: Aveeno® Cream	Johnson & Johnson Ltd	Various medications	Various manufacturers
AgaMatrix® Ultra-Thin Lancets 0.20mm/33G	WaveSense Europe Limited	Acute rhinosinusitis	
BD Microfine®+ 0.20mm/33G lancets	Becton Dickinson UK Ltd	Various medications	Various manufacturers

Agenda Item	Company	Agenda Item	Company
Mesalazine rectal preparations Salofalk® retention enema foam (1g) and liquid (2g/59ml) Salofalk ® suppositories (500mg,1g)	Dr Falk Pharma UK Ltd	Asthma - paediatric treatment guidance Various medications	Various manufacturers
Linezolid 600mg tablets 100mg/5ml granules for oral suspension (Zyvox®)	Various manufacturers Pharmacia Limited		

No Declarations of interests were received.

2. Minutes of the meeting held on 8th February 2018 and matters/actions arising

The minutes of the meeting held on 8th February 2018 were approved.

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 and Lee Dobson. This will be incorporated into the asthma guidance product review. MO will be invited to participate.		Complete
17/51	MHRA Drug Updates: Adrenaline – Liaise with MO in East regarding the number of auto-injectors for each patient. Schools can now order and keep adrenaline. It was suggested that guidelines would be useful. Formulary Team will consider. This has been added to the Formulary Team Work Plan.		Complete

17/52	MHRA Drug Updates: Adrenaline – Liaise with MO in North regarding the number of auto-injectors for each patient. Schools can now order and keep adrenaline. It was suggested that guidelines would be useful. Formulary Team will consider. This has been added to the Formulary Team Work Plan.		Complete
17/53	AOB: Invita D3 50,000IU tablets and oral solution for vitamin D deficiency paper to be brought to a future meeting. Stuart Kyle and Carol Albury will discuss. To be added to the MO work plan.	Stuart Kyle/Mo Team	Outstanding
17/66	Formulary entry for oral nutritional supplements to be updated as per the discussion. Work is being undertaken by the MO team.	Denise Lanyon	Outstanding
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	Outstanding
18/01	Trimbow 87 micrograms/ 5 micrograms/ 9 micrograms pressurised inhalation to be added to the formulary.		Complete
18/02	Alprostadil urethral sticks to be added to the formulary		Complete
18/03	Items which should not be routinely prescribed in primary care - agreed formulary entry for co-proxamol to be added to the formulary in line with the discussion.		Complete
18/04	Items which should not be routinely prescribed in primary care – formulary entry for dosulepin to be added in line with the discussion.		Complete
18/05	Items which should not be routinely prescribed in primary care – formulary entry for doxazosin to be added in line with the discussion.		Complete
18/06	Items which should not be routinely prescribed in primary care – accepted entry for glucosamine and chondroitin to be added to the formulary in line with the discussion.		Complete
18/07	Items which should not be routinely prescribed in primary care – formulary entry for herbal treatments for menopause to be updated in line with the discussion.		Complete
18/08	Items which should not be routinely prescribed in primary care – create a separate formulary page section for herbal treatment and homeopathy on the formulary information page.		Complete

18/09	Items which should not be routinely prescribed in primary care – accepted formulary entry for homeopathic treatments to be included on the separate section on the formulary information page entitled 'Herbal Treatments and Homeopathy.		Complete
18/10	Items which should not be routinely prescribed in primary care – formulary entry for paracetamol and tramadol combination products to be added to the formulary in line with the discussion.		Complete
18/11	Items which should not be routinely prescribed in primary care – formulary entry for perindopril arginine to be added to the formulary in line with the discussion.		Complete
18/12	Items which should not be routinely prescribed in primary care – formulary entry for rubefacients to be added to the formulary in line with the discussion.		Complete
18/13	Items which should not be routinely prescribed in primary care – accepted entry for travel vaccines to be added to the formulary.		Complete
18/14	Items which should not be routinely prescribed in primary care – entry for trimipramine to be added to the formulary in line with the discussion.		Complete
18/15	UrgoClean Pad and UrgoClean Rope to be added to the formulary.		Complete
18/16	Tissue viability nurses to be invited to a future FIG to discuss Eclypse Border and Eclypse Border Oval dressings.		Complete
18/17	Cutimed® Sorbact® Gel Dressings to be added into the formulary.		Complete
18/18	e-FIG process to be initiated for the proposed formulary entry for compression hosiery and garments.		Complete
18/19	Agreed changes to the guidance on oral candidiasis to be circulated to Tom Lewis and Rob Porter.		Complete
18/20	Following circulation of proposed formulary guidance for oral candidiasis to consultants it will be circulated to the FIG for comment/approval via the e-FIG process.		Complete
18/21	Urinary tract infections – proposed formulary entry to be added to the formulary.		Complete
18/22	Asymptomatic bacteriuria – proposed formulary entry to be added to the formulary.		Complete
18/23	UTI in adults (no fever or flank pain) – formulary entry to be added to the formulary in line with the discussion.		Complete
18/24	Check whether there is a warning regarding the use of nitrofurantoin in patients with impaired renal function, on ScriptSwitch. It was agreed that a warning would be added for one year, to reinforce to GPs.		Complete

18/25	Proposed formulary entry for community multi-resistant UTIs to be added to the formulary in line with the discussion.		Complete
18/26	Formulary entry for CA-UTI to be added to the formulary in with the discussion.		Complete
18/27	Proposed formulary entry for acute prostatitis to be added to the formulary in line with the discussion.		Complete
18/28	Proposed formulary entry for UTI in pregnancy to be added to the formulary.		Complete
18/29	Proposed formulary entry for UTI in children to be added to the formulary.		Complete
18/30	Changes to the choice of antibiotic for acute pyelonephritis to be highlighted to prescribing leads and includeded in the MO Prescribing Post Live. This was included in the formulary update.		Complete
18/31	Proposed formulary entry for acute pyelonephritis to be added to the formulary in line with the discussion.		Complete
18/32	Recurrent UTIs in non-pregnant women – additional wording for standby medication to be confirmed.		Complete
18/33	Recurrent UTIs in non-pregnant women – formulary entry to be added in line with the discussion.		Complete
18/34	Liaise with the Formulary Team and secondary care providers to consider mechanisms for transferring funding to cover the cost of specialist services supplying sensors during the 6-month trial.		Complete
18/35	Further work to be undertaken to refine process proposed for the preferred brand recommendations.		Complete
18/36	MHRA Drug safety update for January 2018: Advice for Recombinant human erythropoietins to be added.		Complete
18/37	MHRA Drug safety update for January 2018: Advice for herbal medicines to be added to the 'Herbal treatments and Homeopathy' section of the formulary information page.		Complete
18/38	Linezolid formulary entry to be developed and brought to a future FIG meeting. Item included on meeting agenda.		Complete

Report of e-FIG decisions

The FIG received the report of the e-FIG decisions for:

- Compression hosiery and garments
- Candidiasis
- Recurrent UTI
- FreeStyle Libre for interstitial monitoring in diabetes.

All the items discussed had been approved. The formulary has been updated.

3. Addition of Eclypse Border and Eclypse Border Oval dressings

At the February meeting of the Northern and Eastern Devon Formulary Interface Group (FIG), consideration was given to the addition of Eclypse Border and Eclypse Border Oval dressings. However, at that time the group felt that further work was required regarding the understanding of the rationale as to why a more expensive product is being requested, as compared to the standard Eclypse dressing. The FIG also raised additional questions about which patients are likely to benefit, the products currently being used in these patients and how other methods of adhesion compare to Eclypse Border Dressings. A specialist Tissue Viability Nurse has been contacted for clarification of the questions raised. Karen Hetherington, Senior Clinical Nurse Specialist, Tissue Viability, RD&E attended and took part in the discussion of Eclypse Border and Eclypse Boarder Oval dressings.

The FIG considered the proposed formulary entry. There was discussion about the frequency at which the dressings require changing, the circumstances in which these dressings are required, the increased cost associated with Eclypse Border dressings and monitoring to identify and discourage inappropriate use. It was noted that these dressings should be reserved for patients with highly exuding wounds who are under specialist care. Information on appropriate use will be communicated to nurses and information added to ScriptSwitch.

ACTION: Carol Albury to add message to ScriptSwitch and highlight appropriate use of Eclypse Border Dressings

The FIG accepted the proposed formulary entry subject to:

- Eclypse Border and Eclypse Border Oval dressings being added as amber (specialist initiated) products.
- A note being added to state that Eclypse Boarder and Eclypse Border dressings are only to be used where patients have highly exuding wounds.

ACTION: Formulary team to add Eclypse Border and Eclypse Border Oval Dressings to the formulary in line with the discussion.

4. Addition of Octenilin® Wound Irrigation Solution and Wound Gel

Octenilin wound irrigation solution is a cleansing solution that contains a surfactant with octenidine (OCT), an antiseptic. Octenilin wound irrigation solution is suitable for the removal of wound crusts consisting of necrotic tissue, biofilm and fibrinous films. It is also indicated for moistening wounds, wound dressings, and wound pads. Octenilin wound gel contains a combination of hydrogel and OCT, suitable for cleansing, moistening, and decontamination of chronic skin wounds and to support the healing process.

Tissue viability teams in North and East Devon have suggested they would use the solution and gel in patients that have chronic wounds, leg ulceration, pressure ulceration, diabetic foot ulceration, burns, or patients who are using negative

pressure wound therapy. Currently the Northern and Eastern Devon Formulary contains Prontosan® fluid and gel. It has been suggested by the North and East Devon Tissue Viability Nurse teams that Prontosan be removed from the formulary and replaced with Octenilin wound products. Karen Hetherington, Senior Clinical Nurse Specialist, Tissue Viability, RD&E attended and took part in the discussion of the addition of Octenilin

The FIG considered the proposed formulary entry. There was discussion about the cost of the Octenilin solution and gel compared to Prontosan solution and gel. The specialist present stated that it is unusual to use more than 20ml of gel per application and currently the 250ml volume is not used in practice. It was agreed that the 250ml gel is not required. It was noted that the acting time of Octenilin is faster than that for Prontosan. The specialist advised that wound cleansers are not suitable for repeat prescription.

The FIG accepted the formulary entry for Octenilin solution and gel subject to minor amendment.

ACTION: Formulary team to update the formulary entry for antiseptic wound cleansers with the accepted entry for Octenilin Wound Irrigation Solution and Wound Gel in line with the discussion.

5. Addition of Zeroveen® Emollient Cream

An application has been received from the Medicines Optimisation team, NEW Devon CCG for the addition of Zeroveen emollient cream to the formulary. Zeroveen emollient cream is a 2-in-1 moisturising cream and wash, containing oatmeal. It has a similar formulation to Aveeno Cream. Aveeno cream is not currently included in the North and East Devon formulary, however there is a large volume being prescribed; this could suggest that there is a local need for a formulary colloidal oatmeal cream. Zeroveen cream is available as a 100g tube and 500g pump dispenser, and at a lower acquisition cost than Aveeno cream. The Medicines Optimisation Teams of NEW Devon CCG and South Devon and Torbay CCG have proposed that Zeroveen emollient cream also be included as a blue (second line) emollient and barrier preparation. Currently work is being undertaken to review the emollient section with local specialists' recommendations; this will be brought to a future meeting.

The FIG considered the proposed formulary entry. There was discussion about Aveeno which is often prescribed and is more expensive than Zeroveen the proposed formulary product. It was suggested that a note could be added to ScriptSwitch to reduce prescribing of Aveeno. In addition it was noted that there is likely to be a review of emollients in the future; specialists have been contacted about this. The inclusion of a colloidal oatmeal cream into the formulary is supported by local specialists.

It was noted that Aproderm (a paraffin free colloidal oatmeal cream) is available, addition of this product will be considered as part of the emollient review.

The FIG accepted the addition of Zeroveen emollient cream into the formulary as a blue second line drug

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ACTION: Formulary Team to add Zeroveen emollient cream to the formulary as a blue second line drug.

6. Addition of AgaMatrix Ultra-Thin Lancets 0.20mm/33G

The current formulary option BD Microfine+ 0.20mm/33G lancets was discontinued in February 2018, which follows the discontinuation of the 0.30mm/30G product in October 2017. The formulary guidance currently recommends BD Microfine+ for use with the Wavesense Jazz meter and several more specialist devices. The Wavesense Jazz meter comes with the AgaMatrix Ultra-Thin Lancets. These were not originally recommended as the formulary choice as there was a significant price difference between them and the BD Microfine+ product. The AgaMatrix price reduced in the February 2018 Drug Tariff to £5.43 per 200 from £7.17.

It is proposed that AgaMatrix Ultra-Thin Lancet 0.20mm/33G replace the BD Microfine+ 0.2mm/33G for the Wavesense Jazz meter and all other compatible devices.

The FIG considered and accepted the addition of AgaMatrix Ultra-Thin Lancet 0.20mm/33G.

ACTION: Formulary Team to add AgaMatrix Ultra-Thin Lancet 0.20mm/33G to the formulary.

7. Review of mesalazine rectal preparations

An application was been received from gastroenterology specialists at the Royal Devon and Exeter NHS Foundation Trust for the rectal mesalazine preparations in the North and East Devon Formulary to be reviewed and rationalised.

Consideration was given to the addition of Salofalk® 500mg and 1g suppositories, Salofalk 2g liquid enema and Salofalk 1g foam enema. Currently Pentasa® 1g suppositories and Pentasa 1g retention enema and are included in the North and East Devon Formulary. The Formulary does not include a mesalazine foam enema. Consideration was also given to the cost; Salofalk suppositories are available at a lower acquisition cost compared to Pentasa suppositories.

The applicants requested that Salofalk 500mg and 1g suppositories be added to the Formulary and listed as a first line choice in preference to Pentasa (although both remaining amber as specialist initiated). It was proposed that Pentasa suppositories would remain in the formulary but for existing patients only. It was noted that Salofalk suppositories are licensed for use in the treatment of acute ulcerative colitis but not for the maintenance of remission. The applicants report that Salofalk suppositories are used off-license for this indication. Pentasa and Asacol suppositories are both licensed for treatment of acute exacerbations and maintenance of remission. The applicants also noted that patients report better tolerance of Salofalk suppositories compared to Pentasa due to a difference in shape.

The applicants requested that Salofalk 2g liquid enema be added to the North and East Devon Formulary. Currently the Pentasa 1g liquid enema is reported to be used twice daily (unlicensed) when a dose of 2g is required. The Salofalk enema offers a higher dose without the need for twice daily application. The higher dose of 2g daily is needed for use in patients with more extensive and active disease. The applicants also noted that patients report more comfort with the Salofalk preparation in comparison to Pentasa due to differences in packaging and delivery.

The current North and East Devon Formulary guidance includes mesalazine foam enema as an option for patients but there is no preparation currently included in the formulary. A request has been made by the applicants for the inclusion of Salofalk 1g foam enema to the formulary to offer patients choice between formulations. It is noted that Salofalk foam enema is licensed for the treatment of active ulcerative colitis but not the maintenance of remission, the IBD nurse reports off-license use for this indication at a dose of 1g daily.

It was noted that although the majority of patients prefer oral treatment for ongoing maintenance of ulcerative colitis a small group of patients cannot tolerate oral preparations. In addition patients with proctitis may require rectal treatments long term. It was agreed that a note be added to the formulary entry for Salofalk suppositories stating that the product is not licenced for maintenance of remission.

It was noted that there are very few patients using rectal mesalazine enemas however patients with chronic disease may find it difficult to get a repeat prescription if the range of products are not added to the formulary.

The FIG approved the addition of the range of Salofalk products to the formulary in line with the discussion.

ACTION: Formulary entry for mesalazine rectal preparations to be updated in line with the discussion.

There was discussion about the recommendations for monitoring patients prescribed mesalazine referred to in note 11 of the formulary entry. Differences between various reference sources were noted. It was agreed that the following words “specialists will advise on monitoring requirements” be added.

The FIG considered and approved the proposed minor update to the formulary guidance without amendment.

ACTION: Formulary Team to update the formulary guidance for Ulcerative colitis with the accepted entry.

8. Addition of linezolid

Linezolid is currently a non-formulary item in the North and East Devon Formulary. A request has been received from Rob Porter, Microbiologist, Royal Devon and Exeter NHS Foundation Trust to include linezolid tablets and suspension in the formulary.

It is believed that there are times when its use in the community may prevent a hospital admission. It is acknowledged that the cost of linezolid is less than that associated with hospital admissions however there are a number of safety issues and monitoring requirements associated with treatment. Therefore it was proposed that linezolid is added as a 'red' hospital only drug. Prescribing in primary care is outside the product license which states that "linezolid should only be initiated in a hospital environment and after consultation with a specialist such as a microbiologist or infectious disease specialist".

The FIG considered the proposed formulary entry for linezolid. It was noted that if patients are treated in Primary Care hospital stays, which can be for an extended period, may be avoided. However there are serious safety concerns associated with linezolid and patients must be monitored. GPs present expressed concern about prescribing taking place in Primary Care and felt that this should only be done in exceptional circumstances, however it was also noted that Acute Trusts reported being unable to deliver medication to patients at home. Some prescribing is taking place in Primary Care and this is increasing. The colour status of linezolid was also discussed; the proposed colour status was 'red' hospital only, however in order for prescribing to continue in Primary Care a change in colour status to 'amber' specialist initiated would be required.

The FIG accepted the proposal that linezolid be added to the formulary as a 'red' drug. In addition, a number of amendments to the notes section were agreed. It was suggested that a system to enable specialists to prescribe to patients at home may be required.

ACTION: Formulary team to add entry for linezolid to the formulary in line with the discussion.

Further discussion took place about service provision arrangements. This included use of outreach hospital teams to see patients at home and other methods of delivering medication to patients and support for GPs. There was also discussion about the logistics of monitoring patients outside the hospital environment.

Formulary Team to notify Rob Porter and Bethan Rogers regarding the decision at FIG to add linezolid to the formulary as a 'red' hospital only drug.

ACTION: **Formulary Team to contact Rob Porter and Bethan Rogers regarding the decision at FIG to add linezolid to the formulary as a 'red' hospital only drug.**

9. Items which should not routinely be prescribed in primary care

In November 2017, following public consultation NHS England (NHSE) and NHS Clinical Commissioners (NHSCC) published guidance for CCGs on items which should not be routinely prescribed in primary care. Subsequently guidance was produced relating to 18 treatments that these organisations recommend should not be routinely prescribed in primary care; CCGs are "expected to have 'due regard' to the guidance in formulating local policies and making decisions about implementation".

A number of the recommendations were considered and accepted by the FIG at the meeting on 8th February 2018.

Following publication of the NHS England guidance, consultation with local specialists was undertaken and consultants have provided comments on the proposal to adopt the NHS England guidance.

The FIG was asked to consider the recommendations for these treatments:

Immediate release fentanyl (Abstral®)

The North and East Devon Formulary currently lists Abstral as an amber drug. Three months ePACT2 data (Oct 2017 to December 2017) had identified that at least 39 individual patients were treated during this period. Annualised costs are estimated to be approximately £117,000 per annum. It was proposed that the formulary entry be updated in line with the NHSE/NHSCC guidance.

The FIG considered and accepted the proposed formulary entry for Abstral subject to the addition of a note outlining the statement from the national guidance from NHS England and the addition of 'cancer' after 'breakthrough' in notes 2 and 3.

ACTION: **Formulary Team to replace the current formulary entry for Immediate release fentanyl (Abstral®) with the new agreed entry in line with the discussion.**

Lutein and antioxidants

Currently the North and East Devon formulary does not support prescribing lutein and antioxidants (or other oral nutritional supplements) for age-related macular degeneration. The formulary currently contains a statement to this effect. However three month ePACT2 data (Oct 2017 to Dec 2017) suggest that in North and East Devon at least 19 patients have been prescribed these products.

It is proposed that the current formulary entry be replaced and that the NHS England guidance be adopted in full. Responses received from consultant ophthalmologists across Devon indicate support for this proposal; in addition it was

suggested that nutritional advice be developed. The proposed formulary entry includes such advice which was circulated to specialists, however no further response has been received.

The FIG considered the proposed formulary guidance for Nutritional supplements for age-related macular degeneration which includes a statement that prescribing to current patients should stop. The FIG accepted the proposed formulary entry subject to the deletion of "If patients wish to purchase preparations they should note that" in the 3rd paragraph.

ACTION: Formulary Team to replace the current formulary entry for lutein and antioxidants with the new agreed formulary entry in line with the discussion.

Once daily tadalafil

The NHSE/NHSCC recommendation for once daily tadalafil is broadly in line with the current formulary guidance; once daily tadalafil is not currently included as an option in the North and East Devon joint formulary for the treatment of erectile dysfunction in adult males. Following an application to the Devon Clinical Policy Committee, the routine commissioning of tadalafil 5mg tablets is not accepted in Devon for lower urinary tract symptoms in adult men. The policy indicates that the FIG should not include this in locally defined treatment recommendations.

However, local specialists have different opinions and it has been indicated that once daily tadalafil is a useful drug for the treatment of some patients. In addition, the cost of once daily tadalafil has recently been reduced.

Three months' ePACT data (Nov 2017 to Jan 2018) indicate that during this time approximately 255 patients were prescribed 5mg once daily tadalafil and 10 patients were prescribed 2.5mg once daily tadalafil.

The FIG was asked to consider whether any amendments to the current formulary entry for tadalafil were required.

The FIG considered the current formulary entry. It was agreed that a note be added stating that tadalafil is not recommended by NHSE.

ACTION: Formulary team to update the formulary entry for once daily tadalafil in line with the discussion.

10. Management of hypertension

The formulary entry for the management of hypertension has been reviewed following publication of the NICE clinical guideline (CG127) update of November 2016. No major changes were required as a result of the NICE guideline update. However, some minor points had been identified and amendments proposed following input from local specialists.

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

ACTION: Formulary Team to update the formulary entry for the Management of Hypertension with the accepted entry.

11. Management of constipation in adults

The Eastern Medicines Optimisation team has requested clarification of the wording for the 'management of acute obstructed constipation and faecal impactation' guidance in the formulary. In addition the Formulary Team have reviewed all formulary guidance for the management of constipation in adults, in line with the NICE Clinical Knowledge Summary (CKS) update (June 2017).

No major changes were required as a result of the NICE CKS update.

The FIG considered the proposed updated formulary entry. The proposed entry was accepted subject to a minor amendment to clarify how Bisacodyl should be prescribed and the addition of Lecicarbon A suppositories.

ACTION: Formulary Team to update the formulary entry for the management of constipation in adults in line with the discussion.

12. Acute rhinosinusitis

Due to time constraints at the meeting, this item was deferred until June 2018.

13. Asthma - paediatric treatment guidance

The publication of NICE Guideline 80 "Asthma: diagnosis, monitoring and chronic asthma management" in November 2017 has prompted a review of the Northern and Eastern Devon Formulary Paediatric Asthma Treatment Guidance. Several attempts were made to contact local specialists but at the time of the meeting, only one consultant had provided comments.

Current formulary guidance is based on the recommendations made by the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). There are differences between the two guidelines and recommendations in the management of this condition. A review of the guidance is intended to update and aid local prescribers who manage this patient group by providing clear concise information. However in the absence of specialist comments the Formulary Team have proposed a number of minor "housekeeping" amendments to the formulary entry to provide clarity to the existing guidance which follows BTS/SIGN. These were considered and accepted by the FIG subject to the several minor amendments.

- It was noted that Fluticasone is included as an “amber” specialist initiated drug, however GPs may be initiating this in the absence of specialist input. The Formulary Team will discuss the status of Fluticasone with the adult respiratory specialists and report back to FIG at a future meeting.

ACTION: Formulary Team to discuss the colour status of Fluticasone with local adult respiratory specialists.

It was agreed that the Formulary Team would make the minor changes agreed. Following publication of the updates, the formulary Team will try again to contact local specialists and obtain comments on NICE Guideline 80.

ACTION: Formulary team to amend formulary Asthma Paediatric Guidance in line with the discussion.

14. Recent drug decisions (including NICE)

The recent drug decisions were noted.

15. MHRA Drug Safety Updates: Feb ’18, March ‘18

<u>February 2018</u>

- Misoprostol vaginal delivery system (Mysodelle): reports of excessive uterine contractions (tachysystole) unresponsive to tocolytic treatment. This system is not included in the formulary. No action required.
- Mycophenolate mofetil, mycophenolic acid: updated contraception advice for male patients. Link to the December 2015 MHRA Drug Safety Update to be replaced with a link to the February 2018 MHRA Drug Safety Update.
- Gadolinium-containing contrast agents: Omniscan and iv Magnevist no longer authorised, MultiHance and Primovist for use only in liver imaging. These agents are not included in the formulary. No action required.

ACTION: Northern and Eastern Devon Formulary to be updated with required MHRA Safety Advice for February 2018.

<u>March 2018</u>

- Daclizumab (Zinbryta▼): suspension and recall for safety reasons; review patients as soon as possible and start alternative therapy. Add the MHRA advice for healthcare professionals for 6 to 12 months and then remove documents from the formulary. Add:
    - Following the initiation of an urgent safety review, the European Medicines Agency (EMA) recommend that:
        - patients should not be started on daclizumab.
        - doctors should contact all patients receiving daclizumab as soon as possible and stop their treatment. Alternative therapy should be

considered in line with national recommendations (eg, NICE guidance).
- doctors should monitor all patients stopping daclizumab for adverse reactions and check their liver function tests at least monthly and more frequently if clinically indicated for up to 6 months after the last dose.
- doctors should advise patients to seek urgent medical attention if they develop severe headache or any symptoms of liver injury such as prolonged fever, abdominal pain, jaundice, dark urine, or unexplained nausea or vomiting; serious immune-mediated hepatic injury can occur up to 6 months after the final dose.
- patients should talk to their doctor if they have any questions about daclizumab.

  - The EMA's recommendation to suspend Zinbryta and recall the product is being sent to the European Commission for a legally binding decision

- Esmya (ulipristal acetate) for uterine fibroids: do not initiate or re-start treatment; monitor liver function in current and recent users. MHRA Safety Advice is already included in the formulary.
- Head lice eradication product: risk of serious burns if treated hair is exposed to open flames or other sources of ignition, eg, cigarettes. This does not apply to products in the Northern and Eastern Devon Formulary for the eradication of head lice. No action needed.

ACTION: **Northern and Eastern Devon Formulary to be updated with required MHRA Safety Advice for March 2018**.

16. Any other Business

NHS England Self Care Document

There was discussion about the guidance recently produced by NHS England regarding conditions for which over the counter items should not routinely be prescribed in primary care. This guidance is for consideration by CCGs and may be discussed at a future FIG meeting. It was agreed that the Formulary Team would e-mail this document to the FIG Committee for awareness.

ACTION: **Formulary Team to e-mail NHS England Self Care Document to the Northern and Eastern Devon FIG Committee.**

Summary of actions

Date	Action	Lead	Status
17/53	AOB: Invita D3 50,000IU tablets and oral solution for vitamin D deficiency paper to be brought to a future meeting. Stuart Kyle and Carol Albury will discuss. To be added to the MO work plan.	Stuart Kyle/Mo Team	Outstanding
17/66	Formulary entry for oral nutritional supplements to be updated as per the discussion. Work is being undertaken by the MO team.	Denise Lanyon	Outstanding
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	Outstanding
18/39	Addition of Eclypse Border and Eclypse Border Oval dressings – add information about appropriate use of dressings to script switch.	Carole Albury	Outstanding
18/40	Eclypse Border and Eclypse Border Oval Dressings to be added to the formulary in line with the discussion.		Complete
18/41	Entry for antiseptic wound cleanser to be updated with the accepted entry for Octenilin Wound Irrigation Solution and Wound Gel in line with the discussion.		Complete
18/42	Entry for Zeroveen emollient cream to be added to the formulary as a blue second line drug.		Complete
18/43	Ultra-Thin Lancets 0.20mm/33G to be added to the formulary.		Complete
18/44	Formulary entry for mesalazine rectal preparations to be updated in line with the discussion.		Complete
18/45	Formulary entry for ulcerative colitis to be updated.		Complete
18/46	Formulary entry for linezolid to be added to the formulary in line with the discussion.		Complete
18/47	Contact Rob Porter and Bethan Rogers regarding the decision to add linezolid to the formulary as a 'red' hospital only drug.		Complete
18/48	Items which should not routinely be prescribed in primary care - replace the current formulary entry for Immediate release fentanyl (Abstral®) with the new agreed entry in line with the discussion.		Complete
18/49	Items which should not routinely be prescribed in primary care – replace the current formulary entry for lutein and antioxidants with the new agreed formulary entry in line with the discussion.		Complete

18/50	Items which should not routinely be prescribed in primary care – formulary entry for once daily tadalafil to be updated in line with the discussion.		Complete
18/51	Formulary entry for the management of hypertension to be updated.		Complete
18/52	Formulary entry for the management of constipation in adults to be updated in line with the discussion.		Complete
18/53	Formulary colour status of Fluticasone to be discussed with local adult respiratory specialists.	Formulary Team	Outstanding
18/54	Formulary asthma paediatric guidance to be amended in line with the discussion and forwarded to local specialists.		Complete
18/55	MHRA Drug Safety Updates: February 2018 - Formulary to be updated with required MHRA Safety Advice		Complete
18/56	MHRA Drug Safety Updates: March 2018 – Formulary to be updated with required MHRA Safety Advice.		Complete
18/57	NHS England Self Care Document – NHS England Self Care Document to be e-mailed to FIG members		Complete