

Northern, Eastern & Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Notes of the meeting of the South and West Devon Formulary Interface Group

Tuesday 13th December 2013 - 2pm – 4.30pm

The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

Present:	Chris Roome (CR) – Chair Phil Melliush (PM) – GP Bill Nolan (BN) – GP David Gwynne - GP Carol Webb (CW) – Joint Formularies Technician Margaret Hinchliffe (MH) Jeremy Morris (JM) – Formulary Pharmacist Gareth Franklin (GF) – Clinical Guidance Manager Iain Roberts (IR) – Lead MO Pharmacist Paul Manson (PLM) – Lead MO Pharmacist Andrew Gunatilleke (AG1) – Consultant, Chair SDNT DTC Paul Humphriss (PH1) – Head of Medicines Management	NEW Devon CCG South Devon & Torbay CCG South Devon & Torbay CCG NEW Devon CCG NEW Devon CCG Lay member Plymouth Hospitals NHS Trust NEW Devon CCG South Devon & Torbay CCG NEW Devon CCG South Devon NHS Trust Torbay and Southern Devon Health and Care NHS Trust
Invited	Rhys Ponton (RP) – Medicines Optimisation Pharmacist	+NEW Devon CCG
Apologies	Larissa Sullivan (LS) – Interface Pharmacist Petrina Trueman (PT) – Joint Formularies Pharmacist Keith Gillespie (KG) - GP Sarah Marner (SM) – Interface Pharmacist Steve Cooke (SC) – Chief Pharmacist Elena Mercer (EM) – Formulary Pharmacist Paul Hughes (PH2) – Deputy Head of Prescribing	NEW Devon CCG NEW Devon CCG NEW Devon CCG NEW Devon CCG Plymouth Community Healthcare South Devon NHS Trust Kernow CCG
1	Welcome: Apologies as noted above.	
3	Notes of last meeting 8th November 2013: These were noted and agreed.	
	Action log:	
	<ul style="list-style-type: none"> ● Revised Osteoporosis pathway: A revised pathway is being worked up by the specialists across Devon. ● Dressings: GF met with the Tissue Viability nurses in Plymouth. The next joint meeting is in February, it is hoped to launch a South and West Devon dressing formulary in April. The CQUIN targets for South Devon are not a barrier to collaborative working across the patch. ● Antibacterial section: There a few last questions to be resolved with the microbiologists. It is hoped that this will be concluded by the end of the year. A printable crib sheet for GPs will be produced in the New Year. 	
4	Chapter 1 Gastroenterology	
	<ul style="list-style-type: none"> ● There are still a small number of secondary care issues which need to be sorted ● Testing for H. pylori, it was decided to include the diabact UBT® test kit ● Omeprazole tablets, these are to be deleted 	

- Dicycloverine to be added, mebeverine liquid to remain in as a hospital only preparation
- The merge of this Chapter is concluded, unless the outstanding secondary care issues need further discussion.

5 Chapter 2 Cardiology

There are two outstanding points

- Hospital only drugs, waiting for a response from Sara Day
- LMWH, waiting for this to be discussed

Lipid guidance, Rosie Heath has looked at the merge and agreed that the guidance is fine.

Action: To be brought back to the next meeting

6 Pain sections

Progress on the outstanding points:

- **Brand of fentanyl patches.** Matrifen® patches are already the formulary choice in the West. The Torbay palliative care team have been contacted but there has been no response
Action: CR to follow up with palliative care concerning the change to Matrifen® patches
- It was agreed to leave the information about oral fentanyl in this chapter until the palliative care chapter has been merged
- **Targinact®**, there was discussion around its approval for use in the formulary. Notes to be adjusted to reflect its use in gastro patients. To highlight the need for patients to be on appropriate doses of laxative preparation before initiating Targinact®
Action: RP/AG to check this with Jo Sykes, who applied to the South Devon DTC for Targinact to be included
- **Tramadol potency table.** It was decided to include this information as text and not in the table to avoid it being to for direct dose conversion.
- **Oral fentanyl guidelines**, there was discussion about the maximum doses and the differences between the two formulary preparations. It was decided that it was better to have separate guidance for each Effentora and Actiq
Action: RP to produce guidance for Effentora® and Actiq®
- **Neuropathic pain.** NICE have issued the updated clinical guideline, the draft formulary entry is appropriate. There was discussion about the colour of pregabalin and it was agreed to change this to yellow and to add a comment about reviewing treatment after 6 months. Duloxetine to be included as a specialist drug. Nabilone is to remain in the formulary as a red hospital only drug.
- **Migraine.** There has been no input to this from the Torbay clinicians, but there has been input from Derriford and from David Kernick in Exeter. Dihydroergotamine, flunarizine and methysergide are no longer required. A note to be added to indicate that the use of gabapentin in migraine is unlicensed.
- **Gout.** NSAIDs to be highlighted as green in acute gout. The dose of NSAIDs in prophylaxis to be checked and included.

Action: CW to mock up the section and send to RP

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- **Morphine m/r brands.** Torbay would like to remain with just MST® or to have no brand listed. The West changed from MST® to Zomorph® with no difficulties and it was felt it would be a backward step to include MST®. MST is consistently the most expensive brand and offers no practical advantages. Only inertia stops prescribers embracing an alternative. It was agreed to just include Zomorph® as the preferred brand of morphine sulphate m/r. it was thought it would be helpful to add some further notes about the similar release characteristics of the two products.

Action: IR to draft some notes on Zomorph® and send them to CW to include

- There was a discussion about the use of diamorphine or morphine in syringe drivers. There is a need for a consistent Devon-wide guidance

Action: CR to raise the choice of opioids in syringe drivers with Hugh Savill as an area for common guidance across Devon

7 Chapter 11 Eyes

GF and CW have met with Andrew Frost in Torbay and have had comments from the Derriford clinicians. The changes included in the merge were detailed. The lubricant eye preparations have been categorised under mild, moderate and severe dry eye. There was discussion regarding the use of brand names in this chapter

Action: CW to check Drug Tariff for the preparations and include the preferred brand in the formulary if not listed

The question was asked about the use of brand names in the Administration Aids section

Action: CW to liaise with IR about the preferred wording

Loteprednol, the colour of this was discussed and it was agree to add it as a red hospital only preparation as its licensed use was for 14 days after surgery.

Bimatoprost, new to the South Devon formulary, is to be included. The 100 microgram drops had previously been removed from the formulary but the clinicians now wish for it to be added.

Action: CR to ask Sanjay Verma to look at the differences in efficacy between the 300 and 100 micrograms preparations

Tafloprost, this is not included in the merged formulary as there are sufficient alternatives.

There has been a comment that it should be on the formulary as there are currently patients using this. This was discussed and it was agreed not to add tafluprost as new patients should be commenced on latanoprost preservative free.

8 Chapter 8 Malignant disease

The merger work for this chapter has been done by John Bowles and CW. The Cancer Services Pharmacists in both Trusts have commented on this chapter and have asked the opinion of appropriate secondary care clinicians. The information on the Cancer Drugs Fund cohorts needs to be included. The merged Chapter was agreed.

9 Formulary choice of pen needles

PM outlined the paper regarding the formulary choices of pen needles. The proposal to add into the formulary the three cheaper needles and delete the current choices. This was agreed.

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10 Recent drug decisions including NICE

Omnitrope has been agreed to add to the formulary as a red drug. This is a biosimilar of human growth hormone. These preparations are started in secondary care and prescribing continued by the GP. It was agreed that this could be added as a yellow drug.

The other drug decisions and NICE guidance and guidelines were noted

11 MHRA Drug Safety Update – November

There was discussion regarding the advice on brand prescribing of antiepileptic drugs and the difficulties that this raises. Rebecca Bell from South Devon is doing a piece of work on this.

Action: IR to ask Rebecca Bell to brief the committee on this

12 Formulary merger update: Noted

Any other business

- The email discussion about Insulin degludec was discussed. The Clinical Policy Committee gives consistent decisions across the whole of Devon for new preparations and their inclusion in the formularies.
- There was discussion regarding an incident where a patient, prescribed azathioprine for a neurological condition, was not monitored. The suggestion was made to put an article in local Medicines Optimisation Newsletters to highlight the monitoring required and the availability of shared care guidance.

Next meeting: Friday 10th January 2014 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ

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South and West Devon Formulary Group – Action log			
Date	Action	Responsible	Completed
June 2013	To bring a revised osteoporosis pathway to future meeting	GF	
Sept 2013	An update on the dressings project to be given to the meeting after the next dressings meeting	TM	
Sept 2013	Updated ToR for discussion – future meeting	GF	
Oct 2013	Antibacterial – to review and include the relevant appendices into the guidance	GF/ Graham Parsons	
Nov 2013	Antibacterials - A printable crib sheet for GPs will be produced.	CW	
Dec 2013	Cardiology: There are two outstanding points <ul style="list-style-type: none"> • Hospital only drugs, waiting for a response from Sara Day • LMWH, waiting for this to be discussed 	RB RB	Completed
Dec 2013	Pain <ul style="list-style-type: none"> • To follow up with palliative care concerning the change to Matrifen® patches • To check indication with Jo Sykes, who applied to the South Devon DTC for Targinact to be included • To produce guidance for Effentora® and Actiq® • NSAIDs for gout, to mock up the section and send to RP • To draft some notes on Zomorph® and send them to CW to include • To raise the choice of opioids in syringe drivers with Hugh Savill as an area for common guidance across Devon 	CR RP/AG RP CW IR CR	Completed Completed Completed
Dec 13	Chapter 11 Eyes <ul style="list-style-type: none"> • To check Drug Tariff for the preparations and include the preferred brand in the formulary if not listed • To liaise with IR about the preferred wording for the administration aids • To ask Sanjay Verma to look at the differences in efficacy between the 300 and 100 micrograms preparations 	CW CW GF	Completed
Dec 13	Brand names for epilepsy treatments <ul style="list-style-type: none"> • To ask Rebecca Bell to brief the committee on this when available 	IR	