

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 8th November 2013 - 2pm – 4.30pm

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

Present:	Chris Roome (CR) – Chair Phil Melliush (PM) – GP Keith Gillespie (KG) - GP Bill Nolan (BN) - GP Sarah Marner (SM) – Interface Pharmacist 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 Steve Cooke (SC) – Chief Pharmacist Elena Mercer (EM) – Formulary Pharmacist Andrew Gunatilleke (AG1) – Consultant, Chair SDNT DTC Paul Hughes (PH2) – Deputy Head of Prescribing	NEW Devon CCG South Devon & Torbay CCG NEW Devon 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 Plymouth Community Healthcare South Devon NHS Trust South Devon NHS Trust Kernow CCG
Invited:	Rebecca Bell (RB) – Medicines Optimisation Pharmacist Rhys Ponton (RP) – Medicines Optimisation Pharmacist	South Devon & Torbay CCG NEW Devon CCG
Apologies	Paul Humphriss (PH1) – Head of Medicines Management Larissa Sullivan (LS) – Interface Pharmacist Petrina Trueman (PT) – Joint Formularies Pharmacist	Torbay and Southern Devon Health and Care NHS Trust NEW Devon CCG NEW Devon CCG
1	Welcome: Apologies as noted above. The question was asked if a Consultant representative was going to be part of the group from Derriford. Mike Finnegan, Chair of Derriford DTC is unable to attend. JM informed the meeting that there is to be a change in the Chair of the DTC and that this person when in place will be invited to attend. David Gwynne will be attending the meeting as a GP representing NEW Devon CCG, Western Locality.	
3	Notes of last meeting 11th October 2013: These were noted and agreed.	
4	Action log: <ul style="list-style-type: none"> ● Revised Osteoporosis pathway: A revised pathway is being worked up by the specialists across Devon. ● Antibacterial section: There a few last questions to be resolved with the microbiologists. A printable crib sheet for GPs will be produced. 	
5	Chapter 2 Cardiology The merge work for this Chapter has been done by Rebecca Bell. Rebecca outlined the	

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proposed changes to both formularies. It was noted that hospital drugs must be agreed by the individual Trust internal procedures- the merge should not be an easy way of these drugs to be added to the formulary without due process. **Action: AG and EM to look at the addition of red drugs list and to inform if there is a problem.**

There was discussion in different areas, the main points/questions were:

- 2.2.1 indapamide, the recent increase in cost of 2.5mg compared to m/r 1.5mg was pointed out. It was agreed to leave the formulary choice at 2.5mg but to keep looking at the price difference.
Bendroflumethiazide: it was agreed to add a note that it is no longer first-line for hypertension and to remove this indication
- 2.2.4 co-amilofruse, it was agreed to include this (yellow) but restricted to currently treated patients only
- 2.4 beta-blockers, there was discussion regarding the different indications for these drugs and the difficulty of identifying first-line by drug.
 - It was agreed to have atenolol and bisoprolol as green but to identify in the indications where they are used first-line.
 - Carvidolol to be included just for heart failure.
 - It was agreed not to include the many indications/doses for propranolol
 - Metoprolol, it was agreed to check the cost and possibly remove the m/r preparation. Metoprolol may be used in secondary care post MI (unlicensed)
Action: to check this use with secondary care
- 2.5.1, We have been asked to include minoxidil as a hospital only drug, not currently in either formulary.
Action: EM to check if this is currently in use in secondary care
- 2.5.5.1 ACE inhibitors, prophylaxis after MI – to ascertain which are currently used for this indication
Action: JM and EM to check this use with secondary care
- 2.5.5.2 Irbesartan to be included as a blue drug, the preferred choice for renal patients.
- 2.6.2 calcium channel blockers, it was agreed to split these by type
- 2.6.3 nicorandil, it was agreed to remove to 'advice by specialist' comment
- 2.8.1 Anti-coagulants, there was discussion about when it is appropriate to use dalteparin in primary care (South Devon). It was noted that DVT treatment pathways need to be worked up, but to leave unchanged for this merge process
Action: RB to liaise with LS to find out what needs to be included for dalteparin for South Devon patients
- 2.9 clopidogrel, it was agreed to put the time-limits of treatment with the indications
- Secondary prevention of stroke / TIA
 - Accuracy of some points needs to be amended.
 - Atorvastatin needs to be added as an alternative to simvastatin
 - The use of dipyridamole alone was discussed. This will be reviewed at a later date

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- Anticoagulation, it was agreed to replace the reference to CHADS2 score with CHADS2VASC.
- Lipid guidance, Rosie Heath (Western Locality GPwSI) has offered to review this guidance. It was agreed to include the merged guidance until the reviewed guidance is available

Action: Rebecca to liaise with Rosie Heath

7 Chapters 4 and 10 (parts) Pain

The merge work for this Chapter has been done by Rhys Ponton who has worked with Andrew Gunatilleke (Torbay) and Mark Rockett (Plymouth). Rhys outlined the proposed changes to both formularies. There was discussion in different areas, the main points/questions were:

- 4.7.1 co-codamol, the addition of the 8/500 and 15/500 and co-dydramol was questioned but agreed to remain to try to restrict unnecessary escalation to stronger pain treatments
- Oral sucrose, to add a note about its use in procedural pain relief in neonates
- 4.7.2 Opioid analgesics

- There was discussion about the brands of m/r morphine sulphate. Although MST® is used in Torbay Hospital it was agreed only to include Zomorph® which is cheaper in primary care

- There was discussion about prescribing fentanyl by brand and the brand of patches to include in the formulary, Matrifen® is cheaper in primary care. It was agreed in principle to include Matrifen® but to check with Palliative Care

Action: CR to contact the palliative care teams concerning the change to Matrifen® patches

- Oral fentanyl, it was agreed to include both Actiq® and Effentora®. The guidance currently for Effentora® to be revised for both preparations. There was discussion about including most of the information on these drugs in the palliative care chapter in the future

- Tapentadol, to delete standard release preparations

- Methadone tablets, these would only be initiated by the Pain Clinics but as the prescribing would be continued they will be included as yellow.

- Opioids conversion table, there was discussion about the conversions to use and it was agreed to delete to columns regarding codeine and tramadol and to add this information separately. It was also agreed to emphasize that this is a local conversion guideline

- It was agreed not to include the Post-operative pain ladder or the Derriford Pain ladder

- 4.7.3 neuropathic pain, it was noted that revised NICE guidance on this is due soon.

- Nabilone is included, hospital only, in the South Devon guidance

Action: EM to check use and if only used occasionally to delete from the guidance

- 4.7.4 antimigraine drugs, further late amendments had been received from the Derriford specialist. No comments have been received from Torbay.

Action: To bring this section back to the next meeting

- 10.1.1 Cox II, there was discussion about the colour of these drugs and it was agreed that

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	they should all be the yellow, the same as diclofenac
4:30pm	It was agreed, due to the amount of items on the agenda during this merger process, that just two sections of the formulary should be the maximum. There was discussion about agreeing items via email, this was agreed for simple, specific questions only
7	Chapter 1 Gastrointestinal: Postponed to next meeting
8	Chapter 11 Eye – update: Postponed to a later agenda
9	Primary care prescribing costs: Postponed to next meeting
10	Recent drug approvals including NICE: Noted
	MHRA Drug Safety Update – October: Noted
11	Formulary merger update: Noted
Next meeting: Friday 11 th December 2013 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	
Oct 2013	Chapter 1 Gastrointestinal - to be bought back to the next meeting	GF	On the agenda
Nov 2013	Cardiology: <ul style="list-style-type: none"> • To look at the addition of red drugs list and to inform if there is a problem • To check metoprolol use in secondary care post MI • To check if minoxidil is currently in use in secondary care • ACE inhibitors, prophylaxis after MI – to check this use with secondary care • To liaise with LS to find out what needs to be included for dalteparin for South Devon patients • Lipid guidance, to liaise with Rosie Heath 	AG/EM RB EM RB RB RB/PLM	On the agenda On the agenda
Nov 2013	Pain <ul style="list-style-type: none"> • To contact the palliative care teams concerning the change to Matrifen® patches • Nabilone - To check use and if only used occasionally to delete from the guidance • Antimigraine drugs – section to be bought to next meeting 	CR EM RP	On the agenda