

Northern, Eastern and Western Devon Clinical Commissioning Group

Thursday 3	30 th January 2014: 9:00am – 11:00am. Meeting Room C, Tiverton Hospita	al		
Present	Chris Roome (CR)– Head of Clinical Effectiveness, Chair	NEW Devon CCG		
	Gareth Franklin (GF) – Clinical Guidance Manager	NEW Devon CCG		
	Sam Smith (SS) – Locality Medicines Optimisation Pharmacist	NEW Devon CCG		
	Carol Albury (CA) - Locality Medicines Optimisation Pharmacist	NEW Devon CCG		
	Matt King (MK) – GP, Coleridge Medical Centre	NEW Devon CCG		
	Carol Webb (CW) – Joint Formularies Technician	NEW Devon CCG		
	Hugh Savill (HS) – GP, Castle Place Surgery	NEW Devon CCG		
	Andrew Harrison (AH) – GP, The South Lawn Medical Practice	NEW Devon CCG		
	lain Carr (IC) – Medicines Optimisation Pharmacist	NEW Devon CCG		
	Tawfique Daneshmend (TD)– DTC Chair/Consultant Gastroenterologist	RD&E		
	Susie Harris (SHa) – Consultant, Elderly Care	RD&E		
	Beverly Baker (BB) – Non Medical Prescribing Lead	NEW Devon CCG		
	Tracey Foss (TF) – Chief Pharmacist	RD&E		
	Stuart Kyle (SKy) – DTC Chair / Consultant Rheumatologist	NDDH		
	Stephen Hunt (SH) – GP, Waterside Practice	NEW Devon CCG		
	Carole Knight (CK) – Formulary Pharmacist	NDDH		
Apologies	Darunee Whiting (DW) – GP, Northam Surgery	NEW Devon CCG		
	Niall Ferguson (NF) - Director of Pharmacy	NDDH		
	Simon Kay (SK) – GP, Haldon House Surgery	NEW Devon CCG		
	Amanda Gulbranson (AG)– Clinical Effectiveness Lead	DPT		
1. We	lcome and Apologies – noted above			
2.	Notes of previous meeting: The notes of the meeting of 9 th January 2014 were agreed.			
Act	ion list from the previous minutes, not on the agenda			
•	Updated osteoporosis pathway: Sky is meeting on 31 st January to discuss	sion		
	pathway with specialists from across Devon. The Committee requested a	n interim		
	statement for GPs re: withdrawal of strontium.			
•	ENT Chapter: Final comments have been received from ND specialists.			
•	Antibacterial section: The changes to the antibacterial drug choices have	been		
	agreed by local microbiologists. The Committee discussed the differences			
	SIGN guidance on the administration of IV antibiotics in primary care.			
	Action: To check with the paediatricians in regard to meningitis treatment			
	Diabetic neuropathy: To discuss the possibility of having a single piece of			
	neuropathic pain guidance for both diabetic and non-diabetic patients. Smit			
•	Epilepsy branded drugs: GF reported that DPT has issued a statement, re	-stating the		
•	Epilepsy branded drugs: GF reported that DPT has issued a statement, re MHRA alert. CA reported that the data on costs will be taken to the C 2C r	-		

3. **Pain**

The merge of these sections of the formulary has been done by Carl Peacock, who led the meeting through the points for discussion.

- Co-codamol 30/500, it was agreed to remove the word mild from the indication
- Oxycodone, it was agreed for this to be reclassified from specialists to secondline, with the place in therapy and cost highlighted.
- Tapentadol, it was agreed that this should remain a specialist initiated drug
- Opioid conversions, there is some ambiguity in the conversions for fentanyl, it was agreed to keep with the British Pain Society conversions
 SH had looked at the SW Formulary information on tramadol and codeine equivalent doses and agreed it would be very useful to include
- Neuropathic pain, the SW Formulary guidance document has been produced since the revised NICE guideline. The Committee supported adopting the SW guidance for use in the NE, suggesting the following amendments.
 - Gabapentin, to emphasize that patients need to be titrated up from 300mg, taking care with elderly patients. To check the maximum dose as it differs from the BNF
 - Screening questionnaires, to delete this sentence
 - To note the high cost of lidocaine patches
 - Pregabalin, to emphasize the notes regarding the flat pricing and twice a day dose

Action: Carl Peacock to share revised advice with local specialists.

- Migraine
 - Almotriptan and frovatriptan to be the second-line formulary choices, sumatiptan is first-line. To add some clinical notes regarding the differences between the triptans
 - There was discussion regarding pizotifen, it was agreed that this should remain in the formulary
 - In the step-wise treatment it was agreed just to include the drug class and not to name specific drugs
 - To include notes about self-care at the beginning of the step-wise treatment
- NSAIDs
 - \circ $\;$ It was agreed that dicolfenac and the coxibs remain 'specialist use'
 - \circ $\;$ Indometacin to be removed from the formulary
- Osteoarthritis, there was discussion about topical capsaicin. It was agreed to remove the 'colour' from the treatment guidance
- 10.1.3 all of these drugs are covered by shared care agreements. Sky reported that he is working with clinicians to align the monitoring requirements in the

	shared care guidelines, the group supported this work.				
	 Mycophenolate needs to be noted in the section 				
	• 10.1.4 Gout				
	 it was agreed to add the drug class rather than the drug names in the treatment guidance 				
	 Long term control of gout, to add some wording regarding other 				
	medications. SH agreed to draft some wording.				
	 10.3.2 Rubefacients, to add wording about self-care. To add some notes to 				
	diclofenac and choosing the correct strength of preparation to prescribe				
4. Chapter 1 GI update:					
	Octasa [®] has been added to the formulary. There was discussion about the prescribing of				
	brands and it was agreed not to add a statement about mesalazine products not being				
	interchangeable.				
	Information for the formulary regarding maintenance and remission in Crohn's disease is				
	still to be added. Waiting for a response from the clinicians				
Due to	o time constraints items 5 – 10 of the agenda will be carried over to the next meeting				
11.	Combined oral contraceptives: It was agreed to amend the formulary with the				
	alternatives suggested.				
12.	Recent drugs decisions: These were noted				
13.	MHRA Drug Safety Updates, January: These were noted				

Next meeting: Thursday 27th February 2014 Meeting Room C, Tiverton Hospital, Tiverton EX16 6NT

Northern & Eastern Formulary – Action Log				
Date	Action	Responsible		
Nov 2013	Updated osteoporosis pathway	Sky		
Nov 2013	Pain			
	 Share updated Neuropathic pain guidance with pain consultants 	Carl Peacock		
	• Share single neuropathy guidance with endocrinologists	Grant Smith /		
		GF		
Nov 2013	GI Chapter			
	 Information on maintenance and remission in Crohn's 	TD		
	disease			
Nov 2013	ENT Chapter			
	Final draft to be bought to future	GF		
30 th Jan 14	Antibacterial section			
	 Meningitis: To check with paediatricians 	GF		