Enclosure 1

Meeting of the Formulary Working Group (FWG)
Held on Friday 11th July 2014, Boardroom 1, Anglesey House, Rugeley

		6/9/13	1/11/13	17/01/14	16/05/14	11/07/14	12/09/14
Samantha Buckingham (SJB)	Stafford & Surrounds CCG Pharmaceutical Adviser	**A**	✓	**X**	**A**	✓	
Mahesh Mistry (MM)	Head of medicines Management SES & SP CCG				✓	✓	
Dr Judith Crosse (DrJCr)	GP ES CCG	✓	✓	✓	**A**	✓	
Nadini Budree (NB)	Mid Staffs Hospital	✓	✓	**A**	**A**	✓	
Lesley Brown (LB)	Acting Chief Pharmacist Burton Hospitals NHS	✓	✓	✓	✓	✓	
Robert Weglicki (RW)	Practice Pharmacist representing East Staffs CCG	✓	✓	✓	✓	✓	
Sharuna Reddy (SR)	Pharmaceutical Adviser-CC CCG	✓	**A**	✓	**A**	**A**	
Dr Claire Pilkington (DrCP)	GP SES & SP CCG	✓	✓	✓	✓	✓	
Lesley Arnold (LA)	Medicines Support Officer-South Staffordshire CCGs	✓	✓	**A**	✓	✓	
Dr Anna Onabolu (DrAO)	GP Cannock CCG		✓	✓	**A**	**X**	
Dr David Cook						✓	

Key: ✓ = Attended
A = Apologies X = Not Attended

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Minutes:

1.	**Welcome and Apologies**	Actions
2	**No conflicts of interest were noted.**	
3.	**Minutes from previous meeting** These were approved as a True Record	
4	**Matters arising from Actions** • **Fluorometholone** – changed on the Formulary to AMBER and article in the APG Newsletter • **Tafluprost** – LB had not received any response so assume no issues • **Eye Clinic in Cannock** – SR to confirm if still open • **Actikerell / Efudix Link** – DrCP to send to MS • **Allergic Conjuntivitis** – LB reported that Peter Harvey had done the guidelines and these were circulated. The group felt that the guidelines were not needed at the moment. • **Diabetes Pathway** – this was circulated. Dr Willis had made some comments about it not following NICE guidelines. LB to forward any comments received to RW to discuss with DrJC. Bring back to the next meeting. • **NetFormulary** – MS informed the group that this had now been agreed with all four CCGs and a Purchase Order had been raised . MS hoped that most of this new formulary will be set up by the end of September. MS confirmed that the initial movement across to the Net Formulary will be done centrally**.**	SR DrCP LB RW/DrJC
5.	**STOPP/START Tool** – MS presented two different versions of this, one was the booklet and the other a web based tool. Polypharmacy in the elderly is a huge risk area and this new tool reflects some to the work that can be done on Pincer. MM said that his team will be doing some work next year on Polypharmacy in the Elderly so thought this would be useful for GPs to refer too. RW said that he had piloted this scheme in Trent Meadows Practice and although it involves a lot of work it does get results. RW said that there is quite a learning curve to this tool but thought that it would be easier for the GPs as they know the patients better than the Practice Pharmacists. DrJC thought that this would be good in a booklet format like the Antimicrobial guidelines. Do we need to have something similar in the Acute Trusts for when patients are End of Life and may need to have the medication slowing down? MS to have a look if there is anything available to support medication discontinuation	MS

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as end of life.

MS

Action: MS to adapt the two versions to create a web-based and handheld version for GPs and Community Matrons. DrJC mentioned the Community Falls Assessment Unit may be interested in this tool to make them more aware of the effect of drugs on a patients balance. (Post meeting note- funding decisions will be needed for production of booklet, and whether CCG will charge SSOTP for these)

6. **Emollient Guidance** – RW presented the North Staffs Emollient Guide with tracked comments on. He said that some of the drugs were Category M and the prices were quite expensive. Category M drugs are generic drugs with a fixed price by the Secretary of State but the price is very volatile.

Actions:

- MS asked if there were any recommendations for Emollients on the Woundcare Formulary and it was not confirmed.(Post meeting note- no emollient recommendations included in Woundcare formulary)
- MM to find out if anything could be implemented on Scriptswitch for emollients — MM
- Agreed that once recommendations are complete they will be reviewed every 12 months to ensure best value in maintained.
- Agreed to recommend the following with Pack sizes to be added : — RW
  Emollients: Emulsifying Ointment, Liquid Soft, Hydramol Ointment and Hydrous Ointment. ZeroAQS cream, Aquamax cream and Zerocream.
  Emollient with Urea: Balneum cream 500g. RW to check is this is available as an OTC cream. Add a Heel Balm for Diabetics only.
  Barrier Preps – Conotrane Cream (100g)
  Emollient Bath Additives/Wash – Hydramol Bath and shower emollient

There were no issues with the Corticosteroid recommendations- and these were therefore agreed.

DrJC asked that this is then communicated to the Community Pharmacists so that they know what we are recommending for GPs to prescribe. — LA

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7. **Prescribing Guidelines for the Management of Neuropathic Pain** – Agreed to approve this

8. **Suggestions for Drug Monitoring in Adults in Primary Care** – MM to check that it agrees with the Secondary Care letters being sent out to patients. Agreed to approve for using when updating and writing ESCAs. MM

9. **Formulary Application for Relvar in COPD** – Dr David Cook had requested this product to be added to the Formulary for the following reasons:

In accordance with NICE guidance, ICS/LABA combinations should be offered for patients with stable COPD

- *with a FEV_1<50% who remain breathless or have exacerbations despite using a short acting bronchodilator (SABA)*

ICS/LABA combinations may also be considered for patients with stable COPD:

- *with a FEV_1≥50% who remain breathless or have exacerbations despite maintenance therapy with a long-acting β_2 agonist (LABA)*
- *who remain breathless or have exacerbations irrespective of their FEV_1 despite maintenance therapy with a long-acting muscarinic agonist (LAMA)*

There are currently only 2 licensed combined ICS/LABA devices for COPD in the UK. This is a very limited range of 2 devices that limits the on license prescribing for COPD to patients where they have good inhaler technique with either the accuhaler or turbohaler.

Adding a 3rd licensed device to the formulary gives clinicians an additional alternative licensed option for prescribing of an ICS/LABA combination within COPD.

Relvar is currently the cheapest of the licensed ICS/LABA combinations for COPD indicating potential efficiency savings within on license prescribing.

The 30-day cost of Relvar Ellipta 92/22 mcg is £27.80 This is the only strength licnesed in COPD

MS said that this was discussed at length at the last meeting regarding using this for Asthma. MTRAC have not recommended this on a safety issue because of the colour of the device. Nandini confirmed this was not agreed at D&T MS

Action: Agreed to add this as AMBER with a RiCAD for certain conditions (Initialized by the Consultant and once stabilized then GP to prescribe) Agreed to look at COPD in January and to update the current COPD Guidelines. MM to look at these guidelines prior to the meeting in January 2015. LA TO ADD TO AGENDA

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10. **Atrial Fibrillation – Reducing the Risk of Stroke**

MS had updated the Telford and Wrekin CCG guidelines with incorporated comments but apologised for not circulating this prior to the meeting. MS had taken out all references to T&W services and also made clear that the Dual Antiplatelet therapy is not part of the NICE guidance now and the rationale behind that and why they did not make a recommendation. The references have also been updated.

MS said he had concerns about how this may be implemented on the various patches due to the variation in processes and monitoring arrangements for Wararin initiation and monitoring. Some refer to Secondary Care, some have a LES and it differs in each area. This guidance obviously needs to reflect what each CCG area is doing, even some Practices differed within each CCG.

Action: MS agreed to send out the amended version for comments and then to get this agreed as soon as possible. DrJC queried the dosage of Warfarin tablets as they have always recommended 1mg tablets and the guidance says variable. MS clarified that apart from East CCG, the other CCGs use 3mg and 5mg Warfarin tablets, it was therefore agreed to take out the line at the top of page 4 "*Issue the patient with a prescription for warfarin 1mg and 3mg tablets*". MS to add a box to this guidance about NOACs not indicated for patients with valvular AF. MS MS

LB said they were thinking of designing a NOACs card to give to patients with the recommend follow up information on for Burton and will be taking this to the next D&T meeting. LB had a template from the European Society of Cardiology and Nandini said they were looking at producing a leaflet for their patients.

RW said that they would like to get Community Pharmacists on board to do New Medicine Services and would do follow ups with Anticoagulant patients. MM said this would be done through the LPC to raise at Training events. Patient Decision Aids was also something that CCGs need to highlight with patients forums. Dr Cook did not think that this would happen in Acute Hospitals.

11. **Heart of England RiCADs for Rivaroxaban for the treatment of acute deep vein thrombosis, Rivaroxaban for the prevention of stroke and systemic embolism in atrial fibrillation, Dabigatran etexilate (Pradaxa) and Apixaban.**

MS clarified that these were just for information and we are aware that HoE will be using these and some South East Patients may be issued with these.

12. **Position Statement for Shared Care Prescribing**

MS said that this group would be suggesting ESCAs for the safe prescribing of medicines that have specific monitoring requirements.

Action: This document was agreed.

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13. **New Drug Launches 2014**

Action : Agreed to discuss next time to see if there are any products that we need to look at, although a lot of these were NHS England.

MS informed NB that if any drugs are agreed at their D&T can she inform us so that we can update the formulary. NB

14. **UKMi – What should be considered when prescribing medicines for patients who have undergone bariatric surgery?**

Agreed to add this to NetFormulary MS

15. **Vitamin D Guidelines**

Actions: Agreed to add HuxD3 capsules to the formulary as product of choice and then a maintenance preparation also to be offered. Treatment only to be prescribed. MM

MS to find out who is involved with Healthy Start within Public Health. This to be brought back to the next meeting for discussion. MS

15. **Any other Business**

Domperidone – DrJC wanted confirmation on how GPs should manage this when switching patients. Can GPs be given a set time for prescribing this?

UKMi guidance on Domperidone to be circulated to APG group. LA

16. **Letters from Renal team at Derby –**

RW said that they were switching their patients Renovit to Dialivit as approved by Derby D&T. This is a food supplement for Renal patients and would look into the cost implication for this. DrCP thought that this was also being prescribed at Samual Johnson Hospital by Dr Dasgupta. RW

17. **Dapsone** – LA to check prescribing for next time. LA

18. **Esmya – treatment for fibroids**

LB said that previously this was prescribed for 3 months and the license has now been extended for 6 months. MS to look at the implications and value of this for next time. MS

19. **Gluten Free Guidelines**

MM said that Dudley CCG have a system in place where they issue a card or leaflet so that the patients can tick up to 10 units per month. MM agreed to look into this for the next meeting. MM

18. **Date and Time of Next Meeting:**

Friday 12th September 2014 in the Boardroom, Anglesey House, Rugeley WS15 1UZ

Agenda Items to Lesley by Friday 29th August 2014

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