Nottinghamshire Joint Formulary Group Meeting Minutes

Thursday 19th December 2019, 2-5pm
Boardroom, Duncan Macmillan House

Present:
David Kellock (DK) Consultant, SFHFT (Chair)
Debbie Storer (DS), Medicines Information Pharmacist, NUH
Steve Haigh (SH), Medicines Information Pharmacist, SFHFT
Laura Catt (LC), Prescribing Interface Advisor, Nottinghamshire County CCGs
Karen Robinson (KR), APC/Formulary Support Technician
Shadia Jenner (SJ), Interface/Formulary Pharmacist/ Medicines Management Pharmacist Mansfield and Ashfield CCG
Naveen Dosanjh (ND), Deputy Chief Pharmacist, Nottinghamshire Healthcare Trust
Jill Theobald (JT), Interface Efficiencies Pharmacist, Greater Nottingham CCP

Apologies:
Nicholas Sherwood (NS), Mental Health Interface Pharmacist, Nottinghamshire Healthcare Trust
David Wicks (DW), GP and Local Medical Committee.
Deepa Tailor (DT), Interface/Formulary Pharmacist/ Medicines Management Pharmacist City CCG
Esther Gladman (EG), GP Prescribing Lead, Nottingham City CCG
Steve May (SM), Chief Pharmacist, SFHFT
Tanya Behrendt (TB) Deputy AD Medicines Management, Nottingham City CCG

Agenda item	Notes
1. Apologies	Noted (see above).
2. Declarations of interest	SJ declared that a family member has primary progressive multiple sclerosis (PPMS), NICE guidance for MS is detailed in the horizon scanning. As SJ had reviewed this guidance, only facts were presented and no further discussion was had. None declared from other JFG members.
3. Minutes of previous meeting	The minutes from the last meeting were accepted by the group. **ACTION: KR to upload Oct19 minutes to APC website**
4. Matters arising and JFG action log	**Dapagliflozin** - Optimise Rx message was outstanding. **ACTION: JT to request a message.** **Solifenacin 1mg/ml** oral suspension sugar free (Vesicare®), following APC (Nov 19) a decision was made to classify this as AMBER 3 in line with other solfenacin formulations, JFG had previously recommended a GREEN classification. JFG accepted this change of classification. **Celecoxib** (Celebrex®) - SH will bring a formal review of the safety of celecoxib to a future JFG. Links to the PRAC medication safety alert regarding high-strength estrADiol creams have been removed from the Joint Formulary website because these

	creams are not marketed in the UK. A correction has been disseminated via email by the interface team to confirm that **estriol** creams are not affected by the safety alert. **Action Log:** ePACT prescribing of budesonide for IBD had been reviewed and the current prescribing trend was in line with the original submission's expected volume. Tresiba® insulin (degludec) uasage has been reviewed and volume used agreed as appropriate, to be removed from the action log. ** ***All other items were either completed or included on the agenda.*** **
5. Antimicrobial guidelines update	**Cellulitis** The Cellulitis guideline has been updated to incorporate changes proposed in the Cellulitis and Erysipelas: Antimicrobial Prescribing – NICE guidance NG141 which aims to optimise antibiotic use and reduce antibiotic resistance. Changes include: • Erythromycin added as an option in pregnancy • Specific dose ranges have been included for child age groups • Facial cellulitis with penicillin allergy the addition of metronidazole (if anaerobes suspected) • Facial cellulitis, clindamycin to reduce the tablet burden • Link to NICE added as part of the table for slow response Variations to the NG141 update as recommended by Dr Weston (NUH microbiology) • Keep to 7 days duration not 5-7 days. 5-7 days used in hospital patients where patients are being monitored. • The addition of co-amoxiclav not previously included and its addition again now was felt to be unwarranted. The group agreed the update, Dr Weston's recommendations and the amendments as per NG141 with the following amendments: • Clarithromycin specific weighted dose table to be included rather than having a hyperlink to the NICE recommendations. • Check clarithromycin BD dosing with Andrew Wignell (paeds pharmacist, NUH) • Check flucloxacillin paediatric dosing as doesn't currently match NICE. • Clindamycin – use fixed dose rather than range, or explain when higher dose would be used. • Change the word drug to medicine throughout the document. • Add contact details for OPAT North. **Action: KR to take to APC with the suggested changes** **Community Acquired Pneumonia (CAP)** The CAP guideline has been updated to incorporate changes proposed in the Pneumonia (community-acquired): antimicrobial prescribing NICE guidance NG138, which aimed to optimise antibiotic use and reduce antibiotic resistance. The changes that have taken place are as follows: • CURB-65 = 0 and CURB-65 = 1 has been amalgamated as the antibiotic choices are now the same.

	• Doxycycline course duration reduced previously stated: review at 3 days and extend to 7-10 days slow/poor response. Now reads as a 5 day course in total. • Previously CURB-65 = 1 was treated with both Amoxicillin and Clarithromycin; or Doxycycline. Now reads Amoxicillin or Clarithromycin or Doxycycline • New addition of Erythromycin in pregnancy 500mg QDS for 5 days The group agreed the update with the following amendment as per NG138: As this was community acquired guideline the group felt that within the primary care setting the CRB-65 rather than CURB-65 should be used as a clinical decision making guide. **Action: KR to take to APC with the changes** **Influenza** The influenza A and B antimicrobial guideline has been updated to include a renal dosing table. Dr Weston had made a few minor amendments and added the dosing table. The table is based on doses from the renal drug handbook which differ from the BNF and SPC. Dr Weston has consulted with Microbiology at SFH who agree that their trust use the same doses as NUH. The group felt the table for post exposure prophylaxis needed a small change to offer better clarity of dose and dose duration. **Action: LC to update the table and send via email for ratification rather than wait for APC as already into flu season**
6 Standard strengths for paediatric liquids	The Royal College of Paediatrics and Child Health (RCPCH) and the Neonatal and Paediatric Pharmacists Group (NPPG) have issued a positon statement listing recommended strength liquid formulations suitable for use in children. https://www.rcpch.ac.uk/resources/using-standardised-strengths-unlicensed-liquid-medicines-children-joint-position. Additional common liquid products were included locally because they have been associated with incidents (captopril, clonazepam, furosemide, midazolam & propranolol). Nottinghamshire have been asked to adopt the suggested strengths to reduce the risk of dosing errors and rationalise the use of unlicensed specials. JT explained both SFHT and NUH were happy to use the standard strengths listed with the exception of omeprazole - awaiting the NUH GORD guideline update. JFG asked for clarification on the following points: • Pyrazinamide – the liquid is not currently on formulary so this will have to go to DTC (RED traffic light for tablets) • Sodium Chloride – The licensed product, SodiClor was not included on the standard strengths list due to excessive volume, but is the most common preparation used in primary care (but only 4 issues). JT to check with Andrew Wignell (paeds pharmacist, NUH) • Cost pressure – requested that the total estimated cost pressure be presented at APC. **Action: JT to take to APC**

7 Alternatives to using Specials Database	JT presented an interim update of the specials database which had been updated to reflect the current formulary. Solifenacin liquid added Carbocisteine sachets added Oxybutynin – added information about 5mg/5ml strength being more cost effective and also info on crushing tablets. No further formulary changes were required. **Action: JT to take to APC**
8 Eye lubricant products formulary update	SH briefed the group on the latest changes to the Eye lubricant products formulary. The following changes had been made: • Moved from Ophthalmology Only to the Other Products on the Market section: Clinitas UDVs® (£5.70 for 30) (Hyaluronate 0.4%) Clinitas Multi® (£7 for 10ml, 3 month expiry) (Hyaluronate 0.4%) • Added to the Other Products on the Market section: Clinitas® 0.2% UDVs • Removed (unknown thickness) Xailin HA® (0.2% Hyaluronate, 10ml, £7, 1 month expiry) Hydramed® (Hyaluronate 0.2%, £6, 10ml, 3 month expiry) Cellusan® (Carmellose 1%, £5 for 10ml, 3 month expiry) Cellusan light® (Carmellose 0.5%, £5 for 10ml, 3 month expiry) JT will obtain the ePACT data for those products that have been removed to access any potential impact within Primary Care. It was noted the list is for new patients, it is not designed for existing patients to switch products over. Clinitas® 0.2% UDVs are not listed in the BNF, neither can they be prescribed via SystmOne so these will be removed from the eye lubricant list. **Action: JT to obtain ePACT data. SH will amend to submit to the APC.**
9 New applications	**Betesil Plasters (Betametasone)** Betesil® Medicated Plasters (Each 7.5 cm x 10 cm medicated plaster contains: 2.250 mg of betamethasone valerate (corresponding to 1.845 mg of betamethasone)) An application was received from Dermatology at NUH for the inclusion of Betesil® Medicated Plasters to the formulary for patients with inflammatory skin disorders which do not respond to treatment with less potent corticosteroids, such as eczema, lichenification, lichen planus, granuloma annulare, palmoplantar pustulosis, mycosis fungoides and chronic recalcitrant plaque psoriasis. An AMBER 2 classification had been requested. This product is currently GREY on the APC formulary. SJ presented the trial data for the plasters and explained the plasters can be cut and have an expiry one month after opening. The costings that have been included are based on 1 plaster per day The group discussed that conditions such as psoriasis are usually bi-lateral so

	even if plasters were cut it is likely 1 or 2 would be required. The Betesil® plasters appear to be more cost effective than Haelan® tape. SJ pointed out that the Haelan® tape has a moderate potency steroid, whereas the Betesil® plasters contain a potent steroid, so are not interchangeable. Occlusive dressing price was not included in the cost comparison table. The committee requested more information around costing per cm2 for a cream with occlusive dressing to accurately compare cost with the Betesil® plaster. **Action: SJ to check ePACT for high potency steroids to find what is favoured** **Ask submitters which cream is it to replace and what volume of cream would be used to cover the same surface area as a Betesil® plaster.** **SJ to create a cost per cm2 comparison which includes dressings and Haelan® tape prices have a comparable costings data.** **Deflazacort (Calcort®)** Deflazacort 6mg tablet (Calcort®) is currently classified GREY in Nottinghamshire. No formal assessment. NUH Paediatric Neurology have requested an AMBER 2 classification for deflazacort 6mg tablets (Calcort®), second line to prednisolone for patients with Duchenne's Muscular Dystrophy (DMD) who meet one of following criteria • Excessive weight gain deemed to be clinically significant by the treating physician, despite healthy diet. • Significant pre-morbid obesity NUH would also like consideration of "patient preference". The intention is not to replace what is currently used but to be added and reserved for patients showing or at risk of excessive weight gain. Small numbers are expected and it has been shown as an effective medication. The group felt patient preference was not appropriate indication. JFG recommended an AMBER 2 classification reserved for patients showing excessive weight gain or where current weight is already excessive **Action: DT to take to APC** **Rivaroxaban (NICE TA 607)** Published October 17, 2019; Compliance with NICE TA required by January 9, 2020. Rivaroxaban plus aspirin is recommended as an option for preventing atherothrombotic events in adults with coronary artery disease or symptomatic peripheral artery disease who are at high risk of ischaemic events. The group discussed the classification and felt an interim AMBER 2 classification was warranted in order to comply with the TA but a further review was required with a view to classifying as AMBER 3. **Action: SJ to email APC for ratification and scope the possibility of an AMBER 3 classification with a guideline** **Pentosan (NICE TA 610)** Published November 13, 2019; Compliance with NICE TA required by Tuesday 11, 2020. Pentosan polysulfate sodium is recommended as an option for treating bladder pain syndrome with glomerulations or Hunner's lesions in adults with

	urinary urgency and frequency, and moderate to severe pain. ePACT showed no current prescribing in Primary Care. The group recommended a RED classification **Action: Deferred to Trust DTCs.**
10. Formulary amendments	All formulary amendments were accepted, except the following which were discussed further: **Hydrocortisone ointment** 0.5% and 2.5%. Identify the volume of patients currently being prescribed 0.5% and 2.5% strength ointments and discuss prior to a classification change. **Action: JT to obtain ePACT and gain GP input for APC.** Agreed that all safety links should be added to the formulary **Action: KR to add the safety links detailed to the formulary**
11. Horizon scanning	Horizon scanning presented. All recommendations were accepted with the exception of the following: **Epidyolex® 100 mg/ml** oral solution (cannabidiol) Adjunctive therapy of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome, in conjunction with clobazam, for patients 2 years of age and older. This item was not reviewed and will be reviewed in line with the TA published 18th December. **Nicotine inhaler Voke®** 0.45mg/dose inhaler (20 doses per inhalator), Kind Consumer Ltd. Nottinghamshire Smoking Cessation treatment algorithm is due for revision in March 2020. This includes inhalators e.g. Nicorette inhalator. KR to contact the commissioned smoking cessation team(s) to ascertain if the Voke® inhaler is going to be a considered addition to the algorithm, in addition establish whether other products listed on the formulary have medical licences. **Action: Advise GREY to APC and KR to obtain other information** Diabetic foot problems: prevention and management – updated guidance (NG19). New recommendations on antimicrobial prescribing for adults with a diabetic foot infection. This has been submitted to Dr Weston who in turn has passed it to the Diabetic foot care team to review. **Action: KR to follow up** Diverticular disease: diagnosis and management – guidance (NG147) to send to Microbiology for review. **Action: KR to follow up**
12. Dates of future meetings	**Next meeting:** Thursday 20th February 2019, Boardroom, Duncan Macmillan House
13. Any other business	Interface Team staffing update Irina Varlan will return from maternity leave in July but into a different post. Her current post will be recruited to after Christmas. Lynne Kennel will return in March. Nick Sherwood leaves his post at the end of the month and his replacement, Hannah Godden, will start in February.

The meeting ended at 1600hrs