NHS
Somerset
Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 10th February 2016.**

Present:	Dr Geoff Sharp (GS)	Chairman, CCG Prescribing Lead
	Dr Toby Burne (TB)	CLICK Representative
	Steve DuBois (SDB)	Somerset Partnership Representative
	Dr Adrian Fulford (AF)	Taunton representative
	Matt Harvey (MH)	LPC Representative
	Catherine Henley (CH)	Locality Medicines Manager
	Dr Mike Holmes (MHo)	South Somerset Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Dr Carol Reynolds (CR)	North Sedgemoor Representative
	Dr Piers Jennings (PJ)	East Mendip representative
	Donna Yell (DY)	Prescribing Support Technician, Secretary
Apologies:	Dr David Davies (DD)	West Somerset Representative
	Dr Steve Edgar (SE)	LMC Representative
	Shaun Green (SG)	Associate Director, Head of Medicines Management
	Liz Harewood (LH)	Somerset Partnership Representative
	Gordon Jackson (GJ)	Lay Representative
	Dr James Nicholls (JN)	West Mendip Representative

1 INTRODUCTIONS

Helen Spry – Locality Medicines Manager attended to present item 5.2: Scorecard indicators for 2016/17. She left after making her presentation.

Jo Bird – Quality and Improvement Manager who works in the Patient Safety and Engagement team arrived at 10.30 to present item 6.1: Medication Incidents report. She left after making her presentation.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST

All GP's present would have an interest in item 5.2: Scorecard indicators for 2016/17

4 MINUTES OF MEETING HELD ON 13th January 2016

4.1 Agreed as an accurate record of the meeting.

4.2 **Review of Action points**

GS ran through the action points from the last meeting. Most actions were complete or raised on the agenda. The following items were specifically noted:

3. Sliding Scale / Variable Rate Dosing Insulin.
   PAMM viewed the revised draft MAR, there was a discussion around the difference between variable dose rate and sliding scale. PJ pointed out the line "Variable rate insulin prescribing" should probably say Variable 'Dose' insulin, SDB to feedback. Electronic version to be shared with PAMM GP's for comment.

4. Seasonal Flu Vaccination by District Nurses (DN).
   SDB reported that DN's do not actively hunt patients requiring flu vaccination but would vaccinate opportunistically. The Patient Group Directive (PGD) from NHS England was received late for the 2015/16 flu season. It is due in July this year for the 2016/17 season. Sompar do not have a flu vaccination policy at the

moment which has been flagged up and they aim to be more proactive for the 2016/17 season. PJ raised an issue he has encountered for one of his patients who was an in-patient identified as needing the vaccination but nurses at the trust would not administer it, they required a district nurse to administer. In addition there is an issue with DN's not administering unless the patient is on their case load. SDB thought that patients could go onto the DN case load to have a flu jab.
Sompar are looking at the whole process and SDB will feedback all comments.

8. Learning from 2014/15 incentive audits.
The development of an EMIS Web pop-up alert would be very complicated and time consuming. CH is looking at using Eclipse Alerts to be able to calculate and raise concerns about anticholinergic load.

GS contacted secondary care around the up titrating of beta blockers, ACE inhibitors (or sartans) for post MI patients. There was a debate around the medico legal risks of not following the NICE guidelines and achieving a balance with the resources available to do the work.

9. Vitamin B12 advice on investigation and management.

RUH guidance was presented at the last PAMM meeting with the hope that it would be adopted by local trusts. Some concerns have been fed back and emails have been sent from the chief pharmacists to the path labs querying the levels and thresholds.

If adopted the guidance could potentially be put within the navigator app. Outcome to be fed back to PAMM.

10. DY read out LH's email response. The continence nurses don't direct patients to any particular supplier, if patients are assessed as requiring specialised products they will be referred to a company specialist nurse for fitting but there is no obligation to use the company as a supplier. A memo is being drafted to remind people of the process and highlight the consent issues. CR raised an issue with the continence formulary, a previously routine silicon catheter has now become difficult to obtain and is incurring an additional specials fee.

DY to pass on to Gaynor Woodland the Medicines Management continence lead to investigate and liaise with continence team to update formulary. SDB to discuss with wholesalers.

11. Use of Toujeo® in Trusts outside Somerset
CH reported that:
Weston hospital is recommending Toujeo® for some patients, but not Somerset patients.

RuH have not yet considered Toujeo® but it is on the agenda for their next JFG meeting.

Once all formulary decisions are back, CH will write a newsletter article to raise awareness with practices that this is still a non-formulary product in Somerset.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising

5.1 **Practice implementation of COG recommendations**

Most practices have responded. This was on the agenda at COG last week. PAMM delegates were asked to investigate with colleagues why their practices have not responded.

MHo: South Somerset have 2 non-responders.

TB: CLICK practices have all responded. TB raised that a lot of feedback was around the GRASP tools, his IT lead has found it difficult to install. The medicines management team are looking at some IT support to go and help practices get it set up. It was mentioned that Eclipse can monitor in a similar way.

GS reiterated that the feedback is important to identify resistant practices and helps us understand the barriers to change and to focus support.

5.2 **2016-17 Scorecard Indicators**

Helen Spry brought the proposed draft scorecard to PAMM for discussion.
The data presented was based on November 2015 data.

Finance has asked the Medicines Management Team (MMT) to save £3M against the prescribing budget during16/17. The new scorecard has been set up to deliver £2M worth of savings (if all indicators turned green at the beginning of the year).

The proposed new scorecard incorporates the following changes:

Removed Indicators 15/16

- Amlodipine and Lercanidipine
- Carbamazepine
- Movicol
- Prednisolone
- Sartans

The MMT will continue to monitor these indicators but propose not to make them part of the prescribing and quality improvement scheme because most practices have now achieved target.

New Indicators for 16/17

- Sirdupla MDI and Airflusal Forspiro as a % salmeterol / fluticasone MDI inhalers combined inhalers of the same strength. **Target = 70%**
- Diagemet XL or Sukkarto MR as a % of all modified release metformin prescribing **Target = 80%**
- Longtec or Shortec as % of all oxycodone prescribing. **Target = 75%**
- Soluble analgesics 2016/17 – co-codamol or paracetamol -non-soluble tablets and caplets as % all tabs and caps. **Target = 98.5%**
- Sip Feeds – Net Ingredient Cost per PU over 3 months **</= £0.3**
  This indicator is around the volume of sip feeds used rather than the use of specific brands.

Increased Targets for 16/17

- Urinary incontinence drugs- increase target from 60% to 70% first and second line choices.
- Venlafaxine- increase from 50% to 70% immediate release or cost effective modified release products.

- Sildenafil- increase from 75% to 85% of all phosphodiesterase inhibitors
- Calcium and vitamin D- a broader range of products are now 'project positive. Therefore increase from 50% to 70%
- Contraceptives (branded) increase from 60% to 75%
- Gliptins raised from 50% to 60% as alogliptin as a % of all gliptins
- Statins and Ezetimibe raised from 92.5% to 95%

Adjusted projects

- Emollients- Zerobase and Zerocream pumps have been added in to provide a broader range of project positive emollients as well as ensuring that there is a cost effective pump available. Target remains the same.
- Opioid target- now prefers Zomorph as MR morphine product of choice and Matrifen/ Fencino patches. Generic MR morphine preps, MST and generic fentanyl patches are now project negative. There is a new 7 day branded generic buprenorphine patch (Butec®) on the market which, if approved, will be made project positive along with Hapoctasin®.(a cost effective 3 day buprenorphine patch)

All revised targets were agreed except Sip Feeds. There was a discussion around the proposed Sip Feed indicator. The main points were:

- The implications for practices with large groups of patients resident in care homes. It was felt that those practices a larger proportion of care home patients would be might prescribe more sip feeds and therefore could be disadvantaged by this indicator.
- Getting patients to change sip feeds requires a lot of work. Secondary care often initiate patients on more expensive options. It would be useful to have the dieticians on board.
- The MMT felt that the target is realistic because many are already achieving the target and we are aware that there are many patients who do not have a MUST score and/or who have a BMI that suggests they do not need sip feeds who would benefit from a review.
- PAMM would like to support but want assurance that it is achievable.
- The scorecard has been balanced to achieve savings £2M. If we lose this indicator or change the target then then we will need to find something else or adjust other targets to rebalance the scorecard,

There was a request for clarification around the Matoride® and Xenidate® indicator. Although we know the ADHD lead at YDH has approved the switch to Matoride it was not clear if the paediatricians have also agreed.

PAMM would like to share a list of the preferred products for each indicator, some information and tips on how to tackle the switches / changes and to detail the cost savings associated with to each indicator, as although small savings for individual practices the whole picture provides a large saving.

CR raised that the scorecard has been proposed to be added into the enhanced service contract as part of the Somerset Together, Outcomes based commissioning arrangements. She felt this could be detrimental, if the scorecard is not achieved they may not achieve the requirements of the enhanced service criteria. HS pointed out that the thresholds and targets set for the scorecard are set to be achievable.

GS stated that although this was a good point, PAMM can only comment on the

enhanced service but PAMM has no power to make decisions on it. PAMM are mindful of the proposal and that it could act as a disincentive.

Comments to be fed back to the Somerset Together committee.

5.3 **Praxbind® MPH protocol**

YDH and TST have both agreed to keen Praxbind®, the antidote to dabigatran.

The MMT are aware that hospitals are being offered a 'first dose' free of charge and will keep the product as stock if the free dose is used.

RUH have not received an application, SG has asked them to put in an application and to order their first dose which should be free of charge.

5.4 **Nurse prescribing formulary (NPF) for community practitioners**

At the last meeting, prescribing by Health Visitors (HV) was discussed. It was pointed out that most HVs are just 'V100' trained, not full prescribers, so they can only prescribe from the Nurse Practitioners Formulary (NPF).

No 'off-label' prescribing is allowed for Community Practitioner Nurse Prescribers **except for** nystatin off-label for neonates.

GPs had asked for a list of what all HVs should be able to prescribe. CH has produced this but also provided a link to the NPF in the BNF. CH to share with PAMM GP's.

6 Other Issues

6.1 **Medication Incident report**

Jo Bird presented the latest quarterly medicines incident report.

She reported that there has been a huge drop in reporting in quarter 3, a 50% reduction on the previous quarter. It is not clear why but could be because of the Christmas period or because a new report form for GPs has become available through the National Reporting and Learning System (NRLS) Jo has no knowledge of the new system and finds it difficult to obtain CCG level reporting and she is investigating. However, reporting still higher compared with last year.

The CCG reporting threshold for INR has changed which is producing better quality information. Previously all INR >5 had to be reported. Now only any >8 and >5 where the patient has been harmed have to be reported.

Reporting can be done through the CCG feedback icon (orange warning triangle) on GP desktops. There are two options – 'Health Professional Feedback' for patient safety incidents in general and 'Medicines Incident'.

Incidents of note were:

- Nursing home patient who took an overdose
- Baby given a 3rd dose of Rotavirus vaccine in error.
- Complex mental health patient with history of overdose consistently requesting dihydrocodeine too early. Managed to obtain extra supply from Out of Hours service.
- Duoresp EMIS directions, first option in drop down picking list for directions is not correct for Duoresp. EMIS are unable to correct this.

Duoresp issue to be highlighted in Safety net newsletter and Medicines Management newsletter as a general message to be careful when selecting dose instructions from a drop down list including an example of an error. Prescribers should not be relying on dosing picking lists on clinical systems and are responsible for choosing the correct dose for their patients.

6.2 **Commissioning for value**

This NHS England report outlines possible savings opportunities for Somerset. However, it does require some local interpretation.

The report suggests that there is a large savings opportunity around prescribing for circulatory disorders but does not take into account the high use of NOACs in Somerset. This contradicts the information in the Medicines Optimisation Dashboard. The pathway graphs showing where savings might be identified in disease pathways were thought to be more useful. There are no major issues highlighted in the report from a prescribing perspective. However, there have been some implications for the quality of the data since most Somerset practices opted out of QOF where data recording may not be on the same level as in previous years and this may have an impact from a commissioning point of view particularly around blood pressure control in diabetes and stroke. It is not clear whether this monitoring is happening or not because it is not being recorded. This could have implications for patient outcomes in future.

COG will be looking at this report.

7 Formulary Applications

7.1 **Tretinoin + clindamycin (Treclin™) gel** for facial acne *Meda Pharmaceuticals*

- 30 days treatment: £5.97, basic NHS price £11.94 (30g tube)
- Indicated for the topical treatment of acne vulgaris when comedones, papules and pustules are present in patients 12 years or older.
- Is in line with NICE Clinical Knowledge Summary for acne vulgaris.
- Has a better storage and stability profile than similar products. It does not require fridge storage and has a 3 month shelf life once dispensed.
- There may be potential cost savings over other combined tretinoin or benzoyl peroxide products with reduced side effects.

Proposed as **GREEN** - Approved

7.2 **Buprenorphine 7 day Matrix Patch (Butec®)** *Qdem pharmaceuticals*

- pack of 4 patches.
- 5mcg = £15.84, 10mcg = £28.40, 20mcg = £51.71.
- Identical to Butrans® but about 10% cheaper.

Proposed as **GREEN** - Approved

Also to be added to the 2016/17 opioid scorecard indicator.

7.3 **Microdot® lancets and droplet insulin pen needles**. *HTL Strefa S.A.*

- Similar prices to products already approved on formulary.

Proposed as **GREEN** as additional cost effective options – Approved

Also to be added to the 2016/17 insulin pen needles scorecard indicator.

7.4 **Leuprorelin Acetate (Lutrate®)** prolonged release depot injection. *Amco limited*

- 1 month Depot 3.75mg £63.95
- 3 month Depot 22.5mg £191.86

Amco are known to have increased prices dramatically for other products

Issues with licensing which mean it is not a direct alternative from current formulary choice Prostap – would limit the numbers of patients it is suitable for unless using off-license.

Concern that the 3 month depot dose does not compare with Prostap. Prostap 3 month = 11.25mg, Lutrate 3 month = 22.5mg.

No decision made, CH to investigate.

7.5 **Adrenaline solution for injection in prefilled pen (Emerade®)** *Bausch & Lomb U.K.Limited*

- Brought following discussion at February PAMM around respiratory council guidelines for anaphylaxis.
- Has a longer shelf life than current formulary choice Epipen®, 30 months for Emerade®, 18 months for Epipen®.
- 300mcg device has a longer needle than Epipen®.
- No suggestion to perform switches due to training issues

MH informed the group that it is a very simple device to use and shouldn't present difficulties for patients.

The 150mcg and 300mcg devices are suitable for patients to self-administer. The 500mcg device should only be used by health professionals – although in the main most practices use vials to administer doses of 500mcg.

The extended shelf life is a significant advantage as most patients replace their device when it expires rather than because it has been used.

Proposed to add as **GREEN** for new patients or existing Epipen patient who are happy to change to Emerade®. - Approved

7.6 **Sildenafil for the treatment of digital ulceration in systemic sclerosis.**

For noting.

- Approved at YDH D&TC.
- 25-50mg TDS
- A cost effective alternative to Iloprost
- Sildenafil for this indication should be funded by NHS England. Not for prescribing in primary care.

8 REPORTS FROM OTHER MEETINGS
Commissioning Locality Feedback

South Somerset –MHo – Langport practice is moving to CLICK locality. YDH are likely to take over the running of Ilchester surgery.

West Somerset – DD – not present

Central Mendip – GS – Mendip locality are meeting tomorrow (11/12/16)

Bridgewater Bay – CL – nothing to report

Taunton – AF – nothing to report

Chard, Crewkerne and Ilminster – TB – nothing to report

East Mendip – PJ – nothing to report

West Mendip – JN – not present

North Sedgemoor – CR – has added prescribing to the locality meeting agenda and discussed incident reporting.

COG – discussed finances and the predicted £1.4million overspend against the prescribing budget which should reduce slightly with the Category M reductions; Scorecard performance; the 7 COG recommendations.

The trend for 7 day prescriptions in some practices was also discussed. COG had agreed that any practices above the CCG average of 3% 7 day prescriptions will be written to by COG, asking them to investigate and reduce the numbers of 7 day prescriptions.

The Top Ten overspent practice report was discussed. – It was emphasized that although overspent, some of these practices have good engagement with the scorecard and 7 day prescribing. Hourly prescribing support to these practices has been increased three fold which has resulted in reduced cover for other practices.

Finally, the proposed incentive scheme for 16/17 was supported by COG although no detail on the audits has been provided yet. This will now be considered by the Joint Committee.

Somerset Partnership D&TC - last meeting 7/1/2016 – minutes received.

A new drug for the treatment of ADHD (Intuniv®) was looked at to raise awareness. Sompar is awaiting NICE review before a decision is made. The drug company is actively promoting it. If any consultants recommend it GPs should refuse to prescribe and refer back to Sompar as it is not yet approved.

YDH D&TC - last meeting 19/01/2016 – minutes not received.

Items that were discussed included, Praxbind, Sildenafil, Zolendronic Acid and short synacthen tests.

T&ST D&TC – next meeting 12/02/2016

BNSSG DTC – last meeting 18/11/2015 – minutes received, 27/01/2016 – minutes not received.

PAMM viewed minutes from the 18/11/2015 meeting – nothing to note.

BNSSG Joint Formulary Group – last meetings 24/11/2015 – minutes received, 12/01/2016 – minutes not received

PAMM viewed the minutes from the 24/11/2015 meeting

CH reported that The BNSSG approved the addition of Toujeo® onto the formulary, TLS amber (specialist recommendation, no Shared Care Protocol).

T&S Antimicrobial Prescribing Group - next meeting 24/02/2016

RUH Bath DPG - last meeting 08/10/2015 & 12/11/2015 – minutes received 10/12/2015 & 14/01/2016 – minutes not received

PAMM viewed the minutes from the 08/10/2015 & 12/11/2015 meetings – nothing to note.

Weston D&TC – last meeting 14/01/16 – minutes received. Viewed and noted.

The endocrinologists were proposing a trial of alogliptin in their patients and review efficacy. However, after being informed that alogliptin is on formulary in Somerset they decided to apply to BNSSG for a formulary decision instead so that it can be prescribed by primary care..

LPC Report – MH – the reduction in funding for the community pharmacy contract is causing some concern amongst pharmacy colleagues. The situation is under consultation. Matt will keep PAMM updated.

NHS England will de-commission the minor ailments scheme from 1/4/16. There are discussions being held with the CCG in view of the evidence of its benefit during the 9 months that it has been running in Somerset.

The YDH discharge pilot due to start very soon, initially with Yeovil pharmacies and gradually rolling out to the whole district covered by YDH.

Medicines Safety Network – next meeting 10/02/2016

PART 2 – ITEMS FOR INFORMATION OR NOTING

9 Current Performance

9.1 **Prescribing Report**
SG was absent no report provided.

9.2 **November Scorecard Federation Trend**
Overall trend is positive.

November data shows another increase in overall numbers of greens.

9.3 **Cost Effective respiratory switches and the step down program**
Part of the commissioning for value pack shows our admission rates for COPD and Asthma are lower than our peers.

This data shows that switches to more cost effective inhalers have not had a negative impact on admission rates.

There are six practices in Somerset who have an increased spend on inhaled corticosteroids between Sept-Nov2013 and Sept-Nov2015.

There is no similar data available on oral corticosteroids.

9.4 **November Safety Spreadsheet** - viewed and noted.

10 Rebate Schemes – nothing new

11 NICE Guidance

11.1 **NHS Sheffield CCG framework of NICE guidance (January) –** noted

12 NICE Technology Appraisals – nothing new

13 NICE Clinical Guidance

13.1 **NG33: Tuberculosis**
The upper age limit for treating latent TB has increased from 35 to 65 years which may increase the numbers of patients requiring treatment.

Orla Dunn from Somerset County Council has been invited to SPF and T&ST DTC to discuss this.
MHo said the guidance contains lots of details regarding primary care staff education in spotting TB patients and around screening patients. There should be an MDT in Somerset looking at TB but because of low numbers of patients Public Health England do not have anything substantial in place. The antimicrobial group do keep an eye.

13.2 **NG19: Diabetic foot problems: prevention and management**
There have been two amendments.

- January 2016: Recommendation 1.3.6 has been updated to clarify the risk factors for and stratification of risk of developing a diabetic foot problem.
- December 2015: Recommendation 1.3.14 and related NICE guidance section amended to refer to updated NICE guideline on type 2 diabetes in adults.

MHo highlighted that there is a change for taking samples for infected feet. Swabs are not sufficient and a sample of tissue or bone from the base of the debrided wound should be used.

14 Safety Items, NPSA Alerts and Signals

14.1 **January DSU newsletter** – viewed and noted

14.2 **Levonorgestrel-releasing intrauterine systems:** To prevent patient safety incidents, these should be prescribed by brand name because the devices vary in content, method for insertion and duration of use.

14.3 **Galantamine Hydrobromide (Reminyl®) and the risk of serious skin reactions.**
Has been flagged as a potential issue, patients and carers should be warned what to look out for.

14.4 **Safer use of controlled drugs – preventing harm from oral oxycodone medicines.**

Following a spate of national patient safety incidents between 2010 and 2013, advice has been put out that Oxycodone should be 2nd line if Morphine is not tolerated; There is advice around dose timings; Fast acting poses significant risks of overdose; Preparations should be prescribed by brand to avoid confusion. Somerset advice is to prescribe as Longtec® or Shortec®.

Formulary to be aligned with this guidance.

Newsletter article to highlight the issues.

15 BNF Changes

15.1 **BNF update January 2016** – viewed and noted

There is a new drug monograph for Magnaspartate which is already on formulary as our preferred choice for magnesium supplementation.

16 Any Other Business

Two items from SDB:

- OpenPrescribing.net phase 1 beta was launched in Dec 2015, it gives open access to ePact data down to practice and product level. You can compare CCG's and clusters, it may help with FOI requests to the CCG, patients viewing it could find prescribing data with which to challenge GPs. Previously this information was only available in DM&D codes which needed a decoding list to view. This website makes the data a lot easier to view.

  To be viewed at March PAMM.

- The CQC have removed the restriction on Clozapine being used for patients named specifically on the mental health register - this could increase the numbers of patients on Clozapine. National guidance shows Somerset are low users and this change could improve things for Somerset patients.

Date of Next Meeting: Wednesday 9th March 2016, Meeting Room 1, Wynford House, Yeovil

NHS Somerset Clinical Commissioning Group

SCHEDULE OF ACTIONS

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 10th February 2016				
1	LMWH perioperative bridging policy	CH to chase response to SPF suggested changes	**Catherine Henley 9th March 2016**	Awaiting response
2	Nurse Prescribing Formulary	CH to share the prescribing list and link to the BNF NPF	**Catherine Henley 9th March 2016**	Completed
3	Variable Rate Dosing Insulin Sompar MAR chart.	• Revised MAR to be shared electronically with GP's for comment. • Feedback suggested amendment of Variable rate Insulin prescribing to Variable 'dose' rate insulin prescribing.	**Donna Yell** **Steve du Bois 9th March 2016**	Completed
4	Seasonal Flu Vaccination	Feedback PAMM comments around District Nurse flu vaccination to Sompar.	**Steve Du Bois 9th March 2016**	Completed
5	Scorecard indicators 2016/17	• Sip feed indicator concerns to be investigated. • Add Butec® & Hapoctasin® patches and Microdot droplet pen needles to relevant scorecard indicators as project positive choices. • share a list of the preferred products for each indicator, some information and tips on how to tackle the switches / changes and detail the cost savings for Somerset attached to each indicator when it is approved and in place. • Matoride® and Xenidate®, confirm if paediatricians are on board with the switch. • Feedback concerns about adding the scorecard to the enhanced service agreement to the Somerset Together committee	**Helen Spry** **Helen Spry** **Helen Spry** **Catherine Henley** **Geoff Sharp** **9th March 2016**	On agenda
6	Lutrate® 3 month dose	To investigate why Lutrate® has a different 3 month dose to Prostap®. To be discussed again at March PAMM.	**Catherine Henley 9th March 2016**	On agenda
7	Formulary preference silicon catheter has become a special.	• To investigate with the continence team and amend formulary as necessary. • To discuss with wholesalers	**Gaynor Woodland Steve Du Bois 9th March 2016**	Completed
8	BNSSG Use of Toujeo	Put article in newsletter Re. Toujeo once we have RuH formulary decision.	**Catherine Henley 10th March 2016**	Awaiting response

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9	Praxbind 2.5g/50ml solution for injection/infusion	Follow up RUH re. their position on keeping Praxbind	**Catherine Henley 9th March 2016**	Completed

10	Ikervis® (Ciclosporin 1mg/ml eye drops)	Add to dry eye pathway	**Helen Spry 9th March 2016**	Completed
11	Newsletter articles	• Health Visitor prescribing. • Pick out some useful findings from the 2014/15 audit results. • NG23: Menopause: diagnosis and management, highlight the recommendations for tests for diagnosis. Should not be testing for oestrogens and LH and should only be considering FSH in pts below the age of 45. • Selection of dosage instructions from drop down list in EMIS. To be wary that the first option may not be correct – Duoresp meds incident example.	**Steve Moore 9th March 2016**	Completed
12	Traffic Light changes	(none)		

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13	Formulary changes	**Tretinoin + clindamycin (Treclin™) gel** for facial acne *Meda Pharmaceuticals* • 30 days treatment: £5.97, basic NHS price £11.94 (30g tube) • Indicated for the topical treatment of acne vulgaris when comedones, papules and pustules are present in patients 12 years or older. • Is in line with NICE Clinical Knowledge Summary for acne vulgaris. • Has a better storage and stability profile than similar products. It does not require fridge storage and has a 3 month shelf life once dispensed. • There may be potential cost savings over other combined tretinoin or benzoyl peroxide products with reduced side effects. • Approved as **GREEN** **Buprenorphine 7 day Matrix Patch (Butec®)** *Qdem pharmaceuticals* • pack of 4 patches. • 5mcg = £15.84, 10mcg = £28.40, 20mcg = £51.71. • Identical to Butrans but about 10% cheaper. • Approved as **GREEN** **Microdot® lancets and droplet insulin pen needles**. *HTL Strefa S.A.* • Similar prices to products already approved on formulary. • Approved as **GREEN** as additional cost effective options **Adrenaline solution for injection in prefilled pen (Emerade®)** *Bausch & Lomb U.K.Limited* • Has a longer shelf life than current formulary choice Epipen, 30 months for Emerade, 18 months for Epipen. • 300mcg device has a longer needle than Epipen. • Approved as **GREEN** for new patients or an existing Epipen patient requesting a replacement, providing extra information on method of administration.	**Steve Moore 9th March 2016**	Completed