Northern, Eastern and Western Devon
Clinical Commissioning Group

Meeting of the Northern and Eastern Devon Formulary Interface Group

Minutes

Thursday 8th June 2017: 9:00am – 11:00am

Old Heathcoat's School, Tiverton

Present:

Tawfique Daneshmend (TD) (Chair)	Consultant Gastroenterologist	RD&E
Carol Albury(CA)	Locality MO Pharmacist	NEW Devon CCG
Andrew Harrison (AH)	GP	NEW Devon CCG
Simon Kay (SK)	GP	NEW Devon CCG
Matt Kaye (MK)	Chief Pharmacist	NDHT
Carole Knight (CK)	Formulary Pharmacist	NDHT
Jess Parker (JP)	GP	NEW Devon CCG
Hilary Pearce (HP)	Clinical Effectiveness Pharmacist	NEW Devon CCG
Bethan Rogers (BR)	Formulary Pharmacist	RD&E
Darren Wright (DW)	Joint Formularies Technician	NEW Devon CCG

Guests:

Louise Greaves (LG)	Medicines Optimisation Pharmacist	NEW Devon CCG
Janice Headon (JH)	MO Pharmacist	NEW Devon CCG

Observer:

Hayley Ellis (HE)	Medicines Optimisation Technician	NEW Devon CCG

In attendance:

Fiona Dyroff (FD)	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and introductions:

Apologies

Glen Allaway (GA)	GP	NEW Devon CCG
Beverly Baker (BB)	Non-Medical prescribing lead	NEW Devon CCG
Iain Carr,	MO Pharmacist	NEW Devon CCG
Susie Harris (SH)	Consultant, Elderly Care – Chair	RD&E
Matt Howard (MH)	Clinical Evidence Manager	NEW Devon CCG
Stuart Kyle (SKy)	DCT Chair / Consultant Rheumatologist	NDHT
Denise Lanyon (DL)	MO Pharmacist	NEW Devon CCG
Sam Smith (SS)	Locality MO Pharmacist	NEW Devon CCG

Declaration of Interests

No interests were declared.

2. Minutes of the meeting held on 9th February 2017 and matters/actions arising

The minutes of the meeting held on 9th February 2017 were approved.

Matters/actions arising

Northern & Eastern Formulary – Action Log			
	Action	**Responsible**	**Complete**
17/01	*Details of how much Thick and Easy product should be prescribed on each prescription to be sent to Carol Webb for inclusion in the formulary.* This has been added to the formulary.		Complete

Annual Report

The Northern and Eastern Devon FIG received the Annual Report for 2016 – 2017. The report had been produced by Carol Webb prior to her retirement.

The annual report provides an account of the work undertaken by the two formulary interface groups and the governance processes that underpin the formularies. The annual report also provides an account of use of the formulary website and app.

The annual report was taken to the South and West FIG meeting on 10 May 2017and will be reported to the Clinical Policy Committee (CPC) meeting on 26th July.

The group accepted the annual report. Thanks were expressed to Carol Webb for producing an excellent and comprehensive report.

Members of the FIG raised the issue of changes taking place at national level with regard to the decision making process. A discussion took place; in general the feeling within the group was that the national level work would not impact on the work of the FIGs.

3. CPC Recommendation: Sodium oxybate for narcolepsy with cataplexy

At its meeting on 24th May 2017 the Clinical Policy Committee (CPC) made a recommendation in favour of routinely commissioning sodium oxybate for patients aged 19 years and over with narcolepsy with cataplexy who meet specific criteria.

It was noted that the RD&E NHS FT already fund treatment for a group of patients. RD&E pharmacy has requested sodium oxybate is given amber formulary status so that prescribing for these patients can be transferred to primary care. At the time of the FIG meeting no arrangements had been agreed for prescribing of sodium oxybate in primary care.

The FIG considered the proposed formulary entry. There was discussion about the number of patients, the cost of treatment and implications for primary care if patients were treated in the community. It was noted that the formulary entry for sodium oxybate needs to be added to the formulary following completion of the CCG governance process and publication of the commissioning policy. The presented formulary entry with sodium oxybate as a red (secondary care only drug) was agreed in principle.

ACTION: **On completion of the CCGs governance processes, Darren Wright to add the approved entry for sodium oxybate for the treatment of narcolepsy with cataplexy to the formulary.**

The FIG agreed that further discussion was needed about the management of patients in primary care.

ACTION: **Matt Howard to bring sodium oxybate for the treatment of narcolepsy with cataplexy to a future FIG meeting for further discussion on how patients would be managed in primary care.**

4. CPC Recommendation: Lecicarbon A suppositories for the management of chronic constipation

At its meeting on 24th May 2017 CPC made a recommendation in favour of routinely commissioning lecicarbon A suppositories for the management of chronic constipation. The applicant was Mr Chris Oppong, a colorectal surgeon from Derriford Hospital. The application was supported by Mr Andrew Gee, colorectal surgeon at RD&E NHS FT.

Their use is proposed as an alternative to options, such as rectal irrigation, in patients for whom use of other established laxatives has not been effective and prior to the use of the prokinetic laxatives, prucalopride and lubiprostone. Mr Oppong saw lecicarbon A suppositories as an option for specialists to recommend.

A discussion took place. It was noted that lecicarbon A suppositories are an established laxative which provide an easy to use less expensive option. The FIG considered that the suppositories should be made more accessible as their use may avoid referral to specialists. The presented formulary entry was agreed in principle subject to one amendment; that Lecicarbon A suppositories be given 'blue' status in the formulary in-line with glycerol suppositories. The formulary entry will be added to the formulary following completion of the CCGs governance process and publication of the commissioning policy. The bladder and bowel care service will be informed.

ACTION: **On completion of the CCGs governance processes, Darren Wright to add the approved entry for lecicarbon A suppositories for the treatment of constipation to the formulary.**

ACTION: **Carol Albury to inform the bladder and bowel care service when the formulary is updated.**

5. Consideration of Prednisolone 10mg/ml oral solution for addition to the formularies

Prednisolone 10mg/ml oral solution is indicated for a wide variety of diseases that may require corticosteroid therapy. It is available in 30ml bottles priced at £55.50. Due to its "special container" status, quantities can only be supplied in multiples of 30ml bottles. Once a bottle is opened, the contents must be used within 3 months. If the whole bottle of oral solution is used it is half the price of the 5mg soluble tablets. For a saving to be made a patient must require more than thirty-one tablets.

The FIG considered the proposed formulary entry. A discussion took place about the cost of prednisolone preparations, safety issues where more than one product is available, use in

children and the palatability of products. There was also discussion about the use and availability of prednisolone at local trusts; it was noted that NHS improvement have been monitoring use of soluble prednisolone.

It was agreed that Prednisolone 10mg/ml oral solution be included in the formulary as a second-line (blue) preparation. The Carol Albury will consider adding a script-switch message to indicate the least costly preparation for the amount of product being prescribed.

ACTION: Darren Wright to add prednisolone 10mg/ml oral solution to the formulary as a second-line (blue) preparation.

ACTION: Carol Albury team to consider adding a script-switch message to indicate the least costly preparation for the amount of product being prescribed.

6. Consideration of Episenta® prolonged release capsules and granules for addition to the formulary

A formulary application has been received from Penny Smith, paediatric epilepsy nurse, from RD&E for paediatric patients who are not able to swallow sodium valproate tablets. The South and West Devon Formulary includes Episenta for patients with swallowing difficulties. It is proposed Episenta prolonged release capsules and granules are added to the North and East Devon Formulary as an 'amber' product for paediatric patients who are not able to swallow sodium valproate tablets and other patients with swallowing difficulties. Formulary alternatives to sodium valproate enteric coated tablets are generic liquid and Epilim liquid. Non-formulary options are Epilim Chronospheres, which are available in a wide range of strengths. For this reason they do sometimes have to be prescribed for children who need doses not available in the Episenta range of products.

At equivalent doses, the annual cost of Episenta capsules and granules would be marginally more expensive than generic sodium valproate liquid but less expensive than Epilim liquid and Epilim chronospheres.

The FIG discussed and approved the proposed formulary entry for inclusion into the North and East Devon formulary.

ACTION: Darren Wright to add approved entry for Episenta prolonged release capsules and granules to the North and East Devon Formulary

7. NovoRapid PumpCart Cartridges

Insulin pumps for adults are commissioned by CCGs. NHS England transferred commissioning responsibility for insulin pumps for paediatric patients to CCGs in April 2017. This has resulted in some questions from primary care in South Devon.

It is proposed that the NovoRapid PumpCart cartridge is added to the North and East Formulary as an amber drug (specialist recommendation) to support continued prescribing in primary care. RD&E and NDDH have some patients on the pumps which use Novorapid PumpCart cartridges.

The FIG discussed and approved the proposed addition of the NovoRapid PumpCart cartridges into the formulary.

ACTION: Darren Wright to add NovoRapid Pump Cart cartridges as 'amber' to the North and East Devon formulary.

8. Consideration of Soltel® as the preferred brand of salmeterol 25mcg dose pressurised metered dose (pMDI) inhaler

An application has been received for the addition of Soltel as the preferred brand of salmeterol in the North and East formulary for the treatment of COPD in adults and asthma in adults and adolescents 12 years and over. Soltel is an identical product to Neovent (licensed under a 'piggy-back' application).

A discussion took place; some members of the group raised concern about the potential for confusion if two products are available, including issuing of the wrong product and that Soltel is contra indicated for patients who have peanut allergies. There was also concern with regard to bio-equivalence of products, licensing arrangements for use in children, the current national contract arrangements and the potential cost savings available if salmeterol prescriptions were switched to Soltel. It was also noted that no comments had been received from specialists. It was agreed that further information was needed before a decision was taken. Therefore the proposed formulary entry was not approved for addition to the Northern and Eastern Formulary at this time.

It was agreed that the respiratory specialists should be contacted again for their views on this product. In addition, the paediatricians should be contacted for their views and an estimate of the number of paediatric patients receiving salmeterol. In addition, the evidence supporting Soltel should be looked at again.

Action: Janice Headon to contact respiratory specialists and paediatricians for their views on Soltel, and an estimate of the number of paediatric patients using salmeterol.

Action: Janice Headon to liaise with Matt Howard over the evidence supporting Soltel.

9. Consideration of Glucodrate for addition to the formularies

An application has been received for the inclusion of glucodrate into the formulary as an 'amber' product for specialist initiation only. It is indicated for short bowel-associated intestinal failure and intestinal insufficiency. It would be for use by patients who cannot tolerate or who are unable to prepare St Mark's Electrolyte Solution. St Mark's Electrolyte Solution is not currently listed in the North and East formulary but is used for this indication by hospitals in the North and East PDU. The applicant suggested that inclusion of glucodrate into the formulary may increase patient compliance, improve clinical outcomes and reduce healthcare professionals' time.

Responses from specialists indicate support for the addition of glucodrate into the formulary for the management of a challenging condition and to avoid the need for IV fluids.

The FIG considered the application. There was discussion about the increasing number of patients requiring treatment and the need to avoid hospital admissions. Some concern was expressed with regard to the potential for a reduction in the threshold for offering treatments other than St Mark's, however it was also noted that some patients will have a loyalty to St Mark's and not want to change to glucodrate. The FIG accepted the proposed formulary entry for glucodrate for use in patients who are unable to tolerate St Mark's

ACTION: Darren Wright to add the entry for glucodrate to the North and East Devon Formulary.

10. Removal of Lyrica® and Alzain® as preferred brands of pregabalin

In line with NHS England advice Lyrica is currently included on both Devon joint formularies as the only brand of pregabalin capsules licensed for the treatment of neuropathic pain. For all other indications the Devon joint formularies recommend Alzain as the preferred brand, due to its lower acquisition cost. The patent for Lyrica is due to expire in July. The medicines optimisation team has requested that Lyrica and Alzain be removed from the formulary as preferred brands of pregabalin when the patent on Lyrica expires and that generic prescribing is recommended. This will allow expenditure to fall as the Drug Tariff price drops.

The FIG was asked to make a decision in principle ahead of the expiry of the patent for Lyrica. The proposed formulary entry was discussed and approved for inclusion into the Northern and Eastern Devon Formulary. There was discussion about the savings that could be made if patients switched from Lyrica and Alzain to generics.

ACTION: Darren Wright to update the formulary entry for pregabalin on the expiry of the patent for Lyrica.

ACTION: Darren Wright to update the preferred brand page of the formulary to remove Lyrica and Alzain as the preferred brands of pregabalin on the expiry of the patent for Lyrica.

11. Consideration of Naloxegol for reclassification from Red to Amber status

Naloxegol is a peripherally acting opioid receptor antagonist; it decreases the constipating effects of opioids without altering their central analgesic effects. Following publication of a NICE Technology Appraisal Guidance (TA345) (July 2105) naloxegol was added to the formulary as a red (secondary care only) drug. An application has been received from Dr Doug Hooper, Palliative Medicine Consultant Plymouth Hospitals NHS Trust for the reclassification of naloxegol to 'amber' to allow continuation of prescribing in primary care, following specialist initiation.

The FIG considered the application. There was discussion about the possibility that naloxegol may be used in non-palliative care patients for the management of opioid induced constipation rather than reducing the opioid. It was noted that as an 'amber' drug the cost will appear in the formulary. It was also noted that naloxegol is not used at RD&E.

It was agreed that the formulary status of naloxegol be updated from 'red' to 'amber' for palliative care and to allow continuation of prescribing in primary care following specialist initiation.

ACTION: Darren Wright to update the formulary for entry for naloxegol from 'red' to 'amber' for palliative care.

12. Consideration of Ciclosporin 1mg/ml single use Eye Drops for change of status from Red to Amber in the formularies

Following publication of NICE Technology Appraisal Guidance (TA369) (December 2015). Ciclosporin eye drops were added to the formulary as a 'red' drug. An application has been received from ophthalmologists from Northern Devon Healthcare Trust for the reclassification of Ciclosporin eye drops from 'red' to 'amber to allow continuation of prescribing in primary care after secondary care initiation.

A discussion took place about the Sustainability and Transformation Plan (STP) and about the primary care prescribing budget. Significant concern was expressed with regard to the un-forecast moving of the cost of an existing drug from secondary to primary care early in the financial year and the impact on the prescribing budget. There was also discussion about the logistics of getting medication which has been prescribed in secondary care to patients in the community. Currently specialists in North Devon prescribe medication on a monthly basis and it is taken to GP surgeries for the patient to collect. It was suggested that electronic prescribing be used, however this is not available in all trusts. GPs indicated that they would be happy to take on prescribing of the eye drops.

It was agreed that subject to discussion about the prescribing budget the formulary status of ciclosporin 1mg/ml single use eye drops be updated from 'red' to 'amber' to allow continuation of prescribing in primary care following specialist initiation. Ciclosporin is under lubricants in the formulary with a link to immuno-suppressants.

ACTION: Carol Albury to discuss the impact of the change of status to amber on primary care prescribing budget with the CCG lead for the budget.

ACTION: Darren Wright to update the formulary entry for ciclosporin 1mg/ml single use Eye Drops from 'red' to 'amber' after discussion of the prescribing budget

It was agreed that as ciclosporin 2% eye drops are no longer available they be removed from the formulary.

ACTION: Darren Wright to remove ciclosporin eye drops 2% (unlicensed) from the formulary.

13. Review of venlafaxine preferred brands in formulary

The NEW Devon CCG Medicines Optimisation Team has submitted proposals for the review of venlafaxine preferred brands in the formulary. There have been significant changes to the drug tariff since Vensir XL and Venlablue XL were added to the formulary as the preferred brands of Venlafaxine M/R capsules in April 2015. At the same time venlafaxine M/R 225mg was removed in favour of recommending the prescribing of Vensir XL or Venlablue XL at the equivalent dose using 150mg and/or 75mg prolonged release capsules.

The FIG considered the two proposals presented in the meeting papers. It was noted that savings have been made since the formulary was updated in April 2015 however these are no

longer available due to changes to the drug tariff. There was discussion about the switching programme; it was felt that the amount of work needed was minimal. Any potential impact the proposed changes may have on patients was also discussed. It was noted that patients will see differences however for some patients there will be a reduction in the number of capsules taken. Taking fewer capsules is considered to be a more acceptable change for patients.

The FIG accepted the proposed change to the formulary entry for venlafaxine with the addition of a note for the consideration of Vensir XL M/R 225 mg capsules for patients unable or unwilling to use multiple capsules. The South and West Devon Formulary use all generic and ScriptSwitch for 225mg doses.

ACTION: Darren Wright to update the formulary entry for Venlafaxine in line with the discussion

ACTION: Darren Wright to remove Vensir XL and Venlablue XL from the preferred brand page of the formulary.

14. Consideration of Asacol 400mg and 800mg modified-release tablets for removal from the North and East Devon Formulary

A request has been received from the Medicines Optimisation team for the removal of Asacol (mesalazine) 400mg and 800mg modified release tables from the formulary for the management of inflammatory bowel disease. Octasa MR tablets which have a similar release and characteristics to Asacol tables will remain in the formulary. The cost of Asacol MR tablets has been higher than the cost of Octasa MR tablets for some time and has recently reduced further. The removal of Asacol 400mg and 800mg MR tables will indicate that this brand of mesalazine is no longer a formulary option. Asacol MR tablets should also be moved from the list of preferred brands.

The FIG approved the request that Asacol MR 400mg and 800mg tablets be removed from the formulary There was discussion about the switching process from Asacol to Octasa for primary care patients; it was noted that the switching process is 85% complete.

ACTION: Darren Wright to remove Asacol (mesalazine) 400mg and 800mg modified release tables from the formulary for the management of inflammatory bowel disease and from the preferred brand page of the formulary.

15. Liothyronine

The formulary position and formulary entry for liothyronine was discussed at the South and West FIG meeting on 10th May 2017.

It was noted that there has been a disproportionate rise in the cost of liothyronine and that recent guidance from the British Thyroid Association does not support monotherapy treatment with liothyronine. In addition, NHS England has announced a review of drugs which are low priority for NHS funding. Liothyronine falls under the criteria of products which are clinically effective but for which there are more cost effective products available. The review was announced in April 2017 and, at some point in the future, NHS England will provide guidance to CCGs.

Local specialists were asked for their views on the place in therapy for liothyronine and the current formulary entries for liothyronine. The regional Endocrine Specialists Group has proposed a protocol for specialists for patients receiving liothyronine with the intention of reviewing existing patients. The proposed change to the formulary entry is from monotherapy to combination therapy with levothyroxine. The formulary entry accepted by the South and West FIG supports continuation of amber formulary status for liothyronine.

The FIG agreed that the formulary entry accepted by the South and West FIG on 10 May 2017 be added to the Northern and Eastern Devon Formulary.

ACTION: Darren Wright to add the formulary entry agreed by the South and West Devon FIG at its meeting on 10th May to the Northern and Eastern Devon Formulary.

ACTION: Carol Albury to liaise with Steve Cooke regarding discussions on local arrangements with GPs and specialists for reviewing patients receiving liothyronine.

16. Proposed revision to formulary entry for "Gonadorelin analogues and gonadotrophin-releasing hormone antagonists"

It has been highlighted to the formulary team that the current entry in relation to gonadotropin releasing hormone analogues may be unclear in relation to each product's licenced indications and duration of treatment. The current entry has been updated in line with the individual product's Summary of Product Characteristics.

The FIG considered the amended formulary entry. A query was raised with regard to Goserelin for the treatment of endometrial thinning before intra-uterine surgery. It was suggested that this was not a hospital only treatment and should be classified as 'amber'.

ACTION: Matt Howard to clarify if indication is primary or secondary care.

17. Blood glucose monitoring in type 1 diabetes mellitus

A request has been received from the medicines optimisation team asking that the current formulary entry for 'diagnostic and monitoring devices for diabetes mellitus' include additional information from NICE NG17 'Type 1 diabetes in adults: diagnosis and management'.

The FIG discussed the proposed formulary entry. The formulary entry was approved without amendment.

ACTION: Darren Wright to update the formulary entry for blood glucose monitoring in type 1 diabetes mellitus.

18. Asthma Maintenance and Reliever Therapy (MART) Regimes

Additional information is proposed for inclusion in the current formulary Asthma – adult treatment guidance.

The presented paper was discussed; it was noted that there is a cohort of patients for whom the additional information would be useful. Local specialists support the inclusion in the

formularies of the additional information. The FIG accepted the addition of the proposed formulary entry without amendment.

ACTION: Darren Wright to update the formulary entry for Asthma Maintenance and Reliever Therapy (MART) Regimes

19. Continence formulary review

The MO team has reviewed the continence section of the formulary.

- **Guidance**

  The formulary guidance has been reviewed and areas for further work were identified. In particular some of the codes need to be updated. There is a need to consider leg bags, night bags, catheters and lubricants. There has been some discussion about changing suppliers of some products. There is also a big piece of work to do with regard to contacting community nurses to ensure that they are aware of the formulary and ensuring that they following the guidance.

- **Quick reference**

  The quick reference guide has been updated.

- **Review of stoma accessory products**

  This section has been reviewed by members of the medicines optimisation team and stoma nurses from Northern Devon NHS Trust and the RD&E NHS FT. The applicants have indicated that there are limited financial savings, but improvements in patient care.

  The FIG discussed and accepted the proposed amendments to the stoma accessory products.

ACTION: Janice Headon to update the continence guidance section in line with amendments discussed by the FIG.

ACTION: Darren Wright to update the formulary entry for continence.

20. Recent drug decisions (including NICE)

- The recent drug decisions were noted.
- The recent drug decisions included those made via the April 2017 e-fig.

21. MHRA Drug Safety Updates: February, March, April, May 2017

- February 2017: Hyoscine butylbromide (Buscopan) – the advice for healthcare professionals will not be added to the formulary as this product is not included in the formulary.
- March 2017: SGLT2 inhibitors: replacement advice on increased risk of lower-limb amputation (mainly toes) – advice for healthcare professionals will be added to the formulary.
- April 2017: Valproate and developmental disorders: new alert asking for patient review and further consideration of risk minimisation measures – the advice for healthcare professionals will be added to the formulary.

- May 2017: Finasteride: rare reports of depression and suicidal thoughts – the advice for healthcare professionals will be added to the formulary.

22. AOB

NICE TAs

The issue of the 90 day deadline from publication of the NICE TA to the drug being available on the formulary was raised. It was noted that the CCGs have a robust process in place to ensure that NICE TAs are available within the statutory timeframe.

23. Date of next meeting

Thursday 10th August 2107.

Summary of actions

Date	Action	Lead	Status
17/02	On completion of the CCGs governance processes the approved entry for sodium oxybate for the treatment of narcolepsy with cataplexy to be added to the formulary	Darren Wright	
17/03	Sodium oxybate for the treatment of narcolepsy with cataplexy; discussion needed at a future FIG meeting on how patients would be managed in primary care.	Matt Howard	
17/04	On completion of the CCGs governance processes the approved entry for lecicarbon A suppositories for the treatment of constipation to be added to the formulary.	Darren Wright	
17/05	Bladder and bowel group to be informed when the formulary entry for Lecicarbon A suppositories is updated.	Carol Albury	
17/06	Prednisolone 10mg/ml oral solution to be added to the formulary as a second-line (blue) preparation	Darren Wright	
17/07	Medicines optimising team to consider adding a script-switch message to the formulary to indicate the most effective preparation for the amount of product being prescribed.	Carol Albury	
17/08	Approved entry for Episenta® prolonged release capsules and granules to be added to the North and East Devon Formulary.	Darren Wright	
17/09	NovoRapid Pump Cart cartridges to be added as 'amber' to the North and East Devon formulary.	Darren Wright	
17/10	Consideration of Soltel® as the preferred brand of salmeterol 25mcg dose pressurised metered dose (pMDI) inhaler: Respiratory specialists and paediatricians to be contacted for their views on Soltel, and an estimate of the number of paediatric patients using salmeterol.	Janice Headon	
17/11	Consideration of Soltel® as the preferred brand of salmeterol 25mcg dose pressurised metered dose (pMDI) inhaler: Liaise with Matt Howard over the evidence supporting Soltel®	Janice Headon	

17/12	Agreed entry for glucodrate to be added to the North and East Devon Formulary.	Darren Wright	
17/13	On expiry of Lyrica patent formulary entry for pregabalin to be updated.	Darren Wright	
17/14	Lyrica and Alzain to be removed from the preferred brand page of formulary on the expiry of the patent for Lyrica.	Darren Wright	
17/15	Formulary for entry for naloxegol to be updated from 'red' to 'amber' for palliative care.	Darren Wright	
17/16	Impact of change of status of ciclosporin 1mg/ml single dose eye drops from red to amber on the prescribing budget to be discussed with the CCG lead for the budget.	Carol Albury	
17/17	Entry for ciclosporin 1mg/ml single dose Eye Drops to be updated from 'red' to 'amber' after discussion of the prescribing budget	Darren Wright	
17/18	Ciclosporin eye drops 2% (unlicensed) to be removed from the formulary.	Darren Wright	
17/19	Formulary entry for Venlafaxine to be updated in-line with the FIG discussion.	Darren Wright	
17/20	Vensir XL and Venlablue XL to be removed from the preferred brand of the formulary.	Darren Wright	
17/21	Asacol (mesalazine) 400mg and 800mg modified release tables to be removed from the formulary for the management of inflammatory bowel disease and from the preferred brand page of the formulary.	Darren Wright	
17/22	Agreed entry for Liothyronine to be added to the formulary.	Darren Wright	
17/23	Liothyronine: liaise with Steve Cooke and agreed local arrangements with GPs and specialists for reviewing patients.	Carol Albury	
17/24	Proposed revision to formulary entry for "Gonadorelin analogues and gonadotrophin-releasing hormone antagonists" Clarification to be sought as to whether indication is primary or secondary care.	Matt Howard	
17/25	Agreed formulary entry for blood glucose monitoring in type 1 diabetes mellitus to be added to the formulary.	Darren Wright	
17/26	Agreed entry for Asthma Maintenance and Reliever Therapy (MART) Regimes to be added to the formulary.	Darren Wright	
17/27	Continence guidance section of the formulary to be updated in line with amendments discussed the FIG.	Janice Headon	
17/28	Formulary entry for continence to be updated	Darren Wright	