Northern, Eastern and Western Devon
Clinical Commissioning Group

Meeting of the Northern and Eastern Devon Formulary Interface Group

Minutes

Thursday 7th June 2018: 9:00am – 11:00 am
Old Heathcoat School, Tiverton

Present:

Glen Allaway (Chair)	GP	NEW Devon CCG
Carol Albury	Locality MO Pharmacist	NEW Devon CCG
Emma Gitsham	Joint Formulary Pharmacist	NEW Devon CCG
Andrew Harrison	GP	NEW Devon CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Simon Kay	GP	NEW Devon CCG
Matt Kaye	Chief Pharmacist	NDHC NHS Trust
Carole Knight	Clinical Pharmacist (Medicines Information and Formulary)	NDHC NHS Trust
Denise Lanyon	MO Pharmacist	NEW Devon CCG
Jess Parker	GP	NEW Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Samantha Smith	Locality MO Pharmacist	NEW Devon CCG
Darren Wright	Joint Formulary Technician	NEW Devon CCG

Guests:

Rupert Broomby	Consultant in Anaesthesia & Pain	RD&E NHS FT

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and Introductions:

Apologies

Tawfique Daneshmend	Consultant Gastroenterologist	RD&E NHS FT
Stuart Kyle	DCT Chair/ Consultant Rheumatologist	NDHC NHS Trust
Beverley Baker	Non-Medical Prescribing Lead	NEW Devon CCG
Bethan Rogers	Medicines Information & Formulary Support Pharmacist	RD&E NHS FT
Susie Harris	Consultant, Elderly Care	RD&E NHS FT

Declaration of Interests

Declarations of Interest were collected and reported. The Declarations made did not result in anyone being excluded from the meeting or from the discussion of any item. All Declarations of Interest are reported in the minutes.

Agenda Item	Company	Agenda Item	Company
Review of mesalazine granule preparations:		Asthma – Paediatric Treatment Guidance:	
Salofalk® gastro-resistant prolonged release granules 500mg, 1g, 1.5g, 3g	Dr. Falk Pharma UK Limited	Various medications	Various manufacturers
Pentasa® prolonged-release granules 4g	Ferring Pharmaceuticals Ltd		
Desmopressin 10mcg/dose nasal spray and	Various manufacturers	Vitamins in bariatric surgery:	
Desmopressin 100mcg/ml intranasal solution	Ferring Pharmaceuticals Ltd	Forceval®	Alliance Pharmaceuticals Ltd
		Various vitamins	Various manufacturers
		Calcium, vitamin D, & iron preparations	Various manufacturers
Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma	GlaxoSmithKline UK	Migraine:	
		Frovatriptan(Migard)	A Menarini Farmaceutica Internazionale
Alternative treatments:		Rizatriptan (Maxalt)	Merck Sharpe and Dohme Ltd
Fluticasone propionate/salmeterol (Aerivio®, AirFluSal®, Sereflo®, Seretide®, Sirdupla®)	Teva UK Ltd, Sandoz Ltd, Kent Pharmaceuticals Ltd, GlaxoSmithKline UK, Generics UK t/a Mylan	Sumatriptan (Imigran)	GlaxoSmithKline UK
		Almotriptan (Almogran)	Almirall Ltd
		Eletriptan (Relax)	Pfizer Ltd
		Naratriptan (Naramig)	GlaxoSmithKline UK
Fluticasone propionate/formoterol (Flutiform®)	Napp Pharmaceuticals Ltd	Zolmitriptan (Zomig	Astra Zeneca UK Ltd
		Pizotifen	Various manufacturers
Beclometasone dipropionate/formoterol (Fostair®)	Chiesi Limited	Aspirin plus metoclopramide sachets (Migramax)	Zentiva
Budesonide/formoterol (Duoresp®, Fobumix®, Symbicort®)	Teva UK Ltd, Orion Pharma (UK) Ltd, AstraZeneca UK Ltd		
Items which should not be routinely prescribed in primary care:		Ondansetron for nausea and vomiting in pregnancy	Various manufacturers
Lidocaine plasters (Ralvo®)	Grunenthal Ltd		
Targinact®	Napp Pharmaceuticals Ltd		
Management of pain and opioids guidance:			
Any branded or generic opioid analgesic	Various manufacturers		
Paracetamol	Various manufacturers		
Lofexidine (BritLofex®)	Britannia Pharmaceuticals Limited		
Naltrexone	Various manufacturers		

NAME OF ATTENDEE	ROLE	
Dr Rupert Broomby	Consultant Anaesthetics and Pain Management	Received payment for GP talks and sponsorship from Grunenthal Ltd [*manufacturer of lidocaine plasters*] but not within the last 12 months. Talks related to promotion of Tapentadol (Grunenthal) which could be considered a competitor for Targinact.

2. Minutes of the meeting held on Thursday 9th April 2018 and matters/actions arising

The minutes of the meeting held on Wednesday 9th April 2018 were approved subject to an amendment to item 8; Addition of linezolid. Last sentence in paragraph 4 to be amended to read 'It was suggested that a system to enable specialists to prescribe to patients at home may be required.'

Summary of actions

Date	Action	Lead	Status
17/53	AOB: Invita D3 50,000IU tablets and oral solution for vitamin D deficiency paper to be brought to a future meeting. Formulary Vitamin D guidance and list of associated products to be reviewed to help ensure patients receive appropriate products where indicated. Formulary team to liaise with Stuart Kyle and Carol Albury and add to the Formulary Work Plan.	Formulary Team	Outstanding
17/66	Formulary entry for oral nutritional supplements to be updated as per the discussion. Work is being undertaken by the MO team. The work is almost complete and will be finalised via e-FIG.	Denise Lanyon	Outstanding
17/68	Antimicrobial and infections: Whether adults should receive antimicrobials for an ear infection to be established and reported back to FIG in February 2018. This has been added to the formulary for children up to 12 years. NICE have updated their guidance. This will be brought to FIG in due course.		Complete

18/39	Addition of Eclypse Border and Eclypse Border Oval dressings – add information about appropriate use of dressings to script switch.	Carole Albury	Complete
18/40	Eclypse Border and Eclypse Border Oval Dressings to be added to the formulary in line with the discussion.		Complete
18/41	Entry for antiseptic wound cleanser to be updated with the accepted entry for Octenilin Wound Irrigation Solution and Wound Gel in line with the discussion.		Complete
18/42	Entry for Zeroveen emollient cream to be added to the formulary as a blue second line drug.		Complete
18/43	Ultra-Thin Lancets 0.20mm/33G to be added to the formulary.		Complete
18/44	Formulary entry for mesalazine rectal preparations to be updated in line with the discussion.		Complete
18/45	Formulary entry for ulcerative colitis to be updated.		Complete
18/46	Formulary entry for linezolid to be added to the formulary in line with the discussion.		Complete
18/47	Contact Rob Porter and Bethan Rogers regarding the decision to add linezolid to the formulary as a 'red' hospital only drug.		Complete
18/48	Items which should not routinely be prescribed in primary care - replace the current formulary entry for immediate release fentanyl (Abstral®) with the new agreed entry in line with the discussion.		Complete
18/49	Items which should not routinely be prescribed in primary care – replace the current formulary entry for lutein and antioxidants with the new agreed formulary entry in line with the discussion.		Complete
18/50	Items which should not routinely be prescribed in primary care – formulary entry for once daily tadalafil to be updated in line with the discussion.		Complete
18/51	Formulary entry for the management of hypertension to be updated.		Complete
18/52	Formulary entry for the management of constipation in adults to be updated in line with the discussion.		Complete
18/53	Formulary colour status of Fluticasone to be discussed with local adult respiratory specialists.	Formulary Team	Outstanding
18/54	Formulary asthma paediatric guidance to be amended in line with the discussion and forwarded to local specialists.		Complete
18/55	MHRA Drug Safety Updates: February 2018 - Formulary to be updated with required MHRA Safety Advice		Complete
18/56	MHRA Drug Safety Updates: March 2018 – Formulary to be updated with required MHRA Safety Advice.		Complete
18/57	NHS England Self Care Document – NHS England Self Care Document to be e-mailed to FIG members		Complete

3. Review of mesalazine granule preparations

There are two brands of mesalazine prolonged release granules marketed. These are Salofalk® and Pentasa®. The 1g and 2g strengths of Pentasa are currently included in the North and East Devon Formulary.

A request has been received from Joanna Pullen, Gastroenterology and Nutrition Pharmacist, and support given by Vida Cairnes Senior Inflammatory Bowel Disease (IBD) Nurse Specialist, on behalf of Consultants at the Royal Devon and Exeter NHS Foundation Trust for a review of mesalazine granule preparations to be considered for the North and East Devon Formulary, specifically the addition of Salofalk gastro-resistant prolonged-release granules: 500mg, 1g, 1.5g, 3g and the addition of Pentasa prolonged-release granules: 4g.

The Summary of Product Characteristics (SPC) for Pentasa and the manufacturer of Salofalk report different delivery of mesalazine to different parts of the bowel. Mesalazine prolonged release granules can be given once daily rather than multiple times as with the tablets. Generally Salofalk preparations are cheaper than Pentasa however a dose of 3g/day Salofalk granules used for the maintenance of remission in patients with high risk of relapse/adherence difficulties is more expensive than the standard dose of 2g/day Pentasa granules.

Specialists had been contacted for their views. Support had been expressed for the addition of Salofalk granules to the formulary however one specialist had responded that there was little evidence supporting an improved efficacy in distal disease of one preparation over another. The Formulary Team had undertaken a literature search and had not been able to identify any evidence of clinical benefit for one treatment over the other in the management of different disease presentations.

The FIG considered and accepted the proposed addition of both products.

It was also agreed that mesalazine prescribing guidance notes should state the product release profiles rather than the area of the bowel for which each product should be used.

It was noted that mesalazine granules are to be used in a relatively small number of patients which raised questions about how widely the formulary should encompass all possible treatment scenarios. It was agreed that arrangements would be made for this to be discussed at a Committee Development Session.

ACTION: Formulary Team to make arrangements for a Committee Development Session for the discussion how widely the formulary should encompass all possible treatment scenarios.

4. Items which should not be routinely prescribed in primary care – lidocaine plasters and Targinact®

In November 2017, following public consultation NHS England (NHSE) and NHS Clinical Commissioners (NHSCC) published guidance for CCGs on 18 treatments

which should not be routinely prescribed in primary care. CCGs are “expected to have ‘due regard’ to the guidance in formulating local policies and making decisions about implementation”.

Following publication of the NHSE guidance, additional consultation with local specialists was undertaken. Consultants were asked to provide comments on the proposal to adopt the NHSE guidance. A number of the recommendations were considered and accepted by the Formulary Interface Group (FIG) at the meetings on 8th February 2018, and 19th April 2018.

The FIG was asked to consider two further treatments: Lidocaine plasters and Targinact. Rupert Broomby, Consultant in Pain Management and Anaesthesia, Royal Devon and Exeter NHS Foundation Trust joined the meeting and participated in the discussions.

Lidocaine plasters

Lidocaine plasters do not currently have a formulary entry on the drug monograph pages of the North and East Devon joint formulary: however they are included in the formulary guidance on the management of neuropathic pain. Three month ePACT2 data (Dec 2017 to February 2018) had identified that 1,162 prescriptions were issued during the period. Annualised costs have been estimated to be approximately £292,600 per annum.

Consultants had been asked to consider the proposal to adopt the NHSE guidance in full. However, responses received from consultants in pain management & anaesthesia and palliative care indicated that they wished to continue to be able to use lidocaine plasters.

The FIG was asked to consider whether it wished to adopt the NHSE/NHSCC guidance on lidocaine plasters, and what (if any) additional information should be added to the formulary entry.

The FIG noted that lidocaine plasters are a safe medication which is used for a number of licenced and unlicensed indications. In particular, it is used locally for focal neuropathic pain and rib fracture pain. However, the limited evidence of efficacy was noted as a problem. The FIG agreed that patients should be reviewed after two weeks of treatment and those who continue with treatment should be reviewed by their GP after 3 to 6 months. Treatment should be discontinued if it is not working.

It was agreed that the Formulary Team will draft formulary entry in line with the discussion, creating a full monograph and update to the formulary guidance on the management of neuropathic pain. These will be circulated to the group via eFIG.

ACTION: Formulary Team to draft and circulate to the FIG a full monograph and changes to the ‘management of neuropathic pain’.

It was also agreed that the Medicines Optimisation team will work with Rupert Broomby to develop a patient information leaflet. A link to the leaflet will be added to the North and East Devon Formulary.

ACTION: **Medicines Optimisation Team to work with Rupert Broomby to develop a patient information leaflet, to support the prescribing of lidocaine plasters.**

Targinact

Targinact (oxycodone and naloxone combination product) is not currently included in the North and East Devon Joint Formulary and no application has been received for its addition. Three months' ePACT2 data (Dec 2017 – February 2018) show that during that period 25 prescriptions were issued. Annualised costs are therefore estimated to be approximately £9,000 per annum.

The FIG was asked to consider whether it wished to adopt the NHSE/NHSCC guidance on Targinact, and what, (if any) information should be added to the formulary entry.

There was discussion about its current low level of use and lack of efficacy in pain relief. The FIG agreed that Targinact would remain non formulary and that no additional information was required.

5. Reclassification of desmopressin 10mcg/dose nasal spray and desmopressin 100mcg/ml intranasal solution from red to amber

An application has been received from Roderick Warren, Consultant Endocrinologist, Royal Devon & Exeter NHS Foundation Trust for the reclassification of desmopressin 10mcg/dose nasal spray and desmopressin 100mcg/ml intranasal solution from red to amber. The application cites support from three additional consultants from RD&E; Antonia Brooke, Bijay Vaidya and Neil Walker. Reclassification of these products would support their ongoing prescribing by GPs.

Reclassification of desmopressin 10mcg/dose nasal spray and desmopressin 100mcg/ml intranasal solution is not expected to increase use in primary care, no significant cost implications are anticipated.

The FIG accepted the proposed change in formulary entry with the addition of the NHS Patient safety alert for cranial diabetes insipidus.

The Formulary Team will update the formulary entry for desmopressin in line with the discussion.

ACTION: **Formulary Team to update the formulary entry for desmopressin in line with the discussion.**

6. Ondansetron for nausea and vomiting in pregnancy

Following consideration of the formulary guidance on Nausea and vomiting in pregnancy and hyperemesis gravidarum in December 2017 and subsequent discussions with specialist pharmacists from Royal Devon and Exeter NHS Foundation Trust the guidance was published. The published version was then

discussed by the South and West Devon FIG who requested additional information on the safety of ondansetron highlighting that side effects noted for the other classes of drugs were those that affect the mother; whereas for ondansetron the adverse effects are for the foetus. The Formulary Team has undertaken additional work to consider the safety of ondansetron, its status in the formulary and position within the treatment pathway.

In January 2108 the Specialist Pharmacy Service (SPS) published an updated Q&A document which found that generally there were no increased risks for pregnancy outcomes. However the SPS did note some concerns about cardiac and kidney malformations in neonates born to woman using ondansetron in pregnancy but stated that overall data were reassuring. The Royal College of Obstetricians and Gynaecologists (RCOG) indicates use of ondansetron should be limited to patients for whom other anti-emetics have not worked and even then preferably not used until after the first trimester.

It is therefore proposed that the ondansetron for nausea and vomiting in pregnancy remains blue but is a third line alternative, and preferably avoided in the first trimester. It is also proposed that a link to the 'Best use of medicines in pregnancy' (BUMPS) resource is added to the formulary.

The FIG considered and accepted the proposed formulary entry without amendment.

Formulary Team to update the formulary with the accepted entry for ondansetron for nausea and vomiting in pregnancy.

ACTION: Formulary Team to update the formulary entry for ondansetron for nausea and vomiting in pregnancy with the accepted formulary entry.

7. Management of pain and opioids guidance

The South and West Devon Formulary guidance for the management of pain and opioids has been updated. As part of the process consideration was given to the Opioids Aware Resource which had input from a number of national organisations. Following publication of the updated guidance in the South and West Formulary the guidance was shared with stakeholders in North and East Devon; responses were received from specialists at Northern Devon Healthcare NHS Trust but not from Royal Devon and Exeter NHS Foundation Trust. However, Rupert Broomby, Consultant in Pain Management and Anaesthesia, Royal Devon and Exeter NHS Foundation NHS Trust joined the meeting and participated in the discussions.

Inclusion of guidance for the Management of pain and opioids in the North and East Devon Formulary represents a new section of guidance in the North and East Formulary.

The FIG was asked to consider the appropriateness of the proposed management of pain and opioids guidance and review the revised entries for associated treatments, on pages: 4.7.1 Non-opioid analgesics and compound analgesic preparations, 4.7.2

opioid analgesics, 4.10.3 opioid dependence. The FIG considered issues pertinent to the proposed formulary guidance for the Management of pain and opioids:

Acute Pain

It was agreed that further work would be undertaken and the section brought back to FIG for consideration.

ACTION: Formulary Team to undertake further work on the acute pain guidance and bring back to FIG later in the year.

It was also agreed that Rupert Broomby would forward a link to Royal Devon and Exeter NHS Foundation Trust's Acute Pain Guidelines for both adults and paediatrics to the Formulary Team. Consideration will be given to adding both links to the formulary.

ACTION: Rupert Broomby to forward links to the Royal Devon and Exeter NHS Foundation Trust's Acute Pain Guidelines for both adults and paediatrics.

Chronic non-malignant pain

There was discussion about the dose of oral morphine (or equivalent opioid beyond which review was advised. Rupert Broomby recommended a dose of 60mg oral morphine (or equivalent) was appropriate. It was agreed that further work be undertaken and the Formulary Team will bring the chronic non-malignant pain guidance back to FIG later in the year.

ACTION: Formulary Team to undertake further work on the chronic non-malignant pain guidance and bring back to FIG later in the year.

Management of Opioids

Repeat prescriptions for opioids – There was discussion about the appropriateness of adding opioids to repeat prescribing systems. It was agreed that the Formulary Team will reword this section.

ACTION: Formulary Team to undertake further work on the management of opioids and bring back to FIG later in the year.

ACTION: FIG members to send comments to the Formulary Team on the proposed revision to the management of pain and opioids guidance.

Management of pain in substance misuse disorders

This section was not discussed and will be brought to a future meeting with the revised pain guidance.

4.7.1 Non-opioid analgesics and compound analgesic preparations

No comments received. Formulary entry accepted.

ACTION: Formulary Team to update Section 4.7.1 in line with the proposed entry.

4.7.2 Opioid Analgesics

- Buprenorphine patches: Note 2 – second sentence to be amended to read 'High strength buprenorphine patches (Transtec®) are not recommended for use.'
- Transdermal fentanyl to remain as a 'blue' product in the formulary.
- Transdermal fentanyl note 8 to be placed higher up the notes section and a note added about increased absorption when exposed to a heat source.

It was noted that there is no dose conversion/equivalence information in Chapter 4 however there is in Chapter 16. Dose equivalency for Chapter to be reviewed by the Formulary Team and will be brought to a future FIG meeting.

- It was agreed that oxycodone will remain as a 'blue' product in the formulary.
- Abstral – add mention of palliative care to note 4.
- Alfentanil – it was agreed not to add all products for anaesthesia.
- The FIG agreed to the addition of fentanyl. It was noted that hospices prefer to use alfentanil and acute trusts prefer fentanyl subcutaneous for use in palliative care.
- Tapentadol – The FIG agreed that immediate release tapentadol should be added to the formulary. It was noted that tapentadol is costly and that patients should be given a trial. If tapentadol is not working it should be discontinued.

Formulary entry for opioid analgesics to be amended in line with the discussion.

ACTION: Formulary entry for 4.7.2 opioid analgesics to be amended in line with the discussion.

4.10.3 Opioid Dependence

This guidance was not discussed due to time constraints and will be brought to a FIG meeting later this year.

ACTION: 4.10.3 Opioid Dependence further work to be undertaken and brought to FIG for discussion later in the year.

8. Asthma – paediatric treatment guidance

Amendments to the Asthma – paediatric treatment guidance were first considered by the FIG in April 2018 following the publication of NICE Guideline 80 "Asthma: diagnosis, monitoring and chronic asthma management" in November 2017. Prior to the meeting in April attempts were made to contact local specialists but at the time of

the meeting, only one consultant had provided comments. At that time the FIG agreed minor amendments to the formulary guidance. It was also agreed that the Formulary Team would try again to contact local specialists and obtain comments on NICE Guideline 80. Further comments had been received from specialists and there appeared to be a consensus to continue working to formulary guidance based on recommendations made by the British Thoracic Society (BTS) and Scottish Intercollegiate Guideline Network (SIGN). Local consultants also provided comments on the management of acute asthma and nebulisation guidance. A proposed revision to the section was made.

The FIG considered and accepted the proposed changes to the Asthma – paediatric treatment guidance. It was agreed that a link should be added to the Royal Devon and Exeter Personalised asthma action plan (PAAP) if available.

Formulary Team to update the formulary Asthma – paediatric treatment guidance in line with the discussion.

ACTION: Formulary Team to update the formulary Asthma – paediatric treatment guidance in line with the discussion.

9. Vitamins in bariatric surgery

The Formularies Team has received requests from GPs and the Medicines Optimisation teams for formulary guidance for vitamin and mineral supplementation following bariatric surgery.

The British Obesity and Metabolic Surgery Society (BOMSS) has issued guidelines on biochemical monitoring and micronutrient replacement following bariatric surgery. NICE guidance for obesity (CG189) issued in 2014 does not specifically address nutritional supplementation for patients who have undergone bariatric surgery.

NHS patients in Devon are referred to the bariatric surgery unit at Derriford Hospital or Musgrove Park Hospital.

The proposed formulary guidance covers the gastric balloon, gastric band, gastric bypass and sleeve gastrectomy procedures, and is based on the BOMSS guidance. The bariatric surgery unit at Derriford Hospital follows this guidance. There are some differences between the guidance provided by Musgrove Park Hospital and the BOMSS guidance. Links to both sets of guidance will be included in the formulary.

The FIG considered and accepted the proposed formulary guidance with minor amendment to include the list of recommended treatment options within the guidance. There was discussion about the formulation of vitamin and mineral supplements and purchase of these by the patient. Patients will not be expected to buy Forceval but when buying products they must be those included in the BOMSS list. It was agreed that the Formulary Team would update the formulary guidance for vitamins in bariatric surgery in line with the discussion.

ACTION: Formulary Team to update the formulary entry for vitamins in bariatric surgery in line with the discussion.

10. Migraine

The North and East Devon Formulary guidance for migraine has been updated in line with NICE clinical guideline 150 “Headaches in over 12s diagnosis and management”.

CG150 was first issued in 2012: an update to the section on prophylaxis of migraine was issued in 2015. Other guidance considered as part of this review included NICE Clinical Knowledge Summaries for migraine and relevant parts of the British Association of Headache (BASH) guidance. It was noted that the BASH guidance is being updated; the current version was issued in 2010 and therefore predates CG150. SIGN guidance for migraine was issued in February 2018 after the guidance for both formularies was developed.

The FIG considered the proposed formulary guidance for migraine. Two amendments were agreed:

- 4.7.4 Antimigraine drugs – remove Pizotifen from the product entry.

  Pizotifen will be included in the paediatric guidance.

- Migraine to be removed as an indication for Sodium Valproate

Subject to these amendments being made the FIG accepted the proposed formulary entry.

Formulary Team to update the formulary entry in line with the discussion.

ACTION: Formulary Team to update the formulary entry for the Management of Migraine in line with the discussion.

11. Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma

Following a change in the licenced indications for use of Relva Ellipta the Clinical Policy Committee (CPC) made a recommendation at its meeting in May 2018 for the routine commissioning of the Relvar Ellipta combination inhaler for the regular treatment of asthma in adults and adolescents aged 12 years and older. CPC had noted the potential for cost savings in the local health economy and no loss of efficacy. Specialist opinion had indicated that the routine commissioning of Relvar Ellipta was not expected to result in bulk switching of patients from alternative ICS/LABA combinations.

Relvar Ellipta, dry-powder inhaler, contains two active ingredients: fluticasone furoate and vilanterol trifenatate, an inhaled corticosteroid (ICS) and a long-acting $beta_2$-agonist (LABA). Combination ICS/LABA products are already available in a range of formulations that are well established in clinical practice for asthma. Relvar® Ellipta® is an alternative treatment option for patients who require an ICS/LABA combination inhaler and may benefit from the once daily dosing regimen. The evidence suggests

that Relvar Ellipta has broadly similar efficacy to a number of other ICS/LABA combinations in routine use.

The Clinical Policy Committee's recommendation is now being taken through the CCGs' governance processes.

The FIG were asked to consider the proposed formulary entry for Relvar Ellipta including the format of the entry. There was discussion about prescribing by brand. It was suggested that a note be added to Script Switch.

The FIG accepted the proposed formulary entry subject to the amendment of note two to stated that products should be prescribed by brand.

On completion of the CCGs' governance processes, Formulary Team to add the entry for Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma to the formulary in line with the discussion.

ACTION: On completion of the CCGs' governance processes, Formulary Team to add the formulary entry for Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma to the formulary in line with the discussion.

12. Recent drug decisions (including NICE)

The recent drug decisions were noted.

13. MHRA Drug Safety Updates: April 2018 & May 2018

April 2018

- Valproate medicines (Epilim▼, Depakote▼): contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met. The advice for healthcare professionals as detailed in the MHRA drug safety update has already been added to the formulary.

- Obeticholic acid (Ocaliva▼): risk of serious liver injury in patients with pre-existing moderate or severe hepatic impairment; reminder to adjust dosing according to liver function monitoring. This is a 'red' drug. No action required.

- Suspect an adverse reaction? Yellow Card it. No action required.

May 2018

- Valproate medicines (Epilim▼, Depakote▼): Pregnancy Prevention Programme materials online. A link to the materials has already been added to the formulary.

- Braltus (tiotropium): risk of inhalation of capsule if placed in the mouthpiece of the inhaler. Add advice for healthcare professionals as detailed in the MHRA drug safety update.

ACTION: Formulary Team to add Braltus (tiotropium) MHRA drug safety update to the formulary.

Summary of actions

Date	Action	Lead	Status
17/53	AOB: Invita D3 50,000IU tablets and oral solution for vitamin D deficiency paper to be brought to a future meeting. Stuart Kyle and Carol Albury will discuss. There is work to do on appropriate doses of vitamin D to ensure that only patients needing high doses receive them. Formulary team to liaise with Stuart Kyle and Carol Albury and add to the Formulary Work Plan.	Formulary Team	Outstanding
17/66	Formulary entry for oral nutritional supplements to be updated as per the discussion. Work is being undertaken by the MO team. The work is almost complete and will be finalised via e-Fig.		On agenda
18/53	Formulary colour status of Fluticasone to be discussed with local adult respiratory specialists.	Formulary Team	Outstanding
18/78	Arrangements to be made for a Committee Development Session for the discussion how widely the formulary should encompass all possible treatment scenarios.		Complete
18/80	Lidocaine plasters – Formulary entry, full monograph and changes to the 'management of neuropathic pain be drafted and circulated to FIG.		Complete
18/81	Patient information leaflet to support the prescribing of lidocaine plasters to be developed.	Carol Albury and Rupert Broomby	Outstanding
18/82	Formulary entry for desmopressin to be amended in line with the discussion.		Complete
18/83	Formulary entry for Ondansetron for the treatment of nausea and vomiting in pregnancy to be updated.		Complete
18/84	Further work to be undertaken on the acute pain guidance and brought back to FIG later in the year.	Formulary Team	Outstanding

18/85	Links to Royal Devon and Exeter NHS Foundation Trust's Acute Pain Guidelines for both adults and paediatrics to be forwarded to the Formulary Team.	Rupert Broomby	Outstanding
18/86	Pharmacological treatment of chronic non-malignant pain – further work to be undertaken and guidance brought back to FIG later in the year.	Formulary Team	Outstanding
18/87	Management of Opioids section to be reworded.	Formulary Team	Outstanding
18/88	Management of pain and opioids – Comments on draft formulary entry to be forwarded to the Formulary Team.	FIG Members	Outstanding
18/89	4.7.1 non-opioid analgesics and compound analgesic preparations to be updated in line with the proposed entry.	Formulary Team	Complete
18/90	Formulary entry for 4.7.2 opioid analgesics to be amended in line with the discussion		Complete
18/91	4.10.3 opioid dependence – further work to be undertaken and brought to FIG for discussion later in the year.	Formulary Team	Outstanding
18/92	Formulary entry for Asthma – paediatric treatment guidance to be amended in line with the discussion.		Complete
18/93	Formulary entry for vitamins in bariatric surgery to be amended in line with the discussion.	Formulary Team	Complete
18/94	Formulary entry for the management of migraine to be updated in line with the discussion.	Formulary Team	Outstanding
18/95	On completion of the CCGs' governance processes, formulary entry for Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma to be added to the formulary in line with the discussion.	Formulary Team	Complete
18/98	MHRA Drug Safety Updates – May 2018: Braltus (tiotropium) MRHA drug safety update to be added to the formulary.	Formulary Team	Outstanding