Northern, Eastern and Western Devon
Clinical Commissioning Group

Meeting of the Northern and Eastern Devon Formulary Interface Group

Minutes

Thursday 13 December 2018: 9:00am – 11:00 am
Old Heathcoat School, Tiverton

Present:

Tawfique Daneshmend (Chair)	Consultant Gastroenterologist	RD&E
Carol Albury	Locality MO Pharmacist	NEW Devon CCG
Glen Allaway	GP	NEW Devon CCG
Emma Gitsham	Joint Formulary Pharmacist	NEW Devon CCG
Susie Harris	Consultant, Elderly Care	RD&E
Andrew Harrison	GP	NEW Devon CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Denise Lanyon	MO Pharmacist	NEW Devon CCG
Simon Kay	GP	NEW Devon CCG
Matt Kaye	Chief Pharmacist	NDHT
Carole Knight	Clinical Pharmacist (Medicines Information and Formulary)	NDHT
Jess Parker	GP	NEW Devon CCG
Bethan Rogers	Medicines Information and Formulary Support Pharmacist	RD&E
Graham Simpole	Joint Formulary Support Pharmacist	NEW Devon CCG
Samantha Smith	Locality Medicines Optimisation Pharmacist	NEW Devon CCG
Christopher Sullivan	Pharmacist	Devon Partnership NHS Trust
Darren Wright	Joint Formulary Technician	NEW Devon CCG

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Announcements, Welcome and Introductions

Announcements

The Chair announced that Carol Albury was retiring from the NHS and that Samantha Smith was leaving the CCG for a new role within the NHS. The Chair thanked Carol and Samantha on behalf of the group for their significant contributions to the work of the FIG and wished them well for the future.

Apologies

Beverley Baker	Non-Medical Prescribing Lead	NEW Devon CCG
Emily Bell (Guest)	Medicines Optimisation Pharmacist	NEW Devon CCG
Stuart Kyle	DCT Chair/ Consultant Rheumatologist	NDHT

Jess Parker and Glen Allaway left the meeting following the discussion of Infantile Colic.

Chris Sullivan joined the meeting for the discussion of unipolar depression.

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.

DRUG INCLUDED ON AGENDA	COMPANY / MANUFACTURER
Dapsone	Various manufacturers
Kyleena® 19.5mg intrauterine system (IUS) Alternative LNG-IUS: Jaydess® Levosert® Mirena®	Bayer Plc Bayer Plc Gedeon Ritcher (UK) Ltd Bayer Plc
Dexamfetamine Sulfate tables Various generic and branded formulations	 Various manufacturers
Cholurso® (ursodeoxycholic acid) 250mg tablets	HFA Healthcare Products Ltd
Anal irrigation systems Various systems	 Various manufacturers
Anal inserts Renew Insert Peristeen® Anal Plug	 Renew Medical UK Ltd Coloplast Ltd
Emollient review Various products	 Various manufacturers

Management of Infantile colic Colief® Infacol ®	 Crosscare Limited Teva UK Limited
Lyme disease Various medications	 Various manufacturers
Gout review Various Medications	 Various manufacturers
Unipolar depression Various medications	 Various manufacturers

NAME OF ATTENDEE	DECLARATION
Darren Wright	Received samples of emollients that could have an overall cost in excess of £50 from Fontus Health and Zeroderma.

2. Minutes of the meeting held on 18th October 2018 and matters/actions arising

The minutes of the meeting held on 18th October 2018 were approved.

Summary of actions

Date	Action	Lead	Status
18/81	*Patient information leaflet to support the prescribing of lidocaine plasters to be developed*. Sam Smith is liaising with Dr Broomby. Sam Smith has now left the CCG; Rupert Broomby has been informed and has confirmed he will be working on this soon and will liaise with the Formulary team in due course.		Complete
18/99	*First generation (typical) depot antipsychotics - following discussions at a higher level, the formulary team will undertake further work on the proposed guidelines and bring back to a future FIG meeting.* *Matt Howard will meet the CCG Head of Mental*		Complete

	Health Commissioning in November. A meeting has taken place. This has been moved to the Formulary team work plan.		
18/112	*MHRA Drug Safety Update: July – Pressurised metered dose inhaler (pMDI): risk of airway obstruction from aspiration of loose objects. Safety advice to be added to the formulary.*		Complete
18/115	FreeStyle® Libre device for interstitial glucose monitoring in diabetes – discuss patient/GP letters with the diabetes team. A discussion had taken place. There are two letters, teams will ensure that the first is sent by the consultant. It was noted that there may be a rise in patient expectations that requires management.		Complete
18/116	On completion of the CCGs' governance processes approved formulary entry for Trelegy Ellipta to be added to the formulary.		Complete
18/117	On completion of the CCGs' governance processes approved formulary entry for insulin degludec (Tresiba®) to be added to the formulary.		Complete
18/118	Cabergoline - Letter to be written to endocrinologists by FIG chair confirming monitoring requirements for categories and echocardiography service provision. A letter has been written. Endocrinology patients receive much lower doses than patients with Parkinson's disease.		Complete
18/119	Cabergoline – liaise with Tawfique Daneshmend and when appropriate add agreed entry to the formulary.	Formulary Team	Complete
18/200	Formulary entry for Ulipristal acetate (UPA) 5mg tablets (Esmya®) to be updated in line with the discussion.		Complete
18/201	Adult asthma review: guidance and associated products entries – establish whether reslizumab is used locally.		Complete
18/202	Formulary guidance for adult asthma to be updated in line with the discussion.		Complete
18/203	Management of pain guidance and opioid dependence drugs guidance to be updated in line with the discussion.		Complete
18/204	Formulary entry for constipation in children and laxative treatment to be updated in line with the discussion.		Complete

18/205	Formulary entry for acute otitis media in children and young people to be updated with approved guidance.		Complete
18/206	MHRA Drug Safety Update: August – Esmya (ulipristal acetate). Link to update to be added as discussed (in item 6).		Complete
18/207	MHRA Drug Safety Update: September - Daclizumab beta (Zinbryta▼): All points from the alert to be added to the formulary.		Complete

3. Dapsone for the treatment of skin conditions

In 2016, NEW Devon CCG agreed to reinvest money released as part of the review of Personal Medical Services (PMS) contracts, via the CCG's Specialised Medicines Service (SMS) to fund additional SMS guidelines to support safe and appropriate prescribing of specialised medicines in primary care. GPs are remunerated for the additional work associated with safe use of these specialised medicines in line with the tier framework agreed with Local Medical Committee (LMC).

Dapsone is an antibacterial medicine belonging to the sulfonomide class of antibiotics. It acts like an anti-inflammatory drug and has been used successfully as a treatment for several skin conditions such as dermatitis herpetiformis, pyoderma gangrenosum, Sweet's syndrome and vasculitis for many years. It may also be used for other inflammatory skin conditions, where other treatments are ineffective.

The proposed guideline covers the use of dapsone within the licenced indications of treatment of dermatitis herpetiformis and other dermatoses, in adults. The guideline includes baseline assessment, and prescribing and monitoring by specialists for two months. GPs will continue with prescribing and monitoring after this time.

The FIG considered the proposed formulary guidance. In particular the FIG were asked to consider reticulocyte count. There was a discussion about which tests are needed and the order in which they should be undertaken. It was noted that GPs do not usually undertake reticulocyte counts and that generally a trend rather than an absolute threshold is looked for. GPs present felt that this was more complex than usual monitoring.

It was suggested that when a patient is taking dapsone it be flagged up on the trust haematology system. Tawfique Daneshmend agreed to check this.

ACTION: Tawfique Daneshmend to check whether patients taking dapsone are flagged up on the trust haematology system.

There was discussion about patients taking paracetamol. It was suggested that a line be added into the patient information stating that they should not buy paracetamol due to the possibility of an interaction. It was highlighted that the risk associated with paracetamol and dapsone was a theoretical risk and the local

Medicines Information Service had identified no cases in the literature published. It was noted that patients will be monitored for signs of methaemoglobinaemia. It was agreed that some amendments were required. The Formulary team will also discuss the guidelines with the LMC.

ACTION: Formulary team to discuss the guidelines with the LMC, make agreed amendments to the draft and bring back to FIG.

4. Consideration of Kyleena® (levonorgestrel) 19.5mg intrauterine system (IUS) for addition to the formulary

An application has been received from an Associate Specialist in Community Contraception and Sexual Health at Livewell Southwest to consider the inclusion of Kyleena 19.5mg IUS as a green (first line) option for contraception in women.

The Kyleena intrauterine system is licenced for contraception for up to 5 years.

It is proposed that Kyleena is used as an option for contraception in women for whom a 5-year LNG-IUS is appropriate. The other current formulary 5-year LNG-IUS option is Mirena®, which is available at a higher acquisition cost, but can be used in other indications.

NICE CG30: Long-acting reversible contraception (October 2005) (updated September 2014) positively recommends the use of long acting reversible contraception LARC preparations.

The FIG considered and accepted the proposed formulary entry. There was discussion about the failure rate of the product. It was agreed that failure rates would be shown alongside the entry for each product. The cost of Kyleena was also discussed, it was noted that at no time point was Kyleena the most expensive option.

Formulary Team to add Kyleena (levonorgestrel) 19.5mg intrauterine system (IUS) to the local formulary in line with the discussion.

ACTION: Formulary Team to add Kyleena (levonorgestrel) 19.5mg intrauterine system (IUS) to the local formulary in line with the discussion.

The FIG also discussed e-PACT2 data for the numbers of LNG-IUS dispensed which was felt to be low. It was noted that these figures did not include those dispensed by Family Planning Clinics.

ACTION: Formulary team to ask MO to review e-PACT2 figures.

5. Consideration of dexamfetamine for addition to the formulary

An application has been submitted by Adam Zeman, Professor of Cognitive and Behavioural Neurology, Royal Devon and Exeter NHS Foundation Trust, for consideration to be given to the addition of dexamfetamine sulfate to the North and East Devon formulary for the treatment of narcolepsy in adults.

Dexamfetamine is licensed for the treatment of narcolepsy in adults, and also for the treatment of attention deficit hyperactivity disorder in children and adolescents.

Dexamfetamine is a Schedule 2 Controlled Drug available as a tablet, modified release capsule and oral solution. Generic 5mg tablets and 1mg/1ml oral solution are licensed for the treatment of narcolepsy; Amfexa® tablets (5mg, 10mg and 20mg) are not licensed for treatment of narcolepsy. The modified release capsules are available as an unlicensed special via United States import as Dexedrine® Spansules®.

There is no NICE guidance on the treatment of narcolepsy.

The FIG considered and accepted the proposed formulary entry with minor amendment:

- 4.4 CNS stimulant and drugs for attention deficit hyperactivity disorder
  - Dexamfetamine Sulphate
    - Embolded 'Adult' and 'Elderly'.
    - Add a note highlighting that licensed indications of dexamfetamine formulation differ.

There was discussion about the e-PACT2 data. It was agreed that the Formulary team would ask the MO team to look at this again; the data may be inaccurate due to recent issues with e-PACT 2. It was agreed that the formulary team would look at the filters being used within ePACT2.

ACTION: Formulary team to ask MO team to look at the e-PACT data for dexamfetamine prescribing and sense check it as there may be inaccuracies due to recent issues with e-PACT2.

ACTION: Formulary team to look at the filters being used within e-PACT2.

There was discussion about shared care guidelines. It was agreed these were not necessary.

The GPs present felt that the formulary entry should include reference to annual monitoring in secondary care and that patients should not be handed over completely to GPs.

ACTION: Formulary team to add dexamfetamine to the formulary in line with the discussion.

6. Consideration of branded Cholurso® for removal from the formulary

A request has been received from the MO team for the removal of branded Cholurso from the North and East Devon Formulary. This is because branded prescribing no longer offers a financial advantage for this item. Ursodeoxycholic acid 250mg tablets are listed as category C in the drug tariff; Cholurso is listed as the proprietary reference product (December 2018 Drug Tariff online). There is no preferred brand currently assigned to the suspension or 150mg and 300mg tablets. The FIG considered and accepted the removal of Cholurso as the preferred band of urodeoxycholic acid 250mg tablets.

ACTION: Formulary team to remove Cholurso as the preferred band of urodeoxycholic acid 250mg tablets from the local formulary.

ACTION: Formulary team to remove Cholurso from the preferred brand page of the local formulary.

7. Anal irrigation systems (products)

Formulary guidance on the use of anal irrigation systems was considered and accepted by the North and East Devon Formulary Interface Group (FIG) in August 2018. At that time, specific irrigation systems were not proposed for inclusion. During discussions, the FIG requested that the NHS Bladder and Bowel Care team were asked to suggest a list of products and brief details of why they may be needed. Debbie Yarde, Clinical Lead for the North and East Devon bladder and bowel care team was contacted for a view on whether the products recommended in South and West Devon were suitable for use in the North and East Devon. The products identified were accepted and included in the proposed formulary guidance.

The FIG considered and accepted the proposed formulary guidance with minor amendment.

There was discussion about the length of time after which extension tubes and water bags needed to be replaced. It was agreed that the Formulary team would contact manufacturers to confirm this.

ACTION: Formulary team to confirm with manufacturers the amount of time extension tubes and water bags can be used for before they are replaced.

It was also suggested that the contact telephone number for South Molton may need to be updated. The Formulary team will check and update as necessary.

ACTION: Formulary team to seek clarification of the contact telephone number for South Molton.

ACTION: Formulary team to update the formulary entry for Anal Irrigation System products in line with the discussion.

8. Anal inserts

Anal inserts (also known as anal plugs) are single use continence devices which act as a physical barrier to prevent leaks for patients with faecal incontinence. The inserts are usually made of foam or silicone; they do not deal with the underlying condition but may be useful as a coping strategy for some patients.

The existing North and East Devon guidance formed the basis for recently adopted South and West Devon guidance. It was proposed that the North and East Devon guidance be updated to support consistency between the two regions.

The FIG considered the proposed formulary entry. There was discussion about the colour status of anal inserts. It was agreed that these devices should have 'amber' specialist input status. A query was raised with regard to the South Molton contact telephone number. This will be checked by the Formulary team.

ACTION: Formulary team to check the South Molton telephone contact number.

The FIG accepted the proposed formulary entry subject to the points raised. The Formulary team will update the formulary entry in line with the discussion.

ACTION: Formulary team to update the formulary entry in line with the discussion.

9. Emollient guidance and product recommendation review

Formulary emollient recommendations have been considered as part of the rolling review programme. Emollient use, including the prescribing of ointments, gels, creams, and lotions for direct application to the skin ('leave-on emollients'), in North and East Devon from October 2017 to September 2018 cost almost £800,000 in primary care.

NICE Clinical Guideline CG57 (Atopic eczema in under 12s: diagnosis and management) (NICE, 2007) reports a lack of studies that evaluated the effectiveness of emollients in children with atopic eczema.

The FIG discussed the proposed formulary entry. The proposed formulary entry was accepted subject to minor amendment:

13.2.1 Emollients:

- Self-Care; new wording has been added following national guidance from NHS England.
- MHRA Drug Safety Update information has been added.
- Ointments –The proposed formulary entry for ointments was accepted without amendment.

- Gels:
  - Adex Gel® – the Formulary team had contacted the manufacturer regarding the composition of their product and any clinical evidence to support claims, but no response had been received. Adex was not accepted for inclusion into the formulary as it is not clear that data cited in the manufacturer's literature related to Adex gel and there is a lack of data to show the benefit of this product compared to established products with lower acquisition costs.
  - A query was raised with regard to the proposed removal of Zerodouble Gel® following discussion FIG agreed to retain Zerodouble Gel in the formulary.
- Creams – the proposal for creams was accepted subject to one amendment. Hydromol Cream® was considered but not accepted due to significantly higher cost and lack of demonstrated benefit over alternatives.
- Creams – colloidal oatmeal-containing. The proposed formulary entry was accepted without amendment. It was noted that patient preference would dictate the choice of product.
- Creams – urea-containing: the proposal for creams containing urea was accepted subject to minor amendment. It was agreed that:
  - 'much' be removed from the second sentence.
  - Add 'if a small quantity is needed use Hyrdromol 10%, for large quantities use Flexitol 10%.
- Lotions and Spray – this section was accepted without amendment.
- Bath and shower preparations – It was agreed that Dermalo® and Doublebase® be removed from the proposed formulary entry. It was noted that bath and shower preparations have been included in draft NHS England guidance for 'do not use' products. If there are no changes when the final NHS England guidance is published it will be adopted into the formulary.
- Products for specific clinical conditions – Antimicrobials: The proposed entry was agreed subject to minor amendment:
  - Embolden 'not for prolonged use'
  - Add 'folliculitis and secondary infection' as examples of complications.
  - Remove 'Dermol® 600'.
  - Add note to highlight that lotions are useful for hair bearing areas.
- Diabetic foot care – the proposed entry was accepted. It was also agreed that the Formulary team would contact podiatrists and ascertain what should be used for cracked heals in Primary Care.

ACTION: Formulary team to ascertain from podiatrists what should be used for cracked heals in Primary Care.

- It was also agreed that the Formulary team would discuss use of Script-switch for appropriate emollient products with the MO team.

ACTION: Formulary team to discuss the use of Script-switch for appropriate emollient products with the MO team.

ACTION: Formulary team to update the formulary emollient guidance and product recommendations in line with the discussion.

- It was also suggested that dermatologists be asked to ensure that they exhaust formulary options before trying non-formulary products, and that initial samples should only include formulary recommended products.

ACTION: **Formulary team to ask dermatologists to ensure that they exhaust formulary options before trying non-formulary products.**

10. Management of infantile colic

Formulary guidance for the management of infantile colic has been considered as part of the rolling review programme. The current formulary guidelines appear to be up to date. It is, however, proposed to align the North & East and South & West Devon guidance to provide easily accessible information to primary care prescribers. The proposed entry was an amalgamation of the information currently included in both the South and West Devon guidance and in the North and East Devon guidance with some additional information from NICE and specialists.

The FIG considered and accepted the proposed formulary guidance. It was agreed that a link to the NICE Clinical Knowledge Summary (CKS) be added. There was discussion about the evidence of effectiveness of drug and herbal treatment.

ACTION: **Formulary team to update the formulary entry for the management of infantile colic with the approved formulary entry.**

11. Lyme disease

The current formulary guidance has been revised in line with NICE Guideline NG95, published in April 2018.

The FIG considered the proposed formulary entry.

There was discussion about there being a significant number of cases of Lyme disease in Devon. There was also discussion about the danger of delaying treatment which may have a serious impact on a child's life. The FIG agreed that treatment should be started immediately if Lyme disease is suspected; before test results have been received.

The FIG made a number of suggestions for amendment to the proposed formulary entry.

- <u>Throughout formulary entry</u>
  - Add 'admit' to all entries for Ceftriaxone IV.

ACTION: **Formulary team to update the proposed formulary entry for Lyme disease in line with the discussion and circulate to FIG members.**

12. Management of gout

Due to the submission of a proposed Clinical Reference Guideline (CRG) on the 6th December 2018 the paper for the Management of gout is being amended and is expected to be brought to the North and East FIG meeting due to take place on 14th February 2019.

13. Unipolar depression guidance review

The Formulary team is currently revising and updating the joint formulary mental health guidelines. The first topic subject to review is Unipolar Depression. A revised draft has been written with reference to NICE clinical guidelines and Devon Partnership NHS Trust (DPT) prescribing guidelines. It is intended that the revision becomes Devon wide guidance; currently guidance for South and West Devon differs from guidance for North and East Devon the aim is to align and update the formulary content.

The DPT prescribing guideline does not cover children and adolescents. Child and adolescent mental health services (CAMHS) are provided by Virgin Care - Devon Integrated Children's Services, who have been contacted for input during the revision. It should be noted that they are currently in the process of updating a clinical guideline on this topic. It is intended that the formulary will continue to give GPs a brief insight into the management of depression in children and adolescents and in due course the Devon Formulary will signpost to the guidance produced by the 2019 CAMHS provider. It is recognised that this is an area of medicine largely managed by specialist clinicians rather than GPs.

The FIG considered the proposed guidance for Unipolar Depression:

- Antidepressant treatment options in adults:
  The proposed formulary entry was discussed and accepted subject to minor amendment. There was discussion about Escitalopram and Citalopram, it was agreed that both products be included in the Formulary as Green (first line) antidepressants. It was also agreed that Trazodone be placed above Vortioxetine in the alternative antidepressant section.

  There was also discussion about including a link to a list of medicines that prolong the QT interval. It was noted that no definitive list exists but the Formulary team would consider how this might be addressed.

There was also discussion about flow charts to support formulary guidance. The formulary team will consider the practicality and utility of developing supporting flow charts.

There was also discussion about augmentation strategies and the role of the Clinical Policy Committee. It was noted that the local decision making process cannot be by-passed.

- The proposed entries for the following guidance sections were discussed and approved without amendment:
  - Antidepressant review and treatment continuation

- Stopping and switching between antidepressants
- Suicide risk
- Depression in pregnancy and the postnatal period
- Depression in children and adolescents
- Resources, clinical referral guidelines and references

- 4.3.1 – Tricycle and related antidepressant drugs:
  - Nortriptyline added to support use in neuropathic pain.
  - Trazodone to be added to the formulary as an amber (specialist) treatment for depression.

- 4.3.2 - Monoamine-oxidase (MAO) inhibitors:
  - This section was discussed and accepted without amendment. MAO is to be added as amber (specialist) treatments.

- 4.3.3 - Selective serotonin re-uptake inhibitors.
  - Add Fluoxetine 20mg dispersible tablets with note that halving is licenced.
  - Citalopram – add oral drops for patients with swallowing difficulties.
  - Escitalopram added as a green (first line) antidepressant.

- 4.3.4 Other antidepressant drugs
  - Where appropriate add website link to Best Use of Medicines in Pregnancy (BUMPS).
  - Mirtazapine – add oral solution.

ACTION: Formulary team to update the formulary guidance for Unipolar depression in line with the discussion.

14. Recent drug decisions (including NICE)

The recent drug decisions were noted.

15. MHRA Drug Safety Updates: Oct ’18 and Nov ‘18

October 2018

- Rivaroxaban (Xarelto▼) after transcatheter aortic valve replacement (TAVR): increase in all-cause mortality, thromboembolic and bleeding events in patients in a clinical trial. Add to rivaroxaban entry:
  - rivaroxaban is not authorised for thromboprophylaxis in patients with prosthetic heart valves, including patients who have undergone TAVR, and should not be used in such patients
  - rivaroxaban treatment in patients who undergo TAVR should be stopped and switched to standard of care.
  - link out to MHRA drug safety update for further details.

ACTION: Formulary team to add notes to the Rivaroxaban entry.

- Ritonavir-containing products: reports of interaction with levothyroxine leading to reduced thyroxine levels. Add top line to ritonavir entry and link out MHRA drug safety update for further details.

ACTION: Formulary team to add top line to ritonavir entry and link out to MHRA drug safety update for further details.

- Ponatinib (Iclusig▼): reports of posterior reversible encephalopathy syndrome. Ponatinb is a 'red' drug. Add top line and link out to MHRA drug safety update.

ACTION: Formulary team to top line to the Ponatinib (Iclusig▼) entry and link out to MHRA for further details.

- Transdermal fentanyl patches: life-threatening and fatal opioid toxicity from accidental exposure, particularly in children: Fentanyl is currently included in the formulary with 'blue' status. The majority of the points are already included in the formulary. A link to the 2018 advice for healthcare professionals will be added and this will be flagged in Chapter 16 - Palliative Care in the formulary.

ACTION: Formulary team to add link to 2018 MHRA drug safety update reference in Chapter 16 Palliative Care.

<u>November 2018</u>

- Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use. This is not included in the formulary. The FIG agreed that no action is required.

- Systemic and inhaled fluoroquinolones: small increased risk of aortic aneurysm and dissection; advice for prescribing in high-risk patients. Advice for healthcare professionals to be added to 5.1.12 quinolones page and risk to be highlighted under quinolones recommended for use and treatment guidelines.

ACTION: Formulary team to add advice for healthcare professionals to 5.1.12 quinolones page and risk to be highlighted under quinolones recommended for use and treatment guidelines.

- Sildenafil (Revatio and Viagra): reports of persistent pulmonary hypertension of the newborn (PPHN) following in-utero exposure in a clinical trial on intrauterine growth restriction. The FIG agreed that the advice for healthcare professionals was not required in the formulary.

16. Any other Business

There was no other business to discuss.

Summary of actions			
Date	**Action**	**Lead**	**Status**
18/208	Check whether patients taking dapsone are flagged up on the trust haematology system.	Tawfique Daneshmed	Ongoing
18/209	Discuss Dapsone guidelines with the LMC, make agreed amendments to the draft and bring back to FIG.	Formulary Team	Ongoing
18/210	Kyleena (levonorgestral) 19.5mg intrauterine system (IUS) to be added to the local formulary in line with the discussion.	Formulary Team	Complete
18/211	MO to be asked to review e-PACT2 figures for the number of LNG-IUS dispensed.	Formulary Team	Complete
18/212	MO to be asked to review e-PACT2 data for dexamfetamine and sense check it as there may be inaccuracies due to recent issues with e-PACT2.	Formulary Team	Complete
18/213	Formulary team to look at filters being used for ePACT2 searches.	Formulary Team	Complete
18/214	Dexamfetamine to be added to the formulary in line with the discussion.	Formulary Team	Complete
18/215	Cholurso to be removed from the formulary as the preferred brand of urodeoxycholic acid 250mg tablets.	Formulary Team	Complete
18/216	Cholurso to be removed from the preferred brand page of the formulary.	Formulary Team	Complete
18/217	Manufacturers of anal irrigation systems to be contacted regarding the amount of time extension tubes and water bags can be used before they are replaced.	Formulary Team	Complete
18/218	Contact number for South Molton NHS Bladder and Bowel Care Service to be checked and updated in the anal irrigation formulary entry.	Formulary Team	Complete
18/219	Formulary entry for Anal Irrigation System products to be updated in line with the discussion.	Formulary Team	Complete
18/220	Contact number for South Molton NHS Bladder and Bowel Care Service to be checked and updated in the anal inserts formulary entry.	Formulary Team	Complete
18/221	Formulary entry for anal inserts to be updated in line with the discussion.	Formulary Team	Complete
18/222	Podiatrists to be asked to confirm the products that should be used in Primary Care for cracked heals.	Formulary Team	Outstanding
18/223	Discuss the use of Script-switch for appropriate emollient products with the MO team.	Formulary Team	Complete
18/224	Formulary entry for emollient guidance and product recommendations to be updated in line with the	Formulary Team	Complete

	discussion.		
18/225	Dermatologists to be asked to ensure that they exhaust formulary options before trying non-formulary products.	Formulary Team	Complete
18/226	Formulary entry for the management of infantile colic to be updated with approved entry.	Formulary Team	Complete
18/227	Proposed formulary entry for Lyme disease to be amended in line with the discussion and circulated to FIG members.	Formulary Team	On agenda
18/228	Formulary guidance for unipolar depression to be updated in line with the discussion.	Formulary Team	Outstanding
18/229	Notes to be added to the Rivaroxaban entry.	Formulary Team	Complete
18/230	Add top line to ritonavir entry and link out to MHRA drug safety update for further details.	Formulary Team	Complete
18/231	Add top line to Ponatinib (Iclusig▼) entry and link out to MHRA for further details.	Formulary Team	Complete
18/232	Transdermal fentanyl patches: Add link to the 2018 MHRA drug safety update in Chapter 16 Palliative Care.	Formulary Team	Complete
18/233	Systemic and inhaled fluoroquinolones – add advice for healthcare professionals to 5.1.12 quinolones page and risk to be highlighted under quinolones recommended for use and treatment guidelines.	Formulary Team	Complete