Northern, Eastern and Western Devon
Clinical Commissioning Group

Meeting of the Northern and Eastern Devon Formulary Interface Group

Minutes

Thursday 18th October 2018: 9:00am – 11:00 am
Old Heathcoat School, Tiverton

Present:

Tawfique Daneshmend	Consultant Gastroenterologist	RD&E
Carol Albury	Locality MO Pharmacist	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
Carole Knight	Clinical Pharmacist (Medicines Information and Formulary)	NDHT
Jess Parker	GP	NEW Devon CCG
Bethan Rogers	Formulary Pharmacist	RD&E
Graham Simpole	Joint Formulary Support Pharmacist	NEW Devon CCG
Samantha Smith	Locality Medicines Optimisation Pharmacist (East)	NEW Devon CCG
Darren Wright	Joint Formulary Technician	NEW Devon CCG

Guests:

Rob Elliot Cook	Clinical Pharmacy Manager	RD&E

Observers:

Elliot Watts	Pre-reg Pharmacist	RD&E

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and Announcements

Apologies

Glen Allaway	GP	NEW Devon CCG
Beverley Baker	Non-Medical Prescribing Lead	NEW Devon CCG
Matt Kaye	Chief Pharmacist	NDHT
Stuart Kyle	DCT Chair/ Consultant Rheumatologist	NDHT
Christopher Sullivan	Pharmacist	Devon Partnership NHS Trust

Declaration of Interests

DRUG INCLUDED ON AGENDA	COMPANY / MANUFACTURER
Fluticasone furoate, umeclidinium bromide and vilanterol (Trelegy® Ellipta®) cmbination dry powder inhaler for chronic obstructive pulmonary disease (COPD) Alternative treatments: Any other monotherapy or combination inhalers for COPD.	GlaxoSmithKline UK Various manufacturers
Insulin Degludec (Tresiba®) for type 1 diabetes Alternative treatments: Insulin detemir (Levemir®) Insulin glargine (Abasaglar®, Lantus®, Toujeo®)	Novo Nordisk Ltd Novo Nordisk Ltd Eli Lilly and Company Ltd, Sanofi
Consideration of cabergoline for addition to the formulary Alternative treatments: Bromocriptine	Various manufacturers Various manufacturers
Reclassification of ulipristal acetate 5mg tablets (Esmya®) from amber to red	Gedeon Richter (UK) Ltd
Adult asthma review – guidance and associated product entries. Various medications	Various manufacturers
Management of pain and opioid guidance & review of opioid dependence drugs Various medications	Various manufacturers
Constipation in children & review of laxative treatments Various medications	Various manufacturers
Acute otitis media in children and young people Various medications	Various manufacturers

e-FIG Item	Company
Colesevelam for the management of bile acid malabsorption	Sanofi

Declaration of Interest forms were collected. There were no Declaration of Interests to report.

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

The minutes of the meeting held on Thursday 9th August 2018 were approved.

Summary of actions

Date	Action	Lead	Status
18/53	*Formulary colour status of Fluticasone to be discussed with local adult respiratory specialists.* This will be discussed at the meeting in October 2018.		Complete
18/81	*Patient information leaflet to support the prescribing of lidocaine plasters to be developed.* Sam Smith is liaising with Dr Broomby.	Sam Smith and Rupert Broomby	Ongoing
18/84	*Further work to be undertaken on the acute pain guidance and brought back to FIG later in the year.* *The Formulary Team has attempted to contact specialists but no reply has been received to date.* Item included on agenda.		Complete
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*. Item included on agenda.		Complete
18/86	*Pharmacological treatment of chronic non-malignant pain – further work to be undertaken and guidance brought back to FIG later in the year.* *The Formulary Team has attempted to contact specialists but no reply has been received to date.* Item included on agenda.		Complete

18/87	*Management of Opioids section to be reworded.* *The Formulary Team has attempted to contact specialists but no reply has been received to date.* Item included on agenda.		Complete
18/88	*Management of pain and opioids – Comments on draft formulary entry to be forwarded to the Formulary Team.* *No comments had been received; draft formulary entry to be recirculated to FIG members again for comment.* Item included on agenda.		Complete
18/91	*4.10.3 opioid dependence – further work to be undertaken and brought to FIG for discussion later in the year.* *Work on the drug page has been completed. This will be taken to FIG with the rest of the guidance.* Item included on agenda.		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 Health Commissioning in November.	Formulary Team	Outstanding
18/102	On completion of the CCGs governance processes, opicapone for the treatment of Parkinson's Disease to be added to the formulary in line with the discussion.		Complete
18/104	*Possibility that there may be different funding arrangements in place for apomorphine in different parts of the CCG to be raised with Samantha Smith to take to the Primary and Secondary Care Interface Group.* Carol Albury and Matt Howard to follow-up outside the meeting.		Complete
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.*	Formulary team	Outstanding

Report of e-FIG decisions – September 2018:
Colesevelam for the management of bile acid malabsorption

The FIG received the report of the decision taken via the e-FIG process in September 2018. One item, colesevelam for the management of bile acid malabsorption, had been considered:

- The formulary entry for colesevelam for the management of bile acid malabsorption has been accepted and the formulary updated.

FreeStyle® Libre device for interstitial glucose monitoring in diabetes- update

In January 2018 the CCG's Clinical Policy Committee recommended the routine commissioning of the FreeStyle Libre device for interstitial glucose monitoring subject to patients meeting certain criteria.

Subsequent to the implementation of this policy the Medicines Optimisation (MO) team became aware that there has been a significant increase in prescribing of FreeStyle Libre.

The MO team raised a number of concerns with the group, including who is responsible for writing letters to patients and GPs starting and continuing patients on FreeStyle Libre, the quality of the letters including lack of inclusion of the reason for starting and continuing with the device. In addition there does not appear to be a clear route by which patients are followed-up following their initial trail period. It was also noted that half of patients have not received blood glucose testing strips since starting FreeStyle Libre, others have reduced or increased testing strips and some patients have remained static.

The FIG discussed the issues raised:

- It was noted that FreeStyle blood glucose testing strips are not currently included in the North and East Devon Formulary. There was discussion about the price of these strips in comparison to current formulary test strips. It was noted that the FreeStyle testing strips are £16.12 for 50.
- Clarification of the criteria by which patients are assessed.
- It was felt that letters should come from diabetologists not diabetes nurses.

It was agreed that Bethan Rogers would discuss patient/GP letters with the diabetes team at Royal Devon and Exeter HS Foundation Trust.

ACTION: Bethan Rogers to discuss patient/GP letters with the diabetes team

3. Fluticasone furoate, umeclidinium bromide and vilanterol (Trelegy® Ellipta®) combination dry powder inhaler for chronic obstructive pulmonary disease (COPD)

At its meeting on 26th September 2018 the Clinical Policy Committee made a decision to recommend the routine commissioning of Trelegy Ellipta. This decision is going through the final governance processes before ratification by the CCGs and publication of the policy. This is a triple therapy dry-powder inhaler (DPI) containing fluticasone furoate,

umeclidinium bromide and vilanterol (as trifenatate) and is indicated as a maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting β_2-agonist.

It has been shown that Trelegy Ellipta improves symptoms, lung function and quality of life as well as significantly lowering the rate of moderate or severe COPD exacerbations when compared to dual therapy. It offers patients a single triple-therapy DPI device as an alternative for those patients that are unable to use a metered dose inhaler, and is considered to offer good value for money. Treatment of this patient group with Trelegy Ellipta is supported by NICE. It is noted that switching patients who are stable on triple therapy using multiple devices is not licensed. In addition there are some economic advantages associated with the Trelegy Ellipta DPI.

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

ACTION: On completion of the CCGs' governance processes, Formulary Team to add the approved formulary entry for Trelegy Ellipta to the formulary.

4. Insulin degludec (Tresiba®) for type 1 diabetes

Applications for the routine commissioning of insulin degludec had previously been refused by the Clinical Policy Committee. However new evidence supporting its use had been produced and at its meeting on 26th September 2018 the Clinical Policy Committee made a decision to recommend the routine commissioning of Insulin Degludec in Devon for patients with Type I diabetes who fulfil one of the following criteria despite optimised treatment with another long acting insulin analogue:

- Children and adolescents who have a history of diabetic ketoacidosis and/or hyperglycaemia (blood glucose exceeding 14.0 mmol/L) with capillary blood ketones exceeding 1.5 mmol/L
- Adults who experience frequent or severe hypoglycaemia

This decision is going through the final governance processes before ratification by the CCGs and publication of the policy.

The FIG accepted the proposed formulary entry without amendment.

ACTION: On completion of the CCGs' governance processes Formulary Team to add the approved formulary entry for insulin degludec (Tresiba®) to the formulary.

5. Consideration of cabergoline for addition to the formulary

An application has been received from Roderick Warren (consultant endocrinologist, RD&E) for the inclusion of cabergoline tablets in the North and East Devon Joint Formulary, as an alternative to bromocriptine for the management of prolactinoma. The applicant states that this application is supported by Antonia Brooke, Bijay Vaidya, and Neil Walker (consultant endocrinologists, RD&E). The suggested traffic light classification is amber (specialist input).

Cabergoline is not currently in the North and East Devon formulary, however it is being used. Cabergoline is an ergot-derived dopamine agonist, available in tablets of three strengths: 500microgram, 1mg, and 2mg. There is variation in the licensing of different medicines containing the same drug; in general, the licensed indications for cabergoline include: Inhibition/suppression of lactation, treatment of hyperprolactinaemic disorders and treatment of Parkinson's Disease.

The FIG considered the proposed product application. Safety, monitoring and the process for referral were discussed. It was noted that cabergoline is associated with fibrotic reactions, however the risk may vary depending on the disease being treated and may be related to the cumulative dose. Local specialists had indicated that in practice, monitoring for fibrotic disease was individualised to each patient. The FIG discussed the limited evidence and agreed that the formulary entry should reflect the monitoring requirements stipulated in the MHRA. It was noted that there is generally a large backlog of patients requiring echocardiogram. A specialist contacted regarding the addition of cabergoline to the formulary has indicated that a national guideline is being developed but is yet to be published.

The FIG agreed in principle to the addition of cabergoline to the formulary. However this is subject to a letter being written by Tawfique Daneshmend (FIG Chair) to endocrinologists confirming echocardiography service provision and resources in relation to cabergoline monitoring. The Formulary Team will liaise with Tawfique Daneshmend. Tawfique Daneshmend will write to endocrinologists, as the chair of the group, stating that they must adhere to the monitoring requirements specified by the MHRA.

ACTION: Tawfique Daneshmend to write to endocrinologists, as chair of the group confirming monitoring requirements for cabergoline and echocardiography service provision.

ACTION: Following completion of the actions noted above; Formulary Team to add cabergoline to the local formulary.

6. Reclassification of ulipristal acetate 5mg tablets from amber to red

Ulipristal acetate (UPA) 5mg tablets (Esmya®) are included in the North and East Devon Joint Formulary as an amber (specialist use) medicine for the pre-operative treatment of moderate to severe symptoms of uterine fibroids, and for the intermittent treatment of moderate to severe symptoms of uterine fibroids (up to four courses), in line with NICE CG44.

In March 2018, the MHRA introduced temporary safety measures for Esmya following reports of serious liver injury, including 4 cases requiring liver transplantation, whilst an EU-wide review of the evidence was undertaken by the European Medicines Agency (EMA). The joint formulary drug monographs were updated to reflect these measures. This does not affect UPA 30mg for emergency contraception.

Following completion of the EMA safety review, the licensed indications of Esmya have been updated. The licensed indications now allow 'one treatment course of preoperative treatment of moderate to severe symptoms of uterine fibroids in adult women of

reproductive age' and 'intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age who are not eligible for surgery'. Esmya is also now contraindicated in patients with underlying hepatic disorder; and drug safety monitoring is now required. It was therefore proposed that Esmya be reclassified from amber to red in the North and East Devon Formulary.

The FIG considered the proposed formulary entry. There was discussion about this becoming a hospital only treatment requiring monitoring which is quite intense and variable. The group also noted that there is a difference between 'not eligible for surgery' and 'not wanting surgery'.

It was agreed 'to reclassify UPA 5mg tablets to 'red' (hospital only) and that the Clinical Effectiveness Team add 'indications and' a link to the MHRA August 2018 Drug Safety Update to the notes section of the formulary entry.

ACTION Formulary Team to update the formulary entry for Ulipristal acetate (UPA) 5mg tablets (Esmya®) in line with the discussion.

7. Adult asthma review – guidance and associated product entries

The recent publication of NICE Guideline NG80 (November 2017) 'Asthma: diagnosis, monitoring and chronic asthma management' has prompted a review of the North and East Devon Formulary Asthma Guidance. Current formulary guidance is based on the recommendations made by the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). There are differences between the two guidelines and recommendations in the management of this condition; possibly the most contentious difference between the two guidelines is the addition of a leukotriene receptor antagonist (LTRA) to a low dose inhaled corticosteriod (ICS) at Step 3, instead of the current recommendation of a long-acting beta$_2$ agonist (LABA).

In view of comments received during the consultation it was proposed that both Devon formularies continue to follow the BTS/SIGN guideline for the management of asthma. Changes were suggested to the guidance and associated product entries in order to improve layout and offer further clarity to prescribers when managing this condition.

The FIG considered and accepted the proposed formulary guidance subject to minor amendments:

<u>Regular preventer therapy</u>

- Add dosing information to ICS preparations listed.

<u>Additional add-on therapy</u>

- Add note to montelukast to indicate that treatment should be trialled.

<u>Other medications</u>

- Carole Knight and Bethan Rogers to establish if reslizumab is used locally.

ACTION: Carole Knight and Bethan Rogers to establish whether reslizumab is used locally.

Indications for short courses of oral steroid

- Dosage: 30-40mg once daily prednisolone:
    - Remove 'until peak flow returns to best' and replace with '5-7 days'.

3.1.1 Adrenoceptor agonists

- Salbutamol – oral solution to be deleted.
- Salbutamol – change colour status of nebuliser liquid to 'Amber'.
- Terbutaline – change colour status of nebuliser solution to 'Amber'.

3.1.2 Antimuscarinic bronchodilators

- Ipratopium bromide - change colour status of nebuliser solution to 'Amber'.

3.1.4 Combination inhalers

- Symbicort Turbuhaler – change colour status to 'Green'.

3.2 Corticosteroids

- Budesonide – change colour status of nebuliser solution to 'Amber'.
- Fluticasone propionate – change colour status to 'Blue'.

ACTION: Formulary Team to update formulary guidance in line with the discussion.

8. Management of pain and opioid guidance & review of opioid dependence drugs

The N&E FIG reviewed the Management of pain and opioid guidance in June 2018, however the committee felt the guidance was too long and raised several suggestions for sections which needed further review. Following the meeting, a request was made for the FIG committee members to email the Formulary Team with any further comments or suggestions in relation to the guidance. Two responses were received. The Formulary Team has also tried to contact Consultant Rupert Broomby (Royal Devon and Exeter NHS Foundation Trust) for support in the revision.

Revised guidance has been prepared by the Formulary Team. An additional section on 'rotating/switching opioids' has been added. The revised guidance has been circulated to N&E Devon pain specialists and FIG members for further comments in order to address any outstanding concerns prior to the FIG meeting.

The FIG considered and accepted the proposed formulary guidance subject to minor amendment:

Chronic non-malignant pain

Pharmacological treatment of chronic non-malignant pain

- Formulary Team to add note about patients who over or under metabolise codeine, and that responses may be unpredictable. Therefore patients should be reviewed shortly after medication is prescribed.

Management of Opioids

- Add e-mail address to organise CD destruction.

Management of pain in substance misuse disorders

- Add link to section 4.10.3 Revised opioid dependence drug entries.

4.10.3 Opioid dependence

Opioid substation therapy

- Methadone 'For the treatment of pain in palliative care – only to be initiated following specialist advice from the palliative care team' to be 'amber'.
- Note to be added regarding methadone interactions with opioids.

Adjunctive therapy and symptomatic treatment

- Lofexidine to be reclassified from amber (specialist) to red (secondary care only).

4.7.2 Opioid Analgesics

Strong opioids

- Oxycodone – add note to recommend that increasing dose above 240mg oral oxycodone (or equivalent)/24 hours is unlikely to yield further benefits and exposes the patient to more harm.
- Add note – 'oxycodone and naloxone (combination product Targinact®) is not recommended for use locally.

A guide to equivalent doses for opioid drugs

Work is being undertaken with palliative care to review this resource. This will be brought to FIG in future.

ACTION: Formulary Team to update 'Management of pain guidance and opioid dependence drugs' in line with the discussion.

9. Constipation in children & review of laxative treatments

The formulary guidance for the Management of Constipation in Children and associated drug entries has been reviewed following publication of the NICE clinical guideline (CG99) update of July 2017. A revision of the current clinical guidance was proposed in order to align the N&E and S&W Devon formularies and to provide easily accessible information to primary care prescribers. The proposed revised guidance has been developed from NICE Clinical Guideline (CG99), NICE CKS: Constipation in children (2015), North Devon Clinical Referral Guidelines and East Devon Clinical Referral Guidelines (CRG). Following publication it is proposed that the CRGs will contain no management information.

The FIG reviewed and accepted the proposed formulary guidance Constipation in children and review of laxatives subject to minor amendments and clarifications:

Management of constipation in children – Faecal impaction treatment

- There was discussion about including flavoured products; NICE recommend unflavoured products for children. The FIG agreed to keep Laxidol® Paediatric Plain and Cosmocol® Paediatric orange sachets as the formulary options.

1.6.2 Stimulant laxatives

- Docusate sodium oral solution to be added.
- Add Lecicarbon C suppositories as 'Amber'.

1.6.4 Osmotic laxatives

- Phosphate (rectal) – Formulary Team to consult with Bladder and Bowel team and then add information to the notes about when a long tube should be used.
- Cleen® Ready to use enema to be added.

1.6.5 Bowel cleansing preparations

- Add link to Lecicarbon A suppositories (1.6.2 Stimulant Laxatives).

ACTION: Formulary Team to update the formulary entry for Constipation in children and laxative treatments in line with the discussion.

10. Acute otitis media in children and young people

Previously the Primary Care Antimicrobial Guidance was reviewed annually using the Public Health England (PHE) 'Management of Infection Guidance for Primary Care'. NICE and PHE are now collaborating to provide guidance periodically.

The current formulary guidance has been revised in line with PHE and the NICE Guidelines Otitis media (acute) (NICE NG91), Respiratory tract infections (self-limiting) (NICE CG69), and Fever in under 5s (NICE CG160).

The FIG considered and accepted the proposed formulary guidance for acute otitis media in children and young people.

ACTION: Formulary Team to update the formulary entry for acute otitis media in children and young people with the approved guidance.

11. Recent drug decisions (including NICE)

The recent drug decisions were noted.

12. MHRA Drug Safety Updates: *Aug '18 & Sept '18*

August 2018

Esmya (ulipristal acetate) and risk of serious liver injury: new restrictions to use and requirements for liver function monitoring before, during, and after treatment. Add link to MHRA drug safety update (as discussed in item 6).

ACTION: Formulary team to add link to MHRA drug safety update (as discussed in item 6).

September 2018

- Valproate Pregnancy Prevention Programme: actions required now from GPs, specialists, and dispensers. This is already in the formulary. Nothing new has been added.

- Xofigo▼ (radium-223-dichloride): new restrictions on use due to increased risk of fracture and trend for increased mortality seen in clinical trial. This is a 'red' drug. A decision was made not to add this.

- Daclizumab beta (Zinbryta▼): risk of immune-mediated encephalitis – some cases several months after stopping treatment. Add:

    - cases of immune-mediated encephalitis, including anti-N-methyl-D-aspartate (NMDA) receptor encephalitis, have occurred several months after discontinuation of daclizumab
    - prescribers should contact patients who have discontinued daclizumab and their caregivers and advise them to make contact immediately if any of the common prodromal symptoms or early common neuropsychiatric, behavioural, neurological, cognitive, or movement-related symptoms develop
    - in patients presenting with atypical neuropsychiatric symptoms, a high index of clinical suspicion should be given for autoimmune encephalitis
    - clinicians are advised to be vigilant for any symptoms suggestive of autoimmune encephalitis; monitoring for encephalitis should continue for 12 months following discontinuation of daclizumab
    - be aware of a case of Glial fibrillary acidic protein (GFAP)α immunoglobulin G (IgG)-associated encephalitis in a patient being treated with daclizumab recently reported in the literature

- if you suspect encephalitis in a patient who has discontinued daclizumab, consider testing for a broad panel of autoantibodies (eg, antigens for neuronal cell surface and synaptic proteins), including anti-NMDA receptor antibody in cerebrospinal fluid (CSF) and serum as early as possible
- ensure review of all suspected cases by a specialist in diagnosis and management of autoimmune encephalitis
- report suspected adverse drug reactions, including those which occur after the withdrawal of a medicine, to the Yellow Card Scheme without delay.

It was agreed this would be removed from the Formulary in April/May 2019.

ACTION: All points from the alert to be added to the formulary.

- Nusinersen (Spinraza▼): reports of communicating hydrocephalus; discuss symptoms with patients and carers and investigate urgently. This drug is not included in the formulary. No action required.

13. Any other Business

Future meeting dates

The date of meetings scheduled to take place between December 2018 and November 2019 had been circulated with the agenda.

Committee Development Session

A committee development session took place after the FIG meeting.

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 and Rupert Broomby	Ongoing
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 Health Commissioning in November.	Formulary Team	Outstanding
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.	Bethan Rogers	Outstanding
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 of group confirming monitoring requirements for categories and echocardiography service provision.	Tawfique Daneshmend	Outstanding
18/119	Cabergoline – liaise with Tawfique Daneshmend and when appropriate add agreed entry to the formulary.	Formulary Team	Outstanding
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