Northern, Eastern and Western Devon
Clinical Commissioning Group

Meeting of the Northern and Eastern Devon Formulary Interface Group

Minutes

Thursday 9th August 2018: 9:00am – 11:00am
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
Beverley Baker	Non-Medical Prescribing Lead	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
Matt Kaye	Chief Pharmacist	NDHT
Carole Knight	Clinical Pharmacist (Medicines Information and Formulary)	NDHT
Denise Lanyon	MO Pharmacist (East)	NEW Devon CCG
Bethan Rogers	Formulary Pharmacist	RD&E
Graham Simpole	Joint Formulary Support Pharmacist	NEW Devon CCG
Darren Wright	Joint Formulary Technician	NEW Devon CCG

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and Introductions:

Apologies

Simon Kay	GP	NEW Devon CCG
Susie Harris	Consultant, Elderly Care	RD&E
Stuart Kyle	DCT Chair/ Consultant Rheumatologist	NDHT
Jess Parker	GP	NEW Devon CCG

Declaration of Interests

AGENDA ITEM	COMPANY
First generation (typical) depot antipsychotics Flupentixol decanoate injection Haloperidol decanoate injection Zuclopenthixol decanoate injection	 Various manufacturers Janssen-Cilag Ltd Lundbeck Limited
Colesevelam for the management of bile acid malabsorption	Sanofi
Escitalopram for depression	Various manufacturers
Opicapone (Ongentys®) for parkinson's disease Alternative treatments: Entacapone Levodopa with carbidopa and entacapone combination products (Stalevo®, Sastravi®, Stanek®) Tolcapone (Tasmar®) Apomorphine (APO-go®) Co-careldopa intestinal gel (Duopoda®) Deep brain stimulation	BIAL Pharma UK Ltd Various manufacturers Orion Pharma (UK) Ltd, Actavis UK Ltd, Teva UK Ltd Meda Pharmaceuticals Ltd Britannia Pharmaceuticals Ltd AbbVie Ltd
Parkinson's disease Various medications	 Various manufacturers
Anal irrigation systems Various systems	 Various manufacturers
Acute sinusitis Various medications	 Various manufacturers
Acute sore throat Various medications	 Various manufacturers

E-FIG AGENDA ITEM	COMPANY
Fluticasone furoate and vilanterol trifenatate (Relvar®, Ellipta®) combination inhaler for asthma Alternative treatments: Fluticasone propionate/salmeterol (Aerivio®, AirFluSal®, Sereflo®, Seretide®, Sirdupla®) Fluticasone propionate/formoterol (Flutiform®) Beclometasone dipropionate/formoterol (Fostair®) Budesonide/formoterol (Duoresp®, Fobumix®, Symbicort®)	GlaxoSmithKline UK Teva UK Ltd, Sandoz Ltd, Kent Pharmaceuticals Ltd, GlaxoSmithKline UK, Generics UK t/a Mylan Napp Pharmaceuticals Ltd Chiesi Limited Teva UK Ltd, Orion Pharma (UK) Ltd, AstraZeneca UK Ltd
Octenisan Wash Mitts	Schülke & Mayr UK Ltd
Lidocaine plasters (Ralvo®)	Grunenthal Ltd
Formulary choice oral nutritional supplements Various Oral Nutritional Supplements	 Various manufacturers
Antistatic Space Chamber Plus® (including compact)	Medical Developments UK Ltd

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

2. Minutes of the meeting held on Thursday 7th June 2018 and matters/actions arising

The minutes of the meeting held on Thursday 7th June 2018 were approved.

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. This has been added to the Formulary Work Plan.		Complete
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. This was included on the meeting agenda.		Complete
18/53	*Formulary colour status of Fluticasone to be discussed with local adult respiratory specialists.* This will be discussed at the meeting on 18 October 2018.	Formulary Team	Outstanding
18/78	Arrangements to be made for a Committee Development Session for discussion of 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' to be drafted and circulated to FIG.		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
18/82	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.* The Formulary Team has attempted to contact specialists but no reply has been received to date.	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.* The Formulary Team has attempted to contact specialists but no reply has been received to date.	Formulary Team	Outstanding
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.	Formulary Team	Outstanding
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.	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.		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.* Work on the drug page has been completed. This will be taken to FIG with the rest of the guidance.	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.		Complete
18/94	Formulary entry for the management of migraine to be updated in line with the discussion.		Complete
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.		Complete

18/98	MHRA Drug Safety Updates – May 2018: Braltus (tiotropium) MHRA drug safety update to be added to the formulary.		Complete

Matters Arising

Committee Development Session

Matt Howard explained the purpose of the Committee Development Session scheduled to take place after the next meeting.

Report of e-FIG decisions

The FIG received the report of the e-FIG decisions for July. The e-FIG decisions were reviewed.

Relvar Ellipta and Lidocaine plasters had been added to the formulary.

The formulary will be updated in line with the proposals accepted via e-FIG for Antistatic Space Chamber, Octenisan Wash Mitts and Oral Nutritional Supplements (ONS).

3. First generation (typical) depot antipsychotics

In 2016, NEW Devon CCG agreed to reinvest money released as part of the review of Personal Medical Service (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 the Devon Local Medical Committee (LMC).

New guidelines for safe prescribing and monitoring of typical (first generation) depot antipsychotics in primary care were proposed as part of the PMS reinvestment programme. Guidelines were drafted for Flupentixol decanoate injection, Haloperidol decanoate injection and Zuclopenthixol decanoate injection. The draft guidelines had input from a pharmacist at Devon Partnership Trust (DPT) but no clinical input was received from DPT psychiatrists; and the guidelines were put on hold pending further commissioning discussions at an organisational level.

The FIG was asked to consider the draft proposed guidelines, in particular for clarity, appropriate support of safe prescribing and monitoring of medicines in primary care, reasonableness of the clinical responsibilities, areas of concern, issues not addressed, the frequency at which GPs currently see these patients in their practice per year and whether patients are currently routinely followed up in the event of non-attendance for injection. It was noted that patients with schizophrenia are recommended to have annual health checks but this is outside the SMS prescribing guidelines which deal with drug safety monitoring.

The FIG considered the early guidelines. A revised draft will be discussed with DPT specialists for clinical input, returning to FIG for final agreement.

There was discussion about the need for the guidelines to be very robust, about patients not being fully discharged from DPT, there being robust processes for GPs to be able to seek advice and named contacts at DPT. There was also discussion about GPs being able to refer patients quickly back to DPT if patient circumstances change, that some of the proposals may not be suitable for all patients, process of administration – via practice nurses or community nurses and communication between them.

It was agreed that FIG members could forward any further comments to the Formulary team.

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.

ACTION: **Following discussions at a higher level, the Formulary team will undertake further work on proposed guidelines and bring back to a future FIG meeting.**

4. Colesevelam for the management of bile acid malabsorption

An application has been received on behalf of gastroenterologists at the Royal Devon and Exeter NHS Foundation Trust for the inclusion of colesevelam (Cholestagel®) 625 mg tablets into the North and East Devon formulary for the management of bile acid (salt) malabsorption/diarrhoea. This is an unlicensed indication for colesevelam.

The application proposed that colesevelam be used second line following unsuccessful treatment with colestyramine (Questran® and Questran Light®). The applicant stated that colestyramine powder is dissolved in water, and reports that patients find it unpalatable which may result in poor compliance. Colestyramine also has restrictions about timing of administration of other medications in order to prevent interactions which the applicant noted to be a disadvantage; however this also applies to colesevelam.

The addition of colesevelam to the formulary is not expected to lead to a significant change in prescribing practice or primary care acquisition costs, but is intended to support GPs who are asked to prescribe colesevelam by specialists for use in patients in whom colestyramine is unsuccessful.

The FIG considered the proposed formulary entry. There was discussion about use of powder formulations. It was noted that the vast majority of patients, if they are able to take the powder formulations experience a vast improvement and the amount of medication they need reduces as the bile salt becomes bound. There was also discussion about which patients undergo testing to diagnose bile acid malabsorption.

The FIG discussed the doses required. These will be updated in the formulary and included on each product entry. The FIG agreed that the first dose would be prescribed by a consultant.

Formulary entries are currently included on page 1.9.2 – Bile acid sequestrants and page 2.12 Lipid-regulating drugs. It was agreed that all the information would be included on page 1.9.2 with just a link on page 2.12.

It was agreed that the formulary team would update the proposed formulary entry in line with the discussion and following further input from specialists specifically confirming agreement with dosing and initiation changes. The proposed entry will then be circulated to FIG members for approval via the e-FIG process.

ACTION: **After being updated in line with the discussion and following input from specialists the Formulary team will circulate the proposed formulary entry to FIG for approval via the E-FIG process.**

5. Escitalopram for depression

Escitalopram is currently included in the formulary for generalised anxiety disorder (GAD). A request has been received from Chris Sullivan, Lead Pharmacist, Devon Partnership Trust (DPT) – North, South and West Devon, for the indication of depression to be added to the escitalopram drug entry.

The FIG considered the proposed formulary entry. There was discussion about safety, dose and cost. The FIG considered that the evidence for escitalopram for depression was uncertain and education about doses would be needed for a move away from Citalopram. It was felt that a significant change in practice would be needed and some popular drugs would become second line treatments. It was also felt that more guidance was needed on choice of first line treatment as several would be available. Several questions were raised which required input from DPT.

The FIG did not accept the proposed formulary entry at this time. It was agreed that escitalopram would be considered again as part of the larger review of depression guidance. It was also agreed that the Formulary team would contact Chris Sullivan as the FIG felt DPT representation at N&E FIG meetings would be useful.

ACTION: **Formulary team to contact Chris Sullivan regarding DPT representation at N&E FIG meetings.**

6. Opicapone for Parkinson's Disease

At its meeting on the 18th July 2018 the Clinical Policy Committee made a Decision in Principle to recommend that the routine commissioning of opicapone for Parkinson's disease be accepted in Devon for patients who have not been able to tolerate entacapone. Opicapone is licenced for adjuvant therapy to preparations of levodopa/DOPA decarboxylase inhibitor in adults with Parkinson's disease experiencing end-of-dose motor fluctuations who cannot be stabilised on those combinations.

The FIG considered the proposed formulary entry. There was discussion about the three month trial and review of patients, which it was agreed would be carried out by secondary care before being moved to GPs.

The FIG accepted the proposed formulary entry subject a minor amendment to Note two to make it clear that the three month trial and review would be undertaken in secondary care.

It was agreed that on completion of the CCGs governance processes the Formulary Team would add the proposed formulary entry for Opicapone to the Formulary in line with the discussion.

ACTION: **On completion of the CCGs governance processes Formulary Team to add opicapone to the formulary in line with the discussion.**

7. Parkinson's disease management

NICE recently updated their guidance for Parkinson's disease (NG71: Parkinson's disease in adults, July 2017). Formulary guidance regarding Parkinson's disease and associated treatment options have been reviewed to reflect changes in NICE guidance and local practice. This includes updates to the formulary guidance "Parkinson's disease management" alongside sections "4.9.1. Dopaminergic drugs used in Parkinson's disease"; "4.9.2 Antimuscarinic drugs used in Parkinsonism"; and "6.3.1 Replacement therapy".

In addition a request has been made by the MO team that Kemadrin is adopted as the preferred brand of procyclidine tablets. Kemadrin is the originator brand of procyclidine tablets. A paper was tabled at the meeting and it was reported that feedback from procurement was that hospitals do not have a problem with the proposal.

The FIG considered and accepted the proposed formulary guidance with minor amendment. There was discussion about the classification of dopaminergic drugs as amber. Minor amendments were agreed included.

ACTION: **Formulary team to update the formulary entry for Parkinson's Disease in line with the discussion.**

A query was raised that there may be different funding arrangements for apomorphine in different parts of the CCG. It was felt that this should be discussed by the Primary and Secondary Care Interface Group. Carol Albury will raise with Samantha Smith.

ACTION: **Carol Albury to raise that there may be different funding arrangements for apomorphine in different parts of the CCG with Samantha Smith to take to the Primary and Secondary Care Interface Group**

8. Anal irrigation systems

Anal irrigation systems introduce water into the bowel via a rectal catheter/cone, the water stimulates the bowel, and flushes out the stool. Anal irrigation is usually performed daily or on alternate days. These systems may be used to control constipation and/or faecal incontinence resulting from neurogenic or non-neurogenic disorders. Currently the North and East Devon formulary does not include reference to anal irrigation systems.

Following enquiries from GPs, the NEW Devon CCG Medicines Optimisation (MO) team and the NHS Bladder and Bowel Care (B&BC) team had requested that the formulary include some information to support GPs who may be asked to prescribe these appliances following recommendation from a B&BC team.

The FIG considered the proposed draft guidance which had been drafted with input from the MO and NHS B&BC teams.

There was discussion about private contractors; some privately contracted B&BC nurses are asking GPs to prescribe these systems. It was agreed that a note be added to the formulary guidance stating that GPs should not make any changes without contact with the NHS B&BC team and that 'NHS' be added to references to B&BC teams in the guidance. There was also a discussion about the risk of bowel perforation or anal sphincter problems. Beverley Baker will forward information about these risks to the Formulary Team for inclusion in the formulary entry.

ACTION: **Beverly Baker to forward information about relating to risk of bowel perforation and anal sphincter problems to the Formulary Team.**

In addition it was agreed that the Formulary Team would ask Louise Greaves to liaise with the NHS B&BC team to suggest a limited list of products and why they are needed.

ACTION: **Formulary Team to add proposed formulary guidance in line with the discussion.**

ACTION: **Formulary Team to ask Louise Greaves to liaise with the NHS B&BC team to suggest a limited list of products and details of why they are needed.**

9. Acute sinusitis

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 NICE Guideline 79 published October 2017.

The FIG reviewed and accepted proposed formulary guidance for acute sinusitis subject to minor amendments:

- Self-care advice – amend first bullet point to read 'Consider paracetamol or ibuprofen for pain or fever. For children under 5 years who present with fever refer to NICE CG160: Fever in under 5s: assessment and initial management (August 2017)'.
- Clarification of dose of nasal steroids.
- Phenoxymethylpenicillin – move '(including pregnancy)' to directly underneath drug name.

ACTION: **Formulary team to update the formulary guidance for Acute Sinusitis in line with the discussion.**

10. Acute sore throat

Previously the Primary Care Antimicrobial Guidance was reviewed annually using the Public Health England (PHE) Management of Infections 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 NICE Guideline 84 published in January 2018.

The FIG considered and accepted the proposed formulary entry subject to:

- Self-Care
  Move bullet point 'For children under 5 years who present with fever refer to NICE CG160: Fever in under 5s: assessment and initial management (August 2017)' to above the 'Self-care advice'.
- Where antibiotics are indicated
  Phenoxymethylpenicillin - move '(including pregnancy)' to directly underneath drug name.

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

11. Recent drug decisions (including NICE)

The recent drug decisions were noted.

12. MHRA Drug Safety Updates: *June '18 & July '18*

June 2018

- Dolutegravir (Tivicay▼, Triumeq▼, Juluca▼): signal of increased risk of neural tube defects; do not prescribe to women seeking to become pregnant; exclude pregnancy before initiation and advise use of effective contraception. This drug is not included in the formulary. No action needed.
- Denosumab (Xgeva▼) for giant cell tumour of bone: risk of clinically significant hypercalcaemia following discontinuation:
  - cases of clinically significant hypercalcaemia (rebound hypercalcaemia) have been reported up to 9 months after discontinuation of denosumab treatment for giant cell tumour of bone
  - monitor patients for signs and symptoms of hypercalcaemia after discontinuation, consider periodic assessment of serum calcium, and re-evaluate the patient's calcium and vitamin D supplementation requirements
  - advise patients to report symptoms of hypercalcaemia (see list in main text)
  - denosumab is not recommended in patients with growing skeletons
  - report any suspected adverse reactions to denosumab or other medicines on a Yellow Card

ACTION: **Formulary team to add all points from the MHRA safety update to the formulary.**

- Denosumab (Xgeva▼) for advanced malignancies involving bone: study data show new primary malignancies reported more frequently compared to zoledronate. A link to this alert will be added to the formulary.

ACTION: **Formulary team to add link to the MHRA Drug Safety Alert for Denosumab (Xgeva▼) for advanced malignancies involving bone to the formulary.**

July 2018

- Darunavir boosted with cobicistat: avoid use in pregnancy due to risk of treatment failure and maternal-to-child transmission of HIV-1. No action required; this is not in the formulary.

- Pressurised metered dose inhaler (pMDI): risk of airway obstruction from aspiration of loose objects. Add:

  - train patients in the correct use of their inhaler; instructions for patients are provided in the patient information leaflet

  - tell patients to remove the mouthpiece cover fully, shake the inhaler to remove loose objects that may not be visible, and check the inside and outside of the mouthpiece are clear before inhaling a dose

  - to prevent objects entering the mouthpiece during storage, remind patients to replace the cover immediately after use, ensuring it clicks into place

  - pharmacists dispensing a pMDI should emphasise to patients the need to clean the device regularly by following the instructions in the patient leaflet and to inspect the device for signs of damage; devices that are damaged should be replaced immediately

  - please continue to report adverse incidents during use of inhalers, as well as suspected adverse reactions to the medicine, on a Yellow Card

ACTION: **Formulary team to add safety advice for pressurised metered dose inhaler (pMDI): risk of airway obstruction from aspiration of loose objects to the formulary.**

- Eltrombopag (Revolade): reports of interference with bilirubin and creatinine test results. No action required this is information for labs. This is a red hospital only drug.

- Parenteral amphotericin B: reminder of risk of potentially fatal adverse reaction if formulations confused. This is not currently in the formulary. It was agreed that Carole Knight and Bethan Rogers will identify which brands are used locally. The Formulary team will create a formulary entry and add the MHRA headline and warning.

ACTION: **Parenteral amphotericin is not in the formulary currently, Carole Knight and Bethan Rogers to identify which brands are used locally.**

ACTION **Formulary team to create an entry for Parenteral amphotericin B and add a reminder of 'risk of potentially fatal adverse reaction if formulations confused' to the formulary.**

13. Any other Business

Regional Medicines Optimisation Committee (RMOC):
Insulin preparations: RMOC recommendations of safety considerations for formulary

A brief discussion took place about the RMOC recommendations. They were not felt to be wholly applicable to FIG but the Formulary team will refer to them when considerations are given to adopting insulin preparations into the formulary.

Date of Next meeting

The next meeting will be held on Thursday 18th October. It has been agreed that the meeting will be extended by half an hour until 11.30 am to accommodate a Committee Development Session.

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.	Formulary Team	On agenda
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.	Formulary Team	On agenda
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	On agenda
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.	Formulary Team	On agenda
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.	Formulary Team	On agenda
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.	Formulary Team FIG Members	On agenda
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.	Formulary Team	On agenda
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.	Formulary Team	Outstanding

18/100	Proposed formulary entry for Colesevelam for the management of bile acid malabsorption to be updated in line with the discussion, further input sought from specialists and circulated via the e-FIG process for approval.	Formulary Team	Complete
18/101	Contact to be made with Chris Sullivan regarding DPT representation at N&E FIG meetings.	Formulary Team	Complete
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.	Formulary Team	Outstanding
18/103	Formulary entry for the management of Parkinson's Disease to be updated in line with the discussion.	Formulary Team	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	Outstanding
18/105	Information relating to risk of bowel perforation and anal sphincter problems to be forwarded to the Formulary Team	Beverley Baker	Complete
18/106	Formulary guidance for anal irrigations system to be added to the formulary in line with the discussion.	Formulary Team	Complete
18/107	Louise Greaves to be asked to liaise with the NHS B&BC nurses to suggest a limited list of anal irrigation systems details of why they are needed.	Formulary Team	Complete
18/108	Formulary guidance for acute sinusitis to be updated in line with the discussion.	Formulary Team	Complete
18/109	Formulary guidance for sore throat to be added to the formulary in line with the discussion.	Formulary Team	Complete
18/110	MRHA Drug Safety Update: June - Denosumab (Xgeva▼): for giant cell tumour of bone: All points from alert to be added to the formulary.	Formulary team	Complete
18/111	MRHA Drug Safety Update: June - Denosumab (Xgeva▼) for advanced malignancies involving bone. Link to this alert will be added to the formulary.	Formulary team	Complete
18/112	MRHA 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	On agenda
18/113	MRHA Drug Safety Update: July Parenteral amphotericin – confirmation to be sought as to which preparations are used locally.	Carol Knight and Bethan Rogers	Complete
18/114	MRHA Drug Safety Update: July - Parenteral amphotericin B: reminder of risk or potentially fatal adverse reaction if formulations confused to be added to the formulary.	Formulary team	Complete