NHS
Devon
Clinical Commissioning Group

Meeting of the Northern and Eastern Devon Formulary Interface Group

Minutes

Thursday 13 June 2019: 9:00am – 11:30 am
Old Heathcoat School, Tiverton

Present:

Tawfique Daneshmend (Chair)	Consultant Gastroenterologist	RD&E
Glen Allaway	GP	NHS Devon CCG
Emma Gitsham	Joint Formulary Pharmacist	NHS Devon CCG
Matt Howard	Clinical Evidence Manager	NHS Devon CCG
Simon Kay	GP	NHS Devon CCG
Carole Knight	Clinical Pharmacist (Medicines Information and Formulary)	NDHT
Denise Lanyon	MO Pharmacist	NHS Devon CCG
Jess Parker	GP	NHS Devon CCG
Rebecca Perkins	Senior MO Pharmacist	NHS Devon CCG
Graham Simpole	Joint Formulary Support Pharmacist	NHS Devon CCG
Darren Wright	Joint Formulary Technician	NHS Devon CCG

Guests:

Rachel Ali	GP	Devon LMC

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

1. Welcome and Introductions:

Apologies

Beverley Baker	Non-Medical Prescribing Lead	NHS Devon CCG
Susie Harris	Consultant, Elderly Care	RD&E
Andrew Harrison	GP	NHS Devon CCG
Matt Kaye	Chief Pharmacist	NDHT
Chris Sullivan	Deputy Chief Pharmacist	Devon Partnership Trust

Declarations of Interest

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 for the treatment of dermatitis herpetiformis and other dermatoses in adults	Various manufacturers
Prontosan® Debridement Pad Alternative debridement Pads: Debrisoft® Pad and Debrisoft® Lolly	B Braun L&R Medical UK Ltd
Flexitol® 25% Urea Heel Balm Alternative formulary treatments: Dermatonics® Once Heel Balm (25% Urea)	Thornton and Ross Dermatonics Ltd
Noqdirna® 25mcg / 50mcg (desmopressin acetate) oral lyophilisate Alternative treatment options: Other formulations of desmopressin Loop diuretics, Alpha blockers, Antimuscannics	Ferring Pharmaceuticals Ltd Various manufacturers
Colistimethate sodium (colistin sulfomethate sodium) – various formulations	Various manufacturers
Folic acid – for prevention of neural tube defects in pregnancy	Various manufacturers
Psoriasis guidance and products Various products	 Various manufacturers
Wound Management Various products	 Various manufacturers

Chronic Obstructive Pulmonary Disease (COPD) formulary guidance update Various medications	 Various manufacturers

Items discussed by e-FIG

e-FIG Item	Company
Kliniderm® superabsorbent dressings Alternative products: Eclypse® and Eclypse Border® Zetuvit Plus®	Medeco BV Advancis Medical HARTMANN
Cilique® tablets (ethinylestradiol 35mcg/ norgestimate 250mcg) Alternative treatments: Lizinna® Cilest®	Consilient Health Ltd Morningside Healthcare Ltd Janssen- Cilag Ltd

NAME OF ATTENDEE	DECLARATION
Rebecca Perkins	• Offered to attend European Resp Conference – declined. • Husband member of NICE COPD guidance committee and member of Western MO CCG team with resp specialist interest.

2. Minutes of the meeting held on 11 April 2019 and matters/actions arising

The minutes of the meeting held on 11 April 2019 were approved, subject to a minor rewording as follows:

Matters arising, Report of e-FIG decisions - March 2019

'There was discussion about:

- Reimbursement to trusts supplying 56 x 20mcg tablets per patient for at least the first year.'

Summary of actions

Date	Action	Lead	Status
18/209	Discuss Dapsone guidelines with the LMC, make agreed amendments to the draft and bring back to FIG. Action complete.	Formulary Team	On agenda
19/01	Report of e-FIG: January 2019 – accepted wording for Over the Counter items to be included into the formulary at appropriate locations and the slider included on the formulary page. The new Devon NHS CCG website has been launched. This work is expected to be completed shortly.	Formulary team	Outstanding
19/02	Report of e-FIG: March 2019 - Liothyronine - accepted entry to be added to the formulary.		Complete
19/03	Add link to liothyronine protocols following sign off by the CCG.		Complete
19/04	Specialist Medicines Service (SMS) prescribing guidelines: First generation - Make amendments to the SMS guidelines in line with the discussion.		Complete
19/05	DMARDs in rheumatology – sub-cut methotrexate patient numbers to be forwarded to Matt Howard.		Complete
19/06	DMARDs in rheumatology: Updated draft SMS guidelines to be forwarded to Susie Earl and Stuart Kyle.		Complete
19/07	Share information on the number of patients prescribed penicillamine in primary care and under which trust, speciality/indication with Matt Howard (and rheumatologists where appropriate).		Complete
19/08	On completion of the CCG's governance processes, add the proposed entry for semaglutide to the local formulary as per the discussion.		Complete
19/09	On completion of the CCG's governance processes, add the proposed entry for FreeStyle Libre for interstitial glucose monitoring in diabetes as per the discussion to the local formulary.		Complete
19/10	Consideration of ganciclovir 0.15% w/w eye gel for addition to the formulary - add note to proposed formulary entry reflecting that patients should be referred to specialists but if not possible, seek specialist advice regarding topical antivirals.		Complete
19/11	Accepted entry for ganciclovir 0.15% w/w eye gel to be added to the formulary in line with the discussion.		Complete

19/12	Highlight Ganciclovir 0.15% w/w eye gel rather than aciclovir eye ointment 3% w/w, via ScriptSwitch.	Medicines Optimisation team	Outstanding
19/13	Cilodex to be added to the formulary in line with the discussion.		Complete
19/14	Update formulary guidance for the management of gout in line with the discussion.		Complete
19/15	Urinary tract infection (lower): look into suitable options for pregnant women with penicillin allergy. Responses are awaited from specialists.	Formulary team	Outstanding
19/16	Children and young people <16 years with UTI (lower) – check with microbiologists if nitrofurantoin could be regarded as blue (2nd line alternative). Responses are awaited from specialists.	Formulary team	Outstanding
19/17	Chronic pelvic pain syndrome (CPPS) draft management guidance to be developed and brought to a future FIG meeting.	Formulary team	Outstanding
19/18	Feedback to DRSS on issues raised by the FIG in relation to the algorithm and CRG for CPPS.		Complete
19/19	Update formulary entry for Lyme disease in line with the discussion.		Complete
19/20	Revised guidance for COPD to be produced and brought to a future FIG meeting. On agenda. An update was provided.		Complete
19/21	MHRA Drug Safety Update December 2018: Hydrocortisone muco-adhesive buccal tablets add top line and link to update to be added to the formulary.		Complete
19/22	MHRA Drug Safety Update January 2019: Tapentadol (Palexia): risk of seizures and reports of serotonin syndrome when co-administered with other medications. Advise for healthcare professionals to be added to the formulary.		Complete
19/23	MHRA Drug Safety Update January 2019: Ipilimumab (Yervoy): reports of cytomegalovirus (CMV) gastrointestinal infection or reactivation. Advise for healthcare professionals to be added to the formulary.		Complete
19/24	MHRA Drug Safety Update February 2019: SGLT2 inhibitors: reports of Fournier's gangrene (necrotising fasciitis of the genitalia or perineum). Add title and link out to MHRA drug safety update for further details.		Complete
19/25	MHRA Drug Safety Update March 2019: Fluoroquinolone antibiotics. Add title and link out to drug safety update for further advice.		Complete

19/26	MHRA Drug Safety Update March 2019: Onivyde (irinotecan, liposomal formulations). Add title and link to drug safety update for further advice.		Complete
19/27	MHRA Drug Safety Update March 2019: Medicines with teratogenic potential: what is effective contraception and how often is pregnancy testing? – Consider whether there are any particular pages where reference to this advice may be helpful. This has been added to the Formulary team work plan.		Complete
19/28	MHRA Drug Safety Update March 2019: Medicines with teratogenic potential: what is effective contraception and how often is pregnancy testing? This guideline will be referred to in the SMS guideline for DMARDS where applicable.		Complete

Matters Arising

Report of e-FIG decisions – May 2019

In May 2019 the FIG was asked to make two decisions via the e-FIG process. These were for:

- Kliniderm superabsorbent dressings

  and

- Cilique tablets (ethinylestradiol 35mcg/ norgestimate 250mcg)

Both proposals were accepted by those responding, however it was noted that the e-FIG was not formally quorate. Although it was previously agreed that no response is taken as tacit agreement to e-FIG requests there is still a need for the e-FIG to be quorate.

The FIG meeting on 13th June was quorate and doctors present did not raise any concerns regarding Kliniderm superabsorbent dressings or Cilique tablets (ethinylestradiol 35mcg/ norgestimate 250mcg). The formulary will now be updated in line with the e-FIG proposals.

It was noted that in future if an e-FIG is not quorate the relevant people will be contacted again for their views in order that the formulary can be updated.

ACTION: Formulary team to update the formulary for Kliniderm superabsorbent dressings in line with the e-FIG proposal.

ACTION: Formulary team to update the formulary entry for Cilique tablets (ethinylestradiol 35mcg/ norgestimate 250mcg) in line with the e-FIG proposal.

3. Specialist Medicines Service (SMS) prescribing guidelines: Dapsone for the treatment of dermatitis herpetiformis and other dermatoses in adults

At its meeting on 13 December 2018 the N&E FIG considered draft SMS prescribing guidelines to support the safe use of dapsone for the treatment of dermatitis herpetiformis and other dermatoses in adults. The guidelines had been produced in consultation with local dermatologists. At that time, additional input from GP representatives from the Devon Local Medical Committee (LMC) was pending, and some amendments/clarification were sought by the FIG.

The guidelines have now been redrafted and agreed with local dermatologists; and further LMC input has been sought. Funding has been agreed in principle for both the primary care drug acquisition costs and additional work required in primary care. The final settlement of GP funding will be agreed via the LMC negotiations committee.

The FIG considered the proposed guidelines. The changes made were accepted and further minor amendments proposed. These included:

- Addition to specialist responsibilities of highlighting to the patient the potential for drug interactions; and highlighting to both GP and patient if/when there is a need for increased frequency of monitoring due to increased dose.
- Changes to the drug interactions information to lessen concern regarding the theoretical interactions with medicines such as paracetamol.
- It was agreed that the Formulary team make the amendments agreed and circulate electronically to the FIG for approval.

ACTION: Formulary team to amend the SMS guidelines in line with the discussion and circulate to the FIG via the e-FIG process for agreement.

4. Consideration of Prontosan Debridement Pad for addition to the formulary

The Prontosan Debridement Pad is a single use physical debridement appliance that consists of a front layer of microfibers and an absorbent backing layer. It is intended to support the soft mechanical removal of slough and debris from chronic wound beds in combination with a wound irrigation solution; including pressure ulcers, venous leg ulcers, and diabetic foot ulcers.

Tissue viability nurse teams in North and East Devon have suggested they would like to use Prontosan Debridement Pads as a first line option to mechanically debride wounds of slough and biofilms to promote a prepared wound bed for healing with standard or advanced therapies, in place of current formulary physical debridement options.

There was discussion about the potential for inappropriate use and a training programme.

The FIG considered and accepted the proposed formulary entry for Prontosan Debridement Pad subject a minor amendment to the notes section:

- Do not include the proposed note 3 – 'Use the droplet shape in cavities and areas difficult to reach for effective debridement'.

ACTION: Formulary team to add Prontosan Debridement Pads to the formulary in line with the discussion.

5. Consideration of Flexitol 25% Urea Heel Balm

In December 2018 the formulary team presented a review at FIG, of emollient preparations in the formulary and it was noted further input was being sought from specialists to obtain recommendations for which 25% urea products should be included in the formulary for patients with/without diabetes with very dry/cracked heels in primary care.

It was accepted in January 2019 that 5% and 10% urea-containing products are not indicated for routine use as they are more expensive than standard emollients, but they may be useful for very dry conditions such as ichthyoses and for keratosis pilaris. They were included as blue (second line) options when standard emollients have not been effective.

It is proposed that Flexitol 25% Urea Heel Balm be included, alongside the current formulary option Dermatonics Once Heel Balm (25% urea), as an amber (specialist) option for patients with very dry foot skin conditions that have been initially assessed by a foot and skin specialist. Specialists have indicated that patients would likely start with a 25% urea cream for very dry/cracked heels and decrease to a 10% urea cream for maintenance treatment, the patient would then return to standard emollient preparations, when hydration has returned. For all patients with hydrated heels with little or no drying skin with no callus, a standard emollient should be used.

It was noted that there is a lack of robust clinical evidence in support of a clinical benefit of creams containing 25% urea compared to standard emollients, or other urea creams but that local specialist opinion is that these creams represent a reasonable choice for patients in whom other emollient creams have been unsuccessful, or who have very dry and cracked heels, especially (but not limited to) those with diabetes who are at higher risk of foot complications.

The FIG considered and accepted the proposed formulary entry for urea-based emollient preparations. It was felt that some control was needed about prescribing the Flexitol 25% 500g tub.

There was discussion about the specialist comments, in particular, regarding support for the inclusion of the Flexitol 25% heel balm, the cost effectiveness of Flexitol 25% and Dermatonics 25% and the amount of product that a patient would need. The was also discussion about the inclusion of directions for use and stepping down advice in the formulary entry.

ACTION: Formulary team to add Flexitol 25% urea heel balm to the formulary in line with the discussion.

ACTION: MO team to add guidance for prescribing Flexitol 25% urea heel balm to scriptswitch.

6. Noqdirna 25mcg / 50mcg (Desmopressin) Oral Lyophilisate

Noqdirna® is licensed for the symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults and is the only licensed desmopressin formulation for this condition. Noqdirna is available in two strengths; the 25micrograms desmopressin oral lyophilisate is recommended for women and the 50micrograms desmopressin oral lyophilisate is recommended for men.

An application for the consideration of Noqdirna has been submitted by Mr Soumya Misra from Northern Devon Healthcare NHS Trust. The applicant has proposed that Noqdirna is added to the formulary as a specialist initiated (amber) treatment in adult men and women where nocturia is due to idiopathic nocturnal polyuria. The applicant intends that Noqdirna would be a first line drug treatment after simple conservative measures have been tried and failed.

The FIG considered and accepted the proposed addition of Noqdirna into the formulary for the management of nocturia. There was discussion about:

- The difference in dose for men and women. It was noted that women are at higher risk of side effects and therefore the recommended dose is lower than for men.
- An additional note may be included in the notes section about initiation on the advice of specialists, including from the Bladder and Bowel Service, for nocturnal enuresis and nocturnal polyuria.

ACTION: Formulary team to add Noqdirna 25mcg / 50mcg (Desmopressin) Oral Lyophilisate to the formulary in line with the discussion.

7. International Dysphagia Diet Standardisation Initiative (IDDSI) framework migration

The way in which dysphagia diets are categorised has changed; and a new way of describing texture modified foods and thickened liquids was introduced across the UK from April 2018 to April 2019. This means a change to the labelling of the products and, for some products, a change in scoop size. The new categorisation is called the International Dysphagia Diet Standardisation Initiative (IDDSI). The IDDSI framework consists of a banding of eight levels (0 - 7) with consistency descriptors. It is hoped that the use of IDDSI will improve patient safety by ensuring that patients receive the correct food and fluid consistencies.

IDDSI compliant products are becoming available, but it is noted that some companies will not be updating products with the new IDDSI framework labels. To make it easier for prescribers to distinguish between consistencies, it has been

proposed to add IDDSI levels to the formulary product entries and a link to the IDDSI homepage where more information can be obtained.

The FIG considered the proposed formulary entry. A brief discussion took place. It was agreed that dieticians be added to the entry alongside speech and language therapists as initiators of these products.

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

8. Nebulised colistimethate sodium for non-Cystic Fibrosis bronchiectasis

Belen Carballido Romero, the respiratory pharmacist at Royal Devon and Exeter NHS Foundation Trust has requested that consideration be given to a revision to the current formulary entry for colistimethate sodium (colistin sulfomethate sodium) to include the use of colistimethate sodium powder for solution for injection for nebulised use in non-Cystic Fibrosis (CF) bronchiectasis patients.

Currently the formulary entry for N&E Devon lists colistimethate sodium as a red, hospital only dry powder inhaled treatment only to be used in CF patients in accordance with NICE TA 276 (March 2013). However, the formulary entry for S&W Devon includes the injection formulations for nebulised use in non-CF patients with bronchiectasis. It is proposed that the two entries are aligned and updated.

The FIG considered the proposed formulary entry. There was discussion about:

- The colour status of the dry powder colistimethate sodium for inhalation for the treatment of CF only.
- Who supplies nebulisers and consumables. An additional note may be needed in the formulary entry to provide clarity.
- Advice on administration. It was agreed that specialists would be asked to provide advice on use for GPs to give to patients.
- Formulary team to seek clarification on whether the product should be mixed with water or saline.

ACTION: Formulary team to liaise with local specialists in order to amend the formulary entry for colistimethate sodium in line with the discussion and circulate electronically before publication.

9. Neural tube defects (prevention in pregnancy)

Formulary guidance for the management of neural tube defects (prevention in pregnancy) has been considered as part of the rolling review programme.

There is currently limited guidance in N&E for the management of neural tube defects and it is proposed to align the N&E, and S&W guidance in the Devon formulary to provide easily accessible information to primary care prescribers. The

proposed revised guidance has been developed and updated using NICE and Royal College of Obstetrics and Gynaecologist (RCOG) guidelines.

The FIG considered and accepted the proposed formulary entry for Neural tube defects (prevention in pregnancy) without amendment.

ACTION: Formulary team to add accepted formulary entry for Neural tube defects to the formulary.

11. Psoriasis management review

The current formulary guidance has been revised in line with NICE Guideline CG153, (October 2012; updated September 2017) and British Association of Dermatologists (BAD) Clinical Guideline updated October 2018.

A section review was proposed by dermatology consultants who indicated that there is an increase in referrals to specialists that could be managed in a primary care setting. It has been proposed to expand on the current formulary guidance to include the typical presentations of psoriasis, and specific guidance with updated treatment options for primary care management. It is proposed that the guidance be Devon-wide to align practice across Devon.

The FIG was asked to consider whether the guidance was clear and easy to follow and whether there was agreement with the proposed management. The FIG considered and accepted the proposed formulary guidance subject to the following clarifications, additions and removals being made:

- GPs present noted that only difficult cases are referred to secondary care.
- Formulations, strengths/potencies to be added to the products listed in the guidance.
- Changes to the formatting in order to provide further clarity in relation to review dates and stepping down of treatment.
- Plaque psoriasis:
  - Topical treatment of psoriasis affecting the trunk and limbs in children and young people – it was agreed that this should be included on a separate slider. It was noted that discussions are ongoing regarding referral of children. Further discussion to be had with specialists before circulating slider via e-FIG process.
- Scalp psoriasis:
  - Sebco scalp ointment or Cocois scalp ointment – highlight that this is for removal of thick scale.
  - Mometasone scalp lotion and Etrivex shampoo added as ‘blue’.
  - Pimecrolimus and Tacrolimus both ‘amber’.
- 13.5.2 Preparations for psoriasis:
  - Product colour status changes – calcitriol ‘blue’, exorex lotion ‘blue’, dithrocream ‘amber’.
  - Add psoriderm scalp lotion or cream as ‘green’
  - Add Sebco solution
  - It was agreed that Tazarotene be removed.

- Acitretin is' Red' in the formulary and should only be prescribed in secondary care however it was reported that some prescribing may be taking place in primary care. This is not supported.

The FIG also suggested adding a link to a map of the body to assist when considering how much product is needed.

ACTION: Formulary team to update the formulary guidance for psoriasis management in line with the discussion.

ACTION: Formulary team to agree revised psoriasis guidance for children with local specialists and then circulate amongst the FIG electronically.

12. Chapter 17. Wound Management review

The FIG reviewed the proposed revision to the current wound chapter in the formulary. The revised document included format changes and consolidation to streamline the accessibility of clinically appropriate guidance and treatment options.

No new information has been added, but some more in-depth details with regards to specific nurse clinicians treatment protocols and reference to national and professional guidelines on the basic principles of wound care management have been removed. This was agreed with the specialists.

The revised structure of treatment options has allowed for quick links on guidance pages to point directly to appropriate product choices.

The FIG was asked to consider whether the proposed version was clear and easy to follow and confirm agreement with the proposed version.

The FIG considered and accepted the proposed formulary guidance for wound management without amendment.

ACTION: Formulary Team to update Chapter 17. Wound Management review with the accepted formulary entry.

13. Chronic Obstructive Pulmonary Disease (COPD) guidance update

Work is currently ongoing in relation to updating the formulary COPD guidance; this follows publication of the 2019 GOLD Report and the 2018 NICE Guideline 115. Early consultation with Devon wide respiratory consultants and FIG members, including GP representatives, has identified a consensus in opinion towards a revision of the formulary guidance in line with the 2019 GOLD Report.

There was discussion about the role of eosinophils in determining the use of inhaled corticosteroids (ICS) in COPD. GPs confirmed that they do not routinely request full blood counts (FBCs) as part of the initial clinical assessment of COPD patients. It was noted that generally these are not done unless alternative diagnoses is

suspected. Blood counts are not routinely undertaken at present when deciding whether to use an ICS; GPs noted they would trial an ICS in the absence of eosinophil count. It was noted that the utility of eosinophil counts in the management of COPD is still unknown. The FIG agreed not to support inclusion of the routine use of eosinophil counts as described by the GOLD 2019 Report, into the new formulary COPD guidance.

FIG members were requested to forward any comments relating to COPD guidance and inhaled therapies to the Formulary team within the next month to enable early consideration and discussion with specialists during the review.

ACTION: FIG members to forward any comments relating to COPD guidance and inhaled therapies to the Formulary team within the next month.

14. Recent drug decisions (including NICE)

The recent drug decisions were reviewed.

It was noted that both Trimbow and Trelegy entries had been updated in line with revised manufacturers SPC to provide clarity relating to licensing and initiation.

15. MHRA Drug Safety Updates: Apr '19 & May '19

April 2019

- Yellow fever vaccine (Stamaril) and fatal adverse reactions: extreme caution needed in people who may be immunosuppressed and those 60 years and older. This has been added to the formulary.
- Valproate medicines and serious harms in pregnancy: new Annual Risk Acknowledgement Form and clinical guidance from professional bodies to support compliance with the Pregnancy Prevention Programme. It was agreed that no action is required. There is already a link to the updated form.
- Belimumab (Benlysta▼): increased risk of serious psychiatric events seen in clinical trials. This is a 'Red' drug. Add title and link out to MHRA Drug Safety Update for details.

ACTION: Formulary team to add title and link out to MHRA Drug Safety update for further details on Belimumab (Benlysta▼).

- Pregabalin (Lyrica), gabapentin (Neurontin) and risk of abuse and dependence: new scheduling requirements from 1 April. Add second, third and fourth bullet points as follows:
  - evaluate patients carefully for a history of drug abuse and dependence before prescribing pregabalin and gabapentin
  - observe patients on pregabalin and gabapentin for possible signs of abuse and dependence, for example, drug-seeking behaviour, dose escalation, and development of tolerance

- ensure patients are aware of the risk of potentially fatal interactions with other medicines that cause CNS depression, particularly opioid medicines, and with alcohol.

ACTION: Formulary team to add second, third and fourth bullet points from the Drug Safety Update to the formulary.

- Elvitegravir boosted with cobicistat: avoid use in pregnancy due to risk of treatment failure and maternal-to-child transmission of HIV-1. This drug is not listed in the north and east region of the formulary. No action required.

May 2019

- Lemtrada (alemtuzumab) and serious cardiovascular and immune-mediated adverse reactions: new restrictions to use and strengthened monitoring requirements. This has been added to the formulary.
- Tofacitinib (Xeljanz▼): restriction of 10 mg twice-daily dose in patients at high risk of pulmonary embolism while safety review is ongoing. This has been updated to include the extra information from the EMA. Add the following to the formulary:
  - Patients receiving tofacitinib, irrespective of indication, should be monitored for the signs and symptoms of pulmonary embolism, and be advised to seek medical attention immediately if they experience them.

ACTION: Formulary team to add agreed information for Tofacitinib (Xeljanz▼).

- Magnesium sulfate: risk of skeletal adverse effects in the neonate following prolonged or repeated use in pregnancy. This is a 'Red' drug. Add title and link out to MHRA Drug Safety Update for further details.

ACTION: Formulary team to add title and link out to MHRA Drug Safety update for further details on Magnesium sulfate.

16. Any other Business

There was no other business to report.

Summary of actions

Date	Action	Lead	Status
19/01	Report of e-FIG: January 2019 – accepted wording for Over the Counter items to be included into the formulary at appropriate locations and the slider included on the formulary page. The new Devon NHS CCG website has been launched. This work is expected to be completed shortly.	Formulary team	Outstanding
19/12	Highlight Ganciclovir 0.15% w/w eye gel rather than aciclovir eye ointment 3% w/w, via ScriptSwitch.	Medicines Optimisation team	Outstanding
19/15	Urinary tract infection (lower): look into suitable options for pregnant women with penicillin allergy. Responses are awaited from specialists.	Formulary team	Outstanding
19/16	Children and young people <16 years with UTI (lower) – check with microbiologists if nitrofurantoin could be regarded as blue (2nd line alternative). Responses are awaited from specialists.	Formulary team	Outstanding
19/17	Chronic pelvic pain syndrome (CPPS) draft management guidance to be developed and brought to a future FIG meeting.	Formulary team	Outstanding
19/29	Formulary entry for Kliniderm superabsorbent dressings to be updated in line with the agreed e-FIG proposal.	Formulary team	Complete
19/30	Formulary entry for Cilique tablets (ethinylestradiol 35mcg/ norgestimate 250mcg) to be updated in line with the agreed e-FIG proposal	Formulary team	Complete
19/31	Specialist Medicines Service (SMS) prescribing guidelines: Dapsone for the treatment of dermatitis herpetiformis and other dermatoses in adults to be amended in line with the discussion and circulate to the FIG via the e-FIG process for agreement.	Formulary team	Complete
19/32	Prontosan debridement pads to be added to the formulary in line with the discussion.	Formulary team	Complete
19/33	Flexitol 25% urea heel balm to be added to the formulary in line with the discussion.	Formulary team	Complete

19/34	Guidance for Flexitol 25% urea heel balm to be added to scriptswitch.	MO team	Complete
19/35	Noqdirna 25mcg/50mcg (Desmopressin) Oral Lyophilisate to be added to the formulary in line with the discussion.	Formulary team	Complete
19/36	International Dysphagia Diet Standardisation Initiative – accepted formulary entry to be added in line with the discussion.	Formulary team	Complete
19/37	Nebulised colistimethate sodium for non-Cystic Fibrosis bronchiectasis - liaise with local specialists in order to amend the formulary entry for colistimethate sodium in line with the discussion and circulate electronically before publication.	Formulary team	Complete
19/38	Neural tube defects (prevention in pregnancy) accepted entry to be added to the formulary.	Formulary team	Complete
19/39	Formulary guidance for psoriasis to be updated in line with the discussion.	Formulary team	Outstanding
19/40	Agree revised psoriasis guidance for children with local specialists and then circulate amongst the FIG electronically.	Formulary team	Complete
19/41	Chapter 17. Wound Management to be updated with accepted entry.	Formulary team	Outstanding
19/42	COPD guidance – comments relating to COPD guidance and inhaled therapies to be forwarded to the Formulary team during the next month.	FIG members	On agenda
19/43	Belimumab - title and link to MHRA Drug Safety update to be added to the formulary.	Formulary team	Complete
19/44	Pregabalin (Lyrica), gabapentin (Neurontin) – second, third and fourth bullet points from the MHRA Drug Safety Update to be added to the formulary.	Formulary team	Complete
19/45	Tofacitinib (Xeljanz▼) – agreed information from the MHRA Drug Safety Update to be added to the formulary.	Formulary team	Complete
19/46	Magnesium sulfate – Title and link to the MHRA Drug Safety update to be added to the formulary.	Formulary team	Complete