NHS
Devon
Clinical Commissioning Group

Meeting of the Northern and Eastern Devon Formulary Interface Group

Minutes

Thursday 7th November 2019: 9:00am – 11:00 am
Old Heathcoat School, Tiverton

Present:

Tawfique Daneshmend	Consultant Gastroenterologist	RD&E
Beverley Baker	Non-Medical Prescribing Lead	NHS Devon CCG
Iain Carr	MO 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
Jess Parker	GP	NHS Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NHS Devon CCG
Darren Wright	Joint Formulary Technician	NHS Devon CCG

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

1. Welcome and Announcements:

Welcome and Introductions

Attendees were welcomed to the meeting.

Apologies

Glen Allaway	GP	NHS Devon CCG
Andrew Harrison	GP	NHS Devon CCG
Matthew Kaye	Chief Pharmacist	NDHT
Susie Harris	Consultant, Elderly Care	RD&E
James Leavy	Medicines Information and Formulary Support Pharmacist	RD&E
Grant Smith	Specialist Pharmacist High Cost Drugs	RD&E
Christopher Sullivan	Pharmacist	Devon Partnership Trust

Declaration of Interests

DRUG INCLUDED ON AGENDA	COMPANY / MANUFACTURER
Fixapost® (latanoprost/timolol) Alternative medications: Taptiqom® (Tafluprost/timolol (preservative free)) Other preservative free eye drops containing beta-blocker and/or prostaglandin analogue.	Thea Pharmaceuticals Santen UK Ltd Various manufacturers
Ondansetron in pregnancy	N/A – new safety information
Vitamin D Products One-Alpha Alternatives: generic products Valupak colecalciferol tablets 1000u Alternatives: Stexerol® D3 tablets 1000u Other colecalciferol 800u and 1000u tablets	 Leo Laboratories Various manufacturers BR Pharmaceuticals Ltd Koya Kirin Ltd Various manufacturers
Cough (acute) guidance review: antimicrobial guidance (NICE) Various medications	 Various manufacturers
Pneumonia guidance: antimicrobial guidance (NICE) Various medications	 Various manufacturers
Pneumonia guidance: antimicrobial guidance (NICE) Various medications	 Various manufacturers
Chapter 14: Vaccines Various vaccinations	 Various manufacturers
Cough (acute) guidance review: antimicrobial guidance (NICE) Various medications	 Various manufacturers

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

Items discussed by e-FIG not included in above

e-FIG Item	Company
Draina S Would Pouch Various wound pouches/bags	B Braun Various manufacturers
Kelhale® metered dose inhalers (MDI) Alternative ICS medications for the treatment of asthma: Clenil® Modulite® QVAR® Pulmicort® Turohaler® (Budesonide)	Cipla EU Ltd Chiesi Limited Teva UK Limited AstraZeneca UK Limited
Non-steroidal anti-inflammatory drugs (NSAIDS) formulary entry update Various medications	 Various manufacturers
GlucoRx CarePoint® Ultra pen needles Alternative treatments: BD Viva® GlucoRx Carepoint needles® Microdot Droplet® Omnican Fine® Other pen needles	GlucoRx Ltd Becton Dickinson UK Ltd GlucoRx Ltd Cambridge Sensors Ltd BBraun Medical Ltd Various manufacturers
Oral and subcutaneous methotrexate	Various manufacturers

There were no Declarations of Interest.

2. Minutes of the meeting held on Thursday, 7th November 2019, including action list update

Minutes of the meeting held on Thursday 5th September 2019

The minutes of the meeting held on Thursday 5th September 2019 were approved.

Summary of actions

Number	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.		Complete
19/15	*Urinary tract infection (lower): look into suitable options for pregnant women with penicillin allergy.* *This has been followed up.* *Responses are awaited from specialists.* A response has been received.		Complete
19/16	*Children and young people <16 years with UTI (lower) – check with microbiologists if nitrofurantoin could be regarded as blue (2nd line alternative).* *This has been followed up.* *Responses are awaited from specialists.* (NB Formulary guidance is yet to be brought to FIG, discussions are ongoing with specialists.) A response has been received.		Complete
19/17	*Chronic pelvic pain syndrome (CPPS) draft management guidance to be developed and brought to a future FIG meeting.* It is anticipated that this will be brought to the meeting due to take place in January 2020.	Formulary Team	Outstanding
19/43	Terms of Reference to be updated on the website.		Complete

19/44	Add the accepted entry for glycopyrronium bromide oral solution for the treatment of severe sialorrhoea in children and adolescents aged 3 years and older to the formulary on the completion of the CCGs governance processes.		Complete
19/45	Approved entry for Continuous glucose monitoring in diabetes to be added to the formulary on completion of the CCG governance processes.		Complete
19/46	Formulary Team to make minor amendments to the draft guidelines for DMARDs in rheumatology and forward to the Local Medical Committee.		Complete
19/47	Discuss aliskiren with cardiology and renal specialists.		Complete
19/48	Formulary entry for aliskiren to be updated in line with the discussion, pending agreement of cardiology and renal specialists		Complete
19/49	Add the NHSE/NHSCC recommendation to the current acne guidance and include a separate minocycline entry on the drug pages with a link to NHSE/NHSCC guidance		Complete
19/50	Update formulary entry for needles for pre-filled and reusable insulin pens in line with the discussion.		Complete
19/51	Add the NHSE/NHSCC recommendation for silk garments and a link to NHSE/NHSCC guidance.		Complete
19/52	Update formulary entry 7.2.1 preparations for vaginal and vulval changes to be updated in line with the formulary.		Complete
19/53	Update formulary entry 6.6.2 bisphosphonates and other drugs affecting bone metabolism in line with the discussion.		Complete
19/54	Update draft guidance on the Management of Chronic Obstructive Pulmonary Disease (COPD) in line with the discussion and continue to develop guidance over the coming months.		On agenda
19/55	Update formulary guidance for chlamydia in line with the discussion.		Complete
19/56	Add formulary information for gender dysphoria and transgender prescribing in line with the discussion.		Complete

19/57	Add DOAC information from the June MHRA Drug Safety Update to the formulary.		Complete
19/58	Add GLP-1 information from the June MHRA Drug Safety Update to the formulary.		Complete
19/59	Add Oral retinoid medicines information from the June MHRA Drug Safety Update to the formulary in line with the South and West area.		Complete
19/60	Add information for topical retinoids from MHRA Drug Safety Update to the formulary.		Complete
19/61	Toclizumab (RoActemra) title and link from the July MHRA Drug Safety to be added to the formulary.		Complete
19/62	Add title for Rivaroxaban from the July MHRA Drug Safety Update to the formulary.		Complete
19/63	Add title and link to advice to the Daratumumab MHRA Drug Safety Update to the formulary.		Complete

Matters Arising

- Report of e-FIG decisions – September and October 2019

  September 2019

  Five items were considered in September. Responses received indicated acceptance of the proposals.

  The formulary has been updated for three items:
  - Non-steroidal anti-inflammatory drugs (NSAIDs)
  - Kelhale MDI and the reclassification of QVAR to blue
  - The addition of Gluco-Rx Carepoint Ultra pen needles.

  The formulary will be updated for Draina S Wound Drainage Pouch

  The Process for preferred brand recommendations: The formulary preferred brands are being identified and classified as financial or clinical – financial recommendations will then be moved to an MO Team maintained list on the CCG website and linked to from the relevant formulary drug pages.

  October 2019

  Weekly oral and subcutaneous methotrexate for the treatment of rheumatological and autoimmune diseases. Responses received indicated acceptance of the proposal. The formulary has been updated.

- FIG Annual Report

  The draft FIG annual report for 2018/19 was circulated to FIG members in August 2019, no comments were received and FIG chairs were asked to accept the report at their respective FIG meetings. The report has been accepted by the South and West FIG.

  The North and East FIG accepted the annual report.

  The report will now be taken to the CCG's Clinical Policy Committee meeting on 20th November.

3. Consideration of 50micrograms/ml latanoprost and 5mg/ml timolol preservative free eye drops (Fixapost®)

Fixapost is a preservative-free eye drop consisting of 50micrograms/ml latanoprost and 5mg/ml timolol licenced to reduce intraocular pressure (IOP) in patients with open angle glaucoma and ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues (PGA). Fixapost comes in single-dose containers each containing enough solution to treat both eyes and does not contain benzalkonium chloride (BAK).

An application for the consideration of Fixapost has been submitted by Dr Adam Booth from University Hospitals Plymouth NHS Trust. The applicant has proposed that Fixapost is added to the formulary as a specialist initiated (amber) treatment in patients whose IOP is sub-optimally controlled on preservative-free latanoprost and who have no contraindication to beta-blockers.

For patients with inadequately controlled IOP on preservative-free latanoprost who are deemed suitable to step up treatment, current options in the south and west region of the Devon formulary would either require patients to administer preservative-free timolol concomitantly (2.5mg/ml) or switch to the only formulary recommended preservative-free combination treatment (tafluprost 15micrograms/ml + timolol 5mg/ml). The inclusion of fixapost into the formulary would offer a combination treatment for patients who cannot tolerate preservatives and require a step up from monotherapy with the formulary recommended first line treatment, without having to switch to another PGA.

The FIG considered and accepted the proposed formulary entry without amendment. It was noted that there is a potential for cost savings depending on the products used.

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

4. Ondansetron in pregnancy

The European Medicines Agency (EMA) has recommended the Summary of Product Characteristics (SPCs) for ondansetron products are updated to indicate that ondansetron should not be used during the first trimester of pregnancy. This recommendation is the result of a review of studies of pregnancy outcomes by the EMA Pharmacovigilance Risk Assessment Committee (PRAC) which identified a small increase in the risk of orofacial cleft following the use of ondansetron during pregnancy.

The Devon formularies include a section on nausea and vomiting in pregnancy and hyperemesis gravidarum which was developed in line with the Green Top guidance issued by the Royal College of Obstetricians and Gynaecologists (RCOG). The RCOG recommend that ondansetron is considered after the use of antihistamines, phenothiazines and dopamine antagonists, and that ondansetron should preferably not be used during the first trimester of pregnancy. Treatment of nausea and vomiting during pregnancy is an off-label use of ondansetron.

The RCOG has not updated its guidance for ondansetron in light of the recommendation from the EMA. The UK Teratology Service (UKTIS) has issued a response to the EMA's recommendation. UKTIS and European Network of Teratology Services (ENTIS) support the place in therapy for ondansetron recommended by the RCOG.

The draft formulary update for ondansetron use in pregnancy incorporates risk for orofacial cleft following ondansetron use in pregnancy and UKTIS advice that women should be counselled on the benefits of ondansetron and the increase in risk of orofacial cleft.

The specialists who have responded consider the wording to be appropriate.

The FIG was asked to consider:

- Whether the proposed version is clear and easy to follow?
- The SPCs for ondansetron products had not been updated at the time of writing this paper. Does the FIG consider the formulary entry should make reference to the SPC recommendation which will state that ondansetron should not be used during the first trimester of pregnancy?

The FIG accepted the proposed formulary guidance for ondansetron, including the addition of a statement "The SPC will be updated to indicate that ondansetron should not be used in the first trimester of pregnancy."

ACTION: Formulary team to update the formulary entry for Nausea and vomiting in pregnancy and hyperemesis gravidarum with the agreed information for ondansetron.

5. Vitamin D products (One-Alpha; Valupak colecalciferol tablets)

One-Alpha for addition as a preferred brand

Alfacalcidol capsules are included in the Devon Formulary for vitamin D supplementation in severe renal impairment. One-Alpha is the originator brand of alfacalcidol capsules – available as 250 nanograms, 500 nanograms and 1 microgram capsules.

The CCG Medicines Optimisation Team has requested the inclusion of One-Alpha capsules in the formulary as a preferred brand for alfacalcidol capsules which are specialist (amber) drugs in the North and East formulary and the South and West formulary.

All strengths of One-Alpha capsules are less expensive than generic alfacalcidol capsules ranging from a 31.5% to a 36.7% reduction in cost for 28 days supply. The estimated annual savings for NHS Devon CCG if 100% of patients switch from alfacalcidol capsules to One-Alpha capsules would be approximately £32,000 per annum.

Responses from specialists indicated they would be happy for One-Alpha to be the preferred brand and for the switch initiative in primary care.

At the time of writing the paper, one wholesaler was out of stock of the 250 nanogram and 500 nanogram capsules which account for 80% of prescribing so the FIG was asked to make a decision at the meeting, however the formulary will not be updated until the stock situation is resolved.

The FIG considered and accepted the formulary entry without amendment.

ACTION: Formulary team to add One-Alpha capsules to the formulary as the preferred brand of vitamin D once the stock situation has been resolved.

Valupak colecalciferol (vitamin D3) 1,000 unit tablets

Colecalciferol tablets are included in the formulary as the preferred brand Stexerol D3. The 25,000 units (625 microgram) tablet and the 1,000 units (25 microgram) tablet are formulary options.

The FIG had an initial discussion of a request from the CCG Medicines Optimisation team for the addition of Valupak as an additional preferred brand option for colecalciferol 1,000 units tablets. The 25,000 units tablet will remain unchanged. Valupak tablets are a food supplement.

Valupak tablets are substantially less expensive than Stexerol D3 tablets. The cost of 28 days supply of Valupak 1,000 units tablets is £0.28 compared with £2.95 if Stexerol D3 is prescribed.

There is a substantial volume of prescribing of the colecalciferol 800 units capsules and tablets. There is no formulary option for a daily dose of 800 units (20 microgram). The majority of prescribing is for Fultium D3 800 units capsules (60,000 capsules per month at £3.36 for 28 days supply).

An initial consultation with specialists is ongoing.

The FIG was asked to consider the proposal put forward by the MO team, the most common indications for which colecaciferol alone would be prescribed, the most common indications for prescribing colecalciferol at a daily dose less than 1,000 units (800 units/day [20 microgram] and 400 units/day [10 microgram]) and in primary care, how willing are patients to purchase vitamin D (as per NHSE guidance on limited clinical effectiveness)?

The FIG considered the proposal. There was discussion about the use of unlicensed products. It was noted that the formulary would continue to offer a licenced preferred brand of colecalciferol 1,000 unit tablets. It was noted that the view of gastroenterology and bariatric specialists will be sought.

The Formulary team will ask the Medicines Optimisation team to consider how they wish to proceed with their proposal for Valupak colecalciferol (vitamin D3) 1,000 unit tablets to be added to the formulary as an additional preferred brand.

ACTION: Formulary team to ask the Medicines Optimisation team to consider how they wish to proceed with the proposal for Valupak colecalciferol (vitamin D3) 1,000 unit tables to be added to the formulary as an additional preferred brand.

6. Cough (acute) guidance review: antimicrobial guidance (NICE)

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 the NICE Guideline NG120 Cough (acute): antimicrobial prescribing (February 2019). The notable changes to the formulary guidance are the inclusion of reference to appropriate NICE guidance, self-care and NHS England's prescribing guidance for various common conditions for which over-the-counter (OTC) items should not be prescribed in primary care, antibiotic recommendations for children and young people under 18 years of age where they are indicated, referral guidelines links and reassessment criteria.

Doxycycline has become green (first line) antibiotic choice for adults aged 18 years and over, and Amoxicillin blue (second line). Clarithromycin and Erythromycin have been included as blue (second line) antibiotic treatment options.

The FIG was asked to consider whether the proposed version of the guidance is clear and easy to follow and whether the committee agreed with the proposed version.

The FIG considered and accepted the proposed updates to the formulary antimicrobial guidance without amendment.

ACTION: Formulary team to update the formulary guidance for cough with the accepted formulary guidance.

7. Pneumonia guidance review: antimicrobial guidance (NICE)

NICE in conjunction with Public Health England issued updated guidance for antimicrobial prescribing for community-acquired pneumonia (CAP) (NG138) in September 2019. This gives a short timeline in which to update the formulary guidance before the winter season.

The existing NICE clinical guideline Pneumonia: Diagnosis and Management (CG191) remains in place but has been updated to remove sections on antibiotic therapy. The diagnostic criteria are unchanged. However, the new guideline also includes additional recommendations on subjects covered by the existing clinical guideline.

The key changes proposed for the formulary guidance from NG138 are:

- Time to initiation of treatment: NG138 has timelines for initiation of treatment whereas the clinical guideline did not have a recommendation on this. Local guidance recommends immediate treatment.
- Treatment of low severity CAP: Additional antibiotic options recommended if penicillin-allergy and if amoxicillin is unsuitable (atypical pathogens suspected)
- Moderate severity CAP managed in the community: the existing antibiotic options differ between North and East Devon and South and West Devon. NG138 recommends dual therapy only if atypical pathogens are suspected.
- Microbiological tests: No routine tests for low severity CAP. Recommendations given for moderate or high severity CAP.

It was noted that the two Devon regions differ in their recommendations for CAP, decisions are required as to the preferred wording for:

- CRB65 score thresholds for management in the community or hospital
- Treatment prior to admission – not included in NG138 but is included in the North and East formulary

Responses were received from the three respiratory specialists and the MO pharmacists. Responses are awaited from the Antimicrobial Stewardship Group.

The FIG was asked to consider the proposed changes and approve the draft guidance for inclusion in the formulary.

There was discussion about:

- Timely initiation of antibiotics. It was noted that rapid utilisation of antibiotics improves outcomes. Dramatic improvements are seen when patients with sepsis receive antibiotics in a timely fashion. The FIG asked that the guidance around timing be as firm as possible.
- GPs stated that patients requiring antibiotics within an hour are admitted to hospital. Although it was noted that it can take time for the patient to get to hospital.
- High risk patients should not remain at home but may be treated at home provided it does not delay transfer to hospital.
- Formulary antibiotic choice was discussed and accepted by the FIG pending feedback from the Antimicrobial Stewardship Group.

ACTION: Jess Parker to ask the chair of the antimicrobial stewardship group for the group's views on the proposed formulary entry.

- Minor amendments to the proposed formulary entry were agreed. The Formulary team will redraft the formulary entry in line with the discussion and circulate via e-FIG.

ACTION: The formulary team will redraft the formulary entry in line with the suggestions made during the discussion and circulate via e-FIG.

8. Chapter 14: Vaccines review

Formulary guidance for immunological products and vaccines has been considered as part of the rolling review programme. It is proposed to align the North & East, and South & West guidance in the Devon Formulary to provide easily accessible information to primary care prescribers Devon-wide.

The proposed revised guidance has been developed and updated using Public Health England and GOV.UK – The Green Book, the NHS website, World Health Organisation, and various Travel Health websites. The guidance has undergone format changes and information has been consolidated to streamline the accessibility of clinically appropriate guidance and treatment options.

Guidance has been sub-divided to highlight important areas of information and links have been added to The Green Book.

Malaria prophylaxis guidance is already included within the formulary, and as such this information found within the international travel guidance section has been replaced with a link.

The order of vaccine products has been amended to mirror the chapter presentation of The Green Book. The vaccine recommendation entries have been amended to the brands included in The Green Book including a link to the corresponding section within The Green Book. The link ensures that the entries will direct to the correct position even when there are future updates by PHE.

The FIG was asked to consider whether the proposed version is clear and easy to follow and whether the committee agreed with the proposed version.

The FIG considered and accepted the proposed updates to the vaccines guidance with a minor amendment; the removal of specific date for Brexit.

ACTION: Formulary team to update the formulary guidance for Vaccines with the accepted formulary guidance.

9. Resources for: contraception for drugs with teratogenic potential, and prescribing in pregnancy and lactation

The March 2019 publication of the MHRA Safety Update included guidance on effective contraception and frequency of pregnancy testing when medicines with teratogenic potential are prescribed. The FIG asked for a link to this guidance to be included in the formulary together with links to other resources for prescribing in pregnancy and lactation. The MO team has developed resource information which will be included in Chapter 7 (Obstetrics, Gynaecology and Urinary Tract Disorders).

The FIG considered and accepted the proposed information without amendment. It was agreed that a link to the information be added to any medication where the formulary entry states that effective contraception is required for females of child bearing potential.

ACTION: Formulary team to include the accepted resources for contraception for drugs with teratogenic potential and prescribing in pregnancy and lactation as per the discussion.

10. COPD guidance review

Following publication of the 2019 GOLD Report and the 2018/2019 NICE Guideline 115, work has been underway to update the Devon formulary COPD guidance. Consultation earlier this year with Devon wide respiratory consultants and Formulary Interface Group (FIG) members, including GP representatives, identified a consensus in opinion towards a revision of the formulary guidance in line with the 2019 GOLD Report.

The first draft of this guidance was considered by the N&E Devon FIG in September 2019, and by the S&W Devon FIG in October 2019.

FIG discussions raised the issue of the environmental impact of inhalers. Both FIGs supported a move to dry powder inhalers (DPI) or soft mist inhalers (SMI) as preferred devices in the absence of a specific clinical or dexterity reason that an individual requires a pressurised metered dose inhaler (pMDI) or breath actuated inhaler (BAI).

A second draft of the proposed formulary guidance was produced which reflected the output of the two prior FIG meetings. The draft considers the management of stable

COPD and acute exacerbations predominantly in accordance with the GOLD 2019 Report but takes into consideration aspects of NICE Guideline 115 (including the July 2019 update). The draft guidance on the management of acute exacerbations includes revision of formulary recommended antimicrobials based on NICE Guideline 114. The second draft guidance had been circulated to specialists for further comment.

Responses from specialists indicated broad support for the proposal to recommend DPI or SMI over pMDI or BAI, where clinically appropriate, although specific comments highlighted that some patients may continue to need pMDI, and that a mixture of inhaler device types should be avoided for individual patients.

The FIG was asked to consider the second draft of the Devon wide formulary COPD guidance and proposed changes to the product entries.

The FIG considered the draft COPD guidance, including:

- Reclassification of Bricanyl Turbohaler (terbutaline DPI) to green (first line) alongside salbutamol pMDI. The higher cost of this product was considered in the context of clinical need for device type, and the environmental impact of DPI vs pMDI); the change was accepted.
- Reclassification of salmeterol to blue (second line) long-acting beta$_2$ agonist (LABA), with both formoterol and indacaterol as green (first line) options instead. Published evidence does not clearly favour one LABA over the other in terms of clinical or safety outcomes. This change supports the use of lower cost devices and was supported by specialists.
- Treatment recommendations for patients with persistent breathlessness or exercise limitation despite LABA plus LAMA combination inhaler For these patients, GOLD 2019 recommends stepping down treatment to monotherapy if recent initiation or considering a switch of inhaler device or molecules. NICE Guideline 115 recommends stepping up to ICS plus LABA plus LAMA triple combination inhaler if day-to-day symptoms continue to adversely impact patient's quality of life. There were mixed responses from specialists, and the FIG agreed to include information from both guidelines (with some brief explanatory notes).
- Removal of AirFluSal Forspiro (Fluticasone propionate and salmeterol DPI) from the guidance pages, and retention in the formulary for existing patients only. This was agreed pending agreement of local specialists.
- Change to preferred brand of hypertonic sodium chloride nebuliser solution from MucoClear (3%) to PulmoClear (3%); and from Resp-Ease (7%) to Respi-Clear (7%); the proposed brands are available at lower cost. This was accepted pending confirmation from specialists.

The guidance was accepted with minor changes (including those items discussed above)

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

11. Recent drug decisions (including NICE)

The recent drug decisions were reviewed.

12. MHRA Drug Safety Updates: September 2019, October 2019

September 2019

- Hormone replacement therapy (HRT): further information on the known increased risk of breast cancer with HRT and its persistence after stopping. Formulary team to refresh link to advice for healthcare professionals in the formulary.

ACTION: Formulary team to refresh link to advice for healthcare professionals in the formulary.

- Fingolimod (Gilenya▼): increased risk of congenital malformations; new contraindication during pregnancy and in women of childbearing potential not using effective contraception. Add advice for healthcare professionals to the product page.

ACTION: Formulary team to add advice for healthcare professionals to the formulary product page.

- Elmiron (pentosan polysulfate sodium): rare risk of pigmentary maculopathy. No action required. This is not in the formulary.

  Post meeting note: NICE subsequently issued a Technology Appraisal (TA) for pentosan polysulfate sodium).

ACTION: The MHRA advice will be added to the formulary at the same time as the TA.

- Montelukast (Singulair): reminder of the risk of neuropsychiatric reactions. Add advice for healthcare professionals to the product page and guidance.

ACTION: Formulary team to add advice for healthcare professionals to the formulary product page.

October 2019

- Ingenol mebutate gel (Picato▼): increased incidence of skin tumours seen in some clinical studies. Add advice for healthcare professionals to guidance and product page.

ACTION: Formulary team to add advice for healthcare professionals to the formulary product page and guidance.

- Nivolumab (Opdivo); reports of cytomegalovirus (CMV) gastrointestinal infection or reactivation. Advice for healthcare professionals to be added to the product page.

ACTION: Formulary team to add advice for healthcare professionals to the formulary product page and guidance.

- Prescribing medicines in renal impairment: using the appropriate estimate of renal function to avoid the risk of adverse drug reactions. Advice for healthcare professionals to be added to the Urology chapter.

ACTION: Advice for healthcare professionals to be added to the Urology chapter.

- Adrenaline auto-injectors: recent action taken to support safety. There was discussion about the number of auto-injectors held by schools and supply shortages. The Formulary team will add MHRA advice to the product page and contact DRSS regarding the MHRA advice for backup pen on referral page.

ACTION: Formulary team to add MHRA advice to product pages and contact DRSS regarding adding MHRA advice to referral page.

13. Any other business

Steroid supply problems

The supply problem with steroids for use in gastroenterology was noted.

North and East FIG Meeting – 23rd January 2020

Tawfique Daneshmend noted that he was unable to attend the meeting due to take place on Thursday 23rd January 2020. Formulary team to consider chairing arrangements.

ACTION: Formulary team to consider chairing arrangements for the meeting due to take place on Thursday 23 January 2020.

Summary of actions

Number	Action	Lead	Status
19/17	*Chronic pelvic pain syndrome (CPPS) draft management guidance to be developed and brought to a future FIG meeting.* It is anticipated that this will be brought to the meeting due to take place in January 2020.	Formulary Team	On agenda
19/54	Update draft guidance on the Management of Chronic Obstructive Pulmonary Disease (COPD) in line with the discussion and continue to develop guidance over the coming months. This was included on the agenda.		Complete
19/64	Fixapost 50micrograms/ml latanoprost and 5mg/ml timolol preservative free eye drops to be added to the formulary in line with the discussion.	Formulary Team	Complete
19/65	Formulary entry for Nausea and vomiting in pregnancy and hyperemesis gravidarum to be updated in line with the agreed information for ondansetron.	Formulary Team	Complete
19/66	Add One-Alpha capsules to the formulary as the preferred brand of alfacalcidol once the stock situation has been resolved.	Formulary Team	Complete
19/67	Formulary team to ask the MO team to consider how they wish to proceed with the proposal for Valupak colecalciferol (vitamin D3) 1,000 unit tablets to be an additional preferred brand.	Formulary Team	Complete
19/68	Formulary to be updated with the accepted formulary guidance for cough.	Formulary Team	Complete
19/69	Chair of Antimicrobial Stewardship Group to be asked for the group's views on the proposed formulary guidance on pneumonia.	Jess Parker	Outstanding
19/70	Pneumonia guidance: antimicrobial guidance (NICE) – re-draft in line with the discussion and circulate via e-FIG.	Formulary Team	On agenda
19/71	Update vaccines guidance in line with the proposed update.	Formulary Team	Complete

19/72	Accepted resources for contraception for drugs with teratogenic potential and prescribing in pregnancy and lactation to be included in the formulary as per the discussion.	Formulary Team	Outstanding
19/73	Formulary team to update formulary COPD guidance in line with the discussion.	Formulary Team	Complete
19/74	Hormone replacement therapy - refresh link to advice for healthcare professionals in the formulary.	Formulary Team	Outstanding
19/75	Fingolimod (Gilenya▼) – add advice for healthcare professionals to the formulary product page.	Formulary Team	Outstanding
19/76	Pentosan polysulfate sodium (Elmiron) – add advice for healthcare professionals when TA610 is added to the formulary.	Formulary Team	Outstanding
19/77	Montelukast (Singulair) - add advice for healthcare professionals to the formulary product page.	Formulary Team	Outstanding
19/78	Ingenol mebutate gel (Picato▼) – add advice for healthcare professionals to the formulary product page and guidance.	Formulary Team	Outstanding
19/79	Nivolumab (Opdivo) – add advice for healthcare professionals to the formulary product page and guidance.	Formulary Team	Outstanding
19/80	Prescribing medicines in renal impairment – advice for healthcare professionals to be added to the Urology chapter.	Formulary Team	Outstanding
19/81	Formulary team to add MHRA advice for adrenaline auto-injectors to product pages and contact DRSS regarding adding MHRA advice to referral page.	Formulary Team	Outstanding
19/82	Consider chairing arrangements for the meeting due to take place on Thursday 23 January 2020.	Formulary Team	Complete