NHS
Devon
Clinical Commissioning Group

Meeting of the Northern and Eastern Devon Formulary Interface Group

Minutes

Thursday 19th November 2020: 9:00 am – 11:30 am
Via Microsoft Teams

Present:

Tawfique Daneshmend (Chair)	Consultant Gastroenterologist	RD&E
Glen Allaway	GP	NHS Devon CCG
Susie Harris	Consultant, Elderly Care	RD&E
Andrew Harrison	GP	NHS Devon CCG
Matt Howard	Clinical Evidence Manager	NHS Devon CCG
Matt Kaye	Chief Pharmacist	NDHT
James Leavy	Medicines Information Pharmacist	NDHT
Jess Parker	GP	NHS Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NHS Devon CCG
Graham Simpole	Medicines Optimisation 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

Tawfique Daneshmend welcomed attendees to the meeting.

Meeting etiquette

Tawfique Daneshmend explained the meeting etiquette.

Apologies

Beverley Baker	Non-Medical Prescribing Lead	NHS Devon CCG
Carole Knight	Clinical Pharmacist (Medicines Information and Formulary)	NDHT
Sarah Marner	Senior MO Pharmacist	NHS Devon CCG

Christopher Sullivan, Pharmacist, Devon Partnership NHS Trust was absent without apologies.

Declaration of Interests

Declarations of Interest were collected and reported. No attendees reported an interest.

DRUG INCLUDED ON AGENDA	COMPANY / MANUFACTURER
Pain control in palliative care	Various manufacturers
Oxycodone injection (OxyNorm)	Napp Pharmaceuticals Ltd
Alternative treatments: Alfentanyl injection (Rapifem) Fentanyl injection (Sublimaze)	 Piramal Critical Care Ltd Piramal Critical Care Ltd
NICE antimicrobial guidance: pyelonephritis (acute)	
Various antibiotics	Various manufacturers
Alternative treatments	Various manufacturers
NICE antimicrobial guidance: recurrent UTI	
Various antibiotics	Various manufacturers
Alternative treatments	Various manufacturers
D-mannose (non-medicinal product)	Various manufacturers
Estriol 0.1% cream (Ovestin cream)	Aspen Pharma Trading Ltd
Estradiol vaginal ring (7.5mcg/24 hrs) (Estring)	Pfizer
NICE antimicrobial guidance: UTI (catheter-associated)	
Various antibiotics Alternative treatments	Various manufacturers Various manufacturers
Proton pump inhibitors: monitoring for hypomagnesaemia	Various manufacturers

Omeprazole (Losec) Lansoprazole Esomeprazole (Nexium) Pantoprazole Rabeprazole (Pariet)	Astra Zeneca UK Ltd - Grunenthal Ltd - Eisai Ltd
Rivaroxaban for the prevention of recurrent deep vein thrombosis and pulmonary embolism Alternative treatments: Apixaban (Eliquis®) Warfarin	Bayer Plc Bristol-Myers Squibb Pharmaceuticals Ltd Various manufacturers
Reclassification of vigabatrin from amber to red Vigabatrin tablets (Sabril) Vigabatrin oral powder sachets (Sabril)	 Sanofi Sanofi
Aquacel® Foam Alternative Foam products Alternative treatments	ConvaTec Various manufacturers Various manufacturers
ActivHeal® Alginate ActivHeal® Alginate Rope Alternative Alginate dressings	ActiveHeal ActiveHeal Various manufacturers

2. Minutes of the meeting held on 17th September 2020, including action list update

Minutes of the meeting held on Wednesday 17th September 2020

The minutes of the meeting held on Wednesday 17th September 2020 were approved.

Action list

Summary of actions			
Number	**Action**	**Lead**	**Status**
19/84	*The need for a system to enable secondary care to prescribe medicines to patients without them having to attend a hospital appointment to be raised with relevant people at RD&E.* 19/11/20 – This has been raised at the RD&E each department has its own system. These systems have been used more during the pandemic. There is not one solution.		Complete
20/01	*Cluster headache – work with Ali Round to develop formulary guidance and liaise with specialists. Proposed formulary guidance to be brought back to future FIG meeting for discussion.* It is hoped that this can be included on the agenda for the meeting scheduled for September.		Complete
20/04	Develop draft osteoporosis guidance, circulate to specialists for comment and bring to a future FIG meeting. 19/11/20 – This was brought to the meeting as an early stage, work is ongoing. This will be brought back to a future FIG meeting.	Formulary Team	Ongoing
20/24	Formulary Team to seek the views of specialists regarding the formulary classification for domperidone, metoclopramide and erythromycin in the context of paediatric GORD. The proposed formulary entry will then be updated and brought back to the next FIG meeting or completed via the e-FIG process. The Formulary team is working with specialists from South and West Devon who would like additional wording. On completion of this work this will be brought back to the N&E FIG.	Formulary Team	Outstanding

20/25	Omeprazole for paediatric patients – respond to Dr Graham regarding the points raised in response to the consultation and patients on long term PPI. This is linked to action 20/24 above.	Formulary Team	Outstanding
20/29	NICE antimicrobial guideline: Pyelonephritis (acute) – ask antimicrobial pharmacists to review the draft guidance for pyelonephritis, recurrent UTI, and catheter-associated UTI and provide feedback.		Complete
20/30	NICE antimicrobial guideline: Pyelonephritis (acute) – seek clarification of points raised during the discussion.		Complete
20/31	NICE antimicrobial guideline: Pyelonephritis (acute) – update the proposed guidance in line with the discussion and specialist comments once received.		Complete
20/32	NICE antimicrobial guideline: Pyelonephritis (acute) – once updated bring proposed guidance back to a future FIG meeting. 19/11/20 – Item included on the meeting agenda.		Complete
20/33	NICE antimicrobial guideline (UTI) recurrent: update the proposed guidance in line with the discussion and specialist comments once received. 19/11/20 – Item included on the meeting agenda.		Complete
20/34	NICE antimicrobial guideline (UTI) recurrent: Once updated bring the proposed guidance back to a future FIG meeting. 19/11/20 Item included on the meeting agenda.		Complete
20/35	NICE antimicrobial guideline: UTI (catheter-associated) – update the guidance in-line with the discussion and bring back to the FIG with specialist comments and to clarify discussions. 19/11/20 Item included on the meeting agenda.		Complete

20/36	Pelvic Inflammatory Disease (PID): update – update the formulary with the accepted formulary guidance for PID		Complete
20/37	Environmental impact of inhalers: End of GSK Complete the Cycle scheme – investigate available resources helping with inhaler choice and adding relevant information from the paper by Wilkinson et al into the formulary. 19/11/20 The Formulary Team is looking into this.	Formulary Team	Outstanding
20/38	Environmental impact of inhalers: End of GSK Complete the Cycle scheme – make necessary changes to the North and East presentation of the formulary information.		Complete
20/39	NICE guideline (NG145): Thyroid disease: assessment and management – take comments raised to specialists.		Complete
20/40	NICE guideline (NG145): Thyroid disease: assessment and management – bring the proposed formulary section back to the FIG once feedback has been received from specialists. 19/11/20 – This will be brought back to a future FIG meeting.	Formulary Team	Outstanding
20/41	Cluster Headache – contact MO regarding prescribing levels of sumatriptan injection at each locality.		Complete
20/42	Cluster Headache – work with specialists to develop cluster headache guidance and bring back to FIG for agreement.	Formulary Team	Outstanding
20/43	Environmental impact of inhalers: consideration of Salamol CFC-free inhaler as the preferred brand of salbutamol pressurised metered dose inhaler (pMDI) – request that the MO Team update Scriptswitch to facilitate use of Salamol CFS-free inhaler. 19/11/20 – the MO Team have been asked to update Scriptswitch.		Complete
20/44	Update the formulary entry with Salamol CFC-free inhaler as the preferred brand of salbutamol pressured metered dose inhaler pMDI).		Complete

20/45	Vigabatrin safety advice – update the North and East Devon vigabatrin entry with drug safety information immediately.		Complete
20/46	Vigabatrin safety advice – Formulary team to consult specialists on the proposal to reclassify vigabatrin as 'red' (hospital only) drug.		Complete
20/47	MHRA Drug Safety Update August 2020 – clozapine and other antipsychotics: monitoring blood concentrations for toxicity. Add referenced to Drug Safety Update to the formulary and liaise with Chris Sullivan at DPT		Complete
20/48	MHRA Drug Safety Update August 2020 – update the formulary with regard to the MHRA Drug Safety Update for August.		Complete

Matters Arising

Report of COVID-19 related changes to the formulary: September to November

Since the FIG meeting held on 17th September 2020 the Formulary Team has continued to support the development and dissemination of temporary COVID-19 related guidance from various local and national groups. The FIG received an update on the changes made to the temporary Devon Formulary page "COVID-19 Updates" from September to November.

Updates had been made to the following sections:

- Shared Care/Specialist Medicines Service Drug safety monitoring during the COVID-19 pandemic: an update had been added indicating that given the relatively low prevalence of Covid-19 in Devon and established control measures in primary care, a return to the usual frequency of monitoring is preferred. Where this is not possible due to capacity challenges as a result of the pandemic, patient groups for prioritisation for usual monitoring are listed. The details were highlighted in the meeting papers.

- An update has been added to the routine access to remdesivir in the treatment of COVID-19. Specific information on the eligibility criteria and a clinical pathway have been added. The details were highlighted in the meeting papers.

3. Pain control in palliative care

The FIG was given a verbal update. The palliative care specialists have requested the dose of oxycodone subcutaneous injection is added to the palliative care chapter of the North and East Devon Formulary. The formulary currently includes the dose of oxycodone subcutaneous injection only under section 4.7.2 Opioid analgesics. The dose included in this section is based on the BNF and is higher than the dose recommended by the palliative

care specialists. The Formulary team will bring oxycodone subcutaneous injection to a future FIG meeting or seek a decision via e-FIG as appropriate.

ACTION: Formulary team to bring oxycodone for subcutaneous injection to the FIG either at a future meeting or via e-FIG as appropriate.

Post meeting note: The palliative care specialists will include dosing for oxycodone subcutaneous injection in the proposed update to the palliative care chapter.

4. NICE antimicrobial guidance: pyelonephritis (acute)

Early input into the development of the primary care guidelines was sought from FIG members at a previous meeting while the Devon Antimicrobial Stewardship Group were also asked to review the guidance and provide additional feedback and comments on the updated guidance and antibiotic recommendations.

The proposed guidance was presented to FIG members with the additional feedback from the specialists for final consideration and agreement.

The FIG considered the proposed formulary guidance. There was general agreement on the proposed antibiotics. There was also discussion about pregnancy and trimethoprim. Microbiologists may recommend trimethoprim for pyelonephritis during pregnancy. Women who need to take trimethoprim during the first trimester should take high dose folic acid (5mg daily) until week 12 of pregnancy.

It was agreed that a statement on trimethoprim and folic acid will be circulated to FIG members via e-mail for agreement.

ACTION: Formulary Team to circulate a statement on trimethoprim and folic acid to FIG members via e-mail for agreement.

5. NICE antimicrobial guidance: recurrent UTI

Early input into the development of the primary care guidelines was sought from FIG members at a previous meeting, while the Devon Antimicrobial Stewardship Group were asked to review the guidance and provide additional feedback and comments on the updated guidance and antibiotic recommendations.

The proposed guidance was presented to FIG members with the additional feedback from the specialists for final consideration and agreement.

The FIG considered the proposed formulary guidance. The guidance was accepted subject to minor amendment following discussion of long-term prophylaxis. It was also agreed that methenamine hippurate would not be included in the formulary for the treatment of recurrent UTI and that the NICE rationale for not making a recommendation on its use be included.

The formulary team will incorporate the agreed amendments into the proposed guidance. This will be circulated to FIG members via-email for final agreement.

ACTION: Formulary Team to incorporate the amendments agreed into the proposed guidance and circulated this to FIG members via-email for final agreement.

6. NICE antimicrobial guidance: UTI (catheter- associated)

Early input into the development of the primary care guidelines was sought from FIG members at a previous meeting, while the Devon Antimicrobial Stewardship Group were asked to review the guidance and provide additional feedback and comments on the updated guidance and antibiotic recommendations.

The guidance was presented to FIG members with the additional feedback from the specialists for final consideration and agreement.

The FIG considered the proposed guidance, there was discussion about:

- Nitrofurantoin and the need for catheter removal before use. It was agreed that the Formulary Team will seek further advice from microbiologists.

ACTION: Formulary Team to seek further advice from microbiologists on use of nitrofurantoin and the need for catheter removal prior to use.

- Doses for upper and lower UTI infections. It was agreed that these will be split into two sections.
- Pregnant women – the FIG agreed that they would like the lower symptom and upper symptom split with cefalexin doses in both.
- Children - GPs agreed that they would seek specialist advice for children

The Formulary Team will seek advice and update the proposed formulary guidance in line with the discussion. The updated proposed formulary guidance will either be circulated to the FIG via e-mail for agreement or brought to the next meeting.

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

ACTION: Formulary Team to either circulate the updated formulary guidance via e-mail to FIG members for agreement or bring to the next meeting.

7. Proton pump inhibitors: monitoring for hypomagnesaemia

At the July 2020 FIG meeting, there was a request for more information on an existing statement in section 1.3.5 Proton Pump Inhibitors on monitoring for hypomagnesaemia, as it was noted that GPs do not routinely monitor serum magnesium levels in patients receiving PPIs. Following the meeting, the formulary team identified that the statement originated from a MHRA Drug Safety Update. The safety update recommended that monitoring should be conducted only after prolonged treatment (after one year) and especially when the patient is receiving other drugs which can cause hypomagnesaemia and digoxin. No guidance was provided on the frequency of monitoring.

A paper summarising prescribing information for PPIs, and publications identified in a literature search of relevance to monitoring for hypomagnesaemia in primary care was presented to the FIG for discussion.

A discussion took place.

- Symptomatic hypomagnesaemia associated with the use of PPIs is very rare, even in patients on higher doses of PPIs. It was agreed that regular monitoring of all patients receiving a PPI is not warranted but there is a need to be aware of patients with conditions or who take drugs that may predispose them to hypomagnesaemia, and that patients can become unwell suddenly.
- It was agreed that the formulary statement would be reworded.

ACTION: Formulary team to reword the formulary statement.

8. Rivaroxaban for the prevention of recurrent deep vein thrombosis and pulmonary embolism

At its meeting on 9th September 2020 the Clinical Policy Committee made a recommendation to accept the routine commissioning of rivaroxaban 10mg for the prevention of recurrent deep vein thrombosis and pulmonary embolism.

The licence of rivaroxaban gives clinicians and patients a choice of licenced dose after six months of therapy. Patients may remain on 20mg dose once daily (typically those at a higher risk for VTE) or reduce to 10 mg once daily. The commissioning of 10mg rivaroxaban for extended prophylaxis allows patients commenced on rivaroxaban for initial treatment, in line with NICE guideline (NG158), to continue in the longer term on the same drug and dosing frequency, rather than switching to a different drug and dosing frequency.

The FIG considered and accepted the proposed formulary entry for rivaroxaban for the prevention of recurrent deep vein thrombosis without amendment.

ACTION: Formulary team to update the formulary entry for rivaroxaban for the prevention of recurrent deep vein thrombosis and pulmonary embolism with the accepted formulary entry.

9. Reclassification of vigabatrin from amber to red

Vigabatrin is an antiepileptic licenced for treatment in combination with other antiepileptic products for patients with resistant partial epilepsy with or without secondary generalisation.

Vigabatrin safety was discussed by the N&E Devon FIG in September 2020. There are frequent reports of visual fields defects (VFD) ranging from mild to severe in nature in patients receiving vigabatrin.

At the September meeting, it was agreed to update the formulary entry for North and East Devon to reflect the requirement for regular visual field testing and visual acuity assessment during treatment with vigabatrin. An additional link to an MHRA Drug Safety Alert regarding a risk of movement disorders and MRI abnormalities when used for infantile spasms was also to be added.

Given the prevalence and potential severity of visual effects, the requirement for frequent ophthalmological monitoring of a specialist nature and the very low level of prescribing, the FIG considered that vigabatrin should be restricted to hospital only in north and east Devon. This would align with the classification of vigabatrin in south and west Devon. It was agreed that specialists should be consulted on this proposed change, as it had not been specifically raised as an option during the initial consultation on safety / current practice.

It was proposed that vigabatrin be reclassified as a 'red' hospital only drug. The FIG considered and accepted the proposed reclassification of the colour status of vigabatrin from 'amber' to 'red'.

ACTION: Formulary team to update the formulary colour status of vigabatrin from 'amber' to 'red'.

It was also agreed that Graham Simpole will highlight this change to the Medicines Optimisation (MO) team.

ACTION: Graham Simpole to highlight the change of status of vigabatrin from 'amber' to 'red' to the MO team.

10. Aquacel® Foam wound dressing for addition to the formulary

Aquacel foam is a Hydrofiber foam dressing. The formulary currently includes two green (first line) foam dressings available in the form of ActivHeal Foam and Tegaderm Foam (both adhesive and non-adhesive), and one green (first line) fibrous dressing in the form of Aquacel EXTRA. The formulary does not currently include a combination foam and hydrocolloid fibrous dressing.

Tissue viability nurse teams in North and East Devon have suggested they would like to use Aquacel Foam wound dressings as a green (first line) option for primary or secondary dressings, for a range of wound types, including those with low, moderate and high exudate volumes.

The tissue viability nurse teams suggest that in current clinical practice, alginates or gelling fibre dressings are often used as primary dressings with foam dressings applied as secondary dressings. With the inclusion of Aquacel Foam these product features are included in one dressing.

It was suggested that Aquacel Foam be considered as a first line option when a hydrocolloid fibrous/foam dressing is required. Where they would be required individually the options mentioned above are still appropriate and nursing teams would prefer if these remain in the formulary.

The product has been evaluated in the Eastern locality within the community nursing teams facilitated by Tissue Viability with positive outcomes.

It has been suggested that the use of Aquacel Foam could release savings if used instead of a foam plus a hydrocolloid dressing. It was not possible to conclude how great a saving could be realised.

The FIG considered and accepted the addition of Aquacel® foam wound dressing to the formulary as a 'green' first line dressing.

ACTION: Formulary team to add the accepted formulary entry for Aquacel® Foam wound dressing to the formulary.

11. ActivHeal Alginate

ActivHeal Alginate are soft, conformable, highly absorbent calcium sodium alginate dressings. ActivHeal Alginate is indicated for moderately to heavily exuding wounds that are granulating or with areas of slough.

Tissue viability nurse teams in North and East Devon have suggested they would like to use ActivHeal Alginate dressings as a green (first line) option for moderately to heavily exuding wounds that are granulating or with areas of slough. ActivHeal Alginate may also be used as a haemostat to control minor bleeding in superficial wounds.

Up until recently, Sorbsan Flat and Sorbsan Ribbon were the only formulary recommended alginate dressings (green, first line). Aspen Medical, the manufacturers of Sorbsan wound products, had exited the wound care market. Sorbsan Flat and Sorbsan Ribbon were removed from the formulary at that time, and discussions took place with specialist nursing teams to find a suitable replacement product.

ePACT2 data for the number of alginate wound dressings dispensed in North and East Devon and associated costs was included in the meeting papers. The data suggests that a modest saving could be realised if Sorbsan was replaced with ActivHeal equivalents.

The FIG considered and accepted the addition of ActivHeal® Alginate wound dressings for addition to the formulary.

ACTION: Formulary team to add the accepted formulary entry for ActivHeal® Alginate wound dressings.

12. MHRA Drug Safety Updates

There was an update on the following article from the August 2020 safety update

- Clozapine and other antipsychotics: monitoring blood concentrations for toxicity

  Feedback from the formulary representatives for Devon Partnership Trust and Livewell was presented to the FIG. Clinical protocols for clozapine will be updated in line with the recommendations from the MHRA. The Maudsley Prescribing Guidelines in Psychiatry were highlighted as a reference source on drug level monitoring for antipsychotics. A summary of the recommendations from the Maudsley guidelines was presented to the FIG for the remaining six antipsychotics (excluding clozapine) referenced in the safety update. The Formulary Team has contacted local pathology laboratories to enquire whether there is existing local guidance on the circumstances under which antipsychotic drug level monitoring may be requested.

  A discussion took place, feedback to date is that samples should not be sent to labs as they have indicated that they do not have access to tests.

September 2020 safety update

The following items were noted:

- Opioids: risk of dependence and addiction

  The update includes new recommendations for opioid prescribing following a review by an expert working group set up to examine the benefits and risks of opioids in the relief of non-cancer pain, including information available to healthcare professionals and patients about the risks of dependence and addiction. The formulary includes extensive guidance on the management of opioids providing supportive information for many of the recommendations raised by the MHRA. Areas not currently covered by the formulary were discussed.

  It was noted that the guidance is extensive, the following actions were agreed:

ACTION: **A link to the drug safety update and brief summary of the recommendations will be added to the formulary section "management of opioids" and the pain consultants informed of this amendment.**

- Transdermal fentanyl patches for non-cancer pain: do not use in opioid-naive patients
- Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing
- Insulins (all types): risk of cutaneous amyloidosis at injection site

October 2020 safety update

The following items were noted:

- 5-fluorouracil (intravenous), capecitabine, tegafur: DPD testing recommended before initiation to identify patients at increased risk of severe and fatal toxicity
- Flucytosine (Ancotil): new contraindication in patients with DPD deficiency
- Niraparib (Zejula): reports of severe hypertension and posterior reversible encephalopathy syndrome (PRES), particularly in early treatment
- Dolutegravir (Tivicay, Triumeq, Juluca): updated advice on increased risk of neural tube defects
- Warfarin and other anticoagulants: monitoring of patients during the COVID-19 pandemic
    - The FIG noted that warfarin monitoring is continuing in patients with COVID-19.

Recent drug decisions (including NICE)

The FIG reviewed the recent drug decisions.

13. Update on proposed Formulary Interface Group (FIG) merger

The group received an update on the proposed merger of the South & West and North & East Devon Formulary Interface Groups to form a single Devon wide FIG.

Respondents to the consultation unanimously agreed with the proposal to merge the FIGs, with the proposed membership, and the adoption of Microsoft Teams as the principle method of holding meetings. Several respondents highlighted the benefit of face to face discussions and it is therefore proposed that when face to face meetings are again possible (post COVID-19 pandemic), that the FIG hold one face to face meeting per year.

Responses to additional consultation on the preferred day and time for FIG meetings identified Wednesday mornings as the option least likely to cause significant issues. This will enable the current GP members to continue to participate, although it was noted that Wednesday is currently a non-working day for some GPs and that some may have other commitments on that day and not be available for every meeting. The Clinical Evidence Manager has discussed these issues individually with GPs.

We have therefore taken the decision that meetings of the merged Devon FIG should be held on Wednesday mornings on alternate months commencing on 24 February 2021 from 9:00am to 11:30am, via Microsoft Teams.

Dates and calendar invitations for meeting up until December 2021 have been circulated to FIG members.

The Terms of Reference and governance processes are being developed. These will be shared with FIG members in due course.

Summary of actions

Number	Action	Lead	Status
20/04	Develop draft osteoporosis guidance, circulate to specialists for comment and bring to a future FIG meeting. 19/11/20 – This was brought to the meeting as an early stage, work ongoing. This will be brought back to a future FIG meeting.	Formulary Team	Ongoing
20/24	Formulary Team to seek the views of specialists regarding the formulary classification for domperidone, metoclopramide and erythromycin in the context of paediatric GORD. The proposed formulary entry will then be updated and brought back to the next FIG meeting or completed via the e-FIG process. The Formulary team is working with specialists from South and West Devon who would like additional wording. On completion of this work this will be brought back to the N&E FIG.	Formulary Team	On agenda
20/25	Omeprazole for paediatric patients – respond to Dr Graham regarding the points raised in response to the consultation and patients on long term PPI. This is linked to action 20/24 above.	Formulary Team	Complete
20/37	Environmental impact of inhalers: End of GSK Complete the Cycle scheme – investigate available resources helping with inhaler choice and adding relevant information from the paper by Wilkinson et al into the formulary. 19/11/20 The Formulary Team is looking into this.	Formulary Team	Outstanding

20/40	NICE guideline (NG145): Thyroid disease: assessment and management – bring the proposed formulary section back to the FIG once feedback has been received from specialists. 19/11/20 – This will be brought back to future FIG meeting.	Formulary Team	Outstanding
20/42	Cluster Headache – work with specialists to develop cluster headache guidance and bring back to FIG for agreement.	Formulary Team	Outstanding
20/49	Pain control in palliative care - oxycodone for subcutaneous injection to be brought back to the FIG either at a meeting of via e-FIG as appropriate. *Post meeting note: The palliative care specialists will include dosing for oxycodone subcutaneous injection in the proposed update to the palliative care chapter.*	Formulary Team	Closed
20/50	NICE antimicrobial guidance: pyelonephritis (acute) - circulate a statement on trimethoprim and folic acid to FIG members via e-mail for agreement.	Formulary Team	On agenda
20/51	NICE antimicrobial guidance: recurrent UTI - incorporate the amendments agreed into the proposed guidance and circulated this to FIG members via-email for final agreement.	Formulary Team	On agenda
20/52	NICE antimicrobial guidance: UTI (catheter-associated) seek further advice from microbiologists on use of nitrofurantoin and the need for catheter removal prior to use.	Formulary Team	On agenda
20/53	NICE antimicrobial guidance: UTI (catheter-associated) update the proposed formulary guidance in line with the discussion.	Formulary Team	On agenda
20/54	NICE antimicrobial guidance: UTI (catheter-associated) circulate the updated formulary guidance via e-mail to FIG members for agreement or bring to the next meeting.	Formulary Team	On agenda
20/55	Proton Pump Inhibitors: monitoring for hypomagnesaemia – reword the formulary statement.	Formulary Team	Outstanding
20/56	Rivaroxaban for the prevention of recurrent deep vein thrombosis and pulmonary embolism – update the formulary entry with the accepted formulary entry.	Formulary Team	Complete

20/57	Reclassification of vigabatrin from amber to red – update the formulary colour status of vigabatrin from 'amber' to 'red'.	Formulary Team	Complete
20/58	Change of status of vigabatrin from 'amber' to 'red' to be highted to the MO team.	Graham Simpole	Outstanding
20/59	Aquacel® Foam wound dressing for addition to the formulary – add accepted formulary entry to the formulary.	Formulary Team	Complete
20/60	ActivHeal Alginate – add accepted formulary entry for ActivHeal® Alginate wound dressings.	Formulary Team	Complete
20/61	MHRA Drug Safety Updates September 2020 – Opioids: A link to the drug safety update and brief summary of the recommendations will be added to the formulary section "management of opioids" and the pain consultants informed of this amendment.	Formulary Team	Outstanding