NHS
Devon
Clinical Commissioning Group

Teleconference Meeting

Northern and Eastern Devon Formulary Interface Group

Minutes

Thursday 19th March 2020: 9:00 am – 11:00 am

Present:		
Glen Allaway	GP	NHS Devon CCG
Beverley Baker	Non-Medical Prescribing Lead	NHS Devon CCG
Andrew Harrison	GP	NHS Devon CCG
Matt Howard	Clinical Evidence Manager	NHS Devon CCG
Matt Kaye	Chief Pharmacist	NDHT
Carole Knight	Clinical Pharmacist (Medicines Information and Formulary)	NDHT
James Leavy	Medicines Information and Formulary Support Pharmacist	RD&E NHS FT
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
Guests:		
Ann Ashworth	Specialist Medicines Optimisation Support Dietitian	NHS Devon CCG
Leon Gibbons	Pre-Registration Pharmacist	NDHT
Paul Humphriss	Medicines Optimisation Pharmacist	NHS Devon CCG
Alison Round	Commissioning GP	NHS Devon CCG
In attendance:		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

1. Welcome and Announcements:

Welcome and Introductions

Matt Howard welcomed attendees to the meeting. Matt explained that Tawfique Daneshmend was unable to attend the meeting. It was agreed that Matt would chair the meeting in the absence of Tawfique.

Paul Humphriss attended the meeting in place of Iain Carr as Medicines Optimisation representative.

Meeting etiquette

Due to the COVID-19 outbreak the meeting took place via teleconference. Matt outlined the meeting etiquette.

Register of participants (for the minutes)

For governance purposes a register of attendees was called to ensure an accurate record of meeting attendees in the minutes.

Apologies

Tawfique Daneshmend	Consultant Gastroenterologist	RD&E NHS FT
Susie Harris	Consultant, Elderly Care	RD&E NHS FT

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
Cluster headache	
Sumatriptan injection (Imigran Subject)	GlaxoSmithKline UK Ltd
Sumatriptan nasal spray (Imigran)	GlaxoSmithKline UK Ltd, various manufacturers
Zolmitriptan nasal spray (Zomig)	Grunenthal Ltd
Home oxygen	Providers of home oxygen and equipment
Management of adult malnutrition	
Various treatments	Various manufacturers
Gonorrhoea and Pelvic Inflammatory Disease	
Various antibiotics	Various manufacturers
Osteoporosis guidance	
Various Treatments	Various manufacturers

DMARDs in rheumatology partial guideline updates Azathioprine, Ciclosporin (Neoral), Leflunomide, Sulfasalazine (Salazopyrin EN)	 Various manufacturers
Paediatric GORD and PPIs Omeprazole powder for oral suspension Omeprazole dispersible gastro-resistant tablets • Losec MUPS • Mezzopram Other PPIs	 Xeolas Pharmaceuticals Limited, Rosemont Pharmaceuticals Limited Astra Zeneca Limited Sandox Limited Various manufacturers
Consideration of UrgoStart Contact Layer, UrgoStart Plus Pad, and UrgoStart Plus Border for addition to the formulary	Urgo Limited
Diamorphine 5mg and 10mg injection	Wockhardt UK Ltd Accord-UK Ltd

DRUG INCLUDED ON AGENDA	COMPANY / MANUFACTURER
COPD Update Various medications	 Various manufacturers
Safety Needles Various medications	 Various manufacturers

Name of Attendee	Role	Declaration
Ann Ashworth	Specialist Medicines Optimisation Support Dietitian	Non-financial professional interests; 1. I am a Committee member of the British Association for Parenteral and Enteral Nutrition (BAPEN) Malnutrition Action Group. 2. I am a Committee member of the British Dietetic Association Prescribing Support Dietitians Group (to be re-named Optimal

		Nutrition Prescribing Group from 1/5/2020). 3. The authors of the Malnutrition Pathway are professional colleagues and last year I reviewed some of the Malnutrition Pathway educational materials for them (Power point presentations for use in CCGs). I have been requested to participate in the review of the Malnutrition Pathway diet sheets in November 2020.

2. Minutes of the meeting held on Monday 23rd January 2020, including action list update

Minutes of the meeting held on 23rd January 2020

The minutes of the meeting held on Thursday 23rd January 2020 were approved.

Action list

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	Complete
19/70	Pneumonia guidance: antimicrobial guidance (NICE) – re-draft in line with the discussion and circulate via e-FIG. This item was discussed at the FIG meeting on 23rd January 2020.	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	Complete

19/74	Hormone replacement therapy - refresh link to advice for healthcare professionals in the formulary.	Formulary Team	Complete
19/75	Fingolimod (Gilenya▼) – add advice for healthcare professionals to the formulary product page.	Formulary Team	Complete
19/76	Pentosan polysulfate sodium (Elmiron) – add advice for healthcare professionals when TA610 is added to the formulary.	Formulary Team	Complete
19/77	Montelukast (Singulair) - add advice for healthcare professionals to the formulary product page.	Formulary Team	Complete
19/78	Ingenol mebutate gel (Picato▼) – add advice for healthcare professionals to the formulary product page and guidance.	Formulary Team	Complete
19/79	Nivolumab (Opdivo) – add advice for healthcare professionals to the formulary product page and guidance.	Formulary Team	Complete
19/80	Prescribing medicines in renal impairment – advice for healthcare professionals to be added to the Blood and Nutrition chapter.	Formulary Team	Complete
19/81	Formulary team to add MHRA advice for adrenaline auto-injectors to product pages.	Formulary Team	Complete
19/83	Add accepted formulary entry for Thealoz eye drops to the formulary.	Formulary Team	Complete
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.	Susie Harris	Outstanding
19/85	Add accepted entry for Loteprednol etabonate to the formulary.	Formulary team	Complete
19/86	Approved Specialist Medicines Services (SMS) prescribing guidelines for typical (first generation) depot antipsychotics to be added to the CCG website with links to the Devon Formulary.	Formulary team	Complete
19/87	Update formulary guidance for the management of hypertension in pregnancy with the approved guidance.	Formulary team	Complete
19/88	Accepted formulary guidance for community-acquired pneumonia to be added to the formulary.	Formulary team	Complete
19/89	Accepted formulary guidance for Urinary Tract Infections (lower) to be added to the formulary.	Formulary team	Complete

19/90	Perinatal Mental Health – work with Dr Davies on proposed guidance taking into account the FIG discussion and bring back to a future meeting.	Formulary team	Complete
19/91	Accepted formulary guidance for acute prostatitis to be updated with accepted formulary entry.	Formulary team	Complete
19/92	Formulary entry for Chronic Pelvic Pain Syndrome to be updated in line with the discussion.	Formulary team	Complete
19/93	MHRA Drug Safety update: November 2019 – advice for Yellow fever vaccine to be added to the formulary.	Formulary team	Complete
19/94	MHRA Drug Safety update: November 2019 – link to advice for Carfilzomib (Kyprolis) risk of reactivation of hepatitis B virus to be added to the formulary.	Formulary team	Complete
19/95	MHRA Drug Safety update: December 2019 – update for domperidone for nausea and vomiting to be added to the formulary.	Formulary team	On agenda

Matters Arising

Report of e-FIG decisions – January and March 2020

Since the last North and East FIG meeting two items have been agreed through the e-FIG process. These are for a COPD update and for safety needles.

Both proposals were accepted, and the formulary has been updated.

3. Cluster headache

The Formulary team has been asked to develop formulary guidance for the management of cluster headache. This request arose as a result of a CCG review of the commissioning of oxygen for medical conditions. It is recognised that oxygen is an established treatment for cluster headache which is included as an indication on the Home Oxygen Order Form (HOOF). Currently, cluster headache is listed as the indication for treatment on the HOOF for 235 patients across Devon. It is considered that guidance to support prescribers in the treatment of cluster headache, including available options for acute treatment, would be a useful resource to include in the formulary. Dr Ali Round is the commissioning GP supporting the CCG's review of the commissioning of oxygen. Dr Round joined the meeting for the discussion of this item.

Recommendations included in the current North and East Devon Formulary relevant to cluster headache were circulated with the meeting papers. Dr Round has conducted an initial evidence review of treatments for cluster headache which was circulated to specialists for comment. The review proposed the following acute treatments for cluster headache:

- First line: subcutaneous sumatriptan, or nasal sumatriptan or nasal zolmitriptan
- Second line: High flow oxygen (Who should recommend oxygen - primary or secondary care? Flow rate and monitoring arrangements to be agreed.)

The FIG considered cluster headache. A useful discussion took place, this included about the number of patients with cluster headache, current practice, the use of triptans, prescribing and follow-up of patients on home oxygen, a pragmatic approach by GPs and linking with specialists.

ACTION: **The Formulary team will work with Ali Round to develop formulary guidance and liaise with specialists. The proposed guidance will be brought to a future FIG meeting for discussion.**

4. Management of adult malnutrition

Following a request from Ann Ashworth, Specialist Medicines Optimisation Support Dietitian, NHS Devon CCG, Devon Formulary guidance on the management of adult malnutrition has been reviewed and expanded, with the intention of providing consistent Devon-wide advice. The proposed update, which was presented in the meeting papers, had been reformatted to consolidate information on assessment of malnutrition risk, and to provide specific guidance depending on Malnutrition Universal Screening Tool (MUST) score, (including for individuals with a MUST score of 0, low risk of malnutrition). The proposed update was circulated to lead dieticians and members of the CCG Medicines Optimisation (MO) Team for comment. Ann Ashworth joined the meeting for the discussion of this item.

For reference, the Malnutrition Pathway green, yellow and red leaflets were circulated with the meeting papers.

The FIG considered the proposed formulary guidance for the management of adult malnutrition. Clarity was sought around malnutrition in obese people and when to assess patients for malnourishment to support GPs.

The FIG also considered barriers to people accessing food.

It was noted that undertaking MUST scores is not mandatory for GPs

Ann Ashworth and the Formulary team will redraft the guidelines to highlight patients that may be at high risk and clarify points around obesity.

ACTION: **Ann Ashworth to work with the Formulary team to redraft the guidelines in line with the discussion and bring back to a future formulary meeting for agreement.**

5. Gonorrhoea and Pelvic Inflammatory Disease (PID)

Proposed formulary guidance on gonorrhoea and Pelvic Inflammatory Disease (PID) is currently with local Genito-Urinary Medicine service specialists Devon-wide for additional feedback and comments on the updated guidance and antibiotic recommendations.

The first draft of proposed formulary guidance for gonorrhoea and PID was presented to FIG members to gather early input into the development of the primary care guidelines. Following FIG discussions and specialist feedback, revised guidelines will be brought to a future FIG meeting, for final consideration and agreement.

The FIG considered the proposed formulary entry and suggested the following changes:

- Gonorrhoea
  - Background
    - Embolden "Patients with suspected gonorrhoea should be referred to specialist Genito-Urinary Medicines services for treatment and contact tracing"
  - Recommended antibiotic treatment:
    (Traffic light classifications are to be identified by discussions with specialists and agreed with FIG members at a future meeting)
    - Remove Ceftriaxone IM throughout and check if oral antibiotic options only, are suitable in primary care
    - Keep Cefixime Oral
    - Azithromycin Oral – add note on how to prescribe with regards to quantity
    - Alternative treatment regimens are not needed.
  - Complicated infections
    - Pregnancy – add note about referral for complicated gonorrhoea
    - Treatment failure – remove link to web portal

- Pelvic Inflammatory Disease
  - Formulary team to check if another term exists for nucleic acid amplification test (NAAT). This also applies to gonorrhoea
  - Recommended antibiotic treatment
    - Remove Ceftriaxone IM throughout and check if oral antibiotic options only, are suitable in primary care
    - Check if doxycycline oral plus metronidazole oral is an appropriate treatment without adjunct Ceftriaxone IM
    - Check if ofloxacin oral plus metronidazole oral are appropriate first line treatment options

ACTION: **Formulary team to redraft guidance in line with the FIG discussion and specialists input, and bring to a future FIG meeting**

6. Osteoporosis guidance

NICE is undertaking a programme of reviewing and updating the technology appraisals for drugs for the prevention of osteoporotic fragility fractures. The existing TAs are being replaced with two multiple technology appraisals (MTAs) addressing bisphosphonates and non-bisphosphonates. TA464 Bisphosphonates for treating osteoporosis was first published in 2017 and was updated in July 2019 at the request of the MHRA. NICE has not issued an expected publication date for the MTA for non-bisphosphonates. NICE also intends to review the clinical guideline for osteoporosis.

The FIG discussed the guidance from NICE on initiating treatment with bisphosphonates.

The FIG noted that FRAX is the most used assessment tool for osteoporosis risk and is recommended by NICE. GPs present for the discussion noted that most GP practices in North Devon use FRAX. Use of FRAX has been initiated in North Devon District Hospital and clear guidelines are in place. Royal Devon and Exeter NHS FT does not use FRAX.

It is not expected that implementation of the thresholds for treatment using FRAX will increase patient numbers.

Due to technical difficulties Jess Parker was not present for the full discussion of this item.

ACTION **Formulary team to develop draft formulary guidance and circulate to specialists for comment. The final draft guidance will be brought to a future FIG meeting.**

7. DMARDs in rheumatology partial guideline updates

Partially updated rheumatology Specialised Medicines Service (SMS) guidelines for azathioprine, ciclosporin, leflunomide, methotrexate, mycophenolate mofetil and sulfasalazine were agreed by the N&E Devon FIG meeting in September 2019. Following publication of these partially updated guidelines, further amendments to GP and specialist responsibilities in the following four guidelines have been requested, specifically in respect of prescribing and monitoring requirements at initiation of treatment:

- Azathioprine for the treatment of rheumatological conditions
- Ciclosporin (Neoral) for rheumatological disease
- Leflunomide for the treatment of rheumatoid arthritis and psoriatic arthritis
- Sulfasalazine enteric coated (Salazopyrin EN) for the treatment of rheumatological conditions

The proposed changes are in line with the recent change to oral methotrexate prescribing for rheumatology in N&E Devon, and provide consistency across N&E Devon rheumatology oral DMARD guidelines in terms of prescribing responsibility.

The proposed changes are supported by Dr Susie Earl (on behalf of RD&E) and Dr Roope Manhas (on behalf of NDHT) and have been accepted by Devon Local Medical Committee (LMC).

There are some additional changes to the leflunomide guideline as the current guideline asks GPs to undertake blood tests for the consultant to monitor during dose stabilisation for at least two months, whereas the updated version will not have consultants undertaking dose stabilisation, and GPs will be undertaking drug safety monitoring from the point of prescribing.

Remuneration will continue to be as per the General Practice Specialised Medicines Service framework; with the final settlement of funding agreed via the LMC negotiations committee.

The proposed changes were presented as tracked changes in the draft guidelines circulated with the meeting papers.

The FIG considered and accepted the proposed updates to the Specialist Medicines Service: DMARDS in rheumatology partial guideline without amendment. It was agreed the Formulary team will feedback to specialists regarding the publication date for the updated guidelines.

ACTION: Formulary team to feedback to specialists regarding the publication date for the updated guidelines.

8. Paediatric GORD and PPIs

The North and East Devon formulary guidance for paediatric reflux disease is largely based on the NICE Guideline NG1: Gastro-oesophageal reflux disease in children and young people: diagnosis and management (published in January 2015). The guideline was updated in October 2019. The recommendation for the use of metoclopramide, domperidone and erythromycin was amended to clarify when these medicines can be offered. In addition, the guideline draws attention to the fact that not all PPIs are licensed for use in children and those that are licensed vary in the age they are licensed from. The new recommendations were outlined in the meeting papers which were brought to the meeting for initial discussion by the FIG before approaching the specialists.

It is proposed that the current formulary statement is amended taking into account the new NG1 recommendation for domperidone, erythromycin and metoclopramide, the December 2019 Drug Safety Update for domperidone and the November 2014 Drug Safety Update for metoclopramide which is referred to in NG1. The amended statement was shown in in the meeting papers.

The FIG considered the proposed amendment to the wording of the section on pharmacological treatment of GORD. It was agreed that ‘and’ be added between the 1st and 2nd bullet points outlining the conditions that must be met before offering metoclopramide, domperidone or erythromycin to treat gastrointestinal reflux disease.

The Formulary team will circulate the proposals to specialists for their views.

ACTION: Formulary team to amend proposed formulary guidance in line with the discussion and circulate to specialists for their views. The

guidance to be brought back to a future FIG meeting for a final consideration and agreement

The formulary team has been contacted by Dr James Hart, paediatric gastroenterologist at the RD&E hospital (via the paediatric pharmacist) with regard to adding guidance to the formulary on prescribing and administering doses of omeprazole less than 10mg for paediatric patients. Subsequently, a licensed omeprazole powder for oral suspension has been marketed which is licensed for use from 1 month of age. The paediatric pharmacist at Derriford Hospital has also contacted the Formulary team to ask if the UHPT paediatric team could apply for the licensed omeprazole 2mg/ml powder for oral suspension to be added to the formulary. The formulary currently outlines the place in therapy for unlicensed omeprazole suspensions.

These requests have prompted a review of the Proton Pump Inhibitors (PPI) formulary options included in the North and East Devon formulary which were outlined in the meeting papers. The FIG had an initial discussion on licensed options for paediatric patients, and bringing the North and East Devon formulary options in line with the South and West Devon formulary. It was proposed that paediatric use should be added alongside formulary entries which provide options for paediatric patients, and that these options would be blue.

The formulary team will make the amendments and circulate to specialists for their views.

ACTION: Formulary team to amend proposals in line with the discussion and circulate to specialists for their views. The proposals to be brought back to a future FIG meeting for a final consideration and agreement

9. Consideration of UrgoStart Contact Layer, UrgoStart Plus Pad, and UrgoStart Plus Border for addition to the formulary

UrgoStart (Urgo Medical) is a range of interactive dressing for treating diabetic foot ulcers, leg ulcers, pressure ulcers, and long-standing acute wounds.

Tissue viability nurse teams in North and East Devon have suggested they would like to use three dressings from the UrgoStart Range as amber (specialist) options for the management of diabetic foot ulcers. These were the Urgostart Contact Layer, Urgostart Plus Pad and the Urgostat Plus Border. At this stage it has not been suggested that use within the leg ulcer clinic service would be recommended, as the evidence base (as per NICE MTG) is less robust and impact on complete wound healing is less certain; although MTG42 positively recommends use. It is not recommended for people with non-venous leg ulcers there is insufficient evidence to support routine use.

The UrgoStart dressings would be recommended by trained diabetic foot clinicians, following local guidance produced by the Royal Devon and Exeter NHS Foundation Trust and tissue viability services.

The FIG considered and accepted the addition of the following dressings from the UrgoStart range to the formulary as the recommended choice for patients with diabetic foot ulcers: Urgostat Contact Layer, Urgostat Plus Pad and Urgostat Plus Border.

ACTION: Formulary team to add UrgoStart Contact Layer, Urgostat Plus Pad and Urgostat Plus Border to the formulary as amber for the management of diabetic foot ulcers.

10. MHRA Drug Safety Update - January 2020

- E-cigarette use or vaping: reporting suspected adverse reactions. This is not in the formulary, no action required.

- Ondansetron: small increased risk of oral clefts following use in the first 12 weeks of pregnancy.

  It was noted that ondansetron is a 3rd line treatment for nausea and vomiting in pregnancy. The 1st and 2nd line alternatives are licenced broadly as anti-emetics but not specifically for use during pregnancy.

  The Formulary guidance for ondansetron has been updated following previous discussion by the FIG of the recommendation from the EMA in 2019 regarding the increased risk of oral clefts with ondansetron use in pregnancy. The MHRA safety update addresses the same EMA review. The formulary team will add appropriate links to safety update from the formulary.

ACTION: Formulary team to add appropriate links to the formulary.

  There was discussion about use of the 1st and 2nd line options and referral of patients. It was noted that the formulary guidance for nausea and vomiting in pregnancy and hyperemesis gravidarum is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guidance.

  There was also discussion about when GPs refer patients to specialists. The timing of referral of patients to a specialist is individual to each patient and how unwell they are.

- Mecasermin (Increlex) Risk of benign and malignant neoplasia. NHS England commission mecasermin. This is not in the formulary, no action required.

11. MHRA Drug Safety Update – February 2020

- Ingenol mebutate gel (Picato): suspension of the licence due to risk of skin malignancy. The formulary was updated when the suspension was announced by the EMA. The formulary team has liaised with specialists and FIG GPs. The Formulary team will draw up guidance on alternatives and circulate to specialists and FIG members.

ACTION: Formulary team to draw up guidance on alternatives and circulate to specialists and FIG members for comment.

- Lemtrada (alemtuzumab): updated restrictions and strengthened monitoring arrangements following review of serious cardiovascular and immune-mediated reactions. The Formulary Team will make appropriate updates to the formulary.

ACTION: Formulary team to make appropriate updates to the formulary.

- Valproate (Epilim, Depakote) pregnancy prevention programme updated education materials.

  No changes have been made to the patients that should be considered. The existing formulary link provides access to the updated materials. No action required.

- Nexplanon (etonogestrel) contraceptive implants: new insertion site to reduce rare risk of neurovascular injury and implant migration. The Formulary team will update the formulary. It was noted that the NICE guideline for Long-acting reversible contraception (LARC) has been updated. The Formulary team are scheduling this for review

ACTION: Formulary team to update the formulary with the safety update for Nexplanon.

It was requested that the safety update for Nexplanon is included in the Formulary News and Medicines Optimisation Bulletin.

ACTION: Formulary team to include safety update for Nexplanon in the Formulary News and the formulary update provided to the Medicines Optimisation team for inclusion in the Medicines Optimisation Bulletin.

Post meeting notes:

The COVID-19 guidance for etonogestrel implants issued by the FRSH recommended that replacing implants is delayed during the pandemic. The safety update for Nexplanon will be included in the Formulary News and the reinstated Medicines Optimisation bulletin at an appropriate time in the future.

Modafinil: potential risk of congenital malformations during pregnancy. The MHRA safety update made reference to a letter sent from the company to healthcare professionals on this subject. This item was not specifically discussed during the meeting, however, the formulary entry for modafinil has been updated with a link to the letter.

12. Recent drug decisions (including NICE)

The recent drug decisions were reviewed.

Subsequent to the circulation of the meeting papers the following amendments have been made to the formulary.

Removals from the formulary

- Ulipristal acetate (Esmya)

  Ulipristal acetate (Esmya) 5mg tablets have been removed from the formulary following suspension of the CCG commissioning policy pending the outcome of the new EMA safety review of liver injury risk.

  Recommendations for ulipristal acetate for emergency contraception are not affected by the EMA Safety Review.

Amendments to the formulary

- Slozem

  Slozem (ditiazem hydrochloride) modified release capsules have been discontinued with immediate effect, stocks are expected to be exhausted. UKMi have advised prescribers to switch patients to equivalent strength diltiazem preparations. Some switching has taken place. A FIG paper proposing the addition of Zemtard XL capsules to the formulary in place of Slozem capsules was circulated via the e-FIG process in February 2019 and agreement was reached to add Zemtard XL capsules to the formulary.

- Zemtard XL

  Zemtard XL 120mg, 180mg, 240mg and 300mg capsules will be added to the formulary following agreement via the e-FIG process.

13. Diamorphine 5mg and 10mg injection

It was noted that there has been a national shortage of 5 mg and 10 mg diamorphine injections. The Formulary has been amended to remove recommendations for diamorphine 5mg and 10mg injection and to recommend that specialists are consulted on the treatment for individual patients. Changes include a recommendation that new patients should not be started on diamorphine 5mg and 10mg injection. Work is being undertaken to update the formulary with new treatment recommendations in place of those for diamorphine 5mg and 10mg injections. Following discussion with specialists, the proposed changes will be circulated to FIG members for agreement.

14. Any other business

It was noted that Dr Simon Kay has retired and has stepped down from the FIG. Simon was a longstanding member of the group; the FIG thanked Simon for his work and support over many years.

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.	Susie Harris	Outstanding
19/95	MHRA Drug Safety update: December 2019 – update for domperidone for nausea and vomiting to be added to the formulary.	Formulary team	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.	Formulary team	Outstanding
20/02	Management of adult malnutrition – redraft the guidelines in line with the discussion and bring back to a future formulary meeting for agreement.	Formulary team/Ann Ashworth	On agenda
20/03	Gonorrhoea and Pelvic Inflammatory Disease (PID) – Formulary team to redraft guidance in line with the FIG discussion and specialists input, and bring to a future FIG meeting	Formulary Team	On agenda
20/04	Develop draft osteoporosis guidance, circulate to specialists for comment and bring to a future FIG meeting.	Formulary Team	Outstanding
20/05	DMARDS SMS guidelines – feedback to specialists regarding the publication date for the updated guidelines. *This action was superseded by the need for temporary guidance during the pandemic.*	Formulary Team	Outstanding
20/06	Paediatric GORD – amend proposed formulary guidance in line with the discussion and circulate to specialists for their views. Bring back to a future FIG meeting for final consideration and agreement	Formulary Team	On agenda
20/07	Proton Pump Inhibitors (PID) – amend proposals in line with the discussion and circulate to specialists for their views. Bring back to a future FIG meeting for final consideration and agreement	Formulary Team	On agenda

20/08	Add the UrgoStart Contact Layer, Urgostat Plus Pad and Urgostat Plus Border to the formulary as amber for the management of diabetic foot ulcers.	Formulary Team	Complete
20/09	MHRA Drug Safety Update – January 2020: Ondansetron – add appropriate links to the formulary.	Formulary Team	Complete
20/10	MHRA Drug Safety Update – February 2020: Ingenol Mebutate gel (Picato) – draw up guidance on alternatives and circulate to specialists and FIG members for comment.	Formulary Team	On agenda
20/11	MHRA Drug Safety Update – February 2020 – Lemtrada (alemtuzumab): appropriate updates to be made to the formulary.	Formulary team	Complete
20/12	MHRA Drug Safety Update – February 2020 – Nexplanon (etonogestrel) contraceptive implants. Update formulary	Formulary team	Complete
20/13	MHRA Drug Safety Update – February 2020 – include safety update for Nexplanon in Formulary News and formulary updates provided to Medicines Optimisation team for inclusion in the Medicines Optimisation Bulletin.	Formulary team	Outstanding