Northern, Eastern and Western Devon
Clinical Commissioning Group
South Devon and Torbay
Clinical Commissioning Group

Meeting of the South and West Devon Formulary Interface Group

Minutes

Wednesday 8th November 2017: 2:00 pm – 4.30 pm

The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

Present:

Andrew Gunatilleke (Chair)	Consultant in Pain Management & Anaesthesia	Torbay & South Devon NHS FT
Demelza Grimes	MO Pharmacist	South Devon and Torbay CCG
Josh Hamilton	GP	Kernow CCG
Lily Hammarlund-Sim	Pharmaceutical Advisor	Kernow CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Paul Manson	Senior MO Pharmacist	NEW Devon CCG
Phil Melluish	GP	South Devon and Torbay CCG
Bill Nolan	GP	South Devon & Torbay CCG
Peter Rowe	Consultant Nephrologist	Plymouth Hospitals NHS Trust
Graham Simpole	Joint Formularies Support Pharmacist	NEW Devon CCG
Darren Wright	Joint Formularies Technician	NEW Devon CCG

Guests:

Julie Kemmner	Clinical Community Dietitian and Team Lead	Torbay & South Devon NHS FT
Paula Murphy	Professional Lead Dietitian	Plymouth Hospitals NHS Trust

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and announcements

Apologies

Andy Craig	GP	NEW Devon CCG
Iain Roberts	Lead MO Pharmacist	South Devon & Torbay CCG
Nicola Joyce	Pharmacist	Livewell Southwest
Mark Stone	Community Pharmacist	

Declaration of Interests

Declarations of interest were collected and reported:

Name	Declaration
Josh Hamilton	Has shares in GlaxoSmithKline
Julie Kemmner	Attended a one day study day in 'Influencing Skills' funded by Aymes. Aymes did not have any involvement in delivery of the study day.
Peter Rowe	In receipt of honorarium from Pfizer to provide education material (lecture/seminar) on CKD to GPs/community specialist nurses. Support to attend professional conference.

2. Minutes of the meeting held on 13th September 2017 and matters arising

The minutes of the meeting held on 13th September 2017 were approved.

Summary of actions

	Action	Lead	Status
17/35	Liothyronine - When available link to host website for specialist protocol for patients receiving liothyronine to be added to the formularies.	Formulary Team	Pending specialists
17/50	Migraine guidance: Northern and Eastern formulary paediatric entry to be send to specialists.	Formulary Team	Complete
17/51	Amendments to be made to the proposed migraine guidance in line with the discussion and send to Dr Medcalf, Dr Whetherby and pain consultants at Torbay and South Devon NHS Foundation Trust.	Formulary Team	Complete
17/52	Migraine guidance: amended migraine guidance to be brought back to a future meeting for agreement. This has been added to the formulary team work place.	Formulary Team	Outstanding
17/56	On completion of the CCGs' governance processes, Formulary Team to add the approved entry for Tiotropium bromide monohydrate and olodaterol hydrochloride (Spiolto® Respimat®) combination inhaler for COPD to the formulary.	Formulary Team	Complete
17/57	Levetiracetam granules for the management of epilepsy to be added to the formulary in line with the discussion.	Formulary Team	Complete

17/58	Alzain® to be removed from the formulary as the preferred brand of pregabalin.	Formulary Team	Complete
17/59	Alzain® to be removed from the preferred brand page of the formulary.	Formulary Team	Complete
17/60	Exploration of comparative efficacy and potential for misuse of pregabalin with Public Health and Devon Partnership Trust colleagues to be added to the Formulary Team work plan.	Formulary Team	Complete
17/61	Compression hosiery and garments – additional information on choice of applicator to be forwarded to the formulary team for inclusion in the formulary entry.	Tissue viability nurses	Complete
17/62	Compression hosiery and garments - notes to be added to the formulary entry about the number of items to be prescribed and to the entries for Mediven Active® and Mediven® for men socks to aid identification of sock suitable for use as sportswear and those suitable for office wear.	Formulary Team	Complete
17/63	*Compression hosiery and garments: Contact details for East Cornwall to be added to the formulary entry if available.* This has been requested but not currently available.	Formulary Team	Complete
17/64	Approved formulary entry for compression hosiery and garments to be added to the formulary.	Formulary Team	Complete
17/65	Antimicrobials and Infections: Both acute trusts to be contacted for clarification of whether Pivmecillinam and Fosfomycin are being added to standard sensitivity cultures and to request that Fosfomycin be listed as Monuril®	Formulary Team	Complete
17/66	Antimicrobials and Infections: Formulary entry to be updated in line with the discussion and add link to the patient information leaflet.	Formulary Team	Complete
17/67	Denosumab guidance to be updated in line with discussion.	Formulary Team	Complete
17/68	*Management of low back pain and sciatica: Contact details/referral details for Mount Gould and Spring Back to be added to the formulary.* It was subsequently noted that referral is via DRSS therefore there are no details to be added. 08/11/17 – A brief discussion took place about opioid contracts and the potential for selective use of opioids as an option. Links to NEW Devon CCG opioid contracts to be forwarded to the formulary team.	Formulary Team Paul Manson	Outstanding
17/69	Management of low back pain and sciatica: Note to be added to the formulary entry advising that opioid use should be intermittent.	Formulary team	Complete
17/70	Guidance for the management of low back pain and sciatica to be added to the formulary in line with the discussion.	Formulary Team	Complete
17/71	Link to Kernow CCG and Western Locality, NEW Devon CCG opioid pain contract to be forwarded to Andrew Gunatilleke.	Formulary Team	Complete

17/72	Treatment of pain with opioids: section 4.7.2 Opioid analgesics and section 4.10.3 Opioid dependence to be reviewed and comments e-mailed to the formulary team	FIG Members	Complete
17/73	Treatment of pain with opioids: Update formulary entry in line with discussions at the FIG meeting and comments received via e-mail from FIG members on sections 4.7.2 & 4.10.3	Formulary Team	Complete
17/74	Treatment of pain with opioids: Amended formulary entry to be circulated to pain and palliative care consultants for comment.	Formulary Team	Complete
17/75	MHRA Drug Safety Updates – August 2017: Adrenaline auto-injectors. Paper to be brought to a future FIG meeting. This has been added to the formulary work stream.	Formulary Team	Complete

3. Consideration of Soltel as the preferred brand of salmeterol 25mcg dose pressurised metered dose (pMDI) inhaler

Salmeterol is a long-acting beta$_2$ agonist (LABA) currently included in the South and West Devon formulary as a first line (green) drug, indicated for COPD, and asthma in adults and children. Soltel® is a salmeterol pressurised metered dose inhaler; indicated for asthma in adults, adolescents, and children over 12 years of age, and for Chronic Obstructive Pulmonary Disease (COPD) in adults aged 18 years and older.

It was noted that the meeting papers state that Soltel® is licensed for children aged 4 years and older as indicated in the SPC. However, subsequent to the circulation of the meeting papers it has come to light that the manufacturer indicates that Soltel® is licenced for children over 12 years of age. This creates some uncertainty; however it was decided to err on the side of caution and accept the manufacture's view as correct.

The FIG was asked to consider the proposal for the addition of Soltel® as a preferred brand of salmeterol in the South and West Devon formulary for COPD and asthma in adults.

There was discussion about:

- The potential increase in GP workload when frequent formulary updates take place.
- Also noted if changing devices can cause confusion for patients.

The FIG accepted the proposed formulary entry with the addition of a note about the licencing of Soltel® for younger age groups.

ACTION: Formulary team to add Soltel® to the formulary as the preferred brand of Salmeterol for COPD and asthma in adults.

ACTION: Formulary team to add Soltel® as the preferred brand of Salmeterol to the preferred brand page of the formulary.

4. Consideration of Trimbow 87 micrograms/5 micrograms/9 micrograms pressurised inhalation for addition to the formularies

Trimbow is a combination metered dose inhaler (MDI) containing a combination of three active ingredients: an inhaled corticosteroid (ICS); a long-acting beta2-agonist (LABA); and a long-acting muscarinic antagonist (LAMA). Trimbow is licenced for maintenance treatment of

moderate to severe COPD not adequately treated by a combination of inhaled corticosteroid and a long-acting beta2-agonist. An application has been received from Dr Lee Dobson, Respiratory Consultant, Torbay and South Devon NHS Foundation Trust) for inclusion of Trimbow in the formulary.

The FIG considered the proposed formulary entry; there was discussion about the limitations of the current licence for Trimbow, national guidance and guidelines [the formulary guidance is currently based on Global Initiative for Chronic Obstructive Lung Disease (GOLD)], the results of two drug company sponsored double-blind RCTs, safety and costs.

The FIG did not accept the proposed formulary entry for inclusion into the formulary at this time. It was agreed that further work was required with regard to Trimbow verses LABA/LAMA + separate ICS and its position in the formulary.

ACTION: Formulary Team to undertake further work with regard to Trimbow verses LABA/LAMA + separate ICS and its position in the formulary.

5. Midazolam oromucosal solution

Buccal midazolam is used in the management of status epilepticus; there are now two buccal midazolam prefilled oral syringe (PFOS) products licensed in the UK (Buccolam® and Epistatus®). The two products contain different strengths of midazolam oromucosal and there is potential for error if prescribing is not done by brand. A brief summary of the differences between the two products was circulated with the meeting papers. In order to prevent confusion and prescribing/dispensing errors, and to ensure the most cost efficient use of NHS resources, it was proposed that the Devon formulary select one licensed product (Buccolam) as the local "formulary choice". Buccolam is available in a wide range of licensed doses; it has a wider license than Epistatus® (specifically relating to age).

Specialists had been contacted and responses were generally in favour of the proposed change. However, a specialist nurse from Derriford has highlighted a number of issues, these were considered by the FIG. There was discussion about the possible need to change patients' care plans and provide training to parents and carers. The FIG noted that Buccolam has a longer shelf life from the date of manufacture, it is currently the product with the highest usage locally and it is available at a lower acquisition cost per dose than the alternatives but the volume of Buccolam required is double that of Epistatus to deliver the same dose. Buccolam can be prescribed in individual doses and it is not necessary to prescribed the product in multiples of four doses, unless required. It was noted that active switching of patients currently established on Epistatus was not proposed.

The FIG also discussed the prescribing guidance pages. It was agreed that these were not required. The formulary team will review the guidance pages and add relevant information to the notes section of the formulary entry.

ACTION: Formulary team to review the guidance pages and add relevant information to the notes section of the formulary entry for Buccal Midazolam.

In addition the formulary team will consider reference to the licenced options for rectal administration of medication.

ACTION: Formulary team to consider reference to the licenced options for rectal administration of medication.

The FIG accepted the proposal that Epistatus is removed from the South and West Devon formulary, and that only Buccolam is listed.

ACTION: Formulary team to remove current formulary entry for midazolam (Buccolam, Epistatus) and replace with the proposed entry for Buccolam as the preferred brand of midazolam.

6. Reclassification of rivaroxaban 2.5mg tablets from red to amber

Rivaroxaban is subject to a NICE Technology Appraisal (TA) and is included in the formulary. The 2.5mg tablets had not initially been included. The 2.5mg tablets have recently been added by the formulary team as 'Red' as are all new drugs subject to a TA. It is proposed that rivaroxaban 2.5mg tablets be reclassified from red to amber (specialist use), to indicate that ongoing prescribing by GPs is considered appropriate, following a request from secondary care clinicians.

The FIG discussed and accepted the proposal that rivaroxaban 2.5 mg tablets be reclassified from red to amber.

ACTION: Formulary team to update formulary status of rivaroxaban from red to amber in line with the discussion.

7. Review of formulary choice oral nutritional supplements

Recent changes in the nutritional supplements market have led to a review by dietitians from the South Devon and Torbay CCG of formulary guidance on oral nutritional supplements.

Proposals were made by Julie Kemmner (Clinical Community Dietitian and Team Lead, Torbay and South Devon CCG) and circulated to local dietitians for comment. Julie Kemmner and Paula Murphy, Professional Lead Dietitian, Plymouth Hospitals NHS Trust joined the discussion. The proposed changes are associated with total cost savings estimated to be in the region of £115,000. No changes are proposed to feed thickeners.

<u>Formulary choice oral nutritional supplements</u>

The FIG discussed and approved the proposed formulary entry with the addition of dietitian contact details.

ACTION: Julie Kemmner to e-mail dietitian contact details to Darren Wright for addition to the formulary entry.

Lily Hammarlund-Sim will forward Kernow CCG ONS information to Julie Kemmner.

ACTION: Lily Hammarlund-Sim to forward Kernow CCG ONS information to Julie Kemmner.

Powder supplements to be reconstituted with fresh milk

There was discussion about the occasional need for non-formulary prescribing and that this is frequently questioned by pharmacies. It was noted that non-formulary prescribing is only undertaken by dietitians. It was agreed that the Medicines Optimisation team be made aware of the need for occasional non-formulary prescribing of ONS and that a note be added to the formulary.

ACTION: Medicines Optimisation colleagues to remind team of the occasional need for non-formulary prescribing of ONS.

ACTION: Line to be added to the formulary stating that non-formulary prescribing may occasionally be recommended by a dietitian.

There was discussion about the proposed formulary entry, alternative products and use of Script-switch to change patients from Complan® Shake. Complan® Shake will be removed from the formulary. Dietitian opinion indicated that Foodlink Complete is more palatable than the alternatives.

ACTION: Formulary team to update the formulary entry for powder supplements to state that they should be reconstituted with fresh milk.

Complete ready to drink milkshake style sip feeds

It was noted that there had been a reduction in the price of Aymes® Complete. The current formulary entry includes Fresubin® Energy (as green) however it is proposed that this be removed from the formulary together with the notes section and that Aymes® Complete be added (as green). A discussion took place; the FIG accepted the proposal to include Aymes® Complete. The FIG also retained Fresubin® Energy in the formulary entry (as blue). There was further discussion about limiting the number of food supplements available in hospital and ensuring that patients received a food supplement they liked. It was also agreed that a line be added to the formulary entry stating that patients discharged from hospital on Fresubin® can be prescribed Aymes®.

ACTION: Formulary team to amend the formulary entry for complete ready to drink milkshake style sip feeds to state that patients discharged from hospital on Fresubin® can be prescribed Aymes®.

High Energy low volume sip feed

A discussion took place about the potential for confusion if two compact products are available in hospital. The proposed formulary entry for Foodlink Complete (as green) was accepted with the addition of Fortisip® Compact (as blue) as per the current entry and Ensure® Compact (as blue).

There was discussion about the potential for confusion between the two compact supplements.

ACTION: Formulary team to update formulary entry for high energy low volume sip feed in line with the discussion.

Juice style sip feeds 1.5kcal/ml

No change was proposed from the current formulary entry. The FIG accepted the current formulary entry remain without amendment.

Dislike of sweet flavours

The proposed formulary entry includes the addition of Aymes shake (as amber) and information about the nutrition provided by one sachet reconstituted as directed. The proposal also changes the status of Ensure® Plus Savoury and Vitasavoury® from 'blue' to 'amber' and removes the statement 'For community use only'. The FIG accepted the proposed formulary entry without amendment.

ACTION: Formulary team to update formulary entry for dislike of sweet flavours in line with the discussion.

Constipation and low fibre intake

It is proposed that Aymes shake be added to the formulary entry (as amber) for constipation and low fibre intake. There was discussion about who could start patients on dietary supplements in hospitals. The FIG agreed that a line be added to the formulary entry stating that there must be input from a dietitian before patient begin these supplements.

ACTION: Formulary team to update formulary entry for constipation and low fibre intake to state that there must be input from a dietitian before patients begin these supplements.

Taste Fatigue

It is proposed that the status of Ensure® Plus Yoghurt be amended from 'blue' to 'amber' and that 'Community Use' be removed. The FIG approved the proposed formulary entry without amendment.

ACTION: Formulary team to update formulary entry for taste fatigue as per the proposed entry.

Pre-thickened drinks

The FIG accepted the proposed formulary entry without amendment.

ACTION: Formulary team to update formulary entry for pre-thickened drinks as per the proposed entry.

Semi solid desserts

It is proposed that the status of Fresubin® 2 Kal Crème change from 'blue' to 'amber' and that Nutricrem® be added to the entry (as blue). The FIG accepted the proposed formulary entry without amendment.

ACTION: Formulary team to update formulary entry for semi solid desserts as per the proposed formulary entry.

Reconstituted ONS

Where powder supplements are to be reconstituted with fresh milk this will be described as "full fat milk" throughout the formulary entry.

ACTION: Formulary team to ensure that the where powder supplements are to be reconstituted with fresh milk the formulary states 'full fat milk'.

8. Opioid analgesics

The FIG discussed the revised guidance on the treatment of pain with opioids in September 2017. Due to time constraints discussion regarding the choice of formulary recommended opioids was deferred, and FIG members were invited to consider the formulary papers and provide their thoughts and comments to the formulary team via email. Responses have been received from Roz Gittins (Addaction), however at the time of production of the meeting papers no further responses have been received from FIG members. Discussions are now taking place between the Chris Sullivan, Matt Howard and Roz Gittins.

During review of the local formulary guidance for the treatment of pain with opioids consideration has been given to the choice of formulary recommended opioids and input sought from a wide range of stakeholders. A briefing document was presented and the FIG considered the choice of formulary recommended opioids and the issues raised by stakeholders:

- A request has been received from the MO team at SD&T CCG for an additional preferred brand of fentanyl patches if they retain 'amber' status in the formulary. It is proposed that Mezolar matrix be added as an alternative to Matrifen at no extra cost.

  A discussion took place about individuals experiencing difficulties due to Matrifen patches not sticking. It was suggested that this is resolvable by allowing the sticky side of the patch to come into contact with the air.

ACTION Formulary team to look into this and consider a note about allowing the sticky side of Matrifen patches to come into contact with the air to improve stickiness for some patients.

- It is proposed that Mezolar matrix be added as an alternative to Matrifen at no extra cost. The FIG approved the addition of Mezolar to the formulary.

ACTION: Mezolar to be added to the formulary as an alternative to Matrifen.

- Consideration to be given to the addition of a note about use of Fentanyl patches in patients with stage 4 and 5 chronic renal failure.

Proposed updates were accepted with the following additional changes:

- Diamorphine hydrochloride:
  - 'and chronic cancer pain' to be removed.

- Morphine sulphate:

  The morphine sulphate section has been revised to include Zomorph (rather than having two separate entries); this is more in line with other drug monographs in the formulary, and an attempt has been made to clarify indications. A discussion took place and the following was agreed:

  - formulary team to check with palliative care whether concentrated oral solution 100mg/5m should be included in this section of the formulary,
  - Zomorph® - keep "12 hourly" and formulary team to check whether there is 24 hour Zomorph,
  - Formulary team to check whether 40mg Zomorph preservative free injection is use and if so by whom.

ACTION: Formulary team to clarify points raised during discussion of morphine sulphate section.

- Buprenophine:
  - Add note regarding patients with swallowing difficulties.
- Tramadol:
  - Retain note about modified-released preparations of tramadol and Marcol.
- Oxycodone:
  - Indications – retain postoperative pain.
  - Entry for severe pain to read 'Severe non-malignant pain in patients where morphine is not effective.'
  - Note to be added regarding chronic kidney disease.
- Oxydone with naloxone:
  - Targinact® and Tapentadol® sections to be taken back to FIG following publication of NHS England guidance in November.

ACTION: Targinact® and Tapentadol® sections to be taken back to FIG following publication of NHS England guidance in November.

- Section on Opioid dependence to be revised following discussions substance misuse teams.

ACTION: Opioid dependence section to be revised following discussion with substance misuse teams.

- Co-codamol:

  The FIG suggested that co-codamol be removed and added as separates however it was noted that there may be less abuse with co-codamol than with separates and the consideration should be given to the tablet burden for older patients.

The FIG noted that there was scope for adding links in monographs on raising awareness of dependence on and abuse of opioids. It was also requested that a morphine equivalent tablets be added to the formulary entry for opioids.

ACTION: Morphine equivalent tablet to be added to the formulary entry for opioids.

On completion of all discussed and agreed amendments to the proposed formulary entry and following discussion with substance misuse teams where appropriate the formulary team will bring the proposed formulary entry back to the FIG for approval.

ACTION: On completion of all discussed and agreed amendments to the proposed formulary entry and following discussion with substance misuse teams where appropriate the formulary team will bring the proposed formulary entry back to the FIG for approval.

9. Recent drug decisions (including NICE)

The FIG received the recent drug decisions and NICE guidance published since the last meeting.

10. MHRA Drug Safety Updates: October 2017

The MHRA Drug Safety Updates for were discussed.

October 2017: Methylprednisolone injectable medicine containing lactose (Solu-Medrone 40 mg): do not use in patients with cows' milk allergy – third bullet point 'do no use injectable methylprednisolone medicines that contain lactose in patients with a known or suspected allergy to cows' milk proteins to be added together with a line to the MRHA.

Gabapentin (Neurontin) risk of severe respiratory depression – Advice for healthcare professionals to be added.

Isotretinoin (Roaccutane): rare reports of erectile dysfunction and decreased libido – no action required.

Clozapine: reminder of potentially fatal risk of intestinal obstruction, faecal impaction, and paralytic ileus – advice to be sought from DPT and Livewell.

ACTION: MHRA Drug Safety Updates for October 2017 to be added to the formulary by the Formulary team in line with the discussion.

Summary of actions

	Action	Lead	Status
17/35	Liothyronine - When available link to host website for specialist protocol for patients receiving liothyronine to be added to the formularies.	Formulary Team	Pending specialists
17/52	Migraine guidance: amended migraine guidance to be brought back to a future meeting for agreement. This has been added to the formulary team work plan.	Formulary Team	Complete
17/68	*Management of low back pain and sciatica: Contact details/referral details for Mount Gould and Spring Back to be added to the formulary.* It was subsequently noted that referral is via DRSS therefore there are no details to be added. 08/11/17 – A brief discussion took place about opioid contracts and the potential for selective use of opioids as an option. Links to NEW Devon CCG opioid contracts to be forwarded to the formulary team.	Formulary Team Paul Manson	Outstanding
17/76	Soltel® to be added to the formulary as the preferred brand of Salmeterol for COPD and asthma in adults.	Formulary Team	Complete
17/77	Soltel® to be added as the preferred brand of Salmeterol to the preferred brand page of the formulary.	Formulary Team	Complete
17/78	Formulary Team to undertake further work with regard to Trimbow verses LABA/LAMA + ICS and its position in the formulary.	Formulary Team	Outstanding
17/79	Buccal Midazolam: Guidance pages to be reviewed and relevant information added to the notes section of the formulary entry for Buccal Midazolam.	Formulary Team	Complete
17/80	Midazolam oromucosal solution: Consideration to be given to reference to the licensed options for rectal administration of medication.	Formulary Team	Complete
17/81	Current formulary entry for midazolam (Buccolam, Epistatus) to be removed and replaced with the proposed entry for Buccolam as the preferred brand of midazolam.	Formulary Team	Complete
17/82	Formulary status of rivaroxaban to be amended from red to amber in line with the discussion.	Formulary Team	Complete
17/83	Review of formulary choice oral nutritional supplements: contact details for dietitian to be e-mailed to Darren Wright for addition to the formulary entry.	Julie Kemmner	Complete
17/84	Review of formulary choice oral nutritional supplements: Kernow information on ONS to be forwarded to Julie Kemmner	Lily Hammarlund-Sim	Complete

17/85	Medicines Optimisation colleagues to remind team of the occasional need for non-formulary prescribing of ONS.	MO colleagues	Outstanding
17/86	Line to be added to the formulary stating that non-formulary prescribing of ONS may occasionally be recommended by a dietitian	Formulary Team	Complete
17/87	Formulary entry for powder supplements to state that they should be reconstituted with fresh milk.	Formulary Team	Complete
17/88	Formulary entry for complete ready to drink milkshake style sip feeds to be amended to state that patients discharged from hospital on Fresubin® can be prescribed Aymes®.	Formulary team	Complete
17/89	Formulary entry for high energy low volume sip feed to be amended in line with the discussion.	Formulary Team	Complete
17/90	Formulary entry for dislike of sweet flavours to be amended in line with the discussion.	Formulary team	Complete
17/91	Formulary entry for constipation and low fibre intake to be amended to state that there must be input from a dietitian before patients begin these supplements.	Formulary Team	Complete
17/92	Formulary entry for taste fatigue to be amended as per the agreed entry.	Formulary Team	Complete
17/93	Formulary entry for pre-thickened drinks to be amended as per the agreed entry.	Formulary Team	Complete
17/94	Formulary entry for semi solid desserts to be amended as per the agreed entry.	Formulary Team	Complete
17/95	Reconstitution of ONS: Formulary to state ‘full fat milk’ where the formulary states that powder supplements are to be reconstituted with fresh milk.	Formulary Team	Complete
17/96	Opioid analgesics: difficulties experienced with Matrifen patches not sticking to be investigated and consideration given to adding a note to the formulary about allowing the sticky side of Matrifen patches to come into contact with the air to improve stickiness for some patients.	Formulary Team	Outstanding
17/97	Opioid analgesics: Mezolar to be added to the formulary as an alternative to Matrifen	Formulary Team	Outstanding
17/98	Opioid analgesics: Clarification to be sought on points raised during discussion of morphine sulphate section.	Formulary Team	Outstanding
17/99	Opioid analgesics: Targinact® and Tapentadol® sections to be taken back to FIG following publication of NHS England guidance in November.	Formulary Team	Outstanding
17/100	Opioid analgesics: Opioid dependence section to be revised following discussion with substance misuse teams.	Formulary Team	Outstanding
17/101	Morphine equivalent table to be added to the formulary entry for opioids.	Formulary Team	Outstanding

17/102	On completion of all discussed and agreed amendments to the proposed formulary entry and following discussion with substance misuse teams where appropriate, proposed formulary entry to be brought back to the FIG for approval.	Formulary Team	Outstanding
17/103	MHRA Drug Safety Updates for October 2017 to be added to the formulary in line with the discussion.	Formulary Team	Complete