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 4th July 2018: 2:00 pm – 4.30 pm

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

Present:

Andrew Gunatilleke (Chair)	Consultant	Torbay & South Devon NHS FT
Trudy Bown	Chief Pharmacy Procurement & IT Manager	University Hospitals NHS Plymouth
Emma Gitsham	Joint Formularies Pharmacist	NEW Devon CCG
Lily Hammarlund-Sim	Pharmaceutical Advisor	Kernow CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Nicola Joyce	Pharmacist	Livewell Southwest
Sarah Marner	Interface MO Pharmacist	NEW Devon CCG
Phil Melluish	GP	South Devon & Torbay CCG
Bill Nolan	GP	South Devon & Torbay CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Iain Roberts	Lead MO Pharmacist	South Devon & Torbay CCG
Christopher Sullivan	Pharmacist	Devon Partnership NHS Trust
Darren Wright	Joint Formularies Technician	NEW Devon CCG

Guests:

Charlotte Carvell	Senior Clinical Pharmacist (Rheumatology, TOT, Thrombosis & Anticoagulation)	University Hospitals Plymouth NHS Trust (UHPNT)
Edward Davies	Consultant Cardiologist	University Hospitals Plymouth NHS Trust
Rosie Fok	Consultant Microbiologist & Antimicrobial Stewardship Lead	University Hospitals Plymouth NHS Trust (UHPNT)
Theresa Mitchell	Tissue Viability Clinical Nurse	Livewell Southwest
Tony Perkins	Lead Respiratory Pharmacist	Livewell Southwest
Sarah Jane Rowlands	Practice Pharmacist	South Devon and Torbay CCG
Larissa Sullivan	Lead Pharmacist – Long Term Conditions	Torbay & South Devon NHS FT

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and announcements

Welcome and announcements

Attendees were welcomed to the meeting.

Apologies

Andy Craig	GP	NEW Devon CCG
Paul Foster	Clinical Director - Pharmacy & Prescribing	Torbay & South Devon NHS Foundation Trust
Josh Hamilton	GP	Kernow CCG
Peter Rowe	Consultant Nephrologist	University Hospitals Plymouth NHS Trust
Mark Stone	Community Pharmacist	

Declaration of Interests

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 were reported in the minutes.

Drug included in agenda	Company	Drug included in agenda	Company
Items which should not be routinely prescribed in primary care: Lidocaine plasters (Ralvo®) Targinact®	 Grunenthal Ltd Napp Pharmaceuticals Ltd	Updated DMARD shared care guidelines Azathioprine; Ciclosporin (Neoral®); Leflunomide; Methotrexate oral or subcutaneous; Mycophenolate mofetil (Cellcept® – unlicensed use); Sodium Aurothiomalate (Myocrisin®); Sulfasalazine	 Various manufacturers Novartis Pharmaceuticals UK Ltd Various manufacturers Various manufacturers Roche Products Limited SANOFI Various manufacturers
Proposed change in guidance notes for sacubitril/valsartan(Entresto®)	Norvartis Pharmaceuticals UK Ltd	Escitalopram for depression	Various manufacturers
Items which should not be routinely prescribed in primary care – Tadalafil once daily	Various manufacturers	Linezolid update (UHPNT footprint)	Various manufacturers

Consideration of JOBST UlcerCARE Compression Hosiery Kit Alternative hosiery manufacturers	BSN medical Limited Various manufacturers	Acute sore throat Various medications	 Various manufacturers
Adult asthma review – guidance and associated product entries Various medications	 Various manufacturers	Asthma – Paediatric Treatment Guidance Various medications	 Various manufacturers
Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma Alternative treatments: Fluticasone propionate/salmeterol (Aerivio®, AirFluSal®, Sereflo®, Seretide®, Sirdupla®) Fluticasone propionate/formoterol (Flutiform®) Beclometasone dipropionate/formoterol (Fostair®) Budesonide/formoterol (Duoresp®, Fobumix®, Symbicort®)	GlaxoSmithKline UK Teva UK Ltd, Sandoz Ltd, Kent Pharmaceuticals Ltd, GlaxoSmithKline UK, Generics UK t/a Mylan Napp Pharmaceuticals Ltd Chiesi Limited Teva UK Ltd, Orion Pharma (UK) Ltd, AstraZeneca UK Ltd	Vitamins in bariatric surgery: Forceval® Various vitamins Calcium, vitamin D, & iron preparations	 Alliance Pharmaceuticals Ltd Various manufacturers Various manufacturers

Name	**Declaration**
Tony Perkins	• I have spoken at a GSK event on “pharmacists supporting asthma management” no payment received. • I have spoken at a CCG event on “pharmacist inhaler review service” no payment to me, industry paid the venue to cover food and room facilities, joint sponsorship TEVA, GSK, Cheisi, total value £450 inline with CCG industry policy. • I have discussed schemes such as IMPACT and COPD+ which provide nurse support/capacity a non promotional service offered by TEVA and Cheisi. • I currently am on the NICE COPD guideline update committee. • I have received no payments or gifts from pharma.
Sarah-Jane Rowlands	*In receipt of an educational/research grant for self or department from above manufacturing company/companies.* • I was involved in a project which received a MEG (Medical Education Grant) from Chiesi and Pfizer, which funded education events on COPD.

Keith Gilhooly	*In receipt of lecture fees in excess of £150 in the last year from above marketing company.* • Chaired 2 x meeting for Lundbeck paid £600 in total – half donated to charity. Meetings were regarding long acting injectable antipsychotics.

2. Minutes of the meeting held on Wednesday 9th May 2018 and matters arising

The minutes of the meeting held on Wednesday 9th May 2018 were approved.

Summary of actions

	Action	Lead	Status
18/48	Lidocaine plasters – revised formulary entry to be drafted in line with the discussion and circulated to FIG members and specialists.		Complete
18/49	Targinact – revised formulary entry to be drafted in line with the discussion and circulated to FIG members and specialists.		Complete
18/50	Formulary team to add rotating/switching opioids guidance to Chapter 4: Central Nervous System.		Complete
18/51	Review the addition of opioid conversion tables to Chapter 16: Palliative Care. The Formulary Team is working with palliative care specialists. This has been included on the Formulary Work Plan.		Complete
18/52	Reword section 16.2 'Treatment of pain in palliative care: Transdermal fentanyl patches (Matrifen®/Mezolar®)' in line with the discussion.		Complete
18/53	Palliative Care Teams to be contacted to request an update/revision and relocation of tables entitled 'A guide to equivalent doses of opioid drugs'. The Formulary Team have contacted Palliative Care teams. The Palliative Care teams are working on the table. This has been included on the Formulary Work Plan to be brought to a future meeting.		Complete
18/54	Transdermal Fentanyl entry in Chapter 4 to be updated according to the agreed entry.		Complete
18/55	Formulary to be updated with accepted entry for Transmusocal Fentanyl.		Complete
18/56	Timings of doses of antimicrobials to be standardised to the number of times per day throughout the antimicrobial guidance except for if there are clinical reasons not to.	Formulary Team	Outstanding
18/57	Proposed formulary guidance for acute rhinosinusitis to be amended in line with the discussion and circulated to FIG by e-mail for approval. The work has been completed and will be circulated at the end of the week.		Complete

18/58	Proposed minor amendments to be adopted into the formulary Asthma – paediatric treatment guidance and circulated to specialists for feedback once published.		Complete
18/59	Formulary advice for salmeterol/fluticasone propionate combination inhaler to be considered as part of the adult asthma review. Item included on meeting agenda.		Complete
18/60	Formulary guidance for the management of constipation in adults to be updated in line with the discussion.		Complete
18/61	AgaMatrix Ultra-Thin Lancet 0.20mm/33G to be added to the formulary.		Complete
18/62	MHRA Safety Update: March 2018 – guidance for head lice eradication products to be added to any affected products in the formulary.		Complete
18/63	MRHA Safety update: April 2018 – update for valproate medicines to be added to the formulary.		Complete

Lidocaine plasters/Targinact® outcome

Following discussions at the May 2018 meeting of the South and West Devon Formulary Interface Group (FIG), the Formulary Team was asked to draft a revised formulary entry for lidocaine plasters and for Targinact and circulate the proposed entries to FIG members and specialists for comment. Comments received as a result of this had been considered by the Formulary Team and the entry redrafted with minor amendments. The FIG was asked to consider the updated proposed formulary entries for Lidocaine plasters and for Targinact.

The FIG considered and accepted the formulary entry for lidocaine plasters without amendment.

ACTION: Formulary team to update the formulary entry for lidocaine Plasters with the accepted formulary entry.

The FIG considered the proposed formulary entry for Targinact. The FIG accepted the proposed formulary entry for Targinact without amendment.

ACTION: Formulary Team to update the formulary with the accepted entry for Targinact.

3. Updated DMARD shared care guidelines

Following updated national guidelines from the British Society for Rheumatology (BSR) and British Health Professionals in Rheumatology (BHPR), specialist rheumatology teams in Torbay and South Devon NHS Foundation Trust, and University Hospitals Plymouth NHS Trust had undertaken a clinical review of local shared care guidelines for the use of Disease Modifying Anti-Rheumatic Drugs (DMARDs). Updated guidelines were presented for discussion and agreement. Larissa Sullivan and Charlie Carvell attended the meeting for this discussion.

The FIG was asked to consider the key changes to the guidelines, these were that: the monitoring frequency has decreased for the majority of patients, there were minor changes to the advice for vaccines, and for pregnancy and breastfeeding, the formatting of the guidelines had been revised,

individual guidelines had been combined into a single document (West Devon guidelines), specialist services are to supply the first 28 days' medication (the duration is not specified in current guidelines) (West Devon guidelines) and GPs were asked to take on prescribing of leflunomide earlier (at 6 weeks, rather than 3 months) (South Devon guidelines).

The FIG considered the proposed formulary guidelines, the difficulties of achieving the same position across four acute trusts and two mental health trusts was noted. Some minor amendments were suggested to the proposed guidelines. It was also agreed that the tick box for monitoring be removed from the Shared Care Letter and that a space be included for the patient's signature. Larissa Sullivan and Charlie Carvell will incorporate the changes agreed into the Shared Care Agreement and the Shared Care Letter.

ACTION: Larissa Sullivan and Charlie Carvell to incorporate the changes agreed into the Shared Care Guidelines and Shared Care Agreement Letter.

4. Proposed change in guidance notes for sacubitril/valsartan

The South and West Devon Formulary Interface Group (FIG) has been asked to revise the current formulary entry for sacubitril/valsartan (Entresto®), in relation to dose titration responsibilities in Plymouth where it is reported that there are currently some difficulties with capacity to do this during the first 3 months of treatment. Dr Edward Davies attended the meeting for this discussion.

Dose titration responsibility currently sits with UHPNT. However the trust has limited heart failure nurse time available to support this. The community heart failure nurses are able to review patients and are reported to have agreed in principle to provide support but they do not currently have easy access to a prescriber to make any necessary treatment changes and would have to contact the cardiology team at UHPNT for a change in prescription. It was suggested by Dr Davies that for an estimated 90% of patients managed by the community heart failure nurses, the hospital team will be contactable for initial queries about drug titration; however their concern is what to do in the event that none of the specialists are available. It has been suggested that a potential workaround to this situation would be for GPs to work alongside the community nurses and prescribe dose changes as required. To facilitate this, a change in the formulary entry is required.

The FIG considered the proposed formulary entry for sacubitril/valsartan. There was discussion about the group of patients involved and the risks to patients of titration of treatment being delayed. It was noted that GPs will not be expected to initiate treatment; initiation and ongoing review of treatment will remain with Dr Davies and specialist nurses.

In addition there were discussions relating to Cornwall and South Devon.

- A query was raised with regard to how patients from Cornwall are treated at UHPNT. It was noted that there will be no change for these patients. Patients from Cornwall will continue to be managed by the hospital during the three month titration period.

- It was noted that dashboard information on utilisation of sacubitril/valsartan in South Devon is quite poor and that an audit is being considered.

It was agreed that communication issues need to be resolved and that further discussion was needed with GPs in the West. It was noted that Andy Craig had been unable to attend the meeting. It was agreed that in Andy Craig's absence the Formulary Team will contact Charlotte Ferriday, Rachel Ali

and Amanda Harry regarding the issues raised. Responses and any difficulties identified will be shared with the FIG and discussed with Dr Davies.

ACTION: Formulary Team to contact Charlotte Ferriday, Rachel Ali and Amanda Harry.

5. Escitalopram for depression

A request has been received from Chris Sullivan, Lead Clinical Pharmacist, Devon Partnership Trust (DPT) – North, South and West Devon for the indication of depression to be added to the escitalopram drug entry in both formularies. The applicant had indicated that escitalopram may be better tolerated than current therapies, leading to better outcomes for patients who persist with taking it. There is potential that citalopram could be removed from the formulary for this indication, however for now it is proposed that escitalopram is added alongside the current selective serotonin re-uptake inhibitors (SSRIs) for the management of depression.

Escitalopram is currently included in both formularies for Generalised Anxiety Disorder.

The FIG were asked to consider the proposal that escitalopram is listed as a first line (green) formulary product for unipolar depression, with continued use for generalised anxiety disorder as a second line treatment option. Citalopram remains first line (green) for the management of panic disorder, highlighting that it is now second line for the management of unipolar depression. It is also proposed that a second line status is added to the fluoxetine entry for post-traumatic stress disorder. This is in line with the DPT guideline for this condition.

The FIG considered the proposed formulary entry. The formulary entry was accepted without amendment. Mental health guidance is due to be reviewed later this year.

ACTION: Formulary Team to update the formulary entry in line with the agreed revised position of escitalopram.

6. Items which should not be routinely prescribed in primary care – Tadalafil once daily

In November 2017, following public consultation NHS England (NHSE) and NHS Clinical Commissioners (NHSCC) published guidance for CCGs on items which should not be routinely prescribed in primary care. This includes tadalafil once daily.

The South and West Devon Formulary currently includes once daily tadalafil (2.5mg and 5mg tables) as blue (second line) options for the management of erectile dysfunction. The South and West Devon Formulary also recommends that Sildenafil be considered in preference to other PDE-5 inhibitors for first line use in patients post prostatectomy.

Following an application to the Devon Clinical Policy Committee, the routine commissioning of tadalafil 5mg tablets is not accepted in Devon for lower urinary tract symptoms in adult men. The policy indicates that the FIG should not include this in locally defined treatment recommendations. However, local specialists have different opinions and it has been indicated that once daily tadalafil is a useful drug for the treatment of some patients. In addition, the cost of once daily tadalafil has recently been reduced.

The FIG was asked to consider the NHSE/NHSCC recommendation for tadalafil once daily for the management of erectile dysfunction. There was discussion about evidence, clinical appropriateness and the reduction in cost of tadalafil.

The FIG agreed that, even after taking the price reduction of tadalafil into account, it was unable to justify continued additional expenditure without a clear clinical benefit and agreed to adopt the NHS England guidance. The decision was made that tadalafil once daily 2.5mg and 5mg tablets should be removed from the South and West Devon joint formulary. A statement will be added to the South and West Devon formulary.

ACTION: **Formulary team to update the formulary entry for tadalafil once daily in line with the discussion.**

7. Linezolid update (UHPNT footprint)

A draft clinical pathway for the management of adult patients with unilateral lower limb cellulitis who have failed on oral antibiotic therapy in the community and do not require admission to hospital was tabled at the meeting. The pathway was developed by a task group comprising members of the Acute GP service, the Acute Care at Home team, the CCGs medicines optimisation team and UHPNT pharmacy and antimicrobial stewardship teams. The authors of the draft pathway are Dr Rosie Fok, Consultant Microbiologist & Antimicrobial Stewardship Lead, UHPNT and Dr Jen West, Acute GP, Livewell Acute GP Service. Dr Fok took part in the discussion of this item.

The pathway is intended for use by GPs within the Plymouth area and the Acute GP Service based at UHPNT. It has been developed in order that patients who have failed on first, second and third line oral antibiotics may be treated with oral linezolid if deemed appropriate by the Acute GP Service. The pathway will be trialled in Plymouth for a six month period running from 1st August 2018, after which a service evaluation will be performed. It is hoped that local GPs will become more familiar with the use of linezolid for management of selected cases of cellulitis and that the FIG will be reassured that linezolid can safely be included in the South & West Devon formulary with 'amber' status (specialist input) rather than the current red status (hospital use only). A formal application will be made to the FIG on successful completion of the trial.

The FIG discussed and accepted the usefulness of a six month trial of the management of cellulitis in the community pathway and treatment with linezolid. There was discussion about ensuring appropriate use of linezolid, the number of patients involved, costs, drug interactions and the potential for antibiotic resistance. It was noted that there are no linezolid resistant strains at present.

The FIG discussed the current formulary entry which recommends treatment with antibiotics for seven days to treat cellulitis – and if slow response continuation of treatment for a further seven days. Dr Fok advised that treatment for a further seven days would delay access to treatment with IV antibiotics or linezolid when their current regimen may not be effective; the FIG agreed to remove the seven day extension.

ACTION: **Formulary team to amend current formulary entry for management of cellulitis in line with the discussion.**

8. Consideration of JOBST UlcerCARE Compression Hosiery Kit

It is proposed by the South and West Devon Tissue Viability Nurse teams that the JOBST UlcerCARE compression hosiery kits are included in the formulary as blue (second line) options for patients with longer limbs and those who require a made-to-measure option. The kit is recommended for the management of venous ulcers after oedema reduction, and to prevent the recurrence of such ulcers. Leg ulcer hosiery treatment kits provide a hosiery alternative for patients who would otherwise require standard four layer bandaging, with a use in maintenance therapy when higher compression levels are required. Theresa Mitchell attended the meeting for the discussion.

Currently the South and West Devon formulary contains the Mediven® Ulcer Kit, as the only treatment hosiery option.

The FIG considered the proposal to add the JOBST UlcerCARE compression hosiery kit to the formulary. There was discussion about the inclusion of a link to the measurement guide, the cost effectiveness of JOBST and other kits and inclusion of information about the zip.

The FIG accepted the proposal to add the JOBST UlcerCARE compression hosiery kit to the formulary. It was also agreed that the JOBST UlcerCARE kit be given 'blue' status in the formulary and that a link to the measurement guide would be added to the formulary for all custom fit/made to measure hosiery.

ACTION: **Formulary team to update the formulary entry for compression hosiery in line with the discussion.**

9. Fluticasone furoate and vilanterol trifenatate (Relvar®Ellipta®) combination inhaler for asthma

The Clinical Policy Committee (CPC) made a recommendation at its meeting in May 2018 that Relvar Ellipta combination inhaler be routinely commissioned in Devon for the regular treatment of asthma in adults and adolescents aged 12 years and older.

CPC noted the recently extended product license and the potential for cost savings for the local health economy with no loss off efficacy. Specialist opinion had indicated that the routine commissioning of Relvar Ellipta was not expected to result in bulk switching of patients from alternative inhaled corticosteroid/long-acting $beta_2$-agonist (ICS/LABA) combinations; switching could be considered when patients have their regular reviews.

The recommendation is now being taken through the CCGs' governance processes.

The FIG considered the proposed formulary entry. There was discussion about the colour status of Relvar Ellipta. It was agreed that Relvar Ellipta would be reclassified as 'blue' for asthma but be retained as first line for Chronic obstructive pulmonary disease (COPD). There was also discussion about Note 2 of the proposed formulary entry; it was agreed that more detail would be included about dose equivalence and that reference to 'salt' be removed.

On completion of the CCGs' governance process the Formulary team will update the formulary entry for Relvar Ellipta in line with the discussion.

ACTION: **On completion of the CCGs' governance processes the Formulary team will update the formulary entry for Relvar Ellipta in line with the discussion.**

10. Acute sore throat

Previously the Primary Care Antimicrobial Guidance was reviewed annually using the Public Health England (PHE) 'Management of Infections Guidance for Primary Care'; NICE and PHE are now collaborating to provide guidance periodically.

The current formulary guidance has been revised in line with PHE and NICE Guideline 84 published in January 2018. Dr Rosie Fok, Consultant Microbiologist & Antimicrobial Stewardship Lead took part in the discussion of this item.

The FIG considered and accepted the proposed guidance subject to minor amendment including that the alternative diagnosis of scarlet fever be removed. It was also agreed that a statement prepared by Rosie Fok be included, to guide prescribers when to treat if Group A Streptococcal infection is suspected.

ACTION: **Formulary Team to update the formulary guidance for acute sore throat in line with the discussion.**

11. Adult asthma review – guidance and associated product entries

In November 2017, NICE published "Asthma: diagnosis monitoring and chronic asthma management" (NG80). The current South and West Devon Formulary Asthma Guidance is based on the recommendations made by the British Thoracic Society (BTS) and the Scottish Intercollegiate Network (SIGN). There are differences between the NICE guidelines and the current South and West Devon Formulary Guidelines. This has prompted a review. Sarah-Jane Rowlands and Tony Perkins attended for the discussion of this item.

Local specialists have been contacted about which guidelines they wish to follow. The most contentious difference between the two guidelines is the addition of leukotriene receptor antagonist (LTRA) to a low dose inhaled corticosteroid (ICS) at Step 3 instead of the current recommendation of a long-acting beta$_2$ agonist (LABA). Specialists indicated that they wished to continue to follow the BTS/SIGN guidance. The Formulary team understand that there is a national debate ongoing and an update to the current BTS/SIGN guidance is due to be published in 2019.

The FIG was asked to consider the current formulary guidance which it is proposed continues to follow the BTS/SIGN guidance. A number of minor changes were suggested to improve layout and offer further clarity to prescribers when managing this condition.

The Medicines Optimisation Team representatives proposed that fluticasone propionate (Flixotide® Evohaler® and Accuhaler®) be removed from the formulary. It is currently an amber treatment and it is understood that prescribing levels of this treatment are low – other inhaled corticosteroids are often preferred, however there was a suggestion that this may be used by paediatricians. It was agreed that the Formulary team would contact specialists and propose removal of Flixotide Evohaler and Accuhaler.

In line with BTS/SIGN the formulary will continue to offer LABA in preference to montelukast in patients not adequately controlled on low dose ICS monotherapy. The FIG discussed whether it would be appropriate to preferentially recommend montelukast prior to an increased dose of ICS for patients when LABA has offered no benefit or control is inadequate with ICS/LABA (low or medium dose ICS) in order to minimise steroid dosing. It was agreed that the Formulary team will contact specialists to confirm what they do in practice.

ACTION: **Formulary team to contact specialists to propose the removal of Flixotide Evohaler and Accuhaler and to determine if use of montelukast is preferred in practice prior to increasing ICS dosing.**

ACTION: **Once the proposed formulary entry for adult asthma guidance has been amended in line with the discussion at the meeting and subsequent comments received from specialists Formulary team submit to FIG via the e-FIG process for approval prior to actioning on the website.**

12. Paediatric asthma update

At the South and West FIG meeting in May 2018 it was agreed to make some minor chances to the paediatric asthma treatment guidance in order to provide further clarity to prescribers. However, due to the absence of responses from specialists to the consultation prior to the May meeting the FIG felt they were unable to adopt NICE guideline 80, Asthma: diagnosis, monitoring and chronic asthma management (November 2017). The revised guidance therefore continues to follow the BTS/SIGN recommendations. Specialists have been contacted again and responses received. Sarah-Jane Rowlands and Tony Perkins attended for the discussion of this item.

The FIG considered the specialist responses and proposed changes to the paediatric asthma guidance based on comments received. In addition, it had been noted that NICE does not provide guidance on the management of paediatric acute asthma exacerbations. A proposed update to the current formulary guidance was circulated to specialists for comment. The FIG accepted the proposed paediatric asthma guidance. The Formulary team will update the formulary with the accepted paediatric asthma guidance.

ACTION: **Formulary Team to update the formulary with the accepted paediatric asthma guidance.**

13. Vitamin and mineral supplementation following bariatric surgery

The Formularies Team has received requests from GPs and the Medicines Optimisation teams for formulary guidance for vitamin and mineral supplementation following bariatric surgery.

The British Obesity and Metabolic Surgery Society (BOMSS) has issued guidelines on biochemical monitoring and micronutrient replacement following bariatric surgery. NICE guidance for obesity (CG189) issued in 2014 does not specifically address nutritional supplementation for patients who have undergone bariatric surgery.

NHS patients in Devon are referred to the bariatric surgery unit at Derriford Hospital or Musgrove Park Hospital.

The proposed formulary guidance covers the gastric balloon, gastric band, gastric bypass and sleeve gastrectomy procedures, and is based on the BOMSS guidance. The bariatric surgery unit at Derriford Hospital follows this guidance. There are some differences between the guidance provided by Musgrove Park Hospital and the BOMSS guidance. Links to both sets of guidance will be included in the formulary.

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

ACTION: **Formulary Team to add the accepted formulary entry for vitamin and mineral supplementation following bariatric surgery.**

14. Recent drug decisions (including NICE)

The recent drug decisions were noted.

15. MHRA Drug Safety Updates: May 2018, June 2018

May 2018

- Valproate medicines (Epilim▼, Depakote▼): Pregnancy Prevention Programme materials online

  Act now to use the following to support the new Valproate Pregnancy Prevention Programme:

  - Patient Card - to be given by pharmacists to all female patients who are dispensed valproate medicines to inform them of the risks.
  - Patient Guide – to be provided to girls (of any age) and women of childbearing potential (or their parent/caregiver/responsible person) taking any medicine containing valproate.
  - Guide for healthcare professionals – for all prescribers, pharmacists, and other healthcare providers involved in the care of women and girls of childbearing potential using valproate medicines.
  - Risk Acknowledgement Form – for the specialist and patient (or their parent/caregiver/responsible person) to sign at initiation and at treatment reviews at least every year. The patient should receive a copy of the form; one copy should be filed in the specialist notes, and one copy sent to the patients GP.

  A link to the Valproate medicines Pregnancy Prevention Programme materials has been added to the formulary. No further action required.

- Braltus (tiotropium): risk of inhalation of capsule if placed in the mouthpiece of the inhaler to be added to the formulary.

ACTION: **Braltus (tiotropium): risk of inhalation of capsule if placed in the mouthpiece of the inhaler to be added to the formulary.**

June 2018

Due to time constraints at the meeting the MHRA Drug Safety Updates for June 2018 will be discussed at the FIG meeting in September.

Summary of actions			
	Action	**Lead**	**Status**
18/56	Timings of doses of antimicrobials to be standardised to the number of times per day throughout the antimicrobial guidance except for if there are clinical reasons not to.	Formulary Team	Outstanding
18/64	Formulary entry for Lidocaine to be updated with accepted formulary entry.	Formulary Team	Complete
18/65	Formulary entry for Targinact to be updated with accepted formulary entry.	Formulary Team	Complete
18/66	Agreed changes to be incorporated into the DMARD Shared Care Guidelines and Shared Care Agreement Letter.	Larissa Sullivan & Charlie Carvell	Complete
18/67	Charlotte Ferriday, Rachel Ali and Amanda Harry to be contacted about proposed changes to the guidance notes for sacubitril/valsartan	Formulary Team	Outstanding
18/68	Formulary entry for escitalopram for depression to be updated in line with agreed revised position of escitalopram.	Formulary Team	Complete
18/69	Formulary entry for Tadalafil once daily to be amended in line with the discussion.	Formulary Team	Complete
18/70	Formulary entry for the management of cellulitis to be amended in line with the discussion.	Formulary Team	Complete
18/71	JOBST UlcerCARE Compression Hosiery Kit – formulary entry for compression hosiery to be updated in line with the discussion.	Formulary Team	Complete
18/72	On completion of the CCGs' governance processes formulary entry for Relvar Ellipta to be updated in line with the discussion.	Formulary Team	Complete
18/73	Formulary guidance for acute sore throat to be updated in line with the discussion.	Formulary Team	Complete
18/74	Specialists to be contacted with proposal the removal of Flixotide Evohaler and Accuhaler and to determine if use of montelukast is preferred in practice prior to increasing ICS dosing.	Formulary Team	Outstanding
18/75	Once amended in line with formulary discussion proposed formulary adult asthma guidance to be submitted to FIG via the e-FIG process for approval prior to actioning on the website.	Formulary Team	Outstanding
18/76	Accepted formulary entry for vitamin and mineral supplementation following bariatric surgery to be added to the formulary.	Formulary Team	Complete
18/77	MHRA Drug Safety update: May 2018 - Braltus (tiotopiom): risk of inhalation of capsule if placed in the mouthpiece to be added to the formulary.	Formulary Team	Outstanding