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 5th September 2018: 2:00 pm – 4.00 pm

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

Present:

Andrew Gunatilleke (Chair)	Consultant	Torbay & South Devon NHS FT
Andy Craig	GP	NEW Devon CCG
Emma Gitsham	Joint Formularies Pharmacist	NEW Devon CCG
Lily Hammarlund Sim	Pharmaceutical Advisor	NHS Kernow
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Phil Melluish	GP	South Devon & Torbay CCG
Bill Nolan	GP	South Devon & Torbay CCG
Graham Simpole	Joint Formularies Pharmacist	NEW Devon CCG
Christopher Sullivan	Pharmacist	Devon Partnership NHS Trust

Guests:

Tony Perkins	Senior Medicines Optimisation Pharmacist West Devon	NEW Devon CCG
James Greig	Consultant Microbiologist	University Hospitals Plymouth NHS Trust
Demelza Grimes	Medicines Optimisation Pharmacist	South Devon & Torbay CCG

Tony Perkins represented Sarah Marner on this occasion. Tony Perkins will take over the role of pharmacist representative, Western, NEW Devon CCG from the next meeting.

Demelza Grimes represented Iain Roberts on this occasion.

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

1. Welcome and announcements

Apologies

Trudy Bown	Chief Pharmacy Procurement & IT Manager	University Hospitals Plymouth NHS Trust
Nicola Joyce	Pharmacist	Livewell Southwest
Sarah Marner	Senior MO Pharmacist	NEW Devon CCG
Iain Roberts	Lead MO Pharmacist	South Devon & Torbay CCG
Peter Rowe	Consultant Nephrologist	University Hospitals Plymouth NHS Trust
Mark Stone	Community Pharmacist	
Darren Wright	Joint Formularies Technician	NEW Devon CCG

Two guests were unable to attend and sent apologies:

Rachel Ali	GP	Local Medical Committee
Anthony Mitchell	Clinical Pharmacist Prescriber Acute Assessment Unit/ Emergency Department	Livewell Southwest/University Hospitals Plymouth NHS Trust

Subsequent to the meeting apologies were received from:

Josh Hamilton	GP	Kernow CCG

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 are reported in the minutes.

Drug included in agenda	Company
DMARDS for rheumatology - update	
Azathioprine;	Various manufacturers
Ciclosporin (Neoral®);	Novartis Pharmaceuticals UK Ltd
Leflunomide;	Various manufacturers
Methotrexate oral or subcutaneous;	Various manufacturers
Mycophenolate mofetil (Cellcept® – unlicensed use);	Roche Products Limited
Sodium Aurothiomalate (Myocrisin®);	SANOFI
Sulfasalazine	Various manufacturers
First generation (typical) depot antipsychotics	
▪ Flupentixol decanoate injection	Various manufacturers
▪ Haloperidol decanoate injection	Janssen-Cilag Ltd
▪ Zuclopenthixol decanoate injection	Lundbeck Limited

Opicapone (Ongentys®) for Parkinson's Disease Alternative treatments: Entacapone Levodopa with carbidopa and entacapone combination products (Stalevo®, Sastravi®, Stanek®) Tolcapone (Tasmar®) Apomorphine (APO-go®) Co-careldopa intestinal gel (Duopoda®) Deep brain stimulation	BIAL Pharma UK Ltd Various manufacturers Orion Pharma (UK) Ltd, Actavis UK Ltd, Teva UK Ltd Meda Pharmaceuticals Ltd Britannia Pharmaceuticals Ltd AbbVie Ltd
Parkinson's disease Various medications	 Various manufacturers
Tinidazole for giardiasis (Fasigyn®) Alternative treatments licenced in the UK Metronidazole	Pfizer Limited Various manufacturers
Constipation in children Various medications	 Various manufacturers
Otitis media in children and young people Various medications	 Various manufacturers
Lyme disease Various medications	 Various manufacturers
Asthma update Various medications	 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 in line 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.

2. Minutes of the meeting held on Wednesday 4th July 2018 and matters arising

The minutes of the meeting held on Wednesday 4th July 2018 were approved.

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* Discussions ongoing between Ed Davies and Rachel Ali An e-mail has been sent, the Formulary Team is awaiting a reply and will report back to the group once received.	Formulary Team	Complete
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 for 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	Complete
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	Complete
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. An update has been produced and will be published after the meeting.	Formulary Team	Complete

Report of e-FIG decisions – July 2018

- Acute Rhinosinusitis

  The report of the e-FIG decision for acute rhinosinusitis was noted. The formulary has been updated.

3. DMARDS for rheumatology - update

A verbal update was provided.

Discussion of the guidance at the Local Medical Committee (LMC), meeting has been delayed by one month due to the cancellation of the LMC meeting.

The formulary team will confirm when the Specialist Medicines Service (SMS) prescribing guideline for DMARDS for rheumatology has been considered by LMC and feedback on themes discussed.

ACTION: Formulary Team to confirm to FIG once DMARDS for rheumatology has been considered by LMC and feedback on themes discussed.

4. First generation (typical) depot antipsychotics

- **Flupentixol decanoate injection**
- **Haloperidol decanoate injection**
- **Zuclopenthixol decanoate injection**

In 2016, NEW Devon CCG agreed to reinvest money released as part of the review of Personal Medical Service (PMS) contracts, via the CCG's Specialised Medicines Service (SMS) to fund additional SMS guidelines to support safe and appropriate prescribing of specialised medicines in primary care. GPs are remunerated for the additional work associated with safe use of these specialised medicines in line with the tier framework agreed with the Devon Local Medical Committee (LMC).

New guidelines for the safe prescribing and monitoring of typical (first generation) depot antipsychotics in primary care across the DPT footprint were proposed as part of the PMS reinvestment programme. Guidelines were drafted for Flupentixol decanoate injection, Haloperidol decanoate injection and Zuclopenthixol decanoate injection. The draft guidelines had input from a pharmacist at Devon Partnership Trust (DPT) but no clinical input was received from DPT psychiatrists; and the guidelines were put on hold pending further commissioning discussions at an organisational level. Preliminary discussions were held with N&E Devon FIG in August 2018 and a number of themes identified. These were presented in the meeting papers.

Early contact with Livewell Southwest indicated that GPs in Plymouth are not involved in prescribing or administering these medicines; it is proposed that patients within the Livewell Southwest footprint would therefore be excluded from these guidelines.

The FIG was asked to consider the draft proposed guidelines, in particular for clarity, appropriate support of safe prescribing and monitoring of medicines in primary care, reasonableness of the clinical responsibilities, areas of concern, the frequency at which GPs currently see these patients in their practice per year, whether patients are currently routinely followed up in the event of non-attendance for injection and if there are any issues which are not addressed in the draft guidance (or themes from the N&E FIG discussion), or further points for consideration whilst drafting revisions of the guideline.

The FIG considered the briefing document. There was discussion about:

- Letter templates for GPs to use when taking responsibility for a patient or when a GP is referring a patient back to DPT care. It was suggested that the same structure of correspondence be used in both scenarios.
- Monitoring – (patient wellbeing and overall health, treatment side effects and blood monitoring) The FIG discussed the processes and actions to be taken by specialists prior to GPs taking responsibility for a patient and for GPs once they have responsibility. There was discussion of timescales for titration and stabilisation by specialists prior to the patient transfering to their GP, what practice nurses should do and who they should contact if a patient does not attend for an appointment.
- Themes identified during discussion with the Devon FIGs will be fed into discussions with providers. A meeting will be taking place in October regarding shared care arrangements. It was agreed that FIG members would forward comments on the paper for Specialist Medicines Service prescribing guidelines: Typical (first generation) depot antipsychotics to the Formulary Team

ACTION: FIG members to forward comments on paper to the Formulary Team.

5. Opicapone for Parkinson's Disease

At its meeting on the 18th July 2018 the Clinical Policy Committee made a Decision in Principle to recommend that the routine commissioning of opicapone for Parkinson's disease be accepted in Devon for patients who have not been able to tolerate entacapone. Opicapone is licenced for adjuvant therapy to preparations of levodopa/DOPA decarboxylase inhibitor in adults with Parkinson's disease experiencing end-of-dose motor fluctuations who cannot be stabilised on those combinations.

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

It was agreed that on completion of the CCGs governance processes the Formulary Team would add the proposed formulary entry for opicapone to the formulary in line with the discussion.

ACTION: On completion of the CCGs governance processes Formulary Team to add opicapone to the formulary in line with the discussion.

6. Parkinson's disease

NICE has recently updated their guidance for Parkinson's disease (NG71: Parkinson's disease in adults, July 2017). The formulary guidance regarding Parkinson's disease and associated treatment options have been reviewed to reflect changes in NICE guidance and local practice. This includes updates to the formulary guidance "Parkinson's disease management" alongside sections "4.9.1. Dopaminergic drugs used in Parkinson's disease", "4.9.2 Antimuscarinic drugs used in Parkinsonism"; and "6.3.1 Replacement therapy". Guidance from both joint formularies has been combined to form Devon wide guidance.

The FIG considered and accepted the proposed formulary guidance 'Parkinson's disease management' without amendment. It was noted that specialists are the experts in managing patients with Parkinson's disease and GPs would not be expected to make any changes to the treatments prescribed. GPs will seek advice from specialists regarding non motor symptoms.

The FIG considered the proposed drug entries. There was discussion about:

4.9.1 – Dopaminergic drugs used in Parkinson's disease.

- Use of Sinemet® brand versus generic co-careldopa and how to align the formulary. It was agreed that the Formulary team will contact Trudy Bown and Paul Foster to ascertain whether removing from Sinemet® from the formulary will create an issue. If there is agreement to the change the formulary team will update the formulary entry for co-careldopa.

ACTION: Formulary team to contact Trudy Bown and Paul Foster about the possible removal of Sinemet® from the formulary and update the formulary entry for co-careldopa as agreed.

- Tolcapone is included as a 'Hospital only' drug. It is understood that it is favoured less in comparison to opicapone and entacapone. It was agreed that the formulary team will contact specialists to seek agreement to the removal of tolcapone.

ACTION: Formulary team to contact local specialists to seek agreement for the removal of tolcapone from the formulary.

4.9.2 – Antimuscarinic drugs used in parkinsonism

- The proposed formulary entry for antimuscarinic drugs used in parkinsonism was approved without amendment.

6.3.1 – Replacement therapy:

- The level of local use of midodrine was considered. It was noted that midodrine (non-formulary) is reserved for use in patients for whom fludrocortisone is ineffective or not tolerated.
- Bramox® – it was agreed that the formulary team will add Bramox branded midodrine to the formulary recommendation.

ACTION: Formulary team to add Bramox® to the formulary midodrine recommendation.

7. Tinidazole for giardiasis

An application has been received from James Greig, Consultant Microbiologist at University Hospitals Plymouth NHS Trust for tinidazole (Fasigyn® 500mg tablets) to be added to the South and West Devon Formulary as a first line treatment for giardiasis. Dr Greig took part in the discussion.

Currently the Devon formularies do not include guidance specifically on the management of giardiasis however there is guidance on the management of gastroenteritis, infectious (bloody) diarrhoea and traveller's diarrhoea.

Diarrhoea is the most common symptom of giardiasis. If diarrhoea is persistent and giardiasis is suspected, stool samples should be tested. Tests may need to be repeated to find the parasite in symptomatic patients.

Metronidazole and tinidazole are both licenced for the treatment of giardiasis in the UK. Tinidazole is available as a single dose treatment, several dosing regiments are available for metronidazole.

The specialist present stated that tinidazole appears to be more effective than the other treatments and is recommended by the Hospital for Tropical Diseases. Although tinidazole is associated with nausea only a single dose is required.

The FIG considered the proposed formulary entry for giardiasis. There was discussion about pack sizes, patient numbers and the cost of treatment; it was noted that as only a single dose of tinidazole is needed and patient numbers are small, pharmacies may claim for 'broken bulk' which will increase the cost of tinidazole making it more expensive that the alternative metronidazole. The FIG accepted the formulary entry with minor amendments:

- Tinidazole to be added to the formulary as a first line (green) treatment for giardiasis with metronidazole as an alternative.
- The dose for adults and children aged 11 to 17 years is the same and can be written as a single entry.
- Remove 'dose may be repeated once if necessary' for children aged 1 month to 11 years..
- Add giardiasis to the indications for metronidazole.
- Warning regarding alcohol to be added.
- Wording for testing to be changed to state 'send up to three faecal specimens' due to intermittent shredding of ova, cysts and parasites.

ACTION: Formulary team to add formulary entry for tinidazole for giardiasis in line with the discussion.

8. Management of constipation in children

The formulary entry for the Management of Constipation in Children and associated drugs has been reviewed following the NICE clinical guideline (CG99) update of July 2017. A revision of the current format is proposed in order to align the North and East, and South and West Devon formularies and to provide easily accessible information to primary care prescribers. The proposed guidance has been developed from NICE guidelines and local clinical referral guidelines (CRG). Currently,

management guidance is included in the South Devon and Torbay CRG, however it is proposed that following publication, the CRG will no longer contain management guidance and will refer to the formulary guidance.

The FIG considered the proposed formulary entry.

- Diet and Lifestyle Advice;
  - Specialist had suggested that the guide to adequate total water intake per day, including water contained in food was not needed. The FIG discussed this point and felt that the information should remain.

- Faecal impaction treatment;
  - CosmoCol® Paediatric was agreed the preferred macrogol compound oral powder.
  - CosmoCol Paediatric doses to be added to the formulary guidance.
  - Senna - merge doses for child 2-4 years and child age 4-18 years throughout guidance as the dose is the same for both groups and note 'do not use 15 mg' over the counter preparation due to increased cost.
  - Highlight unlicensed products throughout the guidance.

- 1.6.2 Stimulant laxatives;
  - Glycerol - remove 1g and 2g suppositories.

- 1.6.4 – Osmotic laxatives;
  - Macrogol oral powder, compound – remove both Movicol® entries.
  - Indications and Dose – add hyperlinks to guidance and detail paediatric doses.
  - Acute obstructed faecal impaction in adults – add 'up to' 8 full strength sachets daily, all of which should be consumed within a 6-hour period.
  - Merge opioid induced constipation and acute non-obstructed constipation in adults as the doses are the same.

ACTION: Formulary Team to update formulary entries for management of constipation in children in line with the discussion.

9. Acute otitis media in children and young people

Due to time constraints at the meeting it was agreed that this item would be discussed via the e-FIG process.

ACTION: Formulary team to progress item via the e-FIG process.

10. Lyme disease

The current formulary guidance has been revised in line with the NICE Guideline NG95, published in April 2018.

The FIG was asked to consider the usefulness and clarity of the proposed guidance for lyme disease. There was discussion about:

- Who is considered a specialist?
- The rationale provided by NICE for recommending IV ceftriaxone rather than an oral treatment such as doxycycline for patients with lyme disease with focal symptoms affecting the central nervous system. It was suggested that this may be impractical in GP surgeries. It was agreed that the formulary team would clarify the rational for this NICE recommendation.

ACTION: Formulary Team to clarify the rational for NICE recommending IV ceftriaxone in favour of oral treatments.

- NICE recommends doxycycline as first line treatment for children aged 9-12 with single erythema migrans lesion. However Doxycycline is currently contraindicated in the UK for this patient group and local specialists prefer amoxicillin. It was agreed that amoxicillin would be included as the first line treatment with azithromycin as an alternative on specialist recommendation.
- The unlicensed status of azithromycin for Lyme disease
- The risk of hearing impairment and heart rhythm disturbances associate with azithromycin.
- Communication with patients regarding the risks associated with each treatment.

The Formulary Team will amend the proposed formulary guidance in line with the discussion and circulate to FIG via the e-FIG process for approval.

ACTION: Formulary Team to update the proposed guidance in line with the discussion and circulate to FIG via the e-FIG process for approval.

11. Asthma update

Following the July S&W FIG meeting, work has been undertaken to update the proposed entry for the adult asthma guidance and associated drug pages. Contact had been made with local adult and paediatric respiratory specialists across Devon to request opinions on several proposals raised during and subsequent to the July meeting.

Seretide® Accuhaler® 100 and 250

It had been proposed that Seretide® Accuhaler® 100 and 250 be removed from the formulary for the treatment of asthma. Responses received from local specialists indicate that they wished to retain these treatments. It was proposed that the S&W formulary continue to list Seretide® Accuhaler® 100 and 250. The FIG considered and accepted the proposal. It was suggested that the Medicines Optimisation team may continue to seek support for the removal of these products from local specialists and that the decision may be reconsidered at a future meeting.

Fluticasone propionate (Flixotide® Evohaler® and Accuhaler®)

It was proposed that fluticasone propionate (Flixotide® Evohaler® and Accuhaler®) be removed from the S&W Formulary. The FIG considered and accepted this proposal.

Montelukast

It was proposed that addition of montelukast is listed above an increased dose of ICS when additional treatment is required in the management of adult patients with asthma. The FIG considered and accepted this proposal.

It was also suggested that the montelukast entry agreed at the last FIG meeting is modified to state in Note 3 'Treatment should be trialled – if considered unsuccessful patients should be reviewed and alternative treatment options should be discussed'. The FIG considered and accepted this proposal subject to the inclusion of a four week trial period.

Atrovent®

The FIG considered and accepted the proposal that Atrovent® is listed as the preferred brand for ipratropium bromide aerosol inhaler in the S&W Devon Formulary.

LABA monotherapy

The FIG accepted the proposal that LABA monotherapy in the management of COPD be discussed with specialists during the next review of South and West Devon Formulary COPD guidance.

ACTION: Formulary team to update the formulary asthma guidance and supporting treatments in line with the discussion.

12. Recent drug decisions (including NICE)

The recent drug decisions were noted.

13. MHRA Drug Safety Updates: June 2018, July 2018, August 2018

June 2018

- Dolutegravir (Tivicay▼, Triumeq▼, Juluca▼): signal of increased risk of neural tube defects; do not prescribe to women seeking to become pregnant; exclude pregnancy before initiation and advise use of effective contraception. Add:

  - do not prescribe dolutegravir to women who are trying to become pregnant
  - exclude pregnancy in women of childbearing potential with pregnancy testing before starting dolutegravir
  - advise women of childbearing potential to use effective contraception throughout treatment with dolutegravir
  - if pregnancy is confirmed in the first trimester while a woman is taking dolutegravir, switch to an alternative treatment unless there is no suitable alternative
  - advise any women taking dolutegravir for HIV to not stop taking their medicine without first consulting their doctor

ACTION: Formulary team to add the MHRA safety update to the formulary.

- Denosumab (Xgeva▼) for giant cell tumour of bone: risk of clinically significant hypercalcaemia following discontinuation. No action required.
- Denosumab (Xgeva▼) for advanced malignancies involving bone: study data show new primary malignancies reported more frequently compared to zoledronate. No action required.

July 2018

- Darunavir boosted with cobicistat: avoid use in pregnancy due to risk of treatment failure and maternal-to-child transmission of HIV-1. This is a 'Red' drug. Add headline and link to MHRA safety guidance.

ACTION: Formulary team to add headline to the formulary and link to MHRA drug safety update.

- Pressurised metered dose inhalers (pMDI): risk of airway obstruction from aspiration of loose objects.
  - The key points from the update will be added to the formulary with a link to the full safety update.
  - train patients in the correct use of their inhaler; instructions for patients are provided in the patient information leaflet.

ACTION: Formulary Team to add key points from the MHRA safety update to all formulary pages containing pMDI.

- Eltrombopag (Revolade): reports of interference with bilirubin and creatinine test results. This is a 'red' drug. Add headline and link to MHRA safety update.

ACTION: Formulary team to add headline to the formulary and link to MHRA drug safety update.

- Parenteral amphotericin B: reminder of risk of potentially fatal adverse reaction if formulations confused. Fungizone® and AmBisome® are both 'Red' drugs and are not interchangeable.

ACTION: Formulary team to add headline to the formulary and link to MHRA drug safety update.

- Medicines taken during pregnancy: please report suspected adverse drug reactions, including in baby or child, on a yellow card. No action required

August 2018

- Esmya (ulipristal acetate) and risk of serious liver injury: new restrictions to use and requirements for liver function monitoring before, during, and after treatment:

This is an 'Amber' specialist initiated treatment currently. Formulary team to discuss safety issues with specialists and use of Esmya locally. Will bring to FIG at a later date.

ACTION: Formulary team to discuss safety issues with specialists and use of Esmya locally. Will bring to FIG at a later date.

14. Any other business

Formulary Links

A query was raised as to whether the links contained in the S&W Devon Formulary are routinely checked. The Formulary team confirmed that this was done automatically at midnight each day and a log of broken links is produced for review the following day.

Brexit

A brief discussion took place about the possible impact of the availability of drugs following Brexit.

It was noted that discussions are ongoing at a higher level.

The meeting closed at 4.40pm

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. This is an extensive piece of work that is underway.	Formulary Team	Outstanding
18/78	DMARDS for rheumatology (update) Confirmation to be provided to FIG once this has been through GP processes and feedback on themes discussed.	Formulary Team	Outstanding
18/79	First generation (typical) depot antipsychotics – comments on proposed guidance to be forward to the Formulary Team.	FIG members	Outstanding
18/80	Opicapone for Parkinson's Disease – on completion of governance processed opicapone for Parkinson's disease to be added to the formulary in line with the discussion.	Formulary Team	Complete
18/81	Contact to be made with Trudy Bown and Paul Foster about the possible removal of Sinemet® from the formulary and update the formulary entry for co-careldopa as agreed. This has been done and removed.	Formulary Team	Complete
18/82	Local specialists to be contacted and agreement sought for the removal of tolcapone from the formulary. This was not agreed. Tolcapone is retained as a 'red' drug.	Formulary Team	Complete

18/83	6.3.1 Bramox® products to be added to note 4 of the replacement therapy guidance.	Formulary Team	Complete
18/84	Formulary entry for Tinidazole for giardiasis to be added to the formulary in line with the discussion.	Formulary Team	Complete
18/85	Formulary entry for the Management of Constipation in Children added in line with the discussion.	Formulary Team	Complete
18/86	Acute otitis media in children to and young people to be progressed via the e-FIG process.	Formulary Team	Outstanding
18/87	Lyme disease – clarification to be sought of the rational for NICE recommending IV ceftriaxone in favour of oral treatments.	Formulary Team	Complete
18/88	Proposed guidance for Lyme disease to be update in line with the discussion and circulated for approval via the e-FIG process.	Formulary Team	Complete
18/89	Asthma and supporting treatment guidance to be updated in line with the discussion.	Formulary Team	Complete
18/90	MHRA drug safety update guidance for Dolutegravir (Tivicay▼, Triumeq▼, Juluca▼) to be added to the formulary.	Formulary Team	Complete
18/92	Darunavir boosted with cobicistat (Red drug) – Headline and link to MHRA drug safety guidance to be added to the formulary.	Formulary Team	Complete
18/93	MHRA drug safety updates for pressurised metered dose inhalers (pMDI) link to be added to the formulary and linked to all pMDI pages.	Formulary Team	Complete
18/94	Eltrombopag (Revolade) add link to MHRA drug safety update.	Formulary Team	Complete
18/95	Parenteral amphotericin B add all points from the safety update to the formulary.	Formulary Team	Complete
18/96	Esmya (ulipristal acetate) – issues to be discussed with specialists and brought back to FIG.	Formulary Team	Outstanding