NHS
Devon
Clinical Commissioning Group

Meeting of the South and West Devon Formulary Interface Group

Minutes

Wednesday, 8th May 2019: 2:00 pm – 4.30 pm

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

Present:

Peter Rowe (Chair)	Consultant	University Hospitals Plymouth NHS Trust
Emma Gitsham	Joint Formularies Pharmacist	NHS Devon CCG
Andrew Gunatilleke	Consultant	Torbay NHS Foundation Trust
Matt Howard	Clinical Evidence Manager	NHS Devon CCG
Phil Melluish	GP	NHS Devon CCG
Bill Nolan	GP	NHS Devon CCG
Tony Perkins	Senior Medicines Optimisation Pharmacist	NHS Devon CCG
Graham Simpole	Joint Formularies Support Pharmacist	NHS Devon CCG
Darren Wright	Joint Formularies Technician	NHS Devon CCG

Guests:

Heidi Campbell	Pharmacist	Kernow CCG
Marco Motta	Pharmacist	Kernow CCG

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

1. Welcome and announcements

Apologies

Andy Craig	GP	NHS Devon CCG
Iain Roberts	Lead MO Pharmacist	NHS Devon CCG
Chris Sullivan	Pharmacist	Devon Partnership NHS Trust
Tom Kallis	Community Pharmacist	
Nicola Joyce	Principle Pharmacist	Livewell Southwest

Declaration of Interests

Declarations of Interest were collected. The Declarations made did not result in anyone being excluded from the meeting or from the discussion of any item. All Declarations of Interest are reported in the minutes.

DRUG INCLUDED ON AGENDA	COMPANY / MANUFACTURER
Foodlink Complete® with fibre AYMES® Shake Other fibre-based Oral Nutritional Supplements	Nualtra Ltd AYMES Nutrition Various manufacturers
Flexitol® 25% Urea Heel Balm Dermatonics® Once Heel Balm Other urea-based emollients	Thornton and Ross Ltd Dermatonics Ltd Various manufacturers
Aciclovir 3% w/w eye ointment Ganciclovir 0.15% w/w eye gel Alternative Treatments Trifluorothymidine (trifluridine, FT3)	GlaxoSmithKline UK (GSK) Thea Pharmaceuticals Ltd Unlicensed available from specialist manufacturer
Thick & Easy® Clear Nutilis® Clear Other food thickeners Slõ Drinks® Milkshakes Fresubin® Thickened Other pre-thickened drinks Nutricrem® Fresubin® 2Kcal Crème Other semi-solid desserts	Fresenius Kabi Nutricia Various manufacturers Slõ Drinks Fresenius Kabi Various manufacturers Nualtra Fresenius Kabi Various manufacturers

Secondary prevention of stroke and ischemic attack in primary care Various treatments	 Various manufacturers
Folic acid	Various manufacturers
Continence guidance Various products	 Various manufacturers
Semaglutide (Ozempic®) for the treatment of type 2 diabetes Alternative treatments: Other GLP-1 mimetics Dulaglutide (Trulicity®) Exenatide (Byetta®, Bydureon®) Liraglutide (Victoza®) Lixisenatide (Lyxumia®) Other antidiabetic medication Metformin, Sulfonylureas, DPP4 inhibitors, SGLT2 inhibitors, Insulins	Novo Nordisk Limited Eli Lilly and Company Ltd AstraZeneca UK Ltd Novo Nordisk Ltd Sanofi Various manufacturers
FreeStyle Libre device for interstitial glucose monitoring in diabetes Alternative treatments: Blood glucose monitoring devices Continuous glucose monitors	Abbott Laboratories Ltd Various manufacturers Various manufacturers

e-FIG Item	Company
Liothyronine	ADVANCE Pharma

Name	Declaration
Tony Perkins	No new DOI to declare • I have within the last 12 months given a talk for GSK on pharmacists and asthma (I was not paid to do so). • GSK have within the last 12 months supported a CCG training event (pharmacy, inhaler meeting) – supported venue costs. No payment to CCG/me.

2. Minutes of the meeting held on 13th March 2019 and matters arising

The minutes of the meeting held on 13th March 2019 were approved subject to minor amendment.

Summary of actions

	Action	Lead	Status
19/01	*Matters arising: Title of Chapter 8 – Malignant disease to be amended in line with the discussion.* *The Formulary Team is undertaking work on the format and layout of Chapter 8. The title will be amended as part of that piece of work.* It was suggested that this work will be complete by the end of the summer.	Formulary team	Outstanding
19/02	*Hydroxychloroquine for rheumatological and dermatological conditions: LMC and specialists to be asked for their views. Draft guidance to be brought back to FIG together with the outcome from the forthcoming CPC meeting.* *The Clinical Effectiveness team is working with providers on identifying patients who may be at risk of hydroxychloroquine retinopathy and where such patients should be referred for testing, who will do this and how it will be resourced.* It was noted that the risk for patients of getting of hydroxychloroquine retinopathy is low. The Formulary team is also looking at the prescribing guidance. It was agreed that communication be sent to Primary Care. Communication with Secondary care to be considered.	Formulary team	Outstanding Complete
19/11	NHS England conditions for which Over the Counter (OTC) items should not be routinely prescribed in primary care: update the formulary in line with the guidance. The NHS Devon CCG website is now live, it was noted that the content is currently limited. The old NEW Devon CCG website remains live, however the old South Devon and Torbay CCG website has been taken down. Some concern was expressed that the South Devon and Torbay information is now unavailable. A brief discussion took	Formulary team	Outstanding

	place about what to do about the South Devon and Torbay information. It was agreed to wait for it to be added to the new NHS Devon CCG website, before adding links from the Devon formulary website.		
19/13	Update the formulary entry for depression and associated drugs in line with the discussion.		Complete
19/14	Add new guidance on drugs that prolong the QT interval to the formulary.		Complete
19/15	Management of gout: Formulary entry to be updated in line with the discussion.		Complete
19/21	Specialised Medicines Service (SMS) prescribing guidelines: First generation (typical) depot antipsychotics – agreed changes to be made to the proposed guidance and guidance forwarded to Rachel Ali and Chris Sullivan.		Complete
19/22	Specialised Medicines Service prescribing guidelines: Torbay and South Devon NHS Foundation Trust – Updated guidelines for azathioprine (AZA) and methotrexate (MTX) tablets and new guideline for mercaptopurine. Formulary team to be informed once work on Shared Care Guidelines is complete so that the formulary can be updated. The Formulary team had been notified by Larissa Sullivan that the documents had been sent back to the Local Medical Committee. It was noted that with the taking down of the old South Devon and Torbay CCG website the Shared Care Guidelines have also been removed. It was agreed that the Formulary team raise this with Sam Cush.	Formulary Team	Complete
19/23	Formulary to be updated with approved entry for DEKAs.		Complete
19/24	Accepted formulary entry for Paravit-CF liquid to be added to the formulary.		Complete
19/25	Proposed formulary entry for Cilique® (ethinylestradiol 35micrograms / norgestimate 250micrograms) to be added to the formulary in line with the discussion.		Complete
19/26	Agreed formulary entry for Cilodex® (ciprofloxacin 3mg/ml & dexamethasone 1mg/ml) ear drops to be added to the formulary.		Complete
19/27	Dexamfetamine: Formulary entry 4.4 CNS stimulant and drugs for attention deficit hyperactivity disorder to be updated in line with the discussion.		Complete
19/28	*Formulary entry for Urinary Tract Infections to be updated in line with the discussion.* The Formulary team is awaiting additional guidance from microbiologists.	Formulary team	Outstanding
19/29	Urinary tract infections - Slider for people over the age of 65 to be brought to a future meeting.	Formulary team	Outstanding

19/30	Feedback to DRSS on the issues raised by the FIG in relation to the algorithm and Clinical Referral Guideline for Chronic Pelvic Pain Syndrome.		Complete
19/31	*Draft management guidance to be developed and brought to a future FIG for patients with chronic pelvic pain syndrome.* This has been added to the Formulary team workplan. The FIG noted that this guidance is important to primary care and that the more information there is the better.		Complete
19/32	Formulary entry for Lyme disease to be updated in line with the discussion.		Complete
19/33	MHRA Drug Safety Update: January 2019 - add agreed information to the formulary.	Formulary team	Complete
19/34	MHRA Drug Safety Update: February 2019 – add agreed information to the formulary.	Formulary team	Complete

Matters arising

- Report of e-FIG decisions March 2019

  - Liothyronine

    Guidance from NHS England and NHS Clinical Commissioners indicates that liothyronine is an item which should not be routinely prescribed in primary care (whist accepting a very small number of patients may start or continue combined therapy with levothyroxine if benefit can be shown from a carefully audited trial of 3 months). NHS Devon CCG's Medicines Optimisation teams are working on local arrangements for initiation and review of existing patients on liothyronine and have engaged with stakeholders across the south west peninsula to develop two protocols (for initiation and for review of current patients). The protocols have been discussed with Devon Local Medical Committee (LMC), who support some but not all of the arrangements; a joint LMC/Clinical Commissioning Group (CCG) statement to this effect has been written.

    In March an e-FIG process took place asking the FIG to consider changes to the formulary entry for liothyronine. At that time the e-FIG was not initially quorate, however additional responses received after circulation of the revised entry resulted in quoracy and agreement of the proposed guidance.

    Subsequently Steve Cooke asked for minor non-clinical amendments. These have been done. The formulary guidance for liothyronine has now been published. The protocols will be published shortly.

    There was discussion about an audit of use of liothyronine. The Formulary team will contact Steve Cooke to ascertain whether an audit is going to be undertaken.

ACTION: Formulary team to contact Steve Cooke and ascertain whether an audit is going to be undertaken.

3. Consideration of Foodlink complete with fibre

In November 2017 the FIG accepted AYMES Shake as an amber option for patients who required a drink supplement with added fibre. At the time the product data sheet, dated January 2016, stated that AYMES Shake had approximately 3.4g of fibre per sachet when reconstituted in 200ml of milk.

Dietitians in South and West Devon have highlighted that AYMES Shake now contains lower amounts of fibre and is no longer suitable as an option for patients who required a drink supplement with added fibre. They have proposed that AYMES Shake be replaced with Foodlink Complete with Fibre. The product data sheet dated June 2018 states that Foodlink Complete with Fibre contains approximately 4.5g of fibre per 63g sachet when reconstituted with 200ml milk.

The FIG considered and accepted the proposal to remove AYMES Shake and replace it with Foodlink Complete with Fibre. The FIG noted that the change to Foodlink complete with Fibre has already taken place in Primary Care.

ACTION: Formulary team to update the formulary entry for Constipation and Low fibre intake supplements with the accepted formulary entry.

4. Consideration of Flexitol 25% Urea Heel Balm and Dermatonics Once Heel Balm (25% Urea)

In January 2019 the formulary team undertook a review of emollient preparations in the formulary and it was noted that further input was being sought from specialists to obtain recommendations for which 25% urea products should be included in the formulary for patients with/without diabetes with very dry/cracked heels in primary care.

Flexitol 25% and Dermatonics Once are urea-based emollient preparations indicated for dry, cracked skin and hyperkeratosis on the soles of feet and heels. The product manufacturers recommend applying Flexitol sparingly once or twice a day, and Dermatonics once daily.

Dermatologists, tissue viability, and podiatrist teams in South and West Devon would like to use 25% urea based emollient preparations for the initial treatment, and prevention of anhidrotic foot conditions.

The FIG considered and accepted the proposed formulary entry subject to minor amendment. A discussion took place:

- The FIG noted the lack of clinical evidence for these products.
- It was agreed to strengthen the wording regarding stepping down of products, second line use and the need to seek specialist advice if treatment is required for more than six weeks. It was noted that diabetics may need treatment for a longer time than non-diabetics.
- There was also discussion about the number of products and pack sizes, the cost of the products, the cost of repeat prescriptions and consultations.

ACTION: Formulary team to add accepted formulary entry for Flexitol 25% Urea Heel Balm and Dermatonics Once Heel Balm (25% Urea) to the formulary in line with the discussion.

5. Removal of aciclovir 3% w/w eye ointment and reclassification of ganciclovir 0.15% w/w eye gel from red to amber

Currently the entry for the south and west Devon Formulary area includes aciclovir eye ointment 3% w/w as a topical treatment for ocular herpes simplex infection, following specialist opinion. Ganciclovir ophthalmic gel 0.15% w/w is included as a secondary care only treatment.

The manufacturer of aciclovir 3% w/w eye ointment has discontinued supply. It is proposed that aciclovir 3% w/w eye ointment is removed from the formulary and ganciclovir 0.15% w/w eye gel is reclassified from red to amber for the management of acute herpetic keratitis (dendritic and geographic ulcers. Local specialists who responded to consultation support the proposal.

The conclusion of UK Medicines Information (UKMi) is that treatment should be with the UK licensed product – ganciclovir. If this is not considered a suitable option, specialists should be consulted on use of the unlicensed product, trifluorothymidine. Advice should also be sought from specialists on the management of cases for whom these treatment options are not suitable.

The FIG considered and accepted the proposed formulary entry 11.3.3 Antivirals with minor amendment. A discussion took place:

- There is likely to be an increase in expenditure of £1,000 in both primary and secondary care.
- It was agreed that a note be added stating that ganciclovir 0.15% is not licenced for those under 18 years of age.

ACTION: Formulary team to update the Formulary entry in line with the discussion.

6. International Dysphagia Diet Standardisation Initiative (IDDSI) framework migration

The way in which dysphagia diets are categorised has changed; and a new way of describing texture modified foods and thickened liquids was introduced across the UK from April 2018 to April 2019. This means a change to the labelling of the products and, for some products, a change in scoop size. The new categorisation is called the International Dysphagia Diet Standardisation Initiative (IDDSI). The IDDSI framework consists of a banding of eight levels (0 - 7) with consistency descriptors. These also include testing methods and evidence for both drink thickness and food texture levels. It is hoped that the use of IDDSI will improve patient safety by ensuring that patients receive the correct food and fluid consistencies.

IDDSI compliant products are becoming available in pharmacies, but it is noted that some companies will not be updating products with the new IDDSI framework labels. To make it easier for prescribers to distinguish between consistencies, the formulary proposes to add IDDSI levels to the formulary product entries and a link to the IDDSI homepage where more information can be obtained.

The FIG considered and accepted the proposed formulary entry subject to minor amendment:

- Reorder products according to IDDSI levels.

ACTION: Formulary team to add accepted formulary entry in line with the discussion.

7. Secondary prevention of stroke and transient ischaemic attack in primary care

The formulary entry for the Management of Secondary prevention of stroke and transient ischaemic attack has been reviewed following the publication of The Exeter Guidelines for Secondary Prevention of Stroke and Transient Ischaemic Attack in Primary Care, 8th Edition, February 2019. Some minor amendments have been made to the guidelines and it is proposed that these are replicated in formulary guidance.

Subsequent to the circulation of the meeting papers amendments had been made to the proposed formulary entry. An updated paper was tabled at the meeting.

The proposed formulary guidance for South and West Devon aligns with the North and East Devon guidance. All information currently included in the guidance for South and West Devon is included in the proposed guidance.

A discussion took place; several points were raised these included:

- Consider carotid endarterectomy
  - add contact details for south west Devon.
- Antiplatelet treatment
  - A comment had been received from Tom Kallis regarding the advice around co-prescribing of omeprazole and clopidogrel. The FIG agreed that the second bullet point be reworded to soften the advice.
  - It was also agreed that the information in the 3rd bullet point be checked for accuracy in south west Devon
- Management of blood pressure
  - Monitoring of ACE Inhibitor therapy. It was agreed that the Formulary team will link to the existing advice.
- Further advice
  - add contact details for south west Devon.

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

- It was noted that no responses had been received from specialists in relation to the guidance update. The FIG were asked to forward any further comments to the Formulary team. The Formulary team will attempt to contact specialists in south west Devon again.

ACTION: FIG members to forward any further comments to the Formulary team.

ACTION: Formulary team to contact south west Devon specialists in relation to the guidance to obtain comments.

8. Folic acid update

The Formulary team reported that the dose of Folic Acid for patients taking methotrexate has been reviewed and the S&W guidance is up to date. This followed a request to review the notes Devon wide by the Medicines Optimisation Team for consistency.

9. Continence formulary guidance

Following the review of Anal Inserts and Anal Irrigation Systems in November 2018; it was suggested by the community continence, urology, and gynaecology teams that the continence guidance could also be reviewed to align current practice in the community and hospitals.

Currently formulary guidance for south and west Devon does not include product order codes or sizes of catheter or catheter accessories; these have been added for ease and accuracy of prescribing the appropriate product choice. The top tips section of the continence formulary has been incorporated within the product entries to allow corresponding information to link directly to the appropriate products. Specialists have requested the removal of certain products and have replaced them with alternative products recommended in the local continence pathways.

The FIG considered the proposed formulary entry. The FIG accepted the layout and format of the proposed formulary entry. However, there was discussion about the large number of products included in the proposed formulary entry and the cost range of the products. There was also discussion about the use of catheter passports locally.

It was agreed that further work was needed to attempt to reduce the number of products and that rationales for inclusion of more expensive products was needed. Andrew Gunatilleke offered to help with the work if necessary. It was noted that some feedback had been received that a number of factors influence product choice.

It was agreed that the Formulary team would work with specialists to try to reduce the number of choices in each category and to provide guidance on why a particular product may be required.

ACTION: Formulary team to undertake further work in line with the discussion to rationalise and reduce the number of products available.

10. Semaglutide (Ozempic®)

Semaglutide is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus, as an adjunct to diet and exercise.

At its meeting on 27th March 2019 the Clinical Policy Committee made a recommendation for the routine commissioning of semaglutide for patients with type 2 diabetes mellitus as described for glucagon-like-peptide-1 (GLP-1) mimetics in NICE guideline NG28.

The FIG considered and accepted the proposed formulary entry without amendment. There was discussion about the growing number of GLP-1 mimetics included in the formulary and the possible removal of some products in the future.

It was agreed that on completion of the CCG's governance process the Formulary team would add the proposed formulary entry for semaglutide.

ACTION: Formulary team to add the accepted formulary entry for semaglutide on completion of the CCG's governance processes.

11. Freestyle Libre

In March 2018 the CCGs published a policy for the routine commissioning of FreeStyle Libre. In March 2019 NHS England published further national guidance.

On 27th March 2019 the Clinical Policy Committee made recommendations on the circumstances in which the current CCG policy should be retained, where the NHSE criteria should be adopted or where a blend of the two be recommended.

The FIG was asked to consider the proposed formulary entry for the FreeStyle Libre interstitial glucose monitor.

The FIG considered the proposed formulary entry. There was discussion about the significant number of patients who were not being reviewed in line with the policy criteria and the need to ensure that this was taking place. Some members of the group felt that the wording in the entry should be strengthened, however it was noted that the wording was in place but was not being followed.

It was agreed that details of the trial (initiation and review) process be moved to the top of the proposed formulary entry and that the wording on review be reviewed.

In order that the publication of the policy is not unduly delayed the revised proposed formulary entry will be circulated for agreement via the e-FIG process.

ACTION: Formulary team to amend proposed formulary entry in line with the discussion and circulate via the e-FIG process for agreement.

ACTION: On completion of e-FIG and CCG Governance Processes formulary team to add agreed formulary entry to the formulary.

12. Recent drug decisions (including NICE)

The recent drug updates were noted.

It was noted that following feedback from the Medicines Optimisation (MO) team, reference to Monuril brand fosfomycin has been removed as the drug tariff now pays the Monuril drug price.

A discussion took place regarding Monuril vs generic prescribing. Following discussion with MO representatives it was agreed that Monuril would be added back into the formulary for the South and West Devon area.

ACTION: Formulary team to add Monuril brand Fosfomycin back into the formulary for the South and West Devon area.

13. MHRA Drug Safety Updates: Mar 2019 & April 2019

March 2019

- Fluoroquinolone antibiotics: new restrictions and precautions for use due to very rare reports of disabling and potentially long-lasting or irreversible side effects. Add advice for healthcare professionals and link to MHRA Drug Safety Update:
  - systemic (by mouth, injection, or inhalation) fluoroquinolones can very rarely cause long-lasting (up to months or years), disabling, and potentially irreversible side effects, sometimes affecting multiple systems, organ classes, and senses
  - advise patients to stop treatment at the first signs of a serious adverse reaction, such as tendinitis or tendon rupture, muscle pain, muscle weakness, joint pain, joint swelling, peripheral neuropathy, and central nervous system effects, and to contact their doctor immediately for further advice
  - do not prescribe fluoroquinolones:
    - for non-severe or self-limiting infections, or non-bacterial conditions
    - for some mild to moderate infections (such as in acute exacerbation of chronic bronchitis and chronic obstructive pulmonary disease; please refer to revised indications in the Summary of Product Characteristics) unless other antibiotics that are commonly recommended for these infections are considered inappropriate
    - ciprofloxacin or levofloxacin should no longer be prescribed for uncomplicated cystitis unless other antibiotics that are commonly recommended are considered inappropriate
  - avoid use in patients who have previously had serious adverse reactions with a quinolone or fluoroquinolone antibiotic
  - prescribe with special caution for people older than 60 years and for those with renal impairment or solid-organ transplants because they are at a higher risk of tendon injury
  - avoid use of a corticosteroid with a fluoroquinolone since coadministration could exacerbate fluoroquinolone-induced tendinitis and tendon rupture

ACTION: Formulary Team to add advice for healthcare professionals for fluoroquinolone antibiotics to the formulary.

- Onivyde (irinotecan, liposomal formulations): reports of serious and fatal thromboembolic events. Add title and link to MHRA Drug Safety Update.

ACTION: Formulary Team to add title and link to advice for healthcare professionals for Onivyde to the formulary.

- Medicines with teratogenic potential: what is effective contraception and how often is pregnancy testing needed? It was agreed that no specific action was required.

April 2019

- Yellow fever vaccine (Stamaril) and fatal adverse reactions: extreme caution needed in people who may be immunosuppressed and those 60 years and older. Advice for healthcare professionals has been added to the formulary.

- Valproate medicines and serious harms in pregnancy: new Annual Risk Acknowledgement Form and clinical guidance from professional bodies to support compliance with the Pregnancy Prevention Programme. MHRA Drug Safety Advice for valproate medicines is already included in formulary

- Belimumab (Benlysta▼:) increased risk of serious psychiatric events seen in clinical trials. Add title and link to MHRA Drug Safety Update.

ACTION: Formulary Team to add title and link for MHRA Drug Safety Advice to the formulary.

- Pregabalin (Lyrica), gabapentin (Neurontin) and risk of abuse and dependence: new scheduling requirements from 1 April 2019. Add note to state which schedule. Add:

    - evaluate patients carefully for a history of drug abuse and dependence before prescribing pregabalin and gabapentin
    - observe patients on pregabalin and gabapentin for possible signs of abuse and dependence, for example, drug-seeking behaviour, dose escalation, and development of tolerance
    - ensure patients are aware of the risk of potentially fatal interactions with other medicines that cause CNS depression, particularly opioid medicines, and with alcohol

ACTION: Formulary Team to add agreed information for pregabalin and gabapentin to the formulary.

- Elvitegravir boosted with cobicistat: avoid use in pregnancy due to risk of treatment failure and maternal-to-child transmission of HIV-1. Add title and link to MHRA Drug Safety Advice.

ACTION: Formulary Team to add title and link to MHRA Drug Safety Advice for elvitegravir boosted with cobicistat to the formulary.

14. Any Other Business

Chronic Obstructive Pulmonary Disease (COPD)

It was noted that work on the COPD guidance is ongoing and will brought to a FIG meeting soon.

Date and Venue of next meeting

Please note that the next meeting will take place on 10th July at the Future Inn, Plymouth.

Summary of actions

	Action	Lead	Status
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19/02	*Hydroxychloroquine for rheumatological and dermatological conditions: LMC and specialists to be asked for their views. Draft guidance to be brought back to FIG together with the outcome from the forthcoming CPC meeting.* *The Clinical Effectiveness team is working with providers on identifying patients who may be at risk of hydroxychloroquine retinopathy and where such patients should be referred for testing, who will do this and how it will be resourced.* It was noted that the risk for patients of getting of hydroxychloroquine retinopathy is low. The Formulary Team is also looking at the prescribing guidance.	Formulary team	Outstanding
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19/28	*Formulary entry for Urinary Tract Infections to be updated in line with the discussion.* The Formulary team is awaiting additional guidance from microbiologists.	Formulary team	Outstanding
19/29	Urinary tract infections - Slider for people over the age of 65 to be brought to a future meeting.	Formulary team	Outstanding
19/35	Matters arising: Liothyronine – Contact Steve Cooke and ascertain whether an audit is going to be undertaken.	Formulary team	Outstanding
19/36	Foodlink complete with fibre – Update formulary entry for constipation and low fibre intake supplements with the accepted formulary entry	Formulary team	Complete
19/37	Consideration of Flexitol 25% Urea Heel Balm and Dermatonics Once Heel Balm (25% Urea) – accepted formulary entry to be added to the formulary.	Formulary team	Complete
19/38	Removal of aciclovir 3% w/w eye ointment and reclassification of ganciclovir 0.15% w/w eye gel from red to amber. Formulary to be updated in line with the discussion.	Formulary team	Complete
19/39	International Dysphagia Diet Standardisation Initiative (IDDSI) framework migration. Accepted entry to be added to the Formulary in line with the discussion.	Formulary team	Complete
19/40	Secondary prevention of stroke and transient ischaemic attack in primary care. Formulary entry to be updated in line with the discussion.	Formulary team	Outstanding
19/41	Secondary prevention of stroke and transient ischaemic attack in primary care. Any further comments to be forwarded to the Formulary team.	FIG members	Outstanding
19/42	Secondary prevention of stoke and transient ischaemic attack in primary care. South west Devon specialists to be contacted for comments relating to guidance.	Formulary team	Outstanding
19/43	Continence formulary guidance – undertake further work in line with the discussion to rationalise and reduce the number of products available.	Formulary team	Outstanding
19/44	Semaglutide – On completion of the CCG governance processes proposed formulary entry to be added to the formulary.	Formulary team	Complete
19/45	FreeStyle Libre – Proposed formulary entry to be amended in line with the discussion and agreed through the e-FIG process.	Formulary team	Complete
19/46	Free-Style Libre – On completion of e-FIG and CCG Governance Processes agreed formulary entry to be added to the formulary.	Formulary team	Complete
19/47	Recent drug decisions (including NICE): Monuril to be added back into the formulary for the South and West Devon area.	Formulary team	Complete
19/48	MHRA Drug Safety Update: Fluoroquinolone advice for healthcare professionals to be added to the formulary.	Formulary team	Complete

19/49	MHRA Drug Safety Update: Onivyde (irinotecan, liposomal formulations): title and link to advice for healthcare professionals to be added to the formulary.	Formulary team	Complete
19/50	MHRA Drug Safety Update: Belimumab (Benlysta) title and link to advice for healthcare professionals to be added to the formulary.	Formulary team	Complete
19/51	MHRA Drug Safety Update: agreed information for pregabalin and gabapentin to be added to the formulary	Formulary team	Complete
19/52	MHRA Drug Safety Update: title and link for elvitegravir boosted with cobicistat to be added to the formulary.	Formulary team	Complete