NHS
Devon
Clinical Commissioning Group

Meeting of the South and West Devon Formulary Interface Group

Minutes

Wednesday 9th October 2019: 2:00 pm – 4.30 pm

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

Present:

Andrew Gunatilleke (Chair)	Consultant	Torbay and South Devon NHS FT
Heidi Campbell	Pharmacy Advisor	NHS Kernow CCG
Andy Craig	GP	NHS Devon CCG
Demelza Grimes	Medicines Optimisation Pharmacist (South)	NHS Devon CCG
Matt Howard	Clinical Evidence Manager	NHS Devon CCG
Phil Melluish	GP	South Devon and Torbay CCG
Bill Nolan	GP	South Devon and Torbay CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NHS Devon CCG
Darren Wright	Joint Formularies Technician	NHS Devon CCG

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

1. Welcome and announcements

Apologies

Christopher Sullivan	Pharmacist	Devon Partnership NHS Trust
Peter Rowe	Consultant	University Hospitals Plymouth NHS Trust
Trudy Bown	Chief Pharmacy Procurement & IT Manager	University Hospitals Plymouth NHS Trust
Tony Perkins	Senior MO Pharmacist	NHS Devon CCG

Declaration of Interests

DRUG INCLUDED ON AGENDA	**COMPANY / MANUFACTURER**
Glycopyrronium bromide oral solution for the symptomatic treatment of severe sialorrhoea in children and adolescents aged 3 years and older with chronic neurological disorders	Proveca Limited, Colonis Pharma
Alternative treatments:	
Hyoscine hydrobromide tablets or transdermal patches	Various manufacturers
Glycopyrronium bromide tablets or unlicensed oral solutions	Various manufacturers
Trihexyphenidyl hydrochloride oral solution or tablets	Various manufacturers
Continuous glucose monitoring for patients with type 1 diabetes,	Dexcom, Medtronic, Roche Diabetes Care/ Senseonics Inc, Abbott, various others
Alternative treatments:	
Blood glucose monitoring devices	Various manufacturers
SMS: Dapsone for the treatment of dermatitis herpetiformis and other dermatoses in adults	Various manufacturers
UrgoClean Ag® Dressing	Urgo Medical
Alternative treatments:	
Acticoat®/Acticoat Flex 3®	Smith & Nephew
Aquacel Ag + Extra®	Convatec Inc.
Chlamydia trachomatis guidance review	
Various medications	Various manufacturers
Chronic Obstructive Pulmonary Disease (COPD) formulary guidance update	
Various medications	Various manufactures
Continence Chapter formulary guidance (update)	
Various products	Various manufacturers
Wound Management review	
Various products	Various manufacturers

e-FIG Item	Company / Manufacturer
Aliskiren (Rasilez®) *Alternative treatments:* Other antihypertensive medications	Noden Pharma DAC Various manufacturers
Buprenorphine (Espranor®) *Alternative treatments*: Sublingual Buprenorphine tablets	Martindale Pharma Various manufacturers
Nifedipine	Various manufacturers
Risedronate sodium Other medications: *Alternative bisphosphonates*: Alendronic acid, Ibrandronic acid, sodium clodronate, pamidronate disodium, zoledronic acid Monoconal antibodies: Prolia® injection	Various manufactures Various manufactures Amgen Ltd
Kelhale® metered dose inhalers (MDI) *Alternative ICS medications for the treatment of asthma*: Clenil® Modulite® QVAR® Pulmicort® Turbohaler®	Cipla EU Ltd Chiesi Limited Teva UK Limited AstraZeneca UK Limited
Estriol 0.01% cream Alternative preparations for vaginal and vulval changes: Estriol 0.1% cream Estradiol vaginal tablet Estradiol vaginal ring Replens MD®	Marlborough Pharmaceuticals Ltd Aspen Pharma Trading Ltd Novo Nordisk Limited Pfizer Replens MD

Fixapost® (latanoprost/timolol) *Alternative medications*: Other preservative free eye drops containing beta-blocker and/or prostaglandin analogue.	AAH and Alliance Unichem Various manufacturers
Dermis Plus Prevent *Alternative Low friction pressure redistribution dressings:* KerraPro® Aderma® Dyna-Tek® Heel Pro®	MacMed Healthcare Crawford Healthcare Smith & Nephew Direct Healthcare Group TalarMade
GlucoRx CarePoint® Ultra pen needles *Alternative treatments:* BD Viva® GlucoRx Carepoint needlest® Microdot Droplet® Omnican Fine® Other pen needles	GlucoRx Ltd Becton Dickinson UK Ltd GlucoRx Ltd Cambridge Sensors Ltd BBraun Medical Ltd Various manufacturers

No Declarations of Interest were made.

2. Minutes of the meeting held on 10th July 2019 and matters arising

The minutes of the meeting held on 10th July 2019 were approved.

Summary of actions

	Action	Lead	Status
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 hydroxychloroquine retinopathy is low. The Formulary Team is also looking at the prescribing guidance. Draft SMS Guidance will be brought to a future FIG meeting.	Formulary team	Outstanding
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*. Comments have been received from Jim Greig. Steve Cooke is taking this forward.	Formulary team	Outstanding
19/29	*Urinary tract infections - Slider for people over the age of 65 to be brought to a future meeting.* Further queries had been received from Jim Greig. The Formulary Team will raise with Steve Cooke.	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.* Drafts have been sent for comments to specialists, with responses to be brought back to FIG.	Formulary team	On agenda
19/60	Items not routinely prescribed in primary care (2019 update): Amend proposed aliskiren entry in line with the discussion and circulate for agreement via the e-FIG process.		Complete
19/69	Psoriasis management review: Contact dermatologists regarding Neutrogena and T/Gel shampoo preparations for psoriasis.		Complete
19/70	Psoriasis management review: Update the psoriasis formulary guidance section in line with discussion.		Complete
19/71	Chronic Obstructive Pulmonary Disease (COPD) guidance update: Provide any specific recommendations or requests for changes to inhaler options for the treatment of COPD to the Formulary team during the next month.		Complete

Matters Arising

<u>Report of e-FIG decisions – August & September 2019</u>

Four items were considered in August:

- An update was proposed to the formulary entry for Risedronate sodium. Responses received indicated acceptance of the proposed formulary entry.

One comment received made a formatting suggestion requesting that the weekly tablets become the first bullet point.

The formulary has been updated.

- No comments were received for the proposed entries for Aliskiren, Buprenorphine for opioid dependence or the Nifedipine update. Responses received for each of these indicated acceptance of the proposed formulary entries.

The formulary has been updated.

Five items were considered in September:

- The addition of Kelhale MDI to the Formulary was considered. Responses received indicated acceptance of the proposed formulary entry.

  Comments received were regarding the use of scriptswitch to support GPs/nurses during stock shortages of both Kelhale and QVAR. It was noted that the MO team will use scriptswitch and other tools accordingly to manage any switching and try to mitigate any stock problems. It was also noted that there is a stock issue with QVAR so the addition of Kelhale should be helpful.

ACTION: The formulary will be updated.

- Addition of Gluco Rx Carepoint Ultra pen needles to the formulary. Responses received indicated acceptance of the addition of these to the formulary.

  Comments received noted that another needle the same size is already included in the formulary so having an additional one that is in line with NHS England costs advice seems sensible.

ACTION: The formulary will be updated.

- No comments were received for the consideration of Dermisplus prevent pads for addition to the formulary, the consideration of latanoprost 50mcg / timolol 5mg/ml (Fixapost) preservative free eye drops or for the removal of Estriol 0.01% cream from the formulary.

Responses received for each of these items indicated acceptance of the proposed formulary entries.

ACTION: The formulary to be updated in respect of Dermisplus prevent pads, latanoprost 50mcg / timolol 5mg/ml preservative free eye drops and the removal of Estriol 0.01% cream from the formulary.

Refreshed Terms of Reference

Following the merger of the CCGs in April the FIG Terms of Reference (ToR) have been refreshed to take account of this. The ToR were circulated to the group together with a list of the current members and those receiving papers.

The Terms of Reference will now be updated on the website.

Annual Report 2018-19

The Annual Report was circulated to the group. The FIG Chairs are being asked to accept the report on behalf of the FIG. Peter Rowe has accepted the report on behalf of the South and West FIG.

The report will go to the N&E FIG on 7th November and the CCG's Clinical Policy Committee meeting on 20th November.

3. Sialanar 320mcg/ml Glycopyrronium (400mcg/ml Glycopyrronium Bromide) Oral Solution

At its meeting on 24th July 2019 the CCG's Clinical Policy Committee (CPC) made a recommendation for the routine commissioning of glycopyrronium bromide oral solution for the symptomatic treatment of severe sialorrhea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders.

Glycopyrronium bromide was only relatively recently licensed for the symptomatic treatment of severe sialorrhoea in the UK in this patient group – there is a branded product (Sialanar) and an oral generic. Oral glycopyrronium has low and highly variable bioavailability. Prior to this, people requiring treatment with glycopyrronium bromide have used imported products or formulations made by specials manufacturers.

Work conducted for CPC included a cost comparison of different glycopyrronium products, taking into account differences in bioavailability. This suggested that Sialanar would be the most cost-effective option. An amber (specialist) classification was proposed.

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

ACTION: Formulary team to add the accepted entry for glycopyrronium bromide oral solution for the treatment of severe sialorrhoea in children and adolescents aged 3 years and older to the formulary.

4. Continuous Glucose Monitoring (CGM)

At its meeting on 24th July 2019 the CCG's Clinical Policy Committee made a recommendation for the routine commissioning of a 6-month trial of a continuous glucose monitor (CGM) for patients with type 1 diabetes.

The CPC policy outlines the specific criteria in which a six month trial of a continuous glucose monitor is routinely commissioned. Continuation criteria are specified which must be met at the

six month clinic assessment and if they are met, then reviews should be annually thereafter. The monitor is initiated by a specialist and reviews are conducted in secondary care.

The proposed formulary entry lists the monitors currently supplied by secondary care in Devon and indicates that specialists must inform GPs when a patient is initiated on a CGM device. CGM sensors cannot be prescribed on FP10 and must be supplied by secondary care.

The FIG considered and accepted the proposed formulary entry without amendment. There was discussion about:

- The supply of the monitor and sensors, and the need for some CGM devices to be calibrated with self-monitored blood glucose (SMBG) readings. GPs may still need to prescribe SMBG test strips, however it is expected that the number of SMBG test strips required will be fewer than previously.
- Estimates of the number of eligible patients from local specialists.

ACTION: Formulary team to add the accepted formulary entry for CGM to the formulary.

5. Dapsone for the treatment of dermatitis herpetiformis and other dermatoses in adults

Specialised Medicines Service (SMS) prescribing guidelines to support the safe use of dapsone for the treatment of dermatitis herpetiformis and other dermatoses in adults have been drafted in consultation with local dermatologists. The guidelines are informed by the dapsone Summary of Product Characteristics, the BNF, the Handbook of systemic drug treatment in dermatology (Wakeline et al., 2015), and other dapsone shared care guidelines from NHS organisations in England.

Input from GP representatives from the Devon Local Medical Committee (LMC) has also informed the guidelines which were developed for use in N&E Devon and agreed via the N&E FIG.

During development, responses were not received from dermatologists in south and west Devon, and so the guidelines do not currently cover that area; however, specialists from south and west Devon have since indicated that they would like to adopt the guidelines for use in their area also.

It is noted that there will be a difference in threshold for action for Mean Cell Volume (MCV) for west Devon, due to differences in reference ranges at University Hospitals Plymouth NHS Trust. The guidelines will also include the note “If blood samples are not being analysed by Derriford Hospital lab, confirm MCV threshold for action with specialist”. This is already the case for several other guidelines, including the recently updated combined guidelines for DMARDs in rheumatology.

The FIG considered the proposed formulary entry. There was discussion about:

- The number of patients in South Devon.

- The wording around how quickly patients experiencing adverse effects should be seen by a GP.

ACTION: Formulary Team to amend guideline in line with the discussion and circulate via the e-FIG process for agreement.

6. UrgoClean Ag Dressing

UrgoClean Ag are single-use dressings. The dressing is made of polyabsorbant fibres and an antibacterial contact layer (polyester mesh impregnated with hydrocolloid, petroleum jelly and silver particles).

The manufacturers state that UrgoClean Ag is indicated for the local treatment of exuding wounds at risk or with signs of local infection.

Tissue viability nurse teams in South and West Devon have suggested they would like to use UrgoClean Ag dressings as an amber (specialist) option for the management of excluding wounds with signs of local infection that also require debridement. Currently the formulary includes three silver antimicrobial dressing options; Acticoat (red, hospital only), Acticoat Flex 3 and Aquacel AG + extra (both included as amber, specialist products). All of these dressings, including UrgoClean Ag, are recommended for the local treatment of exuding wounds at risk or with signs of local infection but have varying frequencies of change / wear time and dressing features. It has also been proposed that Acticoat be reclassified from red (hospital only) to an amber product. The standard silver version of Acticoat Flex 3; is already an amber product which should only be used when body contour requires a conformable dressing.

UrgoClean Ag offers a dressing choice that debrides slough from wounds and is available at a lower acquisition cost than current formulary options.

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

It was noted that NICE supports the use of advanced or antimicrobial dressings for chronic wounds. There was discussion about the potential for cost savings, the current use of Acticoat for burns in Trusts and in the community. It was noted that the proposed wording encourages moving away from silver dressings.

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

7. Chronic Obstructive Pulmonary Disease (COPD) review

Currently the Devon formulary COPD management recommendations are based on guidance produced by GOLD (2017); pharmacological treatment is based on patient phenotypes (Groups A, B, C, D).

Work has been underway to update the Devon formulary COPD guidance; this follows publication of the 2019 GOLD Report and the 2018/2019 NICE Guideline 115. Consultation earlier this year with Devon wide respiratory consultants and Formulary Interface Group (FIG) members, including GP representatives, identified a consensus in opinion towards a revision of the formulary guidance in line with the 2019 GOLD Report.

A first draft of the proposed formulary guidance was circulated with the meeting papers. The draft considers the management of stable COPD and acute exacerbations predominantly in accordance with the GOLD 2019 Report but takes into consideration aspects of NICE Guideline 115 (including the July 2019 update). The draft guidance on the antimicrobial management of acute exacerbations includes revision of formulary recommended antimicrobials based on NICE Guideline 114. In addition to the guidance review, the formulary product entries were also presented for consideration.

The FIG was asked to consider the draft of the Devon wide formulary COPD guidance and proposed changes to the product entries. The FIG was also asked to consider the environmental impact of inhalers and what advice (if any) should be included in the COPD guidance.

The FIG considered the draft COPD guidance, including:

- Environmental Impact The greater environmental impact of pressurised metered dose inhalers (pMDI) compared to dry powder inhalers (DPIs) was noted and the FIG supported encouraging use of products which are less damaging to the environment. There was discussion about highlighting in the formulary that, where clinically appropriate, DPIs should be recommended rather than pMDIs which are more harmful to the environment. There was also discussion about recycling schemes, the canisters and propellants used in pMDI, and how these are disposed of.
- Management of Chronic Obstructive Pulmonary Disease (COPD) – categorisation of patients for initial inhaled therapy; the use of the MRC dyspnoea scale rather than the modified MRC was accepted.
- Initial inhaled therapy: Group A
  - NICE do not support monotherapy; GOLD do recommend monotherapy. The N&E FIG felt that there was a place for monotherapy. If a LABA/LAMA is prescribed there may be increased drug costs but possibly cost savings in other areas. The FIG discussed the number of patients receiving monotherapy, stepping up to dual therapy, education and initiating patients onto dual therapy in the first instance. Monotherapy recommendations were accepted as an option for these patients.
- Initial Inhaled therapy: Group D
  - GPs felt it was useful to include the NICE description of asthmatic features, or features suggesting steroid responsiveness.

- Alignment of steroids across the geographical areas in Devon. Agreed to remove Seretide®Accuhaler® from the COPD guidance pages, but to retain the product in the formulary drug pages. This product is not recommended for new patients.

- Other pharmacological treatments
  - It was noted that roflumilast is subject to a NICE Technology Appraisal. It was agreed to retain roflumilast in the formulary as a 'red' hospital only drug.
  - Oxygen therapy – this will be reviewed separately and will be brought to FIG at the appropriate time.
- Management of acute exacerbations
  - Glucocorticoids: The duration of treatment was discussed. It was noted that there may be an education point for self-management. There was also discussion about tying in with antibiotics and that there was an argument to reduce duration of treatment with antibiotics. The FIG agreed to state 5-7 days.

The FIG was asked to forward any other thoughts to the Formulary team.

ACTION: FIG members to forward any additional thoughts on this draft formulary guidance to the Formulary team.

8. Chlamydia guidance review

Following an update to the Chlamydia trachomatis guideline from the British Association for Sexual Health and HIV (BASHH) in September 2018, formulary guidance has been reviewed and an update is proposed.

According to BASHH, Mycoplasma genitalium (MGen) is emerging as a significant sexually transmitted pathogen and coinfection rates of 3%-15% with chlamydia have been reported. Recent data demonstrate an increasing prevalence of macrolide resistance in MGen, likely due to the widespread use of single use azithromycin to treat sexually transmitted infections, and the limited availability of diagnostic tests for MGen.

In addition, single use azithromycin has also been shown to be less effective than doxycycline for rectal chlamydia trachomatis.

As a result of its macrolide resistance in MGen and its inadequacy as a treatment for rectal chlamydia trachomatis, BASHH no longer recommends single use azithromycin for treatment of uncomplicated chlamydia infection at any site, regardless of the gender of the infected individual and it is proposed that Devon formulary guidance is amended to reflect this.

The FIG considered and accepted the proposed formulary guidance with minor amendment.

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

9. Continence formulary guidance (update)

On the 8th May 2019, the South & West FIG were asked to discuss a review of the continence guidance and associated products to align practice in the community and in hospitals.

The formulary guidance was updated to include product order codes and sizes of catheter or catheter accessories for ease and accuracy of prescribing the appropriate product choice. The top tips section of the continence formulary was incorporated within the product entries to allow corresponding information to link directly to the appropriate products.

At that time, the FIG considered the proposed formulary entry and 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.

It was agreed that further work was needed to attempt to provide guidance/rationales as to why a particular product may be required.

The FIG was asked to consider whether the product entries now proposed provide appropriate guidance/rationales for inclusion as requested by FIG?

A discussion took place about;

- Whether HydroSil Silicone Hydrophillic Personal (Rochester) is still available following the merger of Bard Medical with Rochester. This may be brought back to FIG at a future meeting.
- Anti-infective – it was agreed to keep VaPro Hydrophilic (Hollister). However VaPro Plus (Hollister) is more expensive and it is suggested that this be removed from the entry. A query was raised regarding evidence for a reduction in the risk of bacterial infection with this product. It was suggested that the Formulary team raise this with specialists; a Continence Advisor could be invited to attend a future FIG meeting to inform any future discussions.

ACTION: Formulary team to ask specialists to provide evidence for reduction of risk of bacterial infection with VaPro Plus.

- There was discussion about latex free products. Using only latex free products would be more expensive. It was agreed to make no changes to the formulary from this perspective.

The FIG accepted the proposed formulary entry subject to the amendments discussed above.

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

10. Wound Management review

The proposed revision to formulary guidance Chapter 17. Wound Management Formulary was circulated with the meeting papers. It has undergone format changes and information has been consolidated to streamline the accessibility of clinically appropriate guidance and treatment options.

The proposed guidance contains new information with regards to debridement guidance. This information has been adopted from the North and East Wound Management section.

Slider 17.6.1 Topical negative pressure therapy, has undergone some changes to highlight that prescriptions should not be initiated in primary care and advice should be sought from Tissue Viability or Medicines Optimisation Teams.

Some more in-depth details with regards to specific nurse clinician treatment protocols and reference to national and professional guidelines on the basic principles of wound care management have been removed. This has been agreed with the specialists involved.

Some changes to the formulary formatting have taken place. Sections have been sub-categorised so that products have clear indications for use, this also allows for further specific product information or guidance related to the products to be located alongside the individual entries

The FIG was asked if the proposed version was clear and easy to follow and if the committee agreed with the proposed version. The FIG was asked to consider the proposals and forward any comments to the Formulary team over the next two weeks. The formulary will be updated subject to any comments received.

A discussion took place regarding who supplies the dressings. It was noted that Cornwall has moved to central ordering for dressings, which reportedly works well.

ACTION: Demelza Grimes to ascertain whether a similar process for supply of dressings exists in Devon.

11. Proposed change to process for preferred brand recommendations

Using approved (generic) names is generally encouraged for prescribing in both primary and secondary care. However, to help with cost pressures across the NHS and specifically for primary care prescribing, some locally agreed preferred brands are specified in the formulary.

Currently, the Medicines Optimisation (MO) Team of NHS Devon CCG identifies such opportunities, evaluates the governance and financial implications, and works with the Clinical Effectiveness (CE) Formulary Team to prepare FIG papers for consideration at FIG meetings, or via the electronic FIG (eFIG) process.

In February 2018, the N&E Devon FIG considered a proposal for a revised process for preferred brands. Under this process the CCG continued to advocate generic prescribing subject to there being no identified clinical or financial benefits to using a specified brand. Where a branded product may be preferred solely on cost grounds, the process for

recommending this product was to be managed by the MO team. Brands specified in the Devon joint formulary on cost grounds alone would be removed from individual drug entries (which would continue to be listed as generic), and a single separate preferred brands page would be maintained. As part of their assessment, the MO Team would consider and document equivalence in terms of efficacy and safety, as well as cost efficiency, in line with the preferred band recommendations process. To date, this process has not been used by the N&E Devon MO Team.

A Devon wide trial of a slightly revised process for recommending preferred brands was proposed, allowing adoption of preferred brands at pace where significant savings may be made (while maintaining an appropriate level of governance and oversight.

FIG members were asked if they were happy with the proposal that the management of preferred brands which are recommended on the basis of cost alone is undertaken by the CCG MO Team.

The FIG accepted the proposal. There was discussion about auditing of savings made. It was noted that this takes place and that savings are being made, usually between 50-80% of the estimate is achieved.

12. Recent drug decisions (including NICE)

The recent updates were received. In particular the following amendments to the formulary were noted:

- Modafinil Specialised Medicines Service prescribing guideline is now Devon-wide and is available on the CCG website, the formulary entry has also been updated to reflect this.
- The historic shared care guideline for penicillamine is no longer supported by local specialists due to changes in medical practice, the guideline has therefore been withdrawn and penicillamine has therefore been reclassified to red (hospital only). MO Teams in liaison with specialists have worked to identify any affected patients.
- The daclizumab entry has been deleted, the product was removed from the formulary in September 2018 following withdrawal of NICE TA441 (the manufacturer withdrew its marketing authorisations and EMA safety review). At that time guidance from the MHRA recommended safety monitoring for 12 months following discontinuation of daclizumab, so an amended entry was retained to reflect this advice; 12 months has now passed and therefore the entry has now been deleted.

A brief discussion took place. It was noted that there would be a record of the dates on which the formulary entry for daclizumab was amended and then deleted.

13. MHRA Drug Safety Updates: July, August, September 2019

July 2019

- Febuxostat (Adenuric): increased risk of cardiovascular death and all-cause mortality in clinical trial in patients with a history of major cardiovascular disease. This has been updated. A reference to this will be included on the guidance page.

ACTION: Formulary team to add a reference to this on the guidance page.

- Tocilizumab (RoActemra): rare risk of serious liver injury including cases requiring transplantation. Add title and link to advice for healthcare professionals.

ACTION: Formulary team to add title and link out to advice for healthcare professionals.

- Rivaroxaban (Xarelto▼): reminder that 15 mg and 20 mg tablets should be taken with food. This has been included in the formulary. This advice will be included in the patient information leaflet and is an advisory label (BNF) for rivaroxaban 15 mg and 20 mg tablets. No further action required.

Letters and drug alerts sent to healthcare professionals in June 2019

- Myocrisin (sodium aurothiomalate) permanent discontinuation. This product has been removed from the formulary.

August 2019

- Daratumumab (Darzalex▼): risk of reactivation of hepatitis B virus. Add title and link out to the advice for healthcare professionals.

ACTION: Formulary team to add title and link out to advice for healthcare professionals.

- Naltrexone/bupropion (Mysima▼): risk of adverse reactions that could affect ability to drive. Not in the formulary - no action required.

- Carfilzomib (Kyprolis▼): reminder of risk of potentially fatal cardiac events. Already added - no further action required.

September 2019

- Hormone replacement therapy (HRT): further information on the known increased risk of breast cancer with HRT and its persistence after stopping. Add title and link out the advice for healthcare professionals.

ACTION: Formulary team to add title and link out to advice for healthcare professionals for HRT.

- Fingolimod (Gilenya ▼): increased risk of congenital malformations, new contraindication during pregnancy and in women of childbearing potential not using effective contraception. Add title and link out to the advice for healthcare professionals.

ACTION: Formulary team to add title and link out to advice for healthcare professionals for Fingolimod (Gilenya ▼).

- Elmiron (pentosan polysulfate sodium): rare risk of pigmentary maculopathy. This is not in the formulary. No action required.

  Post meeting note: NICE have issued a Technology Appraisal for this product. MHRA advice will be added to the formulary when the NICE TA610 is added.

- Montelukast (Singulair): reminder of the risk of neuropsychiatric reactions. Add summary of advice to the product page.

ACTION: Formulary team to add summary of advice to the product page.

Summary of actions

	Action	Lead	Status
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. Draft SMS Guidance will be brought to a future FIG meeting.	Formulary team	Outstanding
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*. Comments have been received from Jim Greig. Steve Cooke is taking this forward.	Formulary team	Outstanding
19/29	*Urinary tract infections - Slider for people over the age of 65 to be brought to a future meeting.* Further queries had been received from Jim Greig. The Formulary Team will raise with Steve Cooke.	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.* Drafts have been sent for comments to specialists, with responses to be brought back to FIG.		Complete
19/81	Accepted formulary entry for Kelhale to be added to the formulary.		Complete
19/82	Accepted formulary entry for Gluco Rx Carepoint – Ultra pen needles to be added to the formulary.		Complete

19/83	Accepted formulary entry for Dermisplus prevent pads to be added to the formulary.	Formulary team	Outstanding
19/84	Accepted formulary entry for latanoprost 50mcg / timolol 5mg/ml preservative free eye drops to be added to the formulary.		Complete
19/85	Estriol 0.01% cream to be removed from the formulary.		Complete
19/86	Add the accepted entry for glycopyrronium bromide oral solution for the treatment of severe sialorrhoea in children and adolescents aged 3 years and older to the formulary.		Complete
19/87	Add the accepted formulary entry for Continuous Glucose Monitoring to the formulary.		Complete
19/88	Amend guideline for Dapsone for the treatment of dermatitis herpetiformis and other dermatoses in adults in line with the discussion and circulate via the e-FIG process for agreement.		Complete
19/89	Add accepted formulary entry for UrgoClean Ag Dressing to the formulary.	Formulary team	Outstanding
19/90	COPD review – any additional thoughts on the draft guidance to be forward to the Formulary team.	FIG members	Outstanding
19/91	Formulary entry for chlamydia to be updated in line with the discussion.	Formulary team	Outstanding
19/92	Specialists to be asked to provide evidence for reduction of risk of bacterial infection with VaPro Plus.		Complete
19/93	Formulary entry for continence to be updated in line with the discussion.		Complete
19/94	Wound management review – ascertain whether a similar process for supply of dressings exists in Devon.	Demelza Grimes	Outstanding
19/95	MHRA Drug Safety Update – July: Febuxostat (Adenuric) – add a reference to this on the guidance page.	Formulary team	Outstanding
19/96	MHRA Drug Safety Updates – July: Tocilizumab (RoActemra) – add title and link out to advice for healthcare professionals.	Formulary team	Outstanding
19/97	MHRA Drug Safety Updates – August: Daratumumab (Darzalex▼): risk of reactivation of hepatitis B virus – add title and link out to the advice for healthcare professionals.	Formulary team	Outstanding
19/98	MHRA Drug Safety Updates – September: Hormone replacement therapy: add title and link out to advice for healthcare professionals.	Formulary team	Outstanding
19/99	MHRA Drug Safety Updates - September: Fingolimod (Gilenya ▼) – add title and link out to advice for healthcare professionals.	Formulary team	Outstanding
19/100	MHRA Drug Safety Updates – September: Elmiron (pentosan polysulfate sodium) advice to be added to the formulary when NICE TA 610 is added	Formulary team	Outstanding

19/101	MHRA Drug Safety Updates – September: Montelkast (Singulair) – add summary of advice to the product page.	Formulary team	Outstanding