http://www.devonformularyguidance.nhs.uk/

Meeting of the Devon Formulary Interface Group

Minutes

7th December 2022

Via Microsoft Teams

Present:

Name	Job Title	Organisation
Tawfique Daneshmend (Chair)	Consultant Gastroenterologist	RDUH NHS FT
Glen Allaway	GP	NHS Devon ICB
Ailene Barclay	Pharmacist	UHP NHS Trust
Heidi Campbell	Pharmacist	NHS Kernow ICB
Matt Howard	Clinical Evidence Manager	NHS Devon ICB
Nick Keysell	GP	NHS Devon ICB
Carole Knight	Medicines Information Pharmacist	RDUH NHS FT
James Leavy	Medicines Information Pharmacist	RDUH NHS FT
Rebecca Lowe	Joint Formulary Technician	NHS Devon ICB
Jess Parker	GP	NHS Devon ICB
Hilary Pearce	Clinical Effectiveness Pharmacist	NHS Devon ICB
Graham Simpole	Medicines Optimisation Pharmacist	NHS Devon ICB
Chris Sullivan	Deputy Chief Pharmacist	Devon Partnership NHS Trust
Larissa Sullivan	Pharmacist	T&SD NHS FT
Charlie Thomas	Senior Medicines Optimisation Pharmacist	NHS Devon ICB
Darren Wright	Joint Formulary Specialist Pharmacy Technician	NHS Devon ICB

Guests:

Hannah Bishop	Diabetes Programme Manager	NHS Devon ICB
Emma Gitsham	Clinical Effectiveness Pharmacist – Specialist Medicines Services (SMS) Guidelines Lead	NHS Devon ICB
Neil Walker	Consultant	RDUH NHS FT

Observers:

Karen Mulgrew	Trainee Pharmacist	T&SD NHS FT
Tamara Speare	Trainee Pharmacist	UHP NHS Trust
Temitayo Soile	Trainee Pharmacist	RDUH NHS FT

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon ICB

1. Welcome and announcements

Meeting etiquette

Tawfique Daneshmend explained the meeting etiquette.

Chairman's welcome

Tawfique Daneshmend welcomed attendees to the meeting of the Devon Formulary Interface Group.

Apologies

NAME	JOB TITLE	ORGANISATION
Andy Craig	GP	NHS Devon ICB
Susie Harris	Consultant Physician/Geriatrician	RDUH NHS FT
Beverley Baker	Non-Medical Prescribing Lead	NHS Devon ICB
Sarah Marner	Senior MO Pharmacist	NHS Devon ICB
Nicola Diffey	Pharmacist	Livewell Southwest

Charlie Thomas attended in the absence of Sarah Marner.

Declarations of Interest

The Declarations made did not result in anyone being excluded from the meeting or from the discussion of any item.

DRUG TO BE CONSIDERED	PHARMACEUTICAL COMPANY/ MANUFACTURER
Continuous Glucose Monitoring in diabetes	Manufacturers of glucose monitoring systems for diabetes, such as Abbott, Dexcom, Gluco Rx, Medtronic, Medtrum Ltd, Senseonics Inc, Ypsomed Ltd (list not exhaustive).
Stoma care Stoma accessories Stoma appliances	 Stoma accessories – Includes, but is not limited to: C D Medical, CliniMed, Coloplast, ConvaTec, Dansac, Hollister, Medicareplus International, Oakmed, Opus Healthcare, Peak Medical, Pelican Healthcare, ProSys International, Respond Healthcare, Rhodes Pharma, Salts Healthcare, Trio Healthcare. Various manufacturers
Just in case bags Various drugs	 Various manufacturers
NICE TA832: Relugolix–estradiol–norethisterone acetate for uterine fibroid Ryeqo	 Gedeon Richter (UK)

DRUG TO BE CONSIDERED	PHARMACEUTICAL COMPANY/ MANUFACTURER
Alternative treatments: Decapeptyl Gonapeptyl Salvacyl Zoladex	 Ipsen Ferring Pharmaceuticals Ipsen Astra Zeneca
Immediate release melatonin tablets Adaflex tablets **Alternative treatments:** Licensed melatonin tablets / oral solution / modified-release tablets Unlicensed melatonin products	 AGB-Pharma AB Various manufacturers Various manufacturers
Ethinylestradiol with etonogestrel contraceptive vaginal ring: SyreniRing **Alternatives:** NuvaRing **Ethinylestradiol with norelgestronmin contraceptive transdermal patch:** Evra Other contraceptive transdermal patches	 Crescent Pharma Organon Pharma (UK) Limited Gedeon Richter (UK) Ltd Various manufacturers
Opiodur (fentanyl) patch Opiodur **Alternative treatments:** Durogesic DTrans Matrifen Mezolar Various patches	 Zentiva Janssen-Cilag Teva UK Sandoz Various manufacturers
Solriamfetol (Sunosi®) for the treatment of excessive daytime sleepiness Sunosi 75mg, 150mg tablets	Jazz Pharmaceuticals UK Ltd
Dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and young people aged 6 years and above Dexamfetamine 5mg tablets and 1mg/ml oral solution Amfexa brand 5mg, 10mg, 20mg tablets	 Various manufacturers Flynn Pharma Ltd

e-FIG ITEM	PHARMACEUTICAL COMPANY/ MANUFACTURER
Urology Drainage Bags Careline+ / Careline Easi MT LINC-Flo Prosys Libra / GB **Alternatives:** Other urology drainage bags **Leg bag holders/sleeves:** URISLEEVE **Alternatives:** Other leg bag holders/sleeves	 Unomedical Ltd LINC Medical Systems Ltd Clinisuppliers Ltd Great Bear Healthcare Various manufacturers Bard Ltd Various manufacturers
Vaginal candidiasis Clotrimazole vaginal cream and pessaries (Canesten) Miconazole vaginal cream (Gyno-Daktarin vaginal cream)	 Various manufacturers Bayer PLC Janssen-Cilag

Name	Job Title	Declaration
Rebecca Lowe	Join Formulary Pharmacy Technician	Work as bank staff at HMP Channings Wood.
Neil Walker	Consultant	Workshop facilitator. Voucher received.

2. Minutes of the meeting held on 12 October 2022 and Actions/Matters Arising

Minutes of the meeting held on 12 October 2022

The minutes of the meeting held on 12 October 2022 were approved.

Summary of actions			
	Action	**Lead**	**Status**
21/23	Thyroid disorders: Update – redraft final guidance in line with the discussion and discuss with specialists.	Formulary Team	Ongoing
21/24	Thyroid disorders: Update – circulate the final draft via e-FIG for agreement.	Formulary Team	Ongoing
21/54	Methotrexate/folic acid dose scheduling clarification – Folic acid recommendations in the gastroenterology Shared Care prescribing guideline for west Devon to be reviewed following contact with gastroenterology specialists at UHP to discuss a more specific definitive statement. *Post meeting note: RD&E gastroenterologists have requested updates to the N&E methotrexate guidelines. A Devon-wide review is proposed and the folic acid prescribing notes in the west Devon gastroenterology guideline will be considered as part of this review.*	Formulary Team	Ongoing
22/25	NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (update to TA599 and consideration of reclassification from red to amber) – Feedback to specialists on the discussion to understand the frequency of potassium monitoring required.	Formulary Team	Ongoing
22/26	NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (update to TA599 and consideration of reclassification from red to amber) look at TA599 evaluations to determine if potassium threshold of 5.5mmol/L has been considered for patients with heart failure.	Formulary Team	Ongoing
22/27	NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (update to TA599 and consideration of reclassification from red to amber) - update the proposed formulary entry and bring back to a future FIG meeting.	Formulary Team	Ongoing

22/40	Tirbanibulin for actinic keratosis – Update guidance for AK and entries for Actikerall and fluorouracil 5% cream in line with the discussion.	Formulary Team	Complete
22/41	Tirbanibulin for actinic keratosis - consult with specialists in SW Devon to see if a Devon wide harmonisation of the classification for imiquimod 5% cream (Aldara) is acceptable.	Formulary Team	Complete
22/48	NICE guidance NG196 – Atrial fibrillation: consult with specialists on the anticoagulation guidance.	Formulary Team	Ongoing
22/51	Ciclosporin eye drops (Verkazia for vernal Keratoconjunctivitis – discuss the impact of the amber classification on prescribing in primary care with the Head of Medicines Optimisation.	Formulary Team	Ongoing
22/52	Ciclosporin eye drops (Verkazia for vernal Keratoconjunctivitis – Update Devon formulary as agreed by the Devon FIG.	Formulary Team	Ongoing
22/61	Formulary team to liaise with the Chair on writing to the Pathology Optimisation Group to ask the group to discuss the MHRA recommendations for vitamin B12 testing for patients receiving metformin	Formulary team	Ongoing
22/62	Update formulary with a link to MHRA Drug Safety Update and note regarding Pathology Optimisation Group after correspondence is sent to the group	Formulary team	Ongoing
22/63	MHRA Drug Safety Update: June 2022 – add a time-limited link from the formulary entry for Novorapid Pumpcart to the NPSA alert	Formulary Team	Complete
22/64	MHRA Drug Safety Update: July 2022 – update the formulary section on migraine, epilepsy and the topiramate entry.	Formulary Team	Ongoing
22/65	Asymptomatic bacteriuria screening in pregnancy – liaise with local specialists/Local Maternity Network and bring views and formulary guidance back to the FIG either via the e-FIG process or to a meeting.	Formulary Team	Ongoing
22/66	FIG Terms of Reference to be updated to reflect organisational and membership changes.	Formulary Team	Complete
22/67	Solriamfetol for the treatment of excessive daytime sleepiness – circulate the proposed formulary entry and amended guideline to specialists for comment.	SMS pharmacist	Complete
22/68	Solriamfetol for the treatment of excessive daytime sleepiness – bring SMS prescribing guideline back to the FIG via the appropriate route.	SMS pharmacist	On agenda
22/69	Update the proposed formulary guidance for osteoporosis and undertake further consultation with specialists.	Formulary Team	Complete
22/70	Following further consultation with specialists bring formulary guidance for osteoporosis and drug entries back to the FIG via the appropriate route.	Formulary Team	Ongoing
22/73	Potassium permanganate – communicate publication of new formulary entry for potassium permanganate to specialist teams and primary care.	Formulary Team	Complete

22/74	Potassium permanganate – notify LPC (via MOCC LPC representative) of new formulary entry for potassium permanganate when published.	Formulary Team	Ongoing
22/75	Schedule the formulary entry for potassium permanganate for review by the FIG at an appropriate time in the future.	Formulary Team	Ongoing
22/76	Remove potassium permanganate from the South & West Devon guidance for infected eczema and review formulary guidance for infected eczema and bring to FIG for discussion following specialist consultation. ***Post meeting note**: Potassium permanganate removed from South & West guidance for infected eczema (3rd Nov 2022)*	Formulary Team	Ongoing
22/77	Liaise with Wound Management Group over alternatives to potassium permanganate for highlighting in the formulary.	Formulary Team	Ongoing
22/78	Iron deficiency anaemia – Forward draft formulary entry to specialists for final comment.	Formulary Team	Complete
22/79	Iron deficiency anaemia – following consultation with specialists update the formulary entry with the accepted entry or bring back to a future FIG meeting for discussion or pursue through the e-FIG process.	Formulary Team	Complete
22/80	Pharmacological treatment for type 2 diabetes (NICE NG28): bring the formulary guidance for the pharmacological treatment of Type 2 diabetes to a future meeting.	Formulary Team	Ongoing
22/81	Pharmacological treatment for type 2 diabetes (NICE NG28): liaise with Heart Failure Teams over GP initiation of SGLT2 inhibitors for chronic heart failure	Formulary Team	Complete
22/82	Stoma care: guidance and product recommendations review: bring review to a future meeting.	Formulary Team	On agenda
22/83	Vaginal candidiasis in pregnancy: update the proposed formulary entry taking account of the discussion and bring back to the FIG via the most appropriate route.	Formulary Team	Complete
22/84	NICE TA805: Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides: Add NICE TA805 to the Devon Formulary in line with the ICB's statutory responsibilities.	Formulary Team	Complete
22/85	Consideration of SyreniRing 0.120mg/0.015mg per 24 hours, vaginal delivery system: progress through a future meeting or via the e-FIG process.	Formulary Team	On agenda
22/86	Consideration of Actimorph (morphine sulfate) orodispersible tablets: add to the formulary as a 'Green' first line treatment.	Formulary Team	Complete
22/87	Formulary entries for salbutamol and terbutaline and formulary nebulisation guidance to be updated to include a link to the Drug Safety Update.	Formulary Team	Ongoing

22/88	Methylphenidate long-acting (modified-release) preparations: caution if switching between products due to difference in formulations: Formulary entry for methylphenidate MR to be updated to include a weblink to the Drug Safety Update.	Formulary Team	Ongoing
22/89	SMS Guidelines: Methylphenidate, lisdexamfetamine and atomoxetine for attention deficit hyperactivity disorder (ADHD) in children and young people aged 6 years and above: Update the guidelines in line with discussion.	Formulary Team	Ongoing

Report of COVID-19 related changes to the formulary (October 2022 to December 2022

"Shared Care" medicines: withdrawal of temporary changes to monitoring schedules during the COVID-19 pandemic

Since the last Devon FIG meeting (12th October 2022) the Formulary Team has continued to support the development and dissemination of temporary COVID-19 related guidance from various local and national groups.

The temporary Devon Formulary page, "COVID-19 Updates" has been updated with important information related specifically to the COVID- 19 pandemic.

At the start of the pandemic, temporary revisions to monitoring schedules for prescribing and monitoring under the NHS Devon Specialised Medicines Service (SMS) ("shared care") prescribing guidelines were agreed with local specialists. These changes extended the frequency of drug safety monitoring in certain clinical circumstances, whilst thresholds for action remained unchanged.

This advice has been reviewed again with specialists and GP representatives and has now been withdrawn.

Formulary section 16.17: End of life symptom control for patients dying of COVID-19 infection

The webpage on end of life (EOL) symptom control for patients dying of COVID-19 infection was created in April 2020 to host resources on symptom control for patients dying of COVID-19 infection in the community setting. At that time, there was limited readily accessible information available for primary care on the management of these patients. The latest figures for page views of section 16.17 in North & East Devon and South & West Devon show that the page is rarely viewed.

The local prescribing information on end of life symptom control for COVID-19 infection with oral medicines and medicines given by syringe driver is overdue for review. This has prompted consideration of whether it is necessary to maintain this webpage in the current phase of the pandemic.

The FIG was asked whether this webpage is still required in the current phase of the pandemic bearing in mind that it is possible for section 16.17 and the relevant information from the COVID-19 update page to be taken down and reinstituted if required.

The FIG considered it would be acceptable to take down formulary section 16.17 and relevant information from the COVID-19 update page pending consultation with the palliative care

specialists. The discussion noted that this had been an excellent resource at the time but it is not needed during the current phase of the pandemic.

The Formulary team will liaise with Palliative care consultants.

ACTION: Formulary Team to liaise with Palliative care consultants.

ACTION: Formulary team to take down section 16.17 and relevant information from the COVID-19 update page pending consultation with palliative care consultants.

Report of e-FIG decisions: November 2022

SyreniRing

This item is included on the meeting agenda.

Proposal to remove Careline Leg and Night Bags which were discontinued at the end of November and replace these with alternative options

The proposals were accepted, the formulary has been updated and this information has been included.

Treatment of vaginal candidiasis

This was largely considered acceptable, however, some feedback was received from a specialist on the use of vaginal applicators in pregnancy which contrasted with that of a colleague in the same department and the microbiologist at UHP raised a concern that national guidance is not being followed by omitting miconazole vaginal cream as an option.

The FIG decision on the guidance for vaginal candidiasis will be paused.

ACTION: The Formulary team will seek the views of specialists on the use of vaginal creams which require insertion using an applicator during pregnancy and bring revised guidance back to the FIG via the appropriate route.

Recent Drug Decisions

The FIG received a report of recent drug decisions.

The FIG were invited to address any queries to the formulary team outside of the meeting.

3. Stoma care

Following recent discontinuations of stoma products and the availability of new products on the market, the formulary stoma care section has been reviewed by Stoma Care Specialist Nurses (with representation from each of the three NHS Trusts across Devon).

The review was carried out with the intention of harmonising the two formulary presentations (north & east and south & west Devon) to create one cohesive Devon-wide recommendation section, enabling a consistent prescribing approach across the county, whilst providing guidance to support GPs and other prescribers in the prescription management process around appropriate, cost effective, and rational prescribing for stoma products in primary care. A summary of proposed changes was presented to the FIG, showing proposed removals, additions, and where no change was proposed.

Twelve-months' ePACT2 data (August '21-July '22) shows that approximately £7.84 million was spent on stoma care products in Devon: £5.9 million on ostomy bags (various types) and £1.89 million on stoma accessories. Only stoma accessories are included in the Devon Formulary. Acquisition costs of many of the proposed products are similar or lower than current recommendations; where proposed changes may cost more than existing options, clinical rationales were provided by the specialists. Inclusion of all proposed products is not expected to significantly increase primary care expenditure.

The FIG considered and accepted the proposed stoma care guidance and product recommendations without amendment. The discussion noted that:

- Formulary options should be used unless specialists specify otherwise.
- In line with the national drive to reduce the NHS carbon footprint, the Formulary team will feedback to stoma teams to request that manufacturers consider ways to reduce the environmental impact of stoma products.

ACTION: Formulary Team to feedback to Trust Stoma Teams to raise the environmental impact of stoma products with manufacturers.

The FIG acknowledged the considerable amount of work which had gone into producing the guidance. The input of specialists was recognised.

ACTION: Formulary team to update the formulary with the agreed stoma care guidance and formulary entries.

4. Just in Case bags

Differences exist between the North & East Devon and South & West Devon Formulary sections for Just In Case Bags which the palliative care specialists in Devon have harmonised as part of work on a draft Devon-wide palliative care chapter to be brought to a future FIG meeting for discussion and agreement.

In the meantime, the Formulary team has been approached by, an ICB Medicines Optimisation Pharmacist, to request that specific text on whether a Just In Case bag is required if a syringe pump is in use is harmonised across Devon. This text has been prioritised to enable a policy on the principles of Just In Case bags in community settings in Devon to be finalised.

The proposal is for the existing statements on Just In Case Bags for patients with a syringe pump to be replaced with a statement indicating that once the patient has a syringe pump in situ, there is no longer a need for a Just In Case Bag and "as required" subcutaneous medication should be prescribed on the relevant syringe pump prescription form.

The FIG considered and accepted the removal of the existing statements and inclusion of the proposed statement in the formulary section on Just in Case Bags.

ACTION: **Formulary team to update the formulary section for Just In Case bags with the agreed formulary entry.**

5. Continuous Glucose Monitoring in diabetes

The Integrated Care Board (ICB) Executive has approved an updated policy in respect of continuous glucose monitoring (CGM) in diabetes. The policy is in line with updated national guidelines published by NICE in February 2022 (NG17, NG18 and NG28) and is awaiting publication. A specialist from RDUH and the Diabetes Programme Manager NHS Devon were present for discussion of this item.

CGM systems measure interstitial glucose levels using a sensor which has a small filament sitting under the skin. They are an alternative to "finger prick" self-monitoring blood glucose (SMBG) testing for people with diabetes. Real time CGM (rtCGM) and intermittently scanned CGM devices (isCGM) are available.

In rtCGM, measurements are generally taken every few minutes and are wirelessly transmitted to a receiver. A range of systems are available, most provide alerts if glucose levels fall outside of a pre-defined glucose range. More advanced systems can provide predictive alerts for hypoglycaemia and may also be used in conjunction with other devices such as insulin pumps. Many of the automated rtCGM features are not available with isCGM.

Broadly speaking, rtCGM systems can be subdivided into secondary care procured devices and GP prescribable devices. Secondary care procured devices are the more advanced, higher cost systems that are only available via hospitals. The formulary currently classifies these devices as 'red' (hospital only). GP prescribable rtCGM devices are lower cost systems whose sensors can be prescribed via FP10. Currently there are no GP prescribable rtCGM systems listed in the Devon Formulary. Freestyle Libre 2 is the only available isCGM device; it is listed in the Devon formulary as 'amber' (specialist input).

NICE Guidelines NG17, NG18 and NG28 recommend that CGM is made available to all patients with type 1 diabetes and a specific sub-group of insulin treated adults with type 2 diabetes. CGM initiation, including product selection and patient training, is currently undertaken by specialist teams in secondary care. Provision of CGM in line with NICE guidelines will result in a significant increase in the number of eligible patients, meaning that more clinicians will need to acquire the skills and knowledge to initiate CGM appropriately.

The formulary classification of CGM was considered by the FIG in October 2022, as a decision "in principle" pending policy approval from the ICB Executive. At that time, local specialists from adult services expressed a clear preference for primary care initiation, highlighting capacity constraints in secondary care and the availability of online information and support from the system manufacturers. However, the FIG did not feel that the knowledge and skills needed were widely available in primary care and therefore considered that primary care initiation was not appropriate. The FIG considered that the potential benefits of CGM are expected to accrue when:

- an informed discussion between patient and clinician can identify the most appropriate device,

- the patient is sufficiently knowledgeable to respond appropriately to the device readings / alarms, and
- clinicians are able to review and act on the available data collected.

It was considered important that the initiating clinician be able to provide patient training and support. In addition, the FIG noted that reader devices may be necessary for patients without compatible smart phones.

NHS Devon is working with front line NHS clinicians in Devon to develop a plan for the roll out of CGM. This implementation plan is being led by the Devon Diabetes Delivery Group. It is recognised that some eligible patients may have to wait to access CGM while work is underway to upskill clinicians.

The FIG was asked to consider an interim amber classification to support publication of the new policy. Local specialists highlighted that there are already some healthcare professionals in primary care who have the necessary skills and knowledge to appropriately initiate CGM. It was proposed that the formulary entry should support clinicians with the necessary skills to initiate CGM, regardless of the sector in which they work.

Three GP prescribable rtCGM systems are listed in the Drug Tariff. Information on these has been difficult to find, however the available information was presented to the FIG. There were concerns regarding the availability of supporting information for one of the systems (the website did not work, and there was conflicting information in the formulary pack and user guide). Another system cannot be used to make treatment decisions (the user is required to undertake finger prick blood SMBG to confirm readings). It was proposed that only the Dexcom ONE system should be included at this time.

Freestyle Libre 2 is the only available isCGM device. It is currently recommended as an amber option in the Devon Formulary, it was proposed that this remains the case.

A range of secondary care procured systems are currently available. These systems are only available via the secondary care NHS supply chain; they cannot be prescribed in primary care. The Devon Formulary currently lists Dexcom G5 and G6, and Medtronic Guardian 3 as red. Feedback from specialists has indicated that other systems are also in use, and that they may wish to change these in future depending on procurement arrangements. It was proposed that the Devon Formulary does not list individual secondary care procured rtCGM systems, to allow specialist teams to make decisions in line with the local commissioning policy, informed by local procurement arrangements.

Diabetes specialists in adult and paediatric services across Devon had been contacted regarding the proposal to ask the FIG to consider an interim classification of amber for GP prescribable CGM. Specialists were generally in support of this approach; however some concerns were raised that patients may face delays if waiting to see a specialist.

A proposed formulary entry was then circulated to specialists for comment. Two responses in support of the draft entry were received in response.

The FIG considered and accepted the proposed formulary entry for CGM devices with minor amendment. The devices will have ‘amber’ status in the formulary. There was discussion about:

- The rolling out of prescribing in primary care and that amber status is an interim position while the Diabetes Delivery Group work to upskill clinicians in primary care.
- The addition of the Dexcom ONE rtCGM system to the Devon Formulary and the removal of a list of specific secondary care procured rtCGM systems.
- The environmental impact of replacing the transmitter every 3 months, as required with the Dexcom ONE system. This will be raised with manufacturer.
- The updated criteria relating to isCGM as per the NHS Devon policy; this will be highlighted in the entry and Formulary Update communications to stakeholders
- Clarity on what can and cannot be prescribed on FP10s. The formulary entry will include examples of common secondary care procured systems to aid GPs who receive requests for these in primary care.

ACTION: Formulary team to highlight the updated isCGM criteria in the formulary entry and Formulary Update communications to stakeholders.

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

6. NICE TA832: Relugolix–estradiol– norethisterone acetate for uterine fibroid

NICE issued technology appraisal TA832 'Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroid' on 19th October 2022. The European Medicines Agency and MHRA public assessment reports and NICE TA832 were reviewed for the meeting paper. Treatment with Ryeqo tablets provides a non-surgical option for patients with moderate to severe symptoms of uterine fibroids which is licensed for long-term use. Before the licensing of Ryeqo, the only oral option was ulipristal acetate which is restricted to the treatment of women when uterine fibroid embolisation and/or surgical treatment options are not suitable or have failed. Gonadorelin releasing hormone (GnRH) agonists are only approved for short-term preoperative use because of their adverse effects on bone mineral density.

To meet the mandatory timeline for publishing the technology appraisal (TA) in the Devon Formulary, the FIG was asked to consider the proposed new formulary entry for relugolix-estradiol-norethisterone (Ryeqo).

There was discussion about:

- The Ryeqo SmPC recommendation for all patients to have a DXA scan following 12 months of treatment to determine whether treatment should be continued. It was noted that DXA scans cannot be requested locally without first conducting a fracture risk assessment using the FRAX risk assessment tool. Other practicalities including interpretation of the DXA scan results and timely access to a DXA scan were discussed.
- It was agreed that further work would be conducted to understand the background to the SmPC recommendation for a DXA scan following 12 months of treatment and that advice would be sought from specialists on a pragmatic approach.

The FIG members recognised that specialists are keen for Ryeqo to be available locally and agreed for Ryeqo to be included in the formulary as a red (hospital-only) drug to be prescribed by specialists, while further work is undertaken into the SmPC recommendation for a DXA scan after 12 months of treatment. When this work is complete and the FIG can take a decision on the local approach to this recommendation, it was agreed that it would be appropriate for the FIG to discuss the reclassification of Ryeqo from red (specialist is responsible for prescribing) to amber (GP

prescribes on the advice of a specialist). The Formulary team will seek the views of specialists at this point.

The FIG considered and accepted the proposed formulary entry for NICE TA832: Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroids with the omission of notes 2 and 4.

ACTION: Formulary team to undertake further work on Ryeqo SmPC recommendation for DXA scan at 12 months for all patients

ACTION: Formulary team to add the formulary entry for NICE TA832: Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroid to the Devon Formulary in line with the discussion.

7. Immediate Release melatonin Tablets

An application was received from the ICB Medicines Optimisation (MO) Team for inclusion of melatonin immediate release tablets in the Devon Formulary as a licensed alternative for some children.

Melatonin is a hormone produced in the pineal gland that helps to control the sleep cycle. Endogenous melatonin production increases at night-time, peaking in the early hours of the morning, and reduces during daylight hours.

The Devon Formulary recommends melatonin as an amber option to aid sleep cycle synchronisation in children with sensory impairment, autistic spectrum disorder, in other neurodisability / neuropsychiatric / neurodevelopmental disorders including ADHD when behavioural measures have been insufficient. It is also used by trusts to induce sleep in children undergoing sleep EEG. This indication is currently only recognised in the South & West Devon drug entry.

The Formulary currently recommends off label use of Circadin modified release 2mg tablets, which are licensed for short-term treatment of insomnia in patients aged 55 or over.

A licensed product (Adaflex) is now available for insomnia in children and adolescents aged 6-17 years with ADHD, where sleep hygiene measures have been insufficient. Adaflex tablets containing melatonin 1mg, 2mg, 3mg, 4mg and 5mg are available. The tablets can be swallowed whole or crushed and mixed with water directly before administration.

The regulatory agency Public Assessment Report (PAR) for Adaflex was summarised for the FIG. Two small, short-term studies and one longer term follow up were submitted in support of licensing. The regulatory authority concluded that Adaflex tablets produced clinically relevant effects on sleep latency but did not have a clinically relevant effect on daytime performance. The PAR indicates that robust data on the long-term safety of treatment with melatonin in children and adolescents is still lacking.

The current formulary entries for North & East and South & West Devon differ slightly. The Formulary Team proposed that the entries are harmonised to provide the same information across Devon.

Recommendations regarding melatonin in the NICE guidelines on ADHD, autism spectrum disorder in under 19s, challenging behaviour and learning disabilities, and cerebral palsy in under 25s were considered.

The classification of melatonin in other formularies in Southwest England was considered; where recommended for children, it is generally either amber or red.

The MO team has identified a significant amount of non-formulary prescribing of melatonin in primary care, including a range of unlicensed specials. The MO team has estimated savings of up to £120,000 per year if Adaflex can be used instead of unlicensed "specials" or off-label immediate release products.

The MO team estimates additional annual savings of up to £268,000 if Adaflex can be used instead of melatonin 1mg/ml oral solution which is also licensed for insomnia in the same patient group.

Some patients are currently prescribed Circadin prolonged-release tablets to be crushed prior to administration, resulting in an unlicensed immediate release preparation. The MO team is undertaking work to establish how many patients this is likely to be, and whether there are clinical reasons why Adaflex would not be a suitable alternative.

Feedback from specialists was broadly supportive of inclusion of melatonin immediate release tablets in the Devon Formulary but highlighted that some patients (or their parents / carers) will be unwilling / unable to switch from existing formulations. Specialists highlighted that some children are discharged from specialist services on melatonin as there is no ongoing involvement from the teams. It was suggested that it is not unreasonable that primary care carry out a 6-month review and if there are concerns then to seek advice from secondary care. Specialists also raised the need to be clear about the inferiority of sleep medication compared with nursing and parenting support, and the risk of dependence, along with having a plan for stopping treatment.

The FIG considered and accepted the inclusion of melatonin immediate release tablets in the Devon Formulary with minor amendment to the proposed formulary entry.

There was discussion about:

- Feeding back to healthcare professionals, such as school nurses and health care visitors, that GPs should only be asked to prescribe melatonin on the advice of a paediatrician.
- Inclusion of information in the Devon formulary noting that melatonin should be prescribed in primary care only on the advice of a specialist paediatrician. This will enable GP discussion with patients, carers or other healthcare professionals in the event of GP prescribing being requested.
- Difficulties posed when children transition to adult services.
- The need for robust Scriptswitch messaging.
- A number of changes to the proposed entries were requested, including a note that when Circadin tablets are crushed they become immediate release, and the high cost of the oral solution compared with the immediate release tablets.

ACTION: Formulary Team to update the Devon Formulary with the accepted entry for Immediate Release Melatonin Tablets.

8. SyreniRing 0.120mg/0.015mg per 24hours, vaginal delivery system

An application was received from an Associate Specialist in Sexual Health at Torbay and South Devon NHS Foundation Trust to consider replacing NuvaRing with SyreniRing as an option for contraception in women.

SyreniRing is a contraceptive vaginal ring (CVR) containing etonogestrel and ethinylestradiol. CVRs are available in the UK as NuvaRing and SyreniRing. NuvaRing is currently included in the South & West presentation of the Devon Formulary as an amber (specialist input) option for contraception in women. SyreniRing does not require refrigeration and has a shelf life of two years. In contrast, NuvaRing has a shelf life of three years, but must be refrigerated prior to being dispensed, and used within 4 months after being dispensed.

An e-FIG for SyreniRing was circulated on 15th November 2022 which included proposals on:

- Inclusion of SyreniRing Devon-wide and removal of NuvaRing
- Reclassification of the formulary CVR and contraceptive transdermal patch (CTP) from amber (specialist input) to blue (second line)
- Inclusion of tailored combined hormonal contraceptive (CHC) regimens

Comments received in response to the e-FIG indicated that further information and discussion was needed for the FIG to take a decision on these proposals. A paper addressing the key points raised during the e-FIG process was presented to the FIG. Key points included:

- The regulatory authority assessment report indicated that Etonogestrel/Ethinylestradiol Leon Pharma is considered to be bioequivalent with NuvaRing.
- If SyreniRing were to be prescribed instead of generic Ethinylestradiol 2.7mg / Etonogestrel 11.7mg vaginal delivery systems and NuvaRing, financial savings in the region of £4,000 per annum in primary care in Devon could be realised.
- Additional information on CVRs and CTPs provided in the Faculty of Sexual and Reproductive Health guidance for combined hormonal contraceptives to support a GP in the initiation and prescribing of CVRs and CTPs.

The FIG considered and accepted the proposed updated section 7.3.1 Combined hormonal contraceptives (CHC) without amendment and associated sections in the contraception guidance page

There was discussion about:

- Reclassification of the CVR and the CTP would enable initiation in primary care where there is interest in offering a wider range of contraceptive options. However, consultations for the CVR can be lengthy and complicated and it was suggested that many GPs will continue to request that initiation of the CVR is undertaken by the Family Planning clinics
- SyreniRing is useful to have however it is unlikely there will be many patients who choose it.

ACTION: **Formulary Team to update the formulary with the accepted formulary entry 7.3.1 Combined hormonal contraceptive (CHC) without amendment and associated sections in the contraception guidance page.**

9. Opiodur transdermal patch

Fentanyl transdermal patches are included in the Devon Formulary as Matrifen and Mezolar brand 72-hour matrix patches. Brand name prescribing is recommended to ensure continuity and to reduce the risk of confusion and error in dispensing and administration. A Senior ICB Medicines Optimisation Pharmacist, has proposed that Matrifen and Mezolar patches are replaced with Opiodur (fentanyl) 72-hour matrix patches, which are a lower cost option.

Opiodur patches are available in the same strengths as the Matrifen and Mezolar patch with the exception that Mezolar is also available as the 37.5mcg/hr patch. Opiodur patches have the same licensed indications as Matrifen and Mezolar patches. Opiodur patches were licensed on the basis of comparability with the Durogesic (fentanyl) patch. Good or better adhesion and equivalent or lower skin irritation was reported for Opiodur patches compared with Durogesic patches

Opiodur patches are cost saving compared with Matrifen and Mezolar patches for each strength of patch. The Medicines Optimisation team estimate an annual cost saving of approximately £145,000 if there is a 100% switch from Matrifen and Mezolar patches to Opiodur patches in primary care in Devon.

Given the extent of use of Matrifen and Mezolar patches, an interim solution was proposed. Matrifen and Mezolar patches will no longer be formally recommended in the Devon Formulary. The proposed text will accept *non-formulary* use for existing patients, whilst supporting a transition away from the use of Matrifen and Mezolar patches in a managed way. The FIG would be asked to consider the removal of this wording from the formulary twelve months after Matrifen and Mezolar is removed from the formulary.

Consultation with the trust pharmacies and specialists in pain medicine and palliative care was undertaken. Comments received from specialists indicated support for the proposal.

The FIG considered and accepted the addition of Opiodur patches in place of Matrifen and Mezolar patches and the interim position for Matrifen and Mezolar patches without amendment.

ACTION: Formulary Team to update the 4.7.2 Opioid analgesics with the accepted formulary entry.

10. MHRA Drug Safety Updates (October 2022)

The FIG received the Drug Safety Update report for October 2022.

In September 2022, the only article was a National Patient Safety Alert issued to support the recall of 2 batches of the antibiotic Targocid (teicoplanin) 200mg powder for solution for injection/infusion or oral solution. This is a red (hospital only) drug in South & West Devon. The NPSA alert was not included in the formulary as this was a batch specific issue which local trusts would be expected to act on accordingly.

11. Solriamfetol for the treatment of excessive daytime sleepiness in adults

NICE Technology Appraisal Guidance (TA758) was issued for solriamfetol in January 2022 for treating excessive daytime sleepiness (EDS) in adults caused by narcolepsy with or without cataplexy only if modafinil and either dexamfetamine or methylphenidate have not worked well enough or are not suitable. Following publication of the guidance Solriamfetol was added to the Devon Formulary as a red (hospital only) drug in order to meet the mandatory timeline for implementation of the NICE Technology Appraisal.

The solriamfetol Specialised Medicines Service (SMS) "shared care" prescribing guideline was first discussed by the Devon FIG on the 17th August 2022. A local Consultant Neurologist was present for the discussion. At that meeting the FIG considered and accepted the reclassification of solriamfetol from red (hospital only) treatment to an amber (specialist) treatment, and the proposed guideline, subject to some amendments. The changes agreed at the meeting on 17th August were made to the guideline prior to re-circulating the revision to specialists for comment.

Specialists from Plymouth requested further changes to the guideline in relation to the minimum duration of prescribing and monitoring to remain in secondary care prior to sharing care. A compromised position of a minimum of 2 months prescribing and monitoring by the specialist was agreed by Devon-wide specialists, who may retain responsibilities for longer if it is in the best interests of the patient.

The proposed amendments were shared with the Devon Local Medical Committee (LMC) for comment on the clinical content. The LMC fed back that there were no concerns with the revision.

The FIG was asked to consider the amendments made to the draft SMS prescribing guideline for solriamfetol and the proposed formulary entry.

The discussion noted:

- That the FIG were generally in agreement with the updated guideline
- That the FIG accepted the template "shared care" agreement letters
- That clarity should be sought from specialists about how the phrase "2 occasions" which is included in the table detailing actions for GPs following detection of abnormal monitoring results, is defined with respect to the interval and urgency for repeat blood pressure and heart rate measurements.

ACTION: **Clarity to be sought from specialists regarding repeat blood pressure and heart rate measurements**

12. Dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and young people aged 6 years and above

Dexamfetamine is listed in the Devon formulary as a specialist initiated amber treatment for ADHD and is being prescribed in primary care however there is currently no "shared care" prescribing guidance to support this. It is proposed that Specialised Medicines Service (SMS) "shared care" prescribing guidelines are published for children and young people aged 6 years and above and for adults.

A draft guideline was presented; the overall content of the guideline is based on NICE Guideline NG97 (2018) and follows the same principles and format as the recently reviewed paediatric ADHD SMS prescribing guidelines for methylphenidate, lisdexamfetamine and atomoxetine.

NHS England has recently published a suite of shared care protocols, developed by the Regional Medicines Optimisation Committee (RMOC) North. The protocols have been developed as national documents that can be adopted and adapted where relevant, using local governance processes. Protocols have not yet been published for medications in children and young people however a dexamfetamine protocol has been developed for use in adults. The content of the national protocols was considered during the development of the local guideline, including updates to the shared care agreement letters.

Currently only dexamfetamine 5mg tablets are listed in the Devon formulary. Other formulations are available: 10mg tablets, 20mg tablets and 5mg/5ml sugar free oral solution.

The FIG considered the proposed update to the dexamfetamine formulary entry and the proposed SMS prescribing guideline for children and young people aged 6 years and above in line with the following:

- Devon wide implementation of the prescribing guidance was accepted subject to the following amendment and clarification:
    - Cerebral vasculitis – it was agreed that the action for GPs be amended to state 'Stop dexamfetamine and arrange urgent admission to paediatrics.'
    - Clarity should be sought from specialists about how the phrase "2 occasions" which is included in the table detailing GP actions following detection of abnormal monitoring results, is defined with respect to the interval and urgency for repeat blood pressure measurements.

ACTION: Clarity to be sought from specialists regarding repeat blood pressure measurements.

- Child and Family Health Devon (CFHD) requested the following statement regarding patients who become pregnant or wish to become pregnant whilst taking dexamfetamine be removed from the guideline: "*The specialist will reassume prescribing responsibilities ending the shared care agreement*." The FIG discussed the statement and the following considerations:
    - The sentence reflects the advice detailed in the shared care protocol for dexamfetamine published by RMOC North and NHS England.
    - Licensing in pregnancy varies between manufacturers – some manufacturers contraindicate its use whilst others state it is not recommended.
    - The BNF states that it should be avoided during pregnancy with "retrospective evidence of uncertain significance suggesting possible embryotoxicity."
    - The "best us in medicines in pregnancy (bumps)" website entry for the use of amfetamines in pregnancy cites limited and confounding data and recommends case specific risk assessments and discussion with UKTIS for all cases
- The FIG agreed that the sentence should remain in the guideline given the small number of patients this is likely to apply to and be highlighted in bold.
- The FIG accepted the standardised "shared care" agreement letter templates subject to one amendment: remove 'blood' from the sentence 'The next blood monitoring is due on [insert date]' on the "Specialist request to GP" letter.

- The FIG supported the adoption of the revised shared care agreement letters to the recently updated methylphenidate, lisdexamfetamine and atomoxetine paediatric guidelines

ACTION: Add updated shared care agreement letters to the recently updated methylphenidate, atomoxetine and lisdexamfetamine paediatric SMS guidelines.

- The FIG supported addition of the 10mg and 20mg dexamfetamine tablets and dexamfetamine 5mg/5ml sugar free oral solution to the formulary. It was agreed that a note be added to the formulary entry to highlight the increased acquisition cost of the liquid and therefore the solid dose forms should be used preferentially

ACTION: Dexamfetamine 10mg and 20mg tablets to be added to the formulary.

ACTION: Dexamfetamine 5mg/5ml sugar free oral solution to be added to the formulary with supporting note.

Summary of actions			
	Action	**Lead**	**Status**
21/23	Thyroid disorders: Update – redraft final guidance in line with the discussion and discuss with specialists.	Formulary Team	Ongoing
21/24	Thyroid disorders: Update – circulate the final draft via e-FIG for agreement.	Formulary Team	Ongoing
21/54	Methotrexate/folic acid dose scheduling clarification – Folic acid recommendations in the gastroenterology Shared Care prescribing guideline for west Devon to be reviewed following contact with gastroenterology specialists at UHP to discuss a more specific definitive statement. *Post meeting note: RD&E gastroenterologists have requested updates to the N&E methotrexate guidelines. A Devon-wide review is proposed and the folic acid prescribing notes in the west Devon gastroenterology guideline will be considered as part of this review.*	Formulary Team	Ongoing
22/25	NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (update to TA599 and consideration of reclassification from red to amber) – Feedback to specialists on the discussion to understand the frequency of potassium monitoring required.	Formulary Team	On agenda
22/26	NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (update to TA599 and consideration of reclassification from red to amber) look at TA599 evaluations to determine if potassium threshold of 5.5mmol/L has been considered for patients with heart failure.	Formulary Team	On agenda
22/27	NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (update to TA599 and consideration of reclassification from red to amber) - update the proposed formulary entry and bring back to a future FIG meeting.	Formulary Team	On agenda
22/48	NICE guidance NG196 – Atrial fibrillation: consult with specialists on the anticoagulation guidance.	Formulary Team	Complete
22/51	Ciclosporin eye drops (Verkazia for vernal Keratoconjunctivitis – discuss the impact of the amber classification on prescribing in primary care with the Head of Medicines Optimisation.	Formulary Team	Ongoing
22/52	Ciclosporin eye drops (Verkazia for vernal Keratoconjunctivitis – Update Devon formulary as agreed by the Devon FIG.	Formulary Team	Ongoing
22/61	Formulary team to liaise with the Chair on writing to the Pathology Optimisation Group to ask the group to discuss the MHRA recommendations for vitamin B12 testing for patients receiving metformin.	Formulary team	Ongoing

22/62	Update formulary with a link to MHRA Drug Safety Update and note regarding Pathology Optimisation Group after correspondence is sent to the group.	Formulary team	Ongoing
22/64	MHRA Drug Safety Update: July 2022 – update the formulary section on migraine, epilepsy and the topiramate entry.	Formulary Team	Complete
22/65	Asymptomatic bacteriuria screening in pregnancy – liaise with local specialists/Local Maternity Network and bring views and formulary guidance back to the FIG either via the e-FIG process or to a meeting.	Formulary Team	Ongoing
22/68	Solriamfetol for the treatment of excessive daytime sleepiness – bring SMS prescribing guideline back to the FIG via the appropriate route.	SMS pharmacist	Complete
22/70	Following further consultation with specialists bring formulary guidance for osteoporosis and drug entries back to the FIG via the appropriate route.	Formulary Team	On agenda
22/74	Potassium permanganate – notify LPC (via MOCC LPC representative) of new formulary entry for potassium permanganate when published.	Formulary Team	Complete
22/75	Schedule the formulary entry for potassium permanganate for review by the FIG at an appropriate time in the future.	Formulary Team	Complete
22/76	Remove potassium permanganate from the South & West Devon guidance for infected eczema and review formulary guidance for infected eczema and bring to FIG for discussion following specialist consultation. ***Post meeting note**: Potassium permanganate removed from South & West guidance for infected eczema (3rd Nov 2022).* *Review NICE guidance for infected eczema and update formulary if required.*	 Formulary Team	 Complete Ongoing
22/77	Liaise with Wound Management Group over alternatives to potassium permanganate for highlighting in the formulary.	Formulary Team	Complete
22/80	Pharmacological treatment for type 2 diabetes (NICE NG28): bring the formulary guidance for the pharmacological treatment of Type 2 diabetes to a future meeting.	Formulary Team	Ongoing
22/82	Stoma care: guidance and product recommendations review: bring review to a future meeting.	Formulary Team	Complete
22/85	Consideration of SyreniRing 0.120mg/0.015mg per 24 hours, vaginal delivery system: progress through a future meeting or via the e-FIG process.	Formulary Team	Complete
22/87	Formulary entries for salbutamol and terbutaline and formulary nebulisation guidance to be updated to include a link to the Drug Safety Update.	Formulary Team	Complete

22/88	Methylphenidate long-acting (modified-release) preparations: caution if switching between products due to difference in formulations: Formulary entry for methylphenidate MR to be updated to include a weblink to the Drug Safety Update.	Formulary Team	Complete
22/89	SMS Guidelines: Methylphenidate, lisdexamfetamine and atomoxetine for attention deficit hyperactivity disorder (ADHD) in children and young people aged 6 years and above: Update the guidelines in line with discussion.	Formulary Team	Ongoing
22/90	Report of COVID-19 related changes to the formulary (October 2022 to December 2022 – Formulary section 16.17: End of life symptom control for patients dying of COVID-19 infections. Liaise with palliative care consultants.	Formulary Team	Complete
22/91	Report of COVID-19 related changes to the formulary (October 2022 to December 2022 – Formulary section 16.17: End of life symptom control for patients dying of COVID-19 infections. Formulary team to take down section 16.17 and relevant information from the Covid-19 update page pending consultation with palliative care consultants.	Formulary Team	Ongoing
22/92	Report of e-FIG decisions: November 2022: Treatment of vaginal candidiasis - seek the views of specialists on the use of vaginal creams which require insertion using an applicator during pregnancy and bring revised guidance back to the FIG via the appropriate route.	Formulary Team	Ongoing
22/93	Stoma Care: to feedback to Trust Stoma Teams to raise the environmental impact of stoma products with manufacturers.	Formulary Team	Complete
22/94	Stoma Care: Update the Formulary stoma care guidance and formulary entries.	Formulary Team	Complete
22/95	Just in case bags: Update the Formulary section.	Formulary Team	Complete
22/96	Continuous Glucose Monitoring: highlight the updated isCGM criteria in the formulary entry and Formulary Update communications to stakeholders.	Formulary Team	Complete
22/97	Continuous Glucose Monitoring: update the formulary entry with the accepted entry.	Formulary Team	Complete
22/98	Undertake further work on Ryeqo SmPC recommendation for DXA scan at 12 months for all patients.	Formulary team	Ongoing
22/99	Add the accepted formulary entry for NICE TA832: Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroid to the Formulary.	Formulary Team	Complete
22/100	Immediate Release melatonin tablets: update the Devon Formulary with the accepted entry for Immediate Release Melatonin Tablets.	Formulary Team	On agenda

22/101	SyreniRing 0.120mg/0.015mg per 24hours, vaginal delivery system: update the formulary with the accepted formulary entry 7.3.1 Combined hormonal contraceptive (CHC) without amendment and associated sections on the contraception page.	Formulary Team	Complete
22/102	Opiodur transdermal patch: update the 4.7.2 Opioid analgesics with the accepted formulary entry.	Formulary Team	Complete
22/103	Solriamfetol for the treatment of excessive daytime sleepiness in adults: seek clarity from specialists regarding repeat blood pressure and heart rate measurements.	Formulary Team	Ongoing
22/104	Dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and young people aged 6 years and above: Clarity to be sought from specialists regarding repeat blood pressure measurements.	Formulary Team	Ongoing
22/105	Dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and young people aged 6 years and above: Add updated shared care agreement letters to the recently updated methylphenidate, atomoxetine and lisdexamfetamine paediatric SMS guidelines.	Formulary Team	Ongoing
22/106	Dexamfetamine 10mg and 20mg tablets to be added to the formulary.	Formulary Team	Ongoing
22/107	Dexamfetamine 5mg/5ml sugar free oral solution to be added to the formulary with supporting note.	Formulary Team	Ongoing