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

Meeting of the Devon Formulary Interface Group

Minutes

Wednesday 17th May 2023

Via Microsoft Teams

Present:

Name	Job Title	Organisation
Susie Harris (Chair)	Consultant Physician/Geriatrician	RDUH NHS FT
Glen Allaway	GP	NHS Devon ICB
Beverley Baker	Non-Medical Prescribing Lead	NHS Devon ICB
Ailene Barclay	Pharmacist	UHP NHS Trust
Heidi Campbell	Pharmacist	NHS Kernow ICB
Andy Craig	GP	NHS Devon 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
Sarah Marner	Senior MO Pharmacist	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
Darren Wright	Joint Formulary Specialist Pharmacy Technician	NHS Devon ICB

Guests:

Odran Farrell	Critical Care and Surgery Lead Pharmacist	UHP
Dr Mark Gilchrist	Consultant Nephrologist	T&SD NHS Trust
Emma Gitsham	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	NHS Devon ICB
Catherine Hill	Neurodevelopment Professional Nurse Lead	Devon Adult Autism and ADHD (DAANA) Service
Mr Lee Humphreys	Consultant Bariatric Surgeon	UHP
Claire Paice	Bariatric Specialist Nurse	UHP
Dr Imran Saif	Consultant Nephrologist	UHP
Dr Ben Sieniewicz	Consultant Cardiologist	UHP

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon ICB

1. Welcome and announcements

Meeting etiquette

Susie Harris explained the meeting etiquette.

Chairman's welcome

Susie Harris welcomed attendees to the meeting of the Devon Formulary Interface Group.

Apologies

NAME	JOB TITLE	ORGANISATION
Nic Perrem	Healthcare Evidence Reviewer	NHS Devon ICB

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
Lithium carbonate modified release tablets • Priadel 200mg, 400mg • Camcolit 400mg • Liskonum 450mg	Essential Pharma M Essential Pharma Ltd Teofarma S.r.l.
Dexamfetamine for ADHD, narcolepsy, and idiopathic hypersomnolence in adults • Dexamfetamine 5mg tablets and 1mg/ml oral solution • Amfexa brand 5mg, 10mg, 20mg tablets	Various manufacturers Flynn Pharma Ltd
Management of Hypertension (update) • Various classes of drugs including ACE inhibitors, angiotensin II receptor blockers (ARBs), calcium channel blockers, thiazide diuretics, alpha-blocker, beta-blocker • Indapamide • Spironolactone	Various manufacturers Various manufacturers Various manufacturers
UrgoTul Silver dressings: • UrgoTul Silver dressing • Aquacel Ag+ Extra dressing • Acticoat dressing • Acticoat Flex 3 dressing • UrgoClean Ag dressing **Alternatives:** • Other silver impregnated dressings	Urgo Ltd ConvaTec Ltd Smith & Nephew Healthcare Ltd Smith & Nephew Healthcare Ltd Urgo Ltd Various manufacturers

DRUG TO BE CONSIDERED	PHARMACEUTICAL COMPANY/ MANUFACTURER
Harmonisation of preservative-free prostaglandin analogue / prostamide containing eye drops **Prostaglandin analogues and prostamides (preservative-free) eye preparations:** • Saflutan (Tafluprost 15 micrograms/ml) single unit dose eye drops **Prostaglandin analogues and prostamides (preservative-free) combination eye preparations:** • Taptiqom (Tafluprost/Timolol 15 micrograms/5mg/ml) single unit dose eye drops • Ganfort (Bimatoprost/Timolol 300 micrograms/5mg/ml) single unit dose eye drops **Alternatives:** • Other prostaglandin analogues and prostamides • Beta-adrenoceptor blockers • Sympathomimetics • Carbonic anhydrase inhibitors and systemic drugs • Miotics	 Santen UK Limited Santen UK Limited AbbVie Ltd Various manufacturers Various manufacturers Various manufacturers Various manufacturers Various manufacturers
Orobalin tablets **Alternatives:** Hydroxocobalamin solution for injection other oral cyanocobalamin preparations	Northumbria Pharma Limited Various manufacturers Various manufacturers
Sodium zirconium cyclosilicate (Lokelma) **Treatment modification:** Renin-angiotensin-aldosterone system (RAAS) inhibitors**:** • ACE inhibitors (e.g. enalapril, lisinopril, ramipril etc.) • ARBs (e.g. candesartan, losartan, irbesartan, valsartan etc. and sacubitril / valsartan (Entresto)) • Aldosterone antagonists / mineralocorticoid receptor antagonists (e.g. eplerenone and spironolactone) **Alternative treatments**: Patiromer calcium (Veltassa) Calcium resonium	AstraZeneca UK Limited Various manufacturers Various manufacturers (including Novartis Pharmaceuticals UK Ltd for Entresto) Various manufacturers Vifor Fresenius Medical Care Renal Pharma UK Ltd Sanofi
Sodium cromoglicate preservative-free single dose unit eye drops and multidose bottles	Various manufacturers
Cyclophosphamide 50mg tablets	Various manufacturers

Name	Job Title	Declaration
Rebecca Lowe	Joint Formulary Pharmacy Technician	I also work at HMP Channing's Wood and locum in community Pharmacies
Dr Mark Gilchrist	Clinical Senior Lecturer, University of Exeter Honorary Consultant Nephrologist Torbay and South Devon NHS Trust, Royal Devon and Exeter Hospital	Received speaker fees from Astra Zeneca related to Dapagliflozin and fees for facilitating training sessions
Dr Ben Sieniewicz	Clinical Senior Lecturer, University of Exeter Honorary Consultant Nephrologist Torbay and South Devon NHS Trust, Royal Devon and Exeter Hospital	I give lectures on the management of heart failure and some of these have been supported by Astra Zeneca. AZ have also funded my attendance at educational meetings including a virtual pass to attend ESC remotely. I am a principal investigator for two clinical studies looking at the long-term management of patients with hyperkalaemia (although not specifically Lokelma)

2. Minutes of the meeting held on Wednesday 22 March 2023 and Actions/Matters Arising

Minutes of the meeting held on Wednesday 22 March 2023

The minutes of the meeting held on Wednesday 22 March 2023 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.* ***25th January 2023 update:*** *This will be picked up as a partial review by the SMS Pharmacist.* *A Devon-wide review will be considered at a future date.*	SMS Pharmacist SMS Pharmacist	Complete Closed
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	Complete
22/52	Ciclosporin eye drops (Verkazia for vernal Keratoconjunctivitis – Update Devon formulary as agreed by the Devon FIG.	Formulary Team	Complete
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

22/76	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
22/80	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
22/89	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. ***Post meeting note**: These guidelines are affected by the outcome of discussions in respect of SMS guidelines for dexamfetamine for ADHD in children and young people aged 6 years and above (see action 22/104 & 22/105)*	 Formulary Team	 Ongoing
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	Complete
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
22/98	Undertake further work on Ryeqo SmPC recommendation for DXA scan at 12 months for all patients.	Formulary Team	Ongoing
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	Complete
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	Complete

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	Complete
23/02	Hyperhidrosis management and the use of systemic oral anticholinergic drugs (propantheline bromide and oxybutynin – Proposed Formulary Entry to be amended in line with the discussion and added to the local formulary.	Formulary Team	Ongoing
23/04	4.10.2 Nicotine dependence – undertake further consultation and bring the proposed formulary entry back to FIG via an appropriate route.	Formulary Team	Ongoing
23/12	NICE guidance NG196: Atrial fibrillation – go back with the updated proposals to specialists who provided comments.	Formulary Team	Complete
23/13	NICE guidance NG196: Atrial fibrillation – If accepted by specialists, publish formulary guidance for Atrial Fibrillation.	Formulary Team	Ongoing
23/14	For discussion: Nail clippings in the diagnosis and treatment of fungal nail infections – summarise the views of dermatologists and FIG GPs and go back to the labs.	Formulary Team	Complete
23/15	Ketotifen 250microgram/ml single dose unit eye drops Subject to consultation with specialists the Formulary team will publish the entry for Ketotifen 250microgram/ml single dose unit eye drops.	Formulary Team	Complete
23/16	Ketotifen 250microgram/ml single dose unit eye drops – reword note on sodium cromoglicate and bring back to FIG via the e-FIG process.	Formulary Team	Complete
23/27	Bevespi Aerosphere and Trixeo Aerosphere – ascertain from specialists which patient groups would benefit from a LABA/LAMA pMDI in preference to a LABA/LAMA SMI.	Formulary Team	Ongoing
23/28	Bevespi Aerosphere and Trixeo Aerosphere – bring back to FIG when specialists can attend.	Formulary Team	Ongoing
23/29	Metolazone 5mg tablets (Xaqua) – consult with heart failure and renal teams for metolazone 5mg tablets (Xaqua).	Formulary Team	Ongoing
23/30	Dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and young people aged 6 years and above – take the SMS prescribing guideline for dexamfetamine for ADHD in children and young people aged 6 years and above to the LMC for negotiation of remuneration.	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Complete
23/31	Dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and young people aged 6 years and above – publish the guideline following remuneration negotiations with the LMC.	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Ongoing

23/32	Solriamfetol for the treatment of excessive daytime sleepiness – update the proposed guideline in line with the discussion and take to the LMC for negotiation of remuneration.	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Complete
23/33	Solriamfetol for the treatment of excessive daytime sleepiness – publish the guideline following remuneration negotiations with the LMC.	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Ongoing
23/34	Solriamfetol for the treatment of excessive daytime sleepiness – publish the updated formulary entry (amber classification) once the SMS guideline has been published.	Formulary team	Ongoing
23/35	Western Locality Shared Care: Methotrexate, gastroenterology – folic acid update – confirm that west Devon gastroenterology specialists are happy with the proposed amendments to the guidelines.	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Complete
23/36	Western Locality Shared Care: Methotrexate, gastroenterology – folic acid update – publish updated guidelines following agreement with specialists.	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Ongoing

3. Report of e-FIG decisions

In April the FIG was asked to consider two items through the e-FIG process.

The first was a proposal to harmonise Devon Formulary options for sodium cromoglicate preservative-free eye drops.

The FIG accepted the proposal and formulary has been updated.

The second asked the FIG whether it supported the proposal to withdraw two cyclophosphamide shared care guidelines in west Devon.

The FIG accepted this proposal. The guidelines have been withdrawn from the One Devon website and a note including a link to the guidelines has been removed from the South and West Devon Formulary entry.

4. Report of COVID-19

Report of COVID-19 related changes to the formulary (March: 2023 to April: 2023)

The FIG received an update of COVID-19 related changes to the Formulary.

The Formulary Team has continued to support the development and dissemination of temporary COVID-19 related guidance from various local and national groups.

With the move from pandemic to endemic, management of COVID-19 no longer requires the rapid deployment of specific interventions which respond to changing daily data, and wider public health measures and guidance provide an effective and proportionate approach.

This makes it possible to manage COVID-19 in a similar way to other respiratory illnesses. According to UKHSA, COVID-19 will be managed through ongoing surveillance, vaccination programmes and strong public health messaging.

As a result, the temporary Devon Formulary page, "COVID-19 Updates", has been reviewed and information that is no longer pertinent has been removed. Information that remains relevant will continue to be included on this page or incorporated into other areas of the formulary, until it is no longer necessary or further guidance is issued.

Additionally, following the announcement of the national protocol programme for the administration of COVID-19 vaccine to children and adolescents (individuals aged 5 to 17 years) and adults (aged 18 years and over), the COVID-19 vaccine section has been reviewed and updated to include all listed vaccines in the UK and associated links to national guidance.

Recent Drug decisions – (March 2023 to May 2023)

The FIG received a report of recent drug decisions.

5. Lithium SMS Guideline update

Lithium is listed in the Devon Formulary for the treatment of recurrent unipolar depression and bipolar disorder. The prescription of lithium in primary care in Devon is supported by a Specialised Medicines Service (SMS) guideline, which defines the specialist, GP and patient responsibilities associated with "shared care". The guideline also outlines monitoring requirements to support safe prescribing; lithium has a narrow therapeutic window and can be highly toxic in overdose. The current Devon SMS guideline was published in 2018.

NICE published updated guidance for the treatment and management of adult depression in June 2022 (NG222). The guideline recommends the use of lithium for treatment augmentation. The NICE guideline recommended frequency for serum calcium monitoring for patients taking lithium differs to the frequency currently recommended in the Devon SMS guideline. NICE recommends at least six-monthly calcium monitoring or more often if there is evidence of significant renal impairment. The current recommendation in the Devon SMS guideline is for annual calcium monitoring.

NICE published a supporting appendix, which states that the lithium monitoring recommendation "has been amended to include weight and calcium levels, to bring the recommendations in line with the monitoring requirements in the BNF".

This prompted an evaluation of national publications for a broader overview of recommendations to inform an update to the SMS guideline. Six-monthly calcium monitoring is broadly supported in the national guidance; there were no recommendations for annual monitoring. The national recommendations for the monitoring of weight/BMI, renal function and thyroid function reflect the current Devon SMS guideline.

An update to the guideline was proposed to recommend six monthly calcium monitoring. A more detailed review of the SMS guideline will be scheduled in future, however in the interim, the 2022 NHS England national shared care protocol for lithium was reviewed to identify any significant differences. No significant differences were noted, however several minor updates to the SMS guideline were proposed for clarity; these included advice on contraception, pregnancy and breastfeeding, and clarification of when to measure lithium post dose change. Contact details and template Shared Care agreement letters were also updated.

The review process included consultation with specialists and Devon Local Medical Committee (LMC). Responses indicated support for the proposed changes.

The FIG agreed to the proposed updates subject to minor amendments.

- General practitioner responsibilities – it was agreed that the following bullet points be removed since these are covered under specialist responsibilities and the patient will already be well established on treatment at the point of Shared Care (in practice GPs do not routinely see the patient at the point of taking on responsibility for "shared care" prescribing):
  - "Check that the patient (and/or carer) understands the drug information and monitoring requirements previously explained by the specialist."
  - "Check that the patient has been provided with an NPSA Lithium Therapy Information Pack, which includes all relevant information as well as a lithium therapy records book (the "purple book")."
- Patient responsibilities – amend contraception advice bullet point to read: "'Individuals of childbearing potential should use effective contraception while taking lithium. Individuals should take a pregnancy test if they think there is a possibility, they could be pregnant, and inform the GP or specialist immediately if they become pregnant or wish to become pregnant." This change reflects the Priadel SPC. Other sections of the SMS guideline will also be updated to reflect this position where appropriate e.g. specialist responsibilities for contraception.

ACTION: Clinical Effectiveness Pharmacist – SMS Guidelines Lead to update the lithium guideline in line with the discussion.

- Monitoring – greater clarity was requested regarding the threshold for action (and actions to be taken) for renal and thyroid function. This section will be brought back to the FIG for final agreement.

ACTION: Clinical Effectiveness Pharmacist – SMS Guidelines Lead to clarify thresholds for action (and action to be taken) for renal and thyroid function with specialists.

6. Dexamfetamine for ADHD, narcolepsy, and idiopathic hypersomnolence in adults

Dexamfetamine is listed in the Devon formulary as a specialist initiated amber treatment for attention deficit hyperactivity disorder (ADHD) and narcolepsy. An SMS guideline to support "Shared Care" prescribing in children and young people aged 6 years and above was agreed by the FIG in early 2023.

A separate SMS guideline to support prescribing in adults was presented to the FIG. The Neurodevelopment Professional Nurse Lead from Devon Adult Autism and ADHD Service (DAANA) joined the meeting for discussion of this item.

Currently there are three published SMS guidelines (for methylphenidate, lisdexamfetamine and atomoxetine) which support prescription of these treatments for adults with ADHD. Subsequently Devon Partnership NHS Trust specialists requested development of a dexamfetamine SMS guideline for this patient group.

Use of dexamfetamine in the management of adult ADHD is unlicensed but established and well supported in published literature and national guidance, including NICE Guideline NG87 (2018). Dexamfetamine use has largely been replaced by lisdexamfetamine, however treatment may be continued for established patients. New initiations should be limited to patients whose ADHD symptoms are responding to lisdexamfetamine but who cannot tolerate the longer effect profile. This is reflected in the current formulary entry for dexamfetamine.

Local sleep specialists also requested development of a guideline to support “Shared Care” prescribing of dexamfetamine in the management of excessive daytime sleepiness caused by narcolepsy (with or without cataplexy) and idiopathic hypersomnolence in adults.

The use of dexamfetamine in the management of narcolepsy is well documented; licensing between products varies. The use of dexamfetamine in the management of idiopathic hypersomnolence is unlicensed and currently this indication is not included in the Devon Formulary, however its use in practice is recognised amongst local sleep specialists. An evidence review for use in the management of idiopathic hypersomnolence was presented. It was agreed further work was required to be undertaken to evaluate the overall treatment pathway for this condition.

The development process included consultation with specialists and Devon Local Medical Committee (LMC). Responses indicated support for the proposed guideline.

The FIG agreed to the proposed shared care guidelines for dexamfetamine for ADHD and narcolepsy in adults. Treatment of idiopathic hypersomnolence is excluded pending a broader review of the treatment pathway for this condition.

The dexamfetamine guideline for ADHD and narcolepsy in adults will be taken to the LMC for negotiation of remuneration.

ACTION: Clinical Effectiveness Pharmacist – SMS Guidelines Lead to submit dexamfetamine guideline for ADHD and narcolepsy in adults to the LMC for negotiation of remuneration with the ICB Primary Care Team.

ACTION: Clinical Effectiveness Pharmacist – SMS Guidelines Lead to publish the agreed dexamfetamine guideline for ADHD and narcolepsy in adults following negotiation of remuneration.

7. Management of Hypertension (update)

NICE issue updated guidance for the management of hypertension (NG136) in March 2022. A draft formulary update based on NG136 was presented to the FIG to take a decision in principle prior to consultation with specialists.

The FIG considered and accepted in principle, with minor amendments, the draft updated formulary guidance for the management of hypertension. There was discussion about:

- The limited availability of Ambulatory Blood Pressure Monitoring (ABPM) devices. It was agreed the current formulary recommendation for confirmation of clinic BP with ABPM or home blood pressure monitoring was appropriate.
- The new recommendation to consider antihypertensive treatment for patients under 60 years of age with stage 1 hypertension and a 10-year risk of cardiovascular disease below 10%. It was noted that for people with Stage 1 hypertension who are under 60 years of age the evidence is uncertain for the treatment effect of antihypertensive drugs in patients with a low risk of cardiovascular disease and that this should be reflected in the formulary guidance. Lifestyle changes should be encouraged.
- The new recommendation on 'do not start antihypertensive medication immediately if blood pressure is over 180/120mmHg'. The recommendation is considered to reflect clinical practice.
- It was agreed that the Formulary team consult with specialists on the proposed guidance. If no significant amendments are required, the Formulary Team will bring this draft guidance back to the FIG via the e-FIG process for agreement.

ACTION: Formulary team to consult with specialists on the proposed guidance.

ACTION: Following consultation with specialists, Formulary team to bring draft guidance back to the FIG via the e-FIG process.

8. UrgoTul Silver dressing

The Lead Tissue Viability Clinical Nurse Specialist at Torbay & South Devon NHS Foundation Trust has proposed that UrgoTul Silver dressings be included in the Devon Formulary as an amber, (specialist input) option for the treatment of local wound infections for up to two weeks.

UrgoTul Silver dressings are non-adhesive, single-use, hydrocolloid dressings that can be used to create a moist environment within a wound to promote healing. They are indicated for use on fragile wounds with low exudate and signs and symptoms of local wound infection. They come in two sizes, 10x12cm and 15x20cm and can be worn for up to seven days.

Current formulary options are Aquacel Ag+ Extra and UrgoClean Ag. The South & West Devon presentation includes all seven sizes of Aquacel Ag+ Extra dressings, however the North & East presentation includes only three sizes of dressing. In addition, the South & West Devon Formulary includes Acticoat and Acticoat Flex 3. All these dressings are impregnated with silver and are included for wounds with clinical signs and symptoms of infection. They have different modes of action depending on the area of the body on which it is to be used and individual patient needs.

Although Aquacel Ag+ Extra is also a hydrocolloid dressing, the applicant indicated it is an option for moderate to high exuding wounds with clinical signs and symptoms of infection, whereas

UrgoTul Silver will be recommended for low exuding wounds with clinical signs and symptoms of infection.

There is limited clinical evidence on the use of silver dressings on infected wounds. The Devon Formulary follows guidance from the BNF and NICE, which suggest that use of silver dressings should be limited to chronic wounds when infection is suspected due to clinical signs or symptoms, and should not be used routinely in uncomplicated ulcers, acute wounds, or venous leg ulcers. These dressings should be used for no longer than two weeks after which the patient should be re-evaluated. If there is no improvement to the wound, the silver product should be replaced by a non-silver product.

A range of silver dressings are recommended for use in other formularies in the Southwest, three of which include UrgoTul Silver. The Somerset formulary does not list any silver dressings.

The inclusion of UrgoTul Silver in the Devon Formulary is not expected to significantly affect primary care expenditure, but a change in practice may occur when an option for low exuding wounds is included in the formulary. This could result in an increase in use of the dressings, but this cannot be easily quantified.

It was noted that there is a high volume of non-formulary prescribing, which has been highlighted to the Devon Wound Management Group for consideration.

Harmonisation of the formulary entries to support a range of choice and size of dressings was proposed. Acticoat and Acticoat Flex 3 are for partial and full thickness burns with clinical signs and symptoms of infection; it was proposed that these remain in South & West Devon and are added to the North & East. It was also proposed that Aquacel Ag+ Extra are reclassified from green (first line), to amber (specialist input), in North & East Devon to ensure they are prescribed appropriately, and all sizes are included. UrgoClean Ag are included in both presentations.

The FIG considered and accepted the proposed formulary entry for UrgoTul Silver dressings, the harmonisation of silver dressings Devon-wide, and the updated entries for these dressings.

ACTION: Formulary Team to publish the accepted formulary entry for UrgoTul Silver dressings and updated entries for other silver dressings.

It was agreed that ePACT data for non-formulary silver dressings be sent to the Devon Wound Management Group for awareness.

ACTION: Formulary Team to send ePACT data for non-formulary silver dressings to Devon Wound Management Group for awareness.

9. Harmonisation of preservative-free prostaglandin analogue / prostamide containing eye drops

An application had been received from a consultant ophthalmologist, University Hospital Plymouth NHS Trust to include Taptiqom single unit dose eye drops (tafluprost 15 micrograms/ timolol 5mg/ml) (preservative-free) as an option in South & West Devon. This product is already recommended in North & East Devon.

The applicant suggested that Taptiqom would be used if monotherapy with prostaglandin analogue (PGA) or beta-blockers is insufficient to lower intraocular pressure (IOP), meaning combination therapy is required, and the patient is intolerant to preservative containing medications. The applicant also suggested that it is suitable for patients who have a particular issue with ocular surface disease. Ocular surface disease may follow chronic use of antiglaucoma medication and/or the preservative benzalkonium chloride, which is the most frequently used eye drop preservative agent. In addition, it has been suggested that fixed-dose combination preparations may be preferable to the use of separate instillation of two agents.

During initial scoping for this application, the remit of the review was extended to include harmonisation of the Devon Formulary recommended preservative-free PGA / prostamide containing eye drops (monotherapy and fixed-dose combination therapy products). The FIG was asked to consider the following eye drops as amber (specialist-input) for adults with glaucoma who would benefit from preservative-free eye drops:

- Tafluprost 15micrograms/ml / timolol 5mg/ml eye drops 0.3ml unit dose preservative-free
- Bimatoprost 300micrograms/ml / timolol 5mg/ml eye drops 0.4ml unit dose preservative-free
- Tafluprost 15 micrograms/ml eye drops preservative-free as monotherapy

The meeting papers provided an overview of the recommendations of NICE Guideline 81 (NG81) and the European Glaucoma Society 5th Edition Guidelines. Also included in the meeting papers were responses from specialists regarding the previous discussion and inclusion of Tafluprost / timolol preservative-free single unit dose eye drops in North & East Devon. There was a general positive consensus for inclusion from the South & West Devon specialists. Specialists were contacted regarding the current application. The Formulary team provided a verbal summary of the response received from the glaucoma lead in Torbay.

The FIG considered and accepted the proposed Devon Formulary entry for the harmonisation of preservative-free prostaglandin analogue / prostamide containing eye drops without amendment. It was noted that PGA preservative-free combination eye drops are only available in single dose units, for patients who require a PF PGA/prostamide combination these are the only options available.

ACTION: Formulary team to publish the harmonised formulary entry for preservative-free prostaglandin analogue / prostamide containing eye drops.

10. Oral cyanocobalamin 1mg tablets (Orobalin) in bariatric surgery

An application was received from the specialist bariatric surgery team at University Hospitals Plymouth NHS Trust (UHP) for the addition of Orobalin tablets to the Devon Formulary to support a change in the approach to the treatment of vitamin B12 deficiency in patients awaiting bariatric surgery. The application also requests consideration of Orobalin for prophylaxis treatment to prevent the development of vitamin B12 deficiency in patients who have received a sleeve gastrectomy. Gastric bypass patients would continue to receive intramuscular (IM) hydroxocobalamin.

A Consultant Bariatric Surgeon, Critical Care and Surgery Lead Pharmacist and a Bariatric Specialist Nurse from UHP joined the meeting for this discussion.

Orobalin film coated tablets contain 1mg cyanocobalamin and are licensed for haematological, neurological and other symptoms secondary to vitamin B12 deficiency, including nutritional B12 deficiency and malabsorption of vitamin B12, such as due to the absence of intrinsic factor (pernicious anaemia), stomach resection or disease of the small intestine.

Current formulary guidance recommends long term B12 supplementation following bariatric surgery should be provided by 3-monthly IM hydroxocobalamin. This is in line with national guidance from the British Obesity and Metabolic Surgery Society (BOMSS). Hydroxocobalamin injection is included in the Devon Formulary for this indication, as well as for prophylaxis and treatment of pernicious anaemia and other macrocytic anaemias. Cyanocobalamin 50mcg tablets are listed as amber in South & West Devon for dietary B12 deficiency.

B12 absorption is affected by some types of bariatric surgery including sleeve gastrectomy and gastric bypass as it requires an acidic environment and presence of intrinsic factor produced by the gastric parietal cells. Vitamin B12 deficiency may result in megaloblastic anaemia and irreversible neuropathies. Most people have about 2-year stores of vitamin B12; therefore, deficiency may present several years after surgery.

Currently IM hydroxocobalamin pre-surgery, and for 2 years post-surgery is provided by the specialist team. The application suggested that orobalin could be listed as amber to allow GPs to prescribe orobalin during this period instead. Monitoring of serum B12 pre-surgery, and for the first 2-years post-surgery, would remain the responsibility of the secondary care team.

Regular blood tests for serum B12 are currently undertaken by specialists 6-monthly pre-surgery, and at 3-, 6-, 12-, and 24-months post-surgery. The applicants proposed that patients prescribed orobalin post-sleeve gastrectomy should receive an additional blood test at 18-months. From 2 years post-surgery, B12 is monitored annually in primary care. The applicants also suggest that the change would create system efficiencies by freeing up outpatient appointments in bariatric surgery.

Orobalin is listed as green in four of the six other formularies in Southwest England, although none specifically recommend it for prophylaxis post-bariatric surgery. Two of the other formularies in Southwest England provide guidance on supplementation after bariatric surgery; both recommend three monthly IM hydroxocobalamin.

There is a lack of evidence comparing oral and IM B12 supplementation in these patient groups. Data from comparisons in different patient groups are of low quality and do not provide a definitive answer. Given the time it can take for B12 deficiency to develop, concerns remain regarding the short-term follow up of studies, the duration of which may not be sufficient to detect differences between treatments.

The proposal to use oral B12 supplementation instead of IM injections would result in small increased expenditure, which may be offset in the short term with notional savings by freeing up additional capacity in outpatient clinics. Longer term, costs would increase.

Following preparation of the meeting papers, comments were received from the UHP specialist team suggesting a possible change to their original proposal; at the meeting the specialist team requested that orobalin be listed as hospital only for use in a clinical audit.

The FIG considered and accepted the addition to the formulary of oral cyanocobalamin 1mg tablets (Orobalin) for use in bariatric surgery as a red (hospital only) drug to be used solely by the UHP bariatric surgery team.

There was discussion about:

- The change from the original application which requested the addition of orobalin tablets as an amber (specialist) drug to a red hospital only drug for use solely by the UHP bariatric surgery team. This was clarified at the meeting by UHP specialists.
- The risks from B12 deficiency and the likely duration of stores in the liver.
- Use of Orobalin tablets should be limited to new patients under the care of the bariatric surgery specialists at UHP. Treatment should not be initiated in existing patients receiving IM hydroxocobalamin, or those seen in other centres (including those who had sought private treatment abroad).
- In line with interim national guidance issued by BOMSS in response to the COVID-19 pandemic, the UHP bariatric surgery team have been providing this treatment and have not identified any significant issues.
- Specialist opinion indicated that use of oral orobalin tablets would free up clinical time in secondary care out-patient clinics and primary care settings. Specialists also indicated patients may prefer oral treatment to regular injections, although there is the potential for non-adherence to oral therapy.
- The lack of published evidence supporting the use of oral cyanocobalamin 1mg tablets (Orobalin) in this patient group. The current BOMSS guideline indicates that further research is needed, as deficiency may still occur in the presence of high oral doses
- Current formulary guidance is in line with the BOMSS guideline, the proposed approach is not, but would be broadly in line with guidelines from the USA.
- To make it clear that use was only for bariatric surgery specialists at UHP it was requested that the formulary team liaise with the specialists to produce a formulary entry that clearly classifies the drug as hospital use only.

Post Meeting Note: it became apparent following the meeting that the revised proposal presented by the specialists at the meeting takes the decision out of the remit of the FIG; prospective evidence collection for evaluation of efficacy in the absence of published evidence to support the proposed use should be approved through the hospital trust governance process.

11. Sodium zirconium cyclosilicate for treating hyperkalaemia: consideration of reclassification

NICE TA599 for sodium zirconium cyclosilicate (SZC) for the treatment of persistent hyperkalaemia was updated in January 2022. The Formulary Interface Group discussed a request from specialists for SZC to be reclassified from a red (hospital-only) formulary option to amber (specialist-input) in line with NICE TA599 in April 2022 and January 2023. The final discussion was deferred to give specialists sufficient notice to join the discussion.

At the discussion in January 2023, the FIG was minded not to support the request for reclassification of SZC and indicated they would need to have a greater understanding of the reasons for the request from the specialist teams before taking a final decision.

Consultant Nephrologists from T&SD and UHP and a Consultant Cardiologist from UHP joined the meeting for the discussion.

The meeting paper addressed the points raised by the Formulary Interface Group during the second discussion including:

- SZC is a red (hospital-only) formulary option in five of the six other formularies in South West England. The Formulary Interface Group considered this supported the view that it is a specialist medicine. The Formulary team reviewed formularies across England. SZC has an amber classification for persistent hyperkalaemia in approximately one third of formularies. There is prescribing guidance for SZC in some areas.
- There was concern over the long-term stability of serum potassium levels with treatment with SZC. The NICE TA599 committee papers indicate that the company conducted a post-hoc analysis of the subgroups of patients from clinical trials of SZC who had a baseline serum potassium ≥ 6.0 mmol/ L (NICE TA599 criteria for initiation of SZC for persistent hyperkalaemia). The data are redacted; however, it is reported that most patients receiving SZC had a serum potassium of between 4.0mmol/L and 6.0mmol/L after the correction phase, and for most of these patients their serum potassium remained within these levels during the maintenance phase. Information on the stability of potassium levels from a long-term maintenance study was included in the meeting paper.
- The estimated number of patients receiving SZC who would be suitable for prescribing and monitoring in the community is relatively low so GPs would not become familiar with SZC. Estimated numbers of patients were received from the renal units in Devon. The number of patients identified by the heart failure specialists required clarification.

In addition, the meeting paper included further feedback from the specialist teams, relevant statements from the Summary of Product Characteristics (SmPC) for SZC, previous responses from specialists on the monitoring of patients receiving SZC, patient numbers for prescribing in the community, the financial impact of prescribing by primary care and the draft update to the formulary entry for SZC proposed by the Formulary team when the reclassification of SZC was first discussed.

The Formulary team had also approached the renal services at North Bristol NHS Trust and the Royal Cornwall Hospital where SZC has a red classification in the local formulary, to determine whether there were local processes for the supply of SZC to patients which could be considered for adoption in Devon.

It was noted that the patient group that specialists consider to be suitable for GP prescribing of SZC needs clarification, as does which clinician will prescribe RAAS inhibitors.

The FIG considered the proposed reclassification of SZC from amber (specialist input) to red (hospital only). There was discussion about:

- Why SZC should be included in the formulary as an amber drug. Specialists indicated that SZC is an effective drug for lowering serum potassium levels with few side effects. The use of SZC enables patients who have stopped treatment with renin-angiotensin-aldosterone (RAAS) inhibitors due to high potassium levels to receive long-term treatment with RAAS inhibitors alongside SZC.
- The safety gain in including RAAS inhibitors on the same prescriptions as SZC.
- It was agreed that specialists would be responsible for SZC initiation and optimisation for the first three months of treatment.
- Monitoring during GP prescribing of SZC would be in line with clinical practice for heart failure and chronic kidney disease (CKD). It was reported that monthly monitoring for patients with CKD is rarely needed.
- Prescribing guidance will be included in the formulary.

- The specialists reported that the number of patients suitable for SZC prescribing by GPs is likely to increase if the Formulary Interface Group recommend reclassification to amber.

The Formulary Interface Group took a decision in principle to recommend the reclassification of SZC from red (hospital-only) to amber (specialist-input) with supporting prescribing guidance to be developed for inclusion in the formulary. It was noted that as a result of the financial impact of transferring the prescribing of SZC from secondary care to the primary care prescribing budget, a final decision cannot be taken until the relevant funding stream for primary care prescribing of SZC has been identified and the prescribing guidance has been agreed by the Formulary Interface Group.

ACTION: Formulary team to work with specialists on the prescribing guidance.

ACTION: Formulary team to bring SZC back to FIG via the appropriate route.

12. MHRA Drug Safety Updates

March 2023

Pholcodine-containing cough and cold medicines: withdrawal from UK market as a precautionary measure. A statement in the North & East Devon Formulary indicating that pholcodine linctus could be purchased from a pharmacy was removed from the formulary when the article was published on 14th March. There was no reference to pholcodine in the South & West Devon Formulary.

Terlipressin: new recommendations to reduce risks of respiratory failure and septic shock in patients with type 1 hepatorenal syndrome. A cross reference to the Drug Safety Update article has been included under the formulary entries for terlipressin.

Letters sent to healthcare professionals and drug alerts in February 2023

Onasemnogene abeparvovec, ZOLGENSMA - Fatal Cases of Acute Liver Failure: The formulary entry for onasemnogene has not been updated as this is a highly specialised treatment which will only be administered in specialist centres.

ADAKVEO (crizanlizumab): Phase III study (CSEG101A2301) shows no superiority of crizanlizumab over placebo: The formulary entry has not been updated as the letter addresses interim trial results and there are no specific recommendations.

April 2023

Isotretinoin (Roaccutane): new safety measures to be introduced in the coming months, including additional oversight on initiation of treatment for patients under 18 years: Isotretinoin is a red (hospital-only) option in the Devon Formulary. The formulary entry for isotretinoin states that it may only be prescribed from the dermatology department under the supervision of a consultant dermatologist. Key information and weblinks to previous MHRA Drug Safety Updates are included in the formulary entry. In addition, the SmPC is referenced for further prescribing guidance. The formulary entry for isotretinoin will be updated with the following advice for healthcare professionals from this Drug Safety Update:

- Fully inform patients about the potential risks in addition to the expected benefits before prescribing isotretinoin.
- Assess an individual's mental health before initiation of isotretinoin and monitor regularly for developing or worsening psychiatric disorders.
- Tell patients to seek advice if they feel their mental health or sexual function is affected or is worsening – patients with a serious side effect should be told to stop their treatment and seek urgent medical advice.

Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality: This advice affects abrocitinib, baricitinib, upadacitinib, and filgotinib. It is not relevant to the use of baricitinib for the short-term treatment of COVD-19. The summary of advice on JAK inhibitors will be included in the introductory section of formulary section 10.1.3 'Drugs that suppress the rheumatic disease process' and a cross reference to this text and a link to the Drug Safety Update article will be included under each drug entry.

Nitrofurantoin: reminder of the risks of pulmonary and hepatic adverse drug reactions: Following advice from the CHM, the SmPC and patient information leaflet for nitrofurantoin are being strengthened to include the advice that healthcare professionals should be vigilant for respiratory symptoms in patients taking nitrofurantoin, for any duration, and promptly investigate these symptoms, as they may indicate a pulmonary reaction. The Drug Safety Update article also includes a reminder of the risk of hepatic reactions.

Nitrofurantoin is included in the Devon Formulary for the acute treatment and prophylaxis of urinary tract infections in line with NICE antimicrobial prescribing guidance. The formulary guidance includes key points from a Drug Safety Update issued in 2015, including the advice to closely monitor for pulmonary and hepatic side effects.

The formulary guidance for urinary tract infections will be updated to include a link to the 2023 Drug Safety Update, a cross-reference to the formulary entry for nitrofurantoin for key advice from the Drug Safety Update, advice on increased vigilance for pulmonary reactions during the first week of treatment for acute infections, and advice to monitor for pulmonary reactions during long-term treatment. Clinicians will be referred to the Drug Safety Update for advice to give to patients.

The 2023 Drug Safety Update indicates that following discussions with NHS England, the MHRA has clarified their advice on the frequency of monitoring for hepatic adverse reactions 'to monitor patients periodically for changes in biochemical tests that could indicate hepatic dysfunction and for clinical signs or symptoms of liver abnormality, especially in patients taking long-term nitrofurantoin'. The Formulary Interface Group considered the recommendation for 'periodic' monitoring did not provide clarification and requested the Formulary team write to the MHRA to ask for the frequency of monitoring to be more clearly defined.

Letters sent to healthcare professionals and drug alerts in March 2023

Ozempic solution for injection in pre-filled pen (Semaglutide): supply shortage in the UK: The formulary entry for semaglutide has been updated with the latest information from the Medicines Supply Tool hosted by the Specialist Pharmacy Service website.

Cibingo (abrocitinib), Jyseleca (filgotinib), Olumiant (baricitinib), Rinvoq (upadacitinib) and Xeljanz (tofacitinib) – Updated recommendations to minimise the risks of malignancy, major adverse cardiovascular events, serious infections, venous thromboembolism and mortality with use of Janus kinase inhibitors (JAKi): A healthcare professional letter was issued in March 2023 which is the subject of an article in April 2023 Drug Safety Update.

ACTION: Formulary team to update the relevant formulary sections with recommendations from the MHRA Drug Safety Updates March 2023 and April 2023.

ACTION: Formulary team to write to MHRA to ask for clarification on frequency of monitoring for hepatic adverse reactions for patients receiving nitrofurantoin.

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
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
22/76	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
22/80	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
22/89	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. ***Post meeting note**: These guidelines are affected by the outcome of discussions in respect of SMS guidelines for dexamfetamine for ADHD in children and young people aged 6 years and above (see action 22/104 & 22/105)*	 Formulary Team	 Complete
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
22/98	Undertake further work on Ryeqo SmPC recommendation for DXA scan at 12 months for all patients.	Formulary Team	Ongoing

23/02	Hyperhidrosis management and the use of systemic oral anticholinergic drugs (propantheline bromide and oxybutynin – Proposed Formulary Entry to be amended in line with the discussion and added to the local formulary.	Formulary Team	Ongoing
23/04	4.10.2 Nicotine dependence – undertake further consultation and bring the proposed formulary entry back to FIG via an appropriate route.	Formulary Team	Ongoing
23/13	NICE guidance NG196: Atrial fibrillation – If accepted by specialists, publish formulary guidance for Atrial Fibrillation.	Formulary Team	Ongoing
23/27	Bevespi Aerosphere and Trixeo Aerosphere – ascertain from specialists which patient groups would benefit from a LABA/LAMA pMDI in preference to a LABA/LAMA SMI.	Formulary Team	Ongoing
23/28	Bevespi Aerosphere and Trixeo Aerosphere – bring back to FIG when specialists can attend.	Formulary Team	Ongoing
23/29	Metolazone 5mg tablets (Xaqua) – consult with heart failure and renal teams for metolazone 5mg tablets (Xaqua).	Formulary Team	Ongoing
23/31	Dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and young people aged 6 years and above – publish the guideline following remuneration negotiations with the LMC.	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Complete
23/33	Solriamfetol for the treatment of excessive daytime sleepiness – publish the guideline following remuneration negotiations with the LMC.	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Complete
23/34	Solriamfetol for the treatment of excessive daytime sleepiness – publish the updated formulary entry (amber classification) once the SMS guideline has been published.	Formulary team	Complete
23/36	Western Locality Shared Care: Methotrexate, gastroenterology – folic acid update – publish updated guidelines following agreement with specialists.	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Complete
23/37	Lithium SMS Guidelines – update the guidelines in line with the discussion.	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Complete
23/38	Lithium SMS Guidelines – clarify thresholds for action (and action to be taken) for renal and thyroid function with specialists.	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Ongoing

23/39	Dexamfetamine for ADHD, narcolepsy, and idiopathic hypersomnolence in adults – submit guideline to LMC for negotiation of remuneration with ICB Primary Care Team	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Complete
23/40	Dexamfetamine for ADHD, narcolepsy, and idiopathic hypersomnolence in adults – publish the agreed guideline following negotiation or remuneration.	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	Ongoing
23/41	Management of Hypertension (Update) – consult with specialist on proposed guidance.	Formulary team	Ongoing
23/42	Management of Hypertension (Update) – following consultation with specialists, bring draft guidance back to the FIG via the e-FIG process.	Formulary team	Ongoing
23/43	UrgoTul Silver Dressing – publish accepted formulary entry.	Formulary team	Complete
23/44	UrgoTul Silver Dressing – send epact data for non-formulary silver dressings to Devon Wound Management Group for awareness.	Formulary team	Ongoing
23/45	Harmonisation of preservative-free prostaglandin analogue / prostamide containing eye drops – publish the harmonised formulary entry.	Formulary team	Complete
23/46	Sodium zirconium cyclosilicate for treating hyperkalaemia: consideration of reclassification – work with specialists on the prescribing guidance.	Formulary team	Ongoing
23/47	Sodium zirconium cyclosilicate for treating hyperkalaemia: bring SZC back to FIG via the appropriate route.	Formulary team	Ongoing
23/48	MHRA Drug Safety Updates – April 2023: update the relevant formulary sections with recommendations from the MHRA Drug Safety Updates March 2023 and April 2023.	Formulary team	Ongoing
23/49	MHRA Drug Safety Updates – April 2023: write to MHRA to ask for clarification on frequency of monitoring for hepatic adverse reactions for patients receiving nitrofurantoin.	Formulary team	Ongoing