The Devon Formulary and Referral

NHS Devon

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

NHS Devon Formulary Interface Group (FIG)

Annual Report

1st April 2022 to 31st March 2023

One Devon

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Contents

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Introduction

This Annual Report covers the period from 1st April 2022 to 31st March 2023. It provides an account of the activity and governance processes of the NHS Devon Formulary Interface Group (FIG). On 1st July 2022 NHS Devon CCG transitioned into NHS Devon Integrated Care Board (ICB).

The Devon FIG is the forum by which the ICB works with the provider trusts it commissions to incorporate national and local treatment choices and guidance to the Devon Formulary. The FIG is also responsible for deciding whether a medicine requires formal "Shared Care" guidelines and for agreeing the clinical content of those guidelines.

During the period of this report, the FIG continued to deliver the Devon formulary to promote prescribing that is safe, clinically appropriate, and cost-effective in both primary and secondary care by providing guidance on locally recommended drug and treatment choices.

The Devon Formulary is also the mechanism by which local commissioners and providers demonstrate that medicines and treatments recommended by NICE TA and HST guidance, and local commissioning policies are available for use, in consultation with the patient, and when recommended as part of their treatment.

The process

Devon FIG process and meeting arrangements

The process and organisation of FIG meetings is managed by the Clinical Effectiveness Team, NHS Devon.

The Devon FIG is a multistakeholder group drawing its membership from NHS Devon and provider organisations in Devon. The Devon Formulary is produced via a collaborative approach with Devon Partnership NHS Trust, Livewell Southwest, NHS Devon ICB, Royal Devon University Healthcare NHS Foundation Trust, Torbay and South Devon NHS Foundation Trust, and University Hospitals Plymouth NHS Trust.

Meetings are held virtually via Microsoft Teams and take place at intervals of approximately two months. Seven meetings of the group were held during the year. The agendas, meeting papers and minutes are produced and distributed by NHS Devon Clinical Effectiveness Team in line with the Terms of Reference **(Appendix 1)**

In addition to the "face-to-face" meetings with formal agendas and minutes, a number of decisions have been taken using the virtual "e-FIG" process. The outcomes of e-FIG meetings are reported and recorded in the minutes of the subsequent face to face meeting along with any declarations of interest made. The e-FIG process allows for discussion via email of items for which there is a desire for increased pace in the decision-making process (for example when the decision represents a financial priority for stakeholder organisations, or when a safety issue cannot wait for the next face to face FIG meeting), or for relatively straight forward decisions, in order to free up face-to-face time for more complex discussions. The process reserves the right of the FIG membership to return papers for clarification or further discussion at a "face-to-face" meeting if the issue is not as straightforward as it would first appear.

The e-FIG process ensures a robust system of checks and balances remains in place for formulary decision making, striking the right balance between responsiveness and due process, whilst reducing the time burden of additional “face-to-face” meetings.

The use of Microsoft Teams as the principal method of holding FIG meetings which was introduced due to the COVID-19 pandemic has continued following positive feedback from FIG members.

Terms of Reference, membership and quoracy

The Terms of Reference were reviewed and updated to reflect the transition from NHS Devon CCG to NHS Devon ICB on 1st July 2022.

The core membership of the Devon FIG is drawn from the collaborating organisations and is supplemented by two co-opted members appointed because of their level of knowledge and experience of special relevance to the application of the formulary in practice (representing community pharmacy and Cornwall and Isles of Scilly ICB). Membership and quoracy requirements are detailed in the Terms of Reference.

The Terms of Reference is provided in **Appendix 1.**

Attendance

Details of attendance at meetings of Devon FIG in **Appendix 2**

The work programme

The work programme of the Formulary Interface Groups is managed by the Clinical Effectiveness team, NHS Devon ICB. Draft formulary guidance is produced by the Formulary Team following a review of the available evidence, national guidelines and in consultation with local specialists. In the case of wound dressings, the recommendations of the Devon Wound Formulary group are taken into account.

The Formulary also plays an important role in supporting safe use of medicines. In addition to the general guidance and supporting notes, the FIG considers inclusion of additional advice from MHRA Drug Safety Updates and other alerts sent to Healthcare Professionals. The FIG also identifies the need for, and content of, formal “Shared Care" type guidelines to support safe use of specialist medicines in primary care.

The FIG receives updates on the output of relevant local and national bodies.

Further details on some of these aspects are provided below.

Declarations of Interest

The Devon FIG operates a formal process for the declaration and handling of conflicts of interest.

All members of the committee, secretariat, guests, observers and clinical specialists are expected to complete and submit a declaration of interest form prior to the start of each meeting. This specifies the drug/technology due to be considered along with details of any comparative product, and the respective pharmaceutical company / manufacturer. It also seeks to capture any interests relating to clinical areas where non-drug items are due to be discussed. Declarations of interest are also required for items discussed via e-FIG meetings.

All declared interests are considered by the Chair of the FIG and appropriate disclosures made to the committee at the beginning of the meeting. Where there are no interests to declare, a 'nil' return is required.

A record of declared interests is kept by the secretariat and full details are made publicly available in the minutes of the meeting. A register of all declared interests for the year is included in **Appendix 3**.

Changes to membership and current vacancies

Dr Tawfique Daneshmend, Consultant Representative (RDUH) and Chair, stepped down from the FIG in January 2023. Dr Daneshmend had supported the development of the local formularies in Devon for over 25 years. Dr Daneshmend had been instrumental in the development of the first Exeter, East and Mid Devon Formulary, and had Chaired both the North and East Devon Formulary Interface Group, and subsequently the Devon Formulary Interface Group which brought together the two predecessor groups (namely the North & East and South & West Devon FIGs).

Since March 2023 Dr Susie Harris, Consultant Representative (RDUH) has Chaired the group.

Dr Jamie Smith, Consultant Representative (T&SD) and Samantha Smith, Pharmacist Representative (RDUH) stepped down from the group in August 2022, Dr William Nolan, GP Representative stepped down in October 2022. Dr Smith, Ms Smith and Dr Nolan had been committed FIG members over a number of years and made significant contributions to support the work of the group.

Becki Lowe, Joint Formulary Technician, NHS Devon, joined the Group in October 2022.

There are four consultant representative vacancies and two GP representative vacancies on the Devon FIG. Work is ongoing to recruit additional consultant and GP representative members to the FIG.

NICE Guidance, Commissioning and Assurance Recommendations

The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE Technology Appraisals (TA) guidance and NICE Highly Specialised Technologies (HST) guidance, making them available within three months of publication or sooner when agreed by NHS England. NICE TAs are commissioned by either ICBs or NHS England. The HST programme only considers drugs for very rare conditions; the responsible commissioner for these is usually NHS England.

The Devon Formulary supports NHS Devon ICB to evidence compliance with its commissioning responsibility in respect of NICE TAs and HSTs. This is achieved through the addition of all TAs and HSTs to the local formulary in line with the requirements of each piece of guidance regardless of whether they are ICB or NHS England commissioned. For completeness and clarity technologies for which NICE has issued a statement that they are not recommended for routine commissioning are also added. These are detailed in **Appendix 4** of this report.

Following instruction from the NHS Devon ICB NICE Planning Advisory Group (NPAG), 78 TAs and five HSTs were added to the formulary between 1st April 2022 and 31 March 2023.

New drugs which fall outside of the remit of the FIG to decide upon are considered for commissioning by the Clinical Policy Recommendation Committee (CPRC). The CPRC makes recommendations to the ICB's Governing body or appropriate groups with delegated authority, for approval of treatments following clinical discussion of the issues. Once approved, policies for such treatments are published on the ICB website. The FIG then considers the position of the drug within the locally recommended treatment pathway, and any additional information to support its safe and effective use.

During the period of this report, the FIG agreed formulary entries for the following treatments which the CPRC had recommended for commissioning, and which were included in the formulary once the final policy had been ratified:

- Tirbanibulin ointment for the field treatment of mild to moderate (non-hyperkeratotic, non-hypertrophic) actinic keratosis of the face or scalp in adults.
- Continuous Glucose Monitors (CGM) for diabetes:
    - The FIG considered the range of GP prescribable real-time CGM products available, and agreed to recommend Dexcom ONE interstitial glucose sensors
- Guanfacine hydrochloride prolonged-release tablets for the management of attention deficit hyperactivity disorder (ADHD) in children and adolescents aged 6 to 17 years, where previous treatment with stimulants **AND** previous treatment with atomoxetine, is ineffective **OR** not tolerated **OR** these treatments are not suitable.

In addition, the following commissioning decisions which had been recommended by CPRC were included in the formulary, once ratified by the ICB:

- Nefopam is **not** accepted for the management of chronic pain
- Otigo (phenazone with lidocaine) ear drops are **not** accepted for the treatment of acute otitis media pain

Reviewing and updating Formulary content

Devon Formulary guidance and treatment recommendations are reviewed on a rolling basis. Prioritisation for review is informed by horizon scanning for new/revised national guidelines (NICE, Public Health England / UK Health Security Agency [UKHSA], Scottish Intercollegiate Guidelines Network [SIGN], professional society guidelines etc.) alongside requests from local clinicians.

New sections of formulary guidance are also developed in response to local need, identified by horizon scanning and requests from stakeholders and users. This results in a growing catalogue of information and guidance that requires maintaining, reviewing, and updating via the FIG.

The formulary development and review process involves consultation with local specialists in order to produce evidence-based guidance that reflects local clinical practice and service provision.

Section Reviews

Devon formulary recommendations for intermittent catheters were reviewed with specialist teams to harmonise the existing (N&E Devon and S&W Devon) guidance, creating one cohesive Devon-wide recommendation section. This supports a consistent approach to prescribing across the county, whilst promoting safe, effective, and economic prescribing in primary and secondary care.

In consultation with local gastroenterology and haematology specialists, formulary recommendations on oral iron preparations for treatment and prophylaxis of iron deficiency anaemia with an oral iron preparation were updated.

Following the publication of a local clinical commissioning policy for tirbanibulin for actinic keratosis (AK), formulary guidance for AK was reviewed and updated. Recommendations for N&E Devon and S&W Devon were harmonised and additional information on maximum area of use, duration, and assessment of response was added.

A comprehensive review of the Stoma Care section involving Stoma Care Nurse Specialists representing each of the three acute NHS Trusts in Devon resulted in updated, Devon-wide recommendations, to support consistent prescribing across the county.

New formulary guidance on the management of blood lipids was published, based on NICE guidance and the NHS England/Accelerated Access Collaborative (AAC) summary of lipid guidance and statin intolerance pathway. This guidance was refined with local specialists to provide greater clarity on the place in therapy of each treatment option.

Product Applications

As well as addition of newly published NICE TAs and HSTs and products subject to local clinical commissioning policies (see above), the FIG considered a number of individual product applications which provided financial savings and/or clinical / safety benefits.

Significant cost savings in primary care were supported by the inclusion of Sevodyne brand buprenorphine (estimated annual savings of up to £430,000 vs Butec brand), Luforbec 200/6 pressurised metered dose inhaler (approx. £262,000 annual saving vs Fostair), and Opiodur brand transdermal fentanyl patches (approx. £145,000 annual saving vs Matrifen and Mezolar brands).

Melatonin immediate release tablets were also added; these provide a licensed alternative with the additional benefit of significant financial savings (up to £120,000 per year in primary care vs unlicensed specials or "off-label" alternatives, with additional savings vs oral solution for those who could crush and mix the tablets with water).

Octasa suppositories (mesalazine 1g) were added as an option with a broader licensed indication than some alternatives, with the potential for moderate cost savings (up to £29,000 per year in primary care vs generic prescribing or Pentasa brand).

Several products were added to the formulary to support patients with swallowing difficulties or those requiring enteral feeding. Some examples are briefly highlighted below.

- Pancrex V powder (pancreatin) for the treatment of pancreatic exocrine insufficiency in patients requiring enteral feeding.
- Rosuvastatin 'hard' capsules for patients with swallowing difficulties; the capsules may be opened, and the contents sprinkled onto soft food.
- Solifenacin oral suspension sugar free 1mg/1ml for urinary incontinence, frequency, and urgency in adults with swallowing difficulties, and for the treatment of neurogenic detrusor overactivity in paediatric patients aged 2 to 17 years.
- Dexamfetamine oral solution sugar free 5mg/5ml for patients who are unable to swallow tablets.

"Shared Care" / Specialised Medicines Service (SMS) Guidelines

In Devon, "Shared Care" arrangements are resourced via the Specialised Medicines Service (SMS). Specific financial arrangements are not within the remit of the FIG; however, the FIG is responsible for deciding whether a medicine requires formal "Shared Care" and for agreeing the clinical content of guidelines. During the period of this report, the FIG considered and agreed seven new or updated SMS guidelines for use locally:

Three existing guidelines (North & East, South Devon, and West Devon) for azathioprine and mercaptopurine for the treatment of inflammatory bowel disease in adults were updated and replaced with a single, Devon-wide guideline. The update provided consistent advice to clinicians across the county and included a reduction in monitoring frequency from monthly to three monthly for most patients.

Three existing guidelines (North & East, South Devon, and West Devon) for riluzole for the treatment of individuals with the amyotrophic lateral sclerosis form of motor neurone disease were updated and replaced with a single, Devon-wide guideline, providing consistent advice across Devon.

Amendments were made to three Devon-wide SMS guidelines for ADHD in adults (atomoxetine, lisdexamfetamine, and methylphenidate) to support a smooth transition for

young people with existing ADHD diagnosis between child/adolescent services and adult services.

Minor amendments to an existing West Devon guideline for methotrexate for the treatment of Crohn's disease provided greater clarity in respect of the folic acid dosage, and the existing North, East, and West Devon SMS guideline for Prolia (denosumab) for osteoporosis was extended unchanged to cover South Devon.

Other updates and publications noted/considered

Recent Drug Decisions

At each of its meetings the FIG receives the output of relevant local and national bodies, taking actions appropriate to each. These include:

- Addition / removal of red (hospital only) drugs following decisions by local trust Drugs and Therapeutics Committees (or equivalent)
- Notifications of decisions taken by the Clinical Policy Recommendation Committee
- Notifications of changes to the NHS Devon Medicines Optimisation Team Preferred Brands list (including estimated savings)
- NICE Clinical Guidelines published since the last meeting
- NICE Technology Appraisals / Highly Specialised Technologies Guidance published since the last meeting

Medicines and Healthcare Products Agency (MHRA) Drug Safety Updates and National Patient Safety Alerts (NPSA)

Each month the MHRA and its independent advisor the Commission on Human Medicines publish a Drug Safety Update (DSU) for healthcare professionals. The subjects raised in each DSU are considered at each meeting to ensure that any relevant issues are captured in formulary guidance and notes. The letters and drug alerts sent to healthcare professionals include recalls, safety issues, supply-related issues and medicines defect information/alerts. Supply-related issues generally fall outside the scope of the formulary.

Between April 2022 and March 2023, the FIG considered MHRA DSU advice for 20 treatments and noted 66 letters and drug alerts sent to healthcare professionals.

Following a National Patient Safety Alert on the inadvertent oral administration of potassium permanganate in April 2022, this product was reclassified as amber (specialist input) in the formulary. The formulary entry was updated to include details of the new recommendations for a risk assessment to be conducted if potassium permanganate is to be used in the patient's home, and a note was also added to indicate that potassium permanganate is considered to be less suitable for prescribing.

Website analytics

The Devon formulary has a bespoke website which is geographically tailored to reflect the decisions of the Devon FIG. Although the S&W and N&E Devon FIGs merged in February 2021, the two presentations of the Formulary website (N&E Devon and S&W Devon) have been retained whilst content is reviewed, and recommendations harmonised.

Website traffic has increased substantially year on year since launch (see below), and clinical content has expanded to meet more of the needs of users. As a result, the underpinning infrastructure requires upgrading; a new Devon Formulary & Referral website modernised website is in development and will be launched in 2023. The new website will provide improved features such as advanced searching functionality, a browsable A-Z drug list, and a revitalised design.

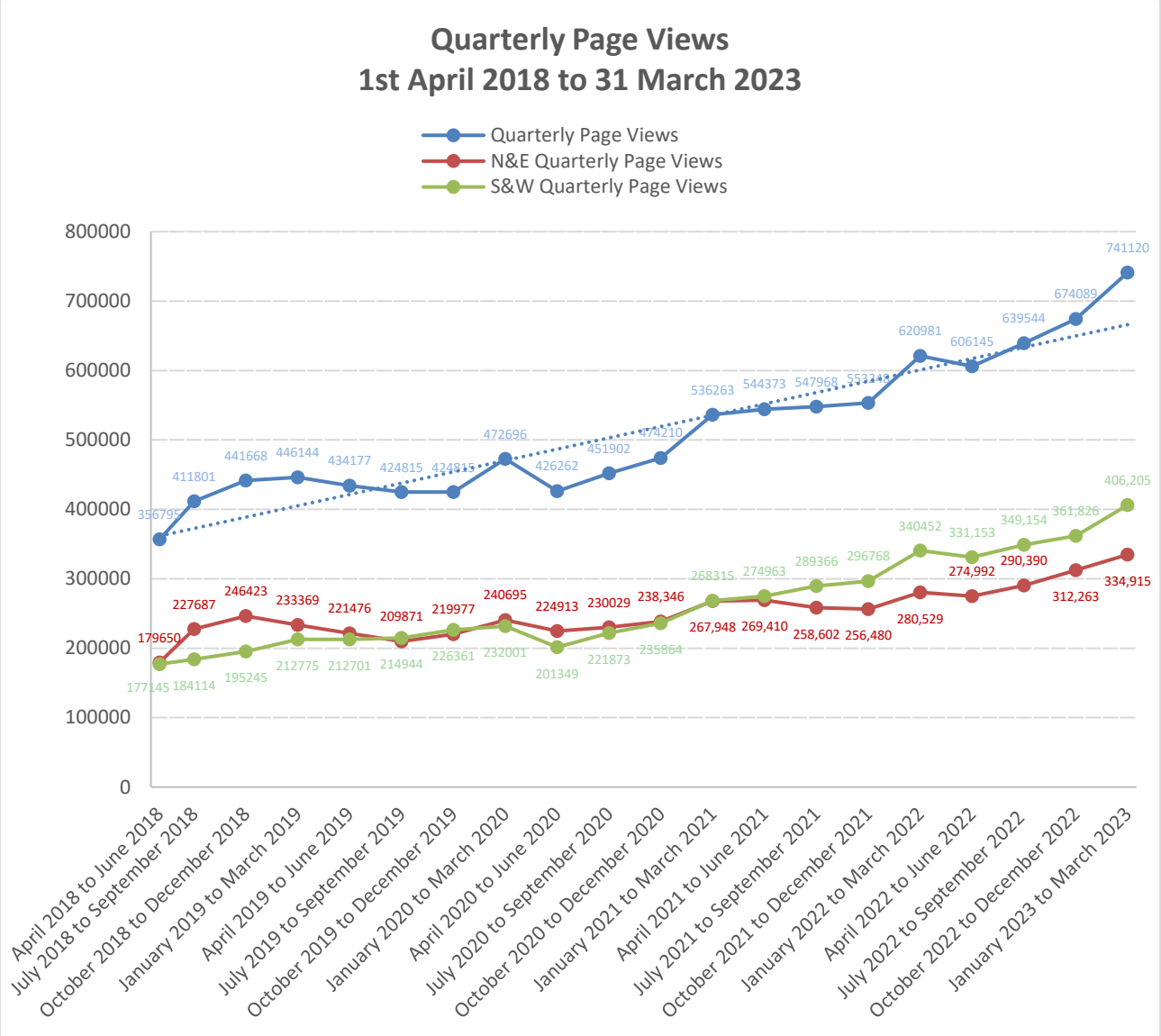
The Devon Formulary & Referral App was no longer able to support the volume of information and the frequency of updates required, it was therefore withdrawn in the summer of 2022 as the new website will be optimised for use on mobile devices.

Between April 2022 and March 2023, the combined number of page views was 2,660,898 (1,448,338 for S&W Devon and 1,212,560 for N&E Devon).

The table below shows the percentage change in use year on year between 1st April 2018 and 31st March 2023.

Date	Page Views	Approximate % change from previous year
1st April 2018 to 31st March 2019	1,656,408	-
1st April 2019 to 31st March 2020	1,778,026	+7.5%
1st April 2020 to 31st March 2021	1,888,637	+6%
1st April 2021 to 31st March 2022	2,266,570	+20%
1st April 2022 to 31st March 2023	2,660,898	+17.5%

The graph below shows the number of page views on a quarterly basis over five years between 1st April 2018 and 31st March 2023 for the Devon Formulary and Referral website together with disaggregated data for the N&E and S&W geographical areas.



Communication

Recent Updates to Devon Formulary

Formulary updates are highlighted on the Recent Updates webpage and Formulary News banner of the website and replicated on the Medicines Optimisation Post (MOP) Live website. The updates are included in the NHS Devon GP bulletin (managed by the NHS Devon Communications Team and sent via e-mail to GP practices). The Formulary Team also circulates updates via e-mail to all FIG members for dissemination throughout their respective organisation.

Governance Documentation

The Formulary Interface Group's governance documentation (minutes of meetings, Terms of Reference) are publicly available via the Devon-wide Formulary and Referral Website.

This annual report will similarly be made publicly available via the Devon-wide Formulary and Referral Website.

Conclusion

The Devon Formulary Interface Group (FIG) continues to provide a forum for NHS commissioners and providers in Devon to incorporate national and local treatment choices and guidance into a joint formulary to promote prescribing that is safe, clinically appropriate, and cost-effective.

Through the Devon Formulary, local NHS commissioners and providers demonstrate compliance with their statutory responsibilities in respect of NICE guidance.

The FIG has ensured continuity of process during the transition from the CCG to ICB on 1st July 2022. This annual report has been prepared for information and assurance; it sets out the governance of the group and provides an indication of the breadth of topics considered by the FIG between 1st April 2022 to 31st March 2023.

This annual report will be submitted to the Clinical Policy Recommendation Committee (CPRC) of the ICB for acceptance and assurance, before being made publicly available via the Devon Formulary and Referral website.

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Appendix 1:

Terms of Reference Devon Formulary Interface Group

Purpose

To provide a forum for NHS Devon Integrated Care Board (ICB) to work with the provider trusts it commissions to incorporate national and local treatment choices and guidance into a Joint Formulary.

Functions

The Devon Formulary Interface Group (FIG) will:

Work together for Devon to support safe, evidence-based, cost effective prescribing to make the best use of valuable health resources.

Produce, maintain and review a formulary for use across Devon. The formulary will comprise the output of processes to support the managed introduction, utilisation and withdrawal of treatments within the local health economy.

Ensure treatments approved by local decision-making groups are included in the Joint Formulary. Local decision-making groups include:

- Devon Clinical Policy Recommendation Committee
- Devon Partnership NHS Trust Drugs and Therapeutics Committee
- Livewell Southwest Medicines Governance Group
- Royal Devon University Healthcare NHS Foundation Trust New Drugs Group
- Torbay and South Devon Healthcare NHS Foundation Trust Medicines Approval Committee (MAC)
- University Hospitals Plymouth NHS Trust Drugs and Therapeutics Committee

Ensure treatments recommended by a NICE Technology Appraisal or a Highly Specialised Technology are included in the Joint Formulary in line with the ICB's statutory responsibility to commission within the timeframe recommended in that guidance.

Support secondary care use of treatments commissioned by NHS England.

Adopt treatment focused care pathways and develop formulary guidance to support the safe and appropriate use of treatments included in the formulary.

Engage with local specialists, generalists, clinical groups and networks to ensure guidance is clinically appropriate and locally relevant.

Review and update the Joint Formulary, which will be guided by national clinical guidance, new drug technologies and consultation with local clinicians.

Receive drug safety update information and consider how this information should be reflected in the formulary.

Agree the clinical content of shared care guidelines and whether a medicine is appropriate for shared care

Membership

The Devon Formulary Interface Group is a multi-stakeholder group whose membership is intended to reflect the needs of the local population and organisations involved. The core membership comprises:

- Six GP representatives selected from NHS Devon ICB
- Consultant representative, Royal Devon University Healthcare NHS Foundation Trust (NDDH)
- Two consultant representatives, Royal Devon University Healthcare NHS Foundation Trust (RD&E)
- Consultant representative, Torbay and South Devon NHS Foundation Trust
- Consultant representative, University Hospitals Plymouth NHS Trust
- Pharmacist representative, Royal Devon University Healthcare NHS Foundation Trust (NDDH)
- Pharmacist representative, Royal Devon University Healthcare NHS Foundation Trust (RD&E)
- Pharmacist representative, Torbay and South Devon NHS Foundation Trust
- Pharmacist representative, University Hospitals Plymouth NHS Trust
- Pharmacist representative, Devon Partnership NHS Trust
- Pharmacist representative, Livewell Southwest
- Two Medicines Optimisation Pharmacist representatives, NHS Devon ICB
- Nurse / Non-medical prescriber representative, NHS Devon ICB
- Clinical Effectiveness Pharmacist (Joint Formularies), NHS Devon ICB
- Joint Formulary Specialist Pharmacy Technician, NHS Devon ICB
- Joint Formulary Pharmacy Technician, NHS Devon ICB
- Clinical Evidence Manager, NHS Devon ICB

The FIG Chair will be selected from the core membership of the Formulary Interface Group. When absence is anticipated the Chair will nominate an existing FIG member to deputise for that meeting. Otherwise the FIG will nominate a Chair from those core members present on the day.

The membership may be supplemented by a number of co-opted members appointed because of their level of knowledge and experience.

A current membership list will be maintained by the FIG secretariat.

It is the role of the FIG Chair to confirm that the membership has all relevant competencies to enable the FIG to undertake the business on the agenda.

Attendance will be monitored on a rolling annual basis by the secretariat and any identified low attendance (below 66%) highlighted to the Chair to follow up with the member.

Follow up will be at the Chair's discretion but will take into consideration such matters as the reasons for non-attendance and any issues with fulfilling the role.

Where members are failing to consistently attend meetings, the Chair or their representative will discuss a way forward with the member.

If members are unable to attend, they are not expected to arrange a deputy. There may be occasions when the secretariat in conjunction with the Chair consider that representation from the member's organisation would be beneficial to the discussion of a particular item, and the member will be requested to nominate a deputy to join the discussion. It is the responsibility of the FIG member to ensure that the deputy is appropriately briefed, possesses the required competencies, and has the authority to agree decisions at the meeting on behalf of their organisation.

Members are responsible for communicating outputs and recommendations of meetings within their organisations. Recommendations published on the Joint Formulary website are summarised in the Formulary Update produced by the Formulary Team after each meeting and circulated to FIG members for onward dissemination.

Members are encouraged to promote the use of the formulary within their organisation.

Meetings and Conduct of Business

Meetings will be conducted regularly at a frequency agreed by the FIG, but it is expected that there will be six meetings per year.

Meeting dates will be set annually and circulated to FIG members by the secretariat.

Meetings of the FIG will be formal and an appropriate agenda and minutes produced.

Draft minutes will be sent initially to the Chair and subsequently to FIG members for comment.

Meeting papers are written by or in conjunction with the Formulary Team. Meeting papers will be disseminated to FIG members prior to the meeting.

Administrative support will be provided by the Clinical Effectiveness Team, NHS Devon ICB.

Meetings will be held virtually (using Microsoft Teams), with occasional face-to-face meetings during a calendar year.

For the FIG meeting to be quorate there will be at least three medical practitioners, (of whom at least two are General Practitioners) and two pharmacist representatives, (of whom at least one must be from the Clinical Effectiveness team, NHS Devon ICB).

If meetings are not quorate, they may still go ahead as planned at the Chair's discretion, but any recommendations must be confirmed with a quorate of members before any guidance is issued.

Decisions are taken via a consensus approach after taking into account an assessment of the information which is known about the proposed guidance or intervention. The following will be considered, as appropriate, according to the item under discussion: national strategic direction, clinical effectiveness, safety, cost effectiveness, financial impact, and feedback from stakeholder engagement.

Clinical specialists and other stakeholders can be invited to attend meetings as needed to discuss specific agenda items.

In addition to the face-to-face meetings with formal agendas and minutes, e-FIG meetings will be held as required for appropriate items. The progression of an item through this process includes:

- FIG members will be sent an e-mail requesting an e-FIG decision. The FIG discussion paper will be attached to the e-mail for consideration.
- There will be a period of at least two weeks for members to submit responses to an e-FIG request. A shorter consultation period may be required in exceptional circumstances.
- If it becomes apparent during the e-FIG process that a detailed discussion of the item is required, no decision will be taken and the item will be included on the agenda of the next FIG meeting for discussion
- Members must submit a declaration of interests with their response to the e-FIG consultation.
- Quoracy for e-FIG meetings is the same as for FIG meetings. If quoracy is not achieved during the consultation period, there may be a further consultation, or the item may be taken to a FIG meeting
- The outcomes of e FIG meetings will be reported and recorded in the minutes of the subsequent FIG meeting.

Governance/Reporting arrangements

The Devon FIG reports to the Executive Strategy and Transformation Group of NHS Devon ICB via the Devon Clinical Policy Recommendation Committee.

Meeting minutes are approved by FIG members at the following meeting. The approved minutes of the Devon FIG will be made available on the Joint Formulary website.

The FIG approves an annual report which is submitted to the Devon Clinical Policy Recommendation Committee. The annual report is published on the Joint Formulary website.

The Terms of Reference will be reviewed annually and made available on the Joint Formulary website.

Declaration of Interests

All members of the FIG and attendees are required to complete and submit a declaration of interests prior to the meeting. The Chair will ask that any declaration of interests be made known to the members to indicate the nature and extent of any potential conflict of interest. These are recorded in the minutes of the appropriate meeting and in the Annual Report.

The Chair has responsibility for agreeing how to manage any conflict of interest in the context of the meeting. Possible actions may include, but are not limited to:

- Asking conflicted individuals to leave the meeting when the relevant matter(s) are being discussed
- Allowing conflicted individuals to participate in some of the discussion but excluding them from developing recommendations and decision-making on the matter(s). For example, this may be appropriate where the individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear
- Noting the interest but allowing the individual to remain and participate in both the discussion and in any decision-making

Declaration of interests are required for items discussed via e-FIG meetings. The Chair has responsibility for agreeing how to manage any conflict of interest. Any interests declared and actions taken in relation to these will be formally recorded at the next FIG meeting.

Observers

The FIG is not a public meeting and as such is not open to general members of the public and commercial representatives.

Attendance at a FIG meeting as an observer is by prior agreement with the secretariat and subject to certain considerations including the items for discussion and the number of attendees. It is expected that this would be at the request of, and accompanying, a FIG member. Observers are required to complete and submit a declaration of interest prior to the meeting.

Observers should be healthcare professionals or individuals otherwise involved in supporting the local health community, who are able to demonstrate that an understanding of FIG meetings is fundamental to their role in the local health care community.

END

Appendix 2:

Attendance (1st April 2022 – 31st March 2023)

Committee and Co-opted members

Name	Role	Organisation	Meetings attended
Dr Glen Allaway	GP representative	NHS Devon	7/7
Beverley Baker	Nurse/NMP representative	NHS Devon	3/7
Ailene Barclay	Pharmacist	UHP NHS Foundation Trust	7/7
Heidi Campbell	Pharmacist	NHS Kernow	6/7
Dr Andrew Craig	GP representative	NHS Devon	5/7
Dr Tawfique Daneshmend	Consultant representative (chair)	RDUH NHS Foundation Trust	6/6
Nicola Diffey	Pharmacist representative	Livewell Southwest	1/7
Susie Harris	Consultant representative (chair)	RDUH NHS Foundation Trust	3/7
Matt Howard	Clinical Evidence Manager	NHS Devon ICB	7/7
Tom Kallis	Community pharmacy		2/7
Dr Nick Keysell	GP representative	NHS Devon	4/7
Carole Knight	Pharmacist Representative	RDUH NHS Foundation Trust	5/7
James Leavy	Pharmacist Representative	RDUH NHS Foundation Trust	7/7

Rebecca Lowe	Joint Formulary Pharmacy Technician	NHS Devon	4/4
Sarah Marner	MO Pharmacist representative	NHS Devon	3/7
Dr William Nolan	GP Representative	NHS Devon	2/3
Dr Jess Parker	GP Representative	NHS Devon	6/7
Hilary Pearce	Joint Formularies Pharmacist	NHS Devon	7/7
Graham Simpole	MO Pharmacist	NHS Devon	6/7
Jamie Smith	Consultant representative	Torbay and South Devon NHS Foundation Trust	0/3
Samantha Smith	Interim Chief Pharmacist	RDUH NHS Foundation Trust	0/2
Chris Sullivan	Pharmacist representative	Devon Partnership Trust	4/7
Larissa Sullivan	Pharmacy representative	Torbay and South Devon NHS Foundation Trust	6/7
Charlie Thomas (as delegate)	Senior Medicines Optimisation Pharmacist	NHS Devon	1/1
Darren Wright	Joint Formulary Technician	NHS Devon	7/7

Additional Attendees (Experts, Guests, Secretariat, and Observers)

Name	Role	Organisation
Dr Tony Avades	Consultant Chemical Pathologist	UHP NHS Foundation Trust
Sarah Barrett	Senior MO Pharmacist	NHS Devon
James Benzimra	Consultant Ophthalmologist	RDUH NHS Foundation Trust
Hannah Bishop	Programme Manager - diabetes	NHS Devon
Catherine Burdett	Pharmacist	UHP NHS Foundation Trust
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon
Dr Patrick English	Consultant Physician	UHP NHS Foundation Trust
Emma Gitsham	Clinical Effectiveness Pharmacist	NHS Devon
Jonathan Graham	Consultant	Torbay and South Devon NHS Foundation Trust
Yeonwoo Jee	Pharmacist	RDUH NHS Foundation Trust
Mr Nathanial Knox Cartright	Consultant Ophthalmologist	RDUH NHS Foundation Trust
Dr Stuart Kyle	Consultant Rheumatologist	RDUH NHS Foundation Trust
Selina Lourgouilloux	MO Pharmacist	NHS Devon
Grace McMahon	Clinical Effectiveness Support Officer	NHS Devon
Karen Mulgrew	Trainee Pharmacist	Torbay and South Devon NHS Foundation Trust
Tran Nguyen	Pre-registration Pharmacist	RDUH NHS Foundation Trust
Claudia Oliveria	Medicines Optimisation Pharmacist	NHS Devon
Deborah Reeves	Senior Commissioning Pharmacist	Devon Partnership Trust
Amy Rice	Clinical Effectiveness Pharmacist (Commissioning Projects Lead)	NHS Devon ICB
Nic Perrem	Healthcare Evidence Reviewer	NHS Devon

Chris Price	Consultant Neurologist	RDUH NHS Foundation Trust
Hazel Russell	MO Technician	NHS Devon
Carys Shepley	Medicines Optimisation Technician	NHS Devon
Tamara Speare	Trainee Pharmacist	UHP NHS Foundation Trust
Temitayo Soile	Trainee Pharmacist	RDUH NHS Foundation Trust
Sharon Stone	Pharmacy Governance and Formulary Technician	UHP NHS Foundation Trust
Dr Neil Walker	Consultant	RDUH NHS Foundation Trust
Sebastian Wright	Trainee Pharmacist	Torbay and South Devon NHS Foundation Trust

END

Appendix 3:

Declarations of Interest Register (1st April 2022 – 31st March 2023)

Name	Role	Capacity of attendance	Declared Interest
Tony Avades	Consultant Chemical Pathologist		12th October 2022 - Have taken part in trial for the above drug(s)/device(s). Lecture Feed Fees from Chairing Astra Zeneca (x2). Tetris Pharma (advisory board meeting) and Sanofi (x1) in last 12 months.
Patrick English	Consultant Physician		12th October 2022 - Have taken part in trial for the above drug(s)/device(s). Lecture Feed Fees from Chairing Astra Zeneca (x2). Tetris Pharma (advisory board meeting) and Sanofi (x1) in last 12 months.
Tom Kallis	Community Pharmacist		6th April 2022 – Work as paid advisor to manufacturing company.
Tom Kallis	Community Pharmacist		22nd June 2022 – May or may not be included under ‘‘various manufacturers’ I have participated in a paid advisory board for Daiichi-Sanko in 2021.
Rebecca Lowe	Joint Formulary Pharmacy ‘Technician		12th October 2022 - Any other interests (including personal or family medical conditions) which could be seen as influencing views of the drug(s) under consideration. Please refer to ‘types of conflict of interest’. I have a second job as a Bank Pharmacy Technician at HMP Channings Wood.
Neil Walker	Consultant		12th October 2022 - In receipt of lecture fees in the last year from about manufacturing company – Workshop facilitator for conference supported by CGMs companies.

END

Appendix 4:

Mandatory NICE Technology Appraisals and Highly Specialised Technologies added to the local formulary in line with the ICB's statutory responsibilities

NICE Guidance	
TECHNOLOGY APPRAISAL	
TA871	Eptinezumab for preventing migraine
TA868	Vutrisiran for treating hereditary transthyretin-related amyloidosis
TA863	Somatrogon for treating growth disturbance in people 3 years and over
TA861	Upadacitinib for treating active non-radiographic axial spondyloarthritis
TA858	Lenvatinib with pembrolizumab for untreated advanced renal cell carcinoma
TA857	Nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma
TA856	Upadacitinib for treating moderately to severely active ulcerative colitis
TA855	Mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy
TA854	Esketamine nasal spray for treatment-resistant depression
TA853	Avatrombopag for treating primary chronic immune thrombocytopenia

TA852	Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments
TA851	Pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer
TA850	Amivantamab for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy
TA849	Cabozantinib for previously treated advanced hepatocellular carcinoma
TA837	Pembrolizumab for adjuvant treatment of resected stage 2B or 2C melanoma
TA836	Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy
TA835	Fostamatinib for treating refractory chronic immune thrombocytopenia
TA833	Zanubrutinib for treating Waldenstrom's macroglobulinaemia
TA832	Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroids
TA831	Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer
TA830	Pembrolizumab for adjuvant treatment of renal cell carcinoma
TA829	Upadacitinib for treating active ankylosing spondylitis
TA828	Ozanimod for treating moderately to severely active ulcerative colitis
TA827	Oral azacitidine for maintenance treatment of acute myeloid leukaemia after induction therapy
TA825	Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis
TA824	Dexamethasone intravitreal implant for treating diabetic macular oedema
TA823	Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer
TA821	Avalglucosidase alfa for treating Pompe disease
TA820	Brolucizumab for treating diabetic macular oedema
TA819	Sacituzumab govitecan for treating unresectable triple-negative advanced breast cancer after 2 or more therapies
TA818	Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma
TA817	Nivolumab for adjuvant treatment of invasive urothelial cancer at high risk of recurrence

TA816	Alpelisib with fulvestrant for treating hormone receptor-positive, HER2-negative, PIK3CA-mutated advanced breast cancer
TA815	Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs
TA814	Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis
TA813	Asciminib for treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors
TA812	Pralsetinib for treating RET fusion-positive advanced non-small-cell lung cancer
TA810	Abemaciclib with endocrine therapy for adjuvant treatment of hormone receptor-positive, HER2-negative, node-positive early breast cancer at high risk of recurrence
TA809	Imlifidase for desensitisation
TA808	Fenfluramine for treating seizures associated with Dravet syndrome
TA807	Roxadustat for treating symptomatic anaemia in chronic kidney disease
TA805	Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides
TA804	Teduglutide for treating short bowel syndrome
TA803	Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs
TA802	Cemiplimab for treating advanced cutaneous squamous cell carcinoma
TA801	Pembrolizumab plus chemotherapy for untreated, triple-negative, locally recurrent unresectable or metastatic breast cancer
TA800	Faricimab for treating wet age-related macular degeneration
TA799	Faricimab for treating diabetic macular oedema
TA798	Durvalumab for maintenance treatment of unresectable non-small-cell lung cancer after platinum-based chemoradiation
TA796	Venetoclax for treating chronic lymphocytic leukaemia
TA795	Ibrutinib for treating Waldenstrom’s macroglobulinaemia
TA794	Diroximel fumarate for treating relapsing–remitting multiple sclerosis
TA792	Filgotinib for treating moderately to severely active ulcerative colitis TA791

TA791	Romosozumab for treating severe osteoporosis
TA789	Tepotinib for treating advanced non-small-cell lung cancer with MET gene alterations
TA788	Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy
TA787	Venetoclax with low dose cytarabine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable
TA786	Tucatinib with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies
TA784	Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer
TA783	Daratumumab monotherapy for treating relapsed and refractory multiple myeloma
TA781	Sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer
TA780	Nivolumab with ipilimumab for untreated advanced renal cell carcinoma
TA779	Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency
TA777	Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea
TA776	Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea
TA775	Dapagliflozin for treating chronic kidney disease
TA773	Empagliflozin for treating chronic heart failure with reduced ejection fraction
TA772	Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies
TA770	Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer
TA769	Palforzia for treating peanut allergy in children and young people
TA768	Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs
TA767	Ponesimod for treating relapsing–remitting multiple sclerosis
TA766	Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma
TA765	Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable

TA764	Fremanezumab for preventing migraine
TA763	Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable
TA761	Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection
TA599	Sodium zirconium cyclosilicate for treating hyperkalaemia
HIGHLY SPECIALISED TECHNOLOGIES	
HST21	Setmelanotide for treating obesity caused by LEPR or POMC deficiency
HST20	Selumetinib for treating symptomatic and inoperable plexiform neurofibromas associated with type 1 neurofibromatosis in children aged 3 and over
HST19	Elosulfase alfa for treating mucopolysaccharidosis type 4A
HST18	Atidarsagene autotemcel for treating metachromatic leukodystrophy
HST17	Odevixibat for treating progressive familial intrahepatic cholestasis

END

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