

# NHS Devon Formulary Interface Group (FIG)

## Annual Report

1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024

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## Introduction

This Annual Report covers the period from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024. It provides an account of the activity and governance processes of the NHS Devon Formulary Interface Group (FIG).

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**). The meeting agendas are shown in Appendix 2.

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 in March 2024 to reflect the new GP FIG members and quoracy confirmation.

The core membership of the Devon FIG is drawn from the collaborating organisations and may be supplemented by co-opted members appointed because of their level of knowledge and experience of special relevance to the application of the formulary in practice. 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 3**.

### **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 Devon Formulary 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 agrees the 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 potential conflicting 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 4**.

### Changes to membership and current vacancies

Graham Simpole, MO Pharmacist Representative stepped down from the group in July 2023 and Tom Kallis Community Pharmacist (co-opted member) stepped down from the group in October 2023. Both Graham and Tom had supported the work of the FIG over a number of years.

In March 2024 Dr Stuart Crowe, Dr Jess Danielson, Dr Lucy Harris, and Dr Alisha Kaliciak were welcomed to the FIG as GP representatives.

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

## NICE Guidance, Commissioning and Assurance Recommendations

The NHS in England is legally obliged to fund 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 5** of this report.

Following instruction from the NHS Devon ICB NICE Planning Advisory Group (NPAG), 70 TAs and nine HSTs were added to the formulary between 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024.

New drugs which fall outside of the remit of the FIG to decide upon are considered for local 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 one treatment which the CPRC had recommended for commissioning (lurasidone for schizophrenia), and which was included in the formulary once the final policy had been ratified.

## Reviewing and updating formulary content.

Formulary guidance integrates locally recommended drug choices with national guidance and local specialist opinion to provide clear, consistent advice to GPs, supporting safe, cost-effective prescribing, and appropriate de-prescribing, in Devon.

Existing 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.

While reviewing and updating formulary content, particular focus has been on harmonising and aligning current guidance and treatment recommendations across North & East and South & West Devon.

FIG meeting agendas, and list of items considered via eFIG, can be found in **appendix 2** of this report. A few examples are highlighted below to give an indication of the breadth and depth of work undertaken by the formulary team and considered by the FIG:

- Revised formulary guidance on **atrial fibrillation** was agreed in consultation with local specialists, in line with updated NICE guidance.
- New formulary guidance was published on the treatment pathway and drug treatment options for patients in primary care with a new infective episode of **COVID-19** who do not require hospitalisation. Extensive work was required, liaising with specialists within the local COVID Medicines Delivery Units (CMDUs), the NHS Devon Primary Care Medical Director and colleagues at Devon Referral Support Services to produce guidance based on NICE TA878 and a national interim commissioning policy, that could be implemented within local services. The formulary guidance outlines the initial assessment for a COVID-19 treatment, treatment options for patients who meet the initial criteria, and assessment for suitability for the first line oral antiviral option

(Paxlovid). Due to the complexity of this topic, the requirement for rapid decisions, and the direct impact the proposed guidance on primary care, this guidance was agreed via an extraordinary FIG meeting process. An additional FIG meeting was organised at short notice to review and agree clinically appropriate guidance for primary care.

- Formulary guidance on the management of **insomnia** in adults was reviewed and updated in line with national guidance; the guidance supports appropriate interventions for insomnia in primary care and includes advice on sleep hygiene, management of short-term insomnia (<3 months) and long-term insomnia (>3 months) and incorporates the NICE TA for daridorexant for long-term insomnia. New guidance on deprescribing hypnotics was also developed and discussed, pending additional specialist input.
- Guidance and recommendations on appropriate prescribing of **Negative Pressure Wound Therapy (NPWT)** was developed to provide clarity and consistency regarding the responsibility of prescribing these products (all NPWT is initiated and supplied solely via secondary care specialist teams). A refined list of recommended NPWT systems was included to aid electronic prescribing systems in the Trusts and to support identification of inappropriate requests for primary care prescribing of NPWT products.
- Updated formulary guidance on the management of **type 2 diabetes mellitus** was developed in consultation with local specialists, in line with updated NICE guidance. This was a complex piece of work requiring discussion at more than one meeting
- A review of products for **nicotine dependence** involving Local Authority commissioners and specialist teams to review and update formulary guidance, supporting referral to specialist services and evidence-based recommendations on appropriate treatment choices.
- Formulary guidance on the management of **eczema** was reviewed and updated in line with national guidance, and included GP initiation of topical calcineurin inhibitors (previously specialist initiated) to reduce the need for patients to be referred to specialist teams.
- Following new and updated national guidance, the formulary subsection on **drug interactions with hormonal contraception** was reviewed and updated.

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 or safety benefits. A few examples are highlighted below:

- Ogluo (glucagon) pre-filled pens were added for the treatment of severe hypoglycaemia. Although these are more expensive than the existing first-line option (GlucaGen Hypokit), they may be easier to use in an emergency situation and were considered particularly useful for children and young people, or those unable to consistently operate the Hypokit.
- Significant cost savings in primary care were supported by the inclusion of Avenor pressurised metered dose inhalers (estimated potential annual savings of up to £460,000), Tiogiva 18 microgram dry powder inhaler (approx. £392,000 annual saving), Aymes ActaSolve Protein Compact sachets (approx. £241,000 annual saving), and Epimax Oatmeal Cream (approx. £35,000 annual saving).
- Two biosimilar insulins (Trurapi and Admelog) were added to the Formulary, providing lower cost first-line alternatives for new initiations, and sodium cromoglicate



preservative-free eye drop recommendations were updated to include options with lower cost and less plastic waste.

Work continued to update and harmonise formulary recommendations for consistency across the county, including silver dressings, prostaglandin analogue eye drops, and pens for insulin cartridges.

## 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 various updates, additions, and withdrawals of SMS guidelines for use locally:

During the period of this report, the FIG agreed two new SMS guidelines: dexamfetamine for ADHD or excessive daytime sleepiness caused by narcolepsy (with or without cataplexy) in adults, and guanfacine for ADHD in children and adolescents.

An updated guideline for methotrexate in dermatology patients was agreed which combined three existing guidelines into a single Devon-wide document. This guideline included updated monitoring recommendations resulting in the need for less frequent blood tests (from monthly to 3-monthly for most patients), improving patient experience and freeing up NHS resources.

Amendments were made to the Devon-wide lithium guideline to reflect updated calcium monitoring requirements and provide greater GP flexibility on the frequency of ECG monitoring.

The existing guideline for azathioprine for the treatment of autoimmune chronic active hepatitis (AIH) in adults West Devon guideline was extended to cover South Devon.

Two historic west Devon Shared Care guidelines for oral cyclophosphamide were withdrawn as they were no longer needed. Local specialists confirmed that all prescribing and monitoring remained within their teams. Cyclophosphamide is a hospital only drug across all indications in Devon.

## Other updates and publications 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 31 treatments and noted 21 letters and drug alerts sent to healthcare professionals.

In addition, National Patient Safety Alerts for Emerade adrenaline auto-injectors (recalled due to the potential for device failure), Tresiba (potential for inappropriate dosing of insulin when switching insulin degludec products), and oral valproate containing medicines were considered by FIG. These resulted in removal of Emerade from the formulary (and inclusion of a replacement – Jext) and addition of supporting safety notes on the Tresiba entry. A new formulary webpage on valproate safety measures was developed.

## **Website development**

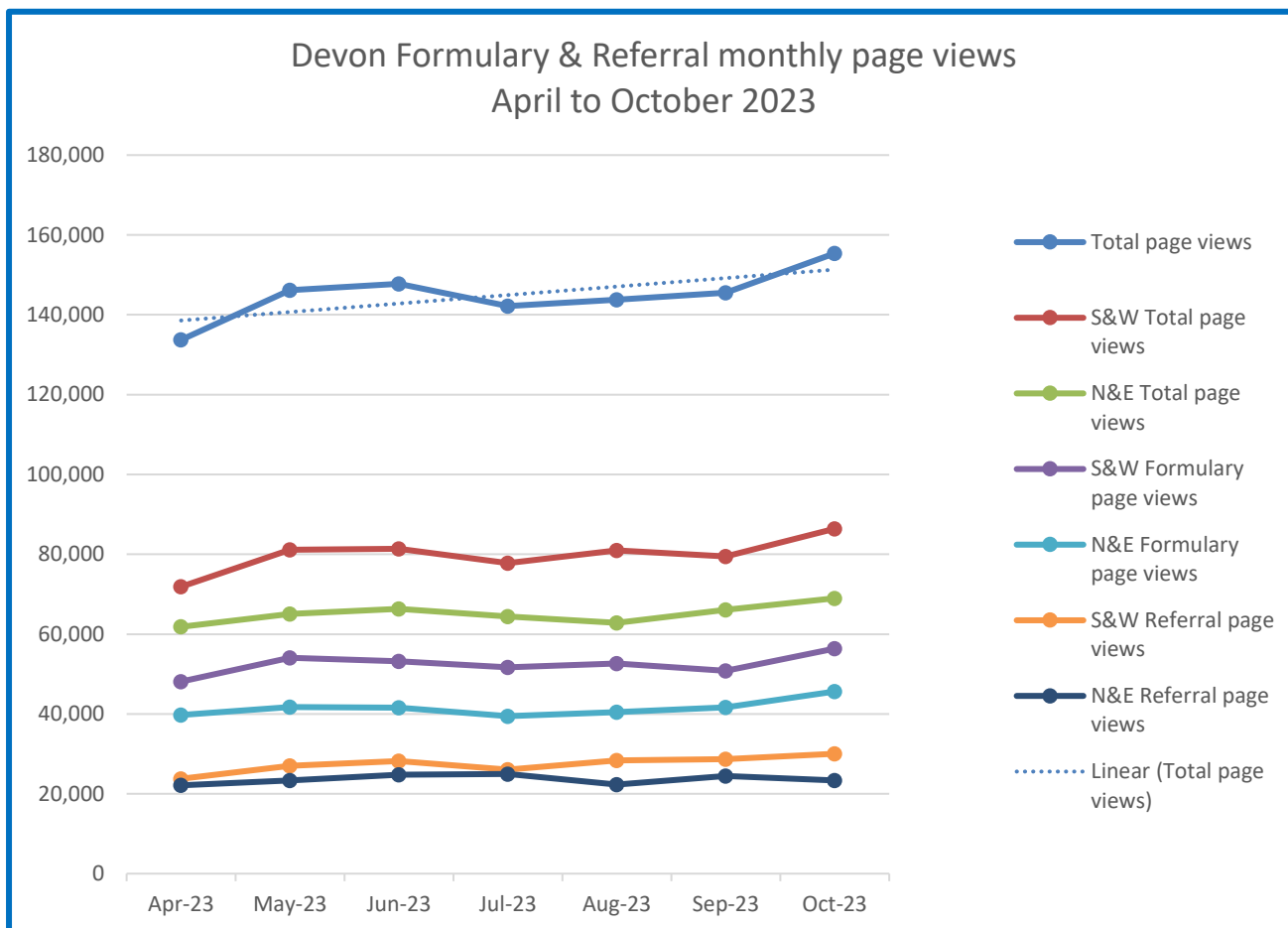
A new Devon Formulary & Referral website was launched in October 2023. The new website was designed and developed to optimise the layout & presentation automatically for tablet and mobile phone users as well as traditional computer displays. It provides quicker response times and includes advanced search functionality (including predictive drop down and results filters) and the highly requested A-Z drug list to support browsing.

The transition to the new website did not require any action to be taken by users, and it continues to be a highly regarded and valued source of information for healthcare professionals throughout the NHS in Devon.

Following the launch of the new website, a transition to a new external website development partner (Yello Studio) occurred; future updates and developments will occur with this new partner.

Due to a combination of change to the new website and a change in the way data are reported and analysed within Google Analytics, it has not been possible to analyse formulary user data in the same way as in previous years. The Formulary team is working with the new website partner to identify and produce data which will be meaningful to the ICB.

However, available data from prior to the new website launch show a continued (~16%) increase in page views from **133,716** in April 2023 to **155,392** in October 2023 (see graph below). During the period April to October 2023, the percentage split of Drug Formulary Chapter views and Referral Guidance page views each month for North and East Devon averaged at approximately 64% and 36% respectively. Likewise for South and West Devon the percentages were 66% and 34% respectively.



## 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 organisations.

### Governance Documentation

The Formulary Interface Group's governance documentation (minutes of meetings, Terms of Reference) is publicly available via the Devon Formulary and Referral Website. This annual report will similarly be made publicly available via the Devon Formulary and Referral Website.

## Reflective practice

The FIG welcomed 4 new GP members towards the end of the period covered by this report, providing additional clinical perspectives, and much needed resilience regarding the quoracy of meetings. Secondary Care representation remains concerning: only one consultant representative position is filled. Despite efforts to engage with consultant colleagues four vacancies remain. This issue has been escalated internally within NHS Devon.

Specialist engagement with section reviews and product applications has been difficult to obtain at times; this may have been impacted by 35 days of junior doctor strikes (although the formulary team made every effort to consult outside the strike dates and/or allow extended consultation periods). It may be that this can be improved with greater consultant representation on the FIG to follow up / encourage colleagues within the trusts.

Whilst the FIG has continued to consider a large, and diverse range of formulary updates, the complexity of discussions and occasional difficulties in obtaining local specialist feedback have resulted in a more iterative approach to development of guidance, with the FIG considering early draft guidance to inform the development process prior to engaging with specialists. The eFIG process has been utilised extensively to try to protect FIG meeting time for those areas that require more detailed discussion, however meeting agendas remain under pressure as requests for additional formulary content grow.

The formulary website update and move to a new external partner required significant resource from the formulary team but has resulted in smooth transition to a new website with improved functionality. Minor bugs were fixed quickly, and work is ongoing to produce meaningful user data. Further potential developments to improve the user experience, as well as “back office” efficiencies have been identified and are being discussed with our external partner.

## 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.

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 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024.

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

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## 1 Purpose of the Formulary Interface Group

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- 1.1 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.

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## 2 Functions

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The Devon Formulary Interface Group (FIG) will:

- 2.1 Work together for Devon to support safe, evidence-based, cost effective prescribing to make the best use of valuable health resources.
- 2.2 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.
- 2.3 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
- 2.4 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.
- 2.5 Support secondary care use of treatments commissioned by NHS England.

- 2.6 Adopt treatment focused care pathways and develop formulary guidance to support the safe and appropriate use of treatments included in the formulary.
- 2.7 Engage with local specialists, generalists, clinical groups and networks to ensure guidance is clinically appropriate and locally relevant.
- 2.8 Review and update the Joint Formulary, which will be guided by national clinical guidance, new drug technologies and consultation with local clinicians.
- 2.9 Receive drug safety update information and consider how this information should be reflected in the formulary.
- 2.10 Agree the clinical content of shared care guidelines and whether a medicine is appropriate for shared care.

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### **3 Membership**

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- 3.1 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:
  - Eight GP representatives selected from NHS Devon ICB
  - Two consultant representatives, Royal Devon University Healthcare NHS Foundation Trust (RD&E & NDDH)
  - 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
  - Medicines Optimisation Pharmacist, 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.

- 3.2 A current membership list will be maintained by the FIG secretariat.
- 3.3 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.
- 3.4 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.
- 3.5 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.
- 3.6 Where members are failing to consistently attend meetings, the Chair or their representative will discuss a way forward with the member.
- 3.7 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.
- 3.8 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.
- 3.9 Members are encouraged to promote the use of the formulary within their organisation.

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#### **4 Meetings and Conduct of Business**

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- 4.1 Meetings will be conducted regularly at a frequency agreed by the FIG, but it is expected that there will be six meetings per year.
- 4.2 Meeting dates will be set annually and circulated to FIG members by the secretariat.
- 4.3 Meetings of the FIG will be formal and an appropriate agenda and minutes produced.
- 4.4 Draft minutes will be sent initially to the Chair and subsequently to FIG members for comment.
- 4.5 Meeting papers are written by or in conjunction with the Formulary Team. Meeting papers will be disseminated to FIG members prior to the meeting.
- 4.6 Administrative support will be provided by the Clinical Effectiveness Team, NHS Devon ICB.

- 4.7 Meetings will be held virtually (using Microsoft Teams), with occasional face-to-face meetings.
- 4.8 For the FIG meeting to be quorate there will be at least four medical practitioners, (of whom at least three are General Practitioners) and two pharmacist representatives, (of whom at least one must be from the Clinical Effectiveness team, NHS Devon ICB).
- 4.9 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.
- 4.10 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.
- 4.11 Clinical specialists and other stakeholders can be invited to attend meetings as needed to discuss specific agenda items.
- 4.12 In addition to the virtual (Microsoft Teams) 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.

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## **5 Governance/Reporting arrangements**

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- 5.1 The Devon FIG reports to the ICB Executive Committee or appropriate group with delegated authority via the Devon Clinical Policy Recommendation Committee.
- 5.2 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.



- 5.3 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.
- 5.4 The Terms of Reference will be reviewed annually and made available on the Joint Formulary website.

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## **6 Declaration of Interests**

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- 6.1 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.
- 6.2 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.
- 6.3 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.

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## **7 Observers**

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- 7.1 The FIG is not a public meeting and as such is not open to general members of the public and commercial representatives.
- 7.2 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.
- 7.3 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:

### Devon Formulary Interface Group Agenda

Wednesday 17<sup>th</sup> May 2023, 9:00am to 11:30am

Via Microsoft Teams

No.	Item	Lead	Appendix	Time
1	<b>Welcome and announcements</b> <ul style="list-style-type: none"> <li>▪ Meeting etiquette</li> <li>▪ <b>Guests:</b> <ul style="list-style-type: none"> <li>○ Emma Gitsham, Clinical Effectiveness Pharmacist – SMS Guidelines Lead, NHS Devon ICB (for appendix 3a &amp; 3b)</li> <li>○ Catherine Hill, Neurodevelopmental Professional Nurse Lead, Devon Adult Autism &amp; ADHD (DAANA) Service (for appendix 3b)</li> <li>○ Nic Perrem, Healthcare Evidence Reviewer, NHS Devon ICB (for appendix 6a)</li> <li>○ University Hospitals Plymouth NHS Trust (for appendix 6a) <ul style="list-style-type: none"> <li>▪ Arun Ariyathenam / Lee Humphreys (<i>TBC</i>) (Consultant Bariatric Surgeons)</li> <li>▪ Odran Farrell, Critical Care and Surgery Lead Pharmacist</li> <li>▪ Claire Paice, Bariatric Specialist Nurse</li> </ul> </li> <li>○ Dr Mark Gilchrist, consultant nephrologist - T&amp;SD NHS Trust (for appendix 7a)</li> <li>○ Dr Ben Sieniewicz, consultant cardiologist - University Hospitals Plymouth NHS Trust (for appendix 7a)</li> </ul> </li> <li>▪ Apologies</li> <li>▪ Declaration of Interests (Dols)</li> </ul>	Chair	Verbal	9.00am
<b>Minutes</b>			<b>App 1</b>	
2	<b>Minutes of the meeting held on 22<sup>nd</sup> March 2023</b> <ul style="list-style-type: none"> <li>▪ Action list update</li> </ul>	Chair	App 1a App 1a(i)	9.05am
<b>Matters Arising</b>			<b>App 2</b>	
3	<b>Report of e-FIG decisions:</b> <ul style="list-style-type: none"> <li>▪ (1) Sodium cromoglicate preservative-free eye drops; (2) Cyclophosphamide shared care guideline - withdrawal (April 2023)</li> </ul>	Fiona Dyroff	App 2a	9.10am

<b>4</b>	<i>The following papers are for information only – decisions are not required</i> <ul style="list-style-type: none"> <li>▪ Report of COVID-19 related changes to the formulary – (March 2023 – May 2023)</li> <li>▪ Recent drug decisions – (March 2023 – May 2023)</li> </ul>	Darren Wright Rebecca Lowe	App 2b App 2c	- -
<b>Specialised Medicines Service Prescribing Guidelines</b>			<b>App 3</b>	
<b>5</b>	Lithium SMS guideline update	Emma Gitsham	App 3a App 3a(i)	9.25 mins
<b>6</b>	Dexamfetamine for ADHD, narcolepsy, and idiopathic hypersomnolence in adults	Emma Gitsham	App 3b App 3b(i)	9.35 mins
<b>Section Reviews</b>			<b>App 4</b>	
<b>7</b>	Management of Hypertension (update)	Hilary Pearce	App 4a App 4a(i)	9.55
<b>Product Applications (part one)</b>			<b>App 5</b>	
<b>8</b>	Urgotul Silver dressing	Becki Lowe	App 5a App 5a(i)	10.10
<b>9</b>	Harmonisation of preservative-free prostaglandin analogue / prostamide containing eye drops	Darren Wright	App 5b	10.20
<b>Break (10 minutes)</b>				<b>10.30</b>
<b>Product Applications (part two)</b>			<b>App 6</b>	
<b>10</b>	Oral cyanocobalamin 1mg tablets (Orobalin) in bariatric surgery	Nic Perrem / Matt Howard	App 6a App 6a(i)	10.40
<b>Proposed Changes to Formulary Products</b>			<b>App 7</b>	
<b>11</b>	Sodium zirconium cyclosilicate for treating hyperkalaemia: consideration of reclassification	Hilary Pearce	App 7a	11.00
<b>Safety Updates</b>			<b>App 8</b>	
<b>12</b>	MHRA Drug Safety Updates <ul style="list-style-type: none"> <li>▪ (March 2023)</li> <li>▪ (April 2023)</li> </ul>	Hilary Pearce	App 8a App 8a(i) App 8a(ii)	11.20
<b>Next meeting</b>				
<b>Wednesday 19<sup>th</sup> July 2023, 9.00am to 11.30am</b>				
<b>Via Microsoft Teams</b>				
<b>END</b>				

## Devon Formulary Interface Group Agenda

Wednesday 19<sup>th</sup> July 2023, 9:00am to 11:30am

Via Microsoft Teams

No.	Item	Lead	Appendix	Time
1	<p><b>Welcome and announcements</b></p> <ul style="list-style-type: none"> <li>▪ Meeting etiquette</li> <li>▪ <b>Guests:</b> <ul style="list-style-type: none"> <li>○ Sarah Barrett, Senior Medicines Optimisation Pharmacist, NHS Devon ICB (<i>item 6</i>)</li> <li>○ David McGregor, Consultant Paediatrician, RDUH (<i>item 7</i>)</li> <li>○ Emma Gitsham, Clinical Effectiveness Pharmacist – SMS Guidelines Lead, NHS Devon ICB (<i>item 10</i>)</li> <li>○ Claire Bethune, Immunology Consultant, UHP (<i>item 11</i>)</li> <li>○ Alex Degan, Primary Care Medical Director, Devon Integrated Care System (<i>item 11</i>)</li> <li>○ Ray Sheridan, Elderly Care Consultant, RDUH (<i>item 11</i>)</li> <li>○ Natasha Moore, Senior Medicines Optimisation Pharmacist, NHS Devon ICB (<i>deputising for Sarah Marnier</i>)</li> </ul> </li> <li>▪ <b>Observers:</b> <ul style="list-style-type: none"> <li>○ Georgina Sharpe, Foundation Pharmacist, T&amp;SD</li> </ul> </li> <li>▪ Apologies</li> <li>▪ Declaration of Interests (Dols)</li> </ul>	Chair	Verbal	9.00am
<b>Minutes</b>			<b>App 1</b>	
2	<p>Minutes of the meeting held on <b>17<sup>th</sup> May 2023</b></p> <ul style="list-style-type: none"> <li>▪ Action list update</li> </ul>	Chair	App 1a App 1a(i)	9.05am
<b>Matters Arising</b>			<b>App 2</b>	
3	<p>Report of e-FIG decisions (June 2023):</p> <ul style="list-style-type: none"> <li>▪ Fidaxomicin granules for oral suspension</li> <li>▪ Jext adrenaline auto-injectors – removal of Emerade</li> </ul>	Darren Wright	App 2a	9.10am
4	<p><i>The following papers are for information only – decisions are not required</i></p> <ul style="list-style-type: none"> <li>▪ Report of COVID-19 related changes to the formulary (May 2023 – July 2023)</li> <li>▪ Recent drug decisions within the formulary (including updates from NICE) – May 2023 to July 2023</li> <li>▪ Devon FIG Annual Report (1st April 2022 – 31st March 2023)</li> </ul>	Matt Howard	App 2b App 2c App 2d	9.15am

Section Reviews			App 3	
5	Drug interactions with hormonal contraception	Rebecca Lowe	App 3a	9.20am
6	Insulins	Hilary Pearce	App 3b	9.30am
7	Glucagon 500micrograms and 1mg pre-filled pens (Ogluo)	Hilary Pearce	App 3c	9.40am
8	Chronic heart failure (including NICE TA902)	Hilary Pearce	App 3d	9.50am
Break (10 minutes)				10.15am
Product Applications			App 4	
9	Avenor (fluticasone propionate & salmeterol, pMDI) and Tiogiva (Tiotropium, DPI)	Darren Wright	App 4a	10.25am
Specialised Medicines Service (SMS) Guidelines			App 5	
10	Priadel (lithium) update	Emma Gitsham	App 5a App 5a(i)	10.45am
NICE Technology Appraisals			App 6	
11	COVID-19 treatments for non-hospitalised patients (NICE TA878)	Hilary Pearce / Matt Howard	App 6a App 6a(i-iii)	10.55am
Safety Updates			App 7	
12	MHRA Drug Safety Updates: ▪ (May 2023) ▪ (June 2023)	Hilary Pearce	App 7a App 7a(i) App 7a(ii)	11.25am
Next meeting				
<b>Wednesday 27<sup>th</sup> September 2023, 9.00am to 11.30am</b> <b>Via Microsoft Teams</b>				
<b>END</b>				

## Devon Formulary Interface Group Agenda

Wednesday 27<sup>th</sup> September 2023, 9:00am to 11:30am

Via Microsoft Teams

No.	Item	Lead	Appendix	Time
1	<b>Welcome and announcements</b> <ul style="list-style-type: none"> <li>▪ Meeting etiquette</li> <li>▪ <b>Guests:</b> <ul style="list-style-type: none"> <li>○ Rebecca Stuckey, Headache Specialist Nurse, University Hospitals Plymouth NHS Trust (App 4a)</li> </ul> </li> <li>▪ <b>Observers:</b> <ul style="list-style-type: none"> <li>○ Dr Lucy McGavin, Consultant Neuroradiologist, University Hospitals Plymouth NHS Trust</li> <li>○ Amy Hughes, Trainee Pharmacist, Royal Devon University Healthcare NHS Foundation Trust</li> </ul> </li> <li>▪ Apologies</li> <li>▪ Declaration of Interests (Dols)</li> </ul>	Chair	Verbal	9.00am
<b>Minutes</b>			<b>App 1</b>	
2	Minutes of the meeting held on <b>19th July 2023</b> <ul style="list-style-type: none"> <li>▪ Action list update</li> </ul>	Chair	App 1a App 1a(i)	9.05am
<b>Matters Arising</b>			<b>App 2</b>	
3	<i>The following papers are for information only – decisions are not required.</i> <ul style="list-style-type: none"> <li>▪ Recent drug decisions (Jul 23 - Sept 23)</li> <li>▪ The Devon Wound Formulary Group (DWFG): Who and What</li> </ul>	Rebecca Lowe Darren Wright	App 2a App 2b	9.10am
<b>Clinical Policy Recommendation Committee (CPRC) Updates</b>			<b>App 3</b>	
4	Lurasidone in adults and children	Amy Rice	App 3a	9.15am
<b>NICE Technology Appraisals</b>			<b>App 4</b>	
5	TA906 Rimegepant for preventing migraine	Hilary Pearce	App 4a	9.25am
<b>Section Reviews</b>			<b>App 5</b>	
6	NICE TA Tirzepatide for type 2 diabetes and treatment pathway	Hilary Pearce	App 5a App 5a(i)	9.35am
7	Negative Pressure Wound Therapy (NPWT)	Darren Wright	App 5b	9.45am

Product Applications			App 6	
8	Doublebase Once	Rebecca Lowe	App 6a	9.55am
9	Glucagon 500micrograms and 1mg pre-filled pens (Ogluo) for adults	Hilary Pearce	App 6b	10.05am
10	Allevyn Gentle Border, Allevyn Gentle Border Lite, and Allevyn Life dressings	Rebecca Lowe	App 6c	10.15am
Break (10 mins)				10.25am
Proposed Changes to Formulary Products			App 7	
11	NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (consideration of reclassification from red to amber)	Hilary Pearce	App 7a	10.35am
12	Reclassification of sildenafil for secondary Raynaud's phenomenon / digital ulceration in systemic sclerosis	Matt Howard	App 7b App 7b(i)	10.45am
13	Melatonin for use in adult patients ( <i>paper to follow</i> )	Nic Perrem & Matt Howard	App 7c	11.00am
Specialised Medicines Service Prescribing Guidelines			App 8	
14	Guanfacine for attention deficit hyperactivity disorder (ADHD) in children and young people aged 6 – 17 years	Emma Gitsham	App 8a App 8a(i)	11.15am
Safety Updates			App 9	
15	MHRA Drug Safety Updates (Jul 23 – Aug 23) <ul style="list-style-type: none"> <li>▪ July 2023</li> <li>▪ August 2023</li> </ul>	Hilary Pearce	App 9a App 9a(i) App 9a(ii)	11.25am
Next meeting				
<b>Wednesday 6<sup>th</sup> December 2023, 9.00am to 11.30am</b> <b>Via Microsoft Teams</b>				
<b>END</b>				

## Devon Formulary Interface Group Agenda

Wednesday 6<sup>th</sup> December 2023, 9:00am to 11:30am

Via Microsoft Teams

No.	Item	Lead	Appendix	Time
<b>1</b>	<b>Welcome and announcements</b> <ul style="list-style-type: none"> <li>▪ Meeting etiquette</li> <li>▪ <b>Guests:</b> <ul style="list-style-type: none"> <li>○ Dr Alex Degan, Primary Care Medical Director, Devon Integrated Care System (<i>item 5</i>)</li> <li>○ Dr Ray Sheridan, Elderly Care Consultant, RDUH (<i>item 5</i>)</li> <li>○ (TBC) Dr Joanne Watson, Director of Infection Control &amp; Prevention, Consultant in Acute Medicine, T&amp;SD (<i>item 5</i>)</li> <li>○ Nic Perrem, Healthcare Evidence Reviewer, NHS Devon (<i>item 10</i>)</li> <li>○ Dr David Kernick, Clinical lead, Exeter Headache Clinic (<i>item 13</i>)</li> <li>○ (TBC) Natasha Wood, Headache Specialist Nurse, UHP (<i>item 13</i>)</li> </ul> </li> <li>▪ <b>Observers:</b> <ul style="list-style-type: none"> <li>○ Dr Lucy McGavin, Consultant Neuroradiologist, UHP</li> </ul> </li> <li>▪ Apologies</li> <li>▪ Declaration of Interests (Dols)</li> </ul>	Chair	Verbal	9.00am
<b>Minutes</b>			<b>App 1</b>	
<b>2</b>	Minutes of the meeting held on <b>27<sup>th</sup> September 2023</b> <ul style="list-style-type: none"> <li>▪ Action list update</li> </ul>	Chair	App 1a	9.05am
		-	App 1a(i)	-
<b>Matters Arising</b>			<b>App 2</b>	
<b>3</b>	<ul style="list-style-type: none"> <li>▪ FIG membership update</li> <li>▪ Updated DOI (Rebecca Stuckey, UHP)</li> <li>▪ Report of e-FIG decisions:               <ul style="list-style-type: none"> <li>○ Aymes ActaSolve Protein Compact (October 2023)</li> </ul> </li> <li>▪ Launch of new Formulary &amp; Referral website</li> </ul>	Fiona Dyroff	Verbal	9.10am
		-	Verbal	-
		-	App 2a	-
		Darren Wright	Verbal	-
<b>4</b>	<i>The following papers are for information only – decisions are not required.</i> <ul style="list-style-type: none"> <li>▪ Recent drug decisions – (September 2023 to December 2023)</li> </ul>	Rebecca Lowe	App 2b	9.20am



Section Reviews			App 3	
5	COVID-19 medicines in non-hospitalised patients	Hilary Pearce - -	App 3a App 3a(i) App 3a(ii)	9.25am - -
6	Asymptomatic bacteriuria in pregnancy	Darren Wright	App 3b	9.45am
7	Management of eczema ▪ UHP eczema treatment plan	Darren Wright -	App 3c & App 3c(i)	9.55am -
8	Infected eczema	Rebecca Lowe	App 3d	10.05am
9	Management of suspected DVT and PE: COVID-19 update	Darren Wright	App 3e	10.15am
<b>Break (10 minutes)</b>				<b>10.25am</b>
10	Management of insomnia in adults including NICE TA922 Daridorexant for treating long-term insomnia	Nic Perrem & Matt Howard - - - -	App 3f  App 3f(i) App 3f(ii) App 3f(iii) App 3f(iv)	10.35am  - - - -
<b>Proposed Changes to Formulary Products</b>			<b>App 4</b>	
11	Section 4.10.2 Nicotine dependence	Matt Howard	App 4a	10.50am
12	Ryego for uterine fibroids - update	Hilary Pearce	Verbal	11.00am
<b>NICE Technology Appraisals</b>			<b>App 5</b>	
13	Rimegepant for acute migraine	Hilary Pearce	App 5a	11.10am
<b>Safety Updates</b>			<b>App 6</b>	
14	MHRA Drug Safety Updates – (September 2023 to December 2023) ▪ September 2023 ▪ October 2023 ▪ November 2023	Hilary Pearce  - - -	App 6a  App 6a(i) App 6a(ii) App 6a(iii)	11.25am  - - -
<b>Next meeting</b>				
<b>Wednesday 7<sup>th</sup> February 2024, 9.00am to 11.30am</b>				
<b>Via Microsoft Teams</b>				
<b>END</b>				

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

## Devon Formulary Interface Group Agenda

**Extraordinary meeting: Friday 15<sup>th</sup> December 2023, 12.30pm to 1.00pm**  
**Via Microsoft Teams**

No.	Item	Lead	Appendix	Time
1	<b>Welcome and announcements</b> <ul style="list-style-type: none"> <li>▪ Guests: TBC</li> <li>▪ Apologies</li> <li>▪ Declaration of Interests (Dols)</li> </ul>	Chair	Verbal	12.30pm
<b>Section Reviews</b>			<b>App 1</b>	
2.	COVID-19 medicines in non-hospitalised patients	Hilary Pearce - -	App 1a App 1a(i) App 1a(ii)	12.35pm
<b>Next meeting</b>				
<b>Wednesday 7<sup>th</sup> February 2024, 9.00am to 11.30am</b> <b>Via Microsoft Teams</b>				
<b>END</b>				

## Devon Formulary Interface Group Agenda

Wednesday 7<sup>th</sup> February 2024, 9:00am to 11:30am

Via Microsoft Teams

No.	Item	Lead	Appendix	Time
<b>1</b>	<p><b>Welcome and announcements</b></p> <ul style="list-style-type: none"> <li>▪ Meeting etiquette</li> <li>▪ <b>Guests:</b> <ul style="list-style-type: none"> <li>○ Dr Kirsty Gillies, GPwSI in Women's Health / BMS menopause specialist, Rolle Medical Partnership (<i>for Item 5</i>)</li> <li>○ Dr Lucy Craven, GPwSI in Women's Health and menopause / BMS menopause specialist, Budleigh Salterton Medical Practice (<i>for Item 5</i>)</li> <li>○ Dr Stephanie Lamb, consultant in obstetrics and gynaecology, UHP (<i>for Item 5</i>)</li> </ul> </li> <li>▪ <b>Observers:</b> <ul style="list-style-type: none"> <li>○ Dr Lucy McGavin, Consultant Neuroradiologist, UHP</li> </ul> </li> <li>▪ Apologies</li> <li>▪ Declaration of Interests (Dols)</li> </ul>	Chair	Verbal	9.00am
<b>Minutes</b>			<b>App 1</b>	
<b>2</b>	<p>Minutes of previous meetings held on:</p> <ul style="list-style-type: none"> <li>▪ <b>Devon FIG meeting (6th December 2023)</b> <ul style="list-style-type: none"> <li>○ Action list update</li> </ul> </li> <li>▪ <b>Extraordinary Devon FIG meeting (15th December 2023)</b> <ul style="list-style-type: none"> <li>○ Action list update</li> </ul> </li> </ul>	Chair  -	App 1a App 1a(i) App 1b  App 1b(i)	9.05am  -
<b>Matters Arising</b>			<b>App 2</b>	
<b>3</b>	<p><i>The following papers are for information only – decisions are not required.</i></p> <ul style="list-style-type: none"> <li>▪ Recent drug decisions (November 2023 – January 2024)</li> <li>▪ COVID guidance and entry updates (community pharmacy)</li> </ul>	Darren Wright  Hilary Pearce	App 2a  Verbal	9.10am  -
<b>e-FIG Decisions</b>			<b>App 3</b>	
<b>4</b>	<p>Report of e-FIG decisions:</p> <ul style="list-style-type: none"> <li>▪ <b>December 2023</b> <ul style="list-style-type: none"> <li>○ Management of suspected DVT and PE: COVID-19 update.</li> <li>○ Section 4.10.2 Nicotine dependence.</li> <li>○ NICE TA922: Daridorexant for treating long-term insomnia.</li> <li>○ NICE TA919: Rimegepant for the acute treatment of migraine.</li> </ul> </li> <li>▪ <b>January 2024 (not quorate)</b> <ul style="list-style-type: none"> <li>○ Minutes of the meeting held on 27th September 2023.</li> </ul> </li> </ul>	Fiona Dyroff  -	App 3a	9.15am  -

	<ul style="list-style-type: none"> <li>○ Asymptomatic bacteriuria screening (ASB) in pregnancy.</li> <li>○ Management of insomnia.</li> <li>○ SMS Guideline: Priadel (Lithium) for patients in adult services.</li> </ul>			
<b>Product Applications</b>			<b>App 4</b>	
<b>5.</b>	Removal of conjugated equine oestrogens	Hilary Pearce	Papers to follow	9.20am
	Transdermal oestrogens for HRT	Hilary Pearce		-
	Micronised progesterone for HRT	Hilary Pearce		-
<b>NICE Technology Appraisals</b>			<b>App 5</b>	
<b>6.</b>	NICE TA942: Empagliflozin for treating chronic kidney disease <ul style="list-style-type: none"> <li>▪ Including update to type 2 diabetes mellitus pathway</li> </ul>	Hilary Pearce	App 5a App 5a(i)	9.50am
<b>Section Reviews</b>			<b>App 6</b>	
<b>7.</b>	Management of eczema <ul style="list-style-type: none"> <li>▪ UHP eczema treatment pathway</li> </ul>	Darren Wright	App 6a App 6a(i)	10.00am
<b>8.</b>	Acute asthma management: paediatric and young children <ul style="list-style-type: none"> <li>▪ Acute asthma pathway</li> </ul>	Darren Wright	App 6b App 6b(i)	10.15am
<b>Break (10 mins)</b>				<b>10.25am</b>
<b>Proposed Changes to Formulary Products</b>			<b>App 7</b>	
<b>9.</b>	APO-go PFS and APO-go POD	Darren Wright	App 7a	10.35am
<b>10.</b>	Triptan harmonisation <ul style="list-style-type: none"> <li>▪ Including proposal to align formulary traffic light classification of frovatriptan across Devon</li> </ul>	Hilary Pearce	Verbal	10.45am
<b>Specialised Medicines Service Prescribing Guidelines</b>			<b>App 8</b>	
<b>11.</b>	Azathioprine for the treatment of autoimmune chronic active hepatitis (AIH) in adults – extension of guideline to cover South Devon	Matt Howard	App 8a App 8a(i)	10.55am
<b>Safety Updates</b>			<b>App 9</b>	
<b>12.</b>	MHRA Drug Safety Updates (December 2023 – January 2024) <ul style="list-style-type: none"> <li>▪ MHRA: Isotretinoin (Roaccutane): introduction of new safety measures</li> <li>▪ NPSA: Valproate: new regulatory measures for oversight of prescribing</li> <li>▪ December 2023</li> <li>▪ January 2024</li> </ul>	Hilary Pearce	App 9a  App 9a(i) App 9a(ii)	11.05am
<b>Next meeting</b>				
<b>Wednesday 27<sup>th</sup> March 2024, 9.00am to 11.30am</b>				
<b>Via Microsoft Teams</b>				
<b>END</b>				

## Devon Formulary Interface Group Agenda

Wednesday 27<sup>th</sup> March 2024, 9:00am to 11:30am

Via Microsoft Teams

No.	Item	Lead	Appendix	Time
1	<b>Welcome and announcements.</b> <ul style="list-style-type: none"> <li>▪ Meeting etiquette</li> <li>▪ <b>Guests:</b> <ul style="list-style-type: none"> <li>○ Dr Lucy Craven, GPwSI in Women's Health and menopause / BMS menopause specialist, Budleigh Salterton Medical Practice (for Item 7) (TBC)</li> <li>○ Dr Kirsty Gillies, GPwSI in Women's Health / BMS menopause specialist, Rolle Medical Partnership (for Item 7) (TBC)</li> <li>○ Dr Stephanie Lamb, consultant in obstetrics and gynaecology, UHP (for Item 7) (TBC)</li> </ul> </li> <li>▪ <b>Observers:</b> <ul style="list-style-type: none"> <li>○ Hui Qi Tong, Pre-Registration Pharmacist, TSDFT</li> </ul> </li> <li>▪ Apologies</li> <li>▪ Declaration of Interests (Dols)</li> </ul>	Chair	Verbal	9.00am
<b>Minutes</b>			<b>App 1</b>	
2	Minutes of previous meetings held on: <ul style="list-style-type: none"> <li>▪ <b>Devon FIG meeting (7th February 2024)</b> <ul style="list-style-type: none"> <li>○ Action list update</li> </ul> </li> </ul>	Chair -	App 1a App 1a(i)	9.05am -
<b>Matters Arising</b>			<b>App 2</b>	
3	<i>The following papers are for information only – decisions are not required.</i> <ul style="list-style-type: none"> <li>▪ Recent drug decisions (January 2024 to February 2024)</li> </ul>	Rebecca Lowe	App 2a	9.10am
<b>e-FIG Decisions</b>			<b>App 3</b>	
4	Report of e-FIG decisions: <b>February 2024</b> <ul style="list-style-type: none"> <li>▪ Direct-acting oral anticoagulants (DOACs): 2024 update to NHS England commissioning recommendations</li> </ul>	Hilary Pearce	App 3a	9.15am
<b>Governance</b>			<b>App 4</b>	
5	Terms of reference (ToR)	Matt Howard	App 4a	9.20am
6	Membership update	Matt Howard	Verbal	
<b>Section Reviews</b>			<b>App 5</b>	
7	Hormone Replacement Therapy (HRT) for menopause symptoms	Matt Howard	App 5a & App 5a(i)	9.25am
8	Fluoroquinolone antibiotics: MHRA Drug Safety Update (January 2024)	Darren Wright	App 5b	9.55am
9	Deprescribing guidance for hypnotic drugs	Matt Howard & Nic Perrem	App 5c & App 5c(i)	10.10am
10	Diverticulitis update and harmonisation	Becki Lowe	App 5d	10.25am
<b>Break (10 mins)</b>				<b>10.35am</b>
<b>Product Applications</b>			<b>App 6</b>	

11	Epimax Oatmeal Cream	Darren Wright	App 6a	10.45am
12	LimbO Waterproof Limb Protectors	Darren Wright	Verbal	10.55am
<b>Specialised Medicines Service Prescribing Guidelines</b>			<b>App 7</b>	
13	Once-weekly oral methotrexate for patients within adult dermatology services (Devon wide)	Emma Gitsham	App 7a & App 7a(i)	11.00am
<b>Safety Updates</b>			<b>App 8</b>	
14	<b>MHRA Drug Safety Updates:</b> <ul style="list-style-type: none"> <li>▪ February 2024</li> <li>▪ Isotretinoin</li> <li>▪ Valproate</li> </ul>	Hilary Pearce - - -	App 8a App 8a(i) App 8a(ii) App 8a(iii)	11.15am - - -
<b>Next meeting</b>				
<b>Wednesday 22<sup>nd</sup> May 2024, 9.00am to 11.30am</b> <b>Via Microsoft Teams</b>				
<b>END</b>				

<b>Items considered by eFIG (April 2023 to March 2024)</b>	
<b>Item</b>	<b>Date</b>
Proposal to harmonise Devon Formulary options for sodium cromoglicate preservative-free eye drops	<b>27<sup>th</sup> April 2023</b>
Proposal to withdraw West Devon cyclophosphamide shared care guidelines	
Proposal to include Fidaxomicin granules for oral suspension	<b>31<sup>st</sup> May 2023</b>
Proposal to remove Emerade adrenaline auto-injectors and replace with Jext adrenaline auto-injectors	
Proposal to include an alternative Low volume high protein milkshake style oral nutritional supplement (ONS)	<b>17<sup>th</sup> October 2023</b>
Proposal to update formulary guidance for management of suspected DVT / PE: COVID-19 update	<b>12<sup>th</sup> December 2023</b>
Proposal to update formulary section for nicotine replacement products	
Proposal to include daridorexant 25mg and 50mg tablets in line with NICE TA922	
Proposal to update rimegepant formulary entry to include acute treatment of migraine in line with NICE TA919	
Minutes of the meeting held on 27 <sup>th</sup> September 2023	<b>16<sup>th</sup> January 2024</b>
Proposal to update formulary guidance for asymptomatic bacteriuria screening (ASB) in pregnancy	
Proposal to update formulary guidance for the management of insomnia	
Proposal to update electrocardiogram (ECG) monitoring to the Specialised Medicines Service Guideline: Priadel (Lithium) for patients in adult services	
Direct-acting oral anticoagulants (DOACs): 2024 update to NHSE commissioning recommendations	<b>16<sup>th</sup> February 2024</b>

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

## Appendix 3:

# Attendance (1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024)

## Committee and Co-opted members

Name	Role	Organisation	Meetings attended
Dr Glen Allaway	GP representative	NHS Devon	6/7
Beverley Baker	Nurse/NMP representative	NHS Devon	2/7
Ailene Barclay	Pharmacist	UHP NHS Trust	6/7
Heidi Campbell	Pharmacist	NHS Kernow	5/7
Dr Andrew Craig	GP representative	NHS Devon	5/7
Dr Stuart Crowe	GP representative	NHS Devon	1/1
Dr Jess Danielson	GP representative	NHS Devon	1/1
Nicola Diffey	Pharmacist representative	Livewell Southwest	1/7
Dr Lucy Harris	GP representative	NHS Devon	1/1
Dr Susie Harris	Consultant representative (chair)	RDUH NHS FT	6/7
Matt Howard	Clinical Evidence Manager	NHS Devon	7/7
Alisha Kaliciak	GP representative	NHS Devon	1/1



Tom Kallis	Community pharmacy		0/3
Dr Nick Keysell	GP representative	NHS Devon	6/7
Carole Knight	Pharmacist Representative	RDUH NHS FT	5/7
James Leavy	Pharmacist Representative	RDUH NHS FT	5/7
Rebecca Lowe	Joint Formulary Pharmacy Technician	NHS Devon	5/7
Sarah Marner	MO Pharmacist representative	NHS Devon	5/7
Dr Jess Parker	GP Representative	NHS Devon	5/7
Hilary Pearce	Joint Formularies Pharmacist	NHS Devon	7/7
Graham Simpole	MO Pharmacist	NHS Devon	2/2
Chris Sullivan	Pharmacist representative	Devon Partnership NHS Trust	5/7
Larissa Sullivan	Pharmacy representative	T&SD NHS FT	6/7
Darren Wright	Joint Formulary Specialist Pharmacy Technician	NHS Devon	7/7

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

Name	Role	Organisation
Sarah Barrett	Senior Medicines Optimisation Pharmacist	NHS Devon
Dr Claire Bethune	Immunology Consultant	UHP NHS Trust
Dr Lucy Craven	GP Partner and BMS Menopause Specialist	Budleigh Medical Centre
Dr Alex Degan	Primary Care Medical Director	NHS Devon
Fiona Dyroff	Clinical effectiveness Governance Support Officer	NHS Devon
Odran Farrell	Critical Care and Surgery Lead Pharmacist	UHP NHS Trust
Dr Mark Gilchrist	Consultant Nephrologist	T&SD NHS Trust
Dr Kirsty Gillies	GP with extended role in women's health	Rolle Medical Partnership

Name	Role	Organisation
Emma Gitsham	Clinical Effectiveness Pharmacist – SMS Guidelines Lead	NHS Devon
Catherine Hill	Neurodevelopment Professional Nurse Lead	Devon Adult Autism and ADHD (DAANA) service
Amy Hughes	Trainee Pharmacist	RDUH NHS FT
Mr Lee Humphreys	Consultant Bariatric Surgeon	UHP NHS Trust
Dr David Kernick	Clinical Lead	Exeter Headache Clinic
Dr Stephanie Lamb	Consultant in Obstetrics and Gynaecology	UHP NHS Trust
Dr Lucy McGavin	Consultant Neuroradiologist	UHP NHS Trust
Dr David McGregor	Consultant Paediatrician	RDUH NHS FT
Natasha Moore	Senior Medicines Optimisation Pharmacist	NHS Devon
Anh Nguyen	Specialist Dermatology Pharmacist	RDUH NHS FT
Rebecca Owen	Clinical Effectiveness Governance Manager	NHS Devon
Claire Paice	Bariatric Specialist Nurse	UHP NHS Trust
Nic Perrem	Healthcare Evidence Reviewer	NHS Devon
Amy Rice	Clinical Effectiveness Pharmacist (Commissioning Projects Lead)	NHS Devon
Hazel Russell	MO Technician	NHS Devon
Dr Iman Saif	Consultant Nephrologist	UHP NHS Trust
Georgina Sharpe	Foundation Pharmacist	T&SD NHS FT
Dr Ray Sheridan	Elderly Care Consultant & Clinical Lead for COVID Medicines Delivery Unit	RDUH NHS FT
Dr Ben Sieniewicz	Consultant Cardiologist	UHP NHS Trust
Carys Shepley	Medicines Optimisation Technician	NHS Devon
Temitayo Soile	Trainee Pharmacist	RDUH NHS FT
Tamara Speare	Trainee Pharmacist	UHP NHS Trust
Sharon Stone	Pharmacy Governance and Formulary Technician	UHP NHS Trust

Name	Role	Organisation
Rebecca Stuckey	Clinical Nurse Specialist Headache	UHP NHS Trust
Hui Qi Tong	Trainee Pharmacist	T&SD NHS FT
Dr Neil Walker	Consultant	RDUH NHS FT
Sebastian Wright	Trainee Pharmacist	T&SD NHS FT

**END**

## Appendix 4:

# Declarations of Interest Register (1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024)

Name	Role	Capacity of Attendance	Declared interest
Dr Claire Bethune	Immunology Consultant	Specialist	<b>19<sup>th</sup> July 2023:</b> Have taken part in a trial for drug(s)/device(s) - PI for RECOVERY trial - I don't receive any funding for this so no COI. Included in all COVID drugs in in-patient setting.
Dr Lucy Craven	GP partner at Budleigh Medical Centre	Specialist	<b>7<sup>th</sup> February 2024:</b> Bayer provided a partial grant towards my coil training in 2021.  I am almost a British menopause society menopause specialist and have interests in women's health and contraception through my work as a GP. I'm also a member of the FSRH.  No other conflicts
Dr Alex Degan	Primary Care Medical Director, Devon Integrated Care	Specialist	<b>19<sup>th</sup> July 2023:</b> Work as paid advisor to manufacturing company/companies. I have presented on a Webinar for Pfizer with regard to COVID vaccines in 2020 and attended a workshop

Name	Role	Capacity of Attendance	Declared interest
			<p>for GSK with regard to structure of the NHS in 2021 both of which I received payment for.</p> <p>I am also a GP partner in a dispensing practice in Mid Devon.</p> <p><b>6<sup>th</sup> December 2023:</b> Shareholder in potentially relevant manufacturing company/companies.</p> <p>My wife has shares in Pfizer.</p> <p>Work as paid advisor to potentially relevant manufacturing company/companies:</p> <p>I have worked as advisor to various pharmaceutical companies in form of advisory boards or similar on a number of occasions in the past 3 years although I don't believe I have offered services to any of the manufacturers of COVID meds for three years.</p> <p><b>15<sup>th</sup> December 2023:</b> Shareholder in potentially relevant manufacturing company/companies:</p> <p>My wife holds a single share in Pfizer.</p> <p>Work as a paid advisor to potentially relevant manufacturing company/companies.</p> <p>I work on a consultancy basis for advisory boards but don't believe I have done this for Pfizer for at least 3 years.</p>
Barbara Fort	Parkinson's Clinical Nurse Specialist Applicant APO-go PFS and APO-gp POD	Specialist	<b>7<sup>th</sup> February 2024:</b> Apomorphine hydrochloride hemihydrate – APO-go POD – Britannia provides equipment and staff support.
Dr Mark Gilcrist	Clinical Senior Lecturer, University of Exeter Honorary Consultant Nephrologist Torbay and South Devon NHS Trust, Royal Devon and Exeter Hospital	Specialist	<b>17<sup>th</sup> May 2023:</b> Received speaker fees from Astra Zeneca related to Dapagliflozin and fees for facilitating training sessions.

Name	Role	Capacity of Attendance	Declared interest
Dr Kirsty Gillies	GP with Extended role in women's health	Specialist	<p><b>7<sup>th</sup> February 2024:</b> I work as a GP with an extended role in women's health. I teach locally and national about women's health to healthcare professionals. I'm a member of the FSRH, PCWHF and BMS. I am a British menopause society specialist. I also hold the advanced menopause certificate from the FSRH. I provide private menopause consultations under St Erme medical and have consulting rights in the Exeter Nuffield. I am involved with the development of women's health hubs with the ICB for better NHS care for menopause patients.</p> <p>I have never been offered payment, gifts of sponsorship by drug companies for speaking or travelling to conferences.</p>
Dr David Kernick	Clinical Lead, Exeter Headache Clinic	Specialist	<p><b>6<sup>th</sup> December:</b> Work as paid advisor to potentially relevant manufacturing company/companies</p> <p>Have given advisory work for Pfizer.</p>
Dr Nick Keysell	GP	FIG Member - GP Representative	<p><b>6<sup>th</sup> December 2023:</b> Any other interests (Including personal or family medical conditions) which could be seen as influencing views of the drug (s) under consideration.</p> <p>I am a regular attender to the COVID medicines steering group. There is pressure to alter the formulary prescribing to support the CMDUs. I will voice my opinions in the FIG discussions, but feel it is important the FIG are aware of the potential for unconscious bias from myself.</p> <p><b>15<sup>th</sup> December 2023:</b> Any other interests (Including personal or family medical conditions) which could be seen as influencing views of the drug(s) under consideration.</p> <p>As per the previous meeting. There is a potential for unconscious bias due to my involvement with the CMDU meetings and writing the CRGs.</p>

Name	Role	Capacity of Attendance	Declared interest
Dr Stephanie Lamb	Consultant Obstetrics and Gynaecology	Specialist	<p><b>7<sup>th</sup> February 2024:</b> I chair the Peninsula early pregnancy and emergency gynaecology meetings.</p> <p>James Harrison, key account manager for Gedeon Richter UK, sponsored the Peninsula EPU/EGU meeting November 2023. He discussed Ryeqo for the treatment of fibroids.</p> <p>April Rosson, National Key Account Manager for Besins Healthcare, sponsored the Peninsula EPU/EGU meeting November 2022. She discussed Dimetrum for the treatment of endometriosis.</p>
Rebecca Lowe	Joint Formulary Pharmacy Technician	FIG Member – Pharmacy Representative	<p><b>17<sup>th</sup> May 2023:</b> I also work at HMP Channing’s Wood and locum in community Pharmacies.</p> <p><b>19<sup>th</sup> July 2023:</b> Other part time jobs – community pharmacy locum.</p> <p><b>27<sup>th</sup> September 2023:</b> Devon Secondary employment including locum dispenser at various community pharmacies and bank pharmacy technician at HMP Channings Wood.</p> <p><b>6<sup>th</sup> December 2023:</b> Part time roles as community pharmacy locum and bank pharmacy technician at prison pharmacy.</p> <p><b>7<sup>th</sup> February 2024:</b> Works as a bank pharmacy technician at HMP Channings Wood, and as a locum pharmacy dispenser in community pharmacy. (For e-FIG discussions).</p>
Dr David McGregor	Consultant Paediatrician	Specialist	<p><b>19<sup>th</sup> July 2023:</b> In receipt of payment/gift for transport and hospitality to attend national or international meetings or symposia. Novo Nordisk sponsored my attendance at BSPED 2022.</p>
Natasha Moore	Senior Medicines Optimisation Pharmacist	Guest	<p><b>19<sup>th</sup> July 2023:</b> Secondary employment – locum community pharmacist.</p>

Name	Role	Capacity of Attendance	Declared interest
Dr Ray Sheridan	Elderly Care Consultant	Specialist	<p><b>19<sup>th</sup> July 2023:</b> Have taken part in a trial for drug(s)/device(s) - PI for RECOVERY trial - I don't receive any funding for this so no COI. Included in all COVID drugs in in-patient setting.</p> <p><b>6<sup>th</sup> December 2023:</b> Please give brief details below of any declared interest: PI for RECOVERY trial – I didn't receive any funding for that role which was a non-commercial NHS Public Health Study.</p>
Dr Ben Sieniewicz	Clinical Senior Lecturer, University of Exeter Honorary Consultant Nephrologist Torbay and South Devon NHS Trust, Royal Devon and Exeter Hospital	Specialist	<p><b>17<sup>th</sup> May 2023:</b> 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).</p>
Rebecca Stucky	Nurse Consultant for Headache	Specialist	<p><b>27<sup>th</sup> September 2023:</b> Worked as paid advisor to potentially relevant manufacturing company/companies. I presented two posters and gave a talk to other headache specialists and received £2,074.70 as an honorarium for Teva in 2022.</p>



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

## Appendix 5:

# 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

TA942	Empagliflozin for treating chronic kidney disease
TA939	Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer
TA937	Targeted-release budesonide for treating primary IgA nephropathy
TA935	Secukinumab for treating moderate to severe hidradenitis suppurativa
TA934	Foslevodopa–foscarbidopa for treating advanced Parkinson's with motor symptoms
TA931	Zanubrutinib for treating chronic lymphocytic leukaemia
TA930	Lutetium-177 vipivotide tetraxetan for treating PSMA-positive hormone-relapsed metastatic prostate cancer after 2 or more treatments is not recommended.
TA929	Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction
TA928	Cabozantinib for previously treated advanced differentiated thyroid cancer unsuitable for or refractory to radioactive iodine
TA927	Glofitamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments
TA926	Baricitinib for treating severe alopecia areata
TA925	Mirikizumab for treating moderately to severely active ulcerative colitis

TA924	Tirzepatide for treating type 2 diabetes
TA922	Daridorexant for treating long-term insomnia
TA921	Ruxolitinib for treating polycythaemia vera
TA920	Tofacitinib for treating active ankylosing spondylitis
TA919	Rimegepant for treating migraine
TA918	Bimekizumab for treating axial spondyloarthritis
TA917	Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma when a stem cell transplant is unsuitable
TA916	Bimekizumab for treating active psoriatic arthritis
TA915	Pegunigalsidase alfa for treating Fabry disease
TA914	Pembrolizumab for previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency
TA913	Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy
TA912	Cipaglucosidase alfa with miglustat for treating late-onset Pompe disease
TA911	Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer
TA909	Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer (not recommended)
TA908	Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy (this replaces TA620)
TA907	Deucravacitinib for treating moderate to severe plaque psoriasis
TA906	Rimegepant for preventing migraine
TA905	Upadacitinib for previously treated moderately to severely active Crohn's disease
TA904	Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer
TA903	Darolutamide with androgen deprivation therapy and docetaxel for treating hormone-sensitive metastatic prostate cancer
TA902	Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction
TA900	Tixagevimab plus cilgavimab for preventing COVID-19
TA898	Dabrafenib plus trametinib for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer
TA897	Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma
TA896	Bulevirtide for treating chronic hepatitis D

TA895	Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy
TA894	Axicabtagene ciloleucel for treating relapsed or refractory follicular lymphoma
TA893	Brexucabtagene autoleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over
TA892	Mosunetuzumab (Lunsumio) for treating relapsed or refractory follicular lymphoma
TA891	Ibrutinib ( <b>Imbruvica</b> ) plus venetoclax for untreated chronic lymphocytic leukaemia
TA890	Difelikefalin for treating pruritus in people having haemodialysis
TA888	Risankizumab for previously treated moderately to severely active Crohn's disease
TA887	Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer (this updates and replaces TA831)
TA886	Olaparib for adjuvant treatment of BRCA mutation-positive HER2-negative high-risk early breast cancer after chemotherapy
TA885	Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer
TA883	Tafasitamab with lenalidomide for treating relapsed or refractory diffuse large B-cell lymphoma
TA882	Voclosporin with mycophenolate mofetil for treating lupus nephritis
TA881	Ripretinib for treating advanced gastrointestinal stromal tumour after 3 or more treatments
TA878	Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19
TA880	TA880 Tezepelumab for treating severe asthma
TA877	Finerenone for treating chronic kidney disease in type 2 diabetes
TA876	Nivolumab with chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer
TA875	Semaglutide for managing overweight and obesity
TA874	TA874 Polatuzumab vedotin in combination for untreated diffuse large B-cell lymphoma
TA873	Cannabidiol for treating seizures caused by tuberous sclerosis complex
TA872	Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies (updates and replaces TA559)
TA870	Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (replaces TA505)
TA866	Regorafenib for previously treated metastatic colorectal cancer

TA865	Nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma
TA864	Nintedanib for treating idiopathic pulmonary fibrosis when forced vital capacity is above 80% predicted
TA862	Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 1 or more anti-HER2 treatments
TA860	Maribavir for treating refractory cytomegalovirus infection after transplant
TA755	Risdiplam for treating spinal muscular atrophy (update)
TA274	Ranibizumab for treating diabetic macular oedema (update)

### **HIGHLY SPECIALISED TECHNOLOGIES**

HST29	Velmanase alfa for treating alpha-mannosidosis
HST28	Birch bark extract for treating epidermolysis bullosa
HST27	Afamelanotide for treating erythropoietic protoporphyria
HST26	Eladocagene exuparovec for treating aromatic L-amino acid decarboxylase deficiency
HST25	Lumasiran for treating primary hyperoxaluria type 1
HST24	Onasemnogene abeparovec for treating presymptomatic spinal muscular atrophy
HST23	Asfotase alfa for treating paediatric-onset hypophosphatasia (replaces HST6)
HST22	Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene (replaces HST3)
HST15	Onasemnogene abeparovec for treating spinal muscular atrophy

**END**