NHS
Devon
Clinical Commissioning Group

# Devon Formulary Interface Group

# Annual Report

# 24 February 2021- 31 March 2022

June 2022

**Devon Formulary Interface Group**

**Annual Report 24th February 2021 – 31 March 2022**

## Contents

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**Appendices to Annual Report**

## 1. Introduction

1.1 This report provides an overview of the work undertaken by the Devon Formulary Interface Group (FIG) from 24th February 2021 to 31st March 2022.

1.2 Prior to 24th February 2021, Devon formulary content was collectively delivered by two separate FIGs: one in north and east Devon (N&E Devon FIG) and one in south and west Devon (S&W Devon FIG). Following a consultation of the membership, the two FIGs merged to form a single Devon-wide FIG. This is the first annual report of the Devon Formulary Interface Group and covers a period of approximately 13 months.

1.3 During the period of this report, the FIG delivered the Devon formulary to promote prescribing which is safe, clinically appropriate and cost-effective in both primary and secondary care by providing guidance on locally recommended drug and treatment choices. The formulary is not a restrictive list of drugs that can be prescribed but represents recommended drug treatment options and associated guidance notes drawn up after widespread consultation amongst prescribers in primary care and the NHS trusts involved at a local level.

1.4 The creation of a single Devon FIG provided a greater opportunity for consistent Devon-wide recommendations, by allowing a single group to explicitly consider whether recommendations need to differ between areas, for example due to differences in specialist opinion, service provision or financial arrangements. Although the S&W and N&E Devon FIGs merged in 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 wherever possible.

1.5 The focus of the Devon FIG has therefore been to build on the good work of its predecessors, continuing to develop and review the Devon formulary with particular consideration being given to opportunities to harmonise recommendations across both presentations (see sections 4 to 6 for some examples).

1.6 The FIG has also considered the environmental impact of recommendations; where possible taking steps to promote options with a lower carbon footprint, or which may reduce wastage. These environmental sustainability considerations extended to meeting arrangements, and the continued utilisation of Microsoft Teams as a means of reducing members' carbon footprint from travel to meetings.

1.7 In addition, the formulary has continued to support the development and dissemination of COVID-19 related guidance from various local and national groups (section 9).

1.8 Between 24th February 2021 and 31st March 2022, the Devon Formulary and Referral app was downloaded over 800 times, and the website recorded almost 2.5million page views (section 11), reflecting its continued utility as a trusted source of information.

## 2. The Process

2.1 The Formulary is produced via a collaborative approach with a number of organisations. The Devon FIG draws its membership from:

- Devon Partnership Trust
- Livewell Southwest
- NHS Devon CCG
- Northern Devon Healthcare NHS Trust
- Royal Devon and Exeter NHS Foundation Trust
- Torbay and South Devon NHS Foundation Trust.
- University Hospitals Plymouth NHS Trust

### Terms of Reference

2.2 The Terms of Reference is provided in Appendix 1.

### Membership and quoracy of the Devon FIG

2.3 The Core Membership of the Devon FIG is detailed in the Terms of Reference (Appendix 1) and is drawn from the collaborating organisations.

2.4 For the Devon 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 CCG).

### Attendance

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

### The work programme

2.6 The work programme of the Formulary Interface Groups is managed by the Clinical Effectiveness team of NHS Devon CCG.

### Meeting arrangements

2.7 Meetings of the Devon FIG are scheduled to take place at intervals of approximately two months. Between 24th February 2021 and 31st March 2022 seven meetings took place. All meetings took place via Microsoft Teams.

2.8 In addition to the “face-to-face” meetings with formal agendas and minutes, a number of e-FIG meetings (see section 8) have taken place to make specific one-off decisions. These have been conducted in line with the agreed process on an as required basis

for appropriate items. 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.

2.9 The formally agreed chair for the Devon FIG is Dr Tawfique Daneshmend, Royal Devon and Exeter NHS Foundation Trust. Dr Daneshmend chaired all the meetings from 24th February 2021 to 31st March 2022.

2.10 Meeting agendas and minutes are produced and distributed by NHS Devon CCG's Clinical Effectiveness Team in line with the Terms of Reference.

**Declaration of Interest**

2.11 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.

2.12 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.

2.13 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.

## 3. NICE Guidance, Commissioning and Assurance/Recommendations

3.1 The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE Technology Appraisal (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 CCGs or NHS England. The HST programme only considers drugs for very rare conditions; the responsible commissioner for these is usually NHS England.

3.2 The Devon Formulary supports NHS Devon CCG to fulfil 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 CCG 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.

3.3 Following instruction from the CCG's NICE Planning Advisory Group (NPAG), eighty-seven (87) TAs and three (3) HSTs were added to the local formulary between 24th February 2021 and 31 March 2022.

## 4. Reviewing and Developing formulary guidance

4.1 Existing formulary guidance is considered for review on an ongoing basis, with reviews of chapters or sections completed when required. Prioritisation for review is informed by horizon scanning for new/revised national guidelines (National Institute for Healthcare and Clinical Excellence [NICE], Public Health England / UK Health Security Agency [UKHSA], Scottish Intercollegiate Guidelines Network [SIGN], professional body guidelines etc.), and requests from stakeholders and users.

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

4.3 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. This enables Devon formulary recommendations to remain broadly consistent across the county, whilst allowing variation to reflect and support the different needs of the local healthcare communities clustered around the four major hospitals in Devon.

4.4 In year, a number of existing sections were reviewed and updated; some examples are briefly noted here.

4.5 Following publication of new guidelines from NICE, formulary guidance on the prescribing for Alzheimer's disease, and behavioural and psychological symptoms of dementia (BPSD) was updated and harmonised to produce Devon-wide guidance.

4.6 Guidance on the environmental impact of inhalers was extended to provide estimates of indicative carbon footprint ($CO_2$ equivalent) of formulary recommended inhalers and for context, estimates of equivalent annual car miles for the recommended regimens.

4.7 Following Devon-wide consultation with dietitian specialists, the formulary oral nutritional supplements (ONS) options were reviewed. The selected options were chosen based on palatability, range of flavours, and cost efficiency; supporting information to inform appropriate selection was added. The updated guidance provided greater clarity and consistency, with Devon-wide recommendations providing an

opportunity for significant financial savings (estimated to be around £400,000 per annum)

4.8 Multiple sections of the infections chapter (pelvic inflammatory disease [PID], conjunctivitis, *H. Pylori* retesting in dyspepsia and GORD, and *C. difficile* were reviewed Devon-wide. Updates were informed by changes in national guidance, local service provision, and MHRA drug safety updates. Consulted on by local specialists including microbiologists and the Devon Antimicrobial Stewardship Group, the resulting formulary guidance contains detailed recommendations supporting appropriate use of antibiotics.

## 5. Product applications, proposed changes to formulary products and changes to product status or prescribing advice

5.1 As reported in section 3 above, mandatory NICE TAs and HSTs are routinely added to the formulary following the statutory obligations. Utilising horizon scanning and proactive scoping, recommendations can be considered for formulary inclusion within the defined timeframe in accordance with the commissioner's statutory responsibilities and the NHS Constitution. Early stakeholder engagement allows timely discussions at FIG on the appropriate traffic-light colour classification and prescribing advice is agreed where necessary.

5.2 In addition, applications to consider new drugs for inclusion into the Devon Formulary are received by the CCG's Formulary Team, these are considered either by the Clinical Policy Committee (CPC) or by the FIG according to the Terms of Reference of the CPC. The Formulary team also receives applications for consideration of removal of products from the formulary or for a change in prescribing status e.g. from "secondary care only" to "specialist". Applications are considered against key criteria including evidence of efficacy and safety, and cost considerations. Increasingly (and where applicable), environmental impact and waste implications are also considered.

5.3 The application process includes consultation with relevant local specialists, who are offered the opportunity to provide comments and opinions on the risks and benefits of a proposal, as well as the appropriate place in therapy and associated formulary guidance notes for a particular product. Specialists are also invited to attend the FIG meeting at which a decision will be made.

5.4 The Devon FIG considered a number of product applications and proposed changes to existing formulary products. These reviews provided further opportunities to harmonise the formulary presentations, to provide consistent messaging and advice for all prescribers. Some examples are briefly highlighted below.

5.5 Several additional products for the management of diabetes were considered and added, including the FreeStyle Libre 2 interstitial glucose sensor, Toujeo Doublestar

(insulin glargine), Lyumjev (insulin lispro) in a range of presentations, and additional strengths of dulaglutide pre-filled injections. As well as clinical benefits, some of these products were considered to offer non-clinical benefits including potential cost savings and a reduction in wastage.

5.6 A Devon-wide review of diagnostic and monitoring devices for diabetes mellitus was also undertaken, to update and harmonise formulary recommendations. The review was led by local diabetes specialist nurses and considered a range of factors to produce simplified, streamlined guidance supporting ease of selection from a range of devices to meet the needs of the individual patient. The updated recommendations also provided the possibility of cost savings.

5.7 To support a new initiative from NHS England for primary care to increase the prescribing of dry powder inhalers (DPIs) and soft mist inhalers (SMIs) where clinically appropriate (as part of the drive to create a more sustainable NHS) a number of additional DPIs were added to the formulary. These inhalers provide additional treatment options with a lower carbon footprint and were either cost-neutral (Trimbow NEXThaler) or cost-saving (Easyhaler products) compared with existing recommendations.

5.8 Luforbec pMDI (BDP extrafine 100 micrograms / formoterol 6 micrograms per dose) was added to the Devon Formulary as it offered an opportunity for significant cost savings (approx. £1.3million per annum) compared to the current formulary option (Fostair).

5.9 In year, commissioning responsibility and associated funding for Hepatitis B vaccination for patients with chronic kidney disease was transferred from Primary Care Commissioning to Specialised Commissioning resulting in the reclassification of Fendrix and HBvaxPRO40 vaccines to red (hospital only).

5.10 Several drug pages / sections that previously differed between N&E Devon and S&W Devon were reviewed and harmonised to offer consistent advice across Devon, including 4.4 CNS stimulants and drugs for attention deficit hyperactivity disorder (ADHD), 7.3.2 Progesterone-only contraceptives, and 8.3.4.1 Breast cancer.

## 6. Specialised Medicines Service (SMS) Prescribing Guidelines

6.1 In Devon, “Shared Care” arrangements are resourced via the Specialised Medicines Service (SMS). This service remunerates GPs for additional workload associated with the safe prescribing of specialist medicines in primary care. Specific financial arrangements are not within the remit of the FIG, however the FIG is responsible for deciding whether a medicine is appropriate for “Shared Care” and for agreeing the clinical content of “Shared Care” / SMS guidelines.

6.2 SMS guidelines describe the circumstances in which a “Shared Care” medicine may be safely prescribed in primary care, clarify the responsibilities of each party in the arrangement and provide supporting clinical information including drug safety monitoring requirements, and action to be taken by the GP at specific thresholds.

6.3 Historically there were multiple different “Shared Care” / SMS guidelines for an individual drug approved for use in Devon, including multiple guidelines for the same indication, as in many cases each trust / department produced its own guideline. Although broadly similar, there are some differences between these documents which could lead to confusion. To reduce this variation, the Devon FIG has endorsed a Devon-wide approach wherever possible when reviewing and updating local “shared care” / SMS guidelines.

6.4 During the period of this report, the FIG considered and agreed five SMS guidelines for use locally:

- Three new Devon-wide guidelines for methylphenidate, lisdexamfetamine, and atomoxetine for attention deficit hyperactivity disorder in adults.
- Updates to the existing denosumab SMS guideline as a result of an MHRA Drug Safety Update.
- A new Devon-wide guideline for azathioprine and mercaptopurine for the treatment of inflammatory bowel disease in adults, which updated and replaced 3 previous locality guidelines.

## 7. Relationship with the Clinical Policy Committee

7.1 New drugs which fall outside of the remit of the FIG to decide upon are considered for commissioning by the Clinical Policy Committee (CPC). The CPC makes recommendations to the CCG’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 CCG website.

7.2 Subsequent to a drug commissioning recommendation being submitted to the CCG for approval the FIG consults with appropriate clinicians. FIG discussions include the position of the drug within the locally recommended treatment pathway, and any additional information to support its safe and effective use. Between 24th February 2021 and 31st March 2022, the FIG agreed formulary entries for the following treatments which the CPC had recommended for commissioning:

- Fidaxomicin for the treatment of *Clostridioides difficile* infection
- FreeStyle Libre for interstitial glucose monitoring in diabetes, for patients with diabetes mellitus (policy updated to include patients on insulin who are living with a learning disability, as recorded on their GP Learning disability register).

- Lisdexamfetamine for the management of attention deficit hyperactivity disorder in adults who have failed to gain an adequate response to, or tolerate, methylphenidate.
- Rybelsus (oral semaglutide) for the treatment of type 2 diabetes

7.3 On occasion the CCG decides to rescind a policy due to it being superseded by a mandatory NICE Technology appraisal. Between 24th February 2021 and 31st March 2022 no such policies were rescinded. However, at its meeting in May 2021 the Clinical Policy Committee made a recommendation to withdraw the CCG's commissioning policy for lixisenatide for the treatment of type 2 diabetes.

## 8. e-FIG

8.1 The virtual 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.

8.2 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.

8.3 The e-FIG process was utilised for the following items:

- An update of the dapagliflozin drug entry following publication of NICE TA679: Dapagliflozin for treating chronic heart failure with reduced ejection fraction. The eFIG process supported timely inclusion of the NICE TA in the formulary as an amber (specialist input) option
- Final agreement of proposals to update the formulary guidance for Prescribing for Alzheimer's disease and section 4.11 Drugs for Dementia, and amendments to section 4.4 CNS stimulants and drugs for attention deficit hyperactivity disorder. Initial drafts of these proposals had previously been considered by FIG; final agreement via eFIG freed up time at a FIG meeting for consideration of more complex items.

## 9. Response to the COVID-19 pandemic

9.1 The use of Microsoft Teams as the principal method of holding FIG meetings has continued following positive feedback from FIG members.

9.2 The Formulary Team has continued to support the development and dissemination of temporary COVID-19 related guidance from various local and national groups, including maintaining a temporary Devon Formulary page, “COVID-19 Updates”, which provided important information related specifically to the COVID-19 pandemic.

9.3 With changes to national guidance & policy in respect of COVID-19 occurring rapidly, implementation of updates to the formulary were often required between FIG meetings. FIG members were updated on changes relating to COVID-19 at every FIG meeting through a summary document and provided opportunities to request additional information where they felt necessary.

9.4 Primarily updates related to national guidance for hospital only treatments and were in response to information disseminated by the Central Alerting System (CAS), national policies, and/or NICE COVID-19 rapid guidelines.

9.5 In year, 15 updates were included in summary papers and published on the updates page. The following examples highlight the variety of subjects covered:

- Routine access to sarilumab and tocilizumab for treatment of COVID-19
- Neutralising monoclonal antibodies (nMABs) and antivirals for COVID-19 for non-hospitalised patients
- Inhaled budesonide for adults with COVID-19
- MHRA guidance on management of oral retinoid medicines during the COVID-19 pandemic
- UK regulatory approval and inclusion of COVID-19 vaccines
- Rare blood clotting syndrome associated with COVID-19 vaccination

## 10. Other updates and publications noted/considered

Recent Drug Decisions

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

- Decisions taken by local trust medicines groups regarding secondary care usage
- Decisions taken by the Clinical Policy Committee
- NICE publications since the last meeting
- Removal of discontinued products

Medicines and Healthcare Products Agency (MHRA) Drug Safety Updates

10.2 Each month the MHRA and its independent advisor the Commission on Human Medicines publish a Drug Safety Update (DSU) for medicines users. These are

considered by the FIG to determine which of the advice is appropriate for addition of locally tailored formulary notes and any current formulary information is concurrently reviewed.

- The FIG considered advice for 31 treatments included in the MHRA Drug Safety Updates published between December 2020 and January 2022.
- The FIG noted 8 letters and drug alerts sent to healthcare professionals.

## 11. Website and App

11.1 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 wherever possible.

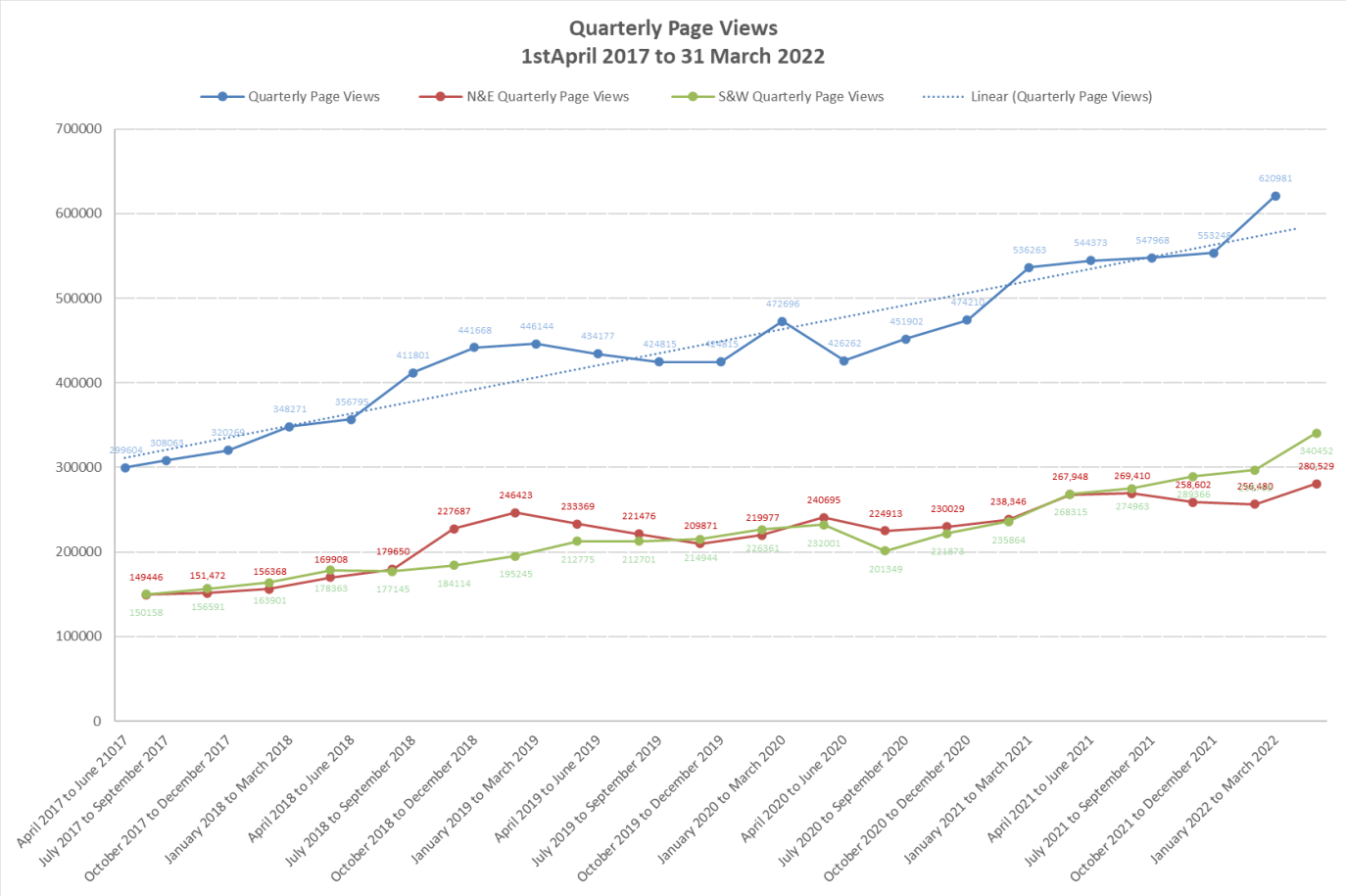
11.2 The Devon Formulary website is available on a single App for both Android and Apple devices; as the formulary website is updated this information is automatically translated onto the App.

11.3 During the period of this report (24th February 2021 to 31st March 2022), the combined number of page views was 2,497,261 (1,316,352 for S&W Devon and 1,180,909 for N&E Devon).

11.4 The total page views during the period 24th February 2021 to 31st March 2022 took place over 825,663 individual sessions. During each session an average of approximately 2.25 pages were visited.

11.5 In the formulary side of the website, across both sites, Chapter 5 (Infections) pages continue to be the most viewed. Similarly, from the referral side of the site (managed by DRSS, not the FIG) the Two Week Wait pages are the most frequently viewed across both sites.

11.6 The graph below shows the number of page views on a quarterly basis over five years between 1st April 2017 and 31st March 2022 for the Devon Formulary and referral website together with the data for the S&W and N&E geographical areas.




11.7 The table below shows the percentage change in use year on year between 1st April 2017 and 31st March 2022.

| Date | Page Views | Approximate % change from previous year |
|---|---|---|
| 1st April 2017 to 31st March 2018 | 1,276,207 | |
| 1st April 2018 to 31st March 2019 | 1,656,408 | +30% |
| 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% |

11.8 Between 24th February 2021 and 31st March 2022, the Devon Formulary and Referral app was downloaded over 800 times. Since its launch, the app has been downloaded approximately 11,300 times.

## 12. Costs

12.1 The clinical effectiveness team continue to seek best value in the running costs of the formulary. Following the successful implementation of virtual meetings during the COVID-19 pandemic, in year all meetings continued to be held virtually. Therefore, there were no costs relating to venue bookings.

12.2 Virtual meetings also allow additional environmental sustainability benefits such as a reduction in travel-related carbon emissions & air pollution, and paper and plastic waste.

## 13. Communication

Formulary Updates

13.1 Formulary updates are highlighted on the Recent Updates page and Formulary News banner of the website and published on the Medicines Optimisation Post (MOP) Live website. The updates are published in the GP bulletin managed by the CCG Communications Team and sent via e-mail to GP practices. The Formulary Team disseminates the updates via e-mail to relevant people who may not otherwise have access to these resources, including all FIG members for dissemination throughout their respective organisation.

Governance Documentation

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

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

## 14. Reflective Practice

14.1 With the imminent introduction of Integrated Care Systems (ICS), a planned full review of FIG membership, meeting arrangements and terms of reference was postponed until the new organisations and partnerships of the local ICS have been established.

14.2 However, it was recognised that over recent years the volume of formulary content has increased considerably; these pages all require maintenance and review, resulting in increasing demands on FIG time to consider and agree updates. In addition, requests

are frequently received for new guidance and additional drugs, adding to the immediate workload and increasing the volume requiring future review.

14.3 It was noted that the quality and consistency of input from FIG members in recent years had been remarkable and included a significant amount of “homework” in reading the briefing papers prior to each meeting, as well as considering and responding to multiple e-FIG discussions during the year. The Formulary team were also aware that as a result of the FIG merger, some FIG members had rearranged other commitments and given up time off in order to continue to attend meetings.

14.4 With this in mind, additional meetings were not proposed, however FIG members were consulted on possible changes to the duration of FIG meetings. A number of options were proposed.

14.5 Responses were received from almost all members. No clear consensus emerged; therefore, existing meeting duration and timings were retained. The e-FIG would continue to be utilised as much as possible to free up face to face time in FIG meetings.

## 15. Conclusion

15.1 This is the first annual report of the Devon FIG following the merger of the N&E Devon FIG and the S&W Devon FIG in February 2021. This report covers the period 24 February 2021 to 31 March 2022.

15.2 Members of the Devon FIG are asked to approve the annual report as a record of the activity and the governance arrangements underpinning the groups.

15.3 The Integrated Care System for Devon (ICSD) is due to be established on 1st July 2022 as a partnership of health and care organisations coming together to plan and deliver joined up services and to improve the health of people who live and work in Devon. Within this, NHS Devon Integrated Care Board (ICB) will become the statutory commissioning organisation.

15.4 The Devon Formulary Interface Group will continue to operate following the transition to provide a forum for the ICSD to incorporate national and local treatment choices and guidance into a Joint Formulary.

15.5 The report will be submitted to the Clinical Policy Recommendation Committee (CPRC) of the ICB for assurance of how the CCG promotes prescribing which is safe, clinically appropriate and cost-effective in both primary and secondary care by providing guidance on locally recommended drug and treatment choices.

NHS
Devon
Clinical Commissioning Group

# Devon Formulary Interface Group (FIG)

## Terms of Reference

## 1 Purpose of the Formulary Interface Group

1.1 To provide a forum for the NHS Devon Clinical Commissioning Group to work with the provider trusts it commissions to incorporate national and local treatment choices and guidance into a Joint Formulary.

## 2 Functions

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 Committee
- Devon Partnership NHS Trust Drugs and Therapeutics Committee
- Livewell Southwest Medicines Governance Group
- Northern Devon Healthcare NHS Trust Medicines Management Group
- Royal Devon and Exeter NHS Foundation Trust New Drugs Group
- Torbay and South Devon Healthcare NHS Foundation Trust Medicines Approval Committee (MAC)
- University Hospitals Plymouth NHS Trust, Medicines Governance 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 CCG'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

## 3 Membership

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:

- Six GP representatives selected from NHS Devon CCG
- Consultant representative, Northern Devon Healthcare NHS Trust
- Two consultant representatives, Royal Devon and Exeter NHS Foundation Trust
- Consultant representative, Torbay and South Devon NHS Foundation Trust
- Consultant representative, University Hospitals Plymouth NHS Trust
- Two Pharmacist representatives, Northern Devon Healthcare NHS Trust
- Pharmacist representative, Royal Devon and Exeter NHS Foundation Trust
- 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 CCG
- Nurse / Non-medical prescriber representative, NHS Devon CCG
- Clinical Effectiveness Pharmacist (Joint Formularies), NHS Devon CCG
- Joint Formulary Technician, NHS Devon CCG
- Clinical Evidence Manager, NHS Devon CCG

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.

## 4 Meetings and Conduct of Business

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 CCG.

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

4.8 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 CCG).

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 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.

## 5 Governance/Reporting arrangements

5.1 The Devon FIG reports to the Governing Body of NHS Devon Clinical Commissioning Group via the Devon Clinical Policy 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 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.

## 6 Declaration of Interests

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.

## 7 Observers

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.

**Devon FIG meeting attendance**
**Members and Co-opted members**

**24th February 2021 to 31 March 2022**

| Members and Co-opted members | Role | Meetings attended/possible |
|---|---|---|
| Community | | |
| Tom Kallis | Community Pharmacy | 3/7 |
| Devon Partnership Trust | | |
| Chris Sullivan | Pharmacist representative | 6/7 |
| NHS Kernow CCG | | |
| Heidi Campbell | Pharmacist | 7/7 |
| Livewell Southwest | | |
| Nicola Diffey | Pharmacist representative | 3/7 |
| NHS Devon CCG | | |
| Glen Allaway | GP representative | 5/7 |
| Beverley Baker | Nurse /NMP representative | 5/7 |
| Andy Craig | GP representative | 5/7 (Including attendance for discussion of Sacubitril valsartan partial review on 16th February 2022) |
| Andrew Harrison | GP representative | 0 of 1 |
| Nick Keysell | GP representative | 6/7 |
| Sarah Marner | MO pharmacist representative | 5/7 |
| Matt Howard | Clinical Evidence Manager | 7/7 |
| Bill Nolan | GP representative | 5/7 |
| Jess Parker | GP representative | 5/7 |
| Hilary Pearce | Joint Formularies Pharmacist | 7/7 |
| Graham Simpole | MO pharmacist representative | 7/7 |
| Darren Wright | Joint Formulary Technician | 7/7 |
| Northern Devon Healthcare NHS Trust | | |
| Carole Knight | Pharmacist representative | 4/7 |
| Matt Kaye | Pharmacist representative | 0 of 3 |
| Samantha Smith | Interim Chief Pharmacist | 1/4 |
| Torbay and South Devon NHS Foundation Trust | | |
| Jamie Smith | Consultant representative | 2/7 |
| Larissa Sullivan | Pharmacy representative | 7/7 |
| Royal Devon and Exeter NHS Foundation Trust | | |
| Tawfique Daneshmend | Consultant representative and Co-chair | 7/7 |
| Susie Harris | Consultant Representative | 5/7 |
| James Leavy | Pharmacist representative | 7/7 |

| University Hospitals Plymouth NHS Trust | | |
|---|---|---|
| Ailene Barclay | Pharmacist | 2/2 |
| Graham Parsons | Lead Pharmacist (Clinical Commissioning and Medicines Optimisation Lead) | 2/2 |
| Peter Rowe | Consultant representative and Co-chair until 31 March 2021 | 0 of 1 |
| Vivek Soni | Pharmacy representative | 3 of 3 |

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

| Name of attendee | Role | Organisation |
|---|---|---|
| **24th February 2021** | | |
| Fiona Dyroff | Clinical Effectiveness Governance Support Officer | NHS Devon CCG |
| **28th April 2021** | | |
| Fiona Dyroff | Clinical Effectiveness Governance Support Officer | NHS Devon CCG |
| Liz Flemming | Specialist MO Dietitian | NHS Devon CCG |
| Emma Gitsham | Clinical Effectiveness Pharmacist | NHS Devon CCG |
| Desi Kaneva | Foundation Pharmacist | Torbay and South Devon NHS Trust |
| Mishel Mathew | Foundation Pharmacist | Torbay and South Devon NHS Trust |
| Tim McDonald | Laboratory Director | Royal Devon and Exeter NHS FT |
| **23rd June 2021** | | |
| Rachel Ali | GP Representative | Devon LMC |
| Fiona Dyroff | Clinical Effectiveness Governance Support Officer | NHS Devon CCG |
| Kemi Gibson | Medicines Optimisation Pharmacist | NHS Devon CCG |
| Emma Gitsham | Clinical Effectiveness Pharmacist | NHS Devon CCG |
| Catherine Hill | Neurodiversity Nurse Lead | |
| Mel Hucker | Lead Nurse Tissue Viability | NDHC |
| Rachel Webb | Operational and Strategic Neurodiversity Lead | DP NHS Trust |

| **25th August 2021** | | |
|---|---|---|
| Jill Ashcroft | Medicines Optimisation Pharmacist | NHS Devon CCG |
| Richard Croker | Head of Medicines Optimisation Practice Pharmacist | NHS Devon CCG |
| Fiona Dyroff | Clinical Effectiveness Governance Support Officer | NHS Devon CCG |
| Liz Flemming | Specialist Medicines Optimisation Dietitian | NHS Devon CCG |
| Dr Jenny Hayes | Medical Lead Consultant | HospiceCare |
| Sam Stephenson | Head of Medicines Optimisation, Secondary Care | NHS Devon CCG |
| Charlie Thomas | Medicines Optimisation Practice Pharmacist | NHS Devon CCG |

| **20th October 2021** | | |
|---|---|---|
| Jill Ashcroft | Medicines Optimisation Pharmacist | NHS Devon CCG |
| Tony Avades | Consultant Chemical Pathologist | UHP NHS Trust |
| Fiona Dyroff | Clinical Effectiveness Governance Support Officer | NHS Devon CCG |
| Rosie Fok | Consultant Microbiologist and Antimicrobial Stewardship Lead | UHP |
| Kenna Frances | Pre-reg Pharmacist | RD&E NHS FT |
| Natasha Moore | Senior MO Pharmacist | NHS Devon CCG |
| Karen Northcott | Senior MO Pharmacist | NHS Devon CCG |
| Liana Reynolds | Pre-reg Pharmacist | RD&E NHS FT |
| Aabha Sharma | Consultant Chemical Pathologist | T&SD NHS FT |

| **8th December 2021** | | |
|---|---|---|
| Tony Avades | Consultant Chemical Pathologist | UHP NHS Trust |
| Fern Bamford-Elsdon | Pre-reg Pharmacist | RD&E NHS Trust |
| Niclas Caradine | Pre-reg Pharmacist | RD&E NHS Trust |
| Fiona Dyroff | Clinical Effectiveness Governance Support Officer | NHS Devon CCG |
| Laura Faulkner | GPST4 Leadership and Excellence Trainee | DRSS |
| Natasha Moore | Senior MO Pharmacist | NHS Devon CCG |
| Yin Ki (Albe) Ng | Senior MO Pharmacist – Secondary Care | NHS Devon CCG |

| **16th February 2022** | | |
|---|---|---|
| Vida Caines | Senior IBD Nurse Specialist | RD&E NHS FT |
| Fiona Dyroff | Clinical Effectiveness Governance Support Officer | NHS Devon CCG |
| Louise Mallinson | Project Support Officer, MO team | NHS Devon CCG |
| Anna Parfitt-Rogers | Pre-Registration Pharmacist | RD&E NHS FT |
| Aabha Sharma | Consultant Chemical Pathologist | TSD NHS FT |
| Ben Sieniewicz | Consultant Cardiologist | UHP NHS Trust |
| Faye Windsor | Heart Failure Specialist Pharmacist | NDHT |

**Declarations of Interest Register (24th February 2021 – 31st March 2022)**

| **Devon FIG** | | | |
|---|---|---|---|
| **Declaration of interest made by committee members** | | | |
| Name of attendee | Role | Meeting Date | Declared Interest |
| Jamie Smith | Consultant representative T&SD NHS FT | 23 June 2021 | Received honoraria from AZ, Sanofi, Boehringer, novonordisk, Lilly, Amgen for speaker meetings within last 3yrs.<br>Advisory board meeting for Daiichi Sankyo UK Ltd 2021.<br><br>Conference registration fees paid by Daiichi Sankyo UK, Novonordisk, Lilly, Astra-Zeneca within last 3 yrs. PI for clinical trials involving praluent, empagliflozin, canagliflozin, semaglutide within last 3 yrs. |
| Graham Parsons | Pharmacist | 20th October 2021 | I have addended 2 international conferences funded through Martindale Pharma. |
| Tom Kallis | Clinical Pharmacist Locality Lead | 8th December 2021 | Sponsorship by Chiesi for PNC Clinical Pharmacist Training Event |
| Jamie Smith | Consultant Physician | 8th December 2021 | In receipt of speaker fees from Amgen, Novo-Nordisk, Lilly, Astra Zeneca within the last 2 years. Previously PI for clinical trial for Praluent in odyssey programme within 3 years. |

| Additional Declaration of Interest (Experts, Guests and Secretariat) | | | |
|---|---|---|---|
| Meeting Date | Name | Role | Declared Interest |
| 28th April 2021 | Dr Jamie Smith | Applicant for dulaglutide | I would like to disclose that I've received financial support from both Novo Nordisk and Lilly for registration fees to attend virtual conferences over the last year and have been in receipt of speaker fees for educational meetings from Novo Nordisk, Lilly and Sanofi over the last 2 year. |
| 23rd June 2021 | Rachel Ali | GP representative | Chair of Devon LMC GPC UK Representative GP Partner |
| | Rachel Webb | Operational and Strategic Neurodiversity Lead | non- interest. Trustee of Board for Somerset Child Contact Centres. Charity no. 1190163. Don't see this as an influence. |
| 25th August 2021 | Liz Fleming | Specialist Medicines Optimisation Dietitian | General / financial: I also work on a self-employed basis for (i) Sentinel Healthcare South West CIC as Diabetes Dietitian Educator and (ii) as a freelance dietitian offering online dietetic consultations for various clinical conditions and general healthy eating advice. |
| 20th October 2021 | Jill Ashcroft | MO Pharmacist | – I work occasional weekend locum community pharmacy shifts (with manager permission).<br>– Husband is asthmatic |
| | Tony Avades | Consultant | I have received lecture feed in the last 12 months from these companies:<br>– Daiichi Sankyo UK Limited<br>– Sanofi<br>– Amgen Ltd |
| 8th December 2021 | Peter Kelly (not present at meeting) | Applicant for Lyumjev<br>Lead Diabetes Specialist Nurse UHP NHS Trust | Historically I have provided diabetes education sessions for the above company and have x 2 planned lecture for Sept/Oct 2021. |
| 16th February 2022 | Ben Sieniewicz | Consultant Cardiologist | Novartis – received paid honoraria to deliver educational talks.<br>AstraZeneca – received paid honoraria to deliver educational talks. |

**Mandatory NICE Technology Appraisals (TAs) and Highly Specialised Technology (HSTs) Guidance added to the local formularies from 1 April 2020 to 23 February 2021 in line with the CCGs' statutory responsibilities**

March 2021

- TA663 Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia *(NHSE commissioned)*
- TA664 Liraglutide for managing overweight and obesity *(CCG commissioned)*
- TA665 Upadacitinib for treating severe rheumatoid arthritis *(CCG commissioned)*
- TA666 Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinoma
- TA667 Caplacizumab with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura
- TA668 Encorafenib plus cetuximab for previously treated BRAF V600E mutation-positive metastatic colorectal cancer
- TA672 (Brolucizumab for treating wet age-related macular degeneration

April 2021

- TA185 Trabectedin for the treatment of advanced soft tissue sarcoma
- TA669 Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more therapies
- TA670 Brigatinib for ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor
- TA671 Mepolizumab for treating severe eosinophilic asthma

May 2021

- TA673 Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy
- TA676 Filgotinib for treating moderate to severe rheumatoid arthritis
- TA677 Autologous anti-CD19-transduced CD3+ cells for treating relapsed or refractory mantle cell lymphoma
- TA679 Dapagliflozin for treating chronic heart failure with reduced ejection fraction
- TA680 Lenalidomide maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma
- TA681 Baricitinib for treating moderate to severe atopic dermatitis
- TA682 Erenumab for preventing migraine
- TA683 Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer

May 2021 Continued

- TA684 Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease

- HST14 Metreleptin for treating lipodystrophy

June 2021

- TA685 Anakinra for treating Still's disease
- TA687 Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy
- TA688 Selective internal radiation therapies for treating hepatocellular carcinoma

July 2021

- TA517 Avelumab for treating metastatic Merkel cell carcinoma (update)
- TA689 Acalabrutinib for treating chronic lymphocytic leukaemia
- TA691 Avelumab for untreated metastatic Merkel cell carcinoma
- TA692 Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy
- TA693 Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer
- TA694 Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia
- TA695 Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma
- TA696 Tafamidis for treating transthyretin amyloidosis with cardiomyopathy
- TA697 Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban

August 2021

- TA698 Ravulizumab for treating paroxysmal nocturnal haemoglobinuria
- TA699 Ofatumumab for treating relapsing multiple sclerosis
- TA704 Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies
- TA706 Ozanimod for treating relapsing–remitting multiple sclerosis

September 2021

- TA249-Dabigatran etexilate for the prevention of stroke and systemic embolism in atrial fibrillation (update)
- TA256-Rivaroxaban for the prevention of stroke and systemic embolism in people with atrial fibrillation (update)
- TA275-Apixaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation (update)
- TA355-Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation (update)
- TA705 Atezolizumab monotherapy for untreated advanced non-small-cell lung cancer
- TA707 Nivolumab for previously treated unresectable advanced or recurrent oesophageal cancer
- TA708 Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis
- TA709 Pembrolizumab for untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency
- TA710 Ravulizumab for treating atypical haemolytic uraemic syndrome
- TA711 Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs
- TA712 Enzalutamide for treating hormone-sensitive metastatic prostate cancer
- TA713 Nivolumab for advanced non-squamous non-small-cell lung cancer after chemotherapy
- TA723 Bimekizumab for treating moderate to severe plaque psoriasis
- HST15 Onasemnogene abeparvovec for treating spinal muscular atrophy

October 2021

- TA715 Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed
- TA716 (Nivolumab with ipilimumab for previously treated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency
- TA718: Ixekizumab for treating axial spondyloarthritis
- TA719: Secukinumab for treating non-radiographic axial spondyloarthritis

November 2021

- TA139 Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome (update)
- TA720 Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma
- TA721 Abiraterone for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer
- TA722 (Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement) (Overdue)
- TA333 Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia

November 2021 continued

- TA734 Secukinumab for treating moderate to severe plaque psoriasis in children and young people
- TA735 Tofacitinib for treating juvenile idiopathic arthritis
- TA738 Berotralstat for preventing recurrent attacks of hereditary angioedema

December 2021

- TA724 Nivolumab with ipilimumab and chemotherapy for untreated metastatic non-small-cell lung cancer
- TA725 Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy
- TA728 Midostaurin for treating advanced systemic mastocytosis
- TA729 Sapropterin for treating hyperphenylalaninaemia in phenylketonuria
- TA736 Nivolumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy
- NICE TA737 Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer
- NICE TA739 Atezolizumab for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable
- TA740 (Apalutamide with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer)
- TA741 (Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer)

January 2022

- TA744 Upadacitinib for treating moderate rheumatoid arthritis
- TA743: Crizanlizumab for preventing sickle cell crises in sickle cell disease
- TA742: Selpercatinib for treating advanced thyroid cancer with RET alterations

February 2022

- NICE TA751 Dupilumab for treating severe asthma with type 2 inflammation
- TA748 Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders
- TA747 Nintedanib for treating progressive fibrosing interstitial lung diseases
- TA746 Nivolumab for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer
- HST16 (Givosiran for treating acute hepatic porphyria)

March 2022

- TA778 (Pegcetacoplan for treating paroxysmal nocturnal haemoglobinuria)
- TA760 (Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer)
- TA759 (Fostamatinib for treating refractory chronic immune thrombocytopenia)
- TA758Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy
- TA757-Cabotegravir with rilpivirine for treating HIV-1
- TA756: Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis
- TA755: Risdiplam for treating spinal muscular atrophy
- TA754 (Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome)
- TA753: Cenobamate for treating focal onset seizures in epilepsy
- TA752 (Belimumab for treating active autoantibody-positive systemic lupus erythematosus)