NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

South Devon and Torbay
Clinical Commissioning Group

Devon Formularies Interface Groups

Annual Report

2016 - 2017

North and East Devon Formulary Interface Group

South and West Devon Formulary Interface Group

Annual Report April 2016 – March 2017

1. Introduction

This report aims to highlight the headlines of the work undertaken by the two Formulary Interface Groups for April 2016 – March 2017.

The aim of the Devon Formularies is to promote prescribing which is safe, clinically appropriate and cost-effective in both primary and secondary care, providing guidance on locally recommended drug choices.

In compiling the formularies consideration is given to aspects of safety, appropriateness and cost effectiveness. There will be instances where prescribing outside of the formularies will be both necessary and appropriate. The formularies are not restrictive lists but recommendations drawn up after widespread consultation amongst prescribers locally and the NHS trusts involved.

The formularies are delivered through the Formulary Interface groups (FIGs) which reflect natural healthcare communities clustered around the major hospitals in Devon.

After the successful merger into two formularies from the four which had served the Devon health communities prior to the NHS restructure bought about by the Health and Social Care act 2012, the Devon Formularies have continued to develop, working within a common framework. This has provided equitable commissioning of new drug interventions across Devon and further worked to reduce historical variations.

Operationally both of the Devon Formularies are managed and co-ordinated by one team of Pharmacists and a Pharmacy Technician within the Clinical Effectiveness Team of NEW Devon CCG.

The North & East Devon Formulary is produced in collaboration with:

- NEW Devon CCG
- Northern Devon Healthcare Trust
- Royal Devon and Exeter NHS Foundation Trust
- Devon Partnership Trust

The South & West Devon Formulary is produced in collaboration with:

- NEW Devon CCG
- South Devon and Torbay CCG
- Plymouth Hospitals NHS Trust
- Livewell Southwest
- Torbay and South Devon NHS Foundation Trust.
- Devon Partnership Trust

The Devon Formularies have endeavoured to keep pace with the changes and challenges within the NHS. The Formularies have continued to keep their focus on the provision of information to support safe and cost-effective health care and have incorporated appropriate guidance within the Formulary to achieve these aims.

The Devon Formularies are constantly reviewed and updated. The wide consultation process which we operate represents a considerable investment in staff resource but

results in two formularies which are widely used and contributes to the best and most cost-effective healthcare for patients in the communities we serve.

Both the North & East and the South & West Devon Formularies incorporate on the website and app the Clinical Referral Guidelines produced for NEW Devon Clinical Commissioning Group by the Devon Referral Support Service. The addition of these guidelines brings together in one place two essential information resources permitting easily cross referencing of information and advice making the Formularies websites a valuable resource for prescribers and those making referrals as they care for their patients.

2. Formulary Interface Groups membership for 2016 – 2017

Each of the Devon Formularies has a Formulary Interface Group (FIG), consisting of representatives from both primary and secondary care. Each of these groups meets six times in 12 months, on alternate months.

To facilitate timeliness to some changes in the preparations available in the Formularies some decisions are made using an emailed member consultation and decision process (the eFIG process). Members are contacted and asked to respond within 2-weeks by email outlining the decision to be made. Members are aware that no response to the email is taken as tacit agreement to the proposal being made.

The membership through this year was as follows:

Table 1: North & East Devon FIG members and meeting attendance

Chair	Dr Tawfique Daneshmend	
	Member	**Meetings attended**
Consultant, NDDH	Dr Stuart Kyle	3 of 6
Consultant, RD&E NHS Foundation Trust	Dr Tawfique Daneshmend	3 of 6
	Dr Susie Harris	5 of 6
GP, NEW Devon CCG	Dr Andrew Harrison	4 of 6
	Dr Simon Kay	4 of 6
	Dr Jess Parker	2 of 2
	Dr Darunee Whiting	1 of 4
	Dr Glen Allaway	2 of 2
Pharmacy, NDHT	Mr Matt Kaye	5 of 6
	Mrs Carole Knight	3 of 6
Pharmacy, RD&E NHS Foundation Trust	Ms Bethan Rogers	5 of 6
MO Pharmacist from NEW Devon CCG	Ms Carol Albury	5 of 6
	Mr Iain Carr	6 of 6
	Ms Denise Lanyon	6 of 6
	Ms Sam Smith	4 of 6
Non-medical prescriber, NEW Devon CCG	Mrs Beverley Baker	3 of 6
Pharmacist, Devon Partnership Trust	Mr Christopher Sullivan	2 of 6
Pharmacist, Dorset Healthcare for HM Prisons	Mr Peter Cope	0 of 6
Clinical Evidence Manager, NEW Devon CCG	Mr Matt Howard	5 of 6

Formularies Pharmacist, NEW Devon CCG	Mrs Emma Gitsham	4 of 6
Formularies Technician, NEW Devon CCG	Mrs Carol Webb	6 of 6
Clinical Effectiveness Governance Support Officer	Mrs Fiona Dyroff	2 of 2

Changes in membership over the year:

- Dr Darunee Whiting, GP has resigned from the FIG as from October 2016. Her position on the FIG has been filled by Dr Glen Allaway from the December 2016 meeting
- Dr Jess Parker, GP has also joined the FIG from the December 2016 meeting. This gives a total of four GPs covering the North and East areas
- Formulary Pharmacist, Mrs Emma Gitsham commenced maternity leave after the November 2016 FIG. This role is being covered by Ms Hilary Pearce and other members of the Clinical Effectiveness and Medicines Optimisation Team
- Mrs Carol Webb, Formularies Technician has left the FIG from March 2017
- Mrs Fiona Dyroff joined the FIG from December 2016 to support the governance arrangements

Table 2: South & West Devon FIG members

Chair	Dr Andrew Gunatilleke	
	Member	**Meetings attended**
GP, NEW Devon CCG	Dr Andy Craig	5 of 6
	(vacant)	
GP, South Devon & Torbay CCG	Dr Philip Melluish	5 of 6
	Dr William Nolan	5 of 6
GP, Kernow CCG	Dr Josh Hamilton	2 of 3
Consultant, Torbay and South Devon NHS Trust	Dr Andrew Gunatilleke	6 of 6
Consultant, Plymouth Hospitals NHS Trust	Dr Jamie Fulton	0 of 6
	Dr Wayne Thomas	0 of 6
Pharmacy, Plymouth Hospitals NHS Trust	Mr Jeremy Morris	3 of 6
MO Pharmacist, NEW Devon CCG	Mr Paul Manson/ Brian McCabe	6 of 6
	Mrs Larissa Sullivan/ Mrs Sarah Marner	5 of 6
MO Pharmacist, South Devon & Torbay CCG	Mr Iain Roberts	6 of 6
Pharmacist, Livewell Southwest	Mr Steve Cooke	3 of 6
Pharmacist, Livewell Southwest	Ms Sally Mayell	0 of 2
Pharmacist, Devon Partnership Trust	Mr Christopher Sullivan	0 of 6
Pharmacist, Kernow CCG	Mrs Rebecca Perkins	3 of 6
Pharmacist, Torbay and South Devon NHS Trust	Mrs Elena Mercer	3 of 3
Community Pharmacist	Mr Mark Stone	1 of 6
Clinical Evidence Manager, NEW Devon CCG	Mr Matt Howard	5 of 6
Formularies Pharmacist, NEW Devon CCG	Mrs Emma Gitsham	4 of 6
Formularies Technician, NEW Devon CCG	Mrs Carol Webb	3 of 5
Clinical Effectiveness Governance Support Officer	Mrs Fiona Dyroff	4 of 4

Changes in membership over the year:

- Mr Brian McCabe has come to the group on behalf of Mr Paul Manson on one occasion
- The Lay member Mrs Margaret Hinchliffe resigned from the FIG in March 2016, after 3 years' membership, and membership of the predecessor formulary group of NHS Plymouth. FIG members thanked her for her service and wished her well
- Formulary Pharmacist, Mrs Emma Gitsham commenced maternity leave after the November 2016 FIG. This role is being covered by Ms Hilary Pearce and other members of the Clinical Effectiveness and Medicines Optimisation Team
- Mrs Carol Webb, Formularies Technician has left the FIG from March 2017
- Mrs Fiona Dyroff joined the FIG from September 2016 to support the governance arrangements.

Declarations of interest

At each of the FIG meetings the members and visitors are required to complete a declaration of any interest they may have in regard to the drugs being discussed at that meeting. Any declared interest is listed below:

North and East Devon Formulary:

- April: Carol Albury: GSK shares held in Australian superannuation fund (now sold)
- August: Dr A Ludman:
    - November 2015 received travel costs and accommodation for a Heart Failure conference
    - Recruited a patient onto the Paradigm Extension Study, no personal financial gain.

South and West Devon Formulary:

- September: Toby Chave: received lecture fees in excess of £150 in the last year from Leo Laboratories
- November: Rebecca Perkins' spouse had recently been accepted onto the NICE clinical guideline development group for COPD but had not started at the date of the meeting
- January: Iain Roberts: joint working project previously with Teva

3. Developing the formularies

The following sections have been developed and included into the Devon Formularies for the first time in 2016 – 2017:

Both formularies

Guidance on the management of Asthma-COPD overlap syndrome (ACOS) was produced and added into the formularies following feedback from the Medicines Optimisation Teams

South and West Devon Formulary

- Infant nutrition guidance was added into the South and West Formulary. The guidance was agreed by the nutritionists and the four Devon Trusts.
- Guidance on adult tension headache was developed and has been included into the South and West Devon Formulary.

North and East Devon Formulary

- Adult malnutrition guidance was added into the North and East Formulary. The guidance was agreed by the nutritionists and the four Devon Trusts.
- Guidance on the correct prescribing and use of barrier products was developed by the North and East Devon Wound Care Formulary group. This was included into the formulary in April 2016
- Guidance on paediatric reflux management was included into the North and East Devon Formulary in October 2016.

4. Reviewing the formularies

The process of ongoing review of the different chapters of the formularies has used the publication of new national guidelines such as NICE, Public Health England, BTS/SIGN as the prompt to review particular sections. Prompts for review also come from requests to add preparations. Commissioning decisions from the Clinical Policy Committee (CPC) may also prompt section reviews (see section 6).

The following sections of both formularies have been reviewed during this year:

- Chapter 1: Gastroenterology: the guidance on Adult GORD and Dyspepsia Management was reviewed in both formularies. The Paediatric Reflux Management Guidance in the South and West Devon Formulary was reviewed and added into the North and East Devon Formulary
- Chapter 2: Cardiovascular:
    - South West Cardiovascular Strategic Clinical Network reviewed their guidance on the use of Non-vitamin K oral anticoagulants (NOACs). The formularies have been revised in the light of this
    - A review of the guidance in the formulary on the drugs affecting the renin-angiotensin system was recommended and added into both of the Devon Formularies
- Chapter 3: Respiratory: the BTS/SIGN revised their guidance on asthma. Both the adult and paediatric guidance in the formularies have been reviewed in consultation with local specialists
- Chapter 5: Infections: Public Health England revised the primary care antimicrobial guidance, therefore this chapter was reviewed in both formularies in consultation with the microbiologists from the acute trusts
- Chapter 6: Endocrine:
    - the formulary guidance on the management of menopause was reviewed in both formularies, using the NICE guidance and the British Menopause Society Guidance and in consultation with local specialist

    - Following the publication of NICE Guidance on Type 2 Diabetes the guidance in both formularies was reviewed in consultation with local specialists from the acute trusts
    - Blood glucose testing meters and associated strips were evaluated by the Diabetes Specialist Nurses. Following this the selection of formulary included blood glucose testing strips was changed.
- Chapter 7: Obstetrics, gynaecology, and urinary-tract disorders: guidance on the preferred PDE-5 inhibitor was included in the formularies for post prostatectomy patients
- Chapter 9: Nutrition:
    - The guidance on the management of vitamin D deficiency was reviewed in April/ May. The formulary approved vitamin D and calcium and vitamin D products were also reviewed
    - Public Health England issued further recommendations on vitamin D. The formulary guidance was updated accordingly
- Chapter 13: Skin: A review of the guidance on the treatment of acne was done in consultation with local specialists

The following sections of the North and East Devon Formulary have been reviewed during this year:

- Chapter 9: Nutrition, sections of this chapter had been reviewed and updated, Adult Malnutrition Guidance (new guidance) and the Oral Nutrition Supplements, also guidance on Infant Nutrition.
- Chapter 13: Skin: A review of the guidance on the treatment of rosacea was conducted in consultation with local specialists

The following sections of the South and West Devon Formulary have been reviewed during this year:

- Chapter 14: Immunisations and Vaccinations: Plymouth Hospital NHS Trust revised their asplenia guidance, this has been included into the formulary
- Chapter 4: Central Nervous System: a revision of the notes on neuropathic pain were made
- Chapter 9: Nutrition, sections of this chapter had been reviewed and updated, Adult Malnutrition Guidance and the Oral Nutrition Supplements, also guidance on Infant Nutrition (new guidance).

MHRA Drug Safety Updates

The MHRA issues a monthly Drug Safety Update (DSU). These are considered at each of the FIGs and any appropriate information is included in the formularies and current information is reviewed.

Information from DSU during this period that has been included is as follows:

April DSU:

- SGLT2 inhibitors: updated advice on the risk of diabetic ketoacidosis
- Apomorphine with domperidone: minimising risk of cardiac side effects
- Live attenuated vaccines: avoid use in those who are clinically immunosuppressed

June DSU:

- Canagliflozin: signal of increased risk of lower extremity amputations in trial in high cardiovascular risk patients

September DSU:

- Levonorgestrel-containing emergency hormonal contraception: advice on interactions with hepatic enzyme inducers and contraceptive efficacy

October DSU:

- Etoricoxib: revised dose recommendation for rheumatoid arthritis and ankylosing spondylitis

5. NICE Guidance

The Devon Formularies support the timely and planned implementation of NICE Technology Appraisals (TAs). This demonstrates compliance with statutory requirements related to NICE and the NHS Constitution ensuring that those medicines recommended in a NICE TA are funded by the CCGs within 90 days of the publication of the TA. Where NICE TAs do not recommended a product this guidance is also included.

Following instruction from the CCG NICE Planning Advisory Group the following NICE TAs and one Highly Specialised Technology Guidance (HST) have been added to the Devon Formularies within 90 days of publication:

Guidance added to the formulary in May 2016

- TA383 TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis
- TA384 Nivolumab for treating advanced (unresectable or metastatic) melanoma (NHSE commissioned)
- TA385 Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia

Guidance added to the formulary in June 2016

- TA388 Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction
- TA386 Ruxolitinib for treating disease-related splenomegaly or symptoms in adults with myelofibrosis (NHSE commissioned)
- TA23 (updated) Guidance on the use of temozolomide for the treatment of recurrent malignant glioma (brain cancer) (NHSE commissioned)

Guidance added to the formulary in August 2016

- TA390 Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes
- TA391 Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel (NHSE commissioned)
- TA392 Adalimumab for treating moderate to severe hidradenitis suppurativa (NHS England commissioned)
- TA393 Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia (CCG commissioned)

- TA394 Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia (CCG commissioned)
- TA395 Ceritinib for previously treated anaplastic lymphoma kinase positive non-small-cell lung cancer (NHS England commissioned)
- TA396 Trametinib in combination with dabrafenib for treating unresectable or metastatic melanoma (NHS England commissioned)
- TA397 Belimumab for treating active autoantibody-positive systemic lupus erythematosus (NHS England commissioned)
- TA217 (update) Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease

Guidance added to the formulary in September 2016

- TA400 Nivolumab in combination with ipilimumab for treating advanced melanoma
- TA398 Lumacaftor-ivacaftor for treating cystic fibrosis homozygous for the F508del mutation (not recommended - NHS England commissioned)
- TA399 Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts (not recommended - NHS England commissioned)
- TA259 (update) Abiraterone for castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen (guidance has been re-issued after a change to the commercial arrangements in July 2016 - NHS England commissioned)
- TA387 (update) Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated (guidance has been re-issued after a change to the commercial arrangements in July 2016 - NHS England commissioned)
- HST3 Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene (highly specialised technology - NHS England commissioned)

Guidance added to the formulary in October 2016

- TA404 Degarelix for treating advanced hormone-dependent prostate cancer

Guidance added to the formulary in November 2016

- TA391 (update) Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel
- TA401 Bosutinib for previously treated chronic myeloid leukaemia
- TA402 Pemetrexed maintenance treatment for non-squamous non-small-cell lung cancer after pemetrexed and cisplatin
- TA403 Ramucirumab for previously treated locally advanced or metastatic non-small-cell lung cancer
- TA405 Trifluridine-tipiracil for previously treated metastatic colorectal cancer

Guidance added to the formulary in December 2016

- TA406 Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer
- TA407 Secukinumab for active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors
- TA408 Pegaspargase for treating acute lymphoblastic leukaemia

- TA409 Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion
- TA410 Talimogene laherparepvec for treating unresectable metastatic melanoma
- TA411 Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer
- TA412 Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases

Guidance added to the formulary in January 2017

- TA413 Elbasvir-grazoprevir for treating chronic hepatitis C
- TA414 Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma
- TA415 Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor
- TA416 Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer
- TA419 Apremilast for treating moderate to severe plaque psoriasis
- TA417 Nivolumab for previously treated advanced renal cell carcinoma

Guidance added to the formulary in February 2017

- TA418 Dapagliflozin in triple therapy for treating type 2 diabetes
- TA288 (update) Dapagliflozin in combination therapy for treating type 2 diabetes
- TA420 Ticagrelor for preventing atherothrombotic events after myocardial infarction

Guidance added to the formulary in March 2017

- TA426 Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia
- TA425 Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia
- TA424 Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer
- TA423 Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens
- TA422 Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer
- TA421 Everolimus with exemestane for treating advanced breast cancer after endocrine therapy

NICE TA recommended treatments generally go into the formulary as secondary care only treatments initially. These then come to the FIG for discussion and a decision is made on the appropriate formulary position together with appropriate prescribing advice if required. During 2016/2017 the following were added following discussion:

- NICE TA367 Vortioxetine, issued in November 2015, for the treatment of depression. This was agreed to change from secondary care only to a specialist preparation in both formularies
- NICE TA388 Sacubitril/ valsartan, issued in April 2016, for treating symptomatic chronic heart failure. This was agreed to change from secondary care only to a

specialist preparation in the North and East Devon Formulary and remained secondary care in the South and West Devon Formulary

- NICE TA420 Ticagrelor for preventing atherothrombotic events after myocardial infarction, issued in December. This was currently in the formularies and prescribed in primary care, additional guidance for prescribing to appropriate patients was added in light of this NICE TA.

6. Clinical Policy Committee

Commissioning decisions made by the Clinical Policy Committee (CPC) on drug treatments during 2016 – 2017 have been added into the formularies. After approval by the CPC and the publishing of the policies the FIG consults with the appropriate clinicians to position the drug entry within the formularies.

- Dulaglutide was added to both formularies in September/October for the treatment of type 2 diabetes
- Ivermectin was added to both formularies in October/November for treatment of moderate or severe rosacea
- Ulipristal was added to both formularies in February/March 2017 for intermittent treatment of fibroids
- Brivaracetam was added to both formularies in February/March 2017 for the treatment of epilepsy

7. Drug applications

Applications to consider new drugs for inclusion to the Devon Formularies are received and triaged either for consideration by the Clinical Policy Committee (CPC) or by the FIGs, according to the Terms of Reference of CPC.

Applications are also received to ask the FIGs to consider removals from the formularies and also change to the current formulary preparations, for example a preferred brand or a change in prescribing status.

Applications are considered against key criteria including efficacy, safety and financial impact.

Product applications for consideration by the FIGs

Applications were received for the inclusion of:

- BD Viva® insulin pen needles were agreed to be added into the formularies
- Fendrix® hepatits B vaccination was agreed to be added into the formularies
- Sayana Press® subcutaneous medroxyprogesterone long-acting contraceptive. This was considered and agreed for the South and West Formulary. It was not agreed for the North and East Formulary in April, re-considered in February 2017 and subsequently added
- Several wound management products had been evaluated by the Tissue Viability services and were agreed to be added into the South and West Formulary. These replaced current formulary choices which were removed from the formulary.
- Optive Fusion® for dry eye was considered by the North and East FIG and agreed to be added into the formulary

- Enstilar® foam spray, an additional, presentation of calcipotriol plus betamethasone was approved to be added to the formularies
- Emerade® had been considered last year by the North and East FIG and not approved for inclusion. This was re-considered following a further request and added into the formulary
- Cetraben® ointment was considered for the formularies and approved. Yellow soft paraffin ointment and Epaderm® ointment were removed and Hydromol®, already included in the North and West Formulary, was added to the South and West Formulary
- Levosert®, an alternative levonorgestrel intrauterine system was considered and approved to be added into the formularies
- Toujeo®, a high strength basal insulin was considered and added into the formularies as a specialist preparation
- Modafinil, this was already included in the South and West Formulary. It was considered and approved to be added into the North and East Formulary with additional prescribing notes
- Glucomen Areo® ketone testing strips were included into the formularies
- Perampanel, an antiepileptic, was already included in the South and West Formulary. It was considered and approved to be added into the North and East Formulary
- Levetiracetam granules were considered and added into the North and East Formulary as an alternative to the tablet preparation.
- Thick and Easy Clear® and Nutilis Clear® were added into the South and West Formulary
- Thick and Easy® and Thick and Easy Clear® were added into the North and East Formulary
- Darifenacin has been added into the North and East Formulary, this was already included in the South and West Formulary

The FIGs approved the inclusion of a number of formulary preferred brands. These brands were identified by the Medicines Optimisation teams as being cost saving opportunities and underwent an assessment of key criteria as part of the approval process.

These changes are as follows:

- Alzain® was agreed in the North and East FIG as the preferred brand of pregabalin in epilepsy and generalised anxiety disorder. This was agreed for the South and West Formulary using the eFIG process
- To add Renvela® to the formularies as the brand to be prescribed of the generic sevelamer
- It was agreed to add CosmoCol® to the formularies as an alternative brand of macrogol
- It was agreed to include Monuril® to the North and East formulary as a brand of fosfomycin
- Resp-Ease® 7% was added into the formularies as the preferred brand of 7% saline inhalation

- Braltus® was added into the South and West Formulary and to the North and East Formulary as an alternative brand of tiotropium. The Spiriva Handihaler® was removed from the South and West Formulary and from the North and East Formulary.
- It was agreed to add Cholurso® as the preferred brand of ursodeoxycholic acid
- It was agreed to add Pipexus® as the preferred brand of pramipexole to the formularies

The FIGs also consider applications for the removal of products from the formularies. These also have been identified by the Medicines Optimisation Team, or from formulary reviews. Consideration is taken of the effect on patients and alternative formulary available products.

These removals are as follows:

- Doxepin capsules were removed from the North and East Formulary due to the high cost and the availability of alternative and less costly treatments
- Duralane®, rizatriptan wafers and venlafaxine mr 225mg tablets were removed from the South and West Formulary
- Doxazosin mr tablets, and the Colofac® brand were removed from the South and West Formulary using the eFIG process
- To assist in promoting the message of self-care pholcodine linctus was removed from the formularies. A request was made to remove simple linctus but as this is useful in hospital it was agreed for this to remain in the formularies
- The removal of olsalazine and balsalazide was agreed for the South and West Formulary
- Vitamin C products were removed from the formularies
- A request to remove isosorbide mononitrate standard release tablets was considered by both FIGs. It was agreed to remove them from the North and East Formulary but to remain in the South and West formulary

Change in formulary status:

- Prednisolone 25mg tablets, due to the risk of prescribing errors. In the North and East Formulary It was agreed to reclassify these as secondary care use only for patients on chemotherapy regimens
- Methylprednisolone tablets were changed from secondary care only to specialist in the South and West Formulary, to allow prescribing in primary care
- The South and West Formulary received a request to change the status of linezolid from secondary care to specialist. This was not agreed but additional prescribing notes were include to give support for those exceptional cases where prescribing in primary care is appropriate
- In the North and East Formulary the status of rifaximin was changed from secondary care only to specialist. This then enables prescribing to be continued in primary care for those patients for whom it would be appropriate
- Due to the change in licensed doses of nystatin it was agreed, in consultation with microbiologists, to align with national guidance and change nystatin to second-line and miconazole oral gel to first-line

- A request was received to change the status of naloxegol in the South and West formulary from hospital only (Red) to specialist use (Amber), to allow prescribing within primary care. This was accepted.
- A request was received to change the status of PumpCart insulin Aspart in the South and West formulary from hospital only (Red) to specialist initiated (Amber) to allow prescribing in primary care. This was accepted.

8. Website and App

Both of the Devon Formularies have a website which is geographically tailored to reflect the decisions of the FIGs. These sites are available on a single App which is available on both android and Apple® devices. As the formulary websites are updated; this is automatically translated onto the App.

Between 1 April 2016 and March 2017 the App has been downloaded 1010 times (bringing the total downloads to over 3,000) and 1977 Active Devices were recorded.

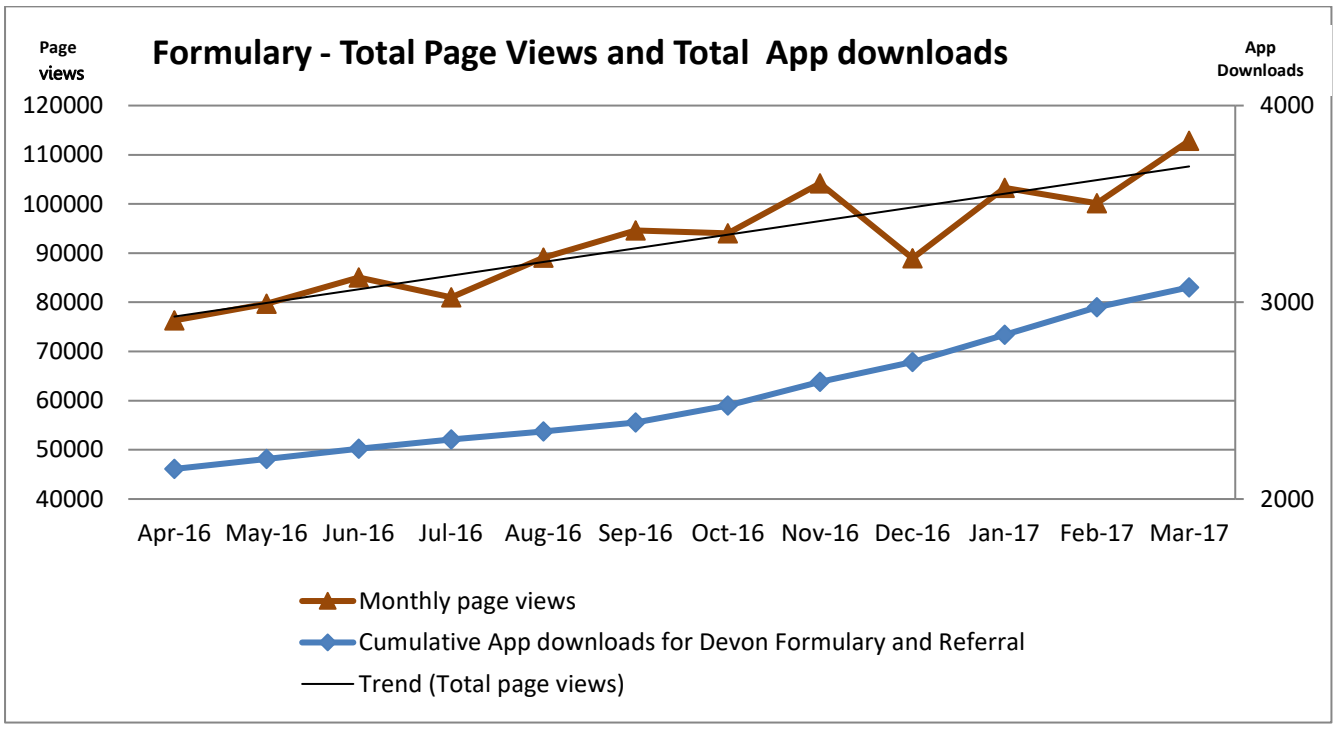
The formulary websites both have significant and consistent use.

Between 1 April 2016 and 31 March 2017 the combined number of page views was 1,109,128 taking place over 262,048 individual sessions. During each session approximately 4.2 pages were visited.

Consistently across both sites the pages with the most views are in the formulary side of the site and are Chapter 5: Infections.

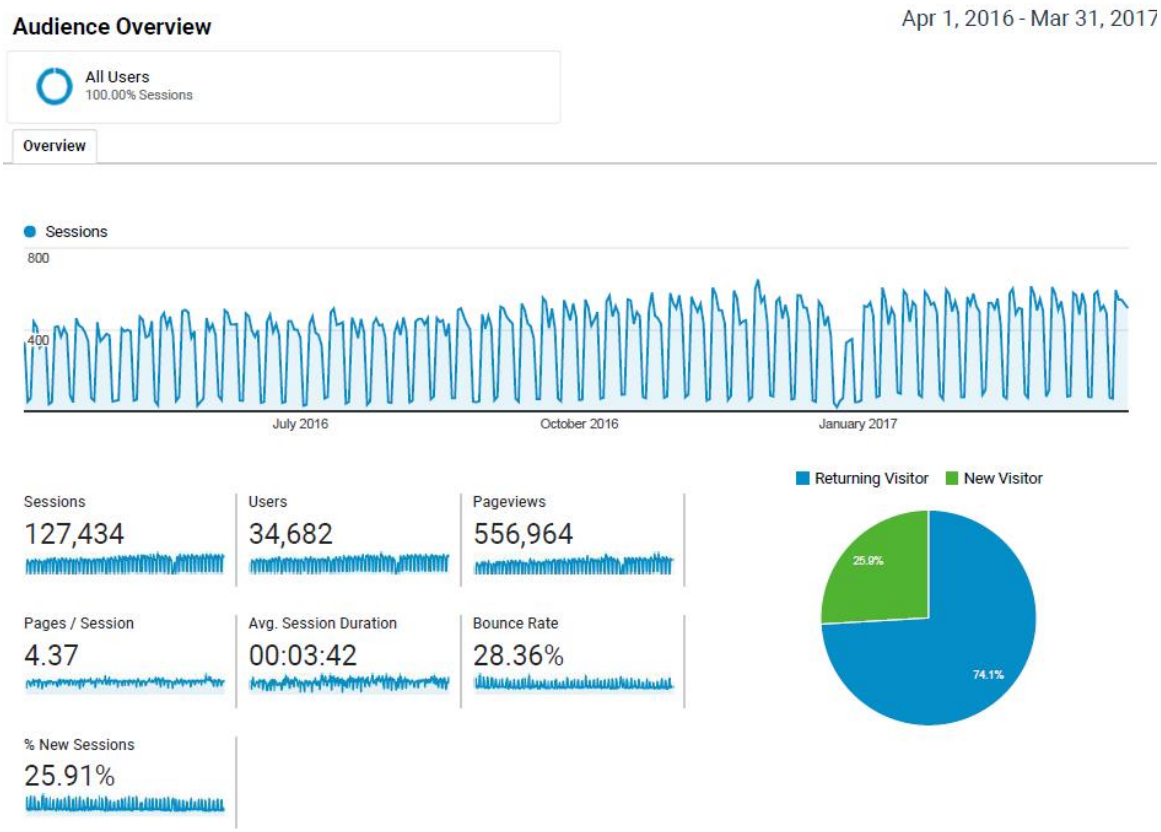
From the referral side of the site the 2 week wait guidance and guidance policies are some of the most viewed pages.

The graph below shows the number of page views each month between April 2016 and March 2017 together with the cumulative app downloads for the Devon Formulary and Referral website.



The data below are taken from the formulary and referral analytics. These provide an overview of use in year of the South and West Devon Formulary and of the North and East Devon Formulary.

1. South and West Devon Formulary and Referral analytics overview



2. North and East Devon Formulary and Referral analytics overview