NHS
Devon
Clinical Commissioning Group

Meeting of the Northern and Eastern Devon Formulary Interface Group

Minutes

Thursday 28th January 2021: 9:00am – 11:00 am
Via Microsoft Teams

Present:

Tawfique Daneshmend	Consultant Gastroenterologist	RD&E
Glen Allaway	GP	NHS Devon CCG
Andrew Harrison	GP	NHS Devon CCG
Matt Howard	Clinical Evidence Manager	NHS Devon CCG
Matt Kaye	Chief Pharmacist	NDHT
Carole Knight	Clinical Pharmacist (Medicines Information and Formulary)	NDHT
James Leavy	Medicines Information Pharmacist	RD&E
Jess Parker	GP	NHS Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NHS Devon CCG
Graham Simpole	Joint Formulary Support Pharmacist	NHS Devon CCG
Darren Wright	Joint Formulary Technician	NHS Devon CCG

Guests:

Natalie Janjo	Rotational Pharmacist	RD&E

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

1. Welcome and Announcements:

Welcome and Introductions

Tawfique Daneshmend welcomed attendees to the meeting.

Meeting Etiquette

Tawfique Daneshmend explained the meeting etiquette.

Apologies

Susie Harris	Consultant, Elderly Care	RD&E
Christopher Sullivan	Deputy Chief Pharmacist Clinical Services	DP NHS Trust

Declaration of Interests

Declarations of Interest were collected. No attendees reported an interest.

DRUG INCLUDED ON AGENDA	COMPANY / MANUFACTURER
Rosuvastatin for the prevention of cardiovascular disease	Various manufacturers
Alternative treatments: Atorvastatin Simvastatin Fluvastatin Pravastatin	 Various manufacturers Various manufacturers Various manufacturers Various manufacturers
NICE clinical guideline: Dementia Donepezil, Galantamine, Memantine, Rivastigmine	 Various manufacturers
NICE antimicrobial guideline: Impetigo	
Hydrogen peroxide 1% cream (Crystacide cream)	Reig Jofre UK Ltd
Fusidic acid 2% cream	Leo Laboratories Limited, ADVANZ Pharma
Alternative antimicrobial: Mupirocin 2% cream/ointment Oral antibiotic: Flucloxacillin, Clarithromycin, Erythromycin	 GlaxoSmithKline UK, ADVANZ Phama, Intrapharm Laboratories Limited Various manufactures
Paediatric GORD Metoclopramide, Domperidone, Erythromycin	 Various manufacturers

NICE antimicrobial guidance: pyelonephritis (acute)	
Various antibiotics	Various manufacturers
Alternative treatments	Various manufacturers
NICE antimicrobial guidance: recurrent UTI	
Various antibiotics	Various manufacturers
Alternative treatments	Various manufacturers
D-mannose (non-medicinal product)	Various manufacturers
Estriol 0.1% cream (Ovestin cream)	Aspen Pharma Trading Ltd
Estradiol vaginal ring (7.5mcg/24 hrs) (Estring)	Pfizer
NICE antimicrobial guidance: UTI (catheter- associated)	
Various antibiotics	Various manufacturers
Alternative treatments	Various manufacturers
Pelvic Inflammatory Disease (PID)	
Various antibiotics	Various manufactures
Espranor	Martindale Pharma, Ethypharm Group Company
Subutex	Indivior UK Ltd
Sublingual buprenorphine	Various manufacturers
Formulary classification of acamprosate	Mylan, Merck, Various manufacturers
Naltrexone	Various manufacturers
Disulfiram	Various manufacturers
FreeStyle Libre 2 device for interstitial glucose monitoring in diabetes	Abbott Laboratories Ltd
Alternative treatments:	
Blood glucose monitoring devices	Various
Continuous glucose monitors	Various

Update to rivastigmine entry: Rivastigmine patch (Exelon, Alzest) Donepezil Galantamine Oral rivastigmine	 Novartis Pharmaceuticals Ltd, Dr Reddy's Laboratories (UK) Ltd, various manufacturers Various manufacturers Various manufacturers Various manufacturers
Reclassification of vitamin B compound strong Alternative treatments Thiamine (vitamin B1) Vitamin B compound	Various manufacturers Various manufacturers Various manufacturers

2. Minutes of the meeting held on Thursday 19th November 2020, including action list update

Minutes of the meeting held on Thursday 19th November 2020

The minutes of the meeting held on Thursday 19th November 2020 were approved.

Action list

Summary of actions

Number	Action	Lead	Status
20/04	Develop draft osteoporosis guidance, circulate to specialists for comment and bring to a future FIG meeting. 19/11/20 – This was brought to the meeting at an early stage, work is ongoing. This will be brought back to a future FIG meeting. 28/01/21 – The NICE website has been updated with a publication date of May 2021 for the second MTA covering medicines for osteoporosis. A proposed update to the formulary guidance will be circulated to specialists after the MTA is published.		Closed

20/24	Formulary Team to seek the views of specialists regarding the formulary classification for domperidone, metoclopramide and erythromycin in the context of paediatric GORD. The proposed formulary entry will then be updated and brought back to the next FIG meeting or completed via the e-FIG process. The Formulary team is working with specialists from South and West Devon who would like additional wording. On completion of this work this will be brought back to the N&E FIG. This item was included on the agenda.		Closed
20/25	Omeprazole for paediatric patients – respond to Dr Graham regarding the points raised in response to the consultation and patients on long term PPI. This is linked to action 20/24 above.		Complete
20/37	Environmental impact of inhalers: End of GSK Complete the Cycle scheme – investigate available resources helping with inhaler choice and adding relevant information from the paper by Wilkinson et al into the formulary. 19/11/20 The Formulary Team is looking into this. 28/01/21 – This will be scheduled for discussion at a future Devon wide FIG meeting.		Closed
20/40	NICE guideline (NG145): Thyroid disease: assessment and management – bring the proposed formulary section back to the FIG once feedback has been received from specialists. 19/11/20 – This will be brought back to future FIG meeting. 28/01/21 – The proposed update to the formulary guidance is undergoing consultation with specialists and will be brought to a future Devon wide FIG meeting.	Formulary Team	Closed

20/42	Cluster Headache – work with specialists to develop cluster headache guidance and bring back to FIG for agreement. 28/01/21 – The Formulary team is working with specialists over proposed new guidance which will be brought to a future Devon wide FIG meeting for discussion.	Formulary Team	Closed
20/49	Pain control in palliative care - oxycodone for subcutaneous injection to be brought back to the FIG either at a meeting of via e-FIG as appropriate. *Post meeting note: The palliative care specialists will include dosing for oxycodone subcutaneous injection in the proposed update to the palliative care chapter.*		Closed
20/50	NICE antimicrobial guidance: pyelonephritis (acute) - circulate a statement on trimethoprim and folic acid to FIG members via e-mail for agreement. 28/01/21 - Item included on the meeting agenda.		Complete
20/51	NICE antimicrobial guidance: recurrent UTI - incorporate the amendments agreed into the proposed guidance and circulated this to FIG members via-email for final agreement. 28/01/21 – Item included on the meeting agenda.		Complete
20/52	NICE antimicrobial guidance: UTI (catheter-associated) seek further advice from microbiologists on use of nitrofurantoin and the need for catheter removal prior to use. 28/01/21 – Item included on the meeting agenda.		Complete
20/53	NICE antimicrobial guidance: UTI (catheter-associated) update the proposed formulary guidance in line with the discussion. 28/01/21- Item included on the meeting agenda.		Complete

20/54	NICE antimicrobial guidance: UTI (catheter-associated) circulate the updated formulary guidance via e-mail to FIG members for agreement or bring to the next meeting. 28/01/21 – Item included on meeting agenda		Complete
20/55	Proton Pump Inhibitors: monitoring for hypomagnesaemia – reword the formulary statement.	Formulary Team	Complete
20/56	Rivaroxaban for the prevention of recurrent deep vein thrombosis and pulmonary embolism – update the formulary entry with the accepted formulary entry.		Complete
20/57	Reclassification of vigabatrin from amber to red – update the formulary colour status of vigabatrin from 'amber' to 'red'.		Complete
20/58	Change of status of vigabatrin from 'amber' to 'red' to be highted to the MO team.		Complete
20/59	Aquacel® Foam wound dressing for addition to the formulary – add accepted formulary entry to the formulary.	Formulary Team	Complete
20/60	ActivHeal Alginate – add accepted formulary entry for ActivHeal® Alginate wound dressings.	Formulary Team	Complete
20/61	MHRA Drug Safety Updates September 2020 – Opioids: A link to the drug safety update and brief summary of the recommendations will be added to the formulary section "management of opioids" and the pain consultants informed of this amendment. *<u>Post meeting note</u>* *MHRA Drug Safety Updates September 2020 – Opioids: A link to the drug safety update and brief summary of the recommendations will be added to the formulary section "management of opioids" and the pain consultants informed of this amendment.*	Formulary Team	Complete

Matters Arising

Report of COVID-19 related changes to the formulary – November to January 2021

Since the last North and East FIG meeting held on 19th November 2020 the Formulary Team has continued to support the development and dissemination of temporary COVID-19 related guidance from various local and national groups. The FIG received an update on the changes to the temporary COVID-19 related guidance.

Updates had been made to the following sections:

- COVID-19 and vitamin D supplementation; Following publication of guidance from NICE and PHE (November 2020) the formulary has been updated. The guidance recognised that people may have spent more time indoors over spring and summer due to the coronavirus restrictions and therefore might not have made enough vitamin D from sunlight.

3. Rosuvastatin for the prevention of cardiovascular disease

At its meeting on 11 November 2020 the Clinical Policy Committee made a recommendation to accept the routine commissioning of rosuvastatin for primary and secondary prevention of cardiovascular disease for patients who are intolerant of other appropriate statins. The recommendation has been accepted through the CCG's governance processes.

NICE Clinical Guideline 181 recommends high intensity statins for the primary and secondary prevention of cardiovascular disease. The routine commissioning of rosuvastatin enables cholesterol to be managed in line with NICE CG181 offering an additional treatment option for patients who are intolerant of other appropriate statins.

The FIG considered and accepted the proposed formulary entry for rosuvastatin, the proposed changes to section 2.12 Lipid-regulating drugs and the proposed changes to the formulary guidance for the Management of blood lipids without amendment.

The Formulary Team will update the formulary with the accepted amendments.

ACTION: Formulary team to update section 2.12 Lipid-regulating drugs and formulary guidance for Management of blood lipids

4. NICE guideline: Dementia

The Devon Formulary has two guidance sections for dementia covering prescribing for Alzheimer's disease, and the management of behavioural and psychological symptoms of dementia. The implications of the NICE clinical guideline for dementia (NG97) and the partial update to the technology appraisal (TA217) were discussed.

Prescribing for Alzheimer's disease

There are three key changes to the recommendations relevant to this area. The recommendation that cholinesterase inhibitors should not be discontinued as the severity of disease progresses is covered in the current formulary guidance. The remaining two changes to the guideline included prescribing of medicines for Alzheimer's disease by GPs and the use of memantine in combination with cholinesterase inhibitors. The FIG was asked to consider a proposed update to the formulary guidance. The update includes feedback received from the South and West FIG at their meeting in December. It has been circulated to DPT and Livewell Southwest for comment.

The FIG provided initial feedback on the proposed formulary guidance. There was discussion about, initiation and prescribing of medicines for Alzheimer's disease and formulary section 4.11 Drugs for dementia. Work on this formulary guidance is ongoing and will be progressed through the Devon FIG.

Management of behavioural and psychological symptoms of dementia (BPSD)

As the management of BPSD is a specialist area, the proposed approach to the updated guidance is to provide support for non-specialists, and to refer to the Devon Partnership Trust guideline for detailed information for individual drugs and types of dementia. Recommendations from the NICE guideline NG97 are incorporated into the proposed formulary update.

The FIG provided initial feedback on the proposed formulary entry. Work on this formulary guidance is ongoing and will be progressed through the Devon FIG.

5. NICE antimicrobial guideline: Impetigo

The current formulary guidance for impetigo has been revised in line with the updated collaborative NICE and PHE guideline (NG153); Impetigo: antimicrobial prescribing, published February 2020.

Devon-wide specialists were asked to review the guidance and provide additional feedback and comments on the updated guidance and antibiotic recommendations. The updated guidance was presented to FIG members with the feedback from specialists for consideration and discussion.

The FIG considered and accepted the proposed formulary guidance for Impetigo: antimicrobial prescribing with minor amendment to the clarithromycin dose for penicillin allergy. The main points of the discussion included:

- The higher cost of hydrogen peroxide 1% cream.
- Agreement with specialists that mupirocin should be reserved for the treatment of MRSA.
- Clarithromycin doses – range to be included but state that for severe infections use high dose.

ACTION: Formulary team to update the formulary guidance for Impetigo in line with the discussion.

6. Paediatric GORD

This item was brought back to the FIG meeting for a final decision on the formulary classification of domperidone, erythromycin and metoclopramide in the context of paediatric gastro-oesophageal reflux disease (GORD) following an update to the recommendation for these medicines in the NICE clinical guideline NG1. The proposed entry includes a new statement that the specialist should provide information on the duration of treatment and phased reduction in treatment. This suggestion was received from a specialist during the consultation in South and West Devon. The specialists in North and East Devon will be contacted to ask if they agree with the inclusion of the new statement in the formulary entry for paediatric GORD.

The FIG considered and accepted the proposed formulary entry for paediatric GORD. It was noted that reference to 'weaning criteria' had been amended to 'phased dose reduction'.

Following contact with specialists the Formulary team will update the formulary entry for paediatric GORD in line with the discussion.

ACTION: Following contact with specialists the Formulary team will update the formulary entry for paediatric GORD in line with the discussion.

Post meeting note:

An MHRA Drug Safety Update was issued on 18/12/20: which includes an article on the risk of hypertrophic pyloric stenosis with erythromycin use in infancy. The Formulary team will contact specialists regarding this article before publishing the proposed amendment to the formulary guidance. The Devon FIG will be informed of the responses from specialists.

7. NICE antimicrobial guidelines: (Pyelonephritis (acute), Recurrent, and Catheter-associated) - update

The FIG received an update on the current status of the formulary guidance on acute pyelonephritis, recurrent UTI, and catheter-associated UTI. Proposed guidance was presented to FIG members with feedback from the specialists at the November 2020 FIG meeting for final consideration and agreement. At that meeting there was general agreement on the proposed antibiotics and information. However, some amendments and information had been requested to add clarity to the extensive guidelines.

The FIG considered and accepted the proposed formulary entries for antimicrobial prescribing guidelines for Pyelonephritis (acute), Recurrent UTI, and Catheter-associated

UTI with minor amendment to the guidance for when to consider referring or seeking advice for people aged 16 years and over with acute pyelonephritis. Referral for patients who are significantly dehydrated or unable to take oral fluids and medicines was removed. This was considered to be unnecessary advice, as this is routine medical practice and should be an acute referral. Urologists were contacted regarding referral for men with pyelonephritis. Feedback received from specialists was that GPs may want to consider referral for men following a single episode of pyelonephritis without an obvious cause through the normal route.

The FIG confirmed their agreement with the statement that 'Methenamine Hippurate is not routinely recommended for the treatment of UTIs.'

ACTION: Formulary team to update the formulary entries for Pyelonephritis (acute), Recurrent UTI, and Catheter-associated UTI in line with the discussion.

8. Pelvic Inflammatory Disease (PID) - update

In July 2020 FIG discussed a review of the PID formulary guidance and agreed a localised primary care management guideline that offered a definition of infection, complications, testing requirements, and antibiotic recommendations. During the discussion questions were raised about the availability of mycoplasma genitalium (M. Gen) NAAT tests in primary care. The Formulary team consulted specialists; responses confirmed that this test was considered an essential requirement for patients with suspected PID but was not widely available in primary care.

In light of this, the specialists recommended that the advice to GPs should be to refer all patients with suspected PID to sexual health services, this advice was discussed and agreed at the September FIG meeting. Since publication of the advice in the North and East Devon Formulary, GPs at a practice in Exeter raised some questions with the formulary team. Subsequently, the Formulary team have gone back to specialists to seek advice. When responses are received the Formulary team will draft a further update to the PID guidance. This will be taken to a future Devon FIG meeting. The proposed guidance will be updated and recommended Devon wide.

9. Consideration of buprenorphine oral lyophilsates (Espranor®)

The Formulary team received an application for buprenorphine 2mg and 8mg oral lyophilisates (Espranor) for opioid substitution treatment from the lead pharmacist and the lead clinician at the Together Drug and Alcohol service which covers North, East and South Devon (excluding Torbay).

Sublingual buprenorphine is included in both presentations of the Devon Formulary as an amber drug. The lyophilisate formulation is included in the South and West Devon Formulary. The applicants have indicated that Espranor is the preferred option for the service for patients receiving sublingual buprenorphine at a daily dose of 2mg to 16mg. It

was proposed for buprenorphine sublingual tablets to remain a formulary option and for the lyophilisate formulation to be added alongside as an amber medicine. The applicants cited a number of benefits for the lyophilisate formulation of buprenorphine based on its rapid dissolution rate compared with the sublingual formulations. Espranor 2mg and 8mg oral lyophilisates are more expensive than the sublingual formulations of buprenorphine.

The FIG meeting paper was brought to the attention of the FIG representative for Devon Partnership Trust before the meeting, who had no comment. The applicants have indicated that Espranor would be prescribed by the Together service. Devon County Council are the responsible commissioners for drug and alcohol services.

The proposed formulary entry is based on the entry for Espranor in the South and West Devon Formulary. Minor amendments were proposed for the entry for sublingual buprenorphine in light of the proposed addition of Espranor to the formulary. The applicants had no comments on the proposed formulary entry. The FIG was asked to take a decision in principle on the proposed formulary entry.

The FIG considered and accepted in principle the proposed formulary entry for buprenorphine oral lyophilisates (Espranor). The Formulary team will contact the named representative from Devon County Council for confirmation of funding for Espranor before the formulary is updated.

ACTION: Formulary team to confirm funding for Espranor with Devon County Council representative.

ACTION: Upon confirmation of funding from Devon County Council the Formulary team will update the formulary with the accepted entry for buprenorphine oral lyophilisates (Espranor).

Post meeting note:

The Public Health Commissioner for Substance Misuse Services in Devon agreed to the prescribing of Espranor by the Together Drug & Alcohol Service (delivered by EDP). They noted that the costs for prescribing Opiate Substitution Therapy medications are managed by the commissioned Community Specialist Drug and Alcohol treatment service (EDP).

10. MHRA Drug Safety Updates: November 2020

The MHRA Drug Safety Update issued in November 2020 was included in the papers for this meeting. Drug Safety Updates received from December 2020 will be reviewed at the first Devon wide FIG meeting.

The following items were noted from the November safety update:

- Modafinil (Provigil): increased risk of congenital malformations if used during pregnancy. The formulary drug entry for modafinil will be updated to reflect the advice given in the Drug Safety Update and a link provided to the article

- Pirfenidone (Esbriet): risk of serious liver injury; and updated advice on liver function testing. The formulary entry for pirfenidone will be updated to reflect the advice given in the Drug Safety Update and a link provided to the article

- Ferric carboxymaltose (Ferinject): risk of symptomatic hypophosphataemia leading to osteomalacia and fractures. The formulary drug entry for ferric carboxymaltose will be updated to reflect the advice given in the Drug Safety Update and a link provided to the article

- Bupropion: risk of serotonin syndrome with use with other serotonergic drugs. The formulary drug entry for ferric carboxymaltose will be updated to reflect the advice given in the Drug Safety Update and a link provided to the article

- Monofer 100mg/ml solution for injection/infusion and Diafer 50mg/ml solution for injection: name change from iron isomaltoside to ferric derisomaltose. The formulary entry will be updated

ACTION: Drug safety updates for November 2020 will be added to the formulary in line with the discussion.

11. Reclassification of acamprosate

Acamprosate is included in the Devon Formulary for individuals with moderate or severe alcohol dependence who have successfully withdrawn from alcohol (in line with NICE clinical guideline 115). Acamprosate is included in the North and East Devon Formulary as a blue (second-line) medicine and as an amber (specialist-input) medicine in the South and West Devon Formulary. The discrepancy in formulary classification between the two presentations of the formulary was brought to the attention of the Formulary team by the lead clinician at the Together Drug and Alcohol Service who has requested the formulary classification for acamprosate is aligned to be blue (second-line) for the whole of Devon.

The NICE guideline and NICE Clinical Knowledge Summaries indicate that for people with moderate or severe alcohol dependence referral to a specialist alcohol service is recommended, and regular supervision is required for patients receiving acamprosate. Therefore, the Formulary team proposed the formulary classification for acamprosate in North and East Devon should be amended to amber (specialist-input) in line with NICE guidance and the South and West Devon Formulary. In addition, it was proposed that the requirement for regular supervision of patients receiving acamprosate is reflected in the formulary entry.

The lead clinician for the Together service was sent a copy of the FIG discussion paper and proposed amendment to the acamprosate entry before the meeting and was offered the opportunity to submit comments to the FIG. No comments were received.

The FIG considered and accepted the proposed reclassification of acamprosate from 'blue' (second-line) to 'amber' (specialist-input) and the proposed amendments to the formulary entry

ACTION: Formulary team to update the formulary entry for acamprosate from 'blue' to 'amber' and include the proposed amendments.

Post meeting note

The Public Health Commissioner for Substance Misuse Services in Devon contacted the Formulary team regarding the decision to reclassify acamprosate from a blue to amber formulary medicine. The Formulary team has responded to the commissioner explaining the basis for the decision. The update to the formulary will be paused until a response is received.

12. FreeStyle Libre 2

Freestyle Libre interstitial glucose monitoring system is recommended in the Devon formulary for use in line with the NHS Devon CCG clinical commissioning policy. Specific groups of patients are eligible for a trial of a FreeStyle Libre, which can be continued if they meet specified criteria at a 6-month specialist review.

Freestyle Libre 2 is now available, this new version has additional Bluetooth technology, providing the option of customisable, high and low glucose alarms. Once alerted by the alarm, the patient must scan the sensor to get a glucose reading. As with the original Freestyle Libre, self-monitored blood glucose tests should be used to confirm the reading if it does not match symptoms or expectations.

The acquisition cost for Freestyle Libre sensors and Freestyle Libre 2 is the same. Both sensors last 14 days and both can be read via either a smartphone app or reader device; the reader devices are not listed in the Drug Tariff and therefore cannot be prescribed on NHS FP10.

Freestyle Libre 2 is sufficiently similar to the Freestyle Libre that it is covered by the existing clinical commissioning policy.

Local specialists have indicated that new patients eligible for Freestyle Libre will be offered the Freestyle Libre 2 device.

For existing patients already prescribed Freestyle Libre sensors in primary care, specialists have indicated they intend to offer patients a change to Freestyle Libre 2 at their next routine specialist clinic appointment. For some existing patients, an upgraded reader device will be necessary to support alarm functionality, patients can obtain these direct from the manufacturer free of charge.

There is significant patient interest in this technology, with specialists and GPs reporting multiple contacts from individuals seeking to upgrade. Freestyle Libre 2 sensors are not listed on EMIS yet, meaning some GPs are unable to prescribe.

There was a discussion about pressures on primary and secondary care due to the COVID-19 pandemic, and potential ways to minimise the impact on GP and specialist capacity when switching existing patients. The need for advice to patients on setting alarm thresholds was discussed and the FIG agreed this should be supported by information from specialists.

Discussions are ongoing between specialists and GP representatives, including the Local Medical Committee, to identify opportunities to reduce the impact on NHS resources of responding to patient requests. The outcome of those discussions will inform any proposed changes to formulary guidance to support uptake of this technology. These will be progressed through the Devon FIG.

13. Update to rivastigmine drug entry

During the initial consultation for the formulary guidance for dementia it was highlighted that rivastigmine patches (4.6mg, 9.5mg and 13.3mg/24 hour) are included in the South and West Devon Formulary, but are not included in the North and East Devon Formulary.

Rivastigmine 4.6mg/24 hour and 9.5mg/24 hour patches are included in NICE TA217 which was issued in 2011. Rivastigmine 13.3mg/24 hour patches were licensed in 2012. The efficacy and cost of rivastigmine 13.3mg/24 hour patch was considered.

The FIG considered and accepted the proposed update to the formulary drug entry for rivastigmine to include the patch formulation without amendment.

ACTION: Formulary team to update the formulary drug entry for rivastigmine with the accepted entry to include rivastigmine patches.

14. Reclassification of vitamin B compound strong

This item was brought for an initial discussion before consultation with specialists.

The CCG Medicines Optimisation team with support from a consultant gastroenterologist at Torbay Hospital, are proposing the reclassification of vitamin B compound strong to an amber medicine in the South and West Devon Formulary in line with the North and East Devon Formulary. In addition, it is proposed that indications for the use of vitamin B compound strong in Devon are aligned with the NICE clinical guideline CG32: Nutrition support for adults and the NICE clinical guidelines for alcohol use disorders (CG100 and CG115).

The proposed amendments to the formulary entry for the North and East Devon Formulary took into account discussions at the South and West FIG meeting in December. In addition, amendments were proposed for the formulary entry for thiamine for use in alcohol dependence and alcohol withdrawal in line with NICE guidance.

The FIG considered the proposed formulary entry. GPs indicated that the proposals were in line with current practice.

The Formulary team will undertake a consultation with specialists on the proposed changes to the formulary at a future date, and will take this item to the Devon FIG for a final decision

15. Recent drug decisions (including NICE)

The recent drug decisions were reviewed.

16. Any other business

This was the final meeting of the North and East Devon FIG.

The FIG Chair thanked all FIG members, past and present, for their participation and considerable commitment to the effective work of the group since its inauguration in April 2013.

FIG members thanked the current and previous chairs for professionally chairing the group meetings to support the success of the Devon Formulary.

The work of the North & East FIG and the South & West FIG will continue with the successful merger of the two groups to form a single Devon FIG for the whole of Devon.

The first meeting of the Devon FIG is scheduled to take place on 24th February 2021.

Summary of actions

Number	Action	Lead	Status
20/62	Rosuvastatin for the prevention of cardiovascular disease – update section 2.12 Lipid-regulating drugs and formulary guidance for the Management of blood lipids.	Formulary Team	Complete
20/63	Update the formulary entry for Impetigo in line with the discussion.	Formulary Team	Complete
20/64	Paediatric GORD - Following contact with specialists update the formulary entry for paediatric GORD in line with the discussion. *Post meeting note:* *An MHRA Drug Safety Update was issued on 18/12/20: which includes an article on the risk of hypertrophic pyloric stenosis with erythromycin use in infancy. The Formulary team will contact specialists regarding this article before publishing the proposed*	Formulary Team	Closed

	amendment to the formulary guidance. The Devon FIG will be informed of the responses from specialists.		
20/65	NICE antimicrobial guidelines: (Pyelonephritis (acute), Recurrent, and Catheter-associated) – update – Update the formulary entries in line with the discussion.	Formulary Team	Complete
20/66	Consideration of buprenorphine oral lyophilsates (Espranor®): confirm funding for Espranor with Devon County Council representatives.	Formulary Team	Complete
20/67	Consideration of buprenorphine oral lyophilsates (Espranor®): Upon confirmation of funding from Devon County Council update the formulary with the accepted entry for buprenorphine oral lyophilisates (Espranor).	Formulary Team	Complete
20/68	MHRA Drug Safety Update November 2021: add to formulary in line with discussion	Formulary team	Complete
20/69	Update the formulary entry for acamprosate from 'blue' to 'amber' and include proposed amendments. *<u>Post meeting note</u>* *The Public Health Commissioner for Substance Misuse Services in Devon contacted the Formulary team regarding the decision to reclassify acamprosate from a blue to amber formulary medicine. The Formulary team has responded to the commissioner explaining the basis for the decision. The update to the formulary will be paused until a response is received. If required a further discussion will take place during a Devon FIG meeting.*	Formulary Team	Closed
20/70	Update the formulary drug entry for rivastigmine with the accepted entry to include rivastigmine patches.	Formulary Team	Complete