NHS
Devon
Clinical Commissioning Group

Meeting of the Devon Formulary Interface Group

Minutes

Wednesday 6th April 2022

Via Microsoft Teams

Present:

Tawfique Daneshmend (Chair)	Consultant Gastroenterologist	RD&E
Glen Allaway	GP	NHS Devon CCG
Beverley Baker	Non-Medical Prescribing Lead	NHS Devon CCG
Ailene Barclay	Pharmacist	UHP NHS Trust
Heidi Campbell	Pharmacist	NHS Kernow CCG
Andy Craig	GP	NHS Devon CCG
Nicola Diffey	Pharmacist	Livewell Southwest
Matt Howard	Clinical Evidence Manager	NHS Devon CCG
Tom Kallis	Community Pharmacist	
James Leavy	Medicines Information Pharmacist	RD&E
Sarah Marner	Senior MO Pharmacist	NHS Devon CCG
Bill Nolan	GP	NHS Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NHS Devon CCG
Graham Simpole	Medicines Optimisation Pharmacist	NHS Devon CCG
Larissa Sullivan	Pharmacist	T&SD NHS FT
Darren Wright	Joint Formularies Technician	NHS Devon CCG

Guests:

Emma Gitsham	Clinical Effectiveness Pharmacist – Specialist Medicines Service (SMS) Guidelines Lead	NHS Devon CCG
Dr Tony Avades	Consultant Chemical Pathologist	UHP NHS Trust

Observers:

Sebastian Wright	Trainee Pharmacist	T&SD NHFT

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

1. Welcome and announcements

Meeting etiquette

Tawfique Daneshmend explained the meeting etiquette.

Chairman's welcome

Tawfique Daneshmend welcomed attendees to the meeting of the Devon Formulary Interface Group.

Apologies

Jamie Smith	Consultant in Diabetes and Endocrinology	T&SD NHS FT
Jess Parker	GP	NHS Devon CCG
Carole Knight	Formulary Pharmacist	NDDH
Nick Keysell	GP	NHS Devon CCG
Susie Harris	Consultant (Elderly Care)	RD&E
Sam Smith	Interim Chief Pharmacist	NDDH
Christopher Sullivan	Deputy Chief Pharmacist - Clinical Services	DP NHS Trust

Declarations of Interest

The Declarations made did not result in anyone being excluded from the meeting or from the discussion of any item.

DRUG INCLUDED ON AGENDA	COMPANY / MANUFACTURER
Lipid guidance ▪ Various statins ▪ Ezetimibe ▪ Bempedoic acid (Nilemdo, Nustendi) ▪ Inclisiran (Leqvio) ▪ Alirocumab (Praluent) ▪ Evolocumab (Repatha)	 Various manufacturers Various manufacturers Daiichi Sankyo UK Ltd Novartis Sanofi Amgen Limited
Allergic rhinitis / antihistamines ▪ Various antihistamines ▪ Various nasal and topical corticosteroids	 Various manufacturers Various manufacturers

NICE TA753: Cenobamate for epilepsy **Ontozry**	Arvelle Therapeutics Ltd
Alternative treatments: ▪ Brivaracetam (Briviact) ▪ Eslicarbazepine ▪ Lacosamide (Vimpat) ▪ Perampanel (Fycompa) ▪ Phenobarbital ▪ Phenytoin ▪ Pregabalin ▪ Tiagabine (Gabitril) ▪ Vigabatrin (Sabril) ▪ Zonisamide	 UCB Pharma Ltd Various manufacturers UCB Pharma Ltd Eisai Ltd Various manufacturers Various manufacturers Various manufacturers Teva Ltd Sanofi Various manufacturers
NICE TA773: Empagliflozin for treating chronic heart failure with reduced ejection fraction ▪ Empagliflozin (Jardiance)	Boehringer Ingelheim Ltd
Alternative treatments: ▪ Dapagliflozin (Forxiga) ▪ Sacubitril valsartan (Entresto) ▪ Various medicines	 Astra Zeneca UK Ltd Novartis Pharmaceuticals UK Ltd Various manufacturers
NICE TA599: Reclassification of sodium zirconium cyclosilicate (Lokelma) from red to amber ▪ Sodium zirconium cyclosilicate (Lokelma)	Astra Zeneca UK Limited
Treatment modification: Renin-angiotensin-aldosterone system (RAAS) inhibitors: ▪ ACE inhibitors (e.g. enalapril, lisinopril, ramipril etc.) ▪ ARBs (e.g. candesartan, losartan, irbesartan, valsartan etc. and sacubitril / valsartan (Entresto) ▪ Aldosterone antagonists / mineralocorticoid receptor antagonists (e.g. eplerenone and spironolactone)	 Various manufacturers Various manufacturers (including Novartis Pharmaceuticals UK Ltd for Entresto) Various manufacturers
Alternative treatments: ▪ Patiromer calcium (Veltassa) ▪ Calcium resonium	 Vifor Fresenius Medical Care Renal Pharma UK Ltd Sanofi

NICE TA775: Dapagliflozin for treating chronic kidney disease ▪ Dapagliflozin (Forxiga) **Alternative treatments** ▪ Canagliflozin (Invokana) ▪ ACE inhibitors (e.g. enalapril, lisinopril etc) ▪ ARBs (e.g. candesartan, losartan, irbesartan, valsartan etc)	 Astra Zeneca UK Ltd Napp Pharmaceuticals Ltd Various manufacturers Various manufacturers
Octasa suppositories ▪ Octasa suppositories **Alternative suppositories:** ▪ Pentasa suppositories ▪ Salofalk suppositories **Alternative rectal preparations:** ▪ Asacol foam enema ▪ Pentasa liquid enema ▪ Salofalk foam enema & liquid enema	 Tillotts Pharma UK Limited Ferring Pharmaceuticals Ltd Dr. Falk Pharma UK Ltd Allergan Ltd Ferring Pharmaceuticals Ltd Dr. Falk Pharma UK Ltd
Anoro Ellipta Inhaler **Alternative inhalers:** ▪ Ultibro Breezhaler ▪ Spiolto Respimat ▪ Bevespi Aerosphere	GlaxoSmithKline UK Novartis Pharmaceuticals UK Ltd Boehringer Ingelheim Ltd Astra Zeneca UK Ltd
Vaginal micronised progesterone for threatened miscarriage Utrogestan vaginal capsules ***Alternative treatments*:** Progesterone pessaries (Cyclogest) Progesterone vaginal tablets (Lutigest) Progesterone vaginal gel (Crinone)	 Besins Healthcare UK Ltd L.D. Collins & Co Ltd Ferring Pharmaceuticals Ltd Merck Serono Ltd
Riluzole for motor neurone disease Riluzole 50mg tablets Liquid formulation: TEGLUTIK 5mg/ml oral suspension	 Various manufacturers Martindale Pharma, an Ethypharm Group Company

Name	Role	Declaration
Dr Tony Avades	Consultant Chemical Pathologist	I have received lecture fees from these companies Sanofi Amgen Limited Daiichi Sankyo UK Ltd
Tom Kallis	Community Pharmacist	Work as paid advisor to manufacturing company: Received payment from Daiichi Sankyo UK to participate in an advisory board meeting.

2. Minutes of the meeting held on Wednesday 16th February 2022 and Actions/Matters Arising

Minutes of the meeting held on Wednesday 16th February 2022

The minutes of the meeting held on Wednesday 16th February 2022 were approved.

Summary of actions			
	Action	**Lead**	**Status**
21/23	Thyroid disorders: Update – redraft final guidance in line with the discussion and discuss with specialists.	Formulary Team	Ongoing
21/24	Thyroid disorders: Update – circulate the final draft via e-FIG for agreement.	Formulary Team	Ongoing
21/46	Palliative care: Levetiracetam 100mg/ml concentrate solution for intravenous infusion - circulate the final draft of the proposed formulary entry via the e-FIG process or bring the item back to a future meeting. This is now with nurses and will be circulated to the FIG for final agreement.	Formulary Team	Ongoing

21/54	Methotrexate/folic acid dose scheduling clarification – Folic acid recommendations in the gastroenterology Shared Care prescribing guideline for west Devon to be reviewed following contact with gastroenterology specialists at UHP to discuss a more specific definitive statement. *Post meeting note: RD&E gastroenterologists have requested updates to the N&E methotrexate guidelines. A Devon-wide review is proposed and the folic acid prescribing notes in the west Devon gastroenterology guideline will be considered as part of this review.*	Formulary Team	Ongoing
21/72	Osteoporosis – liaise with specialists and bring final draft to a future FIG meeting.	Formulary Team	Ongoing
21/76	Update the formulary entry for Luforbec inhaler and the entries for Fostair 100/6 and 200/6 pMDI.		Complete
21/77	Update the formulary with the entries for the Easyhaler Dry Powder Inhalers and Trimbow NEXThaler and in line with the additional accepted changes.		Complete
21/84	Undertake further consultation with specialists on the Management of Epilepsy.	Formulary Team	Ongoing
21/86	Osteoporosis – Check the MHRA and Dental Association websites for patient information on bisphosphonates and osteonecrosis of the jaw and add to the formulary if appropriate.	Formulary Team	Ongoing
22/01	Management of blood lipids - to continue to work with lipid specialists and bring the guidance for the Management of blood lipids back to the next meeting for agreement.		Complete
22/02	Azathioprine and mercaptopurine for the treatment of inflammatory bowel disease in adults - to update the proposed formulary guidance in line with the discussion and progress it via the LMC.		Complete
22/03	Azathioprine and mercaptopurine for the treatment of inflammatory bowel disease in adults - determine who is the responsible commissioner for paediatric IBD services. *Post meeting note: NHS England is the responsible commissioner for specialist gastroenterology, hepatology and nutritional support services for children; this includes paediatric IBD*		Complete
22/04	Pancrex V (pancreatin) powder - update the formulary entry 1.9.4 Pancreatin with the accepted formulary entry.		Complete

22/05	Vaginal micronised progesterone (Utrogestan) for threatened miscarriage - remove any wording which is no longer appropriate from the formulary entry, including that on miscarriage.		Complete
22/06	Vaginal micronised progesterone (Utrogestan) for threatened miscarriage - update the proposed formulary entry in line with the discussion.		Complete
22/07	Vaginal micronised progesterone (Utrogestan) for threatened miscarriage - undertake further consultation with specialists on harmonisation of progesterones across Devon.		Complete
22/08	Vaginal micronised progesterone (Utrogestan) for threatened miscarriage - check for warnings with regard to peanut or soya allergy.		Complete
22/09	Vaginal micronised progesterone (Utrogestan) for threatened miscarriage - Following consultation with consultants seek FIG agreement to the proposed formulary entry via the e-FIG process.	Formulary Team	On agenda
22/10	NICE TA753: Cenobamate for treating focal onset seizures in epilepsy - clarify with the specialist that information on DRESS be included in communications with GPs.		Complete
22/11	NICE TA753: Cenobamate for treating focal onset seizures in epilepsy - update the entry in line with the discussion and liaise with specialists.		Complete
22/12	NICE TA753: Cenobamate for treating focal onset seizures in epilepsy - Following consultation with consultants Formulary team to seek FIG agreement to the proposed formulary entry via the e-FIG process.	Formulary Team	On agenda
22/13	7.3.2 Progesterone-only contraceptives: update and harmonisation - seek clarity on the route for safe disposal of domestic hazardous (cytotoxic / cytostatic) clinical waste in Devon.	Formulary Team	Ongoing
22/14	7.3.2 Progesterone-only contraceptives: update and harmonisation - update the formulary in line with the discussion.		Complete
22/15	Direct-acting oral anticoagulants (DOACs): dosing clarification and national procurement for DOACs commissioning recommendations - update the proposed formulary entry in line with the discussion.		Complete
22/16	Direct-acting oral anticoagulants (DOACs): dosing clarification and national procurement for DOACs commissioning recommendations - publish the updated formulary entry.		Complete
22/17	Sacubitril Valsartan: partial review – work with heart failure teams to develop draft prescribing guidance for sacubitril valsartan and submit to FIG for discussion.	Formulary Team	Ongoing

Report of COVID-19 related changes to the formulary (Feb 22 to Apr 22)

Since the last Devon FIG meeting (16th February) the Formulary Team has continued to support the development and dissemination of temporary COVID-19 related guidance from various local and national groups.

The temporary Devon Formulary page, "COVID-19 Updates" has been updated with important information related specifically to the COVID- 19 pandemic.

The entries for remdesivir, ronapreve and sotrovimab have been refreshed to include updated information from the respective national commissioning policies for the treatment of COVID-19 in hospitalised patients.

Links from the formulary page for nMABs and antivirals to the NHS England webpage hosting the policies have also been refreshed.

3. Lipid Guidance

Following publication of the NHS England/Accelerated Access Collaborative pathway (NHSE/AAC) summary of national guidance for lipid management and the statin intolerance pathway, the Formulary team has reproduced this guidance in the format used for formulary guidance. The proposed guidance has been reviewed by lipid specialists who have also answered questions from the Formulary team on areas where the NHSE/AAC guidance is not in line with NICE CG181 or NICE CG71. Their feedback is incorporated into the proposed guidance.

The draft guidance is intended to replace the current formulary guidance on the Management of Blood Lipids.

The FIG was presented with the draft formulary guidance and draft update to section 2.12 Lipid-regulating drugs. A lipid specialist joined the discussion.

Reclassification of Bempedoic acid with ezetimibe from amber (specialist input) to Blue (second line)

Bempedoic acid with ezetimibe was included in the Devon Formulary in April 2021 when NICE issued a technology appraisal for its use (TA694). At the time TA694 was issued, bempedoic acid was a recently licensed drug without evidence from a cardiovascular outcome trial. The lipid specialists requested that it should be amber (specialist input) in the formulary. Since then, NICE has issued a TA for inclisiran, which is also a recently licensed drug without evidence on cardiovascular outcomes and has supported the initiation of inclisiran in primary care. In addition, the NHSE/AAC pathway indicates that bempedoic acid with ezetimibe may be initiated in primary care. The lipid specialists support the reclassification of bempedoic acid with ezetimibe from amber (specialist input) to blue (second-line).

The FIG considered and accepted the reclassification of bempedoic with ezetimibe from amber (specialist input) to blue (second line) and the proposed amendment to the formulary entry.

Reclassification of alirocumab and evolocumab from 'red' (hospital only) to 'amber' (specialist input)

At the December 2021 meeting, there was an initial discussion of the request from the lipid specialists in Devon for the reclassification of alirocumab and evolocumab from red (hospital) to amber (specialist input) in the Devon Formulary. Alirocumab and evolocumab are included in the Devon Formulary in line with the respective NICE technology appraisal criteria (NICE TA393, 2016; NICE TA394, 2016).

The FIG considered the proposal, including the specialist's letter to GPs and supporting guidance developed by the lipid specialists, which will be hosted on an acute trust website and a link to the guidance included in the formulary. It was noted the proposal applies only to patients who are able to self-administer injections. Patients would be taught how to self-administer injections in secondary care. The specialist would counsel patients, initiate and stabilise treatment before considering the appropriateness of patients for continuation of prescribing in primary care.

The FIG agreed in principle with the proposal for lipidologists to ask GPs to take on the continued prescribing of alirocumab and evolocumab under the circumstances outlined in the letter to GPs and the supporting guidance. The FIG considered the proposed letter and supporting guidance to be broadly acceptable.

It was agreed that the FIG would not take a final decision on the proposal for the reclassification of alirocumab and evolocumab in the Devon Formulary until all the necessary arrangements are in place. The majority of this work is now drawing to a close.

The FIG considered and accepted the reclassification of alirocumab and evolocumab from 'red' (hospital only) to 'amber' (specialist input) and the proposed amendment to the formulary entries.

The FIG considered the formulary guidance for the management of blood lipids. There was discussion about:

- The proposed formulary guidance is clear and includes the guidance from the NHS England/AAC pathways in a format which is easier to follow.
- Addition of statement indicating that there is no cardiovascular outcome evidence for bempedoic acid (with ezetimibe).
- The 2022/23 Impact and Investment Fund criteria for reporting the percentage of patients receiving statins and referral for familial hypercholesterolaemia was discussed.
- Criteria for identifying familial hyperlipidaemia. The GPs reported that they use the Simon Broome criteria and were not familiar with the Dutch Lipid Clinic Network (DLCN) criteria. The lipid specialist indicated that the DLCN criteria were useful because a score is produced. It was agreed that both the Simon Broome criteria and the DLCN criteria would be included in the subsection for familial hyperlipidaemia and a brief introduction to the DLCN criteria would be provided.

ACTION: MO team to confirm that the necessary financial arrangements for alirocumab and evolocumab have been agreed.

The FIG accepted the proposed formulary guidance for the management of blood lipids with minor amendment. Final changes to be made and agreed via the e-FIG process.

ACTION: Formulary team to circulate the final changes to the formulary guidance for the management of lipids and section 2.12 (Lipid-lowering drugs) to FIG members for agreement via the e-FIG process.

All those involved in the development of the formulary guidance for the Management of lipids and the reclassification of alirocumab and evolocumab were thanked for their considerable effort.

4. Allergic rhinitis/antihistamines

This item was deferred.

5. NICE TA753: Cenobamate for treating focal onset seizures in epilepsy

The TA for cenobamate was discussed at the February FIG meeting. Cenobamate is recommended for drug resistant epilepsy. It has been associated with high seizure-free rates in clinical trials which is unusual for this patient population. Treatment is to be started by a tertiary care specialist.

The proposal is for an amber classification, which the FIG agreed to in principle at the previous meeting. The tertiary care specialist would prescribe cenobamate throughout the 12 week titration schedule until the patient is stabilised on treatment. The proposed entry was not agreed at the previous meeting. The FIG GPs requested additional information was added to the entry on the risk of drug reactions with eosinophilia and systemic symptoms (DRESS) which is a very small risk during the dose titration phase when the specialist is prescribing cenobamate but a GP may be contacted by a patient with symptoms of possible DRESS. The main concern was how to obtain advice when the specialist epilepsy team is not available.

Feedback was received from the tertiary care specialist on how to contact a specialist at UHP when the epilepsy team is not available. It was proposed that this information is added to the formulary entry. The Formulary team will ask the Medicines Optimisation team to explore whether it is possible to have a pop-up message on GP prescribing systems given that cenobamate would initially be added to a patient's record as a hospital medicine.

The FIG considered and accepted the formulary entry for NICE TA753: Cenobamate for treating focal onset seizures in epilepsy with minor amendment pending consultation with the tertiary care specialist.

ACTION: Formulary team to liaise with tertiary care specialist to confirm agreement with the formulary entry.

ACTION: Formulary team to liaise with Medicines Optimisation team regarding a pop-up message for GP prescribing systems.

ACTION: Formulary team to update the formulary with the approved formulary entry for NICE TA753: Cenobamate for treating focal onset seizures in epilepsy.

6. NICE TA773: Empagliflozin for treating chronic heart failure with reduced ejection fraction

NICE issued technology appraisal TA773 “Empagliflozin for treating chronic heart failure with reduced ejection fraction” on 09 March 2022. To meet the mandatory timeline for publishing the technology appraisal (TA) in the Devon Formulary, the FIG was asked to consider the proposed update to the formulary entry for empagliflozin under section 2.12 (Antidiabetic drugs).

Empagliflozin is the second SGLT2 inhibitor to be licensed for the treatment of chronic heart failure in patients with and without type 2 diabetes. The clinical evidence and cost effectiveness analysis that the TA recommendations are based on were provided in the meeting papers.

The licensing of empagliflozin for this indication was supported by a large pivotal cardiovascular outcome study (EMPEROR-REDUCED) conducted in approximately 3,700 patients.

The Technology Appraisal recommendation for empagliflozin is similar to the dapagliflozin Technology Appraisal for chronic heart failure which the FIG discussed in April 2021. Empagliflozin is recommended as add-on to optimised treatment in patients with symptomatic chronic heart failure. The NICE Technology Appraisal committee considered dapagliflozin to be the appropriate comparator. On the basis of an indirect comparison the two drugs were considered to be similarly effective, and the costs are identical. No significant financial impact is expected as a result of implementing this Technology Appraisal.

During the consultation, a diabetes specialist proposed a small clarification to the draft update to the empagliflozin entry to cover the difference in lower eGFR thresholds for treatment between the indications for type 2 diabetes and chronic heart failure. The FIG accepted the amendment to the draft entry. A further consultation will be held with the heart failure teams over the clarification to the entry.

The FIG considered and accepted the proposed changes to the formulary entry.

ACTION: Formulary team to consult with heart failure teams over clarification to draft update to empagliflozin entry.

ACTION: Formulary team to update the formulary entry for empagliflozin under section 2.12 (Antidiabetic Drugs) with the accepted formulary entry.

7. NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (update to TA599 and consideration of reclassification from red to amber)

NICE issued technology appraisal TA599 for sodium zirconium silicate in September 2019; this was included in the Devon Formulary in November 2019; as a 'red' (hospital only) drug.

TA599 was amended in January 2022 to remove the requirement for treatment of persistent hyperkalaemia to be limited to outpatient care.

The Formulary team received a request for sodium zirconium cyclosilicate to be reclassified from 'red' to 'amber' (specialist input).

The FIG received a description of the changes in TA599 together with the results of a local consultation with renal specialists and heart failure teams in Devon regarding the proposal to reclassify sodium zirconium silicate to amber.

TA599 states that these changes were made "because sodium zirconium cyclosilicate is now available in both primary and secondary care." Following e-mail contact with NICE, NICE confirmed that the company has removed the confidential commercial arrangement which made sodium zirconium cyclosilicate available to NHS secondary care providers at a discounted price. The company has lowered the list price of the medicine, meaning that the same (lower) price is now available across both primary and secondary care.

Treatment begins with a corrective phase. Typically, normokalaemia is achieved after 24 to 48 hours. If normokalaemia is not achieved after 72 hours of treatment, other treatment approaches should be considered. Long term prescribing of sodium zirconium silicate is only appropriate if the patient responds to treatment during the corrective phase; a suitable maintenance dose has to be established, followed by regular monitoring of potassium levels.

The FIG considered the reclassification of Sodium zirconium cyclosilicate for treating hyperkalaemia from 'red' (hospital only) to 'amber' (specialist initiation) to be acceptable if specialists prescribe sodium zirconium silicate until patients are stabilised and the patient group is considered to be suitable for prescribing by GPs.

A discussion took place, the following points were noted:

- GPs felt that responsibility for patients should be retained by specialists until patients are stable on treatment (a time scale is needed for this).
- Monitoring of potassium levels. Test results are not always received the same day when samples are taken on a weekday and test results are not available at the weekends in primary care.
- Patient groups suitable for prescribing by GPs. It was noted that patients receiving dialysis are excluded from the TA599. Patient groups requiring very frequent monitoring during maintenance treatment would not be suitable for GP prescribing.
- The increasing resource burden in primary care of monitoring for patients under the care of renal service. The formulary team will liaise with specialists to understand the frequency of monitoring required for sodium zirconium silicate.
- The heart failure specialists indicated that a potassium threshold of 5.5 for initiating treatment was more appropriate for patients with heart failure. The Formulary team

will look at the TA599 evaluations for sodium zirconium silicate to determine whether this was considered.

ACTION: Formulary team to feedback to specialists on the discussion and to understand the frequency of potassium monitoring required.

ACTION: Formulary team to look at TA599 evaluations to determine if potassium threshold of 5.5mmol/L has been considered for patients with heart failure.

It was agreed that following consultation with specialists the Formulary team will update the proposed formulary entry and bring back to a future FIG meeting.

ACTION: Formulary team to update the proposed formulary entry and bring back to a future FIG meeting.

8. NICE TA775: Dapagliflozin for treating chronic kidney disease

NICE issued technology appraisal TA775 "Dapagliflozin for treating chronic kidney disease" on 9 March 2022. The FIG is asked to consider the proposed update to the formulary entry for dapagliflozin under section 6.1.2 (Antidiabetic drugs).

Dapagliflozin is the first SGLT2 inhibitor to be licensed for the treatment of chronic kidney disease (CKD). The clinical evidence and cost effectiveness analysis that the TA recommendations are based on were provided in the meeting papers.

The licensing of dapagliflozin for this indication is supported by a pivotal clinical trial (DAPA-CKD) which evaluated renal outcomes and cardiovascular mortality in patients with CKD. This was a large trial with 4,300 patients randomised to treatment.

Dapagliflozin is recommended as an add-on to standard care, including ACE or ARB unless these are contraindicated, and in line with the TA recommendations.

It is proposed that dapagliflozin is a blue (second-line) option as some patients who are eligible for dapagliflozin under NICE TA775 do meet the criteria for referral to a renal specialist set out in NICE NG203, which has been implemented locally.

During the consultation, a diabetes specialist proposed a small clarification to the draft update to the dapaglifozin entry to cover the difference in lower eGFR thresholds for treatment between the indications for type 2 diabetes, chronic heart failure and chronic kidney disease. The FIG accepted the amendment to the draft entry. A further consultation will be held with the renal specialists over the clarification to the entry.

The FIG considered and accepted the proposed formulary entry.

ACTION: Formulary team to consult with the renal specialists over clarification to draft update to the dapagliflozin entry.

ACTION: Formulary team to update the formulary with the accepted formulary entry for Dapagliflozin.

9. Octasa (mesalazine) 1g suppositories

Octasa suppositories contain 1g of the active ingredient mesalazine and are licensed for the treatment of acute mild to moderate ulcerative proctitis, and the maintenance of remission of ulcerative proctitis.

A range of topical mesalazine preparations for rectal administration are currently marketed and available for patients in the UK. Available formulations have differences in licensed indications, strengths, and dose frequency.

Octasa 1g suppositories were authorised in 2021 and were noted by the Formulary Team as a preparation that appears to offer a broader licence compared to Salofalk 500mg and 1g suppositories, and a cost saving compared to Pentasa 1g suppositories.

Local gastroenterology specialists were asked if there is a place in therapy for Octasa 1g suppositories and whether they supported an inclusion in the Devon Formulary for use in line with its licensed indications. Positive feedback was received for the inclusion of Octasa in the local formulary.

The Devon Formulary currently contains all six non-oral mesalazine preparations (four enemas and two suppositories) as amber (specialist input) options for the treatment of distal ulcerative colitis.

It was proposed that Pentasa 1g suppositories are removed from the Devon Formulary and replaced with Octasa 1g suppositories in line with its licensed indications. It was also proposed to remove Asacol 1g foam enema, which has been discontinued from the UK market, and keep the remaining enemas in the Devon Formulary.

National guidance suggests that there is a place for both enema and suppository aminosalicylates in the management of ulcerative colitis.

No published clinical trials comparing the efficacy and safety of Octasa 1g suppositories to Salofalk suppositories or Pentasa suppositories for the treatment of ulcerative colitis were identified.

The FIG considered and accepted the proposed formulary entry for mesalazine, including the inclusion of Octasa 1g suppositories and removal of Pentasa 1g suppositories. It was also agreed that the additional information to support mesalazine prescribing currently included in the North and East Devon presentation of the formulary be retained and included in the South and West Devon presentation.

The discussion noted:

- Agreement that a statement be added that Octasa is for new initiations. Existing patients may continue with Pentasa if this is the preferred option.
- Some secondary care settings have Commercial Medicines Unit (CMU) contracts for Pentasa and Salofalk.
- Harmonisation of mesalazine formulations and brands to offer consistency across the N&E and S&W formulary presentations.

- It was noted that there was a considerable volume of generic prescribing of mesalazine enemas and suppositories and that a Scriptswitch message should be considered to remind clinicians to prescribe by brand.

ACTION: Formulary team to add accepted entry for Octasa (mesalazine) 1g suppositories to the formulary

ACTION: Medicines Optimisation team to consider Scriptswitch message to remind clinicians to prescribe mesalazine enemas and suppositories by brand

10. Anoro Ellipta (umeclidinium bromide/vilanterol) Dry Powder Inhaler

The Anoro Ellipta dry powder inhaler (DPI) contains vilanterol, a long-acting $beta_2$ agonist (LABA), and umeclidinium, a long-acting muscarinic antagonist (LAMA). It is indicated as a maintenance treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). It was licensed by the European Medicines Agency (EMA) in 2014.

The Anoro Ellipta inhaler contains pre-dispensed doses, 30 days' supply, and is ready to use. It has a dose counter which counts down by 1.

The Devon Formulary already includes two inhalers with the Ellipta device, Relvar Ellipta and Trelegy Ellipta.

The Devon Formulary includes three LABA/LAMA inhalers. Two (Spiolto Respimat and Ultibro Breezhaler) are listed Devon-wide as green (first-line) options for COPD; in addition, the South & West Devon presentation includes Duaklir Genuair as a blue (second-line) option for COPD.

The application for Anoro Ellipta was supported by a Respiratory Consultant, at University Hospitals Plymouth NHS Trust and also by two further respiratory consultants from UHP and one from the RD&E. The proposed place in therapy is in line with other LABA/LAMA inhalers in the formulary.

The applicants indicated that "Anoro Ellipta presents an additional option for patients who require a combination inhaler dry-powder device who are unable to use the Ultibro due to specific factors such as general device usability or patient dexterity, this device requires a capsule insertion". The Ultibro device has 30 separate capsules. Each capsule is a single dose and must be inserted into the device and pierced to release the contents before the dose can be inhaled.

The applicants proposed that Anoro Ellipta is a green (first-line) option as it is a cost effective and easy to use formulation which requires the same inspiratory flow as other DPI.

Clinical evidence for Anoro Ellipta was presented in the meeting paper. Anoro Ellipta was accepted by both the All Wales Medicines Strategy Group and the Scottish Medicines Consortium when it was first licensed.

Anoro Ellipta offers a further DPI option at the same cost as treatment with the formulary options, Spiolto Respimat and Ultibro Breezhaler, with the benefit of being a single unit which some patients may find easier to use.

The FIG considered and accepted the proposed inclusion of Anoro Ellipta dry powder inhaler in the Devon Formulary without amendment.

The discussion noted the lower environmental impact of dry powder inhalers

ACTION: Formulary team to add the accepted entry for Anoro Ellipta dry powder inhaler to the Devon Formulary.

11. Vaginal micronised progesterone (Utrogestan) for threatened miscarriage

At the February 2022 meeting, the FIG discussed the proposed addition of Utrogestan vaginal capsules (micronised progesterone) to the Devon Formulary in line with NICE guideline NG126 recommendations for threatened miscarriage and the harmonisation of progesterone products included in the formulary across Devon.

The FIG took a decision in principle on the proposed formulary entry for Utrogestan vaginal capsules pending a further consultation with specialists, as although feedback was received to questions posed during the consultation, there was no feedback on the first draft of the entry.

Following the FIG meeting in February 2022, text which had been superseded by the NICE guideline was removed from formulary section 6.4.1. A number of points from the FIG discussion were addressed in an update to the proposed formulary entry for Utrogestan vaginal capsules and the section 6.4.1 text on progestogens for miscarriage. The update was circulated to specialists for review.

Responses were received from a number of specialists and a pharmacist. The consultees considered the proposed amendments to the formulary entry and section 6.4.1 text to be acceptable.

The FIG considered and accepted the proposed formulary entry and section text without amendment.

ACTION: Formulary team to add the accepted formulary entry for Vaginal micronised progesterone (Utrogestan) for threatened miscarriage and section 6.4.1 text to the local formulary.

12. Riluzole for the treatment of individuals with the amyotrophic lateral sclerosis form of motor neurone disease

There are currently three guidelines across Devon which support “Shared Care” agreements for prescribing riluzole for the treatment of individuals with the amyotrophic lateral sclerosis form of motor neurone disease. All three guidelines were last updated a

number of years ago (excluding the arrangements currently in place during the COVID-19 pandemic).

Although broadly similar, there are some differences between these documents which could lead to confusion. To reduce variation, it has been proposed that a Devon-wide approach is considered when reviewing and updating "shared care"/Specialised Medicines Service (SMS) guidelines in Devon. Work has therefore taken place to draw the current guidance together and produce an updated Devon-wide SMS prescribing guideline.

The overall guideline layout has been updated and the text has been reworded for clarity in line with other recently agreed SMS guidelines. Changes to the guideline were in respect of specialist and GP responsibilities, monitoring of patients, supporting information and the addition of contact details.

An update to the North & East Devon entry for riluzole was proposed to include riluzole oral suspension to align the North & East and South & West Devon entries.

FIG members considered the proposed SMS prescribing guideline:

- The FIG felt the guideline was clear and easy to follow, with sufficient information provided to support the safe prescribing and monitoring of riluzole in primary care.
- The FIG felt the clinician responsibilities were clinically reasonable and workable.
- The FIG accepted the proposed Devon-wide SMS guideline subject to a minor amendment of wording on page 3 under "Monitoring requirements" was required to clarify that the specialist should continue to monitor serum transaminases during treatment or until shared care agreement is accepted by the GP, and ongoing prescribing and monitoring responsibilities are transferred to the GP."
- The FIG accepted the inclusion of riluzole oral suspension as amber in the North & East Devon and the proposed update to the entry.

ACTION: Minor amendment to the monitoring requirement text as detailed above.

ACTION: Formulary team to progress the SMS guideline through the Local Medical Committee.

ACTION: Formulary team to publish North & East Devon entry for riluzole oral suspension.

Post meeting note*:*

Dr Daneshmend followed up the feedback received from the neurology team in Exeter regarding the continued need for "Shared Care" agreements for patients prescribed riluzole. Dr Gormley, consultant neurologist, confirmed he is in support of the proposed guideline.

13. MHRA Drug Safety Update (Feb 22 to Mar 22)

February 2022

Covid antiviral pregnancy registry

The Devon Formulary includes the three nationally commissioned antivirals for the treatment of COVID-19: molnupiravir (oral), Paxlovid (oral) and remdesivir (intravenous). The formulary entries include a note on reporting to the UK COVID-19 Antivirals Pregnancy Registry. Contact details are included.

The formulary webpage for nMABs and other antivirals has been updated with further details on the COVID-19 Antivirals Pregnancy Register including a link to the Drug Safety Update.

Hydroxychloroquine, chloroquine: increased risk of cardiovascular events when used with macrolide antibiotics; reminder of psychiatric reactions

An observational study has shown that co-administration of azithromycin with hydroxychloroquine in patients with rheumatoid arthritis is associated with an increased risk of cardiovascular events (including angina or chest pain and heart failure) and cardiovascular mortality.

Clinicians are advised to be vigilant for psychiatric reactions associated with hydroxychloroquine or chloroquine, especially in the first month of treatment and to ask patients to speak to their doctor if they notice new or worsening mental health problems.

The formulary entries for hydroxychloroquine (section 10.1.3 Drugs that suppress the rheumatic disease process) and chloroquine (section 5.4 South and West Devon) have been updated with information on the interaction with macrolide antibiotics and the reminder of psychiatric adverse events, including a link to the Drug Safety Update. Section 5.1.5 (Macrolides) has been updated with information on the interaction with hydroxychloroquine and chloroquine and a link to the Drug Safety Update.

Ivacaftor, tezacaftor, elexacaftor (Kaftrio) in combination with ivacaftor (Kalydeco): risk of serious liver injury; updated advice on liver function testing

Kaftrio and ivacaftor are included in the Devon Formulary as red (hospital only) formulary options. They are commissioned by NHS England for the treatment of cystic fibrosis.

Following the findings of a European review, existing warnings on hepatotoxicity in the product information for Kaftrio and ivacaftor have been strengthened to include the risk of clinically relevant drug-induced liver injury with Kaftrio–ivacaftor combination therapy.

A link to the Drug Safety Update has been added to section 3.7 (Mucolytics) of the Devon Formulary.

Gina 10 microgram vaginal tablets (estradiol): consultation on proposal to make available from pharmacies

It was noted that a consultation had been held and this closed in Feb 2022.

March 2022

Cladribine (Mavenclad): new advice to minimise risk of serious liver injury

Cladribine is a red (hospital only) formulary option indicated for the treatment of multiple sclerosis.

The product information and the educational materials will be revised to include updated advice for healthcare professionals and patients on the risk of serious liver injury. Liver injury will be included as an adverse drug reaction of uncommon frequency (may affect up to 1 in 100 patients). A letter from the manufacturer has also been sent to UK healthcare professionals.

The formulary entry for cladribine (section 8.1.5 Antimetabolite drugs) will be updated with a link to the Drug Safety Update to inform the clinician that liver monitoring requirements have been introduced and to discontinue or interrupt cladribine if significant hepatic injury is confirmed.

ACTION: Update formulary entry for cladribine (section 8.1.5 Antimetabolite drugs) to be updated with a link to the Drug Safety Update.

Metformin in pregnancy

A large study was reported to show no safety concerns. The licence for metformin was updated as a result of the study. The changes to the licence are reported to be in line with current practice and UK guidance from NICE and SIGN and resources from the BNF and the UK Teratology Information Service. No update to the formulary is required.

Amiodarone (Cordarone X): reminder of risks of treatment and need for patient monitoring and supervision

The MHRA Drug Safety Update issued for March 2022 includes an article on amiodarone and a reminder for clinicians that patients on long-term treatment should be reviewed regularly. The article indicates that treatment should be initiated and monitored under hospital or specialist supervision and in accordance with clinical guidance. This is in line with the SmPC recommendation. Amiodarone is classified as amber (specialist-input) in the Devon Formulary.

The article indicates that the SmPC for amiodarone contains extensive warnings and precautions and guidance on interactions with other medicines. New advice is given for lung imaging during amiodarone treatment. An expert review group has confirmed that there is no requirement for annual chest x-ray. Patient-reported worsening of respiratory function is usually a good first indicator of pulmonary toxicity. For this reason, it is important

that patients know the symptoms of pulmonary toxicity of which to be aware and the fact this can be serious and may happen at any time during treatment (or in the month after stopping treatment). The SmPC is being updated to indicate that CT lung scan is more specific than X-rays and may be more helpful in confirming a suspected diagnosis of lung toxicity.

Review of the SmPC, the BNF and other sources (e.g. NICE CKS) has identified that the advice for healthcare professionals in the Drug Safety Update is not a comprehensive list of monitoring requirements for amiodarone. The Regional Medicines Optimisation Committee have held a consultation on a draft shared care guideline.

The existing formulary entries for amiodarone in North & East Devon and South & West Devon include a number of monitoring requirements for amiodarone. It is proposed that the formulary entries are harmonised and updated to provide more comprehensive information on monitoring requirements until a shared care arrangement can be discussed and agreed with the relevant parties.

The meeting paper included the recommendations for baseline tests and monitoring during long term use from the BNF, SmPC, NICE CKS and Specialist Pharmacist Service. A proposal to harmonise and update the existing entries on the basis of these recommendations for thyroid function tests, LFTs, ECG and U&E/K were included in the meeting papers. There is no agreement between these sources on the approach to ophthalmological adverse effects. The Formulary team will look into this as part of the overall work on the amiodarone entries.

The FIG considered the proposed update and harmonisation of the Devon Formulary entries for amiodarone.

There was discussion about:

- Baseline tests should be conducted by specialists.
- Thyroid function tests: The T3 test result is not reported if it has not been requested by the clinician. The test results required and the time period for continued monitoring after treatment with amiodarone is discontinued will need to be clarified and included in the entry. Reporting of TFTs for amiodarone monitoring and reporting of test results may need to be raised with the Pathology Optimisation Group.
- Patients receiving amiodarone do not routinely have an annual review with a cardiologist.
- There is variation between the sources consulted on monitoring requirements as to whether an annual ECG should be conducted. It was reported that currently an annual ECG is not routinely conducted.
- Potassium test results are not reported alone, a request for U & Es will be required.
- Access to CT lung scans: The GPs present indicated there was direct access for GPs to refer patients for a CT lung scan in some areas of Devon but this was not available Devon-wide. There was concern about the delay in access to a CT lung scan and the long half-life of amiodarone. It was considered that if a patient has symptoms of respiratory toxicity, an urgent assessment by a cardiologist would be more appropriate so a timely decision could be taken on discontinuation of treatment and the patient referred for a CT lung scan by the cardiologist.

- GPs need to be able to refer patients receiving amiodarone back to the specialist team for advice / assessment.
- Agreement is required on a harmonised and robust formulary entry. Developing shared care guidance for amiodarone should be a priority. It was noted that the RMOC shared care guidance for amiodarone is still in draft form and undergoing consultation.

Following further consultation with specialists. Formulary team to progress the formulary entry for Amiodarone (Cordarone X): via the e-FIG process, or a short discussion at the next FIG meeting.

ACTION: Following further consultation with specialists. Formulary team to progress the formulary entry for Amiodarone (Cordarone X): via the e-FIG process, or a short discussion at the next FIG meeting.

14. Recent drug decisions (including NICE)

The FIG received a report of recent drug decisions. These included:

- the discontinuation and removal of sorbsan plus dressings,
- the inclusion of acarizax and itulazax oral lyophilisates in UHP.

Amendments to the formulary include a new testogel sachet formulation. The new sachet formulation is the same as the 16.2mg pump and will allow easier transition between pump/sachet.

Summary of actions			
	Action	**Lead**	**Status**
21/23	Thyroid disorders: Update – redraft final guidance in line with the discussion and discuss with specialists.	Formulary Team	Ongoing
21/24	Thyroid disorders: Update – circulate the final draft via e-FIG for agreement.	Formulary Team	Ongoing
21/46	Palliative care: Levetiracetam 100mg/ml concentrate solution for intravenous infusion - circulate the final draft of the proposed formulary entry via the e-FIG process or bring the item back to a future meeting. This is now with nurses and will be circulated to the FIG for final agreement.	Formulary Team	Complete
21/54	Methotrexate/folic acid dose scheduling clarification – Folic acid recommendations in the gastroenterology Shared Care prescribing guideline for west Devon to be reviewed following contact with gastroenterology specialists at UHP to discuss a more specific definitive statement. *Post meeting note: RD&E gastroenterologists have requested updates to the N&E methotrexate guidelines. A Devon-wide review is proposed and the folic acid prescribing notes in the west Devon gastroenterology guideline will be considered as part of this review.*	Formulary Team	Ongoing
21/72	Osteoporosis – liaise with specialists and bring final draft to a future FIG meeting. *Post-meeting note: The National Osteoporosis Guideline Group (NOGG) issued updated guidance for osteoporosis in April 2021. A draft update to the formulary guidance based on the new guidance from NOGG has been sent to specialists for review and will be scheduled for discussion at a future FIG meeting.*	Formulary Team	Ongoing
21/84	Undertake further consultation with specialists on the Management of Epilepsy.	Formulary Team	Complete
21/86	Osteoporosis – Check the MHRA and Dental Association websites for patient information on bisphosphonates and osteonecrosis of the jaw and add to the formulary if appropriate.	Formulary Team	Complete
22/09	Vaginal micronised progesterone (Utrogestan) for threatened miscarriage - Following consultation with consultants seek FIG agreement to the proposed formulary entry via the e-FIG process.	Formulary Team	Complete

22/12	NICE TA753: Cenobamate for treating focal onset seizures in epilepsy - Following consultation with consultants Formulary team to seek FIG agreement to the proposed formulary entry via the e-FIG process.	Formulary Team	Complete
22/13	7.3.2 Progesterone-only contraceptives: update and harmonisation - seek clarity on the route for safe disposal of domestic hazardous (cytotoxic / cytostatic) clinical waste in Devon. *Post meeting note: Domestic clinical waste disposal is the responsibility of local district, city or borough councils; arrangements vary between the 8 councils in Devon. Clinicians / patients may therefore need to contact their local council on an individual basis for advice on local arrangements.*	Formulary Team	Complete
22/17	Sacubitril Valsartan: partial review – work with heart failure teams to develop draft prescribing guidance for sacubitril valsartan and submit to FIG for discussion.	Formulary Team	Ongoing
22/18	Lipid guidance – Confirm that the necessary financial arrangements have been agreed.	Medicines Optimisation	Ongoing
22/19	Circulate the final changes to the formulary guidance for the management of lipids to FIG members for agreement via the e-FIG process.	Formulary Team	On agenda
22/20	NICE TA753: Cenobamate for treating focal onset seizures in epilepsy - liaise with tertiary care specialist to confirm agreement with the formulary entry.	Formulary Team	Complete
22/21	NICE TA753: Cenobamate for treating focal onset seizures in epilepsy - liaise with Medicines Optimisation team regarding a pop-up message for GP prescribing systems.	Formulary Team	Complete
22/22	Formulary team to update the formulary with the approved formulary entry for NICE TA753: Cenobamate for treading focal onset seizures in epilepsy.	Formulary Team	Complete
22/23	NICE TA773: Empagliflozin for treating chronic heart failure with reduced ejection fraction – consult with heart failure teams over clarification to draft update to empagliflozin.	Formulary Team	Complete
22/24	NICE TA773: Empagliflozin for treating chronic heart failure with reduced ejection fraction – update the formulary entry for empagliflozin under section 2.12 (antidiabetic Drugs) with the accepted formulary entry.	Formulary Team	Complete

22/25	NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (update to TA599 and consideration of reclassification from red to amber) – Feedback to specialists on the discussion to understand the frequency of potassium monitoring required.	Formulary Team	Ongoing
22/26	NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (update to TA599 and consideration of reclassification from red to amber) look at TA599 evaluations to determine if potassium threshold of 5.5mmol/L has been considered for patients with heart failure.	Formulary Team	Ongoing
22/27	NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (update to TA599 and consideration of reclassification from red to amber) - update the proposed formulary entry and bring back to a future FIG meeting.	Formulary Team	Ongoing
22/28	NICE TA775: Dapagliflozin for treating chronic kidney disease – consult with the renal specialists over clarification to draft update to dapagliflozin entry	Formulary Team	Complete
22/29	NICE TA775: Dapagliflozin for treating chronic kidney disease – update the formulary entry with the accepted formulary entry for Dapagliflozin.	Formulary Team	Complete
22/30	Octasa (mesalazine) 1g suppositories add the accepted formulary entry to the local formulary.	Formulary Team	Complete
22/31	Octasa (mesalazine) 1g suppositories - consider Scriptswitch message to remind clinicians to prescribe mesalazine enemas and suppositories by brand.	MO Team	Ongoing
22/32	Anoro Ellipta (umeclidinium bromide/vilanterol) Dry Powder Inhaler – add the accepted entry for Anoro Ellipta dry powder inhaler to the Devon Formulary.	Formulary Team	Complete
22/33	Add the accepted formulary entry for Vaginal micronised progesterone (Utrogestan) for threatened miscarriage and section 6.4.1 text to the local formulary.	Formulary Team	Complete
22/34	Riluzole for the treatment of individuals with the amyotrophic lateral sclerosis form of motor neurone disease – minor amendment to the monitoring text as detailed above.	Formulary Team	Complete
22/35	Riluzole for the treatment of individuals with the amyotrophic lateral sclerosis form of motor neurone disease – progress the SMS share care guideline through the Local Medical Committee	Formulary Team	Complete
22/36	Riluzole oral suspension – publish the SMS North and East Devon entry for riluzole oral suspension.	Formulary Team	Complete

22/37	MHRA Drug Safety Update - Cladribine (Mavenclad): new advice to minimise risk of serious liver injury – Update formulary entry for cladribine (section 8.1.5 Antimetabolite drugs) to be updated with a link to the Drug Safety Update.	Formulary Team	Complete
22/38	Following further consultation with specialists. Progress the formulary entry for Amiodarone (Cordarone X): via the e-FIG process, or a short discussion at the next FIG meeting.	Formulary Team	Ongoing