NHS
Devon
Clinical Commissioning Group

Meeting of the Devon Formulary Interface Group

Minutes

Wednesday 16 February 2022

Via Microsoft Teams

Present:

Tawfique Daneshmend (Chair)	Consultant Gastroenterologist	RD&E NHS FT
Glen Allaway	GP	NHS Devon CCG
Ailene Barclay	Pharmacist	UHP NHS Trust
Heidi Campbell	Pharmacist	NHS Kernow CCG
Matt Howard	Clinical Evidence Manager	NHS Devon CCG
Nick Keysell	GP	NHS Devon CCG
James Leavy	Medicines Information Pharmacist	RD&E NHS FT
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:

Vida Caines	Senior IBD Nurse Specialist	RD&E
Aabha Sharma	Consultant Chemical Pathologist	TSD NHS FT
Ben Sieniewicz	Consultant Cardiologist	UHP NHS Trust
Faye Windsor	Heart Failure Specialist Pharmacist	NDHT

Observers

Anna Parfitt-Rogers	Pre-Registration Pharmacist	RD&E
Louise Mallinson	Project Support Officer, MO team	NHS Devon CCG

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

Beverley Baker	Non-Medical Prescribing Lead	NHS Devon CCG
Susie Harris	Consultant (Elderly Care)	RD&E
Carole Knight	Formulary Pharmacist	NDHT
Jess Parker	GP	NHS Devon CCG
Sam Smith	Interim Chief Pharmacist	NDHT
Jamie Smith	Consultant in Diabetes and Endocrinology	T&SD NHS FT
Christopher Sullivan	Deputy Chief Pharmacist	DP NHS FT

Subsequent to the commencement of the meeting, apologies were received from Tom Kallis, Community Pharmacist.

Andy Craig, GP, had sent apologies for non-attendance at the meeting but was able to join for the discussion of Sacubitril valsartan: partial review.

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
Azathioprine and mercaptopurine for the treatment of inflammatory bowel disease in adults.	
Azathioprine	Various manufacturers
Mercaptopurine	Various manufacturers
Cenobamate for epilepsy	
Ontozry	Arvelle Therapeutics Ltd
Alternative treatments:	
Brivaracetam (Briviact)	UCB Pharma Ltd
Eslicarbazepine	Various manufacturers
Lacosamide (Vimpat)	UCB Pharma Ltd
Perampanel (Fycompa)	Eisai Ltd
Phenobarbital	Various manufacturers
Phenytoin	Various manufacturers
Pregabalin	Various manufacturers
Tiagabine (Gabitril)	Teva Ltd
Vigabatrin (Sabril)	Sanofi
Zonisamide	Various manufacturers
Pancrex V	
Pancrex V Powder	Essential Pharmaceuticals Ltd
Alternative treatments:	Mylan
Creon Capsules	Various manufacturers
Pancreatin	
Vaginal micronised progesterone for threatened miscarriage	
Utrogestan	Besins Healthcare UK Ltd
Alternative treatments:	
Progesterone pessaries (Cyclogest)	L.D. Collins & Co Ltd
Progesterone vaginal tablets (Lutigest)	Ferring Pharmaceuticals Ltd
Progesterone vaginal gel (Crinone)	Merck Serono Ltd
Community-acquired pneumonia	
Various antibiotics	Various manufacturers

Lipid Management	
Various statins	Various manufacturers
Ezetimibe	Various manufacturers
Bempedoic acid (Nilemdo, Nustendi)	Daiichi Sankyo UK Ltd
Inclisiran (Leqvio) Pharmaceuticals UK Ltd	Novartis
Alirocumab (Praluent)	Sanofi
Evolocumab (Repatha)	Amgen Limited
7.3.2 Progesterone-only contraceptives: update and harmonisation	
Desogestrel 75 microgram tablet	Various manufacturers
Norethisterone 350 microgram tablets (Noriday / generic)	Pfizer Limited/Various manufacturers
Levonorgestrel 30 microgram tablets (Norgeston / generic)	Bayer PLC/various manufacturers
Depo-Provera	Pfizer Limited
Sayana Press	Pfizer Limited
Nexplanon	Organon Pharma (UK) Limited
Jaydess	Bayer Limited
Kyleena	Bayer Limited
Levosert	Gedeon Richter (UK) Ltd
Mirena	Bayer PLC
Alternative treatments:	
Other methods of contraception e.g. barrier methods, spermicides, copper IUDs, combined hormonal contraceptives etc.	Various manufacturers
Direct-acting oral anticoagulants	
Edoxaban (Lixiana)	Daiichi Sankyo UK Limited
Rivaroxaban (Xarelto)	Bayer plc
Apixaban (Eliquis)	Bristol-Myers Squibb-Pfizer
Dabigatran (Pradaxa)	Boehringer Ingelheim Limited
Sacubitril valsartan: partial review:	
Entresto	Novartis Pharmaceuticals Ltd
Alternative treatments:	
Dapagliflozin (Forxiga)	Astra Zeneca UK Ltd
Ivabradine, Hydralazine, Isosorbide dinitrate/mononitrate	Various manufacturers

Name	Role	Declaration
Ben Sieniewicz	Consultant Cardiologist at UHP	Norvatis – received paid honoraria to deliver educational talks. AstraZenica – received paid honoraria to deliver educational talks.

2. Minutes of the meeting held on Wednesday 8th December 2021 and Matters/Actions Arising

Minutes of the meeting held on Wednesday 8th December 2021

The minutes of the meeting held on Wednesday 8th December 2021 were approved.

COVID-19 Related changes to the formulary

Since the Devon FIG meeting held on 8th December 2021 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.

As mentioned at the previous FIG meeting, NICE Guideline NG191: managing COVID-19, has been updated to bring together existing NICE recommendations on managing COVID-19, and new recommendations on therapeutics into one place. As such the formulary COVID updates page has also been refreshed to provide the most up-to-date links to the appropriate sections within the guidance.

The temporary amendments to monitoring schedules of shared care medicines have been reviewed again with specialists. In most cases the arrangements specified in June 2021 have been maintained. A small number of specialist teams have requested that GPs do not institute reduced frequency monitoring for any of their patients but seek specialist advice if usual monitoring is not possible, this applies to guidelines where prescribing is part of shared arrangements with: Torbay Hospital ophthalmology, Derriford Hospital gastroenterology, haematology, hepatology and renal teams.

Section 5.3.6 nMABs and other antiviral drugs will be updated as the new national commissioning policies come into effect.

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
21/56	North, East and West Devon: Denosumab (Prolia®) – If no queries raised by consultant rheumatologists at RD&E, the update to the SMS guideline to be taken through the routine process for publication.		Complete
21/65	Anal Irrigation Systems – update the formulary entry for anal irrigation systems in line with the discussion.		Complete
21/72	Osteoporosis – liaise with specialists and bring final draft to a future FIG meeting.	Formulary Team	Ongoing
21/73	New drug entries for COVID-19 vaccines and Ronapreve to be added to the local formulary.		Complete
21/74	Update the formulary with the accepted entry for Alirocumab 300mg/2ml solution for injection, pre-filled pen.		Complete
21/75	Inclisiran: Royal College of General Practitioners and BMS statement - update the formulary with the accepted entry for 2.12 Lipid-regulating drugs.		Complete
21/76	Update the formulary entry for Luforbec inhaler and the entries for Fostair 100/6 and 200/6 pMDI.	Formulary Team	Ongoing
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.	Formulary Team	Ongoing

21/78	Sacubitril valsartan for chronic heart failure: partial review – communicate the outcome of the discussion to the heart failure teams.		Complete
21/79	Consideration of Inhixa (enoxaparin) for addition to the formulary - identify training resources and add links in the formulary as appropriate.		Complete
21/80	Consideration of Inhixa (enoxaparin) for addition to the formulary – add Inhixa to the formulary in line with the discussion.		Complete
21/81	Lyumjev insulin lispro - add the accepted entry for Lyumjev to the formulary.		Complete
21/82	Treatment of *Clostridioides difficile* (*C. difficile*) update formulary guidance for the treatment of *Clostridioides difficile* and the entries for fidaxomicin, metronidazole and vancomycin.		Complete
21/83	Update the South and West Devon Formulary entry for tinidazole for the management of giardiasis in line with the discussion.		Complete
21/84	Undertake further consultation with specialists on the Management of Epilepsy.	Formulary Team	Ongoing
21/85	Publish the accepted amendments to the formulary gluten-free guidance page.		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	Ongoing
21/87	MHRA Drug Safety Update (September 2021) - add to the formulary in line with the discussion.		Complete
21/88	MHRA Drug Safety Updates (October 2021) - add to the formulary in line with the discussion.		Complete
21/89	Follow up South and West Devon Formulary entry for chloral hydrate with FIG representatives for Torbay Hospital and University Hospitals Plymouth.		Complete
21/90	Medicines Optimisation team to look into prescribing of chloral hydrate oral solution in the community in Devon. The MO team has challenged all paediatric prescribing of chloral hydrate and shared the MHRA DSU with the seven practices concerned.		Complete
21/91	MHRA Drug Safety Updates (November 2021) - update the formulary entry for adrenaline with Emerade 300 microgram and 500 microgram adrenaline auto-injectors: re-supply to market and advice from expert working group.		Complete
21/92	MHRA Drug Safety Updates (November 2021) – update the formulary entry for yellow fever vaccine		Complete

3. Management of blood lipids

The FIG agreed a formulary entry for the NICE TA733 for inclisiran for secondary prevention of cardiovascular disease at its meeting in October 2021. At the December 2021 meeting an interim communication from the Royal College of General Practitioners (RCGP) and the British Medical Association (BMA) on inclisiran which voiced concerns about the planned roll-out of inclisiran in primary care and included prescribing advice from GPs was discussed.

At that time NHSE and Accelerated Access Collaborative (AAC) pathway for lipid management had not been updated to incorporate inclisiran and an updated pathway was not issued until 15th December. The lipid specialists have reviewed the pathway and the formulary team are using the pathway as the basis for developing an update for the formulary lipid guidance.

A Consultant Chemical Pathologist from Torbay and South Devon NHS Foundation Trust joined the meeting to hear the points raised and take part in the discussion.

The FIG were asked to provide feedback on the NHSE/AAC pathways including areas which require clarification or additional information which it would be helpful to include in the updated formulary guidance. A brief discussion took place to see if any areas required clarification:

- It was agreed that the formulary classification for bempedoic acid with ezetimibe, which is currently amber (specialist-input), would be reviewed
- The guidance on injectable therapies needs to demarcate the injectable therapy options. PCSK9 inhibitors should be offered to patients who meet the NICE TA criteria for these drugs.

Formulary Team to continue to work with lipid specialists on the guidance for the Management of blood lipids and bring back to the next FIG meeting for agreement.

ACTION: Formulary Team to continue to work with lipid specialists and bring the guidance for the Management of blood lipids back to the next meeting for agreement.

4. Azathioprine and mercaptopurine for the treatment of inflammatory bowel disease in adults

The current north and east Devon “shared care” guideline for azathioprine (AZA) and mercaptopurine (6-MP) for the treatment of inflammatory bowel disease (IBD) has been reviewed and updated.

The updates are principally in line with guidance from the British Society of Gastroenterology but were also informed by guidance from the British Society for Rheumatology, guidance from the Specialist Pharmacy Service, draft national template shared care guidelines from the Regional Medicines Optimisation Committees (RMOC), and other “shared care” & Specialised Medicines Service guidelines agreed for use in

Devon. Much of the basic information is broadly the same but has been updated or reworded for consistency and clarity.

A Senior IBD Nurse Specialist from Royal Devon and Exeter NHS Foundation Trust was present for the discussion of this item.

Key changes to the guidelines in respect of specialist and GP responsibilities and monitoring of patients were highlighted, specifically:

- Specialist responsibilities include considering the possibility of drug to drug interactions, and there is a defined timescale for specialist prescribing prior to sharing care
- GP responsibilities now contain vaccination recommendations. Guidance has been added on managing patients who are exposed to chicken pox or shingles.
- Key changes to monitoring requirements are to:
  - Provide clarity in respect of specialist monitoring during initiation and dose stabilisation, prior to GP undertaking prescribing and monitoring.
  - Routine GP monitoring frequency updated from monthly to three monthly and updated GP thresholds for action.
  - CRP has been removed from GP monitoring as it is not a requirement for drug safety monitoring.
  - Specialists may request GPs to provide a phlebotomy service to support drug safety monitoring during the dose titration phase, or CRP to assist efficacy assessments if they wish; however this should be via locally commissioned community phlebotomy services or GP phlebotomy enhanced services.

The FIG considered the revised draft SMS guideline. The discussion noted:

- Monitoring requirements: Signs and symptoms - 'unexplained rash' will be added to symptoms that patients must report in line with the patient responsibility section.
- NUDT15 testing is not currently listed in the National Genomic Test Directory and is not routinely commissioned by NHS England. The guideline will be amended to read "consider NUDT15 testing if available".
- Low doses (including unlicensed preparations such as mercaptopurine 10mg tablets); there was discussion about alternate day dosing of higher strength preparations. Treatment is usually administered daily but rather than utilising unlicensed preparations, alternate day dosing is used locally in some trusts for patients requiring a lower dose.
- It was agreed that the Formulary team will update the proposed formulary guidance in line with the discussion and progress via the Local Medical Committee (LMC).

ACTION: Formulary Team to update the proposed formulary guidance in line with the discussion and progress it via the LMC.

A question was raised as to whether a similar guideline could be developed for children. The Formulary team will look into which organisation is the responsible commissioner for paediatric IBD services.

ACTION: Formulary Team to determine who is the responsible commissioner for paediatric IBD services.

The group thanked Vida Caines for her work in support of the production of this revised SMS guideline.

5. Pancrex V (pancreatin) powder

Pancrex V contains the active ingredient pancreatin, which is a mixture of digestive enzymes normally released by the pancreas to digest protein, fat, starch and sugars in food.

It is indicated for the treatment of fibrocystic disease of the pancreas (cystic fibrosis), chronic pancreatitis and pancreatic steatorrhoea following pancreatectomy. It may also be indicated following gastrectomy as an aid to digestion.

Pancrex V powder can be administered orally or via a nasogastric tube or a gastrostomy tube.

An application has been received from a Specialist Hepatobiliary (HPB) Dietitian, University Hospitals Plymouth NHS Trust (UHP), supported by an HPB Consultant Surgeon, UHP, for the inclusion of Pancrex V powder in the Devon Formulary for use in line with its licensed indications.

The Devon Formulary currently contains one pancreatin product; Creon (capsule formulation only). Creon capsules are included in the Devon Formulary as an amber (specialist input) option. Currently there are no other powdered forms of pancreatic enzyme replacement therapy in the formulary.

It was proposed that Pancrex V powder be included in the Devon Formulary as an alternative amber (specialist input) option to Creon capsules for patients that require enteral feeding tubes. Where enteral feeding is no longer required, appropriate patients will switch to Creon capsules for maintenance.

The FIG considered and accepted the proposed formulary entry including the addition of Pancrex V powder to the Devon Formulary.

A discussion took place.

- The proposed formulary entry to be amended with wording to indicate that Pancrex V powder is specifically for patients who require enteral feeding. Where enteral feeding is no longer required, patients should be reviewed to consider a switch to Creon capsules for maintenance treatment.
- It was noted that the financial impact of including Pancrex V in the formulary is not expected to be large.
- Local availability of Creon 25,000 capsules was raised, however, this does not seem to be a problem in practice.

ACTION: Formulary team to update the formulary entry 1.9.4 Pancreatin in line with the discussion.

6. Vaginal micronised progesterone (Utrogestan) for threatened miscarriage

A paper was presented to FIG to address the proposed addition of Utrogestan vaginal capsules (micronised progesterone) to the Devon Formulary in line with NICE guideline NG126 recommendations for threatened miscarriage, and harmonisation of progesterone products included in the formulary across Devon.

The FIG was asked to consider and take a decision in principle subject to further consultation with specialists on the addition of Utrogestan vaginal capsules to the Devon Formulary in line with NICE guidance for threatened miscarriage. The FIG was asked for its initial thoughts on the proposals for future harmonisation of other progesterone products in the formulary.

NICE recently published an update to (NG126) Ectopic pregnancy and miscarriage: diagnosis and initial management. The update was published as a result of the publication of two NIHR-sponsored randomised placebo-controlled trials. The PRISM trial evaluated treatment with progesterone for threatened miscarriage; treatment was started when the women presented with vaginal bleeding and continued up to 16 full weeks of pregnancy. The PROMISE trial evaluated treatment with progesterone from the start of pregnancy for women with a history of miscarriage and no bleeding.

The guidance was updated with new recommendations for threatened miscarriage. The NICE committee did not support treatment with progesterones for recurrent miscarriage without bleeding as no benefit for progesterone was demonstrated in the PROMISE trial.

NICE NG126 states that for women with vaginal bleeding and a history of previous miscarriage, vaginal micronised progesterone 400mg twice daily should be offered and if a fetal heartbeat is confirmed, this should be continued up to 16 full weeks of pregnancy. NG126 notes that no evidence of benefit was observed for other doses or preparations of progesterone.

The Formulary team had received two formulary applications of relevance. These were from a Consultant in Gynaecology and Obstetrics at University Hospitals Plymouth NHS Trust (UHP) who applied for vaginal micronised progesterone in line with NICE NG126. The application was supported by two further UHP consultants. A further application was received from a consultant at Northern Devon Healthcare NHS Trust (NDHT). This required clarification, a response is awaited from the applicant. Feedback on the draft guidance was received from consultants and in some cases, lead nurses, for the Early Pregnancy Units at the Royal Devon and Exeter NHS Foundation Trust, Torbay and South Devon NHS Trust and UHP and the fertility specialist from the Centre for Reproduction and Gynaecology Wales and the West (Plymouth).

The NICE committee stated that the first prescription should be issued by the early pregnancy unit but that it would be appropriate for GPs to continue prescribing as this is more convenient for the patient; prescribing arrangements are to be decided locally. Three of the Early Pregnancy Units reported on the current arrangements for prescribing. Feedback is awaited from NDHT on the proposed entry for Utrogestan and other wording on miscarriage.

The FIG was asked to take a decision in principle pending further consultation with specialists.

With regard to harmonisation of progesterones in the formulary across Devon, it was noted that no progesterones are listed for use in North and East Devon. Several are listed for use in South and West Devon. The licensed indications and prescribing data for the formulary progesterones and the non-formulary progesterones prescribed in primary care in Devon were included in the paper.

The FIG considered the proposed formulary entry for progesterones and the indications for which progesterones are being prescribed in Devon. A discussion took place, including:

- that the FIG were in agreement with the proposed 'amber' (specialist) colour status of Utrogestan vaginal capsules for threatened miscarriage,
- it was suggested that the text in the formulary entry on the use of progesterones for miscarriage, which is based on NG126, is reduced. It was also suggested that the entry should clarify the 'first prescription' of Utrogestan vaginal capsules is provided by the Early Pregnancy Unit and this should be a minimum of two weeks supply,
- it was noted that Utrogestan Vaginal 200 mg capsules have a warning for patients with peanut or soya allergy. It was agreed that the Formulary team check to see if other progesterone pessaries have similar warnings and that the wording around allergies be emboldened. An alternative progesterone pessary may need to be listed in the formulary for patients with peanut or soya allergy who are experiencing a threatened miscarriage.
- the Formulary team will update the proposed formulary entry in line with the discussion and undertake further consultation with specialists on the updated text.
- harmonisation of other progesterones across Devon requires further exploration before a FIG decision can be taken.

ACTION: Formulary team to update the proposed formulary entry for Utrogestan vaginal capsules and text on miscarriage in line with the discussion and to undertake further consultation with specialists.

ACTION: Formulary team to check whether other progesterone pessaries have warnings with regard to peanut or soya allergy.

ACTION: Following consultation with specialists Formulary team to seek FIG agreement to the proposed formulary entry for Utrogestan vaginal capsules and text on miscarriage via the e-FIG process.

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

Cenobamate is a new anti-epileptic drug licensed in June 2021. Cenobamate as an option for treating focal onset seizures in adults with drug-resistant epilepsy that has not been adequately controlled with at least 2 antiseizure medicines only if it is used as an add-on treatment, after at least 1 other add-on treatment has not controlled seizures, and treatment is started in a tertiary epilepsy service.

NICE has issued technology appraisal TA753 for cenobamate on 15 December 2021. To meet the mandatory timeline for publishing the technology appraisal (TA) in the Devon Formulary, the FIG was asked to consider the proposed entry for cenobamate.

The European Medicines Agency (EMA) considered the pivotal trial findings for the clinical end point of 50% reduction in seizures to be clinically relevant for patients receiving cenobamate. In addition, the EMA noted that 11.2% of patients receiving the target dose of

cenobamate and 21.1% of patients receiving the maximum daily dose were seizure free. This was reported to be a rare occurrence with other anti-epileptic drugs in this population.

The proposal was for cenobamate to have an amber (specialist-input) classification; the specialist should be responsible for prescribing cenobamate during dose titration and until the patient is stabilised on treatment.

A tertiary epilepsy specialist at University Hospitals Plymouth NHS Trust considered this was a reasonable approach. The draft formulary entry included the SmPC statement on the risk of drug reaction with eosinophilia and systemic syndrome (DRESS). The specialist also recommended that in the event that a patient develops a symptom(s) associated with DRESS, they should contact either the epilepsy specialist nurse or their GP as they are more responsive and have more immediate access than a consultant.

The FIG considered the proposed formulary entry. The discussion included:

- the FIG accepted the proposal to include Cenobamate as an 'amber' specialist drug in the Devon Formulary,
- the risk of drug reaction with eosinophilia and systemic symptoms (DRESS)
- concern was expressed that as cenobamate is a new drug, GPs may not recognise that symptoms reported by a patient are possible DRESS. The risk of DRESS should be flagged up to GPs in the letter from the specialist when treatment is initiated,
- the FIG felt that a specialist epilepsy nurse should be the first point of contact for patients experiencing symptoms of DRESS and that a clear pathway for advice is needed if the patient presents to a GP at a time when the epilepsy team is not available to provide advice,
- it was agreed that the specialist team should be responsible for informing patients of the risk of DRESS and action to take if the patient develops a symptom of possible DRESS
- if an ECG is required before initiating treatment, the practice should not be asked to undertake this. ECGs should be undertaken by Secondary Care.

ACTION: Formulary team to clarify with the specialist that information on DRESS be included in communications with GPs.

ACTION: Formulary team to update the entry in line with the discussion and liaise with specialists.

ACTION: Following consultation with consultants Formulary team to seek FIG agreement to the proposed formulary entry via the e-FIG process.

8. Community-acquired pneumonia

Due to time constraints discussion of community-acquired pneumonia was deferred to a future meeting.

9. 7.3.2 Progesterone-only contraceptives: update and harmonisation

Following the formation of a single Devon Formulary Interface Group, section 7.3.2 Progestogen-only contraceptives was prioritised for review as it was acknowledged that

there were differences between the current recommendations for N&E Devon and S&W Devon (in particular the traffic-light classifications of desogestrel and levonorgestrel).

Devon formulary drug recommendations for progesterone-only contraceptives were reviewed with local specialists with the intention of providing consistent recommendations across Devon.

Sexual health services in Devon are provided by Devon Sexual Health, and Sexual Health in Plymouth (SHiP). Specialist responses from both organisations informed the review, and all those who have responded were in agreement with the proposed final draft.

The changes proposed to oral products, parenteral products and intrauterine devices were highlighted to the FIG. The FIG considered and accepted the proposed amendments to the formulary entry subject to minor amendment.

There was discussion about:

- Parenteral products: It was agreed that information from the SmPCs added to the entries for Depo-Provera and Sayana Press indicating that in adolescents (12-18 years), use is only indicated when other contraceptive methods are considered unsuitable or unacceptable.
- The route by which patients can safely dispose of the self-administered parenteral product, Sayana Press. It was noted that parenteral hormone products are classified as hazardous (cytotoxic / cytostatic) clinical waste and should be disposed of in sharps receptacles with purple lids, but not all local district, city or borough councils in Devon collect these. It was agreed that further work may be required to seek clarity on how domestic hazardous (cytotoxic / cytostatic) clinical waste is managed by the various local councils in Devon.

ACTION: Formulary Team to seek clarity on the route for safe disposal of domestic hazardous (cytotoxic / cytostatic) clinical waste in Devon.

ACTION: Formulary Team to update the formulary in line with the discussion.

10. Direct-acting oral anticoagulants (DOACs): dosing clarification and national procurement for DOACs commissioning recommendations

The Formulary section on direct acting oral anticoagulants (DOACs) has been reviewed and updated to offer greater clarity on dosing recommendations for patients with renal impairment. The entries have been significantly expanded but do offer full dosing recommendations and supporting information.

The update adds the following to the entries:

- full licensed indications and doses, as per BNF and individual SmPC
- supporting notes on creatinine clearance (CrCl) where appropriate
- further detail on NICE Technology Appraisals (TAs)
- manufacturer guidance on usage where appropriate.

Clarification had been requested regarding embedded tools for calculating CrCl using the Cockcroft and Gault equation; specifically in relation to the use of actual body weight, ideal

body weight, or adjusted body weight. The Specialist Pharmacy Service (SPS) published a practice aid: Direct Acting Oral Anticoagulants (DOACs) in Renal Impairment: Practice Guide to Dosing Issues (February 2020); which recommends the use of a web-based application such as MDCalc. Specialist renal pharmacists from the acute trusts in Devon were consulted and also indicated a preference for MDCalc. Based on the SPS document and specialist renal pharmacist feedback, it was suggested to amend the Devon Formulary to recommend MDCalc to calculate CrCl.

NHS England (NHSE) recently reached a procurement agreement on the use of DOACs, which came into effect on 1st February 2022 in Devon, this supports the use of DOACs to be expanded in line with the NHS Long Term Plan. The intent of the recent procurement exercise was that any savings released would allow more patients with atrial fibrillation and other cardiovascular disease to be diagnosed and treated.

NHSE has published commissioning recommendations to outline the best value treatment choices, which state that for all indications, "it is for the prescribing clinician to determine which DOAC(s) are clinically appropriate for an individual patient based upon the relevant NICE technology appraisal guidance". In addition, there are specific recommendations in respect of treatment selection for atrial fibrillation. The NHSE commissioning recommendations cite recommendations from NICE guidance NG196 Atrial fibrillation: diagnosis and management and reference a number of positive recommendations in NICE TAs.

To support uptake of the national procurement it was proposed that the following amendments are made to the Devon Formulary:

- Inclusion of the NHSE treatment selection recommendation for patients commencing AF treatment in the DOAC drug entry section and the AF management guidance section.
- A hyperlink added to the national procurement document in the DOAC drug entry section and the AF management guidance section.
- Reorder DOACs to replicate NHSE treatment selection recommendation for AF.
- Note added to individual DOAC drug entries to consider NHSE procurement agreement.

The FIG considered and accepted the proposed formulary entry for DOACs including the commissioning recommendations with minor amendments.

The discussion included:

- That the FIG noted the NHSE procurement agreement for DOACs had come into effect in Devon and accepted the inclusion of the NHSE commissioning recommendations in the formulary
- that the FIG accepted the updates to the indications and dose of the DOAC entries subject to inclusion in each entry of the NHSE recommended place in therapy of rivaroxaban, apixaban and dabigatran when edoxaban is contraindicated or not clinically appropriate for the treatment of atrial fibrillation
- there was discussion about whether dabigatran should be reclassified to a blue (second-line) option. Recognising its use in indications other than AF, it was agreed there would be no change to its traffic-light classification acknowledging that the formulary entry would include the NHSE recommended place in therapy for AF. In

recognition of the complexity of the SmPC dosing requirements for dabigatran it was agreed that dosing and place in therapy information be provided in table format

- agreement to include a hyperlink to the national procurement of DOACs information published by NHSE in the DOAC drug entry section and the AF management guidance section,
- agreement to the update to the wording for calculating creatinine clearance in the DOAC and renal impairment section in line with the SPS and local renal specialist recommendations.

ACTION: Formulary team to update the proposed formulary entries in line with the discussion and publish the update.

11. Sacubitril valsartan: partial review

In April 2016, NICE issued TA388 Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction. Recommendations 1.1 and 1.2 are relevant to the formulary entry for sacubitril valsartan. These are that:

- Sacubitril valsartan is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction, only in people:
    - with New York Heart Association (NYHA) class II to IV symptoms and
    - with a left ventricular ejection fraction of 35% or less and
    - who are already taking a stable dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor-blockers (ARBs).

- Treatment with sacubitril valsartan should be started by a heart failure specialist with access to a multidisciplinary heart failure team. Dose titration and monitoring should be performed by the most appropriate team member as defined in NICE's guideline on chronic heart failure in adults: diagnosis and management.

A paper addressing two areas relevant to the partial review of a Devon Formulary entry note for sacubitril valsartan was circulated with the meeting papers. The formulary entry note was discussed at the December 2021 FIG meeting following a request from heart failure consultants in Devon for the note to be amended to “Sacubitril valsartan can be initiated on the advice of a specialist with follow up performed by the most appropriate member of the MDT”.

The proposed changes to the formulary entry note supported by the FIG in December were brought to the February 2022 meeting for final agreement. In addition, a consultant cardiologist and heart failure specialist from University Hospitals Plymouth NHS Trust joined the meeting to discuss the outcome of the FIG discussions at the December meeting, specifically that the FIG was not persuaded there were reasonable grounds to progress the proposal for GPs to prescribe sacubitril valsartan from the start of treatment on the advice of a heart failure specialist. The Formulary team had asked the specialist to provide a written submission to the FIG, this was included in the meeting papers. In addition, a heart failure specialist pharmacist from North Devon Hospital Trust joined the discussion.

Subsequent to the circulation of the meeting papers an email on the proposal for GP prescribing from the start of treatment was received from a cardiology consultant at Royal Devon and Exeter NHS Foundation Trust, this was circulated to FIG members prior to the meeting.

1) Proposals supported by the FIG at the December meeting:
   The FIG was asked to take a final decision on the proposed changes to the sacubitril valsartan entry note supported by the FIG during the discussion at the December meeting. The FIG agreed to amend the relevant note of the sacubitril valsartan entry to the following:

   "Treatment with sacubitril valsartan should be **initiated by a heart failure specialist. Following dose titration and once the patient is stabilised on treatment by the specialist heart failure team**, ongoing management and monitoring of the patient may be performed in primary care. Initial clinical assessment, monitoring and prescribing will remain the responsibility of the specialist heart failure team until the patient is stabilised on treatment."

   The agreed wording would be amended accordingly if the second part of the discussion resulted in a decision by the FIG that sacubitril valsartan may be prescribed by a GP from the start of treatment.

2) Discussion of the request for GPs to prescribe sacubitril valsartan from the start of treatment on the advice of heart failure specialist.

   The UHP consultant cardiologist gave an overview of the position of the West Devon teams, which have a separate in-patient heart failure team and community heart failure team. He explained that the current lack of non-medical prescribers is impacting on the teams' ability to initiate patients on sacubitril valsartan, and on the MDT meetings which are being used to make decisions on the initiation and dose titration of sacubitril valsartan. The West Devon teams are considering their internal processes but it will be some time before there are non-medical prescribers in the community heart failure team, which is reported to be under considerable pressure. The community heart failure nurses considered that the current arrangement set out in NICE TA388 where the secondary care team prescribe sacubitril valsartan until the patient is stabilised on treatment is a safety concern because of the possibility that the patient may continue to receive an ACE inhibitor or ARB at the same time.

The discussion included:

- The FIG GPs indicated that primary care is also under considerable pressure and that even if GP prescribing from the start of treatment is supported, there are likely to be GPs who will decline to take on prescribing at this point. Reasons for this may include lack of familiarity and experience of prescribing sacubitril valsartan from the start of treatment and lack of capacity in primary care.
- NICE TA388 states that the heart failure team should start treatment with sacubitril valsartan and be responsible for dose titration.
- Some GPs may be anxious that they will not have the same level of input from the heart failure team if they agree to prescribe sacubitril valsartan from the start of treatment.

- There would need to be a middle ground for GPs who are happy with the current arrangement and do not wish to prescribe sacubitril valsartan from the start of treatment.
- Any perceived safety concerns resulting from patients receiving medicines from more than one provider (e.g. primary and secondary care) were not felt to be greater for sacubitril valsartan than for any other treatments. It is important that any medicines supplied from secondary care are recorded in patient records on the GP prescribing system, and that these records are kept up to date. The Formulary contains some information on this, and further advice and support is available from the Medicines Optimisation team.
- Having the first prescription written by a heart failure specialist would support timely initiation of treatment and pre-planned follow up for review and dose titration by the heart failure team
- As the TA recommendation is for the heart failure team to start treatment with sacubitril valsartan, the request is essentially for a transfer of work from secondary care to primary care. It was noted that there may need to be a wider discussion on this.
- The additional work for the GP and the practice requires clarification. It was agreed that the Formulary team would work with the UHP consultant cardiologist and representatives from the other heart failure teams in Devon to produce prescribing guidance for sacubitril valsartan encompassing GP prescribing from the start of treatment. The draft guidance will be discussed at a future FIG meeting to assess the impact of the consultants' request on primary care.

ACTION: Formulary team to publish the revised entry

ACTION: Formulary team to work with heart failure teams to develop draft prescribing guidance for sacubitril valsartan and submit to FIG for discussion

12. MHRA Drug Safety Updates (Dec 21 to Jan 22)

December 2021

Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium

- The MHRA has undertaken a review of safety information on haloperidol for the acute treatment of delirium in elderly patients. No new safety concerns were identified for this group of patients.
- The article has been issued as a reminder that elderly patients are at an increased risk of adverse neurological and cardiac effects when being treated with haloperidol for delirium. The lowest possible dose of haloperidol should be used for the shortest possible time. Cardiac and extrapyramidal adverse effects should be closely monitored.
- Devon Formulary section 4.2.1 Antipsychotics has been updated to include the advice for healthcare professionals and a link to the Drug Safety Update under the entry for haloperidol.

Venetoclax (Venclyxto): updated recommendations on tumour lysis syndrome (TLS)

- Venetoclax is included in the Devon Formulary as a red (hospital only) drug for the treatment of chronic lymphocyte leukaemia. Tumour lysis syndrome is a known risk of venetoclax.
- A letter was sent to healthcare professionals in June 2021 advising that fatal cases have occurred in patients receiving a single dose of venetoclax at initiation of treatment and in patients with low to medium risk of tumour lysis syndrome (TLS). Reference to the letter was included in the Drug Safety Update paper presented at the August 2021 FIG meeting.
- Health care professionals are advised the risk minimisation measures for TLS included in the SmPC apply to all patients. Patient alert cards have been distributed to prescribing haematologists.
- Devon Formulary section 8.2.3 Anti-lymphocyte monoclonal antibodies has been updated to include a link to the Drug Safety Update article and a summary of the key points including links to the patient information leaflet and patient card.

Dapagliflozin (Forxiga): no longer authorised for treatment of type 1 diabetes mellitus

- On 25 October 2021, the marketing authorisation holder for dapagliflozin withdrew the indication for type 1 diabetes across Europe and in the UK. A letter was sent to UK healthcare professionals to inform them of the withdrawal. Reference was made to this letter in the Drug Safety Update paper presented at the December 2021 FIG meeting.
- The indication of type 1 diabetes mellitus was licensed for the 5mg tablet only. The 5mg tablet is recommended for severe hepatic impairment in the existing indications (type 2 diabetes mellitus and chronic heart failure) and this remains available.
- At the time of the withdrawal of the indication, the formulary entry for dapagliflozin and relevant notes under section 6.1.2 Antidiabetic drugs were updated to remove the indication for type 1 diabetes. The entry for dapagliflozin has been updated with the key points from the Drug Safety Update article and a link to the article.

Letters sent to healthcare professionals and drug alerts in November 2021

- Beovu (brolucizumab): updated recommendations to minimise the known risk of intraocular inflammation, including retinal vasculitis and/or retinal vascular occlusion.
- An article on this subject is included in the January 2022 Drug Safety Update.
- Forxiga (dapagliflozin) 5mg should no longer be used for the treatment of Type 1 Diabetes Mellitus.

January 2022

Brolucizumab (Beovu): risk of intraocular inflammation and retinal vascular occlusion increased with short dosing intervals

- Brolucizumab is included in the Devon Formulary as a red (hospital only) drug. It is indicated for the treatment of neovascular (wet) age-related macular degeneration (AMD). Intraocular inflammation and retinal vascular occlusion are adverse drug reactions known to be associated with brolucizumab which were observed in the pivotal clinical trials.

- Ophthalmologists were informed of new recommendations from a European safety review of these adverse events in a letter in November 2021. The product information of brolucizumab will also be updated to reflect this information.
- The formulary entry for brolucizumab under section 11.8.2 has been updated to include a link to the Drug Safety Update article.

Paclitaxel formulations (conventional and nab-paclitaxel): caution required due to potential for medication error

- Paclitaxel is used in the treatment of cancer and is included in the formulary as a red (hospital only) drug. Two brands of paclitaxel, Abraxane and Pazenir, are formulated as paclitaxel bound to albumin in nanoparticles (nab-paclitaxel).
- The two nab-paclitaxel medicines are licensed as bioequivalent to each other but have substantially different properties compared with conventional formulations of paclitaxel. There is a warning in the product information and on the packaging for both Abraxane and Pazenir that they should not be substituted for or with other paclitaxel formulations.
- It is recommended that a clear distinction is made between paclitaxel formulations when prescribing, dispensing, administering, and communicating about these medicines – use of brand names is advised for nab-paclitaxel formulations. The product name and dose should be verified before administration and the specific SmPC instructions followed for preparation and administration.
- Prior to the publication of the Drug Safety Update, the Devon Formulary had a single entry for paclitaxel. A separate entry has been created for the nab-paclitaxel Abraxane, which clearly states that this is an albumin-bound paclitaxel which should be prescribed by brand. The advice from the Drug Safety Update and a link to the Drug Safety Update article are included under the entry for conventional paclitaxel and Abraxane. The second nab-paclitaxel, Pazenir, is not included in the Devon Formulary.

Letters sent to healthcare professionals and drug alerts in December 2021

- No letters or drug alerts required an update to the formulary.

13. Recent drug decisions (including NICE)

The recent drug decisions within the formulary were noted. These included:

- Publication of the fidaxomicin commissioning policy.
- Discontinuation and removal of diazepam rectubes 2.5mg/1.25ml
- Inclusion of vaxelis diphtheria vaccine and palivizumab solution for injection.

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.	Formulary Team	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.	Formulary Team	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.	Formulary Team	Complete
22/06	Vaginal micronised progesterone (Utrogestan) for threatened miscarriage - update the proposed formulary entry in line with the discussion.	Formulary Team	Complete
22/07	Vaginal micronised progesterone (Utrogestan) for threatened miscarriage - undertake further consultation with specialists on harmonisation of progesterones across Devon.	Formulary Team	Complete
22/08	Vaginal micronised progesterone (Utrogestan) for threatened miscarriage - check for warnings with regard to peanut or soya allergy.	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	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