NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

South Devon and Torbay
Clinical Commissioning Group

Devon Formulary Interface Groups

Annual Report

1 April 2017 – 31 March 2018

Northern and Eastern Devon Formulary Interface Group (N&E FIG)

South and West Devon Formulary Interface Group (S&W FIG)

Annual Report 2017-2018

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1. Introduction

1.1 This report provides an overview of the work undertaken by the Formulary Interface Groups in the southern and western areas of Devon (S&W Devon FIG) and in the northern and eastern areas of Devon (N&E Devon FIG) from April 2017 to March 2018.

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

1.3 The Formulary Interface groups (FIGs) reflect the natural healthcare communities clustered around the major hospitals in Devon. These groups publish their guidance through bespoke websites and an app which have widened in scope to include the Clinical Referral Guidelines produced for NEW Devon CCG and South Devon and Torbay CCG by Devon Referral Support Services. The addition of these guidelines brings together in one place two essential information resources permitting easy cross referencing of information and advice, making the Formulary websites a valuable resource for prescribers and those making referrals as they care for their patients.

1.4 The websites and associated app are constantly being reviewed and updated. Decisions made by each of the FIGs in Devon are taken in the context of the local service configurations, local priorities, and the approaches to treatment preferred by the clinicians in their area, whilst reflecting the policy positions of the service commissioners (the CCGs and NHS England). Therefore there are differences between the two Devon FIGs in the detail of their workplans and the items discussed and the guidance produced.

2. The Process

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

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

The N&E Devon FIG draws its membership from.

- Devon Partnership Trust
- NEW Devon CCG

- Northern Devon Healthcare Trust
- Royal Devon and Exeter NHS Foundation Trust

Terms of Reference

2.2 The Terms of Reference for both the S&W Devon FIG and for the N&E Devon FIG have been updated in year. The Terms of Reference are provided in **Appendices 1** and **2** respectively.

Membership and quoracy of the FIGs

2.3 As part of the review of the Terms of Reference, membership of the FIGs was reviewed. Consideration was given to representing the organisations involved through a core membership supplemented by co-opted members to provide wider perspective to the groups' deliberations.

The Core Membership of each FIG is detailed in their individual Terms of Reference (**Appendix 1** & **2**) and is drawn from the collaborating organisations.

2.4 For meetings to be quorate at least two medical practitioners (of whom at least one is a General Practitioner) and two pharmacists, (of whom at least one must be from the Clinical Effectiveness/Medicines Optimisation Team, of the CCGs) must be present.

Attendance

2.5 Details of attendance at meetings of the S&W Devon FIG and at meetings of the N&E Devon FIG are provided in **Appendix 3**

The work programme

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

Meeting arrangements

2.7 Meetings of the S&W Devon FIG took place at The Watermark, Ivybridge. Meetings of the North and East FIG took place at Old Heathcoat School Community Centre Tiverton. Meetings for both the Devon FIGs are scheduled to take place at intervals of approximately two months. During the year six meetings of the S&W Devon FIG took place. Over the same time five meetings of the N&E Devon FIG were held, this is one less than for the S&W Devon FIG due to the cancellation for operational reasons of the meeting originally scheduled for April 2017. In addition to the face to face meetings with formal agendas and minutes, a number of e-FIG meetings have taken place to make specific one off decisions. These have been conducted in line with an agreed process on an as required basis for appropriate items. The outcomes of e-FIG meetings are reported and recorded in the minutes of the subsequent face to face meeting along with any declarations of interest made.

2.8 The S&W Devon FIG and the N&E Devon FIG are chaired by Secondary care consultants. These are Andrew Gunatilleke, Torbay and South Devon NHS Foundation Trust and Tawfique Daneshmend, Royal Devon and Exeter NHS Foundation Trust respectively.

2.9 Meeting agendas and minutes are produced and distributed by NEW Devon CCGs Clinical Effectiveness Team in line with the Terms of Reference.

Declaration of Interest

2.10 All members of the committee, secretariat, guests and clinical specialists are expected to complete and submit a declaration of interest form prior to the start of each meeting. This specifies the drug/technology due to be considered along with details of any comparative product, and the respective pharmaceutical company/manufacturer. It also seeks to capture any interests relating to particular clinical areas where non-drug items are due to be discussed. Declarations of interest are also required for items discussed via e-FIG meetings.

2.11 All declared interests are considered by the Chair of the FIG and appropriate disclosures made to the committee at the beginning of the meeting. Where there are no interests to declare, a 'nil' return is required.

2.12 A record of declared interests is kept by the secretariat and full details are made publically available in the minutes of the meeting. A register of all declared interests for the year is included in **Appendix 4**.

3. NICE Guidance, Commissioning and Assurance/Recommendations

3.1 The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE Technology Appraisal (TA) guidance and NICE Highly Specialised Technologies (HST) guidance, making them available within three months of publication or sooner when agreed by NHS England. NICE TAs are commissioned by either CCGs or NHS England. The HST programme only considers drugs for very rare conditions; the responsible commissioner for these is usually NHS England.

3.2 The Devon Formulary supports the CCGs in Devon to fulfil their commissioning responsibility in respect of NICE TAs and HSTs. This is achieved through the addition of all TAs and HSTs to the local formulary in line with the requirements of each piece of guidance regardless of whether they are CCG or NHS England commissioned. For completeness and clarity technologies for which NICE has issued a statement that they are not recommended for routine commissioning are also added. Similarly HSTs are also added in line with timeframe set out in the guidance.

3.3 Following instruction from the CCGs' NICE Planning Advisory Group (NPAG), seventy two TAs and three HSTs were added to the local formulary in year. NICE TA and HST recommended treatments generally go into the formulary as secondary care only treatments in the first instance. These are detailed in **Appendix 5** of this report.

4. Reviewing and developing the formularies

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

4.2 New sections of formulary guidance are also developed in response to local need, identified by requests from stakeholders and users and through horizon scanning for new/revised national guidelines.

4.3 The formulary development and review process involves consultation with local specialists in order to produce evidence based guidance that reflects local clinical practice and service provision. This enables Devon formulary recommendations to remain broadly consistent across the county, whilst allowing variation to reflect and support the different needs of the local healthcare communities clustered around the four major hospitals in Devon.

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

4.5 The infections chapter was reviewed Devon-wide, in line with updated guidance from Public Health England. Informed by local microbiologists and the Devon Antimicrobial Stewardship Group, the resulting formulary guidance contained extensive drug treatment recommendations supporting appropriate use of antibiotics, whilst reflecting local preferences and microbial sensitivities e.g. variations between areas in the management of some urinary and genital tract infections, meningitis, and cellulitis.

4.6 The oral nutritional supplements (ONS) section was reviewed across Devon with the CCGs' MO teams, and local dieticians. The updated guidance provides a simplified selection of recommended products, and supported a wider piece of MO team work improving outcomes for patients requiring ONS.

4.7 The S&W formulary guidance on the treatment of pain with opioids was reviewed and expanded. In particular, consideration was given to the updated "opioids aware" guidance from the Royal College of Anaesthetists, and local specialist input. This extensive piece of work resulted in revised guidance on the management of acute pain; chronic non-malignant pain; and pain in substance misuse disorders; as well as advice on the management of opioids. These topics are not covered by the N&E Devon formulary guidance. As a result of this revision, work is being undertaken with local specialists to agree similar guidance for N&E Devon.

4.8 As part of the opioid review, the S&W Devon recommended opioid analgesic drug entries were reviewed, with substantial updates made to the supporting information to promote safe and cost-effective use of these medicines.

4.9 N&E Devon formulary recommendations for patients with Chronic Obstructive Pulmonary Disease (COPD) were reviewed and guidance notes expanded to reflect local specialist preference for the treatment approach in various subgroups.

4.10 New formulary guidance was produced Devon-wide on the management of nausea and vomiting in pregnancy and hyperemesis gravidarum was agreed. This guidance was based on guidelines produced by the Royal College of Obstetricians and Gynaecologists, and aims to support GPs who manage this condition in primary care, with a variety of non-pharmacological and drug interventions. The guidance supports referral to secondary care when appropriate.

4.11 New formulary guidance was produced Devon-wide on the management of low back pain and sciatica was also developed, in line with the NICE clinical guideline; the guidance promotes non-pharmacological interventions, as well as providing specific drug recommendations.

4.12 New S&W Devon formulary guidance on the management of thyroid disorders was agreed. Similar guidance already existed for N&E Devon, and this was reviewed and updated with input from S&W Devon specialists.

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

5.1 As reported in section 3 above, mandatory NICE TAs and HSTs are routinely added to the formulary, usually as secondary care only (red) drugs. The formulary status and appropriate prescribing advice of such treatments may subsequently be discussed and agreed by the FIGs.

5.2 In addition applications to consider new drugs for inclusion into the Devon Formularies are received by the CCGs' Formulary Team, these are considered either by the CPC or by the FIGs according to the Terms of Reference of CPC. The Formulary team also receives applications for consideration of removal of products from the formulary or for a change to be made to current formulary preparations such as to the preferred brand or a change in prescribing status e.g. from "secondary care only" to "specialist". Applications are considered against key criteria including evidence of efficacy and safety, and cost considerations.

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

5.4 In year, both the S&W FIG and N&E Devon FIG considered a number of product applications, proposed changes to formulary products and changes to product status or prescribing advice.

6. Relationship with the Clinical Policy Committee

6.1 New drugs which fall outside of the remit of the FIGs to decide upon are considered for commissioning by the Clinical Policy Committee (CPC). The CPC makes recommendations to the CCGs' Governing bodies or appropriate groups with delegated authority, for approval of treatments following clinical discussion of the issues. Once approved policies for such treatments are published on the CCG website.

6.2 Subsequent to a drug commissioning recommendation made by CPC being approved by the CCGs the FIGs consult with appropriate clinicians. Discussions include the position of the drug within the locally recommended treatment pathway. In year the FIGs agreed formulary entries for the following treatments which the CPC had recommended for commissioning:

- Sodium oxybate for narcolepsy with cataplexy.

- Lecicarbon A suppositories for the management of chronic constipation.

- Tiotropium bromide monohydrate and olodaterol hydrochloride (Spiolto® Respimat®) combination inhaler for the treatment of chronic obstructive pulmonary disease (COPD) in adults.

- Biological agents for psoriatic arthritis:
  - Anti-TNFs or ustekinumab for patients who have failed treatment with secukinumab as a first line biological agent.
  - Secukinumab as alternative third line biological agent.
  - Infliximab as an alternative third line biological agent.

- Freestyle Libre device for interstitial glucose monitoring in diabetes

6.3 In the case of CPC recommending that a drug is not recommended for routine commissioning the recommendation is added to the formulary. In year this applied to:

- Safinamide (Xadago®) for mid- to late-stage fluctuating Parkinson's Disease

- Azelastine hydrochloride and fluticasone propionate (Dymista®) for allergic rhinitis. However the CPC did recommend Dymista be available for use via the Trust Managed Individual Patient Route (TMIPR) for the treatment of allergic rhinitis in patients who had not responded adequately to the current treatment options.

6.4 In year the CCGs decided to rescind the following policies due to being superseded by mandatory NICE Technology appraisals. This was reflected in the formulary.

- Policy for Certolizumab for psoriatic arthritis unpublished - superseded by NICE TA445
- Policy for Dexamethasone intravitreal implant (Ozurdex®) for treating non-infectious posterior uveitis unpublished - superseded by NICE TA460

- Policy for Collagenase injection (Xiapex®) for treating Dupuytren's contracture unpublished - superseded by NICE TA459

7. e-FIG

7.1 The virtual e-FIG process allows for discussion via email of items for which there is a desire for increased pace in the decision making process (for example when the decision represents a financial priority for stakeholder organisations, or when a safety issue cannot wait for the next face to face FIG meeting), or for relatively straight forward decisions in order to free up face to face time for more complex discussions. The process reserves the right of the FIG membership to return papers for clarification or further discussion at a face to face meeting if the issue is not as straightforward as it would first appear.

7.2 The e-FIG process ensures a robust system of checks and balances remains in place for formulary decision making; striking the right balance between responsiveness and due process, whilst reducing the expense and time burden of additional face to face meetings.

7.3 In year a number of items were considered and progressed via the e-FIG process, some examples are briefly noted here.

7.4 Devon wide formulary guidance on gluten free products was considered and accepted in order to support the positions already agreed by the two Devon CCGs (extensive further discussion was therefore not required); and in moving quickly, supported work by the MO teams in promoting the CCGs' decision (significant financial savings were expected).

7.5 A proposal to remove Lyrica® as the preferred brand of pregabalin in S&W Devon was considered and accepted via e-FIG. This was agreed pending patent expiry and withdrawal of associated NHS England advice, and again supported the MO teams in moving swiftly to achieve financial savings. The corresponding decision was taken at the face to face meeting of the N&E Devon FIG in the same month.

7.6 A proposal to adopt Ralvo® as the preferred brand of lidocaine medicated plasters in N&E Devon was considered and accepted via e-FIG; a quick decision was requested in order to support MO teams achieving significant financial savings. The corresponding decision was taken at the face to face meeting of the S&W Devon FIG in the same month.

7.7 A proposal to include Medi Derma-Pro® Foam & Spray Cleanser and Medi Derma-Pro® ointment in the formulary was considered and accepted via e-FIG in N&E Devon. For this relatively straight forward decision, the virtual process allowed face to face time to be utilised for more complex discussions.

8. NHS England Review of low value prescription items

8.1 In November 2017 NHS England (NHSE) and NHS Clinical Commissioners (NHSCC) published guidance for CCGs on 18 treatments that these organisations recommend should not be routinely prescribed in primary care as they are considered to be low value prescription items. New guidance was introduced for CCGs.

8.2 Each of the recommendations was considered by the Devon FIGs. Some of the treatments concerned were not included in the Devon formulary and in some cases the formulary already reflected the national recommendations. For some of the treatments it was agreed that additional information be added to the existing entry and for others a new entry was developed.

- Co-proxamol – An entry was added stating that co-proxamol is not recommended due to significant safety concerns. Prescribers should not initiate co-proxamol for any new patient.

- Dosulepin – an entry was added stating that dosulepin is not recommended for use in primary care due to significant safety concerns. Prescribers should not initiate dosulepin for any new patient. If, in exceptional circumstances, there is a clinical need for dosulepin to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.

- Prolonged-released doxazosin (also known as doxazosin modified release) – the existing entry for doxazosin was amended.

- Immediate release fentanyl (Abstral® and Effentora®) existing indications were removed and replaced with “Breakthrough cancer pain in palliative cancer pain” and a note added regarding NICE guidance and input from a healthcare professional with a recognised specialism in palliative care in.

- Glucosamine and chondroitin – an entry was added stating that due to lack of evidence for glucosamine and chondroitin prescribers should not initiate glucosamine and/or chondroitin for any new patient.

- Herbal treatments – The Devon formulary did not recommend herbal products. The formulary entry from NICE was deleted from the entry for menopause and an entry was added to the formulary stating that herbal treatments are not recommended for use in any condition due to lack of scientific evidence required to register these products.

- Homeopathic treatments - The Devon formulary did not recommend homeopathic treatments. An entry was added stating that following national guidance from NHSE homeopathy is not recommended for use in any conditions due to lack of clear or robust evidence of efficacy. A separate section was created for formulary information pages entitled ‘Herbal Treatments and Homeopathy.

- Lidocaine plasters – this was discussed by both the Devon FIGs, further work to be undertaken locally in relation to this recommendation.

- Liothyronine (including Armour Thyroid and liothyronine combination products) This was discussed by both FIGs, work is being undertaken separately across the Devon Sustainability and Transformation Plan (STP) footprint. No further work is being undertaken by the Formulary team.

- Lutein and antioxidants – this was discussed by both the Devon FIGs, further work is being undertaken locally in relation to this recommendation.

- Omega-3 Fatty acid compounds – This was discussed by both FIGs, further work is to be undertaken locally in relation to this recommendation.

- Oxycodone and naloxone combination product – This was discussed by both FIGs in Devon, further work is to be undertaken locally in relation to this recommendation.

- Paracetamol and tramadol combination product – An entry was added to the Devon Formulary stating that paracetamol and tramadol combinations are not recommended for use due to significant extra costs and no evidence of efficacy or safety over the individual products. Prescribers should not initiate paracetamol and tramadol combination products for any new patient.

- Perindopril arginine – An entry was added to the Devon Formulary stating that perindopril arginine is not recommended for used due to significant extra costs and no evidence of efficacy or safety over the individual products. Prescribers should not initiate perindopril arginine for any new patient.

- Rubefacients (excluding topical NSAIDs) - Subsequent to the publication of the new guideline from NHSE and NHSCC the Devon Formulary was in line with the new guideline.

- Once daily tadalafil – this was discussed by both the Devon FIGs, further work to be undertaken locally in relation to this recommendation.

- Travel vaccinations - The NHSE/NHSCC guidance confirms existing regulations with respect to vaccinations which should not be prescribed on the NHS exclusively for the purposes of travel. These vaccines should continue to be recommended for travel but the individual traveller will need to bear the cost of the vaccination. The formulary guidance for the S&W and the N&E was in line with this with the exception of BCG, which was not included. BCG was added to the formulary list of travel immunisations not provided by the NHS as well as the statement from NHSE/NHSCC that “for all other indications, as outlined in Immunisation Against Infectious Disease – the green book – the vaccine remains free on the NHS.”

- Trimipramine – A statement was added to the Devon Formulary stating that trimipramine is not recommended for use due to significantly higher costs; more cost-effective tricyclic antidepressants are available. Prescribers should not initiate trimipramine for any new patient.

9. Other Updates and publications notes/considered

Recent Drug Decisions

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

- Decisions taken by local trust medicines groups regarding secondary care usage.
- Decisions taken by the Clinical Policy Committee.
- NICE TA Guidance published since the last meeting.
- Discontinued products removed

Medicines and Healthcare Products Agency (MHRA)

9.2 Each month the MHRA and its independent advisor the Commission on Human Medicines publish a Drug Safety Update (DSU) for medicines users. These are considered by each of the FIGs to determine which of the advice is appropriate for addition of locally tailored formulary notes and any current formulary information is concurrently reviewed.

10. Website and App

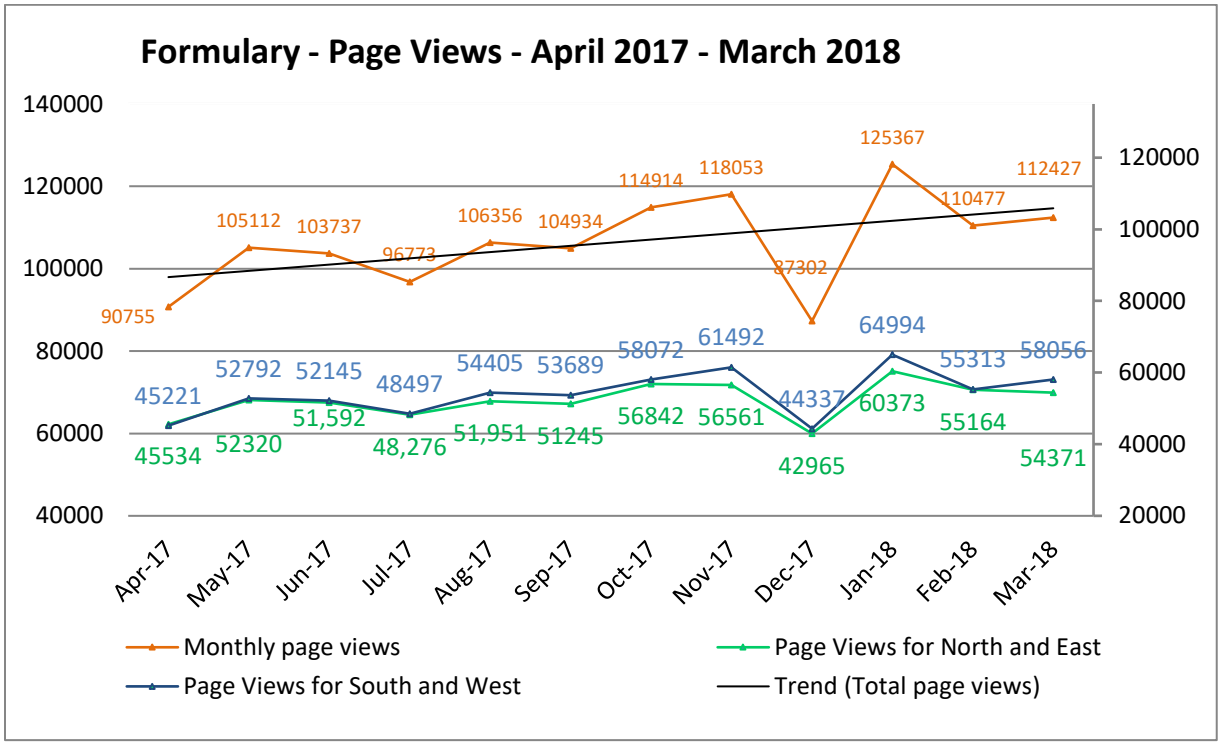
10.1 The Devon formulary has a bespoke website which is geographically tailored to reflect the decisions of the FIGs. It is available on a single App for both Android and Apple devices. As the formulary website is updated this is automatically translated onto the App with information specific to the relevant FIG area.

10.2 In year the Devon formulary has shown an increase in use of approximately 15% over the previous year. Between 1 April 2016 and 31 March 2017 the combined number of pages views was 1,109,128 (556,964 for S&W Devon and 552,164 for N&E Devon). Between 1 April 2017 and 31 March 2018 the combined number of page views was 1,276,207 (649,013 for S&W Devon and 627,194 for N&E Devon).

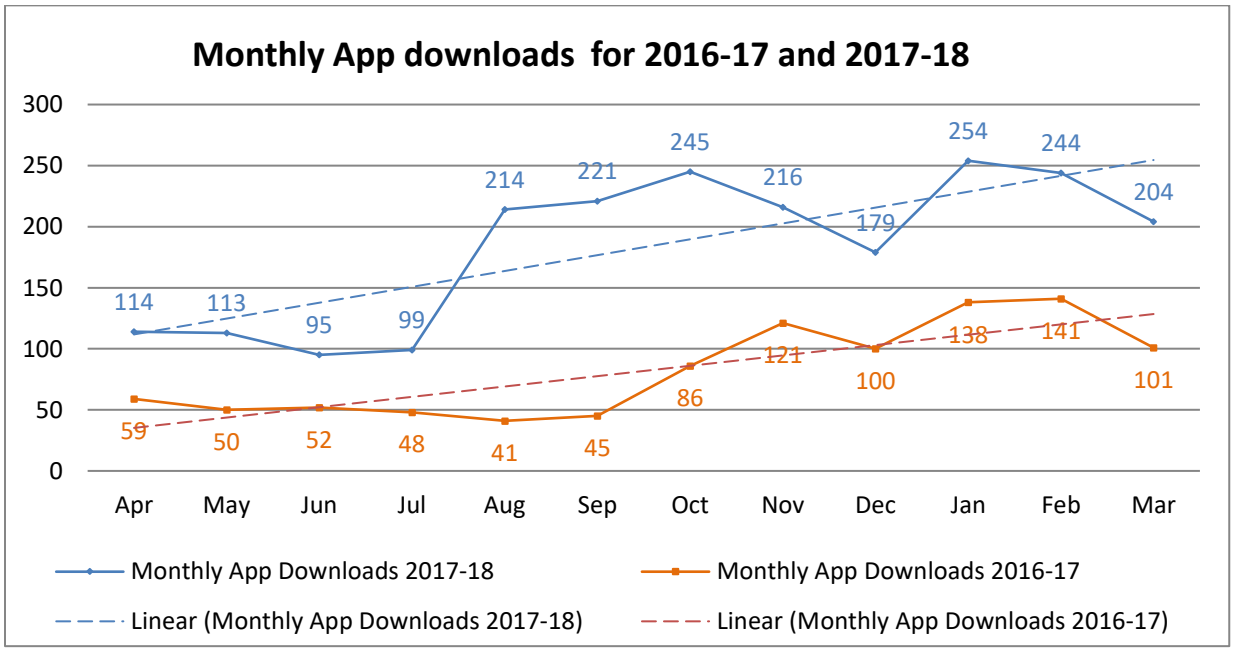
10.3 The total page views during the period 1 April 2017 to 31 March 2018 took place over 292,040 individual sessions. During each session approximately 4.4 pages were visited.

10.4 In the formulary side of the website, across both sites, Chapter 5 Infections pages continue to be the most viewed. Similarly, from the referral side of the site the two week wait and the policy pages continue to be some of the most viewed.

10.5 The graph below shows the number of page views each month between April 2017 and March 2018 for the Devon Formulary together with the data for the S&W and N&E geographical areas.



10.6 The graph below shows the monthly app downloads for the Devon Formulary and Referral website for two years; from April 2016 to March 2017 and from April 2017 to March 2018. Between 1 April 2016 and 31 March 2017 the App was downloaded 982 times, during the same period in 2017-18 the App was downloaded 2198 times, an increase of approximately 124%. This brings the total downloads since the App went live to approximately 7,000.



11. Website and App User Survey

11.1 The FIGs received a report of the Devon Formulary and Referral user survey undertaken by the Formulary Team at the end of 2017. The aim of the survey was to enable the Formulary Team to understand and improve user experience and satisfaction. The survey comprised 18 questions. These broadly covered:

- The geographic area in which respondents worked and their primary job role.
- Formulary and referral use.
- General thoughts on content.
- Navigation and the search function.
- The traffic light drug classification system.
- Any additional comments respondents wished to make.

11.2 Responses were generally very positive; however a number of possible next steps were identified. These included:

- Contacting the design agency to discuss functionality options that may be achieved within budget e.g. a "recently viewed pages" function, enhanced/intelligent search functionality.
- Asking secondary care colleagues to help address issues around requests for primary care prescribing of secondary care only drugs (red drugs).
- Feedback to Devon Referral Support Services those results relating generally to clinical referral guidelines (CRGs), and specific responses related to individual CRGs
- Production of a summary report for publication.
- Quizzes updated and new ones published.

12. Costs

12.1 The clinical effectiveness team continue to seek best value in the running costs of the formulary. The costs for the FIG meetings held in the last year are show below, including VAT.

South and West Devon FIG

Meeting date	Venue	Cost
Wednesday 10th May 2017	The Watermark, Ivybridge	£84.00
Wednesday 12th July 2017	The Watermark, Ivybridge	£84.00
Wednesday 13h September 2017	The Watermark, Ivybridge	£84.00
Wednesday 8th November 2017	The Watermark, Ivybridge	£84.00
Wednesday 17th January 2018	The Watermark, Ivybridge	£84.00
Wednesday 14th March 2018	The Watermark, Ivybridge	£84.00

North and East Devon FIG

Meeting date	Venue	Cost
Thursday 8th June 2017	Old Heathcoat School Community Centre, Tiverton	£20.00
Thursday 10th August 2017	Old Heathcoat School Community Centre, Tiverton	£20.00
Thursday 12th October 2017	Old Heathcoat School Community Centre, Tiverton	£20.00
Thursday 14th December 2017	Old Heathcoat School Community Centre, Tiverton	£20.00
Thursday 8th February 2018	Old Heathcoat School Community Centre, Tiverton	£20.00

13. Communication

Formulary Updates

13.1 Formulary updates are highlighted on the updates page and Formulary News banner of the websites, and published on the Medicines Optimisation Post (MOP) Live website. Updates following FIG meetings are published in the NEW Devon CCG CEMO newsletter which is circulated on a monthly basis to GPs, Practice Managers, Prescribing Leads, Independent Nurse Prescribers, Pharmacist Prescribers, Locum Pharmacists and Community Pharmacists within NHS NEW Devon CCG. The newsletter is published by the Clinical Effectiveness and Medicines Optimisation Teams at NEW Devon CCG. Updates are circulated via e-mail to relevant people who may not otherwise have access to these resources.

Governance Documentation

13.2 Full details of the Formulary Interface Groups including governance documentation (minutes of meetings, Term of Reference) are publically available via the Devon-wide Formulary and Referral Website.

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

14. Reflective Practice

Website and App User survey

14.1 As reported in Section 12 above, a survey of Website and App Users had taken place. On receipt of the survey results discussions by the FIGs resulted in several suggestions being made about changes to the formulary website and app, including whether search results could enhanced. The N&E FIG also raised a query as to whether education on the formulary website and app was undertaken during induction of new employees and whether this should be done as part of department meetings.

Proposed change to process for preferred brand recommendations

14.2 The MO Team in N&E Devon put forward a proposal for a revised process for preferred brand recommendations. After discussion at the N&E FIG meeting it was agreed that the Formulary Team and the Medicines Optimisation Team would undertake further work to refine the proposed process for preferred brand recommendations and begin trialling the process.

e-FIG Declaration of Interest Forms

14.3 The e-FIG governance processes were considered by the Clinical Effectiveness Team. It was noted Declarations of Interest were not sought for items considered through the e-FIG process. This was raised with both the FIGs in Devon, as a result it was agreed that members responding to e-FIG questions should consider and record any Declarations of Interest in their reply. These items will be included on the Declaration of Interest form for the following face to face meeting where they should be formally recorded.

15. Conclusion

15.1 The S&W Devon FIG and the N&E Devon FIG are asked to approve the annual report for 2017-2018 as a record of the activity and the governance arrangements underpinning the groups.

15.2 The report will be submitted to the CCGs' Clinical Policy Committee for assurance of how the CCGs in Devon promote prescribing which is safe, clinically appropriate and cost-effective in both primary and secondary care by providing guidance on locally recommended drug and treatment choices and clinical referral guidelines in one place permitting easy cross referencing of information and advice.

Northern, Eastern & Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

South and West Devon Formulary Interface Group

(FIG)

Terms of Reference

1 Purpose of the Group

1.1 To provide a forum for the Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) and the South Devon and Torbay Clinical Commissioning Group (SD&T CCG) to work with the provider trusts it commissions to incorporate national and local treatment choices and guidance into a Joint Formulary.

2 Functions

The South and West Devon Formulary Interface Group (FIG) will:

2.1 Support safe, evidence-based, cost effective prescribing in line with the stated strategies and visions of NEW CCG and SD&T CCG.

2.2 Produce, maintain and review a formulary for use across South and West Devon. The formulary will comprise the output of processes to support the managed introduction, utilisation and withdrawal of treatments within the local health economy.

2.3 Ensure treatments approved by local decision making groups are included in the South and West Devon Joint Formulary. Local decision making groups include:

- Devon Clinical Policy Committee
- Torbay and South Devon Healthcare NHS Foundation Medicines Approval Committee (MAC).
- Medicines Utilisation and Assurance Committee, Plymouth Hospitals NHS Trust

2.4 Ensure treatments recommended by a NICE Technology Appraisal or Highly Specialised Technology are included in the South and West Devon Joint Formulary in line with the CCGs' statutory responsibility to commission within the timeframe recommended in that guidance.

2.5 Support secondary care use of drugs commissioned by NHS England.

2.6 Adopt treatment focused care pathways and develop formulary guidance to support the safe and appropriate use of treatments included in the formulary.

2.7 Engage with local specialists, generalists, clinical groups and networks to ensure guidance is clinically appropriate and locally relevant.

2.8 Review and update the Joint Formulary according to an agreed work plan, which will be guided by national clinical guidance, new drug technologies and consultation with local clinicians.

2.9 Receive drugs safety update information and consider how this information should be reflected in the formulary.

3 Membership

3.1 The South and West Formulary Interface Group is a multi-stakeholder group whose membership is intended to reflect the needs of the localities and organisations involved. The core membership comprises:

- Two GP representatives, Western locality of NEW Devon CCG
- Two GP representative, SD&T CCG
- Consultant representative, Torbay and South Devon Healthcare NHS Foundation Trust
- Consultant representative, Plymouth Hospitals NHS Trust
- Pharmacy representative, Torbay and South Devon Healthcare NHS Foundation Trust
- Pharmacy representative, Plymouth Hospitals NHS Trust
- Clinical Effectiveness Medicines Optimisation (CEMO) Pharmacist representative from the Western locality of NEW Devon CCG
- Medicines Optimisation Pharmacist representative from SD&T CCG
- Pharmacist representative, Livewell Southwest
- Pharmacist representation, Devon partnership Trust
- Joint Formularies Pharmacist, NEW Devon CCG
- Joint Formularies Support Pharmacist, NEW Devon CCG
- Joint Formularies Technician, NEW Devon CCG
- Clinical Evidence Manager, NEW Devon CCG
- Clinical Effectiveness Pharmacist, NEW Devon CCG

The FIG Chair will be selected from the core membership by the group. When absence is anticipated the Chair will nominate an existing group member to deputise for that meeting. Otherwise the committee will nominate a Chair from those present on the day.

The membership is supplemented by a number of co-opted members appointed because of their level of knowledge and experience.

3.2 Clinical specialists and other stakeholders can be invited to attend relevant meetings.

4 Meetings and Conduct of Business

4.1 Meetings will be conducted regularly at a frequency agreed by the group.

4.2 Meetings of the Group will be formal and appropriate agenda and minutes produced.

4.3 Draft minutes will be sent initially to the Chair and subsequently to FIG members for comment. Meeting papers will be disseminated to FIG members prior to each meeting.

4.4 Administrative support will be provided by the Clinical Effectiveness Team, NEW Devon CCG

4.5 Meetings may be attended in person or via teleconferencing where services exist.

4.6 For the Group to be quorate there will be at least two medical practitioners (of whom at least one is a General Practitioner) and two pharmacist representatives (of whom at least one must be from the CEMO Team, NEW Devon CCG or Medicines Optimisation Team, SD&T CCG.

4.7 Decisions are taken via a consensus approach.

4.8 In addition to the face to face meetings with formal agendas and minutes e-FIG meetings will be held, as per the agreed process, as required for appropriate items. The outcomes of e-FIG meetings will be reported and recorded in the minutes of the subsequent face to face meeting.

5 Governance/ Reporting arrangements

5.1 The South and West Devon Formulary Interface Group will provide progress reports for the Clinical Policy Committee. This group reports to the Clinical Commissioning Group Governing Bodies.

5.2 Minutes of the South and West Devon Formulary Interface Group will be made available on the Joint Formulary website.

5.3 The Terms of Reference will be reviewed annually and available on the Joint Formulary website.

6 Declaration of Interests

6.1 All members of the committee and attendees will be expected to complete and submit a declaration of interests prior to the meeting. The Chair will ask that declaration of interests are made known to the committee members to indicate any issues where there is a personal competing interest whether financial, academic or research. These are recorded in the minutes of the appropriate meeting and in the Annual Report.

6.2 Declaration of interests will be expected for items discussed via e-FIG meetings. Any interests will be declared in the e-FIG response and formally recorded at the next FIG meeting.

Northern, Eastern and Western Devon
Clinical Commissioning Group

Northern & Eastern Devon Formulary Interface Group (FIG)

Terms of Reference

1 Purpose of the Group

1.2 To provide a forum for the Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) to work with the provider trusts it commissions to incorporate national and local treatment choices and guidance into a Joint Formulary.

2 Functions

The Northern & Eastern Devon Formulary Interface Group (FIG) will:

2.1 Support safe, evidence-based, cost effective prescribing in line with the stated strategy of the CCG to implement systems that make the best use of valuable health resources.

2.2 Produce, maintain and review a formulary for use across Northern and Eastern Devon. The formulary will comprise the output of processes to support the managed introduction, utilisation and withdrawal of treatments within the local health economy.

2.3 Ensure treatments approved by local decision making groups are included in the Northern and Eastern Devon Joint Formulary. Local decision making groups include:

- Devon Clinical Policy Committee
- Northern Devon Healthcare NHS Trust Drugs & Therapeutics Committee
- Royal Devon and Exeter NHS Foundation Trust New Drugs Group

2.4 Ensure treatments recommended by a NICE Technology Appraisal or a Highly Specialised Technology are included in the Northern and Eastern Devon Joint Formulary in line with the CCG's statutory responsibility to commission within the timeframe recommended in that guidance.

2.5 Support secondary care use of treatments commissioned by NHS England.

2.6 Adopt treatment focused care pathways and develop formulary guidance to support the safe and appropriate use of treatments included in the formulary.

2.7 Engage with local specialists, generalists, clinical groups and networks to ensure guidance is clinically appropriate and locally relevant.

2.8 Review and update the Joint Formulary according to an agreed work plan, which will be guided by national clinical guidance, new drug technologies and consultation with local clinicians.

2.9 Receive drugs safety update information and consider how this information should be reflected in the formulary.

3 Membership

3.1 The Northern and Eastern Formulary Interface Group is a multi-stakeholder group whose membership is intended to reflect the needs of the localities and organisations involved. The core membership comprises:

- Four GP representatives selected from the Northern and Eastern localities of NEW Devon CCG
- Consultant representative, Northern Devon Healthcare NHS Trust
- Consultant representative, Royal Devon and Exeter NHS Foundation Trust
- Pharmacist Representative, Northern Devon Healthcare NHS Trust
- Pharmacist Representative, Royal Devon and Exeter NHS Foundation Trust
- Three Medicines Optimisation Pharmacist representatives from the Northern and Eastern localities of NEW Devon CCG
- Nurse / Non-medical prescriber representative, NEW Devon CCG
- Joint Formularies Pharmacist, NEW Devon CCG
- Joint Formularies Support Pharmacist, NEW Devon CCG
- Joint Formularies Technician, NEW Devon CCG
- Clinical Evidence Manager, NEW Devon CCG

The FIG Chair will be selected from the core membership of the group. When absence is anticipated the Chair will nominate an existing group member to deputise for that meeting. Otherwise the committee will nominate a Chair from those core members present on the day.

The membership is supplemented by a number of co-opted members appointed because of their level of knowledge and experience.

3.2 Clinical specialists and other stakeholders can be invited to attend relevant meetings.

4 Meetings and Conduct of Business

4.1 Meetings will be conducted regularly at a frequency agreed by the group.

4.2 Meetings of the Group will be formal and appropriate agenda and minutes produced.

4.3 Draft minutes will be sent initially to the Chair and subsequently to FIG members for comment. Meeting papers will be disseminated to FIG members prior to each meeting.

4.4 Administrative support will be provided by the Clinical Effectiveness Team, NEW Devon CCG.

4.5 Meetings may be attended in person or via teleconferencing where services exist.

4.6 For the Group to be quorate there will be at least two medical practitioners, (of whom at least one is a General Practitioner) and two pharmacist representatives, (of whom at least one must be from the CEMO Team, NEW Devon CCG.

4.7 Decisions are taken via a consensus approach.

4.8 In addition to the face to face meetings with formal agendas and minutes e-FIG meetings will be held, as per the agreed process, as required for appropriate items. The outcomes of e-FIG meetings will be reported and recorded in the minutes of the subsequent face to face meeting.

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5.2 Minutes of the Northern and Eastern Devon Formulary Interface Group will be made available on the Joint Formulary website.

5.3 The Terms of Reference will be reviewed annually and made available on the Joint Formulary website.

6 Declaration of Interests

6.1 All members of the committee and attendees will be expected to complete and submit a declaration of interests prior to the meeting. The Chair will ask that any declaration of interests be made known to the committee members to indicate any issues where there is a personal competing interest whether financial, academic or research. These are recorded in the minutes of the appropriate meeting and in the Annual Report.

6.2 Declaration of interests will be expected for items discussed via e-FIG meetings. Any interests will be declared in the e-FIG response and formally recorded at the next FIG meeting.

Appendix 3

South and West Devon FIG meeting attendance

Members and Co-opted members

Members and Co-opted members	Role	Meetings attended/ possible
Community		
Mark Stone	Community Pharmacist	0 of 6
Devon Partnership NHS Trust		
Christopher Sullivan	Pharmacist	1 of 6
Kernow CCG		
Lily Hammarlund-Sim	Pharmaceutical Advisor	4 of 5
Josh Hamilton	GP	3 of 6
Rebecca Perkins	MO Pharmacist	1 of 1
Livewell Southwest		
Nicola Joyce	Pharmacist	2 of 4
Paul Humphriss	Advanced Clinical Pharmacist	1 of 1
Sally Mayell	Pharmacist	0 of 1
New Devon CCG		
Andrew Craig	GP	4 of 6
Emma Gitsham	Joint Formularies Pharmacist	2 of 2
Matt Howard	Clinical Evidence Manager	6 of 6
Paul Manson	Senior MO Pharmacist	5 of 5
Sarah Marner	MO Pharmacist	
Hilary Pearce	Clinical Effectiveness Pharmacist	3 of 6
Chris Roome	Head of Clinical Effectiveness	1 of 1
Graham Simpole	Joint Formularies Support Pharmacist	3 of 3
Darren Wright	Joint Formularies Technician	6 of 6

Plymouth Hospitals NHS Trust		
Trudy Bown	Chief Pharmacy Procurement IT Manager	2 of 2
Jeremy Morris	Formulary Pharmacist	0 of 2
Peter Rowe	Consultant Nephrologist	1 of 3
South Devon and Torbay CCG		
Phil Melluish	GP	5 of 6
Bill Nolan	GP	6 of 6
Iain Roberts Demelsa Grimes (as representative)	Lead MO Pharmacist	5 of 6 1 of 1
Larissa Sullivan	Joint Formularies Pharmacist	2 of 2
Torbay and South Devon NHS Foundation Trust		
Paul Foster	Chief Pharmacist	0 of 6
Andrew Gunatilleke	South and West Devon FIG Chair Secondary care consultant	5 of 6

Additional Attendees (Experts, Guests, Secretariat, Observers)

Name of attendee	Role	Organisation
10th May 2017		
Steve Cooke	MO Pharmacist	NEW Devon CCG
Edward Davies	Consultant Cardiologist	Plymouth Hospitals NHS Trust
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Lily Hammarlund-Sim	Pharmacist	Kernow CCG
Phil Keeling	Consultant Cardiologist	T&SD NHS Trust
12th July 2017		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

13th September 2017		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Theresa Mitchell	Tissue Viability CNS	Livewell Southwest, Plymouth
Sara Stylianou	Lower Limb Therapy Service Lead	Torbay & South Devon NHS FT

8th November 2017		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Julie Kremmner	Clinical Community Dietitian and Team Lead	Torbay & South Devon NHS FT
Paula Murphy	Professional Lead Dietitian	Plymouth Hospitals NHS Trust

17th January 2018		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Emma Kelly	Practice Pharmacists	South Devon & Torbay CCG
Holly Smith	Pre-Reg Pharmacist	Torbay & South Devon NHS FT
Tony Perkins	Pharmacist	Livewell Southwest

14th March 2018		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Ann Smith	Practice Based Pharmacist	South Devon & Torbay CCG
Florence Barrett	Pre-reg Pharmacist	Torbay & South Devon NHS FT
Tomazo Kallis	MO Pharmacist	NEW Devon CCG
Laura Palmer	Pre-reg Pharmacist	Livewell Southwest

North and East Devon FIG attendance

Members and Co-opted members

Members	Role	Meetings attended/possible
Devon Partnership NHS Trust		
Christopher Sullivan	Pharmacist	0 of 6
Northern Devon Healthcare NHS Trust		
Matt Kaye	Chief Pharmacist	5 of 5
Carole Knight	Formulary Pharmacist	2 of 5
Stuart Kyle	Secondary Care Consultant	1 of 5
Northern, Eastern and Western Devon Clinical Commissioning Group		
Glen Allaway	GP	1 of 5
Carol Albury	Locality MO Pharmacist	2 of 5
Beverley Baker	Non-Medical Prescribing Lead	2 of 5
Iain Carr	MO Pharmacist	0 of 1
Emma Gitsham	Joint Formularies Pharmacist	1 of 1
Susie Harris	Consultant, Elderly Care	4 of 5
Andrew Harrison	GP	4 of 5
Janice Headon	MO Pharmacist	3 of 3
Matt Howard	Clinical Evidence Manager	4 of 5
Simon Kay	GP	5 of 5
Denise Lanyon	MO Pharmacist	4 of 5
Jess Parker	GP	4 of 5
Hilary Pearce	Clinical Effectiveness Pharmacist	2 of 5
Graham Simpole	Joint Formularies Support Pharmacist	3 of 3
Sam Smith	Locality MO Pharmacist	0 of 2
Darren Wright	Joint Formularies Technician	5 of 5

Royal Devon and Exeter NHS Foundation Trust		
Tawfique Daneshmend	Northern and Eastern Devon FIG Chair Secondary care consultant	3 of 5
Bethan Rogers	Formulary Pharmacist	4 of 5

Additional Attendees (Experts, Guests, Secretariat, Observers)

Name of attendee	Role	Organisation
8th June 2017		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Louise Greaves	Medicines Optimisation Pharmacist	NEW Devon CCG
Janice Headon	Medicines Optimisation Pharmacist	NEW Devon CCG
Hayley Ellis	Medicines Optimisation Technician	NEW Devon CCG
10th August 2017		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Hannah Jones	Healthcare Evidence Reviewer	NEW Devon CCG
Naomi Scott	Healthcare Evidence Reviewer	NEW Devon CCG
12th October 2017		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
14th December 2017		
Shruti Beharry	Pre-registration Pharmacist	Royal Devon and Exeter NHS Foundation Trust
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

8th February 2018		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Lee Dobson	Consultant in Respiratory Medicine	Royal Devon and Exeter NHS Foundation Trust
Tom Lewis	Consultant Microbiologist	Northern Devon Healthcare NHS Trust
Maddie Norbury	Pre-Reg Pharmacist	Royal Devon and Exeter NHS Foundation Trust
Rob Porter	Consultant Micro Biologist	Royal Devon and Exeter NHS Foundation Trust
Roderick Warren	Consultant Physician	Royal Devon and Exeter NHS Foundation Trust

Declarations of Interest Register (April 2017 – March 2018)

South and Western Devon FIG			
Declaration of interest made by committee members			
Name of attendee	Role	Meeting Date	Declared Interest
Rebecca Perkins	MO Pharmacist	10th May 2017	• Teva loan the use of an AIMs machine for conducting Advanced Inhaler Technique Training to NHS Kernow CCG. I completed initial training to deliver 'Advanced Inhaler Technique' in 2014. This was funded by Teva.
Josh Hamilton	GP	8th November 2017	Shares in GKS
Peter Rowe	Consultant	8th November 2017	In receipt of honorarium from Pfizer to provided educational material (lecture/seminar) on CKD to GPs/community specialist nurses. Support to attend professional conference.
Iain Roberts	Lead MO Pharmacist	17th January 2018	• TEVA: joint working project. • Welsh Centre for Pharmacy Professional Education (WCPPE) - Train the trainer: joint working initiative
Joshua Hamilton	GP	14 March 2018	• GSK Shares
Iain Roberts	Lead MO Pharmacist	14th March 2018	• TEVA: joint working project. • Welsh Centre for Pharmacy Professional Education (WCPPE) - Train the trainer: joint working initiative
Tomazo Kallis	MO Pharmacist	14th March 2018	• Self-employed consultant work for Devon LPC (in the remit of Patient Safety) • Facilitator work for CEPN (Care Navigation)

Appendix 4

Additional Declaration of Interest (Experts, Guests and Secretariat)			
Dr Phil Keeling	Consultant	10th May 2017	• In receipt of lecture fees in excess of £150 in the last year from Bayer, MSD and Daiichi Sankyo. • Took part in trial for drug(s) /device(s) - Novartis
Julie Kemmner	Community Dietitian and Team Lead	8th November 2017	Attended a one day study day on 'influencing skills' funded by Aymes. Aymes did not have any involvement in delivery of the study day.
Holly Smith	Pre-Reg Phamacist	17th January 2017	*Any other interest (other than personal or family medical conditions) which could be seen as influencing views of the drug/device under condition.* • Parents work for Astra Zeneca Pharmaceuticals in Macclesfield.
Tony Perkins	Pharmacist	17 January 2018	Current committee member NICE COPD guideline update group.

Northern and Eastern Devon FIG			
Declaration of Interest made by committee members			
Name of attendee	Role	Meeting Date	Declared Interest
Janice Headon	MO Pharmacist	10th August 2017	Partner works for Actavis UK Limited (Accord Healthcare)
Additional Declaration of Interest (Experts, Guests and Secretariat)			
Lee Dobson	Consultant	8th February 2017	Lecture fees – from Chiesi but also other completing companies. ERS meeting sponsorship
Rob Porter	Consultant	8th February 2017	£400 – Dermal laboratories 2017 – 2 x lectures £1,250 MSD 2016 – Advisory board
Roderick Warren	Consultant Physician	8th February 2017	In the last three years, I have received lecture fees in excess of £150 from AstraZeneca. I do not see AZ listed above, though conceivably they may sell some of the products produced by 'various'.

Mandatory NICE Technology Appraisals and Highly Specialised Technology Guidance added to the local formularies from 1 April 2017 to 31 March 2018 in line with the CCGs' statutory responsibilities

April 2017

- HST4 Migalastat for treating Fabry TA427 Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib
- TA428 Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy
- TA429 Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation
- TA430 Sofosbuvir–velpatasvir for treating chronic hepatitis C
- TA431 Mepolizumab for treating severe refractory eosinophilic asthma
- TA432 Everolimus for advanced renal cell carcinoma after previous treatment disease
- TA433 Apremilast for treating active psoriatic arthritis

May 2017

- TA180 (update) Ustekinumab for the treatment of adults with moderate to severe psoriasis
- TA340 (update) Ustekinumab for treating active psoriatic arthritis

June 2017

- TA439 Cetuximab and panitumumab for previously untreated metastatic colorectal cancer

July 2017

- TA440 Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine *(not recommended)*
- TA441 Daclizumab for treating relapsing–remitting multiple sclerosis
- TA442 Ixekizumab for treating moderate to severe plaque psoriasis
- TA443 Obeticholic acid for treating primary biliary cholangitis
- TA456 Ustekinumab for moderately to severely active Crohn's disease after previous treatment

August 2017

- TA445 Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs
- TA446 Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma

September 2017

- HST5 Eliglustat for treating type 1 Gaucher disease
- TA447 Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer
- TA448 Etelcalcetide for treating secondary hyperparathyroidism
- TA449 Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease
- TA450 Blinatumomab for previously treated Philadelphia-chromosome-negative acute lymphoblastic leukaemia
- TA451 Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia
- TA455 Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people
- TA457 Carfilzomib for previously treated multiple myeloma
- TA458 Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane
- TA459 Collagenase clostridium histolyticum for treating Dupuytren's contracture
- TA460 Adalimumab and dexamethasone for treating non-infectious uveitis

October 2017

- HST6 Asfotase alfa for treating paediatric-onset hypophosphatasia
- TA160 (update) Alendronate, etidronate, risedronate, raloxifene and strontium ranelate for the primary prevention of osteoporotic fragility fractures in postmenopausal women
- TA161 (update) Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women
- TA190 (update) Pemetrexed for the maintenance treatment of non-small-cell lung cancer
- TA461 Roflumilast for treating chronic obstructive pulmonary disease
- TA462 Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma
- TA463 Cabozantinib for previously treated advanced renal cell carcinoma
- TA464 Bisphosphonates for treating osteoporosis
- TA465 Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma
- TA466 Baricitinib for moderate to severe rheumatoid arthritis
- TA467 Holoclar for treating limbal stem cell deficiency after eye burns

November 2017

- TA357 (update) Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab
- TA366 (update) Pembrolizumab for advanced melanoma not previously treated with ipilimumab
- TA428 (update) Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy
- TA471 Eluxadoline for treating irritable bowel syndrome with diarrhoea
- TA472 Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab
- TA473 Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck
- TA474 Sorafenib for treating advanced hepatocellular carcinoma
- TA475 Dimethyl fumarate for treating moderate to severe plaque psoriasis
- TA476 Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer
- TA486 Aflibercept for treating choroidal neovascularisation

December 2017

- TA439 (update) Cetuximab and panitumumab for previously untreated metastatic colorectal cancer
- TA477 Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee
- TA478 Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma
- TA479 Reslizumab for treating severe eosinophilic asthma
- TA480 Tofacitinib for moderate to severe rheumatoid arthritis
- TA481 Immunosuppressive therapy for kidney transplant in adults
- TA482 Immunosuppressive therapy for kidney transplant in children and young people
- TA493 Cladribine tablets for treating relapsing–remitting multiple sclerosis

January 2018

- TA417 (update) Nivolumab for previously treated advanced renal cell carcinoma
- TA458 (update) Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane
- TA462 (update) Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma
- TA483 Nivolumab for previously treated squamous non-small-cell lung cancer
- TA484 Nivolumab for previously treated non-squamous non-small-cell lung cancer
- TA485 Sarilumab for moderate to severe rheumatoid arthritis
- TA487 Venetoclax for treating chronic lymphocytic leukaemia

- TA488 Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours
- TA489 Vismodegib for treating basal cell carcinoma
- TA490 Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy
- TA491 Ibrutinib for treating Waldenstrom's macroglobulinaemia

February 2018

- TA492 Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable
- TA494 Naltrexone–bupropion for managing overweight and obesity
- TA497 Golimumab for treating non-radiographic axial spondyloarthritis
- TA499 Glecaprevir–pibrentasvir for treating chronic hepatitis C

March 2018

- TA495 Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer
- TA496 Ribociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer