NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

South Devon and Torbay
Clinical Commissioning Group

Devon Formulary Interface Groups

Annual Report

1 April 2018 – 31 March 2019

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

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

Annual Report 2018-2019

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Appendices to Annual Report

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 2018 to March 2019.

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 also 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 Formulary content is continually 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 may be differences between the two Devon FIGs in the detail of their workplans, the items discussed, and the guidance produced.

1.5 It is acknowledged that from 1 April 2019 NHS Northern, Eastern and Western (NEW) Devon CCG and South Devon and Torbay CCG are formally merging to become a single organisation, NHS Devon CCG. It is noted that whilst there is essentially one formulary in Devon, there are some differences between recommendations made for North and East Devon, and South and West Devon. This variation allows the Devon Formulary to reflect and support the different needs of the local healthcare communities, local specialist preferences, and local service configuration or provision. The merger of the CCGs is not expected to materially affect the way in which the Devon Formulary is managed or delivered.

1.6 In 2018/19, the Formulary and Referral Website has shown an increase in use of approximately 30% over the previous year (from 1.2million page views to 1.6million page views), reflecting consistent growth in quarterly page views since 2015, growing from around 170,000 page views per quarter (Apr to June 2015) to over 446,000 page views during Jan to March 2019 (see section 10).

1.7 During this time there has been a growth in formulary content, as new products or clinical guidance is added, and current guidance is revised and expanded (sections 4 and 5). This has resulted in a growing catalogue of information and guidance that requires maintaining

and reviewing, as well further requests for additional sections, guidance, or product recommendations.

1.8 This growth in content is reflected by the ongoing usage of the e-FIG process (section 7) to supplement FIG meetings, utilised for relatively straightforward decisions it can free up committee time for consideration and face to face discussion of more complex decisions.

1.9 With increasing demands on FIG time, consideration was given to how best utilise the Formulary Team and FIG time to deliver the aims of the Devon Formulary, including extension of the N&E FIG meeting duration to 2.5 hours (section 14).

1.10 Growth in the breadth and depth of Devon Formulary content requires a simple, intuitive system to help users rapidly access the information they require. Working with our external partner Reactor15, a number of technical improvements have been delivered in 2018/19, including upgrades to the search functionality (section 11).

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
- University Hospitals Plymouth 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 are provided in **Appendices 1** and **2** respectively. The terms of reference are made publicly accessible via the Formulary websites.

Membership and quoracy of the FIGs

2.3 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 The majority of meetings of the S&W Devon FIG took place at The Watermark, Ivybridge. The Watermark was unavailable for one meeting, this was held at the Future Inn, Plymouth. 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 February 2019. In year the duration of North and East FIG meetings was extended from two to two and a half hours, as described under item 14 Reflective Practice below. 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 Both FIGs are chaired by secondary care consultants. The North and East FIG is chaired by Dr Tawfique Daneshmend, Royal Devon and Exeter NHS Foundation Trust. In year Dr Andrew Gunatilleke, Torbay and South Devon NHS Foundation Trust stepped down as chair of the S&W Devon FIG. The role was taken up by Dr Peter Rowe, University Hospitals Plymouth NHS Trust. Dr Andrew Gunatilleke remains an active member of the S&W FIG.

2.9 Meeting agendas and minutes are produced and distributed by NEW Devon CCG's 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 publicly 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. NICE TA and HST recommended treatments are usually added to the formulary as secondary care only treatments in the first instance. These are detailed in **Appendix 5** of this report.

3.3 Following instruction from the CCGs' NICE Planning Advisory Group (NPAG), sixty-three (63) TAs and one (1) HST were added to the local formulary in year. This represents an increase of almost 54% in the number of TAs added in year since the first Devon FIG annual report 1 April 2015 to 31 March 2016 reported that forty-one (41) TAs and one (1) HST had been added to the formulary

4. Reviewing and developing the formulary

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. This results in a steadily growing catalogue of information and guidance that requires maintaining, reviewing, and updating via the FIGs.

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 Several sections of the infections chapter (acute sinusitis, acute sore throat, acute otitis media, Lyme disease) were reviewed Devon-wide, in line with updated guidance from NICE and Public Health England. Informed by local microbiologists and the Devon Antimicrobial Stewardship Group, the resulting updated formulary guidance contains detailed recommendations supporting appropriate use of antibiotics.

4.6 Following publication of a NICE clinical guideline on asthma, local respiratory specialists were consulted and formulary guidance on the management of asthma was reviewed. Whilst the NICE guideline was broadly consistent with an existing guideline from the British Thoracic Society (BTS) and Scottish Intercollegiate Guidelines Network (SIGN), where the two national guidelines differ, local specialists indicated a desire to remain with BTS/SIGN. This was accepted by the FIGs, and formulary guidance on the management of asthma in adults and children continues to follow BTS/SIGN rather than NICE.

4.7 The emollients section was reviewed with input from the CCGs' Medicines Optimisation teams and local dermatology consultants. The updated Devon-wide guidance provides a simplified selection of recommended products, to support cost-efficient prescribing. Additional supporting information was added to entries to aid product choice, including highlighting potential sensitizers.

4.8 Following requests from stakeholders, new Devon-wide guidance was produced to support local GPs when prescribing vitamin and mineral supplements following bariatric surgery. The guidance provides specific advice depending on type of surgery, based on advice from The British Obesity and Metabolic Surgery Society (BOMSS); and highlights where local specialist centre protocols may differ. The guidance promotes appropriate nutritional supplementation when required, highlighting formulary recommended products (or suitable over-the-counter "complete" supplements) where available.

4.9 New formulary guidance was produced for N&E Devon on the treatment of pain. Consideration was given to the "opioids aware" guidance from the Royal College of Anaesthetists, and local specialist input. This extensive piece of work followed on from a comprehensive revision and expansion of formulary guidance for south and west Devon in the previous year and resulted in new guidance for north and east Devon 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.

4. 10 As part of the opioid review, the N&E 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.

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 Formulary 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 the 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:

- Intravitreal bevacizumab for the management of rubeosis iridis and neovascular glaucoma

- Intravitreal bevacizumab for the management of radiation maculopathy
- Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma
- Opicapone for Parkinson's Disease
- Fluticasone furoate, umeclidinium bromide and vilanterol (Trelegy® Ellipta®) combination dry powder inhaler for chronic obstructive pulmonary disease
- Insulin degludec (Tresiba®) for type 1 diabetes
- FreeStyle Libre for interstitial glucose monitoring in diabetes (updated commissioning policy in response to national reimbursement criteria from NHS England)

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:

- Lurasidone for schizophrenia
- Insulin degludec (Tresiba®) for type 2 diabetes.

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.

- Bevacizumab for diabetic macular oedema.

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 There was growth in the use of the e-FIG process over the previous year, with 18 items considered and progressed via e-FIG in 2018/19, compared with 14 in 2017/18; some examples are briefly noted here.

7.4 Proposals for formulary inclusion of Octenisan antiseptic wash mitts, and DEKAs and Paravit CF multivitamin preparations for cystic fibrosis were considered via N&E Devon e-FIG; and a proposal for the reintroduction of sodium alginate and potassium bicarbonate (Acidex Advance) to the formulary was considered via S&W Devon e-FIG. For these relatively straight forward decisions, the virtual process allowed face to face time to be utilised for more complex discussions.

7.5 Following national guidance from NHS England on items which should not be routinely prescribed in primary care (see section 8), a revision to the Devon formulary entry for

liothyronine was considered and accepted via e-FIG in both areas. This supported the position already agreed between the two Devon CCGs and local endocrinologists (extensive further discussion was therefore not required); in moving quickly, this supported work by the MO teams in implementing the CCGs' decision (significant financial savings are expected).

7.6 Following national guidance from NHS England on conditions for which over the counter (OTC) items should not routinely be prescribed in primary care, the two CCGs in Devon decided to implement the guidance in full. Extensive further discussion by FIG was therefore not required, however a request was considered and accepted via e-FIG to include additional information in the Devon formulary to support implementation and provide support to prescribers in promoting self-care through community pharmacy services.

8. NHS England guidance on primary care prescribing

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. New guidance was introduced for CCGs. Many of these recommendations had been considered by the FIGs during 2017/18 and are not covered by the period of this report.

8.2 Each of the following recommendations was considered by the Devon FIGs during the period of this report. 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.

- Lidocaine plasters – Following additional consultation with local specialists the formulary entry was updated in line with the guidance from NHSE, recommending no GP initiations, and use in post-herpetic neuralgia only. An additional note was included accepting that although there is a paucity of data from RCTs, pain specialists may occasionally recommend a trial of lidocaine plasters in difficult to treat cases of other forms of neuropathic pain ("off label" use).

- Liothyronine – This recommendation was considered as a separate workstream by the two CCGs, working with local endocrinologists and the Local Medical Committee (LMC). Significant work by FIG was not required, however upon completion of this workstream, an update to the formulary entry for liothyronine was requested and accepted via e-FIG (see section 7).

- Lutein and antioxidants – The Devon formulary already did not recommend these products, a statement was added to the formulary stating that following national guidance from NHSE, these products were not recommended for use due to insufficient evidence of efficacy. Additional dietary advice was added.

- Once daily tadalafil – This was recommended in south and west Devon for erectile dysfunction (ED), but not recommended in north and east Devon. An existing commissioning policy stated that routine use was not commissioned for lower urinary

tract symptoms. The product was removed from south and west recommendations, and a note was added to the tadalafil entry that following national guidance from NHSE tadalafil once daily is not recommended for use in patients with ED.

- Oxycodone and naloxone combination product – This was recommended in south and west Devon, but not recommended in north and east Devon. Following additional consultation with local specialists, in north and east Devon the product remained non-formulary and a statement was added reflecting the NHSE guidance; in south and west Devon, specialist feedback had noted the complexity of the situation, and suggested that the product had a limited place in therapy. The product remained in the formulary, but the entry was revised to include the NHSE guidance.

9. Other Updates and publications noted/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.

In year the North and East FIG considered advice for 29 treatments included in the MHRA Drug Safety Updates published between February 2018 and November 2018. The South and West FIG considered advice for 37 treatments included in the MHRA Drug Safety Updates published between March 2018 and February 2019. The differences between the publication dates and the number of treatments considered by each FIG is due to the dates on which meetings were held and the dates on which the MHRA Drug Safety Updates were published.

10. Website and App

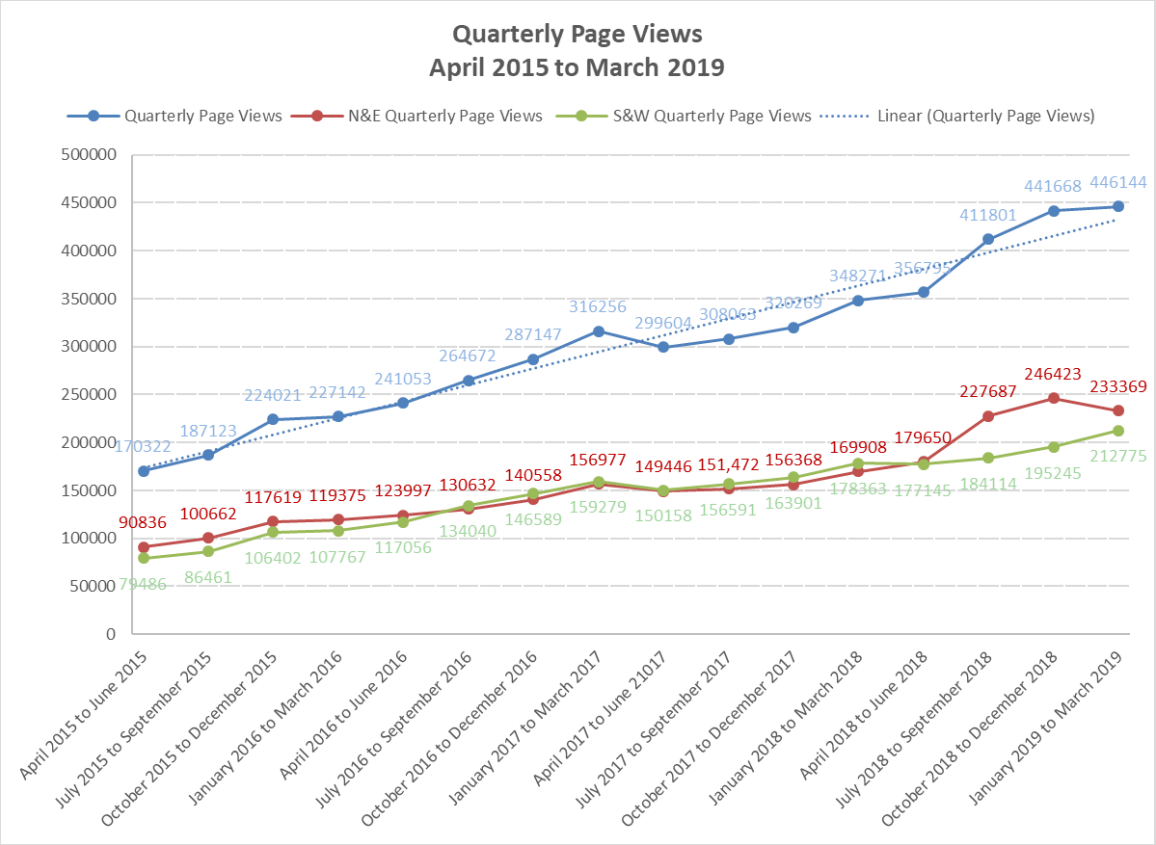
10.1 The Devon formulary has a bespoke website which is geographically tailored to reflect the decisions of the FIGs. It is available on a single App for both Android and Apple devices. As the formulary website is updated this is automatically translated onto the App with information specific to the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

10.2 In year the Devon Formulary has shown an increase in use of approximately 30% over the previous year. 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). Between 1 April 2018 and 31 March 2019 the combined number of page views was 1,657,408 (769,279 For S&W Devon and 887,129 for N&E Devon).

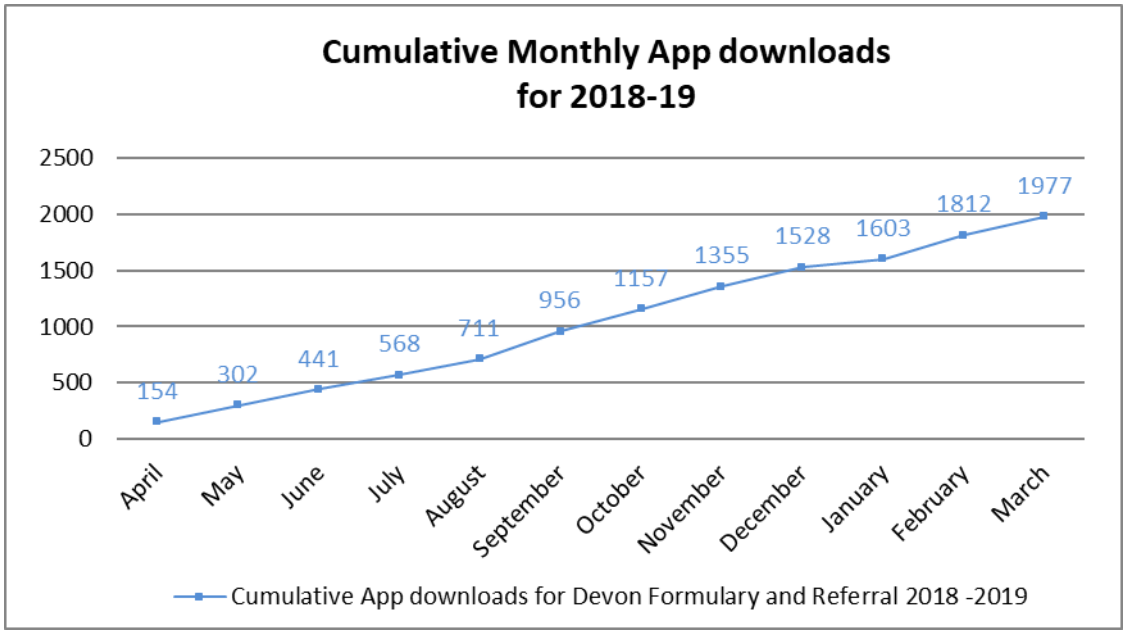
10.3 The total page views during the period 1 April 2018 to 31 March 2019 took place over 513,559 individual sessions. During each session an average of 3 pages were visited.

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 on a quarterly basis between April 2015 and March 2019 for the Devon Formulary together with the data for the S&W and N&E geographical areas.



10.6 The graph below shows the cumulative monthly app downloads for the Devon Formulary and Referral website between April 2018 and March 2019. During this time the app was downloaded almost 2,000 times. Since the launch the app has been downloaded over 8,500 times.



11. Website and App technical development

11.1 In the previous financial year, the FIGs had received a report of the 2017 Devon Formulary and Referral user survey. The aim of the survey was to enable the Formulary Team to understand and improve user experience and satisfaction. Responses to the survey had been 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 such as enhanced or intelligent search functionality.

11.2 The formulary team worked with an external partner, Reactor15 to deliver technical developments and improved functionality, including the addition of a predictive search function that suggests potential search terms based on the initial characters entered in the search box. It is hoped that this will particularly assist those searching for unfamiliar drug names. The option of including a “last updated” date to the bottom of recently reviewed pages was added; and a bug fix was implemented that allows for the formulary classification of a drug to pop up when the mouse cursor hovers over the drug name (supporting clear recognition of formulary traffic light classification). Work to enable refining search results by “formulary” or “referral” pages is also in development and is expected to be delivered in early 2019/20

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

Venue	Date	Price	Notes
The Watermark, Ivybridge	09/05/2018	£84.00	
The Watermark, Ivybridge	04/07/2018	£84.00	
The Watermark, Ivybridge	05/09/2018	£84.00	
The Watermark, Ivybridge	14/11/2018	£84.00	
The Watermark, Ivybridge	16/01/2019	£84.00	
Future Inn, Plymouth	13/03/2019	£125.00	This cost is higher due to the need to find an alternative venue as the Watermark was unavailable.

North and East Devon FIG

Venue	Date	Price	Notes
Old Heathcoat School, Tiverton	19/04/2018	£18.50	
Old Heathcoat School, Tiverton	07/06/2018	£20.00	
Old Heathcoat School, Tiverton	09/08/2018	£20.00	
Old Heathcoat School, Tiverton	18/10/2018	£20.00	
Old Heathcoat School, Tiverton	10/12/2018	£20.00	
Old Heathcoat School. Tiverton	14/02/2019	£20.00	Meeting cancelled at short notice due to the number of apologies received. The venue had to be paid for.

13. Communication

Formulary Updates

13.1 Formulary updates are highlighted on the Recent Updates page and Formulary News banner of the website, 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, including all FIG members for dissemination throughout their organisation.

Governance Documentation

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

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

14. Reflective Practice

Duration of meetings

Historically the duration of the South and West FIG meetings has been two and a half hours, but two hours for the North and East FIG meetings. Over time the volume of work undertaken by the FIGs has increased. Therefore, it was decided that from April 2019 the North and East FIG meetings would be scheduled for two and a half hours in line with the South and West FIG meetings.

Committee development session

Following discussion at the North and East FIG meeting on 7th June 2018; it was agreed that a committee development session be arranged to discuss how widely the formulary should encompass all possible treatment scenarios. This took place following the meeting held on 18 October 2018 and considered the question "How can we best deliver the aims of the joint formulary?". The committee discussed the following themes:

- Getting the right balance between a complete pharmacy "stock list" and a refined list to guide prescribing in most common scenarios
- Getting the right balance in information provided to support the committee decision making process
- Getting the right balance between producing new content and reviewing current content

15. Conclusion

15.1 This report covers the 12 months prior to the merger of the CCGs in Devon.

15.2 The S&W Devon FIG and the N&E Devon FIG are asked to approve the annual report for 2018-2019 as a record of the activity and the governance arrangements underpinning the groups.

15.3 The ToRs for both FIGs are being refreshed to take account of the merger of the CCGs in Devon.

15.4 The formal membership of each group is being updated to reflect the current membership.

15.5 The report will be submitted to NHS Devon CCG's Clinical Policy Committee for assurance of how the CCG 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.

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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.

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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.

South and West Devon FIG meeting attendance

Members and Co-opted members

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

University Hospitals Plymouth NHS Trust		
Trudy Bown	Chief Pharmacy Procurement IT Manager	3 of 6
Peter Rowe	Consultant Nephrologist	3 of 6
South Devon and Torbay CCG		
Phil Melluish	GP	4 of 6
Bill Nolan	GP	5 of 6
Iain Roberts Demelsa Grimes (as representative)	Lead MO Pharmacist	4of 6 1 of 1
Torbay and South Devon NHS Foundation Trust		
Andrew Gunatilleke	South and West Devon FIG (Group Chair until September 2018) Secondary care consultant	5 of 5
Paul Foster	Chief Pharmacist	0 of 6

Additional Attendees (Experts, Guests, Secretariat, Observers)

Name of attendee	Role	Organisation
9th May 2018		
Andrew Bastin	Pre-Registration Pharmacist	University Hospitals Plymouth NHS Trust
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Tim Wilson	Consultant in Pain Management and Anaesthesia	University Hospitals Plymouth NHS Trust

4th July 2018		
Charlotte Carvell	Senior Clinical Pharmacist (Rheumatology, TOT, Thrombosis and Anticoagulation)	University Hospitals Plymouth NHS Trust
Edward Davies	Consultant Cardiologist	University Hospitals Plymouth NHS Trust
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Rosie Fok	Consultant Microbiologist & Antimicrobial Stewardship Lead	University Hospitals Plymouth NHS Trust
Theresa Mitchell	Tissue Viability Clinical Nurse	Livewell Southwest
Tony Perkins	Lead Respiratory Pharmacist	Livewell Southwest
Sarah-Jane Rowlands	Practice Pharmacist	South Devon and Torbay CCG
Larrisa Sullivan	Lead Pharmacist – Long Term Conditions	Torbay and South Devon NHS FT

5th September 2018		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
James Greig	Consultant Microbiologist	University Hospitals Plymouth NHS Trust
Tony Perkins	Senior Medicines Optimisation Pharmacist West Devon	NEW Devon CCG

14th November 2019		
Holly Barker		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Anthony Mitchell		

16th January 2019		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Yin Ki Ng	Senior Medicines Optimisation Pharmacist	South Devon and Torbay CCG
Dany Ross	Practice Based Pharmacist	South Devon and Torbay CCG

13th March 2019		
Rachel Ali	GP	Local Medical Committee
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	

North and East Devon FIG attendance

Members and Co-opted members

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

Darren Wright	Joint Formularies Technician	4 of 5
Royal Devon and Exeter NHS Foundation Trust		
Tawfique Daneshmend	Northern and Eastern Devon FIG Chair Secondary care consultant	4 of 5
Bethan Rogers	Medicines Information Support Pharmacist Formulary Pharmacist	4 of 5

Additional Attendees (Experts, Guests, Secretariat, Observers)

Name of attendee	Role	Organisation
19th April 2018		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Karen Hetherington		
7th June 2018		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Rupert Broomby	Consultant in Anaesthesia and Pain Management	RD&E
9th August 2018		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
18th October 2017		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Rob Elliot Cook	Clinical Pharmacy Manager	RD&E
Elliot Watts	Pre-Reg Pharmacist	RD&E
13th December 2017		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG

Declarations of Interest Register (April 2018 – March 2019)

South and Western Devon FIG			
Declaration of interest made by committee members			
Name of attendee	Role	Meeting Date	Declared Interest
Tony Perkins	Senior Medicines Optimisation Pharmacist	5th September 2018	• I have spoken at a GSK event on "pharmacists supporting asthma management" no payment received. • I have spoken at a CCG event on "pharmacist inhaler review service" no payment to me, industry paid the venue to cover food and room facilities, joint sponsorship TEVA, GSK, Cheisi, total value £450 in line with CCG industry policy. • I have discussed schemes such as IMPACT and COPD+ which provide nurse support/capacity a non- promotional service offered by TEVA and Cheisi. • I currently am on the NICE COPD guideline update committee. • I have received no payments or gifts from pharma.

Tom Kallis	Community Pharmacist	14th November 2018	• Devon LPC receives sponsorship from various pharmaceutical companies for LPC training events/evenings. *At the meeting is was noted that Mr Kallis was in attendance as a community pharmacist, not formally representing LPC.*
Tom Kallis	Community Pharmacist	16th January 2019	• Eczema – emollient use. • Family member had Lyme disease in the last year. • Family member has gout
Darren Wright	Joint Formularies Technician	16th January 2019	• Received samples of emollients that could have an overall cost in excess of £50 from Fontus Health and Zeroderm.
Lily Hammarlund-Sim	Pharmaceutical Advisor	13th March 2019	• Attended Morph Consultancy CPD training event on men's and women's health in Nov 18 and one of the sponsors is Consilient Health.

Tony Perkins	Senior Medicines Optimisation Pharmacist	13 March 2019	No new interests to declare. • I have spoken at a CCG event on “pharmacist inhaler review service” no payment to me, industry paid the venue to cover food and room facilities, joint sponsorship TEVA, GSK, Cheisi, total value £450 in line with CCG industry policy. • I have discussed schemes such as IMPACT and COPD+ which provide nurse support/capacity a non- promotional service offered by TEVA and Cheisi. • I currently am on the NICE COPD guideline update committee. • I have received no payments or gifts from pharma. • Still a member of the 2019 NICE COPD update committee (reviewing triple therapy etc) https://www.nice.org.uk/guidance/indevelopment/gid-ng10128

Additional Declaration of Interest (Experts, Guests and Secretariat)			
Tim Wilson		9th May 2018	• Provided an evening training event for GPs sponsored by Grunenthal but not especially publicising their products the fee was £200
Tony Perkins	Lead Respiratory Pharmacist, Livewell Southwest	4th July 2018	• I have spoken at a GSK event on “pharmacists supporting asthma management” no payment received. • I have spoken at a CCG event on “pharmacist inhaler review service” no payment to me, industry paid the venue to cover food and room facilities, joint sponsorship TEVA, GSK, Cheisi, total value £450 inline with CCG industry policy. • I have discussed schemes such as IMPACT and COPD+ which provide nurse support/capacity a non promotional service offered by TEVA and Cheisi. • I currently am on the NICE COPD guideline update committee. • I have received no payments or gifts from pharma.
Sarah-Jane Rowlands	Practice Pharmacist, South Devon and Torbay CCG	4th July 2018	*In receipt of an educational/research grant for self or department from above manufacturing company/companies.* • I was involved in a project which received a MEG (Medical Education Grant) from Chiesi and Pfizer, which funded education events on COPD.

Keith Gilhooly	Consultant Psychiatrist, Devon Partnership NHS Trust (Applicant for Escitalopram)	4th July 2018	*In receipt of lecture fees in excess of £150 in the last year from above marketing company.* Chaired 2 x meeting for Lundbeck paid £600 in total – half donated to charity. Meetings were regarding long acting injectable antipsychotics

Northern and Eastern Devon FIG			
Declaration of Interest made by committee members			
Name of attendee	Role	Meeting Date	Declared Interest
Darren Wright	Joint Formularies Technician	13 December 2018	Received samples of emollients that could have an overall cost in excess of £50 from Fontus Health and Zeroderma.
Additional Declaration of Interest (Experts, Guests and Secretariat)			
Dr Rupert Broomby	Consultant Anaesthetics and Pain	7th June 2018	Received payment for GP talks and sponsorship from Grunenthal Ltd [*manufacturer of lidocaine plasters*] but not within the last 12 months. Talks related to promotion of Tapentadol (Grunenthal) which could be considered a competitor for Targinact.

Mandatory NICE Technology Appraisals and Highly Specialised Technology Guidance added to the local formulary from 1 April 2018 to 31 March 2019 in line with the CCGs' statutory responsibilities

April 2018

- HST7 Strimvelis for treating adenosine deaminase deficiency–severe combined immunodeficiency
- TA160 (update) Raloxifene for the primary prevention of osteoporotic fragility fractures in postmenopausal women
- TA161 (update) Raloxifene and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women
- TA464 (update) Bisphosphonates for treating osteoporosis
- TA498 Lenvatinib with everolimus for previously treated advanced renal cell carcinoma.
- TA500 Ceritinib for untreated ALK-positive non-small-cell lung cancer
- TA501 Intrabeam radiotherapy system for adjuvant treatment of early breast cancer
- TA502 Ibrutinib for treating relapsed or refractory mantle cell lymphoma
- TA503 Fulvestrant for untreated locally advanced or metastatic oestrogen-receptor positive breast cancer
- TA504 Pirfenidone for treating idiopathic pulmonary fibrosis
- TA505 Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma
- TA506 Lesinurad for treating chronic hyperuricaemia in people with gout

May 2018

- TA507 Sofosbuvir–velpatasvir–voxilaprevir for treating chronic hepatitis C
- TA508 Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee
- TA509 Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer
- TA510 Daratumumab monotherapy for treating relapsed and refractory multiple myeloma
- TA511 Brodalumab for treating moderate to severe plaque psoriasis
- TA512 Tivozanib for treating advanced renal cell carcinoma
- TA513 Obinutuzumab for untreated advanced follicular lymphoma
- TA514 Regorafenib for previously treated advanced hepatocellular carcinoma

June 2018

- TA515 Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen
- TA516 Cabozantinib for treating medullary thyroid cancer
- TA517 Avelumab for treating metastatic Merkel cell carcinoma
- TA518 Tocilizumab for treating giant cell arteritis

July 2018

- TA519 Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy
- TA520 Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy
- TA521 Guselkumab for treating moderate to severe plaque psoriasis
- TA525 Atezolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy

August 2018

- TA522 Pembrolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable
- TA522 Pembrolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (update)
- TA523 Midostaurin for untreated acute myeloid leukaemia
- TA524 Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma
- TA526 Arsenic trioxide for treating acute promyelocytic leukaemia
- TA531 Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer
- TA534 Dupilumab for treating moderate to severe atopic dermatitis

September 2018

- TA217 (update) Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease
- TA492 (update) Atezolizumab for untreated PD-L1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable
- TA527 Beta interferons and glatiramer acetate for treating multiple sclerosis
- TA528 Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer
- TA529 Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer
- TA530 Nivolumab for treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy
- TA536 Alectinib for untreated ALK-positive advanced non-small-cell lung cancer

October 2018

- TA532 Cenegermin for treating neurotrophic keratitis
- TA533 Ocrelizumab for treating relapsing–remitting multiple sclerosis

November 2018

- TA535 Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine.
- TA537 Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs.
- TA538 Dinutiximab beta for treating neuroblastoma
- TA539 Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours
- TA540 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma

December 2018

- HST8 Burosumab for treating X-linked hypophosphataemia in children and young people
- TA541 Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia (NHS England commissioned)
- TA542 Cabozantinib for untreated advanced renal cell carcinoma
- TA543 Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs
- TA544 Dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutation-positive melanoma

January 2019

- TA221 Romiplostim for the treatment of chronic immune (idiopathic) thrombocytopenic purpura (update)
  (CCG commissioned)
- TA293 Eltrombopag for treating chronic immune (idiopathic) thrombocytopenic purpura (update)
  (CCG commissioned)
- TA545 Gemtuzumab ozogamicin for untreated acute myeloid leukaemia
  (NHSE commissioned)

February 2019

- TA545 Gemtuzumab ozogamcin for untreated acute myloid leukaemia
- TA546 Padeliporfin for untreated localised prostate cancer (NHSE commissioned – not recommended)
- TA547 Tofacitinib for moderately to severely active ulcerative colitis (CCG commissioned)

March 2019

- TA550 Vandetanib for treating medullary thyroid cancer
- TA551 Lenvatinib for untreated advanced hepatocellular carcinomaTA552 Liposomal cytarabine–daunorubicin for untreated acute myeloid leukaemia
- TA553 Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence
- TA554 Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years (NHSE commissioned)