NHS
Devon
Clinical Commissioning Group

Meeting of the South and West Devon Formulary Interface Group
Minutes

Wednesday 16th December 2020: 2:00 pm – 4.30 pm

Via Microsoft Teams

Present:

Peter Rowe (Chair)	Consultant	UHP NHS Trust
Jill Ashcroft	MO Pharmacist	NHS Devon CCG
Heidi Campbell	Pharmaceutical Advisor	NHS Kernow CCG
Andy Craig	GP	NHS Devon CCG
Nicola Diffey	Pharmacist	Livewell Southwest
Matt Howard	Clinical Evidence Manager	NHS Devon CCG
Tomazo Kallis	Community Pharmacist	
Bill Nolan	GP	South Devon & Torbay CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NHS Devon CCG
Christopher Sullivan	Deputy Chief Pharmacist Clinical Services	Devon Partnership NHS Trust
Larissa Sullivan	Pharmacist	Torbay & South Devon NHS Trust
Darren Wright	Joint Formularies Technician	NHS Devon CCG

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

1. Welcome and announcements

Meeting etiquette
The Chair briefly explained the meeting etiquette

Register of Participants
Attendees present were noted. Jill Ashcroft joined the meeting as MO representative.

Guests
No guests were present.

Apologies

Sarah Marner	Senior MO Pharmacist	NHS Devon CCG
Graham Simpole	MO Pharmacist	NHS Devon CCG

Declaration of Interests

Declarations of Interest were collected and reported. The Declarations made did not result in anyone being excluded from the meeting or from the discussion of any item. All Declarations of Interest are reported in the minutes.

DRUG INCLUDED ON AGENDA	COMPANY / MANUFACTURER
Rosuvastatin for the prevention of cardiovascular disease	Various manufacturers
Alternative treatments:	
Atorvastatin	Various manufacturers
Simvastatin	Various manufacturers
Fluvastatin	Various manufacturers
Pravastatin	Various manufacturers
NICE antimicrobial guidance: pyelonephritis (acute)	
Various antibiotics	Various manufacturers
Alternative treatments	Various manufacturers
NICE antimicrobial guidance: recurrent UTI	
Various antibiotics	Various manufacturers

Alternative treatments D-mannose (non-medicinal product) Estriol 0.1% cream (Ovestin cream) Estradiol vaginal ring (7.5mcg/24 hrs) (Estring)	Various manufacturers Various manufacturers Aspen Pharma Trading Ltd Pfizer
NICE antimicrobial guidance: UTI (catheter- associated) Various antibiotics Alternative treatments	 Various manufacturers Various manufacturers
NICE clinical guideline: Dementia Donepezil, Galantamine, Memantine, Rivastigmine	 Various manufacturers
NICE antimicrobial guideline: Impetigo Hydrogen peroxide 1% cream (Crystacide cream) Fusidic acid 2% cream Alternative antimicrobial: Mupirocin 2% cream/ointment Oral antibiotic: Flucloxacillin, Clarithromycin, Erythromycin	 Reig Jofre UK Ltd Leo Laboratories Limited, ADVANZ Pharma GlaxoSmithKline UK, ADVANZ Phama, Intrapharm Laboratories Limited Various manufactures
Paediatric GORD Metoclopramide, Domperidone, Erythromycin	 Various manufacturers
Eclypse Contour Other absorbent cellulose and polymer primary dressings. Zetuvit® Plus Eclypse®, Eclypse® Boot, Eclypse® Foot	Advancis Medical Hartmann Advancis Medical

Reclassification of vitamin B compound strong	Various manufacturers
Alternative treatments Thiamine (vitamin B1) Vitamin B compound	Various manufacturers Various manufacturers

e-FIG Item	Company
Rivaroxaban for the prevention of recurrent deep vein thrombosis and pulmonary embolism	Bayer Plc
Alternative treatments: Apixaban (Eliquis®) Warfarin	Bristol-Myers Squibb Pharmaceuticals Ltd Various manufacturers
Pelvic Inflammatory Disease (PID)	
Moxifloxacin (Avelox) Various antibiotics	Bayer PLC Various manufactures
Environmental impact of inhalers: consideration of Salamol CFC-free inhaler as the preferred brand of salbutamol pressurised metered dose inhaler (pMDI)	
Salamol CFC-free-inhaler	Teva UK Limited
Alternative brands of salbutamol pressured metered dose inhalers	Various manufacturers
Algivon Ribbon® Plus	Advancis Medical
Alternative treatments: Honey based topical application: Activon® Tube Sheet dressing: Actilite®, Activon® Tulle	 Advancis Medical Advancis Medical
Other antimicrobials: Cutimed® Sorbact Ribbon, Cutimed® Sorbet	 ABIGO Medical AB

Name of Attendee	Role	Declaration
Tom Kallis	Community Pharmacist	Funding provided by Daiichi-Sankyo for educational webinars on ECGs, biochemical and haematological blood interpretation provided by MorPh, within the remit of my East Cornwall PCN role. Funding received from Chiesi for promotional slot at LPC hosted webinar
Peter Rowe	Chair	Honoraria from Bristol Myers Squibb for nonpromotional CKD education to primary care

2. Minutes of the meeting held on Wednesday 12 August 2020 and matters arising

The minutes of the meeting held on Wednesday 12 August 2020 were approved.

Summary of actions

	Action	Lead	Status
20/18	Osteoporosis guidance – develop draft formulary guidance and circulate to specialists for comment. The final draft will be brought to a later FIG meeting for discussion. 12.08.20 - It was noted that new guidance has been produced for Scotland. The Formulary Team will investigate whether any other guidance exists. 16.12.20 - It was noted that this item had previously been brought to the FIG at an early stage. Draft formulary guidance will be brought to a future meeting.	Formulary Team	Ongoing
20/30	Paediatric GORD – Update proposed formulary entry in line with the discussion and circulate to the FIG for approval via the e-FIG process. 16.12.20 - This item was included on the agenda.	Formulary Team	Complete
20/31	Paediatric GORD/omeprazole for paediatric patients – undertake an e-PACT search for omeprazole suspension and circulate the data to the FIG. 16.12.20 - A verbal update was provided.		Closed

Matters Arising

The meeting scheduled for Wednesday 14th October was cancelled due to lack of availability of FIG members in a number of areas. Items scheduled for discussion were either considered via the e-FIG process or were rescheduled for discussion at a future meeting.

- Report of e-FIG decisions:

  Four items were considered via the e-FIG process in October and November 2020:

  - Rivaroxaban for the prevention of recurrent DVT and PE – October 2020

    The routine commissioning of 10mg rivaroxaban for the prevention of recurrent VTE was accepted by the Clinical Policy Committee in September.

    A proposed formulary entry was circulated to FIG members. This was accepted by the FIG.

    ACTION: The Formulary has been updated.

  - Pelvic Inflammatory Disease (PID) Update October 2020

    Draft formulary guidance for PID was proposed. Responses from FIG members deferred to clinicians.

    ACTION: The Formulary Team has sent a paper to South and West FIG Clinicians.

    A brief discussion took place. It was agreed that the Formulary Team will forward comments received from FIG GPs to Peter Rowe.

    ACTION: Formulary Team to forward comments received from FIG GPs to Peter Rowe.

  - Environmental impact of inhalers: Salamol CFC-free inhalers as the preferred brand of salbutamol pressurised MDI – November 2020

    Salamol CFC-free inhaler was proposed as the preferred brand of salbutamol pMDI. The FIG accepted the proposal.

    ACTION: The formulary has been updated.

  - Algivon Plus Ribbon – November 2020

    It was proposed that Algivon Plus Ribbon be included in the formulary.

The FIG accepted this proposal.

ACTION: The formulary has been updated.

- Report of COVID-19 related changes to the formulary – August 2020 to December 2020

Since the FIG meeting held on 12 August 2020 the Formulary Team has continued to support the development and dissemination of temporary COVID-19 related guidance from various local and national groups. The FIG received an update on the changes to the temporary Devon Formulary.

Updates had been made to the following sections:

- Shared Care/Specialist Medicines Service Drug safety monitoring during the COVID-19 pandemic: an update had been added indicating that given the relatively low prevalence of Covid-19 in Devon and established control measures in primary care, a return to the usual frequency of monitoring is preferred. Where this is not possible due to capacity challenges as a result of the pandemic, patient groups for prioritisation for usual monitoring are listed. The details were highlighted in the meeting papers
- An update has been added to the routine access to remdesivir in the treatment of COVID-19. Specific information on eligibility criteria and a clinical pathway have been added. The details were highlighted in the meeting papers
- Corticosteroids in the treatment of Covid-19
- Advice on monitoring patients taking warfarin and other anticoagulants during the Covid-19 pandemic
- Covid-19 and vitamin D supplementation

- Environmental impact of inhalers: End of GSK Complete the Cycle Scheme

In December 2019, the S&W Devon FIG agreed formulary guidance on the environmental impact of inhalers. This guidance is in keeping with the NHS Long Term Plan and was developed to support a move to dry powder or soft mist inhalers as preferred devices in the absence of a specific clinical or dexterity reason requiring a pressured metered dose or breath actuated inhaler. This guidance also addresses opportunities for recycling or recovery of spent inhalers and highlights the GSK 'Complete the Cycle' scheme. In July 2020, the Pharmaceutical Journal reported that the 'Complete the Cycle' scheme is to close at the end of September 2020. The formulary team confirmed this via personal communication with GSK.

Devon Formulary guidance on the environmental impact of inhalers has therefore been updated to remove reference to this scheme. The changes to the Devon Formulary Guidance were highlighted in the meeting papers.

3. Rosuvastatin for the prevention of cardiovascular disease

At its meeting on 11 November 2020 the Clinical Policy Committee made a recommendation to accept the routine commissioning of rosuvastatin for primary and secondary prevention of cardiovascular disease for patients who are intolerant of other appropriate statins. Subsequent

to the circulation of the S&W FIG meeting papers the recommendation has been accepted through the CCG's governance processes.

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

The FIG considered and accepted the proposed formulary entry for rosuvastatin for the prevention of cardiovascular disease without amendment.

There was discussion about levels of use and alternative statins. Some concern was expressed regarding inappropriate discontinuation of statins. Comments received from specialists subsequent to the circulation of the meeting papers were considered.

The updated formulary entry for rosuvastatin will be published following consideration by the N&E FIG.

ACTION: Formulary team to update the formulary entry for rosuvastatin for the prevention of cardiovascular disease following consideration by the N&E FIG.

4. NICE Antimicrobial guideline: Pyelonephritis (acute)

Following publication of several pieces of NICE Antimicrobial Prescribing Guidelines in October/November 2018, work has been underway to update the Devon formulary UTI guidance.

The South and West FIG was asked to consider proposed formulary antimicrobial guidance for Pyelonephritis (acute). This contains information on managing acute pyelonephritis, including treatment, reassessment and referral, choice of antibiotic, and self-care. This guidance has previously been reviewed by the Devon Antimicrobial Stewardship Group and discussed by the North and East Devon FIG.

The South and West FIG considered and accepted the proposed guidance for Pyelonephritis (acute). There was discussion about referral to specialists, inclusion of ciprofloxacin and levofloxacin and the doses of cefalexin for adults and children.

It was noted that urologists have been contacted to consider at what stage in the treatment pathway they recommend referral and whether this should be an acute or outpatient referral? The formulary will be updated as soon as responses are received.

ACTION: Formulary to be updated when responses are received from urologists regarding the stage in the treatment pathway at which they recommend referral and whether this should be an acute or outpatient referral?

5. NICE Antimicrobial guideline: Urinary Tract Infection (UTI) (recurrent)

Proposed formulary guidance on recurrent UTI has been reviewed by the Devon Antimicrobial Stewardship Group who have provided feedback and comments on the updated guidance and antibiotic recommendations. The proposed guidance has also been discussed by the North and East Devon FIG, comments were included in the meeting papers based on these discussions for consideration.

The South and West FIG was asked to consider the proposed guidance. This includes information on referral and seeking specialist advice, treatment for women who are not pregnant and reassessment together with risk factors and self-care advice in line with previously agreed UTI guidance.

The proposed guidance was presented to FIG members with additional feedback from specialists for final consideration and agreement.

The FIG considered the proposed formulary guidance. There was discussion about vaginal oestrogen for postmenopausal women and antibiotic prophylaxis for recurrent UTI. It was agreed that nitrofurantoin dosing be for 100mg modified release and that the immediate release preparation would not be added. The FIG accepted the proposed statement that methenamine hippurate is not routinely recommended for the management of recurrent UTIs.

ACTION: Formulary team to update the formulary antimicrobial guidance on recurrent UTI in line with the discussion.

6. NICE Antimicrobial guideline: UTI (catheter-associated) (CA-UTI)

Proposed formulary guidance on CA-UTI has been reviewed by the Devon Antimicrobial Stewardship Group who have provided feedback and comments on the updated guidance and antibiotic recommendations. The proposed guidance has also been discussed by the North and East Devon FIG, and comments have been added based on the discussions for consideration.

The South and West FIG was asked to consider the proposed formulary guidance. This includes information on antibiotic treatment, reassessment criteria, referral and seeking specialist advice, self-care, and prevention.

The guidance was presented to FIG members with additional feedback from the specialists for final consideration and agreement.

The FIG considered and accepted the proposed formulary entry subject to minor amendment. There was discussion about diagnosing catheter associated lower UTIs and inclusion of levofloxacin and ciprofloxacin. It was agreed that for the treatment of children maximum doses be reformatted and that the range of doses be included. The formulary team will update the proposed formulary entry in line with the discussion and circulate electronically to FIG members.

ACTION: Formulary Team to update the formulary entry in line with the discussion and circulate electronically to FIG members.

7. NICE Clinical Guideline: Dementia

Dementia

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

Prescribing for Alzheimer's disease

There are three key changes to the recommendations relevant to this area. The recommendation that cholinesterase inhibitors should not be discontinued as the severity of disease progresses is covered in the current formulary guidance. The remaining two changes to the guideline included prescribing of medicines for Alzheimer's disease by GPs and the use of memantine in combination with cholinesterase inhibitors. A proposed update to the formulary guidance was discussed.

It was noted that with regard to assessment of severity, GPs do not routinely use cognitive tests to assess disease progression, instead significant behavioural change or deterioration of functionality is used as an indicator of worsening in severity.

Formulary representatives from Devon Partnership Trust (DPT) and Livewell Southwest reported that the dementia specialist teams were continuing to start treatment and titrate the dose until patients are stable.

It was agreed that the dose of donepezil is amended to state once daily, as there are different views on when donepezil should be taken during the day.

Feedback from the FIG discussion will be incorporated into a further consultation with specialists.

ACTION: Formulary team to update the proposed draft formulary entry in line with the discussion and circulate to specialists

Management of behavioural and psychological symptoms of dementia (BPSD)

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

The FIG considered the proposed formulary guidance. A query was raised as to whether Livewell have a reference source which should be included. Nicola Diffey agreed to feedback to the Formulary team on this.

ACTION: Nicola Diffey to feedback to the formulary team on whether a reference source should be included for Livewell.

The main points of the discussion included:

- Initial assessment of patients and whether this is conducted by the specialist team.
- The FIG was happy with the approach to support non-specialist, they wanted to keep the reference to the 2009 Banerjee report for information.
- In general, the FIG was happy with the proposed changes.

A further consultation with specialists will take place.

ACTION: Formulary Team to seek the views of specialists on the proposed changes to the formulary guidance.

8. NICE antimicrobial guideline: Impetigo

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

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

The FIG considered the proposed formulary guidance. A discussion took place the main points included:

- The FIG accepted the addition of hydrogen peroxide 1% cream to the Devon Formulary as a 'green' (first line) option for localised non-bullous impetigo.
- The FIG accepted the addition of Fusidic acid 2% ointment to the Devon Formulary as a 'green' (first line) option for non-bullous impetigo.
- It was agreed that Mupirocin 2% ointment would not be included as a treatment for impetigo but reserved for the management of MRSA following specialist advice.
- The FIG accepted the proposed dose of clarithromycin.

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

9. Paediatric GORD

This item was brought back to the FIG meeting for a final decision on the formulary classification of domperidone, erythromycin and metoclopramide in the context of paediatric gastro-oesophageal reflux disease (GORD) following an update to the recommendation for these medicines in the NICE clinical guideline NG1. Specialists were consulted on the formulary classification for these medicines. The majority of specialists who responded to the Formulary team considered amber (specialist input) to be the correct formulary classification.

The FIG considered the proposed formulary entry. One minor amendment was agreed; it was agreed to replace the words 'weaning criteria'. With 'phased reduction in treatment'.

The Formulary team will update the formulary entry for paediatric gastro-oesophageal reflux disease in line with the discussion.

ACTION Formulary team to update the formulary entry for paediatric gastro-oesophageal reflux disease in line with the discussion.

10. Consideration of Eclypse Contour for addition to the formulary

Eclypse Contour is a super absorbent dressing shaped to mould to body contours. It is indicated for moderate to heavy exuding wounds in difficult to dress areas, such as the underarm, abdomen, back, lower leg, and thigh. Eclypse Contour is available only as a large dressing in one size (30cm x 51cm).

Tissue viability nurse teams in South and West Devon have suggested they would like to use Eclypse Contour as a blue (second line) option to manage moderate to heavy exuding wounds where a shaped dressing is required.

Currently the formulary for South and West Devon contains four super absorbent dressings for moderate to heavy exudate including three dressings from the Eclypse range. The current formulary options do not include a conformable dressing.

12 months' ePACT2 data suggest that overall, 6 different brands of conformable superabsorbent dressings in various sizes were dispensed, of this prescribing almost 8% were the proposed dressing.

The FIG considered and accepted the proposed addition of Eclypse contour to the Formulary.

ACTION: Formulary team to add Eclypse Contour to the formulary.

The discussion noted that Eclypse Contour dressings are available only as a single large dressing which is more expensive than alternatives and therefore should only be used when absolutely necessary. It was noted that dressings from the Kliniderm range are available in a wider range of sizes. It was agreed that the Formulary team will contact the tissue viability nurse teams for South & West Devon to ascertain why they are proposing the addition of Eclypse Contour to the formulary in preference to the conformable Kliniderm dressing which is available in a wider range of sizes and would be less expensive than using the Eclypse Contour dressing for all wounds requiring a conformable dressing.

ACTION: Formulary team to contact the tissue viability nurse teams for South & West Devon to ascertain why they have proposed Eclypse Contour in preference to the conformable Kliniderm dressing which is available in a wider range of sizes.

11. Reclassification of vitamin B compound strong

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

The CCG Medicines Optimisation team with support from a consultant gastroenterologist at Torbay Hospital, are proposing the reclassification of vitamin B compound strong to an amber medicine in the South and West Devon Formulary in line with the North and East Devon Formulary. In addition, it is proposed that indications for the use of vitamin B compound strong

in Devon are aligned with the NICE clinical guideline CG32: Nutrition support for adults and the NICE clinical guidelines for alcohol use disorders (CG100 and CG115).

The FIG considered and accepted in principle the proposed reclassification of vitamin B compound strong from blue (second line) to amber (specialist input). There was discussion about the notes on the use of vitamin B compound strong which should indicate that it is not recommended for use in alcohol dependence and withdrawal. It was also agreed that the indications for thiamine be extended to be in line with NICE.

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

12. MHRA Drug Safety Updates: August 2020 – November 2020

The MHRA has issued four Drug Safety Updates since the last meeting of the South and West FIG meeting on 12th August 2020. The subjects raised in each of the Drug Safety Update of relevance to the formulary, and the actions taken relating to the formulary were summarised in the meeting papers.

<u>August 2020 safety update</u>

The following items were noted:

- Clozapine and other antipsychotics: monitoring blood concentrations for toxicity

  The FIG received an update on drug level monitoring for clozapine and other antipsychotics

  Feedback from the formulary representatives for Devon Partnership Trust and Livewell Southwest was presented to the FIG. Clinical protocols for clozapine will be updated in line with the recommendations from the MHRA. The Maudsley Prescribing Guidelines in Psychiatry were highlighted as a reference source on drug level monitoring for antipsychotics. A summary of the recommendations from the Maudsley guidelines was presented to the FIG for the remaining six antipsychotics (excluding clozapine) referenced in the safety update. The Formulary Team has contacted local pathology laboratories to enquire whether there is existing local guidance on the circumstances under which antipsychotic drug level monitoring may be requested.

- Denosumab 60mg (Prolia): increased risk of multiple vertebral fractures after stopping or delaying ongoing treatment
- Baricitinib (Olumiant): increased risk of diverticulitis, particularly in patients with risk factors
- Isotretinoin (Roaccutane): reminder of important risks and precautions
- Emollients and risk of severe and fatal burns: new resources available

September 2020 safety update

The following items were noted:

- Opioids: risk of dependence and addiction
- Transdermal fentanyl patches for non-cancer pain: do not use in opioid-naive patients
- Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing
- Insulins (all types): risk of cutaneous amyloidosis at injection site

October 2020 safety update

The following items were noted:

- 5-fluorouracil (intravenous), capecitabine, tegafur: DPD testing recommended before initiation to identify patients at increased risk of severe and fatal toxicity
- Flucytosine (Ancotil): new contraindication in patients with DPD deficiency
- Niraparib (Zejula): reports of severe hypertension and posterior reversible encephalopathy syndrome (PRES), particularly in early treatment
- Dolutegravir (Tivicay, Triumeq, Juluca): updated advice on increased risk of neural tube defects
- Warfarin and other anticoagulants: monitoring of patients during the COVID-19 pandemic The FIG noted that warfarin monitoring is continuing in patients with COVID-19.

November 2020 safety update

The following items were noted:

- Modafinil (Provigil): increased risk of congenital malformations if used during pregnancy
- Pirfenidone (Esbriet): risk of serious liver injury, and updated advice on liver function testing
- Ferric carboxymaltose (Ferinject): risk of symptomatic hypophosphataemia leading to osteomalacia and fractures
- Bupropion (Zyban): risk of serotonin syndrome with use with other serotonergic drugs

ACTION: Drug safety updates to be added to the formulary in line with the discussion.

13. Recent Drug Decisions (including NICE)

The recent drug decisions were reviewed.

14. Update on the FIG Merger

The group received an update on the proposed merger of the South & West and North & East Devon Formulary Interface Groups to form a single Devon wide FIG.

Respondents to the consultation unanimously agreed with the proposal to merge the FIGs, with the proposed membership, and the adoption of Microsoft Teams as the principle method of holding meetings. Several respondents highlighted the benefit of face to face discussions and it is therefore proposed that when face to face meetings are again possible (post pandemic), that the FIG hold one face to face meeting per year.

Responses to additional consultation on the preferred day and time for FIG meetings identified Wednesday mornings as the option least likely to cause significant issues. This will enable the current GP members to continue to participate, although it was noted that Wednesday is currently a non-working day for some GPs and that some may have other commitments on that day and not be available for every meeting. The Clinical Evidence Manager has discussed these issues individually with GPs.

Meetings of the merged Devon FIG will therefore be held on Wednesday mornings on alternate months commencing on 24 February 2021 from 9:00am to 11:30am, via Microsoft Teams.

Dates and calendar invitations for meeting up until December 2021 have been circulated to FIG members.

The Terms of Reference and governance processes are being developed. These will be shared with FIG members in due course.

15. Any other Business

This was the final meeting of the South and West Devon FIG.

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

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

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

Summary of actions

	Action	Lead	Status
20/18	Osteoporosis guidance – develop draft formulary guidance and circulate to specialists for comment. The final draft will be brought to a later FIG meeting for discussion. 12.08.20 - It was noted that new guidance has been produced for Scotland. The Formulary Team will investigate whether any other guidance exists. 16.12.20 - It was noted that this item had previously been brought to the FIG at an early stage. It is hoped that draft formulary guidance will be brought to the next meeting. <u>Post meeting note:</u> 01.02.21 – The NICE website has been updated with a publication date of May 2021 for the second MTA covering medicines for osteoporosis. A proposed update to the formulary guidance will be circulated to specialists after the MTA is published.	Formulary Team	Closed
20/33	Report of e-FIG decisions: Pelvic Inflammatory Disease (PID) – comments from FIG GPs to be forwarded to Peter Rowe.	Formulary Team	Complete
20/34	Rosuvastatin for the prevention of cardiovascular disease - update the formulary entry for rosuvastatin for the prevention of cardiovascular disease following consideration by the N&E FIG.	Formulary Team	Complete
20/25	NICE Antimicrobial guideline: Pyelonephritis (acute) – Formulary to be updated when responses are received from urologists regarding the stage in the treatment pathway at which they recommend referral and whether this should be an acute or outpatient referral? <u>Post meeting note:</u> 22/02/21: Responses have been received from specialists. The final text will be sent to the FIG for information and the formulary will be updated	Formulary Team	Closed
20/26	NICE Antimicrobial guideline: Urinary Tract Infection (UTI) (recurrent): Update the formulary antimicrobial guidance on recurrent UTI in line with the discussion.	Formulary Team	Closed
20/27	NICE Antimicrobial guideline: UTI (catheter-associated) (CA-UTI): Update the formulary entry in line with the discussion and circulate electronically to FIG members.	Formulary Team	Closed
20/28	NICE Clinical Guideline: Dementia – Prescribing for Alzheimer's disease – Update the proposed draft formulary entry in line with the discussion and circulate to specialists.	Formulary Team	Complete

20/29	NICE clinical guideline: Management of behavioural and psychological symptoms of dementia (BPSD) – Feedback to formulary team on whether a reference source should be included for Livewell. Nicola Diffey has reported that currently Livewell does not have a guideline for BPSD.		Complete
20/30	NICE guideline: Management of behavioural and psychological symptoms of dementia (BPSD) – Formulary team to seek the views of specialists on the proposed changes to the formulary guidance	Formulary Team	Complete
20/31	NICE antimicrobial guideline: Impetigo – Update formulary entry in line with the discussion.	Formulary Team	Complete
20/32	Paediatric GORD: Update the formulary entry in line with the discussion. Post meeting note: An MHRA Drug Safety Update was issued on 18/12/20: which includes an article on the risk of hypertrophic pyloric stenosis with erythromycin use in infancy. The Formulary team will contact specialists regarding this article before publishing the proposed amendment to the formulary guidance. The Devon FIG will be informed of the responses from specialists.	Formulary Team	Closed
20/33	Eclypse contour to be added to the formulary.	Formulary Team	Complete
20/34	Consideration of Eclypse Contour for addition to the formulary – Contact the tissue viability nurse teams for South and West Devon and ascertain why they have proposed Eclypse Contour in preference to the conformable Kliniderm dressings which are available in wider range of sizes	Formulary Team	Complete
20/35	MHRA Drug Safety Updates: Drug safety updates to be added to the formulary in line with the discussion.	Formulary team	Complete