NHS
Devon
Clinical Commissioning Group

Meeting of the South and West Devon Formulary Interface Group

Minutes

12 February 2020: 2:00 pm – 4.30 pm

The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ

Present:

Peter Rowe (Chair)	Consultant	University Hospitals Plymouth NHS Trust
Heidi Campbell	Pharmacy Advisor	NHS Kernow CCG
Matt Howard	Clinical Evidence Manager	NHS Devon CCG
Sarah Marner	Senior Medicines Optimisation Pharmacist	NHS Devon CCG
Phil Melluish	GP	NHS Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NHS Devon CCG
Larissa Sullivan	Interface Pharmacist	Torbay & South Devon NHS FT
Darren Wright	Joint Formularies Technician	NHS Devon CCG

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

1. Welcome and announcements

Apologies:

Andy Craig	GP	NHS Devon CCG
Demelza Grimes	Medicines Optimisation Pharmacist (South)	NHS Devon CCG
Bill Nolan	GP	NHS Devon CCG
Amy Rice	Advanced Clinical Pharmacist Mental Health & General Medicine	Livewell Southwest
Christopher Sullivan	Pharmacist	Devon Partnership NHS Trust

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
Azathioprine for the treatment of autoimmune chronic active hepatitis (AIH) in adults (West Devon)	Aspen Various manufacturers
Specialised Medicines Service (SMS) prescribing guidelines: Typical (first generation) depot antipsychotics: • Flupentixol decanoate injection for schizophrenia and other psychoses in adults • Haloperidol decanoate injection for schizophrenia and schizoaffective disorder in adults • Zuclopenthixol decanoate injection for schizophrenia and paranoid psychoses in adults	 Lundbeck Limited, Mylan Janssen-Cilag Ltd Lundbeck Limited
Thealoz duo eye drops	Thea Pharmaceuticals Ltd
Ingenol mebutate gel (Picato) Alternative treatments: 5-fluorouracil cream (Efudix) Imiquimod 5% cream (Aldara) Metvix with photodynamic therapy (PDT)	Mylan Mylan Mylan Galderma for Metvix, providers of PDT
Ondansetron	N/A - safety information
Urinary Tract Infection (UTI) lower guidance review: antimicrobial guidance (NICE NG109) *update* Various medications	 Various manufacturers
Community-acquired pneumonia Various medications	 Various manufacturers
Prostatitis (acute) guidance review: antimicrobial guidance (NICE NG110) Various medications	 Various manufactures

Chronic Pelvic Pain Syndrome (CPPS) guidance review Various medications	 Various manufacturers
Osteoporosis guidance Various treatments	 Various manufacturers
Hypertension in pregnancy guidance review (NICE NG133) Various medications	 Various manufacturers

Name	Declaration
Larissa Sullivan	Spouse is a pharmacist at DPT (professional interest in decision on SMS for first line antipsychotics)

2. Minutes of the meeting held on 11 December 2019 and matters arising

The minutes of the meeting held on 11 December 2019 were approved.

Summary of actions

	Action	Lead	Status
19/02	*Hydroxychloroquine for rheumatological and dermatological conditions: LMC and specialists to be asked for their views. Draft guidance to be brought back to FIG together with the outcome from the forthcoming CPC meeting.* *The Clinical Effectiveness team is working with providers on identifying patients who may be at risk of hydroxychloroquine retinopathy and where such patients should be referred for testing, who will do this and how it will be resourced.* *It was noted that the risk for patients of getting of hydroxychloroquine retinopathy is low. The Formulary Team is also looking at the prescribing guidance.* *Draft SMS Guidance will be brought to a future FIG meeting.*	Formulary team	Outstanding

	It was noted that the position agreed at the Clinical Policy Committee meeting remains in place. There was discussion about the role of GPs and opticians in prescribing and screening. Currently, GPs are continuing to prescribe, patients can see an optician for routine eye tests only. It has not been possible to date to commission the necessary monitoring services for a number of reasons. A meeting to discuss this is due to take place on 13 February. The meeting will be led by the Medical Director, Torbay and South Devon NHS Foundation Trust and the STP director of primary care		
19/28	*Formulary entry for Urinary Tract Infections to be updated in line with the discussion.* *The Formulary team is awaiting additional guidance from microbiologists.* *Comments have been received from Jim Greig. Steve Cooke is taking this forward.* Work is in progress.		Complete
19/29	*Urinary tract infections - Slider for people over the age of 65 to be brought to a future meeting.* *Further queries had been received from Jim Greig. The Formulary Team will raise with Steve Cooke.* Work is in progress.		Complete
19/83	*Accepted formulary entry for Dermisplus prevent pads to be added to the formulary.* This will be included in Chapter 17 - Wound Management.		Complete
19/89	*Add accepted formulary entry for UrgoClean Ag Dressing to the formulary.* This will be included in Chapter 17 – Wound Management.		Complete
19/94	*Wound management review – ascertain whether a similar process for supply of dressings exists in Devon.* *Status of action to be followed up.* The formulary team had followed this up. The MO representative present reported that an arrangement is in place with Livewell in Western Devon. It is hoped that this will be rolled out on a wider scale.	Demelza Grimes	Outstanding

	This is a complex issue. However it was noted that significant savings may be made. It was agreed that an update on progress would be reported at the next meeting.	Sarah Marner	Outstanding
19/100	MHRA Drug Safety Updates – September: Elmiron (pentosan polysulfate sodium) advice to be added to the formulary when NICE TA 610 is added.		Complete
19/102	Update formulary guidance for effective contraception and frequency of pregnancy testing when medicines with teratogenic potential are prescribed.		Complete
19/103	Loteprednol for the treatment of steroid responsive inflammatory eye conditions - on completion of CCG governance procedures add accepted formulary entry to the formulary.		Complete
19/104	Budesonide 2mg/dose rectal foam – update formulary with the accepted formulary entry subject to receipt of a DoI from the applicants. The DoIs now received from both applicants. Andrew Gunatilleke ratified the decision as chair of the meeting held on 11th December 2019.		Complete
19/105	UCS Debridement – add accepted formulary entry for 17.5.3 Physical debridement pads to the formulary.		Complete
19/106	Ondansetron for nausea and vomiting in pregnancy: new safety information – check whether other antiemetic drugs included in the formulary section on the treatment of nausea and vomiting in pregnancy and hyperemesis gravidarum are licensed for this indication.		Complete
19/108	Update formulary with the accepted formulary entry for One-Alpha as the preferred brand of alfacalcidol when all strengths of capsules are available at wholesalers.		Complete
19/109	Amend formulary guidance for COPD in line with the discussion.		Complete
19/110	Pneumonia guidance – proposed antimicrobial guidance to be updated in line with the discussion and clarification sought from microbiologists.		Complete
19/111	On receipt of clarification from microbiologists Pneumonia antimicrobial guidance to be brought back to FIG.	Formulary team	On agenda
19/112	Cough (acute) guidance review: antimicrobial guidance – formulary to be updated with the accepted guidance.		Complete
19/113	Proposed vaccine guidance to be considered and comments forwarded to the formulary team within two weeks.		Complete

19/114	If no additional comments are received from FIG members the vaccine guidance will be updated as presented.		Complete
19/115	Forward the link to Torbay and South Devon patient leaflet for lidocaine plasters to the Formulary team.	Andrew Gunatilleke	Outstanding
19/116	Link to patient leaflet for lidocaine plasters to be added to the Devon Formulary. This is linked to action 19/115.	Formulary team	Outstanding
19/117	Ingenol mebutate gel (Picato▼) Add advice for healthcare professionals to the formulary product page.		Complete
19/118	Nivolumab (Opdivo) Advice for healthcare professionals to be added to the product page.		Complete
19/119	Prescribing medicines in renal impairment - Advice for healthcare professionals to be added to the Urology chapter. It was noted that this was not specific to renal impairment. It was agreed that the advice for healthcare professionals should be added under the Blood and Nutrition Chapter.	Formulary team	Outstanding
19/120	Adrenaline auto-injectors – MHRA advice to be added to the product pages.		Complete
19/121	MHRA advice for Yellow fever vaccine to be added to the formulary.		Complete
19/122	Carfilzomib (Kyprolis): risk of reactivation of hepatitis B virus. Link to MHRA Drug Safety Update to be added to the formulary.		Complete

Matters Arising

Liothyronine

A letter has been circulated stating that the Devon STP and the CCG had already agreed that liothyronine should only be included in the formulary as a 'red' hospital only drug. The CCG Formulary Team had subsequently received enquiries regarding this letter. It was noted that the CCG Formulary Team and the Devon Formulary Interface Groups were not involved in any such decision and that at present Liothyronine tabs remain amber in the formulary. It was agreed that a note be added to the formulary advising GPs who are asked to prescribe liothyronine for new patients to contact the Medicines Optimisation Team for advice.

ACTION: Note to be added to the local formulary advising GPs who are asked to prescribe liothyronine for new patients to contact the Medicines Optimisation Team for advice.

3. Azathioprine for the treatment of autoimmune chronic active hepatitis (AIH) in adults (West Devon)

Draft SMS prescribing guidelines for the safe prescribing and monitoring of azathioprine for the treatment of autoimmune chronic active hepatitis (AIH) in adults have been prepared by the specialist hepatology team at University Hospitals Plymouth NHS Trust. GP representatives from Devon Local Medical Committee (LMC) have also provided initial feedback which has informed the production of these guidelines.

These guidelines are broadly similar to guidelines for West Devon rheumatology patients that were updated last year, with some notable differences:

- The liver function threshold for action is different; hepatology specialists have specifically requested that this different threshold be used
- Specialist services will undertake prescribing and monitoring for at least three months (rheumatology guidelines are limited to 28 days' prescribing in secondary care)
- There are some differences in the content of supporting information, primarily as a result of local specialist opinion on what is of particular relevance to their patient groups.

Specialists have indicated that most prescribing is currently undertaken in primary care, although there are some patients whose GPs have declined to take on prescribing in the past and who therefore currently receive medication regularly from the specialist team at Derriford. The production of this guideline supports GPs who are currently prescribing for these patients and may lead to a small increase in prescribing in primary care, but it has not been possible to quantify this.

Following agreement with the FIG, the guidelines will be presented to the Devon Local Medical Committee (LMC) Negotiations committee, in order to agree the final settlement of funding for the additional work required in primary care.

The FIG considered the proposed prescribing guidelines, including:

- It was noted that the both GP and specialist responsibilities refer to drug interactions. Under specialist responsibilities it was agreed to move the bullet point 'update records with list of existing drugs from available resources and ensure there are no drug interactions of clinical significance with current medication' up the list to become the second bullet point.
- Rash – clarify the action required with specialists - and also if the timeline for specialist input was '24 hours' and the 24 hours a day contact details were needed.

ACTION: Formulary team to clarify with specialists the action required when a patient has a rash.

ACTION: Formulary team to ask specialists for 24 hours a day contact details.

- Formulary team to enquire about the need for Varicella Zoster vaccination with specialists.

ACTION: Formulary Team to enquire about the need for Varicella Zoster vaccination with specialists.

- It was suggested that specialists be requested to include in their GPs letter if there are known interactions with other drugs patients are taking.

ACTION: Formulary team to make request to specialists that any known interactions with drugs patients are taking be included in GP letters.

- Formulary team to update the guideline in line with the discussion and circulate to FIG and Rachel Ali.

ACTION: Formulary team to update the guideline in line with the discussion and circulate to FIG and Rachel Ali.

4. Specialised Medicines Service (SMS) prescribing guidelines: Typical (first generation) depot antipsychotics:

- **Flupentixol decanoate injection for schizophrenia and other psychoses in adults**
- **Haloperidol decanoate injection for schizophrenia and schizoaffective disorder in adults**
- **Zuclopenthixol decanoate injection for schizophrenia and paranoid psychoses in adults**

A final draft of the SMS prescribing guidelines for the safe prescribing and monitoring of the following typical (first generation) depot antipsychotics in primary care was presented.

An early draft had been considered by N&E Devon FIG in August 2018; and by S&W Devon FIG in September 2018.

At that time, clinical input had not been received from DPT psychiatrists, and the guidelines were put on hold pending further commissioning discussions at an organisational level. Following agreement at a senior level that development of these guidelines should continue, and input from Devon Partnership Trust (DPT) psychiatrists, revised draft guidelines were discussed and pending some minor amendments, were agreed by S&W Devon FIG in March 2019 and by N&E Devon FIG in April 2019.

Following agreement with the two FIGs, the guidelines were presented to the Devon Local Medical Committee (LMC) Negotiations committee, in order to agree the final settlement of funding for the additional work required in primary care. At these discussions, the LMC negotiations committee raised concerns regarding the issue of patients being discharged to primary care, without subsequent follow up. Concerns were raised regarding the need to consider whether (and for how long) patients should remain on treatment. It was highlighted that this required specialist input, and full discharge was not felt to be appropriate. Following extensive discussions with DPT on this point, revised drafts were agreed with both DPT and LMC. These were presented to the FIG for final agreement.

Changes from the draft originally agreed with the FIGs were highlighted at the meeting, these were accepted by the N&E Devon FIG on 23rd January 2020.

The FIG considered and accepted the SMS prescribing guidelines with minor note added. The issues discussed included:

- the difficulties in getting bipolar patients seen quickly by specialists in mental health.
- the guidelines contain slight changes to GP responsibilities
- it was noted that Livewell Southwest patients are not covered by the guidelines. The Formulary team will add a note to the top of the guidelines.

ACTION: Formulary team to add a note at the top of the guidelines regarding Livewell Southwest Patients.

ACTION: SMS prescribing guidelines for typical (first generation) depot anti-psychotics to be added to the CCG website, and linked to from the formulary drug entries.

5. Thealoz Duo eye drops

Thealoz Duo eye drops contain trehalose 3% and sodium hyaluronate at a concentration of 0.15% in a bottle which delivers calibrated drops. The application for Thealoz Duo was submitted by James Benzimra, consultant ophthalmologist, at the Royal Devon and Exeter hospital. The application is also supported by a consultant at Torbay Hospital and a consultant at University Hospitals Plymouth.

The proposed place in therapy is in moderate to severe dry eye for patients who cannot tolerate Evolve HA, or who have been diagnosed with moderate to severe dry eye and Evolve HA is not sufficient. As Evolve HA is for severe symptoms of dry eye in the Devon formulary, the proposed formulary entry considers Thealoz Duo for use in severe symptoms. Evolve HA is the only formulary option for sodium hyaluronate. The formulary application outlined the potential benefits of Thealoz Duo and the substantial volume of prescribing of Hyloforte

The FIG considered and accepted the proposed addition of Thealoz Duo eye drops to the formulary without amendment.

There was discussion about historic use of eye drops products, efficacy, the lack of intermediate steps and alternative treatments.

Formulary team to add the accepted formulary entry for Thealoz Duo eye drops to the formulary.

ACTION: Formulary team to add the accepted formulary entry for Thealoz Duo eye drops to the formulary.

6. Ingenol mebutate gel

Ingenol mebutate is indicated for the treatment of actinic keratoses (AK) in adults. The European Medicines Agency (EMA) has suspended the licence for ingenol mebutate (Picato®) gel as a precautionary measure due to concern over a possible link between ingenol mebutate and the development of skin cancer. In light of the advice from the EMA, the formulary team has removed ingenol mebutate gel as a formulary option. The South and West Devon Formulary guidance for

AK and the associated product page has been updated with the advice from the EMA for ingenol mebutate. Consultant dermatologists in Devon have been contacted for advice on updating the formulary guidance for AK. Proposed amendments to the formulary guidance for AK will be discussed with the FIG in due course.

7. MHRA Drug Safety Updates: Dec 2019, Jan 2020

December 2019

- Domperidone for nausea and vomiting: lack of efficacy in children; reminder of contraindications in adults and adolescents. The existing recommendations on dose and duration of treatment for adults and young people are included in the formulary. An update to the contraindications listed on the product page is required. A reference to the safety update is also required for the section on paediatric reflux.

ACTION: Include safety update under paediatric reflux guidance

ACTION: Update the contraindications listed under the product entry for domperidone in line with the MHRA Safety Update December 2019

January 2020

- Ondansetron: small increased risk of oral clefts following use in the first 12 weeks of pregnancy.

  At the South and West FIG meeting in December 2019, a revision to the formulary guidance for ondansetron in the management of nausea and vomiting in pregnancy and hyperemesis gravidarum was discussed. This revision occurred as a result of the EMA's review of studies of pregnancy outcomes for ondansetron which identified a small increase in the risk of orofacial cleft following the use of ondansetron during pregnancy and led to the EMA recommending the SPCs for ondansetron products were updated to indicate that ondansetron should not be used during the first trimester of pregnancy. This subject was included in the January 2020 MHRA Drug Safety Update. A weblink to the MHRA Safety Update will be included in the formulary guidance for nausea and vomiting during pregnancy and hyperemesis gravidarum, and the entry for ondansetron in the product page for anti-emetics.

  The FIG considered the proposed formulary entry. There was discussion about GPs prescribing antiemetic drugs in pregnancy. It was noted that the current first and second line formulary anti-emetics for nausea and vomiting in pregnancy have broad indications as anti-emetics and are not contra-indicated in pregnancy. The use of ondansetron if these options are not effective is line with guidance from the Royal College of Obstetricians and Gynaecologists.

  It was also noted that some women wish to try alternative therapies such as herbal treatments, homeopathy, hypnotherapy, hypnosis or psychotherapy. The formulary

includes guidance from the RCOG that these preparations should not be used for nausea and vomiting during pregnancy

ACTION: Formulary team to add the weblink from the MHRA Safety Update to the guidance for nausea and vomiting in pregnancy and hyperemesis gravidarum, and to the product entry for ondansetron

- E-cigarette use or vaping: reporting suspected adverse reactions, including lung injury. No action required – this is not in the formulary.

- Mecasemin (Increlex): risk of benign and malignant neoplasia. No action required – this is not in the formulary.

8. Urinary Tract Infection (UTI) lower guidance: antimicrobial guidance (NICE NG109) (update)

Currently the Devon formulary UTI management recommendations are based on guidance produced by Public Health England (PHE); 'Management of Infection Guidance for Primary Care'. NICE and PHE are now collaborating to provide guidance periodically.

Work has been underway to update the Devon formulary UTI guidance; this follows publication of the October 2018 NICE Guideline NG109: Urinary tract infection (lower): antimicrobial prescribing. Consultation in late 2018 and early 2019 with Devon wide microbiologists identified a consensus to revise the formulary guidance in line with NICE Guideline NG109. The first draft of this guidance was considered by the N&E Devon FIG in April 2019, and S&W Devon FIG in March 2019. The South and West Devon FIG accepted the changes.

The proposed formulary update contains a new additional guidance slider; 'Women and men >65 years with UTI (lower)', which was recommended by microbiologists post-FIG discussion. In addition, the guidance slider 'Children and young people <16 years with UTI (lower)', required further clarification to support prescribers in selecting between the two first line options (and whether it was appropriate to favour 1 treatment over the other routinely). There were supporting comments for additional notes to direct use based on previous infections and to highlight the cost of Nitrofurantoin suspension.

Specialists suggested that Trimethoprim only be recommended in children and removed as an option in other patient groups. It was suggested that there were sufficient alternative options if Nitrofurantoin were not suitable in these patient groups and with higher than national average resistance rates in Devon, Trimethoprim should be removed as an option.

The FIG considered and accepted the proposed formulary entry subject to minor amendment.

- It was agreed that note 7 'Nitrofurantoin suspension is significantly more expensive than tablets and capsules and should be avoided unless other options are not appropriate' be moved up to become note 1.

Formulary team to update the formulary guidance in line with the discussion.

ACTION: Formulary team to update the formulary with the lower UTI guidance for children and young people <16 years of age and for women and men > 65 years of age in line with the discussion.

9. Community-acquired pneumonia

At the December 2019 meeting of the South and West FIG, a revised formulary section on community acquired pneumonia (CAP) was discussed. This section was based on the recently published NICE/PHE guidance for antimicrobial prescribing for community-acquired pneumonia. Comments on the initial draft discussed at the meeting were received from several respiratory specialists and Dr Cressida Auckland, consultant microbiologist at the Royal Devon and Exeter (RD&E) hospital and a member of the Devon Antimicrobial Stewardship Group (DASG). Dr Auckland was asked to clarify several points; the clarifications were received subsequent to the FIG meeting.

At the December 2019 FIG meeting, there was a lengthy discussion of the NICE/PHE recommendation on the timing of initiation of antibiotics. The FIG asked the Formulary team to look into the background to this statement which was discussed at the next meeting in February 2020. Review of the NICE guideline identified that the NG138 Guideline Development Committee were aware that the NICE guideline on pneumonia in adults (2014) recommends antibiotic treatment as soon as possible, and within 4 hours for people admitted to hospital with community-acquired pneumonia. The NICE Guideline Development committee agreed that this was also applicable to people receiving treatment in the community. The FIG agreed a statement on the timing of initiation of treatment taking this into account.

The agreed recommendation to read 'start antibiotic treatment as soon as possible. If sepsis is suspected refer to NICE guidelines.'

Formulary team to update the formulary entry for community-acquired pneumonia in line with the discussion.

ACTION: Formulary team to update the formulary entry for community-acquired pneumonia in line with the discussion.

10. Prostatitis (acute) guidance review: antimicrobial guidance (NICE NG110)

Previously the Primary Care Antimicrobial Guidance was reviewed annually using the Public Health England (PHE) 'Management of Infection Guidance for Primary Care'; NICE and PHE are now collaborating to provide guidance periodically.

The current formulary guidance has been revised in line with PHE and NICE Guideline NG110 Prostatitis (acute): antimicrobial prescribing (October 2018).

The proposed guidance includes the addition of reference to appropriate NICE guidance, self-care advice, signs and symptoms, referral guidelines links and reassessment criteria. Antibiotic treatment was based on NICE guidance. Consideration was also given to current acute trust antibiotic recommendations for reference and microbiologists provided input.

Ofloxacin has been added as a first-line treatment option, alongside the current formulary guidance options, ciprofloxacin and trimethoprim.

Alternative antibiotic choices have not been included, but if worsening of symptoms on first- and second-line antibiotic treatment options, a statement has been added to consult local microbiologist.

The FIG considered and accepted the proposed formulary guidance without amendment.

ACTION: Formulary team to update the formulary with the accepted formulary guidance.

11. Chronic Pelvic Pain Syndrome (CPPS) guidance

A treatment algorithm included in a proposed DRSS clinical referral guideline for the management of CPPS was considered by the FIG in March 2019.

The formulary team provided feedback to DRSS on the issues raised by the FIG in relation to the algorithm and CRG for CPPS, and have worked closely with DRSS and the original urologist to create draft management guidance.

The proposed guidance is based on NICE Clinical Knowledge Summary Prostatitis – Chronic (February 2019), and the European Association of Urology Guideline for Chronic Pelvic Pain (2019). The proposed guidance includes information on self-care advice, considerations when prescribing antibiotics, CPPS definitions, alternative diagnoses that may be causing symptoms, referral links to CRGs, antibiotic treatment recommendations based on NICE Clinical Knowledge Summary for chronic prostatitis. The guidance was reviewed by local microbiologists and urologists.

The FIG was asked to consider whether the proposed guidance is clear and easy to follow and whether the committee agreed with the proposed version.

The FIG considered the proposed formulary entry. Minor amendments to the format were suggested to re-order the information for greater clarity.
On completion of the agreed work, the formulary team will re-circulate the proposed formulary entry to those present at the meeting for agreement.

ACTION: On completion of the agreed work, Formulary team to re-circulate the proposed formulary entry to those at the meeting for agreement.

ACTION: Formulary team to update the formulary with the updated guidance on acute prostatitis when proposed changes agreed

12. Osteoporosis guidance

NICE is undertaking a programme of reviewing and updating the technology appraisals for drugs for the prevention of osteoporotic fragility fractures. The existing TAs are being replaced with two multiple technology appraisals (MTAs) addressing bisphosphonates and non-

bisphosphonates. TA464 Bisphosphonates for treating osteoporosis was first published in 2017 and was updated in July 2019 at the request of the MHRA. NICE has not issued an expected publication date for the MTA for non-bisphosphonates. NICE also intend to review the clinical guideline for osteoporosis.

The work plan for the formulary guidance for osteoporosis and associated product pages was outlined. This will start with updating the formulary in line with the new guidance for initiating treatment with bisphosphonates. The FIG discussed the guidance from NICE on initiating treatment with bisphosphonates:

- It was noted that the new recommendations are a significant change in practice, and that interventional thresholds for treatment are currently located in the NICE Quality Standard 149.

There was discussion about the intervention threshold; this will be made clear in a table in the formulary guidance.

It was confirmed that the FRAX tool is used by GPs.
Following the FIG discussion, draft formulary guidance will be developed and circulated to the specialists for comment. The final draft guidance will be brought to a later FIG meeting for discussion**.**

ACTION: Formulary team to develop draft formulary guidance and circulate to the specialists for comment. The final draft guidance will be brought to a later FIG meeting for discussion.

13. Hypertension in pregnancy guidance (NICE NG133)

Previous formulary guidance was based on NICE CG107: Hypertension in pregnancy: diagnosis and management (August 2010) - this guidance has been updated and replaced by NICE guideline NG133, which has prompted a review of the formulary guidance. The current formulary guidance has been revised in line with NICE NG133: Hypertension in pregnancy: diagnosis and management (June 2019).

Notable changes include that the guidance has been:

- combined, updated and clarified advice throughout to make it simpler to follow
- amended dose information for aspirin use in pre-eclampsia considering current national guidance and local specialist advice.
- expanded the advice on the risks of angiotensin-converting enzyme (ACE) inhibitors to treat hypertension in pregnancy and included the MHRA Drug Safety Update.
- expanded and amended the advice on chlorothiazide to thiazide and thiazide-like diuretics, because chlorothiazide is no longer widely used.
- updated the advice on continuing antihypertensive treatment after birth, including treatment with methyldopa.
- updated advice on antihypertensives in the postnatal period and during breastfeeding.

The FIG considered the proposed formulary guidance for the management of hypertension in pregnancy guidance. There was discussion about prescriptions for aspirin for pre-eclampsia. It was agreed that the daily dose range of 75mg to 150mg recommended by the NICE clinical

guideline should be included in the formulary unless there was a strong clinical rationale for recommending only the 150mg daily dose. It was noted that local specialists favoured using the 150mg dose alone.

Formulary team to update the formulary guidance in line with the discussion.

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

14. Recent Drug Decisions

The recent drug decisions were reviewed.

Summary of actions

	Action	Lead	Status
19/02	*Hydroxychloroquine for rheumatological and dermatological conditions: LMC and specialists to be asked for their views. Draft guidance to be brought back to FIG together with the outcome from the forthcoming CPC meeting.* *The Clinical Effectiveness team is working with providers on identifying patients who may be at risk of hydroxychloroquine retinopathy and where such patients should be referred for testing, who will do this and how it will be resourced.* *It was noted that the risk for patients of getting of hydroxychloroquine retinopathy is low. The Formulary Team is also looking at the prescribing guidance.* *Draft SMS Guidance will be brought to a future FIG meeting.* It was noted that the position agreed at the Clinical Policy Committee meeting remains in place. There was discussion about the role of GPs and opticians in prescribing and screening. Currently, GPs are continuing to prescribe, patients can see an optician for routine eye tests only. For a number of reasons, it has not been possible to date to commission the necessary monitoring services. This will be discussed by the Devon Joint Clinical Effectiveness Group on 13 February. Progressing with the development of services in Devon for ophthalmological monitoring of hydroxychloroquine retinopathy has been escalated to the Devon Joint Clinical Effectiveness Group under the leadership of Dr Rob Dyer.	Formulary team	Outstanding

	There are no outstanding actions for the FIG to progress at the moment.		
19/94	*Wound management review – ascertain whether a similar process for supply of dressings exists in Devon.* *Status of action to be followed up.* The formulary team had followed this up. The MO representative present reported that an arrangement is in place with Livewell in Western Devon. It is hoped that this will be rolled out on a wider scale. This is a complex issue. However it was noted that significant savings may be made. It was agreed that an update on progress would be reported at the next meeting.	Demelza Grimes Sarah Marner	Complete Outstanding
19/111	On receipt of clarification from microbiologists Pneumonia antimicrobial guidance to be brought back to FIG.	Formulary team	Complete
19/115	Forward the link to Torbay and South Devon patient leaflet for lidocaine plasters to the Formulary team.	Andrew Gunatilleke	Outstanding
19/116	Link to patient leaflet for lidocaine plasters to be added to the Devon Formulary. This is linked to action 19/115.	Formulary team	Outstanding
19/119	Prescribing medicines in renal impairment - Advice for healthcare professionals to be added to the Urology chapter. It was noted that this was not specific to renal impairment. It was agreed that the advice for healthcare professionals should be added under the Blood and Nutrition Chapter.	Formulary team	Complete
20/01	Liothyronine – note to be added to the local formulary advising GPs who are asked to prescribe liothyronine for new patients to contact Medicines Optimisation team for advice.	Formulary team	Complete
20/02	Azathioprine for the treatment of autoimmune chronic active hepatitis (AIH) in adults (West Devon) – clarify with specialists the action required when a patient has a rash.	Formulary team	Complete
20/03	Azathioprine for the treatment of autoimmune chronic active hepatitis (AIH) in adults (West Devon) – ask specialists for 24 hours a day contact details.	Formulary team	Complete
20/04	Azathioprine for the treatment of autoimmune chronic active hepatitis (AIH) in adults (West Devon) – enquire about the need for Varicella Zoster vaccination with specialists.	Formulary team	Complete
20/05	Azathioprine for the treatment of autoimmune chronic active hepatitis (AIH) in adults (West Devon) – make request to specialists that any known interactions with drugs patients are taking be included in GP letters.	Formulary team	Complete
20/06	Azathioprine for the treatment of autoimmune chronic active hepatitis (AIH) in adults (West Devon) update guideline in line with the discussion and circulate to FIG and Rachel Ali.	Formulary team	Complete

20/07	Specialised Medicines Service prescribing guidelines: Typical (first generation) depot antipsychotics - add a note at the top of the guidelines regarding Livewell Southwest patients.	Formulary team	Complete
20/08	Specialised Medicines Service prescribing guidelines: Typical (first generation) depot antipsychotics to be added to the CCG website, and linked to the formulary drug entries.	Formulary team	Complete
20/09	Add accepted formulary entry for Theoloz Duo eye drops to the formulary.	Formulary team	Complete
20/10	MHRA Drug Safety Update – December 2019: Domperidone for nausea and vomiting – include safety update under paediatric reflux guidance	Formulary team	Complete
20/11	MHRA Drug Safety Update – December 2019: Domperidone for nausea and vomiting – update the contraindications listed in the product entry for domperidone in line with the Safety Update	Formulary team	Complete
20/12	MHRA Drug Safety Update – January 2020 Ondansetron – Formulary team to add the weblink to the guidance for nausea and vomiting in pregnancy and hyperemesis gravidarum, and the product entry for ondansetron.	Formulary team	Complete
20/13	Urinary Tract Infection (UTI) lower guidance: antimicrobial guidance (NICE NG109) – update the formulary with guidance for children and young people < 16 years, and women and men > 65 years in line with the discussion.	Formulary team	Complete
20/14	Community-acquired pneumonia – update the formulary entry for community-acquired pneumonia in line with the discussion.	Formulary team	Complete
20/15	Prostatitis (acute) guidance review: antimicrobial guidance (NICE NG110) – update the formulary with the accepted formulary guidance.	Formulary team	Complete
20/16	Chronic Pelvic Pain Syndrome (CPPS) guidance – on completion of the agreed work, re-circulate the proposed formulary entry to those at the meeting for agreement. Update the formulary when the proposed changes are agreed.	Formulary team	Complete
20/17	Chronic Pelvic Pain Syndrome (CPPS) guidance – update formulary with the updated guidance on acute prostatitis when proposed changes agreed.	Formulary team	Complete
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.	Formulary team	Outstanding
20/19	Hypertension in pregnancy guidance (NICE NG133) – update the formulary guidance in line with the discussion.	Formulary team	Complete