NHS
Devon
Clinical Commissioning Group

Meeting of the Devon Formulary Interface Group

Minutes

Wednesday 24th February 2021

Via Microsoft Teams

Present:

Tawfique Daneshmend (Chair)	Consultant Gastroenterologist	RD&E NHS FT
Heidi Campbell	Pharmacist	NHS Kernow CCG
Andy Craig	GP	NHS Devon CCG
Susie Harris	Consultant (Elderly Care)	RD&E NHS FT
Matt Howard	Clinical Evidence Manager	NHS Devon CCG
Matthew Kaye	Chief Pharmacist	NDHT
Nick Keysell	GP	NHS Devon CCG
Carole Knight	Formulary Pharmacist	NDHT
James Leavy	Medicines Information Pharmacist	RD&E NHS FT
Jess Parker	GP	NHS Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NHS Devon CCG
Graham Simpole	Medicines Optimisation Pharmacist	NHS Devon CCG
Vivek Soni	Deputy Director Pharmacy - Pharmacoeconomics	UHP NHS Trust
Larissa Sullivan	Pharmacist	T&SD NHS FT
Christopher Sullivan	Deputy Chief Pharmacist - Clinical Services	DP 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

Tawfique Daneshmend explained the meeting etiquette.

Chairman's welcome

Tawfique Daneshmend welcomed attendees to the inaugural meeting of the Devon Formulary Interface Group.

Introductions

Members of the group introduced themselves.

Register of participants

All expected attendees were present.

Apologies

Glen Allaway	GP	NHS Devon CCG
Beverley Baker	Non-Medical Prescribing Lead	NHS Devon CCG
Nicola Diffey	Pharmacist	Livewell Southwest
Andrew Harrison	GP	NHS Devon CCG
Tom Kallis	Community Pharmacist	
Sarah Marner	Senior MO Pharmacist	NHS Devon CCG
Bill Nolan	GP	NHS Devon CCG
Jamie Smith	Consultant in Diabetes and Endocrinology	T&SD NHS FT
Peter Rowe	Consultant Nephrologist	UHP NHS Trust

Declarations of Interest

Declarations of Interest were collected. No attendees reported an interest.

DRUG INCLUDED ON AGENDA	COMPANY / MANUFACTURER
Pelvic Inflammatory Disease (PID) Various antibiotics	 Various manufacturers
Prescribing for Alzheimer's disease Donepezil, Galantamine, Memantine, Rivastigmine	 Various manufacturers
The environmental impact of inhalers Various inhalers	 Various manufacturers
Hyperthyroidism Carbimazole Propylthiouracil	 Various manufacturers Various manufacturers
Toujeo Doublestar Alternative treatments: Lantus Abasaglar	Sanofi Sanofi Eli Lilly and Company Ltd

2. Matters Arising

Report of COVID-19 related changes to the formulary – (December 2020 to February 2021)

Since the North & East FIG meeting on 19th November 2020 and the final South & West FIG meeting on 16th December 2020 respectively, the Formulary Team has continued to support the development and dissemination of temporary COVID-19 related guidance from various local and national groups.

Updates had been made to the following sections:

- Management of anticoagulation during the COVID-19 pandemic
- NHS England guidance on management of anticoagulation services during the COVID-19 pandemic.
- NICE COVID-19 rapid guideline (NG186): reducing the risk of venous thromboembolism in over 16s with COVID-19
- Managing the long-term effects of COVID-19
- Treatment of patients requiring Vitamin B12 during the COVID-19 pandemic
- Routine access to sarilumab and tocilizumab for treatment of COVID-19

The FIG discussed the provision of Vitamin B12 injection during the pandemic.

3. Terms of Reference (ToR)

The group received the Devon Formulary Interface Groups' Terms of Reference (ToR). The ToR are based on the existing ToRs of the predecessor FIGs and that of the Devon Clinical Policy Committee which was recently reviewed. During the preparation of the ToR, consideration was given to NICE Medicines practice guideline MPG1 and baseline assessment tool, PrescQIPP Bulletin 271 (including template ToR); areas to which changes had been made were highlighted in the meeting papers, and included:

- **Section 2:** is mostly a merger of the predecessor FIG ToRs, with some slight rewording for clarity, however, point 2.10 has been added to recognise the role of the FIG in the development of "shared care" type arrangements in Devon. It was noted that Devon Partnership NHS Trust Drug and Therapeutics committee was missing from the list of local decision-making groups in section 2.3

ACTION: Add Devon Partnership Trust Drug and Therapeutic Committee to the list of local decision-making groups

- **Section 3:** lists the membership which is in effect the merged membership of the predecessor FIGs. The information in points 3.4 to 3.6 has been expanded to clarify expectations on attendance and the role of the Chair in respect of non-attendance.

  There is also clarification on deputies (3.7); members who cannot attend a specific meeting are not required to nominate a deputy, there may be occasions where attendance of a deputy would be valuable, for example if there are specific items on the agenda that would benefit from the perspective of the member's organisation. In such cases, the nominating member should ensure that their deputy possesses the relevant knowledge, competencies and authority to represent their organisation effectively during discussions

Section 4: reflects existing practice, including the routine use of Microsoft Teams with occasional face to face meetings when possible (4.7). Quoracy has been reviewed to reflect the new membership (4.8). Detail has also been included in respect of the output of meetings that are not quorate (4.9), and this reflects existing practice.

More detail on the e-FIG process is also provided in point 4.12.

- **Section 6:** provides greater clarity on declarations of interest and how these may be managed. This was reviewed with reference to other decision-making groups and has been greatly informed by the recent review of the CPC ToR. That review considered documentation from the Scottish Medical Consortium (SMC), NICE and the NHS England guidance for CCGs.

  The SMC definitions of types of interest also do not clearly align with those used by the NHS (which are more similar to NICE). It is clear that the handling of conflict of interest is contextual, which is why it is important to consider the nature and extent of the conflict on a case by case basis.

  However, the FIG Terms of Reference seeks to clarify the possible actions which may be taken by the Chair. These include asking the individual to leave the meeting for the discussion, allowing them to participate in a limited way (e.g. to answer questions on the subject), or a decision that the individual may continue to participate in all aspects of the meeting.

  It was noted that an electronic ToR had been developed and trialled at the meeting. This will be trialled again at the meeting in April, after which it is expected that the Microsoft Word version will be phased out.

- **Section 7** reflects current practice and provides clarity and consistency when requests to observe FIG meetings are received by the secretariat. This is consistent with the recently reviewed CPC ToR.

  The Clinical Effectiveness team have often been asked whether individuals can attend FIG meetings to observe. The primary consideration from a secretariat perspective has always been ensuring that the meeting remains manageable and requests have been considered on a case by case basis, for example new members of staff who will be contributing to the process in future, etc.

  This section clarifies the definition of an observer in the context of FIG, i.e. it is not a public meeting and the committee does not accept attendance of commercial representatives. However, the committee would want to support colleagues whose role within the local health community would be enhanced through an understanding of our processes.

  To ensure meetings remain manageable, all requests to attend should be agreed beforehand with the secretariat and it is expected that they would accompany a committee member. This enables the Clinical Effectiveness team to support the individual.

4. Pelvic inflammatory disease (PID): update

Pelvic inflammatory disease was discussed by the Devon FIG's predecessor groups (North and East Devon FIG and South and West Devon FIG) in 2020. During these discussions and following the publication of updated guidance in the formulary for North and East Devon several questions have been raised by GPs.

To address these concerns, the formulary team consulted with specialists again and suggested that the recommendation to refer all cases of suspected PID to the sexual health clinic be updated to address points raised with regard to referral to the sexual health service and treatment of patients who decline to access sexual health services.

Updated draft guidance was presented to Devon FIG members to gather input into the development of the primary care guideline. Following FIG discussions and specialist feedback, a revised guideline will be brought to a future FIG meeting for final consideration and agreement.

The FIG discussed the proposed formulary guidance for PID, in particular with regard to patients who are unwilling or unable to attend specialist sexual health clinics. GPs agreed that having a treatment option available was very helpful.

Feedback is awaited from specialists.

5. Prescribing of Alzheimer's disease

A proposed update to the formulary guidance for Prescribing for Alzheimer's Disease was discussed at the final meetings of the Devon FIG's predecessor groups (North and East Devon FIG in January 2021 and the South and West FIG in December 2020). A discussion took place on the new indications for use of memantine in Alzheimer's disease included in the updated NICE clinical guideline for dementia (NG97). The Devon Partnership Trust (DPT) formulary representative provided feedback on proposals for memantine under discussion within DPT. Comments are awaited from specialists at DPT and Livewell Southwest on the proposed update to the formulary guidance for Prescribing for Alzheimer's Disease.

The FIG considered the proposals for the initiation of treatment with memantine for Alzheimer's disease:

- It was noted that it is not beneficial to bring patients with severe dementia into clinic.
- It was requested that contact details for North Devon be added to the Supporting Information.

6. The environment impact of inhalers

Formulary guidance for the environmental impact of inhalers was discussed and agreed by the Devon FIG's predecessor groups (North and East Devon FIG and South and West Devon FIG). 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 pressure metered dose or breath actuated inhaler. As part of the FIG discussion it was suggested that knowing which inhalers have the lowest environmental impact would be helpful. It was noted that Table 2 in the paper by Wilkinson et al. (2019) provided some information, and FIG members enquired whether it may be added to the formulary. It was agreed that the Formulary team investigate available resources to help with inhaler choice and their environmental impact.

The Formulary team reviewed the information provided by Wilkinson et al, however it lacked specific information about individual inhalers within each class. Further searching identified a resource from PrescQIPP relating to lowering the inhaler carbon footprint published in October and November 2020. This resource includes a number of items that may be of use to medicines optimisation including a data tool, inhaler comparisons including indicative carbon footprint, an inhaler switching guide and a resource detailing the lowest cost lower carbon footprint inhalers by therapeutic group.

Using this information, tables providing an indicative carbon footprint (as CO_2eq) per puff of each inhaler as well as the annual CO_2eq and an estimate of equivalent car miles for the recommended regimens were developed.

The Devon Formulary already recommends a variety of lower carbon footprint options for most classes of inhaler. It was proposed that the tables developed by the Formulary team be added to the Devon Formulary guidance on the environmental impact of inhalers. The FIG considered and accepted the proposed updated formulary entry without amendment.

The discussion noted the usefulness of the information in supporting discussions with patients and considering the environmental impact of medicines.

ACTION: Formulary team to update the formulary entry for the Environmental Impact of Inhalers with the accepted formulary entry.

7. Hyperthyroidism

NICE has issued a guideline for thyroid disease (NG145). A draft update to the formulary guidance for thyroid disorders has been sent to specialists for review. The draft formulary guideline for thyroid disorders incorporates the NICE guideline into the current formulary guidance, which is broader in coverage and has more clinical detail. An early draft of the section for hyperthyroidism, incorporating feedback received from specialists to date, was brought to the FIG for discussion to provide an opportunity to identify areas which require clarity, or where more information is needed.

The FIG considered the early draft included some very helpful information. Specific points raised by the specialists to date were discussed. Including that:

- more information on when to stop treatment with antithyroid drugs was requested
- assay levels differ by Trust, and therefore the FIG considered it was appropriate for the two regions of the formulary to reflect the starting doses for their local trusts
- the FIG was happy to receive guidance from specialists on the block and replace regimen, which is used for thyroid eye disease, rather than include this in the formulary
- carbimazole and propylthiouracil may cause bone marrow suppression, extra care is needed when prescribing another drug that can change white blood cell levels

The consultation with specialists for the draft guideline is ongoing.

8. Osteoporosis update

A brief verbal update was provided on the proposal to update the Devon Formulary guidance for osteoporosis.

Early draft sections were brought to the Devon FIG's predecessor groups (North and East Devon FIG and South and West Devon FIG) meetings in 2020 to identify areas requiring clarity and any potential issues for primary care.

The second NICE multiple technology assessment (MTA) for non-bisphosphonates (ID901) had not been published at this time. The NICE website indicated that this appraisal was paused during the pandemic. During the third quarter of 2020, the NICE website was updated with an issue date for MTA ID901 of May 2021. This date has subsequently been withdrawn, and the NICE website states that the NICE appraisal committee for ID901 has considered whether the appraisal will add value to the existing published guidance.

The FIG agreed that the Formulary team should approach local specialists to consult on how to proceed with updating the formulary guidance for osteoporosis in light of the changing situation over the second MTA.

9. Toujeo Doublestar

Toujeo is a high strength basal insulin licensed for treatment of type 1 or type 2 diabetes mellitus in adults, adolescents, and children from the age of 6 years. It is available in the UK as two pre-filled pens:

- SoloStar (1.5ml solution equating to 450 units) which allows a dose of 1-80 units per single injection, in steps of 1 unit, to be injected
- DoubleStar (3ml solution equating to 900 units) which allows a dose of 2-160 units per single injection, in steps of 2 units, to be injected

The Toujeo SoloStar device is included in the Devon Formulary as an amber (specialist input) option for use in patients with large daily insulin requirements to reduce the number or volume of injections, particularly patients with type 2 diabetes who are insulin resistant. The Toujeo DoubleStar device was launched in the UK in June 2019; it is not currently included in the Devon Formulary.

An application has been received from Diana Clayton (University Hospitals Plymouth NHS Trust) for the inclusion of Toujeo DoubleStar in the Devon Formulary. It is proposed that

Toujeo DoubleStar be included into the Devon Formulary for use in patients who require high doses of basal insulin, in order to reduce the number of injections compared to Toujeo Solostar (or other insulin glargine products). The applicant has suggested that reducing the number of injections may improve patient experience and/or compliance. The insulin delivered by the Toujeo DoubleStar device is the same formulation as that delivered by the Toujeo SoloStar device but the DoubleStar allows for larger volume injections.

The cost per unit of Toujeo is the same for both devices and its inclusion is not expected to have an impact on primary care drug budgets.

Data supporting the efficacy of Toujeo was considered in 2016 at the time of inclusion of Toujeo Solostar into the Devon Formulary. Since the DoubleStar device delivers the same medicine in the same formulation as the SoloStar device (which is already recommended in the Devon Formulary), no additional literature searches have been undertaken to examine the safety or efficacy of the insulin itself.

In 2019, the Specialist Pharmacy Service (SPS) conducted an in-use product safety assessment report for insulin glargines to identify safety considerations associated with the use of high strength glargine products and the biosimilars. The SPS report notes that "the availability of five insulin glargine products creates a real potential for confusion in the prescribing, dispensing, and administration of these products" and seeks to summarise safety considerations associated with the use of high strength glargine products and the biosimilars. Overall, the presentation, physical characteristics, and accompanying information of all products were considered appropriate by SPS. However, the report noted some inherent risks associated with the availability of five insulin glargine products. Next steps and mitigation actions were outlined in the assessment report and the SPS recommends that extreme care will be required to ensure patients and healthcare professionals are aware that the dose increments are in 2 units of insulin for the Toujeo DoubleStar product. Patients using insulin should be trained to check 'the number of units' dialled up on a pre-filled pen and not to rely on counting the number of clicks.

Most of these points have previously been considered locally in respect of the current Devon formulary recommended insulin glargine products and many are already included within the Devon formulary drug entries. But some amendments to the drug entry for Toujeo have been proposed to provide clarity.

The FIG considered and accepted in principle the proposed entry for the addition of Toujeo DoubleStar into the Devon Formulary.

A discussion took place, the main points included:

- a suggestion that Toujeo SoloStar may not be required in the formulary. The Formulary team will contact specialists with this proposal,
- the potential for confusion in the dose given when products are available in different strengths and the need to ensure that, in particular, community healthcare providers and patients with visual impairment are aware of this. It was reported that a community services pharmacist had been made aware of an error in the administration of insulin when the DoubleStar device was prescribed.

Consultants at the Royal Devon and Exeter Hospital are currently providing a service for North Devon. It was agreed that the Formulary Team will contact specialist nurses in North Devon to seek their views.

ACTION: Formulary Team to contact nurse specialists in North Devon to seek their views.

On finalisation of the wording of the formulary entry it will be circulated to FIG members via e-FIG.

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10. Sumatriptan 3mg injection for migraine

The Formulary team has received two applications for sumatriptan 3mg injection for the treatment of acute migraine. The first application was from a speciality doctor in headache disorders at Torbay Hospital. This was supported by specialists in other centres in Devon. The second application was from a headache specialist nurse and a headache specialist/consultant neurologist at University Hospitals Plymouth. The Devon Formulary includes sumatriptan 6mg injection for the treatment of acute migraine in patients aged 18 years and over. The applicants for sumatriptan 3mg injection have requested its inclusion in the formulary as an additional treatment option. The 6mg injection would remain as a formulary option.

The Summary of Product Characteristics (SmPC) for the 3mg injection indicates that the recommended adult dose of sumatriptan is a single 6 mg subcutaneous injection. However, some patients might benefit from a lower dose of 3 mg. The regulatory authority public assessment report indicated that whilst higher response rates are seen with sumatriptan 6mg injection, the 3mg injection is statistically superior to placebo. A lower rate of side effects characteristic of triptans was seen for the 3mg dose compared with the 6mg dose in one study. The maximum number of 3mg injections in 24 hours is limited to two injections. Sumatriptan 3mg injection is less expensive than sumatriptan 6mg injection. The FIG was informed of the feedback received from the specialists on the place in therapy for the 3mg injection.

The FIG considered and accepted in principle the inclusion of sumatriptan 3mg injection for the treatment of migraine in the Devon Formulary.

The main points of the discussion were:

- that there are different views amongst the specialists on its place in therapy relative to sumatriptan 6mg injection,
- the FIG proposed that the formulary entry for sumatriptan 3mg injection should indicate that if sumatriptan 6mg injection is effective but not tolerated, consider reducing the dose to the 3mg injection.

The specialists will be consulted over the proposed formulary entry. An e-FIG decision will be taken on the final formulary entry. When the formulary entry is agreed and the outstanding declaration of interest from one of the applicants has been received, the FIG chair will be asked to ratify the decision taken by the FIG. The formulary entry will not be published until the FIG chair has ratified the FIG's decision.

ACTION: Formulary Team to progress the inclusion of sumatriptan 3mg subcutaneous injection for migraine into the formulary in line with the discussion.

When the entry for sumatriptan 3mg injection is published in the formulary, the CCG's Medicines Optimisation team will be asked to add a message to the prescribing page of general practice medical record systems in Devon indicating that sumatriptan 3mg injection is included in the formulary for migraine only.

ACTION: Following publication of the formulary entry for sumatriptan 3mg injection the CCG's Medicines Optimisation team will be asked to add a Scriptswitch message indicating that sumatriptan 3mg injection is included in the formulary for migraine only.

11. Freestyle Libre 2

The Freestyle Libre interstitial glucose monitoring system is recommended in the Devon formulary in line with the NHS Devon CCG clinical commissioning policy. The policy indicates that specific groups of patients are eligible for a trial of a Free style Libre which can be continued if they meet specific continuation criteria at a 6-month clinical assessment.

A new sensor, the Freestyle Libre 2, is now available. The NHS Devon CCG Clinical Effectiveness Team have undertaken a brief review of published data and is satisfied that the Freestyle Libre 2 is sufficiently similar to the Freestyle Libre that it is covered by the existing clinical commissioning policy. This means that patients who meet the criteria described in the Freestyle Libre commissioning policy would be eligible to be prescribed either the Freestyle Libre sensor or the Freestyle Libre 2 sensor. Patients who do not meet these criteria should not be routinely prescribed either sensor.

The Freestyle Libre 2 sensor has additional Bluetooth technology, providing users with the option of customisable high and low glucose alarms. An alarm is also given if there is a loss of signal between the reader and sensor. Patients have some choice regarding the device to which they wish to receive alarms. Once set they will only receive alarms to the chosen device. App alarms will not sound if the smartphone is set to 'vibrate only' or 'do not disturb'.

There is significant interest in this technology; local specialists, GPs and the CCG Medicines Optimisation Team have already had enquiries from existing patients.

Additional comments received from specialists were read to the group. The FIG considered and accepted the proposed changes to the Devon formulary entry for Freestyle Libre interstitial glucose monitoring subject to minor amendment.

There was discussion about:

- Phone alerts may not be received if a patient is driving. Embolden note 4 – 'For LibreLink app users alarms will not sound if their smartphone/mobile device is set to 'vibrate only' or 'do not disturb'.

ACTION: Formulary team to update the formulary entry for Freestyle Libre in line with the discussion.

ACTION: Formulary team to inform specialists about the formulary changes.

12. MHRA Drug Safety Updates December 2020 and January 2021

The MHRA Drug Safety Updates for December 2020 and January 2021 were discussed and noted.

December 2020

- Systemic and inhaled fluoroquinolones: small risk of heart valve regurgitation; consider other therapeutic options first in patients at risk.

  Section 5.1.12 of the formulary will be updated with advice from the current article and a link will be added to the Drug Safety Update. In addition, a link to the Drug Safety Update will be added to the relevant formulary guidance.

- Erythromycin: caution required due to cardiac risks (QT interval prolongation): drug interaction with rivaroxaban.

  QT interval prolongation is a known reaction. Erythromycin is included in the formulary table of drugs which prolong QT interval. No further action required.

  Drug interaction with rivaroxaban. The drug interactions apply to all direct oral anticoagulants (DOACs). A link to this article will not be added to the formulary. No action required.

- Erythromycin: update on known risk in infantile hypertonic pyloric stenosis. A link to the article in the safety update will be included under the drug monograph for erythromycin in section 5.1.5 Macrolides and included in the formulary guidance for infections where erythromycin is recommended in infancy. Erythromycin is included as a specialist treatment option in the formulary guidance for paediatric gastro-oesophageal reflux. The Formulary Team will contact specialists to ask whether erythromycin should be removed as a treatment option from the guidance for paediatric GORD.

ACTION: Formulary Team to contact specialists to ask whether erythromycin should be removed as a treatment option from the guidance for paediatric GORD.

ACTION: Drug safety updates for December 2020 will be added to the formulary in line with the discussion.

January 2021

- Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review. Drug safety update information and the key conclusions of the review will be included under Management of Epilepsy in the Devon Formulary, and a link to the Drug Safety Update will be included under section 4.8.1 Control of the Epilepsies which includes the monographs of the anti-epileptic drugs.

- Dimethyl fumarate (Tecfidera): updated advice on the risk of progressive multifocal leukoencephalopathy (PLM) associated with mild lymphopenia. This is a 'red' drug in the formulary. A link will be added from the drug monograph for dimethyl fumarate under section 8.2.4 of the Devon formulary to the article in the Drug Safety Update.

- Fingolimod (Gilenya): updated advice about the risks of serious liver injury and herpes meningoencephalitis. This is a 'red' drug in the formulary. A link will be added from the drug monograph for fingolimod under section 8.2.4 of the Devon Formulary to the article in the Drug Safety Update.

- SSRI/SNRI antidepressant medicines: small increased risk of postpartum haemorrhage when used in the month before delivery. Advice for healthcare professionals will be included in section 4.3.3 Selective serotonin reuptake inhibitors and section 4.3.4 Other antidepressants of the Devon Formulary.

- Aminoglycosides (gentamicin, amikacin, tobramycin, and neomycin): increased risk of deafness in patients with mitochondrial mutations. NHS England is the responsible commissioner for genomic testing. A link to the safety update will be added to the Devon Formulary section 12.1.1 Otitis Externa under anti-infective preparations and 5.1.4 Aminoglycosides. In addition, the Formulary team will contact the Exeter Genomics Laboratory to ask for their view on the recommendations from the MHRA.

ACTION: Formulary team to contact the Exeter Genomics Laboratory regarding the MHRA's recommendations for aminoglycosides.

ACTION: Drug safety updates for January 2021 will be added to the formulary in line with the discussion.

13. Recent drug decisions (including NICE publications)

The recent drug decisions were noted.

14. Technical issues with the Devon Formulary app

An issue relating to recent content updates on the Devon Formulary and Referral App has been identified by the Formulary Team. Communications have been issued to users to inform them that the app is not displaying the most up-to-date formulary and referral information. This appears to be an issue with the memory space and capacity of the app, which was created 7 years ago. With an ever-growing information source, the current app will need tweaking to accommodate this. An update from the developer has indicated that

a fix is incoming and ongoing discussions are happening with them to find a long-term solution.

The Devon-wide Formulary and Referral Website remains relevant and up-to-date and it is recommended to use the main website only for the latest information, until this issue has been resolved.

The Formulary Team will update FIG members and other app users when the fix provided has been tested.

ACTION: Formulary Team to update FIG members and other Devon Formulary and Referral App users when the fix provided has been updated.

Summary of actions			
	Action	**Lead**	**Status**
21/01	Terms of Reference – add Devon Partnership NHS Trust Drugs and Therapeutics Committee to the list of local decision-making groups.	Formulary Team	Complete
21/02	The environmental impact of inhalers – update the formulary entry for the Environmental Impact of Inhalers with the accepted formulary entry	Formulary Team	Complete
21/03	Toujeo Doublestar – contact nurse specialists in North Devon to seek their views.	Formulary Team	Complete
21/04	Toujeo Doublestar – on finalisation of wording for the formulary entry circulate to FIG members via e-FIG.	Formulary Team	Complete
21/05	Sumatriptan 3mg injection for migraine – progress the inclusion of sumatriptan 3mg subcutaneous injection for migraine into the formulary in line with the discussion.	Formulary Team	Outstanding
21/06	Sumatriptan 3mg injection for migraine – following publication of the formulary entry for sumatriptan 3mg injection the CCG's Medicines Optimisation team will be asked to add a Scriptswitch message indicating that sumatriptan 3mg injection is included in the formulary for migraine only.	Formulary Team	Outstanding
21/07	Freestyle Libre 2 – update the formulary entry for Freestyle Libre in line with the discussion.	Formulary Team	Complete
21/08	Freestyle Libre 2 – inform specialists about the formulary changes.	Formulary Team	Complete
21/09	MHRA Drug Safety Updates December 2020 - contact specialists to ask whether erythromycin should be removed as a treatment option from the guidance for paediatric GORD.	Formulary Team	Outstanding
21/10	MHRA Drug Safety Updates December 2020 – Add to the formulary in line with the discussion.	Formulary Team	Complete
21/11	MHRA Drug Safety Updates January 2021 – contact Exeter genomics laboratory regarding recommendations for aminoglycosides	Formulary Team	Complete
21/12	MHRA Drug Safety Updates January 2021– Add to the formulary in line with the discussion.	Formulary Team	Complete
21/13	Technical issues with the Devon Formulary app - update FIG members and other Devon Formulary and Referral App users when the fix provided has been updated	Formulary Team	Complete