



**MEETING OF THE BORDERS FORMULARY COMMITTEE HELD
WEDNESDAY 10th APRIL 2019 @ 12:30 P.M. IN THE ESTATES MEETING ROOM**

MINUTE

In attendance: Alison Wilson (Director of Pharmacy & Chair of BFC); Liz Leitch (Formulary Pharmacist); Catherine Scott (Senior Clinical Pharmacist); Dr Nicola Henderson (GP); Keith Maclure (Lead Pharmacist); Amy Campbell (Junior Doctors Changeover – SpR Rep); Dr Paul Neary (Consultant); Kate Warner (BFC Minute Secretary)

New members BFC: Amy Campbell (Junior Doctors Changeover – SpR Rep) (AC)

Apologies: Adrian Mackenzie (Lead Pharmacist – Community Pharmacy); Dr Elliot Longworth (GP); Dr Subodh Subodh (Consultant); Dave Thomas, Bold Revolutions & Lisa Morton, NHS24 Senior Communications Manager.

Item No.	Situation ; Background ; Assessment	Recommendation	Person Responsible	Timescale
1	Welcome and any declarations of interest: - None			
2	The presentation from Bold Revolutions was postponed. Alison updated BFC on the verbal presentation given by Bold at the MRG meeting this morning. She commented on the savings target and how they are helping us to achieve this through changing systems and processes and are currently conducting a series of work-stream meetings. There is a prescribing savings plan in place totalling £1.4million with some other projects in other areas to deliver additional savings which need to be worked up. This has been stretched to £2.35 million by the Turnaround Team and plans are to be in place for next week.	Invite to June meeting.	KW	16.04.19
3	Draft Minute from BFC meeting 13 th February 2019 was approved with no changes as an accurate record of the meeting.	Save and upload to internet/intranet	KW	11.04.19
4	Matters Arising From Previous Minute:			
	Edoxaban – update DVTPE replacing Rivaroxaban. AW updated the committee that the switch of Apixaban to Edoxaban as first choice NOAC in NVAf was discussed further at MRG around			

	financial savings and that Public Health Consultant, Keith Allan, has been tasked with reviewing with financial colleagues. Some Boards have made this switch. PN talked of the Anti Coagulation Committee's thorough review of this and reiterated that they have given their best clinical advice; the Board can ignore this advice in their own decision but the Anti Coagulation Committee would not be re-reviewing the topic. Money saved may be less than expected if just new starts; Apixaban remains first choice currently. AW commented that this will be reviewed and that Dr Sharp, Medical Director, would speak with clinicians about any decision made.			
	Tadalafil – Dr A McLaren was unavailable to attend meetings. NH will contact again.		NH	15.04.19
4.1	Borders Abbreviated Formulary – BFC heard that a smaller print run was not cost effective and had been rejected. KW to continue to print when required for new prescribers at NHS Borders – it is already available on the Intranet/Internet. AC commented that the App was not widely used but that important to have on intranet or empirical table. BFC asked for the Formulary link to be moved to the top of the front page.	Request change to Formulary location on Intranet.	KW	15.04.19
5	New Medicine Applications & Non Formulary Requests:			
a)	Nintedanib (Ofev) - Applicant: Debra Cairns and supported by Respiratory Team; Indication: Treatment of idiopathic pulmonary fibrosis (IPF); Generic Name: Nintedanib; Brand Name: Ofev; Dosage: see application for detail; Cost: see application; Number of patients in first year: 5 ; Increase in patients: yes. BFC reviewed the application which is in line with SMC advice and the drug has come through SMC/PACE assessment. LL outlined the application which would benefit up to 5 patients as an alternative if they could not tolerate side effects of current option. Supporting evidence came from double blind trials – trialled against placebo with small patient numbers – and the outcomes of this was outlined. AC commented that SMC are not advocating using earlier and PN asked if this was a choice given to patients depending on side effects. There is a cost benefit to this option and it would be dispensed in Community Pharmacies. LL commented that community pharmacy needed to be aware and up to date of drugs to be dispensed by them.	BFC Approved: Specialist Use Only Letter to applicant Update community pharmacy on drugs available through primary care to be dispensed by them.	KW AMack	15.04.19 On-going
b)	Aviptadil / phentolamine (Invicorp) - Applicant: Dr A McLaren; Indication: For the symptomatic treatment of erectile dysfunction in adult males due to neurogenic, vasculogenic, psychogenic, or mixed aetiology. SMC restriction included in application.; Generic Name: aviptadil/phentolamine; Brand Name: Invicorp; Dosage: 1 ampoule (aviptadil 25mg / phentolamine 2mg) by direct intracavernous injection; see application for further information.; Cost: included in application; Number of patients in first year: 6; Increase in patients: possibly LL reviewed the application which had two phases to the studies were included and there did not appear to be clinical advantages other than patient preference. SMC advice included an option for psychogenic aetiology; however, these patients had been excluded from the trial.	Not Approved Letter to applicant	KW	15.04.19

	BFC reviewed the evidence and also discussed supply issues with alternative. It was agreed that there would be a small number of patients that do not tolerate the alternative preparation but the committee were not convinced that this delivers reasonable additional benefit and that other products are available on formulary. If particular patients require this option because of side effects it was agreed that the clinician could apply through the non formulary route.			
c)	Non Formulary Request for Camitine; Riboflavin; Coenzyme was discussed – notes and decision available in NFR database and folder.	Letter to applicant	KW	15.04.19
6	SMC Recommendations			
	February 2019 and March 2019 SMC decisions were available for review. Advice on a new drug for Migraine had been sent to Neurology; this is for patients with frequent or chronic migraine and the issue was raised of being able to analyse the difference between them. PN spoke of his experiences with Scottish Medicines Consortium meetings. New medicines return of funding was discussed – there is no more information on funding amount at this time.			
7	Borders Joint Formulary Updates:			
7.1	Formulary amendment was proposed to Oralieve oral artificial saliva spray to replace the current formulary choice Salivase and Glandosane. This new product is a cost saving and patients to be switched will be part of review.	BFC Approved		
7.2	Diabetes Formulary was discussed with an update on biosimilar insulins and the previous switch following which the original product price was dropped; BFC agreed that pricing should be checked in six months and when there is more clinical data available. LL updated on the Ward Stock Insulin project – Dr Herlihy is hoping to have 3 x FY1s working on this; there is no update due on formulary section as this has been thoroughly reviewed and in most classes there is one, cost effective choice. Chapter analysis was reviewed in relation to national picture with the cost per treated patient compared to NHS Dumfries & Galloway. Evidence has changed for type 2 patients and elderly population explains the use of long acting. BFC heard that the use of Metformin is reflected in the elderly population in the Borders with poor renal function and this would not be used as first choice in this patient group. Several prescribing issues/choices for review in primary care were discussed and Linda Ker will lead on these. The team are currently reviewing Exenatide patients who are prescribed through specialist team. NHS Borders is in a good position nationally and will continue to review other areas and efficiencies. Lancet and needles project is being planned as soon as possible.	BFC Approved Meeting with L Ker	KMacI	22.04.19
7.3	Obstetrics, gynaecology, and urinary-tract disorders formulary update includes highlighted changes to products where the most cost effective are available. LL reviewed the summary of actions from formulary update and outlined top spend and cost effective alternatives where switches can be made. Training is being given for the introduction of Levosert into practice to replace Mirena in the majority of patient groups. From chapter analysis data there was concern	BFC Approved Add to list of switching and add to Scriptswitch.	KMacI	12.06.19

	about Yasmin prescribing as this is non formulary and more expensive. BFC agreed that prescribing should be reviewed in GP practices with KMacI's prescribing support team leading in primary care. NH asked about the availability of emergency contraception - both are available depending on time required; Ullapristal has longer window for treatment to take. NH questioned the same cycle administration and KMacI agreed to add to Scriptswitch.			
7.4	Formulary amendment – Qutenza was discussed for specialist pain team and palliative care team use for some palliative care patients. This was approved for appropriate patients.	BFC Approved	LL	22.04.19
7.5	Formulary amendment for Edoxaban. A draft update of the Edoxaban prescribing advice for NVAf was reviewed. The committee discussed the data for efficacy of Edoxaban in non valvular in certain creatinine clearances and this information was included in the update. PN asked about creatinine clearances for patients with normal renal function and the need to complete creatinine clearance. AC asked if other boards are testing those with the range. LL commented that Lothian have removed from formulary until the safe practice guidelines are in place. BFC agreed that there would be education required if Edoxaban used as this is a high risk medicine; the creatinine clearance calculator should be on the intranet to ensure staff all use a consistent calculator. PN commented on the original study and asked if creatinine clearance greater than 80 was included. BFC agreed that more research is required before this can be discussed at Anti Coagulation Committee meeting and then returns to this group for approval.	Further research and discussion at Anti Coagulation Committee meeting; return to BFC.	LL & PN	12.06.19
7.6	Testosterone (Testavan) was outlined for the committee by LL. This is a formulary replacement for the current formulary choice.	BFC Approved	LL	22.04.19
8	Other Items for Approval			
8.1	Cow's milk allergy: - SBARs= was tabled for noting. KMacI reviewed where this paper has been approved and its national guidance origins. SBAR will give authority to decisions to stop, for example baby milk still being received by older children as this is being reviewed.	BFC Noted and supported this SBAR		
8.2	Alitreinoin – AMack had reported that this is not currently included in the tiered services list and has put forward for consideration as there is local GP prescribing. It is included on formulary as specialist initiation only and concerns were raised around dispensing and governance. BFC agreed that this should be reviewed by AMack and discussed further at ADTC.	Discuss with LL and KMacI Include ADTC agenda	AMack KW	01.05.19 01.05.19
8.3	BFC Annual Report 2018-19 summary of work for the year was approved for publication and inclusion in the Pharmacy Annual Report.	BFC Approved	AW	
9	For Information and Noting			
9.1	Single National Formulary – AW received a preview of the planned App at Lothian ADTC which has disease linked search as well as BNF chapter. There are no current updates and no definite timescales for the App at this time. It has been agreed that Scottish Boards will all be	BFC Noted and will await further update		

	represented but this has not happened yet. Governance for the work is to sit with Health Improvement Scotland.			
9.2	Sign 157 – Risk reduction and management of delirium guideline provides recommendations for best practice for adults with, or at risk of, delirium, across all settings (home, long term care, hospital, and hospice). It includes: detection; non-pharmacological and pharmacological risk reduction; non-pharmacological and pharmacological management; follow up. The guideline excludes delirium secondary to alcohol and illicit substances use, and paediatric delirium.	BFC Noted and any relevant information to be passed to clinicians.	LL	16.04.19
9.3	Guidelines for the Appropriate Prescribing of Oral Nutritional Supplements in Adults – final version for Borders was outlined by KMacI. This will be used in the current review of care homes.	BFC Noted		
9.4	Scottish Medicines Consortium email regarding:- Access to medicines for extremely rare conditions via the NHSScotland ultra-orphan pathway - in confidence	BFC Noted		
9.5	Minute of Tissue Viability Group: 19 th February 2019	BFC Noted		
9.6	Minute of Wound Formulary Group: 28 th February 2019	BFC Noted		
9.7	Lothian Formulary Committee meetings: 6 th March 2019 – Aw commented that there was a discussion at Medicines Resource Group about Lothian formulary decisions and reviewing those in more detail. This is done when the decision impacts on NHS Borders and figures are included in the Scan document tabled at MRG.	BFC Noted		
10	A.O.C.B. –			
10.1	Time of BFC meeting – there was a discussion about moving MRG and BFC/ADTC switch times but it was agreed that they should stay the same. Keith Allan will bring a case to MRG regarding budgetary oversight and ensuring there is budget to support decisions made.	BFC Approved		
10.2	KMacI outlined the Mercaptamine Eye Drops SBAR – product is prescribed to Borders patients off label – similar to Lucentis/Avastin – the new licensed for this indication product has considerable cost implications. Can we continue to prescribe off label and will Board be happy with this choice. For indication product only difference is the inclusion of preservative. This can be checked in the patients review as currently tolerating the exiting treatment and prefers not to change. BFC agreed to continue to support use of current product.	BFC Approved continuing with existing treatment. General discussion for ADTC agenda.	KW 01.05.19	
Next Meeting: Wednesday 12th June 2019 at 12:30 – Estates Meeting Room Items for next meeting: Presentation from Bold Revolutions				