



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

MINUTE

Present: Liz Leitch (formulary Pharmacist) (Acting Chair); Keith Maclure (Lead Pharmacist); Kate Warner (Minute Secretary)

1. **Apologies:** Alison Wilson (Director of Pharmacy - Chair); Cathryn Park (Lead Clinical Pharmacist); Dr Paul Neary (Cardiology Consultant); Amy Campbell (Rep Junior Doctors); Dr Nicola Henderson (GP)
Minute and actions sent to committee to support items required (13/06/2019)

Item No.	Situation ; Background; Assessment	Recommendation	Person Responsible	Timescale
2	Welcome and any declarations of interest: -			
3	Minute from BFC meeting 10 th April 2019 was read and was approved as an accurate record of the meeting.	Remove draft, save and upload	KW	13.06.19
4	Matters Arising From Previous Minute:			
4.1	Borders Joint Formulary. LL voiced her concerns about the process of updating the online formulary as we are relying on the goodwill of Holly, Web Developer, to do this and her workload may not allow it to be a priority. It was agreed that this should be a more formal arrangement if possible. The February update has only just been completed and updated at beginning of June. KMacI commented that the formulary has a huge impact on prescribing behaviour and spend and this should always be up to date. It needs to have dedicated time each month to update and ensure maintained. The future of the Formulary App was also discussed and it was agreed that a letter should be written to Head of IM&T to request input into the Formulary App. Is it possible for us to update the Apple and Android stores to push out a Do Not Use to all who have downloaded as KMacI is coming across users of the App and it is very out of date.	Letter to Holly and Line Manager to request a more formal arrangement. Letter to Head of IM&T re support with the Formulary App	AW AW	24.06.19 24.06.19

5	New Medicine Applications & Non Formulary Requests:			
a)	<p>Semaglutide (Ozempic); Applicant: Dr Olive Herlihy / Dr R Williamson; Indication: The treatment of adults with insufficiently controlled type 2 diabetes mellitus (T2DM) as an adjunct to diet and exercise:as monotherapy when metformin is considered inappropriate due to intolerance or contraindications; in addition to other medicinal products for the treatment of diabetes. SMC restriction: In addition to other oral anti-diabetic medicines, or as an add-on to basal insulin, as an alternative glucagon-like peptide-1 receptor agonist option; Generic Name: Semaglutide; Brand Name: Ozempic; Dosage: Starting 0.25mg once weekly; weekly increase with limit of under 1mg and maintenance dose of 0.25mg (see application); Cost: included in application; Number of patients in first year: 60; Projected increase in patients: unlikely.</p> <p>LL gave a summary of this application for a once weekly preparation which is in line with SMC advice. Replacing with weekly has shown to be more efficacious and has stronger published evidence of cardiovascular benefits. Application is a request for first line preparation and team wish to retain Duaglutide as second choice – there are some patients who would benefit from this. Numbers of patients was discussed. Specialist initiation and GP prescribing. Summary from SMC advice demonstrates superior cost efficiency and delivering same cost per dose as other. Evidence reviewed and superiority to alternative weekly preparations. Safety commented on and any guidance that may be required. It was agreed that this is a superior product at no additional cost. Plan to retain the current first line weekly preparation as the second line weekly. There are no plans to switch existing patients which is same route that Lothian are taking.</p>	<p>Approved by those present: For specialist initiation, with ongoing prescribing in general practice Forward to BFC for further approval before letter to applicant sent.</p>	<p>KW</p> <p>KW</p>	<p>12.06.19</p> <p>24.06.19</p>
b)	<p>Zolendronic Acid; Applicant: Dr Adrian Tan; Indication: Osteoporosis; Generic Name: Zolendronic Acid; Brand Name; Dosage: 5mg; Cost: included in application; Number of patients in first year: 360; Projected increase in patients: No.</p> <p>Approved and conversation re supply and other Boards via Email - 4 pharmacists, 2 GPs and 1 consultant voted approval. LL commented that the hard work involved falls to nurses in clinics and wished us asked that the letter to applicant includes thanks from BFC to the nursing team for their hard work. Ask that Dr Tan passes on our appreciation to the team.</p>	BFC Noted Letter to applicant	KW	14.06.19
6	SMC Recommendations			
	April and May 2019 SMC decisions include several chemotherapy drugs which will come through SCAN. These have gone to specialist teams for applications to be made if appropriate.			
7	Borders Joint Formulary Updates:			
7.1	Cardiology Formulary Review meeting minutes were reviewed and changes to Formulary, identified at the meeting, were highlighted. The Cardiovascular section of formulary updated as a result. There is a risk of ulceration which could occur at any time, a Scriptswitch message was requested for this and it was agreed that the pop up message should come when first prescribed,	BFC Approved the changes to Formulary section Scriptswitch to be	LL	19.06.19

	at time of repeat and also at time of annual review. Wording to come from MHRA advice. In item 2 Dr O'Donnell will prescribe on HBPs and community pharmacy will administer; this works now with LL advising the pharmacy on forthcoming patient prescriptions. Non formulary drugs were discussed, these are predominantly for out of area patients and are picked up in polypharmacy reviews for switching to formulary where appropriate. Item 4 – analysis of prescribing data for cardiology - LL requested time to discuss with PN before approval and it was agreed that this would be appropriate to return to August BFC meeting.	updated Write article for prescribing bulletin to update. SMC to be updated Item 4 – to August agenda	KMacI Dr PN LL KW	19.06.19 07.08.19 07.08.19 07.08.19
8	Other Items for Approval			
8.1	Non Formulary Request Form update - to merge drugs and wound products in same NFR form. LL queried non urgent requests coming to BFC and Wound products being discussed at Wound Formulary Group meeting and it was agreed that this should be included in the form. Also change Consultant to GP/Prescriber/Consultant.	BFC Approved To update and replace on intranet	KW	19.06.19
8.2	Flowchart for Medicines Applications – change the Drugs which are not approved through SMC process (non submission) they should go through the non formulary request process not PACS Tier Two. Aside from this change. The form was approved for use.	BFC Approved To update and add to the intranet	KW	19.06.19
9	For Information and Noting			
9.1	Single National Formulary - no further update at this time.			
9.2	Minute of Wound Formulary Group: 30 th May 2019. KMacI commented on the success of using the wound formulary compliance report. The senior community nurse forum discussed further and has requested figures at prescriber level to be able to discuss with staff. Compliance is 70+ % for Nursing and steadily climbing. Board as a whole 60% as GPs are sometimes prescribing and are not as product aware. Formulary products are less expensive and therefore, by being more compliant, this will have a positive financial saving.	BFC Noted Should this only be on ADTC?		
9.3	Lothian Formulary Committee meetings: 24 th April 2019; 22 nd May 2019. LL commented on Tenzeparin cost savings action reviewed at the meeting and which can be added to or projects.	BFC Noted		
10	A.O.C.B. –			
10.1	NFR Ivabradine was discussed and it was agreed that this to be sent to Borders Formulary Committee for virtual approval after the meeting. All details will be saved in the NFR database and folder.	BFC to review virtually after meeting	Completed in database and letter to applicant KW (18.06.19)	
10.2	Oralieve – vs Salivase. National procurement price in Secondary care; procurement – BGH and cost to community pharmacies was discussed by LL and KMacI. They suggested that the formulary be updated to prescribe as “Oral Saliva Spray” or “Oral Saliva Gel” and ensure that the most cost effective is purchased.	Update formulary and abbreviated formulary after BFC have reviewed.		
10.3	Borders Abbreviated Formulary – changes were highlighted. LL commented on the changes in	To be saved and		

	formulary that have been updated in the abbreviated version.	uploaded to intranet	KW (13.06.19)
10.4	KMacI has received a request from Prescribing Support Team to include a date of last review for the sections of the Borders Joint Formulary. This was discussed and it was agreed that putting at the top of each section may be too much as the sections to not have an overall frontpiece/page. It was agreed that the date of last review could be included on the frontpage of whole formulary alongside the contents of the formulary where sections headings are listed.	To update with web developer Review how other formularies are set out	KW (19.06.19) KW (30.06.19)
Next Meeting: Wednesday 14th August 2019 at 12:30 – Estates Meeting Room			