

MEETING OF THE BORDERS FORMULARY COMMITTEE TO BE HELD ON WEDNESDAY 14th AUGUST 2019 @ 12:30 P.M. IN THE ESTATES MEETING ROOM

MINUTE

Present: Alison Wilson (Director of Pharmacy - Chair); Liz Leitch (Formulary Pharmacist); Keith Maclure (Lead Pharmacist); Dr Paul Neary (Cardiology Consultant); Amy Campbell (Rep Junior Doctors); Dr Nicola Henderson (GP); Kate Warner (Minute Secretary)

1. Apologies: Cathryn Park (Lead Clinical Pharmacist)

Item	Situation ; Background ;Assessment	Recommendation	Person	Timescale
No.			Responsible	
2	Welcome and any declarations of interest: - None			
3	BFC meeting held on 12 th June 2019 draft minute was read and approved as an accurate record	Save and upload to	KW	19.08.19
	of the meeting.	Internet		
4	Matters Arising From Previous Minute:			
4.1	Cardiology item moved from June BFC meeting to this agenda – Item 7.2			
5	New Medicine Applications & Non Formulary Requests:			
a)	Mepolizumab NMA; Applicant: Emma Dodd; Clinical Director: Dr J Manning; Indication: An	Approved for		
	add-on treatment for severe refractory eosinophillic asthma in adult patients; Generic Name:	Specialist Use Only		
	Mepolizumab; Brand Name: Nucala; Dosage: 100mg subcut every 4 weeks; Cost: discussed	Letter to Applicant	KW	20.08.19
	and included in application; Number of patients in first year: 5; Projected increase in patients:			
	potentially yes. LL gave a brief summary of this SMC approved add on therapy given by			
	subcutaneous injection. Two NFR have been approved in past for this. Currently do not have a			
	full respiratory team and advice is sometimes given from NHS Lothian. Respiratory nurses sit			
	with patients for first admission and then reduced time subsequently. Drug trial and side effects			
	outlined; information on ISAs and QUALYs in advice and routine weaknesses highlighted by			
	SMC.			

b)	Dalbavancin NMA; Applicant: Dr Ed James / Anne Duguid; Indication: On the advice of the	BFC agreed that more		
,	Consultant Microbiologist for treatment of acute bacterial skin and skin structure infections	information was		
	(ABSSSI) in adults in patients with known MRSA or as a second line agent to allow patients to	required.		
	access IV therapy where deemed necessary and to prevent admission or reduce hospital length	Request for protocol		
	of stay where daily or three times a week therapy is not an option; Generic Name: Dalbavancin	and arrangements for		
	Brand Name: Xydalba; Dosage: 1000mg then 500mg after one week; Cost: included in	follow up.		
	application; Number of patients in first year: 2; Projected increase in patients: Yes. Numbers	Letter to applicant	KW	20.08.19
	may increase when in use. LL commented that Dalbavancin has been through a Lothian FAF			
	application. Used for a select group of patients as a once only treatment after which they can	An out of date NMA		
	return home – rather than once daily in hospital. If approved, more information would be	form was used;		
	required on administration. There would be no impact on community; with follow up clinic or	request new form –		
	AAU, monitoring would be through secondary care. LL gave a brief overview of SMC advice	signatures from EJ		
	and trials undertaken; treatment regimen and comparative treatments. PN asked about resistance	and Dr J O'Donnell.		
	as this was not shown in evidence. BFC discussed current options and indications used for once			
	only dose. BFC heard that other Boards follow up with phone call which may be required here.			
	It was agreed that there is a need for definite protocol and formal follow up. To be initiated on			
	advice of consultant microbiologist – this should be included in letter. Ask Ed for protocol and			
	arrangements for out of hours.			
c)	NFR application for Erenumab was discussed; all details in NFR folder and database.	NFR database		
		Letter to applicant	KW	20.08.19
d)	NFR application for Guanfacine was discussed; all details in NFR folder and database.	NFR database		
		Letter to applicant	KW	20.08.19
6	SMC Recommendations			
	June and July 2019 SMC decisions - LL commented on the Buprenorphine subcutaneous app			
	consideration. Cystic Fibrosis drugs which have not been approved were discussed. These will	1	-	0 0
	Lothian or Borders discussed. LL will request that NHS Lothian PACS2 panel hear any request	sts and NHS Borders PA	CS2 panel pho	ones in – as
	currently happens for Haematology/Oncology PACS2 requests.			
7	Borders Joint Formulary Updates:		1	
7.1	LL tabled a formulary update for Topical Ibuprofen; there is an increase in prescribing 5% gel	BFC Approved		•••••
	and good basis for the benefit. There was a recent increase in price but this fluctuates. BFC	Update in Prescribing	KMacl	30.08.19
	approved this update to the formulary; prescribing bulletin update will be required.	Bulletin		
7.2	Cardiology Formulary Review meeting and formulary update was outlined by LL and discussed	BFC Approved and		
	by BFC. PN will write a short paragraph on anticoagulants and antiplatelets for inclusion in the	update to formulary		
	Prescribing Bulletin. In discussing Nicorandil, the Cardiology group had suggested Scriptswitch	changes highlighted.		
	message to highlight the association with GI ulceration/bleeding. KMacl commented on			

 benchmarking and areas where work has already been done to switch patients; a GP champion is to be recruited to lead on highlighted primary care cardiology prescribing issues from the prescribing data – this has been successful in other boards. Small gains would be through individual patient reviews. Borders are low prescribers of Entresto and this is likely to increase; Tenecteplaste cost savings has been identified and approved. PN has actioned this with ambulances but suggested a grand round topic for education on this for wards. LL outlined the proposed cardiology formulary updates. Adding a stronger statement as highlighted for Edoxaban / Apixaban choices. 7.3 Oral Anticoagulants covered in discussion above. 		
prescribing data – this has been successful in other boards. Small gains would be through individual patient reviews. Borders are low prescribers of Entresto and this is likely to increase; Tenecteplaste cost savings has been identified and approved. PN has actioned this with ambulances but suggested a grand round topic for education on this for wards. LL outlined the proposed cardiology formulary updates. Adding a stronger statement as highlighted for Edoxaban / Apixaban choices.BFC Approved7.3Oral Anticoagulants covered in discussion above.BFC Approved		
 individual patient reviews. Borders are low prescribers of Entresto and this is likely to increase; Tenecteplaste cost savings has been identified and approved. PN has actioned this with ambulances but suggested a grand round topic for education on this for wards. LL outlined the proposed cardiology formulary updates. Adding a stronger statement as highlighted for Edoxaban / Apixaban choices. 7.3 Oral Anticoagulants covered in discussion above. 		
Tenecteplaste cost savings has been identified and approved. PN has actioned this with ambulances but suggested a grand round topic for education on this for wards. LL outlined the proposed cardiology formulary updates. Adding a stronger statement as highlighted for Edoxaban / Apixaban choices.BFC Approved7.3Oral Anticoagulants covered in discussion above.BFC Approved		
 ambulances but suggested a grand round topic for education on this for wards. LL outlined the proposed cardiology formulary updates. Adding a stronger statement as highlighted for Edoxaban / Apixaban choices. 7.3 Oral Anticoagulants covered in discussion above. 		
proposed cardiology formulary updates. Adding a stronger statement as highlighted for Edoxaban / Apixaban choices. Proposed cardiology formulary updates. Adding a stronger statement as highlighted for Edoxaban / Apixaban choices. 7.3 Oral Anticoagulants covered in discussion above. BFC Approved		
Edoxaban / Apixaban choices. Edoxaban / Apixaban choices. 7.3 Oral Anticoagulants covered in discussion above. BFC Approved		
7.3Oral Anticoagulants covered in discussion above.BFC Approved		
6		
7.4 Disease Modifying Anti-Rheumatic Drugs (DMARDs) - LL outlined choices and changes in BFC Approved		
formulary update highlighted.		
7.5 Sinusitis treatment changes highlighted in the formulary. BFC Approved		
8 Other Items for Approval		
8.1 Melatonin – BFC discussed NHS Lanarkshire letter and pdf from PrescQUIPP which shows BFC Approved		
costing and analyssi. Last year NHS Borders spent just over £247,000 and a switch to Colonis maintaining the sta	atus	
would result in an additional spend of £140,000. The PrescQIPP article doesn't take into quo as per Lanarks	shire	
account the Scottish Drug Tariff impact – all Melatonin has been removed from the Tariff until the Slenyto®		
which means repeat prescriptions will now need authorisation through our office (which will products are assess	sed	
help us control spend). Estimated 400 patients with prescriptions to be revised and this work by SMC, (advice		
will be led by Prescribing Support Team with patient communication agreed with medics first. expected in Septen		
KMacl commented that Colonis have launched an aggressive marketing campaign and 2019) and re-visit t		
approached wholesalers; the licensed product is more expensive. NHS Borders in agreement situation at that point	int.	
with other Boards to approve no change to current use with ADHD children. SMC will be		
reviewing in September, update to BFC to follow.		
9.1 Single National Formulary Update. AW updated the group on the attached paper. There is to be BFC Noted		
a regional approach to implementing the SNF. Project support to be given to implement and roll Contact for SNF to	DLL KW	20.08.19
out including an App. LL commented that is vital to have Borders representation and asked who		
to contact to ensure Borders clinicians are involved.		
9 For Information and Noting	I	
9.1 Melatonin – letter outlining NHS Borders position on Melatonin for jet lag. BFC Noted		
9.2 Lothian Formulary Committee meeting: 3 rd July 2019 minute for noting. BFC Noted		
10 A.O.C.B. –		
10.1 Dr A Howell forwarded an application for AOCB but it was agreed that this required more Move to Sept ADT		20.08.19
discussion than meeting time and attendees permitted. To be included in September ADTC as not quorate - AH	H	
meeting.		

Next Meeting: Wednesday 9th October 2019 at 12:30 – Estates Meeting Room Items for next meeting: