MEETING OF THE BORDERS FORMULARY COMMITTEE HELD
ON WEDNESDAY 9th OCTOBER 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); Cathryn Park (Lead Clinical Pharmacist); Kate Warner (Minute Secretary)
Guest: Dr James Tidder, Borders Addictions Service Consultant (item 5a at start of meeting); Adrian Mackenzie (Lead Pharmacist – Community Pharmacist); Aleena Mehan (Clinical Pharmacist)

1. **Apologies:** Dr Nicola Henderson (GP); Dr Elliot Longworth (GP); Amy Campbell (Rep Junior Doctors)

Item No.	Situation ; Background ; Assessment	Recommendation	Person Responsible	Timescale
2	**Welcome and any declarations of interest: - None**			
3	Minute from BFC meeting held on 14th August 2019 was read and approved, with no changes, as an accurate record of the meeting.	Remove draft, pdf, upload to websites	KW	10.10.19
4	**Matters Arising From Previous Minute:**			
4.1	NMA updated application form has been uploaded to Intranet and Internet (KW)			
5	**New Medicine Applications & Non Formulary Requests:**			
a)	NMA Buprenorphine (Espranor); Applicant: Dr James Tidder (attending meeting at 12:30); Clinical Director: None indicated; Indication: Substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment. Treatment with buprenorphine oral lyophilisate is intended for use in adults and adolescents aged 15 years or over who have agreed to be treated for addiction for patients in whom methadone is not suitable; Generic Name: Buprenorphine; Brand Name: Espranor; Dosage: 2-18mg daily; Cost: included in application; Number of patients in first year: 10; Projected increase in patients: None. Dr	BFC Approved : Specialist Use Only Letter to Applicant Work with JT on financial business case to deliver savings. Take paper to CE Ops	 KW AW AMack	 21.10.19 30.10.19 30.10.19

	Tidder (JT) Borders Addictions Service Consultant and Adrian Mackenzie (AMack) Lead Pharmacist Community Pharmacy attended BFC to speak to this application. JT outlined the advantages of this preparation over the tablet for certain patients. Its use reduces supervision costs and also is a cost saving over currently used tablet. Funding is not required and savings are expected. JT commented that this preparation is used in the prison service and when patients come out of prison they often don't like the sublingual tablet and could revert back to methadone – this does not happen with the oral lyophilisate preparation. It is very difficult to divert this preparation when supervised which has patient care and safety advantages. Buprenorphine oral lyophilisate is the choice in Europe where related deaths are lower than ours. Buprenorphine oral lyophilisate, when diverted, is safer than diverted methadone. It is also more protective against overdose when using other drugs. For this application Buprenorphine would become second choice as Methadone still has the cost advantage. Patient numbers and those who could be switched were discussed and AW asked about other patients to switch. Patient numbers were discussed and JT advised that this is difficult to know exactly as they do not want to change stable patients again when they have been switched previously. New patients may go straight onto Buprenorphine and those where diversion is an issue. JT commented that Methadone is first choice in the UK but guidance may be revised on this in light of the ongoing drug death crisis. BFC agreed that moving to Espranor now and switching patients over time depending on speed of review would be good clinical sense and that prescribing savings would be made. Savings with 100% switch was discussed as was the risk to a vulnerable group of patients. JT agreed to discuss supervision experience with Lothian colleagues as if patient is not supervised a water soluble preparation is easier to inject.	Group		
b)	NMA Buprenorphine (Buvidal); Applicant: Dr James Tidder (attending meeting at 12:30); Clinical Director: None indicated; Indication: Substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment. Treatment with buprenorphine prolonged release injection is intended for use in adults and adolescents aged 15 years or over who have agreed to be treated for addiction for patients in whom methadone is not suitable.; Generic Name: Buprenorphine; Brand Name: Buvidal; Dosage: 8-40mg weekly; Cost: included in application; Number of patients in first year: 10; Projected increase in patients: No. Another alternative. JT spoke to this application for Buvidal, a relatively new product used by colleagues in Glasgow, London and other areas in NHS England. Preparation is prolonged release – for weekly or monthly injection and is particularly good for high risk patients who require the protective effect of Buprenorphine but are not good at collecting. Lower dose compares against sublingual Buprenorphine. The intention would be not to have patients on this long term. PN commented on the discussion had at SMC – this preparation is used for patients who work and prefer not to go to be supervised daily; allowing patients to have a normal life	BFC Approved For Specialist Use Only with the resubmitting of form as agreed Letter to Applicant Review PST updating patient records during Pharmacotherapy reviews. Updated form received and sent to BFC for approval	ALL – vote KW KMacl KW	14.10.19 21.10.19 Ongoing 14.10.19

	and feel less stigmatised and also to be able to travel without arranging pharmacies to go to. Buvidal is more expensive than Espranor but valuable in terms of quality of patient care. JT commented that Scottish drug deaths are highest in Europe and Buvidal is one of the options to be explored. LL commented on the review at Lothian Formulary Committee where an issue was raised in relation to patient selection. There is no written guidance and JT commented that they would aim to look at what Glasgow has done and potentially have as an option when staff is more experience and patients stable on Buprenorphine. BFC discussed: withdrawal from Buprenorphine; patients prescribing interfaces with primary care; what appears on patient record at GP; and patients admitted to hospital requiring strong opioid. Updates for Clinical Directors in MAU, ED and other wards was discussed and BFC agreed that it was better that the patients' record was full and accurate. Request for this application is for off label use of Buvidal when using Espranor as a test dose during initiation and LL asked for clinical papers to be included to support the use of this practice; this protects the prescriber in the off label use process. JT advised that there are no papers supporting the use of Espranor as a test dose, however as this is only a different formulation then the risk is small and personal communication with the company has highlighted this as an oversight by the company. BFC agreed that the form should be completed and circulated virtually for approval requesting both NMA and off label use on form.			
c)	NMA Bevacizumab; Applicant: Dr Annabel Howell, Associate Medical Director Clinical Director: None Indicated; Indication: Wet age related macular degeneration; Generic Name: Bevacizumab; Brand Name: Avastin; Dosage: 1.25mg/dose/eye/month; Cost: information included in application; Number of patients in first year: see application; Projected increase in patients: see application. Background and previous discussions on Bevacizumab were detailed by LL. There are an increasing number of requests nationally to introduce off label use of Bevacizumab. NICE guideline in January 2018 supports use on equal basis and a court case in England where use for Bevacizumab was supported have increased discussions. Borders Ophthalmologists had agreed to discuss when NHS Lothian are using in practice and are providing peer support. There is currently no consultant in post in Borders and no requestor on the application. Clinical Director, Dr E Carr, has agreed what would be provided in the application with LL providing costs and Dr Howell supporting - in the absence of an Ophthalmic Consultant. There is evidence of effectiveness but drawback includes more frequent injections for the patient and the repeated dose required was unclear. Proposal to have three drugs on formulary and for the consultant to discuss with each patient what would be the most appropriate for them – the patient needs to be aware this is an off label preparation and consent to that. AW commented that the Board are aware of the approach to Bevacizumab and support the preparation process. Our nurses are going through training now and this will take some time	Not Approved. To come back to BFC with additional evidence and local clinical support/ requestor as discussed. Letter to Applicant.	KW	21.10.19

	for this intravitreal injection technique. It is likely Borders would be ready by April 2020 if peer support provided by Lothian/Fife. PN asked for more information on evidence, experience of using, outcomes compared with other drugs in use. BFC agreed that a requestor was required for the application and that there would need to be reassurance that clinicians locally are on board. PN requested that more evidence, peer support and local clinical requestor was needed and that the chief reason to use currently is cost. KMacl commented on the terms of reference of BFC and if committee should be directing; if application strong they look for support from a requestor who may not be an Ophthalmologist. Locum would prescribe from Borders formulary but cannot complete new medicines applications.			
d)	NMA Clozapine Orodispersible; Applicant: Kyna Harvey; Clinical Director: Dr A Cotton attached email; Indication: Treatment resistant schizophrenia in patients who will not comply with normal release tablets.; Generic Name: Clozapine orodispersible Tablets; Brand Name: Zaponex; Dosage: depending on stage of treatment from 12.5mg to 900mg daily; Cost: included in application; Number of patients in first year: 1- 5; Projected increase in patients: None. Clozapine orodispersible would be used on formulary for a particular group of patients unable to tolerate tablets. Patients are supervised and patients are not to take if dissolved. Use not for covert administration – if so legal documents would be completed.	BFC Approved: For Specialist Use Only Letter to Applicant	KW	21.10.19
e)	NMA Tildrakizumab; Applicant: Dr Andrew Mackenzie; Clinical Director: None; Dr AM is the budget holder; Indication: Treatment of adults with moderate to severe plaque psoriasis who are candidates for systemic therapy.; Generic Name: Tildrakizumab; Brand Name: Ilumetri; Dosage: 100mg subcut at weeks 0; 4 and every 12 weeks thereafter.; Cost: included in application; Number of patients in first year: 1 – 5; Projected increase in patients: None. PN commented on the Tildrakizumab at July SMC meeting where not all were in favour. LL outlined the application and commented on trial studies. Safety similar to other biologics. Application included information on dose with comment that the 12 weekly doses are of benefit to the current weekly or fortnightly dose. Administration and costs were discussed; removal of another product on the formulary with this as second choice and Adalimumab as first choice. BFC discussed the new medicines available in some areas and the challenges of assessing the evidence.	BFC Approved: For Specialist Use Only Other product to be removed from formulary. Letter to Applicant.	KW	21.10.19
f)	NMA Micronised Progesterone (Utogestan); Applicant: Dr F Rodger; Clinical Director: Dr J Bennison; Indication: Adjunctive use with oestrogen in post-menopausal women with an intact uterus (HRT); Generic Name: Micronised Progesterone; Brand Name: Utrogestan; Dosage: 200mg daily at bedtime/12 days in last half of therapeutic cycle; alternative and other details in application; Cost: included in application; Number of patients in first year: 40; Projected increase in patients: depends on media exposure. Product is part of an available HRT regime	BFC Approved: For Shared Care between hospital and general practice. Shared Care protocol to be developed.		

	and available as an additional option if there are issues with supply of HRT products. Clinical evidence was included and discussed. The product has less side effects or risk of VTE and breast cancer. BFC agreed that as this was specialist initiated a shared care protocol would be required.	Letter to Applicant	KW	21.10.19
g)	NMA Denosumab (Xgeva); Applicant: Dr R Williamson; Clinical Director: (to be completed); Indication: Resistant Hypercalcaemia; Generic Name: Denosumab; Brand Name: Xgeva; Dosage: 0.3mg/kg or up to 60mg as a single dose; Cost: included in application; Number of patients in first year: 2; Projected increase in patients: None. The application and request for use was outlined by LL. Endocrinologists and oncologists would prescribe. PN asked about the duration – this is a one off treatment where others are given weekly. Dr Williamson had added to the request for approval: in most cases there will be ongoing administration in secondary care, but there might be an occasional case where a patient in managed at home in a palliative setting where primary care is asked to take on prescription with secondary care oversight	BFC Approved: For specialist initiation, with ongoing prescribing in general practice. Letter to Applicant	 KW	 21.10.19
h)	NMA – Plenvu; Applicant: Dr J Fletcher; Per J Manning; Clinical Director: None indicated; Indication: Adults for bowel cleansing prior to any procedure requiring a clean bowel.; Generic Name: n/a; Brand Name: Plenvu; Dosage: One or two day dosing schedule outlined in application; Cost: included in application; Number of patients in first year: 1000; Projected increase in patients: very slight <5% per year. Plenvu will replace Moviprep. There is a lower volume of liquid taken and this has led to better compliance. It is also more cost effective. BFC agreed that the GI team should switch to Plenvu for all patients and maintain Moviprep for second choice to patients who do not tolerate Plenvu.	BFC Approved for Specialist Use Only Letter to Applicant	 KW	 21.10.19
i)	NFR – Erenumab was discussed with all details in NFR database and folder.	Letter to Applicant	KW	21.10.19
j)	NFR – Actipatch Knee was discussed with all details in NFR database and folder.	Letter to Applicant	KW	21.10.19
k)	NFR – Lenalidamide was discussed with all details in NFR database and folder.	BFC Noted		
6	**SMC Recommendations**			
	August and September 2019 SMC Decisions were included for information. PN commented on the SMC meetings he attends and some of the discussions had; including about basket trials used for oncology where a range of rare cancers can be brought together to provide evidence in a fast changing environment. BFC agreed that information should be shared with more specialists than just Clinical Directors – pharmacists, NMPs and so on.	Include summary from PN on SMC meetings to future BFC agenda.	PN KW	From 04.12.19
7	**Borders Joint Formulary Updates:**			
7.1	Formulary Update Gastroenterology – Imraldi; product change for Adalimumab which is more cost effective and will be used for new patients with the potential to switch existing.	BFC Approved Formulary Update	LL	30.10.19
7.2	Formulary Update Gastroenterology – Zessly; change to Formulary to this more cost effective Infliximab which replaces Resima.	BFC Approved Formulary Update	LL	30.10.19

8	**Other Items for Approval**			
8.1	No other items tabled for approval			
9	**For Information and Noting**			
9.1	Supply of Medicines for Cystic Fibrosis ORKAMBI® AND SYMKEVI® was tabled for information and noting. AW informed MRG that Medical Directors and Directors of Pharmacy have written to Scottish Government. Local requirements and impact were discussed; guidance is being drafted by Lothian.	BFC Noted		
9.2	Esketamine position paper for PMG-MH; Kyna Harvey Mental Health Pharmacist had tabled this paper based on one from Glasgow. BFC were asked to note this expensive nasal anti-depressant which is expected to come to market in 2020.	BFC Noted To be added to Horizon Scanning	LL	
9.3	PPI Infusion Chart – Management of Upper GI Bleed. Thanks to LL and AC for their work with the GI service to produce this new chart which will improve practice and education.	BFC Noted		
9.4	Single National Formulary Update. AW reported that this had been discussed at the Director of Pharmacy meeting and with subsequent emails requesting input from Lothian, Fife and Borders (east). There has been a positive move forward on website. Lothian will test the platform, as theirs is about to be removed from internet. It has been agreed that the SNF must have a regional approach. LL commented on the importance of having our local specialists involved and for choices not to be led by Lothian. An update is expected in the Spring 2020.	BFC Noted		
9.5	Lothian Formulary Committee meeting: 28th August 2019	BFC Noted		
10	**A.O.C.B. –**			
10.1	NFR Cannabidoil application was discussed with all details in NFR database and folder.	More information req.	LL	21.10.19
10.2	KMacl tabled a paper and outlined the application and details of a proposed switch to Oxypro. Benefits financial were detailed; this switch forms part of GP LES and would only be for primary care and Prescribing Support Team would manage the switch. NHS Dumfries & Galloway, Highland and Glasgow are about to switch. Immediate release will stay as is – the switch is for Longtec changing to Oxypro.	BFC Approved	KMacl – PST	30.10.19
Next Meeting: **Wednesday 11th December 2019 at 12:30 – Estates Meeting Room** Items for next meeting:				