**MEETING OF THE BORDERS FORMULARY COMMITTEE HELD**
**ON WEDNESDAY 11th DECEMBER 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); Dr Nicola Henderson (GP); Amy Campbell (Rep Junior Doctors); Kate Warner (Minute Secretary)
**Guests:** Emma Dodd, Respiratory Nurse Specialist; Fiona Hall, Cardiac Nurse Specialist; Maxine Angus, Clinical Pharmacist

1. **Apologies:** Cathryn Park (Lead Clinical Pharmacist);

| Item No. | Situation ; Background ; Assessment | Recommendation | Person Responsible | Timescale |
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| **2** | **Welcome and any declarations of interest: -** None | | | |
| **3** | BFC minute from the meeting held 9th October 2019 was approved with no changes as an accurate record of the meeting. | Save and upload to internet | KW | 24 hours |
| **4** | **Matters Arising From Previous Minute:** | | | |
| 4.1 | Buprenorphine (Buvidal ) – update to paper reviewed at previous meeting and use of sublingual. | BFC Approved | | |
| 4.2 | Protocol for Dalbavancin use was tabled following previous application at BFC. AC asked for the section on advice from consultant microbiologist to be clarified. Should an out of hours microbiologist be contacted or should it only be Dr E James who is contacted? | Clarify contact details. | LL | |
| 4.3 | Update on Cannabidoil trial was provided by Alisa McLellan for patient originally approved at BFC March 2019 confirming that supply will continue under EAP until marketing authorisation and SMC processes are complete. | BFC Noted this update | | |
| **5** | **New Medicine Applications & Non Formulary Requests:** | | | |
| **a)** | NMA Zanamivir (Dectova); Applicant: Dr Ed James; Clinical Director: not indicated on application; Indication: For treatment of complicated and potentially life threatening influenza infection according to SMC advice; Generic Name: Zanamivir; Brand Name: Dectova; Dosage: | BFC Approved for : specialist use only | | |

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| | 600mg bd; Cost: included in application; Number of patients in first year: 4; Projected increase in patients: No, subject to influenza epidpmiology. This is a licensed product. IV preparation and was previously only available on named patient only. This was time consuming and expensive for out of hours. Approval as of SMC advice and stock to be kept in BGH to make available. | Letter to applicant | KW | 16.12.19 |
| **b)** | NMA Lusutrombopag (Mulpleo); Applicant: Dr Rosie Jones and Dr C Evans (two apps combined); Clinical Director: Dr Martin Berlanski; Indication: Treatment of severe thrombocytopenia in patients with chronic liver disease undergoing invasive procedures.; Generic Name: Lusutrombopag; Brand Name: Mulpleo; Dosage: 3mg once daily for 7 days; Cost: included in application; Number of patients in first year: 3 – 5; Projected increase in patients: no. Team are supportive of use; the application is complete and it is in line with SMC advice. Rarely required but procedures can be done on site rather than transfer to Edinburgh or support of other Haematology products. Use is likely to be low. Stock would not need to be carried – it would be used in scheduled treatment. | BFC Approved for : Specialist Use Only<br>Letter to applicant | KW | 16.12.19 |
| **c)** | NMA Aglomelatine; Applicant: Dr J Tidder / Kyna Harvey; Clinical Director: ; Indication: Major depressive disorder; Generic Name: Aglomelatine; Brand Name: Generics available; Dosage: 25mg once daily, incr to 50mg daily if no response after two weeks; treat for at least 6 months to be symptom free; Cost: included in application; Number of patients in first year: 0-5; Projected increase in patients: No. This application and Escitalopram (item 5(d) were reviewed together; LL outlined the applications and reasons for use. In previous SMC applications, Aglomelatine was not approved as it was not cost effective. The evidence attached was related to both but BFC agreed separate decisions should be made. BFC agreed that the paper did not illustrate any superiority, they were unclear what this treatment would add and would like further information to be supplied. It was also concluded that monitoring required was more than other treatments available. BFC agreed that more information on any cardiovascular side effects would be required and also that this would be an opportunity mental health team to update the algorithm and guidance. It was also agreed that the primary care data showing high anti depression use should be discussed. | BFC did not approve for : Specialist Initiation with ongoing prescribing in general practice<br>Letter to applicant Request further supporting evidence | KW | 16.12.19 |
| **d)** | NMA Escitalopram; Evidence included in application as above; Applicant: Dr J Tidder, Kyna Harvey, A Mehan; Clinical Director: Amanda Cotton; Indication: Major depressive disorder; Generic Name: Escritalopram; Brand Name: Generics available; Dosage: 10mg could increase to 20mg daily. 2-4 weeks required for response; treat for at least 6 months for consolidation of response. Cost: included in application; Number of patients in first year: 10 -20; Projected increase in patients: No. It was raised that Citalopram had been removed from the antidepressant section of the Formulary previously. From Board usage, there could potentially | BFC did not approve for : General Use hospital and general practice<br>Letter to applicant Highlight prescribing | KW | 16.12.19 |

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| | be higher number patients than number listed on application; also prices are lower at this time but could increase at any time. BFC agreed that guideline should be given with the route to treat – rather than add another drug. Prescribing has been raised with practices and BFC questioned the requirement for general use and practice. It was agreed that the article does not include strong evidence and has no meaningful data. Odds ratio was discussed as the least toxic effective anti depressant should be used. Other comments included in 5(c) regarding guidance and algorithm. | high | | |
| **e)** | NMA Risankizumab (Skyrizi); Applicant: Dr Andrew Mackenzie; Clinical Director: supported by clinical lead and budget holder; Indication: Treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy.; SMC restriction: for patients who have failed to respond to conventional systemic therapies (including ciclosporin, methotrexate and phototherapy), are intolerant to, or have a contraindication to these treatments.; Generic Name: Risankizumab; Brand Name: Skyrizi; Dosage: 150mg subcut at week 0, 4 and every 12 weeks thereafter.; Cost: included in application; Number of patients in first year: 5; Projected increase in patients: modestly. The application is for an additional biologic, in line with SMC advice and evidence given is compared head to head with other drugs. This is a difficult group of patients to treat with varying success and applicant does not want to remove other formulary choices if this is approved. BFC reviewed the alternatives and order of formulary choices. The number of biologics for use as second line, coming through BFC approval process, has been discussed with the applicant. If monitoring requirements are clinically different for each drug a smaller formulary would be favourable. A flow chart is in use to map choices from first line of Adalimumab to others ensuring the most cost effective and available biologic used. | BFC Approved for :<br>For Specialist Use only<br>Second line<br><br>Letter to applicant | KW | 16.12.19 |
| **f)** | NMA dolutegravir + lamivudine (Dovato); Applicant: Dr Dan Clutterbuck; Clinical Director:<br>Indication: Treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults and adolescents above 12 years of age weighing at least 40kg, with no known or suspected resistance to the integrase inhibitor class, or lamivudine; Generic Name: Doulutegravir + Lamivudine; Brand Name: Dovato; Dosage: 1 daily; Cost: included in application; Number of patients in first year: 6 treatment switches; Projected increase in patients:yes. LL outlined this SMC approved application which is also prescribed though national protocol and guidelines. LL has requested a guidelines and protocol as they are updated regularly. This was approved previously and here for noting. | BFC Noted<br>Approved 14/10/19 for Specialist Use Only<br><br>Letter to applicant | KW | 16.12.19 |
| **g)** | NMA Ocrelizumab; Applicant: Dr David Simpson; Clinical Director: no CD; Indication: Treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active disease defined by clinical or imaging features. SMC restriction: Treatment of relapsing remitting multiple sclerosis (RRMS) in adults with active disease defined by clinical or imaging features | BFC Approved for :<br>Specialist Use Only<br>For up to 5 patients | | |

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| | who are contra-indicated or otherwise unsuitable for Alemtuzumab.; Generic Name: Ocrelizumab; Brand Name: Ocrelizumab; Dosage: see application for details; Cost: included in application; Number of patients in first year: 5; Projected increase in patients: possibly. PN commented that this drug had been recently discussed at SMC meeting and accepted for use. Evidence, costs and efficacy were outlined by LL and it was also heard that the treatment is every 6 months instead of monthly which was thought to be better for patients. Service has agreed that this would be used for patients who cannot tolerate Alemtuzumab. A brief summary of SMC advice was reviewed along with trial data and safety information. LL commented that she is waiting for the Homecare information for a breakdown of the treatments for neurological conditions. | Letter to applicant | KW | 16.12.19 |
| **h)** | NMA x 8 Diabetes Service; Applicant: Jill Little; Clinical Director: ; Indication: Measuring Blood Glucose for (see below in brackets); Generic Name: ; 1 & 2 Nexus Voice Meter and Test strips (visually impaired patients); 3 & 4 Contour Blood Glucose Meter and Strips (insulin pump patients); 5 & 6 4Sure Smart Duo Blood Glucose Meter and 4Sure Beta-ketone test strips (Type 1DM); 7 & 8 4Sure Smart Blood Glucose Meter and test strips (Type 2DM); Dosage: see applications; Cost: included in applications; Number of patients in first year: see applications; Projected increase in patients: see applications. KMacl talked through this batch of applications which are as a result of a review of diabetic products by the service and that True You product on formulary was at end of life. Diabetic team reviewed and scored all manufacturers products looking at usability, costs, specialities and also niche product for example for visually impaired patients. With some options there may be a cheaper machine available but other criteria, such as usability, was also reviewed to ensure patient benefit. Products for patients with particular needs have also been assessed. The Prescribing Support Team plan to complete the switch in primary care for options 5, 6, 7 and 8. Costs were discussed: machines are “free” from the manufacturer paid for by the test strips – this has become more competitive recently. KMacl talked about how other Boards select and LL commented on the amount of work that has gone into this review to ensure it is comprehensive. BFC discussed if this type of application needed to come to BFC and it was agreed that it was not just a change of product on price and did need to be approved here. | BFC Approved for : Specialist Use Only<br><br>Letter to applicant | <br><br>KW | <br><br>16.12.19 |
| **i)** | NMA Sodium bicarbonate simethicone and citric acid (Carbex); Applicant: Fiona Hawke, Radiology; Clinical Director:; Indication: Use distension of stomach in contrast Radiology; Generic Name: Sodium bicarbonate simethicone and citric acid; Brand Name: Carbex; Dosage: 1 sachet / 1 dose citric acid; Cost: included in application; Number of patients in first year: 20; Projected increase in patients: probably not. BFC were unable to make a decision on the application as the benefits and evidence supplied were not sufficient to support the application. Additional information, evidence of efficacy and benefits would be required for BFC to review | BFC did not approve for: Specialist Use Only<br><br>Letter to applicant | <br><br>KW | <br><br>16.12.19 |

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| | at a future meeting. More information on how the drug would be used would also be required. BFC agreed that if this was for a drug trial then the applicant should follow the drug trial procedure. | | | |
| **j)** | NFR Triumeq was discussed with all details in NFR database and folder. | Further information required | AW | 12.12.19 |
| **k)** | NFR Rituximab was discussed with all details in NFR database and folder. | BFC Noted<br>Letter to applicant | <br>KW | <br>17.12.19 |
| **6** | **Scottish Medicines Consortium (SMC) Decisions** | | | |
| 6.1 | Dr Paul Neary updated BFC on recent SMC meeting and commented on recent application which included interesting trial evidence. He invited any members of BFC who would like to attend a meeting with him to contact him directly. AW and LL have attended previous meetings and recommend doing so. | | | |
| 6.2 | October and November 2019 SMC decisions – BFC discussed two drugs and their specialities at items 6.5 and 6.6. | BFC Noted | | |
| 6.3 | Changes to streamline the SMC submission process for information. | BFC Noted | AW | |
| 6.4 | BFC discussed the information required from SMC decisions for publication on NHS Borders website and the Committee discussed specific information. | Update table | LL | 30.03.20 |
| 6.5 | Lanadelumab (Takhzyro) LL outlined the indication and asked if this would be rheumatology or dermatology. BFC discussed and also asked LL to enquire what Lothian are doing to pre-empt. | LL to contact specialities and discuss with Lothian | LL | 30.12.19 |
| 6.6 | Trientine tetrahydrochloride (Cuprior®) LL outlined indication and BFC agreed this should go to Gastroenterology team. | LL to contact GI | LL | 30.12.19 |
| 6.7 | Zanamivir (Dectova) covered in item 5(a). | | | |
| **7** | **Borders Joint Formulary Updates:** | | | |
| 7.1 | Formulary Update –a replacement to the more expensive Venofer and part of the cost saving review that the renal team have recently made saving a total of £1,500 per annum. Patients will be able to move seamlessly from one product to another. The product is only used in BGH in dialysis. | BFC Approved | | |
| 7.2 | LL and Dr A Mackenzie have discussed the number of biologics approved for dermatology use and have concluded that there are no cost implications associated with the number of alternative products as treatment with one replaces treatment with another – there is no additional use. There is clinical rationale / indication for use of the different biologics and if SMC have approved, NHS Borders needs to review and document any reason for not approving for formulary. | BFC Noted | | |
| **8** | **Other Items for Approval** | | | |

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| 8.1 | Borders Abbreviated Joint Formulary Update to be forwarded by email for approval when complete. | Update email to BFC | LL & KW | |
| 8.2 | Vitamin D guideline has been drafted for use in particular practices by prescribing support pharmacist; comments have been requested from Dr Tan. It was agreed that there should not be different guidelines for different practices; but that there is different prescribing amongst practices. LL agreed to amend in line with Dr Tan comments and then speak to Endocrinology and Biochemistry before seeking further approval from Dr Tan. | BFC approved after changes are made. | LL | 30.12.19 |
| 8.3 | Clopidrogel-Omeprazole interaction was tabled for discussion and BFC agreed that, as no further updated data has been released, that previous advice stands. PN agreed that GPs can email him if they wish to discuss further. | Discuss with Prescribing Support Team. | KMacl | 30.12.19 |
| **9** | **For Information and Noting** | | | |
| 9.1 | Lothian Formulary Committee minutes from meetings held 2nd October and 13th November 2019. | BFC Noted | LL | |
| **10** | **A.O.C.B. –** | | | |
| 10.1 | No any other business raised | | | |
| Next Meeting: **Wednesday 12th February 2020 at 12:30 – Estates Meeting Room**<br>Items for next meeting: | | | | |