MEETING OF THE BORDERS FORMULARY COMMITTEE HELD
ON WEDNESDAY 12th February 2020 @ 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); Kate Warner (Minute Secretary)
Guest: Dr Rob Forbes (Consultant Anaesthetist) – item 5(a); Abbie Gibson, Pharmacy Secretary

1. **Apologies:** Dr Amy Campbell (ST4 – Junior Doctor Rep); Cathryn Park (Lead clinical Pharmacist)

Item No.	Situation ; Background ; Assessment	Recommendation ACTION	Lead	Timescale
2	**Welcome and any declarations of interest: -**			
3	Minute from BFC meeting 11th December 2019 was approved as an accurate record of the meeting with no changes.	PDF December meeting for upload to Intranet /Internet.	KW	18.02.2020
4	**Matters Arising From Previous Minute:**			
4.1	As a follow up from the New Medicine Applications (NMAs) for Escitalopram and Agomelatine from last BFC, LL discussed further with the applicant, Dr J Tidder. LL talked through the change in the application for Escitalopram with the application now being for specialist initiation only; she spoke about marginal benefits between two for some patients which has been shown in local experience. Dr Tidder had commented that local experience of Escitalopram has been that it is better tolerated with less sexual side effects than Citalopram. BFC discussed Citalopram being removed from Formulary previously and it was agreed the other options would be used as second line. Escitalopram is not on local formulary as anti-depressant. KMacl commented on the prescribing from Specialist and GP and will discuss	BFC Approved: for Specialist Initiation only, both Escitalopram and Agomelatine. Mental Health Team to be responsible to monitoring. Plan for monitoring to be sent to LL.		

	switching between antidepressants with the Prescribing Support Team. BFC agreed that the duration of treatment on antidepressants should be reviewed; this is part of the LES for further discussion. Dr Tidder has agreed to write a bulletin on withdrawal from antidepressants. LL highlighted the requirement for access to the Maudesley prescribing guidance to support switching between antidepressants and asked if there is an online version that can be purchased.	Letter to applicant	KW	18.02.2020
4.2	New Medicines Application for Carbex was discussed at December 2019 BFC meeting; not approved and required further information – manufacturers information and several papers were forwarded by Dr Fiona Hawke for the agenda along with comments to AW by email. BFC agreed that they would prefer to know what other Boards are doing and also review costs which were not included in the information provided. BFC approved trying the 6 samples to allow the team to make a comparison. They agreed that if the team wished to replace a formulary item with Carbex that this would need a New Medicines Application to be completed with evidence, trial data and costs.	BFC Approved a trial using the 6 initial free of charge samples. BFC did Not Approve inclusion on formulary. Letter to Applicant	 KW	 19.02.2020
4.3	Vitamin D Guideline update (version 2) was reviewed at December BFC meeting with comments from Adrian Tan. The updated guideline incorporating comments from Biochemistry, Endocrinology and Dr Tan was tabled with highlighted comments. One minor update required for LL. NH asked for clarity on the Level 1 and 2 treatment – these are for slightly different durations.	BFC Approved 1 update highlighted	LL	17.02.2020
4.4.	Guanfacine patient feedback report requires further update by consultant for March ADTC meeting.	BFC Noted report so far Add March agenda	 KW	 04.03.2020
5	**New Medicine Applications & Non Formulary Requests:**			
a)	**NMA Medicinal Cannabis (Althea)** Applicant: Dr Rob Forbes; Clinical Director:; Indication: Pain; Generic Name: Medicinal Cannabis; Brand Name: Althea; Dosage: see attached schedule; Cost: included in application; Number of patients in first year: 20 -30; Projected increase in patients:. Dr Forbes attended the meeting to speak to this application and brought additional references which were tabled at the meeting. Althea is not approved by NICE declined on cost effectiveness. BPS position is not recommended. Dr Forbes commented that there is some evidence from other countries but not from UK. He outlined the philosophy of pain self-management and exercise but stressed there are patients who require therapeutic management; Dr Forbes revised the number of 20-30 patients on application to <=5. BFC expressed concerns and discussed the 2008 Pregabalin application as an example of wide unlicensed use which is expensive. SMC have not evaluated Althea brand of cannabis and this would have to happen before it could be approved locally. Trial data was reviewed. BFC agreed that they would not approve this new medicines application but that Dr Forbes could apply through the non	BFC Not Approved for : Specialist Use Only Letter to applicant	 KW	 18.02.2020

	formulary request process and individual patients could be considered on a case by case basis. This would also give local evidence of treatment as feedback would be requested. BFC asked Dr Forbes to keep the committee updated on this.			
b)	**NMA Dapagliflozin** Applicant: Dr Rachel Williamson *(signed form requested);* Clinical Director: ; Indication: Treatment of insufficiently controlled type 1 diabetes mellitus as an adjunct to insulin in patients with BMI ≥27kg/m2, when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy; Generic Name: Dapagliflozin ; Brand Name: Forxiga; Dosage: 5mg daily; Cost: included in application; Number of patients in first year: single figures (<10); Projected increase in patients: Yes but anticipate small numbers. The application was made on behalf of the Diabetes team; drug is licensed for use in Type 1 diabetes treatment. Cost savings are expected as there may be a decrease in insulin dose and long term there would be a reduction in complications. Safety, risks, evidence and trials were discussed by BFC; weight loss and other effects commented on. BFC agreed to approve for Specialist Initiation as this could have a role in treatment for a small number of patients.	BFC Approved for : Specialist Initiation, with ongoing prescribing in general practice. Letter to applicant	KW	18.02.2020
c)	**NMA Diveen** Applicant: Fiona Grant; Clinical Director: Alison Wilson; Indication: Stress Urinary Incontinence; Generic Name: Diveen; Brand Name: Diveen; Dosage: For use when exercising; Cost: included in application; Number of patients in first year: 20 – 30; Projected increase in patients: yes. AW spoke to this application for Diveen, which would replace another product currently on formulary which is no longer available. The application is for Service Use Initiation. The cost of this product and features were compared to others; reusable, washable which is self inserted would have low volume of use. The Bladder, Bowel and Pelvic Floor service have good experience of training patients to use products properly; the alternative for the patients would be surgery. Patients would be referred to the service through GP and there is a combined Gynaecological and Pelvic Floor clinic each month. Pelvic floor strengthening training is taught first. BFC agreed that the supporting evidence provided was poor and directly from manufacturer but that the product is replacing one that must be replaced. BFC agreed to approve the product which would improve quality of life for patients who are motivated and supported to improve stress urinary incontinence.	BFC Approved for : Specialist Use Only Letter to applicant	KW	18.02.2020

d)	**NMA Brivaracetam** Applicant: Dr Myles Connor; Clinical Director: Dr J O'Donnell; Indication: Refractory seizures – focal onset with secondary generalisation; Generic Name: Brivaracetam; Brand Name: Briviact; Dosage: gradual increase to 100mg daily; Cost: included in application; Number of patients in first year: 2; Projected increase in patients: No. This anti-epileptic drug is in line with SMC approval and has similar costs to other third line agents; this was discussed along with evidence and likely benefits. LL outlined the application which, at this time, is for one patient. BFC agreed that the new medicines application was appropriate as the drug has SMC approval and approved for specialist use only.	BFC Approved : For Specialist Use only Letter to applicant	KW	18.02.2020
e)	**NFR Glycopyrronium bromide** was discussed and all details saved in NFR folder.	Letter to applicant	KW	20.02.2020
f)	**NFR Erenumab** was discussed and all details saved in NFR folder.	Letter to applicant	KW	20.02.2020
Items	4 Non Formulary Requests were tabled for Guanfacine use from three applicants. BFC discussed a patient feedback report to follow as soon after the meeting as possible. BFC appreciated that the patients are being reviewed and that there would be continued oversight on treatment commencements and feedback. BFC spoke of CAMHS (Child and Adolescent Mental Health Services) robust assessment process and that 100% of prescribing is from Primary Care where other Boards are often through Secondary Care. BFC also spoke of concerns around side effects and that the applications for this drug are being approved when they come to BFC as non formulary requests. BFC agreed one of the applicants from CAMHS should be invited to the next BFC meeting to discuss the ongoing prescribing of Guanfacine either as part of Formulary or continuing as non formulary requests.	Invite one of applicants to April meeting Include feedback in report when available and send to BFC by email	KW KW	20.02.2020 20.02.2020
g)	**NFR Guanfacine 1st application** was discussed and all details saved in NFR folder.	Letter to applicant	KW	20.02.2020
h)	**NFR Guanfacine 2nd application** was discussed and all details saved in NFR folder.	Letter to applicant	KW	20.02.2020
i)	**NFR Guanfacine 3rd application** was discussed and all details saved in NFR folder.	Letter to applicant	KW	20.02.2020
j)	**NFR Guanfacine 4th application** was discussed and all details saved in NFR folder.	Letter to applicant	KW	20.02.2020
k)	**NFR Eletriptan** was discussed and all details saved in NFR folder.	Letter to applicant	KW	20.02.2020
6	**Scottish Medicines Consortium (SMC) Decisions**			
6.1	SMC Update from PN highlighted discussions at February meeting on cancer drugs.	BFC Noted		
6.2	December 2019 and January 2020 SMC decisions – for update and discussion.	BFC Approved		
6.3	SMC Advice for January with attachments.	BFC Noted		
6.4	SMC Advice Burosumab – BFC agreed the wording for NHS Borders decision; LL reviewed wording used by Lothian and asked for advice regarding ultra orphan wording.	Update xls/internet	LL/KW	28.02.2020
6.5	SMC Advice Voretigene - BFC agreed the wording for NHS Borders decision.	Update xls/internet	LL/KW	28.02.2020
6.6	SMC Advice Teduglutide - BFC agreed the wording for NHS Borders decision.	Update xls/internet	LL/KW	28.02.2020
6.7	SMC Paediatric Licence Extensions for discussion and planning.	BFC Noted		

7	**Borders Joint Formulary Updates:**			
7.1	Formulary Update – Ivabradine 2.5mg tablets have been stopped due to cost.	BFC Approved		
7.2	Formulary Update – Catephen to change supply from specialist to general prescribing.	BFC Approved		
7.3	Borders Joint Formulary Abbreviated; Review date extended to February 2020. Borders Joint Formulary App was discussed and LL stressed the importance of Borders input in the national formulary and app process. There has been recent appointment to the regional lead role and it is hoped that there would be an open approach to the formulary decisions. AW commented that the governance will come through the East Directors of Pharmacy Group. LL commented on the hard work and good engagement from Borders clinicians to maintain our own formulary who would be disappointed if not included in formulary discussions.	Abbreviated Formulary update. AW update from East DOPs Group meeting	LL/KW AW	28.02.2020 28.02.2020
8	**Other Items for Approval**			
8.1	Electrolyte Deficiency Guideline updated. LL talked through this update. Approved with minor box changes for printing.	BFC Approved Format update	KW	20.02.2020
9	**For Information and Noting**			
9.1	Changes to streamline SMC process.	BFC Noted		
9.2	ADTCC letter Cannabis advice from HIS.	BFC Noted		
9.3	Lothian Formulary Committee meeting 18th December 2019 and 22nd January 2020.	BFC Noted		
10	**A.O.C.B. –**			
10.1	Mental health – Bupropion for discharged patient; Pharmacist was not happy to prescribe. Mental Health Pharmacist was unaware of this issue as this has been prescribed off label from Huntlyburn for some time and team were unaware of the need for NFR. Dr Subodh has been asked to submit application. It was commented that this could occur more frequently as there are more non-medical prescribers and as pharmacists review discharge letters. Should come through as a NFR application to protect both the patient and prescriber.	Write to Dr A Cotton about prescribing practice and off label drug must come through NFRs.	LL	08.04.2020
10.2	A practice pharmacist has prescription for Prucalopride which is not SMC approved and requested advice. Patient received and is not continuing.	Discuss prescribing protocols.	LL KMacl	08.04.2020
10.3	NFR Sativex was discussed with all details in NFR database and folder.	Letter to applicant	KW	18.02.2020
Next Meeting: **Wednesday 8th April 2020 at 12:30 – Estates Meeting Room**				