



**MEETING OF THE BORDERS FORMULARY COMMITTEE HELD
ON WEDNESDAY 19th AUGUST 2020 @ 12:30pm via MICROSOFT TEAMS**

MINUTE

Present: Alison Wilson (Director of Pharmacy - Chair); Liz Leitch (Formulary Pharmacist); Dr Paul Neary (Cardiology Consultant); Dr Nicola Henderson (GP); Dr Charlotte Squires (Registrar; Junior Doctor Rep); Dr Michael McDermott (Registrar; Junior Doctor Rep); Kate Warner (Minute Secretary)

Guest: Debra Cairns, Respiratory Specialist Nurse (guest as part of prescribing course) (DC); Adrian Mackenzie (Lead Pharmacist) (AMack)

1. **Apologies:** Keith Maclure, Lead Pharmacist; Dr Rachel Williamson, Consultant Physician; Cathryn Park (Lead Clinical Pharmacist)

Item No.	Situation ; Background ; Assessment	Recommendation	Person Responsible	Timescale
2	Welcome – AW introduced new members and guests and reminded everyone of the confidentiality of patient access schemes, rebates and applications; KW to arrange meetings with new members and AW/LL as required. Declarations of interest: - None			
3	BFC draft minute of meeting held on 10 th June 2020 was approved as an accurate record of the meeting with no changes.	Upload to internet	KW	24 hours
4	Matters Arising From Previous Minute:			
4.1	None – Remdesivir item to be discussed in this agenda			
5	New Medicine Applications & Non Formulary Requests:			
a)	NMA Benralizumab (Fasenra) - Applicant: Emma Dodd; Clinical Director: Dr Jonathan Manning (by email); Indication: An add-on maintenance treatment in adult patients with severe eosinophilic asthma inadequately controlled despite high-dose inhaled corticosteroids plus long-acting β -agonists. SMC restriction: patients with blood eosinophils ≥ 150 cells/microlitre, and either ≥ 4 prior asthma exacerbations needing systemic corticosteroids in the previous 12 months or treatment with continuous oral corticosteroids over the previous 6 months.; Generic Name: Benralizumab; Brand Name: Fasenra; Dosage: long term treatment – see application for dosage; Cost: included in application; Number of patients in first year: 1 – 2; Projected increase in patients: potentially. Application from the respiratory team and commented that	BFC Approved : Specialist Use Only Category B Letter to applicant	KW	20/08/20

	Benralizumab would be administered less frequently than the current formulary choice resulting in fewer hospital visits. This comes as pre-filled syringe rather than reconstituted and would have no impact on community services as prescribing, care and blood tests would be through secondary care and approval would be specialist use only. Discussed SMC evidence and studies which show a reduction in annual exacerbation rate of patients; generally there is an improvement in total asthma control symptoms and it is well tolerated. Safety aspects were discussed; commented on experience of use, anticipation of low numbers and current relatively low numbers of the current used drug; commented on discussion from SMC new drug group; questioned current respiratory service and it was confirmed that there is a current locum consultant and a new consultant starting in October.			
6	Scottish Medicines Consortium (SMC) Decisions			
6.1	PN gave a verbal update of recent SMC meeting. PN commented on Fluocinolone vitreal injection; two applications for Cannabidiol for an epilepsy syndrome which affect young children and brain development; Pembrolizumab for head, neck and kidney cancer; Esketamine treatment for depression. Some medicine applications will go through the New Drugs Committee and on to SMC Executive committee if they do not require the input of the full committee.	BFC Noted		
6.2	SMC decisions - April - August 2020 were included in papers for meeting. LL reported on embargoed advice which includes drugs which may be included in NMA submission for use in Borders. Trial of Border Cannabidiol patient has received good feedback. Cancer drugs will come through SCAN and Lothian in due course. There has not been a response from psychiatry to NMA Esketamine as yet and this is expected; this will be followed up. Review meeting with Ophthalmologists will be held when both are in post regarding 3 new Ophthalmology drugs on list. Andexanet alfa has been thoroughly reviewed by Anticoagulation Committee and the committee will submit an NMA to BFC in October along with clear restrictions for use – using SMC and local criteria. The diabetes team will be submitting an NMA for Semaglutide. BFC discussed the benefits and any potential use of Sodium Zirconium cyclosilicate.	BFC Noted Meeting with AW, LL and new Ophthalmology consultants	KW	asap
6.3	SMC Advice being issued from ADTCC 07/08/20	BFC Noted		
7	Borders Joint Formulary:			
7.1	Borders Abbreviated Joint Formulary has been updated and reduced further by LL in order to make the document a more useable size and format. In asking for feedback, NH commented that in some areas such as Skin there were only first choices listed and in others, such as anticoagulation, there were several. It may be that primary care may need more options for areas which would not necessarily be prescribed by hospital doctors and LL agreed to take this into consideration. NH also suggested a change to guidance on treatment for diverticulitis and LL will discuss this with GI Team.	BFC Approved with LL consider changes to choices and infection GI	LL	
7.2	BJF Infections section on Genital Tract infections – the Borders Antimicrobial Team have approved the following changes, tracked in the attached document: P1: pixaban/clarithromycin	BFC Approved Update BJF	LL	31/08/20

	interaction warning removed as per local guidelines and BNF; P3: updated C.Diff algorithm from HPS; P10: prostatitis. Change to duration 14d then review as per NICE 110; P11: vaginal candidiasis: changed according to Borders Sexual Health guidance http://www.borderssexualhealth.org.uk/for-professionals/ , fluconazole first line unless pregnancy likely. Removal of clotrimazole cream option; P12: bacterial vaginosis: changed as per NHSB Sexual Health guidance. Removal of 2g metronidazole stat option; PID: change to Doxy and met first line as per NHSB Sexual Health Guidance; P19: splenectomy. Remove HiB vaccine as per Green book update Jan2020 and BNF. Changes approved by BFC.			
8	East Region Formulary:			
8.1	NHS Lothian have received funding to host a regional formulary platform along with Pharmacy First (see 8.2) and it was commented that Lothian has access to this technology when they have a workable formulary website and app which we do not have in Borders. In Borders, we have no IM&T support and sporadic web developer support to enable the changes made to formulary to be uploaded in a timely manner. June updates are incomplete with August about to be ready for upload.	Follow up on updates for June with web developer	KW	20/08/20
8.2	East Regional Formulary have reviewed the Emollient section of the formulary and rationalised the three Boards lists into one, reviewing costs and the range of options. BFC agreed that Borders Dermatology have done considerable work in this area and options agreed by them are no longer included in the rationalised list. BFC questioned if this would then set the tone for other sections and that specialists from Borders should have the chance to input. GP LES has encouraged formulary compliance specifically in the Emollient section and GPs would not be keen to have a blanket switch to products not reviewed. The link with Pharmacy First was discussed and the risk of losing engagement with prescribing if changes are imposed. Alternatives and cost effectiveness of other specialties may not be as straightforward to rationalise. BFC asked that this is raised at East Region DOPs meeting to ensure that Borders have involvement in each formulary section being reviewed. It was agreed that the possibility of a board specific formulary – like the Antimicrobial app – would be a better option with ability to change locally.	To take concerns to East DOPs meeting	AW	21/08/20
8.2	AMack reported on the NHS Pharmacy First Scotland service, the replacement to the Minor Ailments Scheme, which encourages patients to consult with the most appropriate clinician, for example visiting pharmacy before health centre if appropriate. With MAS any product was available over the counter. Pharmacy First has a Scotland wide formulary with evidence based products and BFC have discussed already some of the challenges with items that are not available in Borders. Pharmacists can only supply those on the approved list. Other challenges faced - there is a wide range of skin products and East Regional Formulary intends to narrow that down, also the previous MAS included guidance for pharmacy staff with regard to products and referrals. BFC agreed that Borders must continue to be heard in all therapeutic areas but it was felt that this was not a good start to regional formulary.	Review in 6 months and gauge input at that time.	AMack	16/12/20
9	Other Items for Approval			

9.1	Update to Electrolyte Deficiency Guidelines to replace current guidelines on the intranet once we have exhausted supplies of the phosphates polyfusor which is to be replaced by sodium glycerophosphate Guidance is used by junior prescribers and the update will make prescribing clearer.		BFC Approved Update intranet	KW	20/08/20
9.2	Public Health Primary and Secondary Care Guidelines available on intranet for lipid lowering guidelines have expired and BFC discussed the views of primary and secondary care as to the use of these guidelines and the requirement for updating or removal as appropriate. PN gave some background into the lengthy process of originally creating the guidelines and commented on service offered by consultant John O'Donnell and that a reminder could be needed to GPs on referral criteria.		Ask JMcD if he would reach out to primary care Ask GPs what guidance they require.	PN KMacI	
10	For Information and Noting				
10.1	Lothian Formulary Committee meeting 1 st July 2020; LL commented on item 8.3.3 Prasugel tablets and BFC discussed any impact on Borders patients. LL also commented on regional formulary item at 11 with a link to an update on the new formulary website and asked BFC to review this.		BFC Noted Review formulary update here	ALL	
10.2	NFR Erenumab application – delivered during covid19; Neurology will be asked if they wish to complete a NMA as there have been a number of applications approved for use this year.		BFC Noted		
10.3	Letter from NHS Scotland – update to the pricing agreement with Vertex Pharmaceuticals for cystic fibrosis medicines to include the new triple therapy.		BFC Noted		
10.4	EAMS – Nivolumab in squamous cell carcinoma of the oesophagus noted; no patients currently at NHS Borders.		BFC Noted		
11	A.O.C.B. –				
11.1	Covid19 Medicines	LL commented on a new area on the Intranet for Covid19 medicines; information has been added on use of Dexamethasone. BFC discussed Remdesivir and agreed that LL should discuss an NMA for this in case required for future use.	Discuss Remdesivir NMA with clinicians	LL	
	MS Teams meetings	PN wanted to raise the issues with Teams (both in this meeting with sound and accessibility) and for junior doctors who are unable to access other than on phones and do not always have office space to join meeting in quiet. Preference is to go back to meeting face to face. Meeting room availability and preference for day/time meeting. It was agreed that BFC must be on same day as other meetings (MRG/PCPG) and that Wednesday at this time suits currently committee.	Review availability of meeting rooms	KW	
Next Meeting: Wednesday 21st October 2020 at 12:30 via Microsoft Teams					