**MEETING OF THE BORDERS FORMULARY COMMITTEE HELD**
**ON WEDNESDAY 24th FEBRUARY 2021 @ 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); Cathryn Park (Lead Clinical Pharmacist); Keith Maclure, Lead Pharmacist; Dr Charlotte Squires (Registrar; Junior Doctor Rep); Kate Warner (Minute Secretary)
**Guests:** Gillian Donaldson (Lead Cardiac Specialist Nurse)

1. **Apologies:** Fiona Grant (Principal Physiotherapist); Dr Michael McDermott (ST3 - Junior Doctors Changeover)

| Item No. | Situation ; Background ; Assessment | Recommendation | Person Responsible | Timescale |
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| **2** | **Welcome and any declarations of interest: -** None | | | |
| **3** | Minute from BFC meeting 16th December 2020 was approved as an accurate record of the meeting with no changes. | Upload to internet | KW | 25/02/21 |
| **4** | **Matters Arising From Previous Minute:** | | | |
| 4.1 | None | | | |
| **5** | **New Medicine Applications & Non Formulary Requests:** | | | |
| **a)** | **NMA Remdesivir (Veklury)** December BFC discussed the status/availability of Remdesivir in Borders; most recent available trial data reviewed by sub group; now in use as part of Covid19 treatments. Applicant: Dr Tom Mackay; Clinical Director: Dr J Manning; Indication: Treatment of coronavirus disease 2019 (COVID-19) in adults and adolescents (aged 12 years and older with body weight at least 40kg) with pneumonia requiring supplemental oxygen (low- or high-flow oxygen or other non-invasive ventilation at start of treatment. To be used out with ITU in patients who have a treatment escalation plan for transfer to critical care should their condition deteriorate. The decision to use Remdesivir will be made after discussion with the Respiratory consultant (during daytime working hours) or the medical consultant on call (24 hours).; Generic Name: Remdesivir; Brand Name: Veklury; Dosage: 200mg on day 1 and then 100mg daily for 4 further days; Cost: included in application; Number of patients in first year and projected increase in patients: included in application. | BFC Noted<br>Approved by email: For Specialist Use Only (Category B)<br>Letter to applicant | KW | 25/02/21 |

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| **b)** | **NMA Tocilizumab** Approved by email sent to BFC 10/02/2021; Applicant: from ITU colleagues (Sweyn Garrioch ICU lead); Clinical Director: will be signed by CD Imogen Hayward; Indication: Treatment of adult patients admitted to ITU with COVID19 pneumonia; Generic Name:Tocilizumab; Brand Name: ROActemra; Dosage: 8mg/kg and as per dose banding; Cost: included in application; Number of patients in first year: vary depending on pandemic. Update Tocilizumab for patients out with ITU setting which has been discussed and supported by the team and will be used as appropriate. BFC approved that this be used out with setting where appropriate and asked for new clinical guidance to be circulated to committee. | BFC Noted<br>Approved by email: For Specialist Use (RED Category)<br>Letter to applicant<br>Circulate guidance | <br><br><br><br>KW<br>LL | <br><br><br><br>25/02/21<br>25/02/21 |
| **c)** | **NMA Romosozumab (Evenity)** Applicant: Dr Adrian Tan; Clinical Director: Dr Graham Dall (by email); Indication: Treatment of severe osteoporosis in postmenopausal women at high risk of fracture. SMC restriction: to use in patients who have experienced a fragility fracture and are at imminent risk of another fragility fracture (within 24 months); Generic Name: Romosozumab; Brand Name: Evenity; Dosage: refer to application; Cost: included in application; Number of patients in first year: 15-20; Projected increase in patients: no. Application is in line with SMC guidance; dosage discussed with first dose in clinic and patients taught to self-administer; costs and likely benefits had been highlighted by Dr Tan. Evidence and studies included with application were outlined including SIGN guidance and flow chart of how this fits into practice; safety aspects covered. Discussion from SMC meeting was covered; proposed use is within SMC guidance. | BFC Approved : For Specialist Use Only (Category B)<br>Letter to applicant | <br><br>KW | <br><br>25/02/21 |
| **d)** | **NFR Ovitrelle / Gonal F** was discussed; minute and decision in NFR folder with actions noted. | Letter to applicant | KW | 25/02/21 |
| **6** | **Scottish Medicines Consortium (SMC) Decisions** | | | |
| 6.1 | SMC – PN reported on an interesting SMC meeting with discussion on a new drug for solid rare tumours which will have a basket trial with different cancers as it is aimed at cancers which express a certain gene rather than a particular cancer. Another interesting discussion for a gene therapy product for spinal muscular atrophy which could improve prognosis for life; follow up studies are months long. BFC noted this update and will await decision information as it is made public. | BFC Noted | | |
| 6.2 | SMC decisions January – February 2021 – in the process of bringing up to date. NHS Borders decisions in relation to SMC advice; majority of the decisions are cancer drugs takes time to update from Lothian information. | BFC Noted<br>Updated decisions at April meeting | LL/KW | |
| 6.3 | Sodium zirconium cyclosilicate (Lokelma®) is accepted for restricted use within NHSScotland. Indication under review: treatment of hyperkalaemia in adult patients. BFC heard that this was approved in 2020 followed by discussion with Cardiologists and Renal Team; at time did not see need for use in Borders. NHS Lothian formulary has now approved this for use, application from renal team, with protocol and advice. BFC discussed if this should be re-reviewed and agreed to discuss with team first on potential use in Borders. | Discuss with WM and JG – Renal Team | LL | |
| **7** | **Borders Joint Formulary:** | | | |
| 7.1 | Proposal to remove Dabigatran from formulary and to review patients currently prescribed | BFC Approved | | |

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| | Dabigatran to change to an alternative DOAC. Discussed at anti coagulation committee meeting who felt there was no longer a place in clinical practice for this drug; for patient safety reasons and now two alternative formulary options. Service has been contacted and they would not initiate any new patients on on Dabigatran. BFC discussed use, availability of other reversal agents, patient safety, efficacy and the requirement for primary care that current patients are reviewed. | removal<br>To investigate cost/implications of patient reviews in practice. Discuss at PCPG. | KMacl<br><br>KMacl | <br><br>24/02/21 |
| 7.2 | Sarilumab as an option for treating critically ill patients with COVID-19 discussed; indications are the same as Tocilizumab in ITU use. They will confirm if they wish to proceed with an application to use which will come to BFC if so. | BFC Noted | | |
| **8** | **East Region Formulary:** | | | |
| 8.1 | East Region Formulary team have a workshop for DoPs and Formulary Pharmacists - 2nd March. Planned to look at the roles of local formulary teams and the project managers for implementation of regional formulary. To review risks, benefits, governance process and how the regional formulary will work practically for local ownership, review and section updates. Variation across the Boards will be reviewed as the next stage and local engagement will be important at this stage. Comments on the difference in navigation of the new formulary website with links to NICE, SMC advice, treatment flowcharts and algorithms. Comments on clunky use of navigation. Platform should be an improvement on NHSB current formulary platform. Important to discuss with clinical leads in all areas to look at content in that particular area. Essential to also have feedback from GPs. Lack of time commented on – difficult to find the time for clinicians to engage and it was agreed that presenting at Senior Medical Staff Committee would be appropriate. All Boards will want clinicians to have relevant representation. BFC agreed that the project team should do as much of the work as possible to make creating and complying easier for clinicians; for example a list of differences in formularies to do to GP prescribing group. Important to have prior information and not be pushed though before relevant clinicians have had a chance to review and approve. | BFC Noted<br>Request presentation at SMSC meeting; PN, LL, AW to also attend. | KW to SMSC | 25/02/21 |
| 8.2 | Guide to the soft launch of Lothian Formulary discussed in item 8.1 | BFC Noted | | |
| **9** | **Other Items for Approval** | | | |
| 9.1 | **Guanfacine** previously approved as NMA by BFC after regular NFRs; Dr Fellick to create shared care protocol. Guanfacine has been included in the shared care protocol for ADHD. GP representative commented that patient would have to be stable on treatment before transfer to shared care protocol; CAMS team to be responsible for initial measure and initial monitoring to be included. This to be discussed with service, draft to be updated and to come back to BFC or ADTC meeting when ready for approval. | For additional update ADTC agenda | LL | 24/03/21 |
| **10** | **For Information and Noting** | | | |
| 10.1 | CMO letter about recommendations on the use of colchicine in the management of covid-19 (SARS-CoV-2) positive patients. | BFC Noted | AW | |
| 10.2 | Anticoagulation Committee meeting minute – 29th January 2021. Noted from minute – guidance for use of Andexanet alfa minor amendments approved; item 3 discussion of Dabigatran as 7.1 | BFC Noted | LL | |

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| 10.3 | Wound Formulary Group – next meeting May 2021 | | | |
| 10.4 | Tissue Viability Group – no recent meeting | | | |
| 10.5 | IV Therapy Group – next meeting 10th March 2021 | | | |
| 10.6 | Lothian Formulary Committee meeting minutes – 16th December 2020 and 20th January 2021 | BFC Noted | LL | |
| **11** | **A.O.C.B. –** | | | |
| 11.1 | None | | | |
| Next Meeting: **Wednesday 28th April 2021 at 12:30 via Microsoft Teams**<br>Items for next meeting: BFC Annual Report 2020-21 | | | | |