



**MEETING OF THE BORDERS FORMULARY COMMITTEE HELD  
ON WEDNESDAY 28<sup>th</sup> APRIL 2021 @ 12:30pm via MICROSOFT TEAMS**

**MINUTE**

**Present:** Alison Wilson (Director of Pharmacy - Chair); Liz Leitch (Formulary Pharmacist); Dr Paul Neary (Cardiology Consultant); Keith Maclure, Lead Pharmacist; Gillian Donaldson (Lead Cardiac Specialist Nurse); Dr Charlotte Squires (Registrar; Junior Doctor Rep); Dr Michael McDermott (ST3 - Junior Doctors Changeover); Fiona Grant (Principal Physiotherapist); Kate Warner (Minute Secretary)

**Guest:** Dr Elliot Longworth (GP) deputising for Dr Nicola Henderson

1. **Apologies:** Dr Nicola Henderson (GP); Cathryn Park (Lead Clinical Pharmacist)

Item No.	Situation	Background	Assessment	Recommendation	Person Responsible	Timescale
2	<b>Welcome and any declarations of interest:</b> - none Welcome to new member Gillian Donaldson; Lead Cardiac Specialist Nurse					
3	Minute from BFC meeting 24 <sup>th</sup> February 2021 was approved as an accurate record of the meeting.			Update and upload to internet	KW	03/05/21
4	<b>Matters Arising From Previous Minute:</b>					
a)	Dabigatran – KMacl discussing at PCPG today; 5-6 patients and can be flagged with individual practices. Dabigatran removed from formulary as the alternative safer DOACs Apixaban and Edoxaban are on formulary.					
b)	Guanfacine at item 9.1.					
5	<b>New Medicine Applications &amp; Non Formulary Requests:</b>					
a)	<b>NMA Dapagliflozin (Forxiga)</b> Applicant: Dr P Neary; Clinical Director: Dr J O'Donnell; Indication: Treatment of symptomatic chronic heart failure with reduced ejection fraction; Generic Name: Dapagliflozin; Brand Name: Forxiga; Dosage: 10mg daily; Cost: included in application; Number of patients in first year: 50+; SMC approved drug for Type 2 diabetes and patients with heart conditions. Randomised, multi-centre clinical trial; outlined the findings of this along with risk reduction and outcomes for patients highlighted. There had been unanimous support from trial in the right cohort of patients. Polypharmacy discussed –			BFC Approved: For Specialist Initiation, with on-going prescribing in general practice (Category C) Letter to applicant	KW	04/05/21

	Dapagliflozin would be additional to other HF medication. Use in diabetes patients discussed who may have had issues with UTI using these drugs – safety data reviewed - listed those mentioned – no specific UTI but this would always be an increased risk for all diabetic patients with increase blood sugars in urine. Data as good safety profile. GP agreed with on-going prescribing in practice.			
b)	<b>NMA Pentosan polysulfate sodium (Elmiron)</b> Applicant: A Alhasso; Clinical Director: Martin Berlanski; Indication: Bladder pain syndrome; Generic Name: Pentosan polysulfate sodium; Brand Name: Elmiron; Dosage: 100mg x 3 times daily; Cost: included in application; Number of patients in first year: 10; Projected increase in patients: most likely. From urology team; application is in line with SMC advice; outlined likely benefits for this only licensed medication for indication. Four key studies randomised double blind; outcome improved response rate and significant benefit. Safety concerns summarised and drug considered well tolerated; regular ophthalmic check-ups recommended as there is a rare side effect that can occur and needs to be monitored. Specialists initiating PPS to ensure this information is shared with GP. Any patients commenced should have plan for ophthalmic appointments to check this regularly. Ensure GPs prescribing are aware of the need to have regular ophthalmology appointments. Orphan equivalent medicine; numbers seem high for patients and BFC asked for this to be checked with applicant. Discussed that Bladder Bowel & Pelvic Floor service would refer to specialist urologist team. GPs may not have come across and BFC agreed that drug should stay within specialist prescribing. BFC did not approve for Category C and changed to Category B – specialist use only. There should be more experience of drug before GPs can pick up prescribing. KMacI commented that there is a process in place to add Specialist prescribed medicines to patient records and any issues with this process – please let KMacI know and these can be rectified.	BFC Approved: Change to Specialist Use Only (Category B) Letter to applicant – check numbers with Mr AA high at 10 Note change of category and reason.	KW	04/05/21
c)	<b>NMA Certolizumab pegol (Cimzia)</b> Applicant: Dr Patricia M Gordon, Consultant Dermatologist; Clinical Director: Dr Esmond Carr; Indication: Treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy; SMC restriction: patients who have: failed to respond to standard systemic therapies (including ciclosporin, methotrexate and phototherapy); are intolerant to, or have a contraindication to these treatments; Generic Name: Certolizumab pegol; Brand Name: Cimzia; Dosage: see application attached; Cost: included in application; Number of patients in first year: 2; Projected increase in patients: yes as use of biologics use increases year on year. Supplied through homecare; costs discussed in line with other second line drugs; benefits over existing outlined and patients whom it may be safer for. No shared care; monitoring would be standard that dermatology team have for other biologic medicines; blood tests may be required in primary care. SMC advice; trial information and safety consistent in line with other TNFs. Patient selection – prime use first line option women planning to become pregnant or during pregnancy; BAD guidelines outlined and SPC guidelines.	BFC Approved : For Specialist Use Only (Category B) Letter to applicant	KW	04/05/21
d)	<b>NRF Coloplast</b> was discussed; minute and decision letter in NFR folders.	Letter to applicant	KW	29/04/21

e)	<b>NFR Cipralex (Escitalopram)</b> was discussed; minute and decision letter in NFR folders.	Letter to applicant Update Drug Approval Process Flowchart	KW KW/LL	29/04/21 30/05/21
f)	<b>NFR Cefiderocol</b> was discussed; minute and decision letter in NFR folders.	Letter to applicant	KW	29/04/21
g)	<b>NFR Tranylcypromine</b> was discussed; minute and decision letter in NFR folders.	Letter sent 30/03/21		
6	<b>Scottish Medicines Consortium (SMC) Decisions</b>			
6.1	SMC – PN provided an update on recent decisions.	BFC Noted		
6.2	SMC decisions April 2020 - March 2021 – updated to February 2021. There are a number of SMC approved medicines with clinical teams but no further applications at this time.	BFC Noted		
6.3	SMC Decisions April 2021	BFC Noted		
7	<b>Borders Joint Formulary:</b>			
7.1	Eye Section of BJF – updates highlighted and outlined for BFC; alternatives and amendments. A thorough review of the formulary has been made. Update will be circulated for EMIS formulary. This information will go to Area Ophthalmology Committee and opticians for formulary reminder.	BFC Approved  Update to AOC	  KMacI	  30/05/21
8	<b>East Region Formulary:</b>			
8.1	BFC reviewed an SBAR to summarise impact of development and introduction of East Region Formulary on NHS Borders. This is a replacement to Single National Formulary and will be the first regional formulary to be developed. The team and the phases of the project was outlined; every section will be reviewed with input from three different Boards and formulary pharmacists are being assigned sections to chair the review groups. There will be working groups as outlined in the SBAR. Membership of local committees will be moved to regional committee but with discussion on awaited timescales. BFC asked how Non Formulary Requests will be managed as new processes might delay treatment for patients when we have a good turnaround time for urgent requests locally. This would be a clinical risk if regionally this process took longer. Also do we put our own formulary review meetings on hold now? Projects for efficiencies – how will the regional formulary affect this locally and hold up work we may wish to do now? New medicines applications are mostly in line with SMC guidance and could be dealt with regionally. BFC agreed that they should commit to joining a committee or chapter group and it was suggested that in future this group should continue to meet twice annually and review NFRs by email and ratify at meetings. At moment BFC will continue as usual. AW/LL received positive response to ERF presentation from clinicians present at Senior Medical Staff Committee meeting. ERF project team are funded for further 18 months and will be moving forward with chapter reviews over the coming year.	BFC Noted the SBAR and agreed to commit to being involved with new committee and chapter reviews. Ask ERF about access to new medicines and NFRs. To update BFC.	LL/AW	15/06/21
8.2	Update on East Regional Formulary progress; update from any discussions at East DoPs Group meeting.	BFC Noted		
8.3	East Regional Formulary – Governance paper	BFC Noted		

8.4	Lothian Formulary App available link to download the app included in this short news article on the formulary website <a href="https://formulary.nhs.scot/east/help-and-support/updates/2021-2022/launch-of-new-formulary-mobile-app/">https://formulary.nhs.scot/east/help-and-support/updates/2021-2022/launch-of-new-formulary-mobile-app/</a> If searching for the app directly it is called 'NHS Scotland Formulary'	BFC Noted	AW	
<b>9</b>	<b>Other Items for Approval</b>			
9.1	NHS Borders has been asked to participate in the EVIDENCE research study which has been designed as a cluster randomised evaluation of hypertension prescribing policy. Participating GP practices would be randomised to either prescribing Bendroflumethiazide or Indapamide to hypertension patients. KMacI outlined research governance documentation and queries around evidence research for this study and BFC noted that moving patients to new treatments could have no benefit and/or cost implications. Request has come from university and this was discussed along with other studies done in the past which had provided everything required and at end practice only had to take on prescribing; this does not appear to be same. Past drug trial prescribing was discussed; the paper was reviewed and what was hoped to be achieved. BFC agreed that this was not novel, that there did not appear to be a primary outcome and there was no data to support used products over others available. BFC agreed not to support as the trial does not have any particular benefit to patients and outcomes are unclear.	BFC did not approve and do not support the trial. Letter to applicant	KW	04/05/21
9.2	ADHD updated Shared Care Protocol has been updated - amendments made from previous discussion were highlighted. BFC asked for "treatment in children" to be added to title to make clearer. BFC are approving clinical document and recommending. Psychiatry will need to take to Clinical Interface; Dr A Cotton is aware of this.	BFC Approved With change to title as noted F/w to A Cotton	KW	03/05/21
9.3	NHS Borders Guideline for the in-hospital drug treatment of convulsive status epilepticus in adults. Update on secondary care treatment based on Lothian guideline. Outlined changes and inclusions for BFC; approved for update to intranet after MM and CS have reviewed and any comments updated.	BFC Approved	LL/KW LL	30/05/21
9.4	BFC Annual Report - 2020-2021 for internet and add to Pharmacy Annual Report.	BFC Approved	KW	10/05/21
<b>10</b>	<b>For Information and Noting</b>			
10.1	Letter from Prof A Strath, Interim Chief Pharmaceutical Officer - review of the NHS Pharmacy First Scotland Approved List. Also attached collated feedback from Borders Pharmacy Contractors.	BFC Noted		
10.2	Chloramphenicol eye drops 0.5% update – very recent information and change to be sent Board wide and include GPs. It has been forwarded to Community Pharmacists.	Update in prescribing bulletin.	KMacI/ AMack	05/05/21
10.3	Recent announcement of the interim results from the National Institute for Health Research (NIHR) supported PRINCIPLE trial shows that inhaled budesonide (typically used and licensed in the management of asthma) can reduce the recovery time for COVID-19 positive patients being managed within primary care. This is the first COVID-19 treatment for use in the UK within a community setting.	Add to BFC June agenda – Matters Arising	KW	15/06/21
10.4	Anticoagulation Committee meeting minute – no recent meeting			

10.5	Wound Formulary Group – no recent meeting			
10.6	Tissue Viability Group – no recent meeting			
10.7	IV Therapy Group – no recent meeting			
10.8	Lothian Formulary Committee meeting minutes – 3 <sup>rd</sup> March 2021	BFC Noted		
<b>11</b>	<b>A.O.C.B. –</b>			
11.1	None			
Next Meeting: <b>Wednesday 23<sup>rd</sup> June 2021 at 12:30 via Microsoft Teams</b>				