



**MEETING OF THE BORDERS FORMULARY COMMITTEE  
HELD ON WEDNESDAY 23<sup>rd</sup> JUNE 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 Nicola Henderson (GP); Rhona Morrison (Lead Medicines Governance); Kate Warner (Minute Secretary)

**Guests:** Ann O'Connor, Advanced Practice Dietician; Adrian Mackenzie (Lead Pharmacist – Community Pharmacy) for item 5.1

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

Item No.	Situation ; Background ; Assessment	Recommendation / Action	Lead	Timescale
<b>2</b>	<b>Welcome and any declarations of interest:</b> - None AW welcomed attendees to the meeting. Unfortunately this would have been CS last meeting as she will rotate before the next meeting. CS sent thanks to the committee and has found it a good experience. AW thanked CS for her time and input on the committee and wished her well in the future.	Letter from BFC thanking CS	AW	28/06/21
<b>3</b>	Minute from BFC meeting 28 <sup>th</sup> April 2021 was read and approved as an accurate record of the meeting.	Upload to internet	KW	24/06/21
<b>4</b>	<b>Matters Arising From Previous Minute:</b>			
4.1	Question regarding number of patients for PPS (Elmiron); Dr A Alhasso replied to regarding number of patients.	BFC noted this response		
4.2	Guanfacine SCA this has not been finally approved – Clinical Interface Group are discussing before the agreed process can be finalised.	Add to August agenda	KW	
4.3	East Region Formulary – previous meeting raised a question about the process for decisions with new medicines and non-formulary requests. LL reported that drugs approved through SMC and approval process across the three Boards specialist teams for new medicines application will differ to some extent to local one we have now. No decision on process for	BFC noted this update		

	NFRs; hoping the tight control we have can be maintained.			
4.4	Inhaled budesonide (typically used and licensed in the management of asthma) to reduce the recovery time for COVID-19 positive patients being managed within primary care was not discussed at April meeting due to time constraint. BFC discussed the information available, there has been no update to the guidance, and agreed to wait for further update and guidance.	BFC noted this update		
<b>5</b>	<b>New Medicine Applications &amp; Non Formulary Requests:</b>			
5.1	<b>NMA Naloxone (Nyxoid)</b> Applicant: Adrian Mackenzie; Clinical Director: Dr James Tidder; Budget Holder: Fiona Doig; Indication: Nyxoid is intended for immediate administration as emergency therapy for known or suspected opioid overdose as manifested by respiratory and/or central nervous system depression in both non-medical and healthcare settings.; Generic Name: Naloxone; Brand Name: Nyxoid; Dosage: Adults and adolescents aged 14 years and over. The recommended dose is 1.8 mg administered into one nostril (one nasal spray). See application for additional details; Cost: included in application; Number of patients in first year: 30 supplies; Projected increase in patients: increase not anticipated AMack attended BFC to speak to this application for treatment to be second choice to another approved, injectable Naloxone specifically for NHS Scotland program to reduce drug related deaths and to increase availability of Naloxone in certain locations in order to reduce overdose. This nasal spray would be second choice and only used where injectable would not be tolerated or acceptable, for example Police Scotland carries nasal spray. Evidence for injectable is better and more cost efficient. ADP only supports as second choice and would not routinely offer nasal spray. Can be supplied without prescription where drugs services are making supply, and under PGD; all through addictions service to ensure monitoring of supply, follow up of patients and monitoring outcomes. As some are non-specialist services the application is made for General Use Category A. For training, a checklist ensures patients know how to administer basic life support, call emergency services, the need for follow up and in administering injectable or nasal. Borders Addiction Service and We Are With You train staff in assessing patients and treating using both injectable and nasal preparations.	BFC Approved: For General Use – Hospital and General Practice (Category A) Second line as notes Letter to applicant	KW	28/06/21
5.2	<b>NMA Sodium zirconium cyclosilicate (Lokelma)</b> Applicant: Dr O Herlihy; Clinical Director: Dr J Manning; Indication: Treatment of hyperkalaemia in adult patients. SMC restriction included in application; Generic Name: Sodium zirconium cyclosilicate; Brand Name: Lokelma; Dosage: see application; Cost: included in application; Number of patients in first year: 5-10; Projected increase in patients: unlikely. Application comes from the diabetes team in conjunction with renal team. SMC restriction was highlighted and application outlined with summary of evidence and trials presented. Safety concerns were noted and benefits reviewed. BFC discussed application for use and agreed that this should be for specialist use, through diabetes and renal team only. There is no shared care protocol from Lothian and monitoring would be specialist team. GPs would not be prescribing for or monitoring patients.	BFC Approved in line with the SMC restriction For Specialist Use only (Category B) (not as requested) For small number of patients noted in application. Letter to applicant	KW	28/06/21
5.3	<b>NRF Psyllium Husk</b> was discussed; minute and decision letter in NFR folders.	Letter to applicant	KW	28/06/21

		Move to NRF folder	KW	
5.4	<b>NFR Colobreathe</b> was discussed; minute and decision letter in NRF folders.	Letter to applicant Move to NRF folder	KW KW	28/06/21
<b>6</b>	<b>Scottish Medicines Consortium (SMC) Decisions</b>			
6.1	PN attended the May SMC meeting. Three drugs reviewed in detail – Atezolizumab was accepted for use; Tafamidis was not accepted due to cost and data presented; and Bempedoic acid was accepted for a new indication. More details available in SMC Decisions June.	BFC noted this update		
6.2	SMC Decisions April and May 2021	BFC noted this update		
6.3	PASAG - Paediatric Licence Extensions; BFC discussed and agreed that the paediatric extensions should be emailed by Formulary Pharmacist to relevant clinicians to review for approval for use in Borders and a link to be added into our SMC decisions document.	BFC noted this update		
<b>7</b>	<b>Borders Joint Formulary:</b>			
7.1	BFC discussed the addition of Citalopram to the Borders Joint Formulary as part of the new Treatment of Depression Pathway approved at ADTC May 2021. Choices have changed and LL outlined those along with discussions with consultant and pharmacist. Initial reasons for removing Citalopram from the formulary were discussed and it was agreed by BFC that first choices should remain as they are with Citalopram included as second choice, as document covers caution required and identified patient groups. BFC heard that evidence for efficacy is strong and the drug is well tolerated. Duloxetine removed from second choice options; Mirtazepine to move from first to second choice option. GP collective are aware of issues and PN offered support and advice where required for any queries on antipsychotic drugs and QT intervals.	BFC Approved Email to applicant	KW	28/06/21
7.2	LL reviewed an update on Borders Joint Formulary. After on-going issues with software and app suppliers and losing web development support for the formulary in Borders, the BJF has been reformatted into searchable PDF chapters which will be replacing the BJF current web presence. This will ensure it can be kept up to date in a timely manner with no requirement for HTML coding and will be a good temporary solution until we have access to the ERF. We can replace our chapters with East Region ones as they become approved by us.	BFC approved this approach to formulary update		
<b>8</b>	<b>East Region Formulary:</b>			
8.1	LL updated BFC on the East Region Formulary progress – discussion regarding governance is progressing now; there are no dates set as yet for chapter groups and LL has asked for rough estimate and break-down of groups to enable her to discuss further with clinicians in Borders and ensure we have representation across all groups where appropriate. Will be looking for GP representatives with interest in specialist areas and prescribing support team to be included in this.	LL to attend PST meeting to update pharmacists	LL/KMacI	28/07/21 meeting
8.2	Plans to enrol GP/Pharmacists in Chapter Expert Working Groups was discussed in previous item; invitations to be sent as soon as more details are available. LL/AW attending GP Sub Group and Pharmacist meetings to update on ERF.	BFC noted this update		

<b>9</b>	<b>Other Items for Approval</b>			
9.1	BFC reviewed the decision making process of non-formulary requests. It was agreed that it would be efficient to reduce the number of NFRs which require to be reviewed by BFC members by email or at meetings. BFC members would be asked to review the following categories: requests for new unlicensed/off label use of a NF medication; NFRs where there is limited clinical evidence; NFRs for high cost items. Other NFRs will be reviewed by LL as Formulary Pharmacist, with support from KMacI as Lead Pharmacist Medicines Utilisation and Planning, and any GP input if required, with the decision noted at next BFC meeting.	BFC Approved		
<b>10</b>	<b>For Information and Noting</b>			
10.1	Anticoagulation Committee meeting minute – no recent meeting			
10.2	Wound Formulary Group - Action Note from meeting held 27 <sup>th</sup> May 2021	BFC noted		
10.3	Tissue Viability Group – no recent meeting			
10.4	IV Therapy Group notes from meeting held 12 <sup>th</sup> May 2021. RM updated BFC on the improvement work on-going in BGH to ensure prescribing fluids are on correct charts; Datix reports; new Medicines Management Group being set up and Antimicrobial will feed into; Inotropes, previously made up in ITU, now being made up in emergency department for their own use and working with ED to develop charts for this. No patient safety issues to report.	BFC noted this update		
10.5	Lothian Formulary Committee meeting minutes – 28 <sup>th</sup> April and 26 <sup>th</sup> May 2021	BFC noted		
<b>11</b>	<b>A.O.C.B. None</b>			
Next Meeting: <b>Wednesday 25<sup>th</sup> August 2021 at 12:30 via Microsoft Teams</b>				