MEETING OF THE BORDERS FORMULARY COMMITTEE HELD ON WEDNESDAY 25th AUGUST 2021 @ 12:30pm via MICROSOFT TEAMS

MINUTE

Present: Alison Wilson (AW) (Chair); Liz Leitch (LL); Dr Paul Neary (PN); Fiona Grant (FG); Keith Maclure (KMacl); Dr Nicola Henderson (NH)

1. **Apologies:** Rhona Morrison; Gillian Donaldson

Item No.	Situation ; Background ; Assessment	Recommendation	Person Responsible	Timescale
2	**Welcome and any declarations of interest: -** None Alison welcomed attendees to the meeting. PN volunteered to find another one or two representatives from the new intake of junior doctors.			
3	Minute from BFC meeting 23rd June 2021 was approved for accuracy with no changes.	Upload to internet	KW	24 hours
4	**Matters Arising From Previous Minute:**			
4.1	A presentation to Primary Care team on the East Regional Formulary, requested at previous BFC meeting, had not been possible and it was agreed that the update should be sent by email.	Update on ERF by email	LL/KMacl	27/08/21
4.2	SCA Guanfacine – there is no current update available; AW outlined reasons for this and will follow up with Dr McCallum and Dr Mollart.	October Agenda	AW/KW	19/10/21
5	**New Medicine Applications & Non Formulary Requests:**			
5.1	**NMA Baricitinib (Olumiant)** Applicant: Helen McKendrick; Clinical Director: Dr Esmond Carr; Indication: Treatment of moderate to severe atopic dermatitis in adult patients who are candidates for systemic therapy. SMC restriction: treatment of moderate to severe atopic dermatitis in adult patients who are candidates for systemic therapy who have failed at least one current systemic immunosuppressant due to intolerance, contraindication or inadequate disease control; Generic Name: Baricitinib; Brand Name: Olumiant; Dosage: see application for dosage recommendations; Cost: included in application; Number of patients in first year: 9; Projected increase in patients: likely to increase. Application was reviewed and clinical evidence and trial outcomes outlined. Safety and aspects are consistent with use with other indication; any for dermatology were outlined. SMC approved and costs discussed; compared	BFC Approved For Specialist Use Only (Category B) Letter to applicant	KW	26/08/21

	with sub cut preparation currently in use and cost effectiveness based on NICE and SMC information,. Oral treatment provides further option for patients. Oral treatment and compliance discussed. Formulary position placement was highlighted. Specialist use only and no shared care protocol required; will be delivered through Homecare.			
5.2	**NMA Paraffin-Free Ointment (Epimax)** Applicant: Helen McKendrick; Clinical Director: Dr Esmond Carr; Indication: Paraffin-free emollient for intensive rehydration of dry skin conditions such as psoriasis and eczema. Can be used as a moisturiser, bath additive, soap substitute or in wet wrap techniques; Generic Name: Paraffin-Free ointment; Brand Name: Epimax; Dosage: as required; Cost: included in application; Number of patients in first year: as per Epaderm prescriptions if replacing; Projected increase in patients: Yes but with corresponding reduction in use of other emollients. BFC discussed this paraffin free ointment which has been sourced as a safer alternative for patients who smoke or who are using oxygen therapy. Apart from paraffin-free the product is similar to other preparations. Cost effectiveness was discussed and approved and, if effective and well tolerated, could be rolled out to all patients. ERF have recently discussed dermatology products but BFC felt that this product should be included for patient safety and useful for a specific patient group. Removing another product from the formulary was discussed and it was agreed that this should wait till after the section has been reviewed by the ERF chapter expert groups. It was commented that ScriptSwitch should be set up to ensure that the correct product is given and prescribers must specifically state paraffin-free.	BFC Approved For general use - hospital and general practice (Category A) Letter to applicant KMacl offered his services to future applicants to look at costs and savings.	KW	26/08/21
5.3	**NMA Guselkumab (Tremfya)** Applicant: Dr Adrian Tan; Dr Ruth Richmond (approved by email); Clinical Director: Dr G Dall (by email and questions answered); Indication: Alone or in combination with methotrexate (MTX) for the treatment of active psoriatic arthritis in adult patients who have had an inadequate response or who have been intolerant to a prior disease-modifying antirheumatic drug (DMARD) therapy. SMC restriction: (i) patients whose disease has not responded adequately or who have been intolerant to two previous conventional disease-modifying antirheumatic drug (DMARD) therapies but have not received biologic DMARD therapy (biologic-naïve population); (ii) patients whose disease has not responded adequately to conventional DMARDs and one or more tumour necrosis factor (TNF) inhibitors (biologic-experienced population); and (iii) patients in whom TNF inhibitors are contraindicated or not tolerated; Generic Name: Guselkumab; Brand Name: Tremfya; Dosage: see application; Cost: included in application; Number of patients in first year: 10; Projected increase in patients: depending on clinical experience and patient feedback/response. BFC discussed this pre-filled syringe sub cut injection and the SMC restrictions outlined; outcomes reviewed along with safety profile and expected side effects; benefits highlighted from application. Second line biologic is requested for Formulary position; Specialist use only, with shared care protocol not required. BFC discussed the requirement for cost effectiveness and savings to be included as this was not included in the application. BFC questioned if there should be a review of current formulary products and where this would be positioned and also if monitoring would be	BFC did NOT Approve for Specialist Use Only (Category B) Letter to applicant Questions outlined to be put to applicant for further review by BFC – cost effectiveness; position on Formulary; other products and monitoring required – add to letter	KW PN	26/08/21

	required. It was commented that in Borders we do not have the capacity of specialist pharmacists who can work with services to complete the information required. PN agreed to discuss costs and cost effectiveness with applicant.			
5.4	**NFR Pyllium Husk** decision made July 2021 was tabled for noting.	BFC Noted		
6	**Scottish Medicines Consortium (SMC) Decisions**			
6.1	SMC – PN commented on rheumatology and cancer drug application and that it is often challenging when there is poor quality data provided.	BFC Noted		
6.2	SMC Decisions updated (June) and to update after meeting (July) 2021. New SMC approved cholesterol drugs have not been applied for and LL agreed to remind the service.	BFC Noted Contact JO'D	 LL	 01/10/21
6.3	PASAG - Paediatric Licence Extensions	BFC Noted		
7	**Borders Joint Formulary:**			
7.1	New Location BJF link to new formulary page on public website – separate PDFs for each chapter of Formulary; with full Formulary PDF for drug name searches.	BFC Noted		
8	**East Region Formulary:**			
8.1	AW updated BFC on a recent East Region meeting discussing direction of travel and monthly meetings planned to ensure formulary business as usual and pick up any issues that arise through the chapter expert groups. Funding from Scottish Government is in place to continue project support after original deadline of June 2022. BFC discussed the initial meetings attended and BFC members shared experiences and thoughts on those. First meetings have been Skin and GI with LL chairing the Infections meeting next week; chapter meetings are weekly. Concern was expressed for drugs being removed in future after considered work involved in selecting locally and ensuring the best and most cost effective choices for Borders patients. Commented on the approach of selections based on drug being on two of the three formularies and not reviewing why the other may not choose to have this on formulary. Population demographics of Boards and the influence on regional variations was picked up which may be something smaller Boards are more familiar with. Comment that it was unclear if the aim was to have the best formulary or a compromise and it was felt that achieving a good regional formulary will be more difficult and more time consuming than anticipated. PN expressed interest in involvement in Cardiology group – this has been noted and meeting should be around October/November. Lack of members for Paediatric groups from all Boards. GP involvement was agreed to be important and the aim would be to have a GP representative on every chapter group and this may not be possible for NH and EL to do alone; the presentation went well at GP Sub Group meeting but so far there have been no applications. Some GPs had expressed interest in being involved in certain sections but have not come through yet – check the email has been forwarded to GPs? BFC agreed that it is important for Borders to be represented across all the Chapter Expert Working Groups.	Follow up on GP applications to join Chapter Groups through GP Sub Group Contact GPs directly Discuss GP involvement with Chair of GP Sub Group; Dr Buchan	LL LL AW	30/08/21 30/09/21 30/09/21
9	**Other Items for Approval**			
9.1	Protocol - Dalteparin to Prevent Clotting in the Extracorporeal Circuit during Haemodialysis,	BFC Approved		

	produced by the NHS Lothian Dialysis team was discussed for use in NHS Borders as there may be possible Tinzaparin shortages in future. Includes background, clear information on dosage and adjustment and any issues arising. BFC approved use of protocol which should be updated for Borders with reference to Edinburgh Royal Renal team as authors and their permission to use.	Update for Borders and publish For noting to Anti Coagulation Committee	KW / LL LL	31/08/21 27/10/21
10	**For Information and Noting**			
10.1	UK CMO letter and rapid policy statement, which extends eligibility for palivizumab beyond the guidance issued by the Joint Committee on Vaccination and Immunisation (JCVI), specifically in the context of the COVID-19 pandemic, has now been updated to accommodate the atypical current seasonal pattern of infection and increase the maximum number of doses from five to seven for action as highlighted in the covering letter.	BFC Noted		
10.2	Anticoagulation Committee meeting minute – no recent meeting			
10.3	Wound Formulary Group - next meeting 26th August 2021			
10.4	Tissue Viability Group – no recent meeting			
10.5	IV Therapy Group – next meeting 8th September 2021			
10.6	Lothian Formulary Committee meeting minutes – 23rd June 2021	BFC Noted		
11	**A.O.C.B. –**			
11.1	None			
Next Meeting: **Wednesday 27th October 2021 at 12:30 via Microsoft Teams** Items for next meeting: AW on annual leave for October meeting; KMacl to chair.				