MEETING OF THE BORDERS FORMULARY COMMITTEE HELD ON WEDNESDAY 10th JUNE 2020 @ 12:30pm via MICROSOFT TEAMS

MINUTE

Present: Alison Wilson (Director of Pharmacy - Chair); Liz Leitch (Formulary Pharmacist); Keith Maclure (Lead Pharmacist); Dr Amy Campbell (ST4 – Junior Doctor Rep); Dr Nicola Henderson (GP); Kate Warner (Minute Secretary)

Guest: Dr Jeremy Fellick (Consultant Paediatrician) (JF) for Item 4.1 and 5(a) at 12:30

1. Apologies: Dr Paul Neary (Cardiology Consultant) – sent minute after meeting for comments and approval; Cathryn Park (Lead clinical Pharmacist)

Item No.	Situation ; Background ; Assessment	Recommendation	Person Responsible	Timescale
2	**Welcome and any declarations of interest: -** None			
3	BFC draft minute from meeting held 12th February 2020 was read and approved as an accurate record of the meeting with no changes.	Any necessary amendments to be made; ready for upload to web	KW	24 hours
4	**Matters Arising From Previous Minute:**			
4.1	Guanfacine Report – Dr Fellick (JF) attended BFC to discuss the patient feedback on all Guanfacine paediatric patients to date. BFC had previously reviewed Guanfacine as a new medicines application but had refused as there were reservations about the side effect profile. At this time, it was agreed that applications for use would come to the committee as Non Formulary Requests and be approved on an individual basis. Recently there have been a number of applications and BFC had decided that they should review feedback and reconsider as a formulary addition. JF had summarised all patients and this information had been made available to the committee. JF spoke to the paper and reflected that he has been using Guanfacine at NHS Borders for around two years and before that in a previous post. He has always been aware of the side effect profile and it was been firmly third line treatment. Some	BFC Approved Guanfacine to be accepted as New Medicines Application for specialist use only and included on formulary as third choice.	Dr Jeremy Fellick LL KW	

	patients are stopped due to side effects and this could be seen in the supporting paper. Other patients have seen good benefit and continue with the medication. Some of the other medications may have had bad side effects for patients and JF felt that Guanfacine has its place. NH commented that there was only one application declined by BFC in past which was for adult and other than that paediatric colleagues used as third line. JF said that approval was granted by NICE in 2019 and that when SIGN is updated it will be included. He reassured the committee that Guanfacine would be used cautiously and infrequently by CAHMS and being able to use without non formulary request applications would be better for the service. LL commented on the mixed responses in the summary – a number of patients had done significantly well and there was no evidence of the cardiac side effects that BFC had originally been concerned about. LL felt that there was enough patients benefitting from Guanfacine to add to the formulary as third choice. JF has no experience of use in adult patients and NH asked if adult patients should be exempt from the formulary addition. BFC agreed that the application would be for CAHMS use only as specialist use only. The licensed application and SMC advice only covers paediatric use. Adult use should continue to be via the non formulary request route. KMacl asked about a recent request for prescription for Borders patient from an ADHD clinic in Glasgow. JF did know about this clinic and had spoken to them about this in the past – JF felt that local assessment must be done and this ADHD clinic should not initiate treatment. KMacl will contact the surgery. It was agreed that Borders patients have a local service and they should come through that for assessment and treatment.			
5	**New Medicine Applications & Non Formulary Requests:**			
a)	NFR Guanfacine was tabled but was not discussed as this is now included on Borders Joint Formulary (item 4.1)			
b)	**NMA Ustekinumab** Applicant: Dr Chris Evans; Clinical Director: Dr J Manning; Indication: Treatment of adult patients with moderately to severe active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a biologic or have medical contraindications to such therapies.; Generic Name: Ustekinumab; Brand Name: Stelera; Dosage: Single intravenous dose based on body weight – see application for administration.; Cost: included in application; Cost/QUALY is in SMC advice - neutral; Number of patients in first year: 2 – 5*;* Projected increase in patients: slowly. LL talked through this application which is in line with SMC criteria. First infusion is prepared in pharmacy Aseptics; the initial dose as an infusion and follow up pre filled subcut route with majority of patients self administering. There are patients using this drug for Crohn's Disease indication. BFC discussed costs and agreed that no other product will be removed from formulary – this to be second or third line. Shared care protocol will be required for monitoring full blood count. This monitoring would be through secondary care – occasionally through primary care. LL talked through the SMC advice for the committee. Aim of treatment and the benefits were outlined along with side effects. BFC agreed that the application was reasonable	BFC Approved for Specialist Use Only Category PN to comment Letter to applicant Shared care protocol work through with GP if required.	 PN KW LL	 17.06.20 30.06.20

	and in line with SMC advice. NH commented that a Shared Care Protocol, if required, would need to be worked through with GPs first. PN approved by email.			
c)	**NMA Fampridine (Fampyra)** Applicant: Dr David Simpson; Clinical Director: Dr J O'Donnell; Indication: For the improvement of walking in patients with multiple sclerosis with walking disability (EDSS expanded disability status scale 4-7); Generic Name: Fampridine; Brand Name: Fampyra Dosage: 10mg twice daily; taken 12 hours apart; restricted to prescription and supervision by physicians experienced in the management of MS.; Cost: discussed in application; Number of patients in first year: max 10; there is eligibility criteria; Projected increase in patients: depends if of real functional benefit. LL talked through this oral treatment application for a niche indication; cost was outlined from the SMC advice. It is understood that the local team have had some reservations; however the drug company has been active in promoting which has resulted in queries from patients. Patients would be reviewed on a monthly basis and if response poor/otherwise reviewed again. PN may be able to comment on SMC discussion. LL outlined the trial and study information available; safety and side effects were noted; costs and qualy reviewed. This is a new indication – no drug to be removed from formulary. Treatment will be stopped if no clear benefit after review. Monitoring renal function would be required and there is a request for primary care to take this on for the small number of patients. NH welcomed the pragmatic approach being taken, and said GPs would need shared care protocol for GP monitoring. Request in line with SMC approval and robust review in place and BFC approved. PN commented (by email) that he felt the end point chosen for the trials was quite arbitrary and was chosen as being measurable, rather than being clinically meaningful and from recollection, he had not been supportive. However, if the neurology team feel that the effect is clinically meaningful, he is happy with the proposed plan.	For Approval for : Specialist Use Only Category Letter to applicant Shared Care protocol required	 KW LL	 17.06.20 30.06.20
6	**Scottish Medicines Consortium (SMC) Decisions**			
6.1	SMC Update from Dr Paul Neary – no SMC meetings during covid19 period.			
6.2	February and March 2020 SMC decisions. Cancer drugs listed are awaiting the next Lothian formulary committee meeting on 1st July.	BFC Noted To update	 LL	 31.07.20
7	**Borders Joint Formulary Updates:**			
7.1	Formulary Amendment - Dr Irvine from Paediatrics and Hazel Gueldner, Specialist Pharmacist in this area, updated Sytron brand to change to Sodifer brand. The brand switch has a cost saving associated.	BFC Approved		
7.2	SBAR to reflect change from Nizatadine to Famotidine – LL explained that colleagues in BGH had acquired a supply of Famotidine and prescribers were using as H2 antagonist available. Prescribing Support Team had emailed to advise that this was not helpful as they were unable to source Famotidine. LL was keen that secondary and primary care work together to ensure the correct information is available and apologised for any confusion. Temporary local stock issues and limited availability in community was discussed along with the differences in pharmacies being able and willing to source and swop stock. This is a dynamic and	BFC Noted AW asked KMacl to re discuss with SP3A Ensure community pharmacies and PST are aware	 KMacl KMacl	 19.08.20 17.06.20

	changeable area. BFC agreed that any H2 antagonist can be prescribed rather than specific brand. KMacl will discuss this at the next Prescribing Support Team meeting to ensure they are aware. LL commented on the service being different across community pharmacies and she wished to raise concern about inconsistent service. KMacl replied that multiple and independents will work differently and have different resources. Local pharmacies check with KMacl and A Mackenzie on stock availability and there is an email method of requesting stock or offering surplus. Communications between Borders pharmacies is generally better than larger Boards. It is an issue being discussed regularly nationally at SP3A and. LL pointed out that patients with low sodium H2 antagonist preferred to PPI. There is a risk that they end up with supplies of different antagonist and she wished to flag this as a safety risk.			
8	**Other Items for Approval**			
8.1	LL talked through the background to the Management of Vitamin D insufficiency/deficiency in Mental Health patients' paper and national guidance. LL has discussed with A Tan, Rheumatology consultant and he and Dr J Bredeski have agreed a protocol which reflects our formulary choices and advice. The prescribing doctor takes risks and benefits into account. LL asked opinions from GP and consultant colleagues. NH asked why this was specifically for mental health patients –one protocol could be created for all patient groups or combined with current protocol as not significantly different to other Vitamin D protocol. The protocol will be discussed with DME.	BFC Approved Discuss protocol with DME	LL	19.08.20
8.2	Early Access to Medicines – Remdesivir treatment of Covid19 – LL spoke to this paper. After discussion with ITU and other consultants, Borders have been included in allocation for Remdesivir. A site initiation Teams call is being set up with the drug company for those involved. LL asked if this needed to go through formulary application. Medicines coming through EAMS process we do not routinely have use for and any EAMS cancer medicines come through SCAN process. BFC agreed that a new medicines application form should be completed and be circulated to the committee for approval. Local protocol for use should be in place first and ADTC should have oversight of this. A more formal process for EAMS should be created for Borders.	NMA and protocol to come to BFC for approval (virtual) Ask Gilead about future license expectations.	LL LL	17.06.20 11.06.20
9	**For Information and Noting**			
9.1	Lothian Formulary Committee meeting 4th March 2020. LL commented on item 3.2 Use of Rivaroxaban with indication – co-administered with acetylsalicyclic acid for the prevention of atherothrombotic events in adult patients. This had not been approved locally as risks outweighed benefits but has been approved by Lothian Formulary Committee. Patients may come to Borders with prescription. NH commented on the tertiary service when Lothian refer patients back to Borders. Local Cardiology team would review the prescription; AC confirmed that consultants would review. Item 3.8 - LL commented that she would update SMC decisions table and ultra orphan pathway. She asked if we have an agreed process for ultra orphan in the Borders or do we wait for Lothian decisions and sign off here. AW replied that we do not have a formal ultra orphan pathway and most are coming through specialist centres. LL asked for	BFC Noted Ask PN to comment item 3.2 LFC agenda.	KW	11.06.20

	there to be a review of this, a link from general medicines policy on Intranet and also to look at the EAMS process. Item 6.1 Plerixafor – an extension of license to paediatric which is not going to SMC – Boards will pick up as required. LL will monitor what happens at Lothian and continue to provide an overview of the Lothian Formulary Committee agenda. AW thanked LL for this useful overview.			
10	**A.O.C.B.**			
10.1	NH asked if BFC could be moved to third Wednesday of the month if MRG is to move to this date as this would make it easier for GPs to attend in same day. AW updated the committee on the change of date of MRG to ensure that financial and prescribing data is available and that all meetings including ADTC would be suggested to move to same day. Next meeting would be 19th August. AC said that this would be her last meeting as she is moving to the Western General. AW thanked her for her time, support and valuable input at BFC during her time at NHS Borders. AW wished her well in the future on behalf of all BFC. There has been no replacement announced as yet but AC thought PN would approach new recruits as before to request joining BFC.	Check with PN if third Wednesday of month would be acceptable as new day of month for BFC meetings.	KW	11.06.20
Next Meeting: **Wednesday 19th AUGUST 2020 at 12:30 – Estates Meeting Room or via Microsoft Teams** Items for next meeting:				