MEETING OF THE BORDERS FORMULARY COMMITTEE HELD
ON WEDNESDAY 21st OCTOBER 2020 @ 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); Keith Maclure, Lead Pharmacist; Dr Michael McDermott (ST3 - Junior Doctors Changeover); Kate Warner (Minute Secretary)
Guest: Cheryl Lugton, Tissue Viability Specialist Nurse (CL); Fiona Grant, Consultant Physiotherapist in Bladder, Bowel & Pelvic Floor Service, (FG)

1. **Apologies:** Dr Rachel Williamson, Consultant Physician; Cathryn Park (Lead Clinical Pharmacist); Dr Charlotte Squires (Registrar; Junior Doctor Rep)

Item	Situation ; Background ; Assessment	Recommendation	Lead	Timescale
2	**Welcome and any declarations of interest:** AW welcomed Fiona Grant, attending the committee with a view to joining as AHP Prescriber; and Cheryl Lugton for item 9.1. Declarations of Interest – Item 5a) LL and PN are both members of the Anticoagulation Committee and putting the Andexanet alfa application forward.			
3	Minute from BFC meeting 19th August 2020 was approved as an accurate record of the meeting.	Upload to internet	KW	22/10/2020
4	**Matters Arising From Previous Minute:**			
4.1	Leads for Regional Formulary have been invited to the next ADTC meeting to present on this topic. LL asked committee to note that the current Borders formulary continues to be difficult to navigate, update, with an ineffective search engine and inability to add links to other data sources. LL also updated that Lothian Formulary Committee meeting recently reviewed and discussed rationalising the emollient section of East Region formulary.			
5	**New Medicine Applications & Non Formulary Requests:**			
a)	**NMA Andexanet alfa (Ondexxya)** Applicant: Liz Leitch on behalf of and supported by Anticoagulation Committee; Clinical Director: n/a; Indication: For adult patients treated with a direct factor Xa (FXa) inhibitor (apixaban or rivaroxaban) when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding.; Generic Name: Andexanet alfa; Brand Name: Ondexxya; Dosage: see application for detailed dosage; Cost: included in application and discussed in comparison to current use; Number of patients in first year: small, see application; Projected increase in patients: slight increase. BFC reviewed this application	BFC Approved : Specialist Use Only (Category B) Protocol for use to be made available. Audit through Anticoagulation	 LL LL	

	which has been SMC approved, with ongoing evaluation, under covid approval process. Application was outlined along with studies; trials and benefits of treatment. Anticoagulation Committee support but had requested that there should be tight local guideline to ensure appropriate use for patients with life threatening event only. These guidelines to be drawn up should the NMA be approved. Information from Lothian has been received for guidance/protocol and to seek information from different clinical teams to ensure appropriate use. BFC agreed to an Audit of times used, being used appropriately; effective use. Audit to be coordinated by Anticoagulant Committee. AW asked about ongoing evaluation from SMC; no information at this time. Out of date stock – practical aspects will be reviewed as part of the protocol ensuring use in most effective way. Expected patient numbers were discussed. MM asked about predicting the number of patients and PN and LL shared patient info from Lothian and this may be available from service here.	Committee and audit to come back to BFC in a year as update. Letter to applicant	KW	22/10/2020
b)	**NMA Budesonide (Jorveza)** Applicant: Dr J Fletcher; Clinical Director: Dr J Manning; Indication: Treatment of eosinophilic oesophagitis (EoE) in adults (older than 18 years of age). SMC restriction: For patients unsuccessfully treated with proton pump inhibitors; Generic Name: Budesonide; Brand Name: Jorveza; Dosage: 2mg as 1mg twice daily; treatment 6 weeks can be extended to 12 weeks for patients not adequately responding; Cost: included in application; Number of patients in first year: 2 – 5; Projected increase in patients: see application. There have been previous NFRs for this in the past; application was outlined with likely benefits and previous treatments used. In line with SMC advice. Dr JF had noted a declaration of interest which was noted by BFC. Studies outlined. Treatment beyond 12 weeks would need to apply through NFR – include in letter.	BFC Approved : Specialist Initiation with ongoing prescribing in general practice (for maximum of 12 weeks) (Category C) Letter to applicant	KW	22/10/2020
c)	**NMA Meropenem / Vaborbactam (Vaborem)** Applicant: Dr C Evans; Clinical Director: Dr J Manning; Indication: Treatment of the following infections in adults; Complicated urinary tract infection (cUTI) including pyelonephritis Complicated intra-abdominal infection (cIAI); Hospital-acquired pneumonia (HAP) including ventilator associated pneumonia (VAP); see application for full indication and restriction; Generic Name: Meropenem/vaborbactam; Brand Name: Vaborem; Dosage: see application for full detail; Cost: included in application; Number of patients in first year: 2 – 3; Projected increase in patients: No. New antibiotic, in line with SMC, Antimicrobial Team would be requested to issue advice on usage; initiation discussed. Restricted use included in discussion.	BFC Approved : Specialist Use Only (Category B) Guidance on use from Antimicrobial Team. Letter to applicant	LL KW	22/10/2020
d)	**NMA Cinacalet (Mimpara)** Applicant: Jane Goddard; Clinical Director: Wendy Metcalfe; Indication: Specialist initiation in renal patients with secondary hyperparathyroidism or tertiary hyperparathyroidism, who have very uncontrolled plasma levels of intact parathyroid hormone (greater than 800pg/ml). That are refractory to standard therapy and in whom surgical parathyroidectomy is not suitable; Generic Name: Cinacalcet; Brand Name: Mimpara; Dosage: 30mg od max dose 180mg daily Cost: included in application; Number of patients in first year: 10; Projected increase in patients: No. In use in Borders but not on Formulary for patients as application; generic product may become available. Likely benefits discussed. No other product required to be removed from formulary; niche	BFC Approved : Specialist Initiation with ongoing prescribing in general practice (Category C) Letter to applicant CD signature required.	KW	22/10/2020

	use. Shared care protocol available from Lothian for use in Borders. GP rep satisfied as similar to other shared care protocol.			
e)	**NMA Insulin glargine/ lixisenatide (Suliqua)** Applicant: Dr R Williamson; Clinical Director: Dr O Herlihy; Indication: In combination with metformin for the treatment of adults with type 2 diabetes mellitus (T2DM), to improve glycaemic control when this has not been provided by metformin alone or metformin combined with another oral glucose-lowering medicinal product or with basal insulin; Generic Name: Insulin glargine/ lixisenatide ; Brand Name: (Suliqua); Dosage: see application for detail; Cost: included in application; Number of patients in first year: single figures; Projected increase in patients: not anticipated assuming that Xultophy remains first line). Application outlined, in line with SMC advice. Lixisenatide had been on formulary as first choice but had been removed as not as effective. Would use this as a second choice. Benefits over existing treatment outlined. Diabetes section of the formulary was reviewed previously - to add this as second choice; infrequent use expected. Monitoring requirements same as current products. Trials and safety outlined. SMC restriction was commented on and the indication for use to be updated – to be confirmed with diabetes team as the restriction for use. As long as the indication is clarified to be approved in line with SMC criteria.	To Be BFC Approved : Specialist Initiation with ongoing prescribing in general practice (Category C) Letter to applicant Before Approval - Request clarification first	KW	22/10/2020
f)	**NMA Erenumab (Aimovig)** Applicant: Dr Myles Connor; Clinical Director: Dr J O'Donnell; Indication: Prophylaxis of migraine in adults who have at least four migraine days per month. SMC restriction: patients with chronic migraine and in whom at least three prior prophylactic treatments have failed; Generic Name: Erenumab; Brand Name: Aimovig; Dosage: 70mg subcut inj every 4 weeks. Some patients 140mg dose /4 weeks given as two 70mg inj.; Cost: included in application; Number of patients in first year: past year used for 5 patients; Projected increase in patients: yes but not dramatically; careful selection of patients will continue. There have been a number of NFRs for Erenumab previously; application discussed and benefits outlined with circumstances for patients requiring treatment with experience of outcomes in current patients using. Application in line with SMC advice and review process in place. Clinical evidence outlined. Supply through Homecare to continue.	BFC Approved : Specialist Use Only (Category B) Letter to applicant	KW	22/10/2020
g)	**NMA Semaglutide (Rybelsus)** Applicant: Dr O Herlihy; Dr R Williamson (by email); Clinical Director; Indication: Treatment of adults with insufficiently controlled type 2 diabetes mellitus to improve glycaemic control as an adjunct to diet and exercise - As monotherapy when metformin is considered inappropriate due to intolerance or contraindications; In combination with other medicinal products for the treatment of diabetes. SMC restriction: In addition to other oral anti-diabetic medicines, or as an add-on to basal insulin, as an alternative glucagon-like peptide-1 receptor agonist option; Generic Name: Semaglutide; Brand Name: Rybelsus; Dosage: See application for detail; Cost: Same as sub cut; see application; Number of patients in first year: <24; Projected increase in patients: If so, as a result of decrease in injectable based on patient preference and clinician experience locally. Application in line with SMC advice and restrictions in use. The first oral treatment in this class. Application was outlined, benefits and no cost impact. GP commented that diabetes medication changes quickly – education from	BFC Approved : General Use Hospital and General Practice (Category A) Letter to applicant	KW	22/10/2020

	specialist diabetes team would need to be offered as to where this fits in with other treatments. Expectation would be that it may be initiated in primary care with initial advice and support from specialist diabetic team; conversation with consultant may be enough rather than a full referral being required; as with other similar treatments.			
h)	**NFR for Immunoglobulin ongoing IVIG for multiple motor neuropathy**	Letter to applicant	KW	22/10/2020
i)	**NFR for Synarel Nasal Spray**	Letter to applicant	KW	22/10/2020
6	**Scottish Medicines Consortium (SMC) Decisions**			
6.1	SMC – verbal update from Dr Paul Neary on drugs discussed at SMC meeting.	BFC Noted		
6.2	SMC decisions September - October 2020 reviewed and commented on use for Borders.	BFC Noted		
6.3	Paediatric Licence Extensions issued by SMC.	BFC Noted		
7	**Borders Joint Formulary:**			
7.1	Budesonide (Budenofalk) - formulary replacement	BFC Approved		
7.2	Entocort (Budesonide) CR – formulary addition and replacement	BFC Approved		
7.3	Enema 2mg/100ml – formulary replacement	BFC Approved		
8	**East Region Formulary:**			
8.1	East Regional Formulary representatives will present and discuss the regional formulary at November ADTC meeting. LL stressed importance of being able to attend the ADTC presentation. Invitations have been sent to consultants from GI, Endocrinology and Cardiology.	BFC Noted		
9	**Other Items for Approval**			
9.1	The Lower Limb Compression Formulary was tabled for approval. The Formulary has 4 bandaging systems on it, wrap systems and hosiery. CL attended the meeting to speak to the paper and summarised the purpose to deliver better outcomes to leg patients, to standardise information and products available to both secondary and primary care. The original formulary had some manufacturer information on the back page and this has been removed. CL stressed the importance of hospital and community using the same products and practices and ensuring a consistent approach to patient care. CL outlined the products available, choices made. KMacl commented on the product availability – secondary and primary care differences and contract issues that may arise. CL confirmed that all products included are in the Scottish Drug Tariff. KMacl suggested adding a column into the document to make clear where staff should source stock from for different products as this would ensure the most efficient ordering process. BFC discussed the issue with secondary and primary care different pricing and the reasons that this was insurmountable. Request for community pharmacies to be included in sourcing product. AW asked that Wound Formulary Group approve in future and be ratified here; BFC approve today as there have been no WFG meetings during covid period.	BFC Approved with removal of back page.		
9.2	BFC reviewed the national Steroid Emergency Card for all patients on long term steroids and approved use in the Borders. BFC raised order and distribution practicalities and this will be discussed after meeting for Pharmacy Admin (KW) to organise. Ensure GP practices, wards, out patients, community hospitals and community pharmacies have supplies.	BFC Approved Number required to KW to order and distribute	LL KW	30/11/2020

9.3	Non Formulary Request Form updated to request the Patient's practice name – to enable copy of decision letter to also be sent to practice manager for patient record and Pharmacist information. Also removed the Addressograph request as the form should only state patient CHI not full personal details.	BFC Approved Update in folder and Intranet pages	KW	27/10/2020
9.4	Guanfacine Shared Care Agreement from Lothian was reviewed. LL to adapt for use in Borders and requested that NH and EL could review prior to it going to ADTC for approval in November.	Update for Borders ADTC Agenda Nov	LL KW	01/11/2020 08/11/2020
9.5	BFC Constitution was reviewed for update. BFC agreed to include the drug classification and diagram of sub groups as included in comments. Membership to increase to be able to include another consultant and to extend invitations for membership to other prescribers – NMP/AHP/Pharmacy. Pharmacy titles require updates. Reword point 1.2.5 as there is no budget for BFC.	Update and table at December BFC for approval	KW AW	07/12/2020
10	**For Information and Noting**			
10.1	Anticoagulation Committee meeting minute – 14th August 2020	BFC Noted		
10.2	Wound Formulary Group – no recent meeting			
10.3	Tissue Viability Group – not available			
10.4	IV Therapy Group meeting minute – 16th September 2020	BFC Noted		
10.5	Lothian Formulary Committee meeting minutes - 26th August 2020 and 30th September 2020	BFC Noted		
10.6	BFC noted that Priadel will remain available pending outcome of the CMA investigation.	BFC Noted		
11	**A.O.C.B. –**			
11.1	If membership to BFC to be increased, LL asked if it would be useful for the NMAs to be given to different members to review at the meetings; this would enable members to focus on one application and review for the committee. Currently LL reviews all the NMAs. MM agreed that this would be a good idea for prescribers and junior doctors to present the data would be interesting for them.			
11.2	Increased membership of BFC – NMPs have been emailed; KMacl suggested independent pharmacy prescribers be included (all prescribers received this email). BFC agreed increased and more varied membership would raise awareness of the formulary and increases opportunity to engage colleagues.			
11.3	BFC discussed the change of agenda with papers in pdf and the navigation of the document. BFC agreed to return to the agenda with embedded papers.	Return to word doc & embedded papers	KW	
Next Meeting: **Wednesday 16th December 2020 at 12:30 via Microsoft Teams** Items for next meeting:				