MINUTE of meeting of the Formulary Subgroup (FS) of NHS Highland ADTC
23 August 2016, Boardroom, John Dewar Building, Inverness

Present: Okain McLennan, Chair
Evelyn Cromarty, Formulary Pharmacist
Findlay Hickey, Lead Pharmacist (West) (VC, from 12:00-13:00)
Dr Robert Peel, Consultant Nephrologist (VC)
Johnson Swinton, Patient Representative
Dr Simon Thompson, Consultant Physician
Archie Vallance, Raigmore Hospital Patients’ Council Representative
Dr Jude Watmough, GP

In attendance: Roberta Kerr, Formulary Assistant
Michelle Fraser, Divisional Accountant
Joan Mackintosh, Clinical Pharmacist Team Manager

Apologies: Dr Borja Echavarren, GP
Dr Stephen McCabe, GP

1. WELCOME AND APOLOGIES

- The Chair welcomed new member Dr Simon Thompson, and Joan Mackintosh and Michelle Fraser, attending.

2. MINUTES OF MEETING ON 24 MAY 2016

- Minutes were approved as accurate.

3. FOLLOW-UP REPORT ON ACTIONS AGREED ON 24 MAY 2016

- EC thanked MF for finance input.
- EC is still awaiting word from Dr Sheard regarding lurasidone therefore it is still non-Formulary.
- Prazosin has been added to the Unlicensed and off-label medicines list. A fact sheet has been produced which will be emailed to FS members for approval.

4. CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY

a) Dulaglutide 0.75mg and 1.5mg solution for injection in pre-filled pen (Trulicity®)
   - FH declared a non-specific personal interest in Eli Lilly and Company Ltd.
   - Licensed medicine (SMC 1110/15).
   - Alternative GLP-1 agonist.
   - Easier device for some patients to use.
   - The Chair noted cost savings.
   - ACCEPTED.

b) Guanfacine1mg, 2mg, 3mg and 4mg prolonged-release tablets (Intuniv®)
   - No interests to declare.
   - Licensed medicine (SMC 1123/16).
   - The Subgroup had previously looked at atomoxetine (first non-stimulant drug) and had rejected it due to side-effects. Guanfacine is an alternative. Shared Clinical Guidelines are in preparation and will be included if it is accepted onto the Formulary.
It is not a new drug; FH asked if there was any evidence of usage of clonidine as guanfacine is more expensive. It is safer but this is not reflected in the SMC evidence review. It is less sedative than clonidine.

EC will ask Dr Henderson about guanfacine compared to clonidine.

**ACCEPTED.**

**Action:**
Liaise with Dr Henderson re guanfacine.

**c) Secukinumab 150mg pre-filled syringe (Cosentyx®)**
- No interests were declared.
- Licensed medicine (SMC 1159/16 and 1169/16).
- Cost saving for ankylosing spondylitis compared with current therapies.
- GP and patient information is available on Rheumatology intranet page.
- The Chair noted that Dr Harvie is involved in a commercial trial of secukinumab and queried whether this would impact on recommendation. FH and RP commented that a 2-consultant service would have this type of conflict. The Chair requested that this be recorded.
- ST asked if there was also a cost saving for the other indication (psoriatic arthritis); JM said probably not as the doses for psoriatic arthritis are larger.
- **ACCEPTED.**

**d) Brivaracetam 10mg, 25mg, 75mg, 100mg tablets; 10mg/mL oral solution; 10mg/mL solution for injection/infusion (Briviact®)**
- No interests to declare.
- Licensed medicine (SMC 1160/16) for specialist use in treatment of epilepsy where there are side-effects or failure of first-line therapy.
- JS asked about side-effects. RP explained that there are less anxiety-related side-effects than with levetiracitam which is discontinued by a significant number of patients. He also confirmed that it would be specialist-use only.
- FH commented that the cost comparison with lamotrigine is based on maximum dose price therefore it may be slightly more expensive.
- **ACCEPTED.**

**e) Eribulin 0·44mg/mL, 0·88mg/mL, 1·32/3mL injection (Halaven®)**
- No interests to declare.
- SMC-accepted cancer drug (1065/16).
- The Chair asked whether additional costs had been worked out, ie increased price, staffing costs, increased attendance at hospital. MF only receives information prior the Subgroup meeting (submission forms) and does not see this additional information. The Chair suggested that procedure needs to be changed as soon as possible so that MF can see information on additional costs in advance of meetings. MF agreed.
- The Chair felt that costs for eribulin were unclear and it was agreed that EC would ask for more information.
- **APPROVED SUBJECT TO RECEIPT OF FINANCIAL INFORMATION.**

**f) Everolimus 2·5mg, 5mg, 10mg tablets (Afinitor®)**
- No interests to declare.
- SMC-accepted cancer drug (872/13).
- The Chair queried the costings which appeared to relate to one patient only.
- **DEFERRED PENDING RECEIPT OF FINANCIAL INFORMATION.**

**g) Fulvestrant 250mg injection (Faslodex®)**
- No interests to declare.
- SMC-accepted cancer drug (114/04).
- Costings were difficult to work out. RP noted that the costs did not align with those in the SMC advice.
- **DEFERRED PENDING CLARIFICATION OF COSTINGS.**

**h) Nivolumab 40mg/4mL and 100mg/10mL solution for injection (Opdivo®)**
- No interests to declare.
- SMC-approved for lung cancer (1144/16).
- New treatment, immunostimulant.
- ACCEPTED.

i) **Mucodis® (sodium hyaluronate plus glycine, L-leucine, L-proline and L-lysine)**
- Licensed medical device, used in NHS England to prevent mucositis in patients undergoing radiotherapy for head and neck cancer.
- No evidence available.
- NHS Highland Cancer Centre currently treats mucositis as it arises but would like to use Mucodis® for prophylaxis. If it is not effective they would request Caphosol® instead.
- The Subgroup decided not to accept Mucodis® until trial results are available.

5. UPDATED AND NEW SECTIONS AND GUIDANCE

a) **Chapter 4.4: CNS stimulants and drugs used for attention deficit hyperactivity**
- No interests to declare.
- Minor changes to section, including addition of guanfacine.
- Branded generic methylphenidate Xenidate XL is lower cost than Concerta XL and bioequivalent.
- Changes approved.

b) **Chapter 4.6: Drugs used in nausea and vertigo**
- No interests to declare.
- Levomepromazine 6mg tablets were added to the unlicensed medicines lists as they are used extensively in Palliative Care.
- RP thought that this was a good ‘last resort’ drug sometimes, but it was difficult to know where to list it. JW also felt that it was useful as it is used in general practice.
- Changes approved.

c) **Chapter 4.10: Drugs used in substance dependence/Chapter 9.6: Vitamins**
- No interests to declare.
- Some changes to the alcohol and opioids dependence sections.
- Pabrinex guidance in Chapter 9 has been reviewed.
- Information on off-label baclofen has been added.
- ‘Prescribing guidelines for the management of opiate misuse using methadone or buprenorphine’ updated.
- No changes to scoring sheets for use in alcohol withdrawal, kept on the Intranet, (‘Diazepam symptom trigger’ and ‘Chlordiazepoxide symptom trigger’).
- RP represented SM’s concerns about diazepam in his absence.
- Changes approved.

d) **Chapter 5: Management of infection guidance**

**Lyme disease**
- There is a new section on Lyme disease (LD).
- The Chair felt that it was important to highlight this as LD is prevalent in Highland.
- Alison MacDonald, Area Antimicrobial Pharmacist, is writing a feature for ‘The Pink One’ and EC will highlight the section in the ‘Formulary Update’.
- ST thought that the section was good but that the ‘Dose/Route’ column should be clearer. EC explained that there would usually be an explanatory footer in the chapter, which will be added, and that anything other than oral is usually noted.
- JS asked about public awareness of LD; the Chair thought that it was well publicised, eg in fishing magazines etc, but that people do not consider the risks. FH felt that awareness was high and that there was pressure on GPs to prescribe antibiotics.
- Use of appropriate tick removers should be highlighted.
- RP also suggested noting that patients will feel unwell for the 48 hours at the beginning of treatment.

**Action:**
Ensure inclusion of footer regarding oral dose
Discuss inclusion of advice for patients

‘NHS Highland policy for treatment of infective endocarditis’
- Table should read ‘Duke Criteria’ not ‘Dukes Criteria’.
- HACEK group are culture-negative; RP suggested clarifying this.
- ST commented that removing empirical guidance from the Formulary and Intranet could cause problems with Microbiologists being called out during the night.
- RP thought that the instructions need to be more explicit.

Action:
Correct ‘Dukes Criteria’ RK
Clarify HACEK culture status EC
Confirm likely increase in OOH calls with removal of empiric guidance EC

Bone and joint infections
- Changes approved.

Parasitic infections
- Changes approved.

Dental infections
- Changes approved.

Genital-tract infections
- Clotrimazole 100mg pessary has been added for use in pregnancy in line with national guidance.

Gastrointestinal tract infections
- There is a link to the PPI review algorithm at the end of Chapter 1.
- Changes approved.

Diabetic foot
- No changes to this section – awaiting national guidance.

e) Chapter 6: Endocrine system

Section 6.1 Drugs used in diabetes
- Abasaglar®, a lower cost biosimilar to Lantus®, has been added.
- Toujeo® has also been added. It has similar efficacy to Lantus® but is not biosimilar and is not interchangeable, although it uses the same device (information to this effect has been added to the section).

Section 6.2 Thyroid and antithyroid drugs
- FH asked if levothyroxine could be highlighted in ‘The Pink One’ or ‘Formulary Update’. The oral solution is used but is very expensive. Tablets can be dissolved but care needs to be taken using nasogastric tubes. Advice is variable and cautious, ie ‘Refer to pharmacist’. Tablets are dissolved in Care of the Elderly and stroke wards.
- JW asked if FH had data on where the oral solution is used. FH was not sure and replied that it was difficult to get prescribing data.
- JW suggested highlighting the issue in ‘The Pink One’.

Action:
Pink One feature on levothyroxine EC/FH

f) Chapter 6.4, 7.1, 7.2 and 7.3: Obstetrics and Gynaecology

- No interests to declare.

‘Hormone replacement therapy (HRT) guidelines’
There have been changes in national guidance on HRT with more endorsement and advice about providing more alternative preparations.

The British Journal of Cancer has published an article stating that risks of breast cancer with HRT have been underestimated; FH suggested that the chapter and guidance should be reassessed/revised in light of this.

JW thought that the HRT guidelines were very helpful.

Section 7.2 Treatment of vaginal and vulval conditions

- Extra dosing advice has been added to the entry for vulval lichen sclerosis.

Action:
Feed back FH's comments to reviewers  
Feed back JW's comments to Dr Hame Lata

Chapter 8: Malignant disease and immunosuppression

- No interests to declare.
- Minimal changes to this chapter.
- New formulations of trastuzumab have been added.
- Changes were approved.

Chapter 12: Ear, nose and oropharynx

- No interests to declare.
- Information on cost-effective ear drops has been updated. Flumetasone with clioquinol is still included as an option.
- JW suggested moving these down the list as they are more expensive.
- RP advises patients to dilute nystatin oral solution to make it easier to distribute around the mouth.

Action:
Move Flumetasone with clioquinol down the list  
Look into advice on diluting nystatin

6. RECOMMENDATIONS FOR MINOR AMENDMENTS TO HIGHLAND FORMULARY

- Co-phenotrope tablets have been removed - more cost-effective preparations are available.
- Clotrimazole 100mg pessary added for use in pregnancy.
- Methotrexate pre-filled syringes added to complement pre-filled pens and give more choice to patients.
- New strength of adalimumab added; reduces injection site pain.

7. UPDATED FORMULARIES

a) Argyll & Bute Out of Hours Formulary
- It was recognised that Argyll & Bute Out of Hours service was using pre-packs supplied by Greater Glasgow & Clyde (GGC), and the Out of Hours Formulary was amended accordingly.
- It has been approved by GGC and the NHS Highland Lead Clinician for Out of Hours.
- Changes were approved.

b) NHS Highland Gluten-free Food List (Formulary)
- Updated in line with a national list of prescribable gluten-free products.
- Reviewed by dietitians and patient representatives.
- Changes were approved.

c) NHS Highland Minor Ailments Service Formulary
- Some small changes to items and advice.
- Positive feedback received from Community Pharmacists.
- Changes were approved.

8. ADTC POLICY FOR OPEN AND TRANSPARENT DECISION MAKING IN MEDICINES GOVERNANCE
• The Scottish Government is encouraging greater scrutiny of healthcare staff declaring interests in the pharmaceutical industry.
• Healthcare Improvement Scotland (HIS) has produced guidance that they want Area Drug & Therapeutics Committees to accept.
• NHS Highland is now required to publish declared interests of the ADTC and its subgroups, however few members have interests.
• With regard to Section 2.3 of the document under discussion, the Chair stated that health boards are required to adhere to the ‘Ethical Standards in Public Life etc (Scotland) Act 2000’ and he would have expected the HIS document to be more up-to-date.
• It was agreed that this would be fed back to HIS.

Action:
Feed back Chair’s comment to HIS

EC

9. NHS SCOTLAND EFFECTIVE PRESCRIBING PROGRAMME AND FORMULARIES
• An initiative to look at prescribing efficiencies to draw up national prescribing policies, eg for Hepatitis C drugs and diabetes drugs.
• Significant cost savings have already been made.
• Also looking at Formularies and cost savings on non-medical products.
• The Chair requested an update for the next meeting.

10. UPDATE ON PROGRESS WITH e-FORMULARY REDESIGN
• The Therapeutic Portal Steering Group has been looking at more interactive options.
• Work is ongoing nationally on therapeutic portals.
• The Chair asked how it might impact on JW’s practice: JW uses eBNF onscreen and would use an eFormulary if it was a similar model. He still tends to use the paper Formulary as it is easier.
• Paper copies of the 6th Edition Formulary were issued to Primary Care only.
• The Formulary App was discussed. An iPhone App was developed because an Android version was more expensive.
• JW thought that more effective, interactive App would be useful because lots of people don’t use Apple devices.
• RP reported that a move towards paper-light processes in Raigmore Hospital is in progress.

11. FORMULARY DECISIONS ON RECENT SMC ADVICE
• Decisions on June/July advice will be published shortly.
• Decisions on August advice will be published in September.

12. PROGRESS REPORT
• Reviews for the remaining Formulary chapters are underway and will be presented at the October and January meetings.

13. ANY OTHER COMPETENT BUSINESS
None.

14. DATE OF NEXT MEETING
• Tuesday 25 October 2016, 12:00-14:00. Board Room, John Dewar Building.