MINUTE of meeting of the Formulary Subgroup (FS) of NHS Highland ADTC
28 March 2017, Boardroom, John Dewar Building, Inverness

Present:          Okain McLennan, Chair
                  Evelyn Cromarty, Formulary Pharmacist
                  Susan Caldwell, Senior Pharmacist, Medicines Management & Information
                  Findlay Hickey, Lead Pharmacist (West
                  Dr Robert Peel, Consultant Nephrologist (by VC)
                  Dr Jude Watmough, GP

In attendance:    Roberta Kerr, Formulary Assistant

Apologies:        Dr Borja Echavarren, GP
                  Dr Stephen McCabe, GP
                  Johnson Swinton, Patient Representative
                  Dr Simon Thompson, Consultant Physician

1.  WELCOME AND APOLOGIES
   • The Chair welcomed the group.

2.  MINUTES OF MEETING ON 24 JANUARY 2017
   • Minutes were approved as accurate.

3.  FOLLOW-UP REPORT ON ACTIONS AGREED ON 24 JANUARY 2017
   • Primary care pharmacists are looking at the issues around quetiapine.
   • EC has fed back comments to NOSCAN (North of Scotland Cancer Network).
   • Diazepam 10mg tablets have been removed from the Formulary.
   • Information has been added on covert medicines.

4.  CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY
   • FS members had no interests to declare.

a) Flunarizine 5mg and 10mg tablets
   • Discussed at Neurology review, requested for Unlicensed Medicines list.
   • Unlicensed in UK, but has been used for several years for migraines which have not responded to other treatments.
   • For initiation on advice of neurology specialist or GP with a special interest in headaches. Requested to then be continued in primary care setting (currently supplied from Raigmore).
   • FH felt that evidence was low-quality and efficacy similar to propranolol and topiramate. High cost. He would like more information on how to use it, eg is it an alternative to other migraine medicines?
   • JW would hope that patients would be under clinical review and suggested that it would be helpful to have a detailed shared care protocol so that GPs know where they stand. He felt that it didn't seem to offer advantages over other migraine drugs.
   • FH wanted to know why and when it would be an alternative. There have been no big trials and it is licensed only in one or two countries in Europe. He would be inclined to restrict its use by keeping it as hospital supply.
   • It was felt by the group that it should be specialist use only and dispensed at Raigmore.
   • ACCEPTED, initiation restricted to neurologists and GPs with special interest.
b) **Lenvatinib 4mg and 10mg tablets (Lenvima®)**
- SMC-Accepted for thyroid cancer, with PAS and taking account of views from a Patient and Clinician Engagement (PACE) meeting
- Alternative to sorafenib: for first-line use, significantly improved efficacy and better adverse reaction profile.
- RP felt that it is expensive for a small number of patients.
- FH felt that the submission overplayed the advantages and he didn’t read significant efficacy over sorafenib. A different, but not necessarily better, adverse reaction profile, however comparison to placebo was impressive.
- Sorafenib is not included in the formulary for this indication and FH was concerned about lenvatinib’s relation to sorafenib.
- The chair raised concerns about interests declared.
- **It was agreed to defer a decision until further information could be sourced.**

c) **Insulin degludec (Tresiba®)**
- Long-acting. Higher strength available.
- Not first-line but would be an alternative for some patients.
- FH was unenthusiastic and felt that the SMC information for Type 1 and Type 2 diabetes was confusing.
- JW agreed, he felt that regularity aids compliance.
- RP reported that this was its second resubmission to SMC; it is as good as other insulins but no better and more expensive.
- FH felt that long-acting insulins have been over-used. JW thought that once-daily insulins could be transformative but was not sure that this one had an advantage.
- JW said that patient numbers were big and would increase.
- **The group agreed to REJECT the submission.**

d) **Dexmedetomidine (Dexdor®)**
- SMC-approved for use in ICU.
- Requested by Consultant Anaesthetist for specialist initiation by ICU consultants.
- Replaces unlicensed clonidine.
- It is already in use by ICU who are aware of costs. A protocol is being updated and SC will check their criteria. The protocol is very good and the updated version will be stricter. The protocol states that it should not be first-line due to the high cost. RP suggested staying with clonidine.
- Use in Europe appears to be in line with guidance.
- RP thought that there was nothing to indicate that it is better than clonidine. Although clonidine is unlicensed ICU is a good setting for its use as there are a lot of controls in place.
- **The group agreed to REJECT the submission.**

5. **UPDATED AND NEW SECTIONS AND GUIDANCE**

a) **Neurology:** section 4.8 and parts of 4.7, 8.2 and 10.2

*Guideline for phenytoin dose calculations*
- Neurology review identified that phenytoin guidance would be useful. A recent national alert requires Boards to have guidance.
- Based on Glasgow guidance and adapted by Specialist Epilepsy Nurse, with support from Raigmore pharmacists.
- Some amendments from SC will be made before the guideline is published.
- RP felt that the tables were useful, especially for top-up doses, but there was a lot of text.
- FH suggested that Table 3 should be specific about the route of administration – this will be amended.

**Action:**
Amendments to guideline

b) **Smoking cessation:** section 4.10
- Guidance updated in light of national contract changes and forthcoming national guidelines. Highland guidelines will be replaced by national guidelines at some point.
- Changes are driven by cost, use of cheaper products encouraged.
- **Nicotinell®** are the cheapest patches.
Information will be disseminated to Smoking Cessation Advisors and to community pharmacies.

JW commented that there is more NRT prescribing going on in community pharmacies, he is issuing fewer repeat prescriptions.

FH suggested that as varenicline and nicotine now have equal billing a warning should be added about side-effects of varenicline for example agitation, depression and particularly suicidal ideation.

JW felt that it has been well-tolerated apart from bad dreams, and would avoid it where there was a history of suicidal ideation, however there would be no harm in mentioning it.

**Action:**
Get table onto one page

**6. RECOMMENDATIONS FOR MINOR AMENDMENTS TO HIGHLAND FORMULARY**

**Melatonin**
- EC explained the amendment. The shared care protocol has been updated.
- FH was very keen to highlight this as capsules are much cheaper than tablets. He feels that melatonin is over-used. There are problems with the minutiae of licensing and he would like to see less use. Switching to capsules is worth doing, it might lead to a change in the tariff rate for capsules. There is no advantage to patients to keep using tablets. SC thought that capsules were better for children as they can be opened.

**Hormone Replacement Therapy**
- Section has been reorganised as some HRT products have been discontinued.

**Section 13.2 Emollient and barrier preparations**
- Aveeno® bath and shower oil replaces Aveeno® bath oil (same price).

**Section 6.6 Drugs affecting bone metabolism**
- New chewable calcium and vitamin D tablet (Calci-D®) has been added. Rheumatology happy to add it and recognise it as a lower-cost preparation but also want to keep varied range of Adcal-D3®.
- SC remarked that there are a lot of calcium products on the Formulary and it can be confusing as to what patients are on.
- FH was happy to include it and maybe it would make sense to look at calcium and Vitamin D generally.
- JW said that there can be problems with compliance and SC thought that Calci-D® might help.

**7. NOSCAN review of cancer medicines by SMC: Update on progress**
- A process is being set up for NOSCAN to look at all submissions for cancer drugs. EC has met with colleagues from NHS Grampian and NHS Tayside and a form is being piloted with processes to cascade SMC advice.
- A part-time pharmacist will be in post later this year to work on this. The Formulary Subgroup will accept submissions for cancer drug in the meantime (until August approximately).
- There will be national guidance and therefore less duplication of effort.

**8. NHS Scotland Effective Prescribing Programme and Formularies: update from FH**
- This is a large programme with a number of areas of work on efficiencies, variations and adherence to Formularies, and the proposed single Formulary.
- Looking at respiratory medicines first as these are high cost (asthma, COPD). FH and EC are working on this area.
- Highland adherence has increased over the last couple of years.
- It is difficult to compare boards as they all measure adherence differently. The programme should be looking at first-choices generally.
- Information on a national Formulary still to come. Regional variations/evidence bases (eg for DOACs) are being looked at.
- The programme is NIHSScotland-led but government directed.
- Research carried out by HIS has enabled good discussion.
- There is no move to reduce the number of health boards but a lot of interest in making decisions only once.
- Tayside, Fife and Lothian are moving towards grouping together and using one Formulary.
- There was a discussion about how primary and secondary care might be affected.
9. **UPDATE OF PROGRESS WITH e-FORMULARY REDESIGN**
   - The project is still moving along.
   - Therapeutics Portal will provide patient information leaflets, guidance for staff and a public portal.
   - The Therapeutics Portal Steering Group (TPSG) is working with a software producer to get a Formulary template working and also working on templates for algorithms/guidelines.
   - TPSG hoping to get technical issues resolved soon.
   - It will be hosted by NES.
   - EC explained the current process and how it is being taken forwards, as the Subgroup had concerns about the current situation.
   - JW thought that it would be very helpful to have it all in the one place and the Chair had concerns in the meantime.

10. **FORMULARY DECISIONS ON RECENT SMC ADVICE**

    *Emtricitabine/tenofovir disoproxil (Truvada®)*
    - Jane Smith (Principal Pharmacist, Medicines Management & Information) has asked that a decision on Truvada® is deferred until the next meeting as there are issues around implementation (patient packs, stores, patient group directions).

    **Action:**
    Defer for discussion at next meeting.  
    **EC**

11. **CATCH UP ON NICE MTAs ENDORSED FOR USE IN NHS SCOTLAND IN 2016**
    - New requirement for health board to publish decisions.
    - Need to be clear about what are Formulary medicines.

12. **PROGRESS REPORT**
    - The review of the 6th Edition has been completed with 2 updates awaited.
    - There is still a demand for paper copies however these will be withdrawn in the summer.

13. **MATTERS ARISING FROM MINUTE AND ACTION PLAN OF PREVIOUS MEETINGS**
    - FH reported that NHS England has published a list of ‘low value medicines’ to be looked at by their Executives.

14. **DATE OF NEXT MEETING**
    Tuesday 30 May 2017, 12:00-14:00. Board Room, John Dewar Building.