NHS GRAMPIAN
Minute of Formulary Group Meeting
Tuesday 20 September 2016 at 14:30 in the Aspen Room, Forest Grove House, Aberdeen

PRESENT	**APOLOGIES**	**APPROVED**
Dr D Counter	Dr D Culligan	
Ms A Davie	Mrs L Harper	
Ms F Doney	Dr J Fitton	
Dr L Elliot	Dr C Hind	
Professor J McLay (Chairman)	Mrs J Jordan	
Mrs L Montgomery	Dr A MacDonald	
Dr W Moore	Mr R Sivewright	
Mr M Paterson	Dr A Sun	
Mr C Rore		

IN ATTENDANCE
Ms Kate Robertson, Secretary Formulary Team.

OBSERVER
Mrs Judith Otu, Rotational Pharmacist, ARI.

PRESENTATION
Dr Callum Duncan, Consultant Neurologist, and Dr David Watson, GP with specialist interest in headache, for item 3.

ITEM	**SUBJECT**	**ACTION**

The Chairman opened the meeting, welcomed everyone and noted that a quorum was present.

Note some items were taken outwith agenda order.

3. PRESENTATION

AUDIT OF THE USE OF BOTOX® FOR THE MANAGEMENT OF HEADACHE IN CHRONIC MIGRAINE

Background
Chronic migraine is defined as 15 or more days of headache per month with 8 or more days fulfilling criteria for migraine.
Botox® is not recommended by SMC for this indication (SMC 692/11) but is accepted with restrictions by NICE (TA260 - three or more migraine preventatives have already been tried and medication overuse has been addressed).
In January 2015 the Formulary Group accepted the restricted local need for Botox® for the prophylaxis of headaches in a small group of adults with chronic migraine where medication overuse has been adequately addressed and all other appropriate preventative options have failed. Acceptance was subject to the service auditing use and providing feedback to the Group.

Dr Duncan and Dr Watson attended the meeting to present the audit of use of Botox® for the management of headache in chronic migraine.

They confirmed that:
- migraine:
  - has an estimated global prevalence of 14% making it the third most common disease globally
  - is ranked by the World Health Organization seventh amongst all causes of years lived with disability
  - has a heavy burden of illness for the patient and a high cost for the economy
- a second SMC resubmission is anticipated
- the SIGN guideline predates the PREEMPT trials and a new SIGN guideline is currently in development
- in the trials Botox® had a high placebo response
- medication overuse complicates chronic migraine
- the outcome of the local audit of Botox® showed:
  - improvement was greater for migraine days

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- in patients using frequent medication, use reduced with reduction in migraine days and increased treatability of migraine
- the data collection will continue

Dr Duncan and Dr Watson left the meeting before the Group's discussion.

The Group agreed that the audit data and prescribing protocol, including selection criteria and positive and negative stopping rules, provided assurance that the conditions of the restricted acceptance were in place. Restrictions 1) medication overuse has been adequately addressed and, 2) all appropriate preventative therapies have been tried and are not effective, not tolerated or contraindicated and, 3) selection of appropriate patients and provision of Botox® is restricted to the NHS Grampian Headache Service.

The Group agreed that minor refinement of the prescribing protocol was appropriate in the following cases:

- amend prescribing guidance to allow use of Botox® earlier for patients with severe disabling headaches
- to provide the opportunity for a sustained response, amend the positive stopping rule to low frequency episodic (<10 days headache per month) for retreatment of patients that revert to chronic migraine soon after stopping Botox®

Subject to ongoing data collection and audit, the Group accepted the continued restricted local need for the use of Botox® in the management of headache in chronic migraine as outlined in the January 2015 decision. **FD**

1. APOLOGIES

Apologies for absence were requested and noted.

2. DRAFT MINUTE OF THE MEETING HELD 16 AUGUST 2016

The Group accepted the draft note of the meeting held 16 August 2016 as an accurate record of the meeting subject to correction of minor typographical errors. **FD**

The corrected approved minute will be in the public domain within 21 days. **FTeam**

4. MATTERS ARISING

4.1. FIDAXOMICIN

At the August meeting the Group supported the use of fidaxomicin for recurrent *Clostridium difficile* Infection (CDI) beyond first recurrence as presented in the Health Protection Scotland (HPS) *Clostridium difficile* Infection (CDI) guidance, and requested clarification of why the draft local guidance (order of treatment choices) is not in line with HPS guidance, and local data on CDI recurrence and fidaxomicin failure.

Members considered the response issued on email before the meeting noting that:

- slight amendments have been made to the draft local guidance
- no local data on CDI recurrences or the fidaxomicin failure rate was provided

It was confirmed that a course of fidaxomicin costs £1350 (ex VAT) and CDI rates in Grampian have increased.

The Group noted the local guidance was not aligned to HPS guidance and the lack of data submitted. Ms Davie confirmed that CDI rates are issued weekly and will forward the information to Ms Doney. **AD**
Professor McLay and Ms Doney will reply to the Antibiotic Pharmacists. **JMcL/FD**

MATTER ARISING NOT ON THE AGENDA

FOSFOMYCIN

At the December 2015 meeting, the Group accepted the restricted local need for a licensed fosfomycin 3g sachet (for adults only), removing the previous restriction to uncomplicated urinary tract infections caused by extended spectrum beta lactamases.

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Then in March 2016 the Group accepted the request to reclassify the use of fosfomycin 3g sachet to allow initiation in primary care. This change was subject to:

- clarification of the alternate supply route(s) for Primary Care clinicians when there is or will be an unacceptable delay in supply
- update of the NHS Grampian Staff guidance for optimising the use of alert (restricted) antimicrobials in adults
- provision of articles for IMPACT and Community Pharmacy Update explaining the reasons for the change in recommendations

The Group considered the draft information submitted by the Antibiotic Pharmacists noting that the information is not finalised and the issue of alternative supply routes still requires clarification. **FD**

5. FORMULARY GROUP DECISIONS AUGUST 2016 – PUBLISHED 30/08/2016

The Group ratified the advice as published.

6. NETFORMULARY

Information will be emailed to members. **FD**

7. OTHER BUSINESS

7.1. NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) (MULTIPLE) TECHNOLOGY APPRAISAL (MTA) GUIDANCE - NONE

7.2. CONSENSUS STATEMENT: RECOMMENDATION FOR ADTC RATIFICATION ON PREFERRED LHRH AGONIST MEDICINE

The Group considered the national consensus recommendation on a preferred luteinising hormone-releasing hormone (LHRH) agonist in prostate cancer and supporting email issued on behalf of the Effective Prescribing Programme.

The Group noted:

- that leuprorelin as the Prostap DCS® brand, is the recommended first-line LHRH Agonist in prostate cancer, and the national recommendation relates solely to new patients
- the view of the lead clinicians for the Urological Cancers MCNs was that patients that have previously switched between products should be excluded from further switches
- that LHRH agonists are used in other indications including endometriosis, breast cancer and the treatment of central precocious puberty

The Group supported the implementation of the change in first-line choice LHRH agonist, but considered that work is required to implement the change effectively.

Ms Doney will:

- liaise with urology specialists locally to ratify the change in first-line choice for prostate cancer, and clarify if switching agents would be supported
- contact specialist in obstetrics and gynaecology to consider implementation of the change across all appropriate indications
- provide local prescribing data for the next meeting **FD**

7.3. GLUTEN-FREE PRESCRIBABLE PRODUCT LIST AND MINOR AILMENT SERVICE FORMULARY

The Group considered two documents submitted for ratification, the NHS Grampian Gluten Free Food Prescribable Product List, and the NHS Grampian Minor Ailment Service Formulary. Both services are delivered from community pharmacies with local formularies/prescribable product lists developed from nationally provided/agreed lists of products.

NHS GRAMPIAN GLUTEN FREE FOOD PRESCRIBABLE PRODUCT LIST

The Group noted that:

- the Gluten Free Foods Service allows registered coeliac patients to order agreed quantities of gluten free products to supplement their diet
- the NHS Grampian Gluten Free Prescribable Food Products List is an agreed list taken

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from the Advisory Committee on Borderline Substances (ACBS) food products list provided by Scottish Government
- this is the third version of the gluten free food prescribable list but the first time it has been presented to the Formulary Group
- ACBS products are considered out of remit for the Formulary Group

The Group noted but did not ratify the Gluten Free Food Prescribable Product List.

NHS GRAMPIAN MINOR AILMENT SERVICE FORMULARY

The Group noted:
- the Minor Ailment Service allows any Pharmacy (P) or General Sales List (GSL) medicine which is not on the Blacklist to be prescribed where appropriate, following consultation in a Community Pharmacy about a minor ailment
- P and GSL medicines are considered out of remit for the Formulary Group
- that some items would not be preferred, and the lack of a clear consultation group

The Group queried the evidence for some recommendations, including but not limited to the recommendation of an opioid-containing preparation for the management of acute migraine.

Members were asked to return any comments to Ms Doney to collate and feedback to the author. The Group did not ratify the Minor Ailment Service Formulary. **All FD**

8. NEW PRODUCT REQUESTS

8.1. FG1 SMC 1149/16 - MEPOLIZUMAB (SEVERE REFRACTORY EOSINOPHILIC ASTHMA)

Mr Rore declared a personal, non-specific interest in relation to GlaxoSmithKline, and participated in the discussion and decision-making.

The Group considered the submission for the restricted use of mepolizumab as an add-on treatment for severe refractory eosinophilic asthma in adult patients.

The Group noted:
- mepolizumab:
  - is a monoclonal antibody administered subcutaneously every 4 weeks
  - is a long-term treatment
- one of the SMC restrictions limits use to patients that have a blood eosinophil count of at least 150 cells per microlitre, however this would include many patients with a normal eosinophil level
- the summary of product characteristics includes a warning on acute and delayed administration reaction, including hypersensitivity
- the SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of mepolizumab

The Group accepted the restricted local need for mepolizumab as outlined in SMC 1149/16.

SMC 1149/16 - Mepolizumab 100mg powder for solution for injection (Nucala®) ▼ is included on the Grampian Joint Formulary for the indication in question, restricted use.
Indication under review: as an add-on treatment for severe refractory eosinophilic asthma in adult patients.
Restriction: patients who have eosinophils of at least 150 cells per microlitre (0.15 x 10^9/L) at initiation of treatment and have had at least four asthma exacerbations in the preceding year or are receiving maintenance treatment with oral corticosteroids.
Mepolizumab, compared to placebo, decreased the incidence of asthma exacerbations and permitted reductions in doses of maintenance oral corticosteroid in adult patients with severe eosinophilic asthma.
This advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of mepolizumab and is contingent upon the continuing availability of the PAS in NHS Scotland or a list price that is equivalent or lower. It was classified 1b – available for restricted use under specialist supervision and 8b – recommended for hospital use only. Treatment should be prescribed by

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physicians experienced in the diagnosis and treatment of severe refractory eosinophilic asthma. **FTeam**

8.2. FG1 SMC 1160/16 - BRIVARACETAM (EPILEPSY)

There were no declarations of interest recorded in relation to this product.

The Group considered the submission for brivaracetam as adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in patients with refractory epilepsy.

The Group noted:
- brivaracetam:
  - is a new anti-epileptic drug that provides an alternative treatment option for patients with drug resistant focal epilepsies
  - will be restricted to initiation by or on the advice of physicians experienced in the management of epilepsy

The Group accepted the restricted local need for brivaracetam as outlined in SMC 1160/16.

SMC 1160/16 - Brivaracetam 10mg, 25mg, 75mg, 100mg film-coated tablets; 10mg/mL oral solution; 10mg/mL solution for injection/infusion (Briviact®) ▼ is included on the Grampian Joint Formulary for the indication in question, restricted use.
Indication under review: adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent patients from 16 years of age with epilepsy.
Restriction: for use in patients with refractory epilepsy and treatment should be initiated by physicians who have appropriate experience in the treatment of epilepsy. In a pooled analysis of three fixed-dose, placebo-controlled, phase III studies there were statistically significant reductions in the frequency of partial-onset seizures with brivaracetam versus placebo. It was classified 1b – available for restricted use under specialist supervision and 8d - treatment may be initiated in the community on recommendation of a consultant/specialist. **FTeam**

8.3. FG1 SMC 1167/16 SECUKINUMAB (PSORIATIC ARTHRITIS)

There were no declarations of interest recorded in relation to this product.

The Group considered the submission for secukinumab, alone or in combination with methotrexate, for the treatment of active psoriatic arthritis in adult patients when the response to previous disease-modifying anti-rheumatic drug therapy has been inadequate.

The Group noted:
- for patients with concomitant moderate to severe plaque psoriasis or who are anti-tumour necrosis factor alpha inadequate responders the recommended dose is 300mg by subcutaneous injection, for other patients the recommended dose is 150mg by subcutaneous injection
- that the submission included costings for both the high and low doses
- the SMC advice takes account of the benefits of a PAS that improves the cost-effectiveness of secukinumab

The Group requested clarification of the following points:
- is there a treatment algorithm for patients with psoriatic arthritis?
- would patients that achieved a partial response to 150mg secukinumab have their dose escalated to 300mg or change to a different agent?

The Group was minded to accept the restricted local need for secukinumab 150mg injection for the treatment of active psoriatic arthritis as outlined in SMC 1167/16 as requested by the Rheumatology service. However the decision was deferred pending clarification of the queries related to the treatment pathway for patients with psoriatic arthritis. **FD**

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9. SCOTTISH MEDICINES CONSORTIUM PROVISIONAL ADVICE - ISSUED SEPTEMBER 2016

The Group noted the SMC provisional advice issued September 2016.

If published next month the non-submission statements, for budesonide/formoterol inhalation powder (Symbicort Turbohaler®) and pressurised inhalation suspension (Symbicort®) SMC 1198/16, golimumab (Simponi®) SMC 1199/16, perampanel (Fycompa®) ▼ SMC 1200/16 and tocilizumab (RoActemra®) SMC 1201/16, will not be included on the Grampian Joint Formulary for the indications in question. **FTeam**

10. SCOTTISH MEDICINES CONSORTIUM PRESS STATEMENTS - PUBLISHED SEPTEMBER 2016

The Group noted the SMC advice published September 2016.

Following publication of the negative SMC recommendation for carfilzomib (Kyprolis®) ▼ SMC 1171/16 and iron (III) isomaltoside 1000 5% (Diafer®) ▼ SMC 1177/16, and the non-submission statements, for bevacizumab (Avastin®) SMC 1190/16, cobimetinib (Cotellic®) ▼ SMC 1191/16 and liraglutide (Victoza®) SMC 1192/16, these will not be included on the Grampian Joint Formulary for the indications in question.

The following SMC accepted medicines have not been processed within a 60-day timescale:

- SMC 1161/16 Trametinib (Mekinist®) ▼ (submission expected)
- SMC 1170/16 Dasatinib (Sprycel®) (first-line)

Local advice for these medicines and indications will be included in the September 2016 decisions as '**Not included on the Grampian Joint Formulary because clinicians have not responded to an invitation to apply for formulary inclusion for this medicine for the indication in question**.'

SMC 1182/16 CALCIPOTRIOL AND BETAMETHASONE CUTANEOUS FOAM (ENSTILAR®)

It was confirmed that information regarding the abbreviated submission for calcipotriol and betamethasone cutaneous foam (Enstilar®) will be available for the October meeting. **FD**

SMC 370/07 - DASATINIB FILM-COATED TABLETS (SPRYCEL®)

There were no declarations of interest recorded in relation to this product.

It was confirmed that the dasatinib was previously included on the formulary for the treatment of chronic phase chronic myelogenous leukaemia as outlined in SMC 370/07 published May 2007. The original SMC advice was superseded by NICE TA241, published January 2012, and dasatinib was no longer recommended for use.
The latest (re)submission, published September 2016, was accepted by SMC following the output from the PACE process, and after application of the appropriate SMC modifiers. The SMC advice includes treatment of adult patients with chronic, accelerated or blast phase chronic myelogenous leukaemia.

The Group accepted the local need without a full submission for dasatinib as outlined in SMC 370/07 published September 2016.

SMC 370/07 - Dasatinib 20mg, 50mg, 80mg, 100mg, 140mg film-coated tablets (Sprycel®) is included on the Grampian Joint Formulary for the indication in question, restricted use.
Indication under review: for the treatment of adult patients with chronic, accelerated or blast phase chronic myelogenous leukaemia (CML) with resistance or intolerance to prior therapy including imatinib mesilate.
In patients with chronic, accelerated or blast phase CML, dasatinib produced haematological and cytogenetic responses in two phase III dosing ranging studies.
In a phase II study dasatinib was associated with higher haematological and cytogenetic responses relative to another tyrosine kinase inhibitor in patients with chronic phase CML.

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This advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of dasatinib and is contingent upon the continuing availability of the PAS in NHS Scotland or a list price that is equivalent or lower. This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting. It was classified 1b – available for restricted use under specialist supervision and 8b – recommended for hospital use only. Therapy should be initiated by a physician experienced in the diagnosis and treatment of patients with leukaemia. **FTeam**

SMC 1163/16 - FOSFOMYCIN TROMETAMOL GRANULES FOR ORAL SOLUTION (EQUIVALENT TO 3G FOSFOMYCIN) (MONURIL®)

There were no declarations of interest recorded in relation to this product.

The Group were reminded of the comments provided under matters arising.
It was confirmed that:

- for acute lower uncomplicated urinary tract infections, Monuril® is only licensed for use in adult and adolescent females
- the Antimicrobial Management Team do not support use for prophylaxis in diagnostic and surgical transurethral procedures

The Group accepted the local need for fosfomycin (Monuril®) without the need for a full submission as outlined in the March 2016 Formulary Group decision, but extending use to include adolescent females.

SMC 1163/16 - Fosfomycin trometamol granules for oral solution (equivalent to 3g fosfomycin) (Monuril®) is included on the Grampian Joint Formulary for the indication in question; restricted use.
Indication under review:

- **treatment of acute lower uncomplicated urinary tract infections, caused by pathogens sensitive to fosfomycin in adult and adolescent females.**

Restriction: inclusion in the NHS Grampian Staff guidance for optimising the use of alert (restricted) antimicrobials.
It was classified 1a - available for general use and 8e - treatment may be initiated in either hospital or community. Consideration should be given to official guidance on the appropriate use of antibacterial agents. **FTeam**

SMC 1178/16 - IDARUCIZUMAB 2.5G/50ML SOLUTION FOR INJECTION/INFUSION (PRAXBIND®) ▼

There were no declarations of interest recorded in relation to this product.

In January 2016, the Group supported the decision to stock Praxbind® in every hospital that accepts medical emergencies, noting that it will not be included on the formulary. This decision was taken prior to SMC advice because of the emergency nature of use. Praxbind® is restricted to hospital use only, and there is a local protocol to support use (limited to patients who have taken dabigatran in the last 48 hours, presenting with life/limb-threatening bleeding or requiring emergency surgery). The Group noted local use was in line with the SMC advice, and ratified the advice without the need for a full submission

SMC 1178/16 - Idarucizumab 2.5g/50mL solution for injection/infusion (Praxbind®) ▼ is included on the Grampian Joint Formulary for the indication in question; restricted use.
Indication under review: idarucizumab is a specific reversal agent for dabigatran and is indicated in adult patients treated with dabigatran etexilate when rapid reversal of its anticoagulant effects is required for emergency surgery/urgent procedures or in life-threatening or uncontrolled bleeding.
In a phase III, non-randomised, case series study, treatment with idarucizumab reversed the effect of dabigatran, with a median maximum percentage reversal of 100%. It was classified 1b – available for restricted use under specialist supervision and 8a – licensed for hospital use only. Restricted to hospital use only in line with local guidance for prescribing. **FTeam**

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SMC 1181/16 - PALIPERIDONE PALMITATE 175MG, 263MG, 350MG, 525MG PROLONGED RELEASE SUSPENSION FOR INJECTION (TREVICTA®)

There were no declarations of interest recorded in relation to this product.

The Group considered the abbreviated SMC advice for a new three-monthly formulation of paliperidone.

It was confirmed that:

- long-acting antipsychotic depot injections are included on formulary where patient compliance cannot be managed with oral preparations
- the monthly paliperidone preparation, Xeplion®, is already included on formulary for the maintenance treatment of schizophrenia in adult patients and previous responsiveness to oral risperidone (because oral paliperidone is not accepted for use in NHS Scotland). It may be used without prior stabilisation with oral treatment if psychotic symptoms are mild to moderate and a long-acting injectable treatment is needed.
- the preparation was discussed at the September meeting of the Mental Health Operation Medicines Management Group and local specialists support use
- the three-monthly preparation is cost-neutral versus the monthly preparation (12 injections per year), but saves staff time as two fewer injections are required per quarter
- paliperidone is more expensive than other depot preparations, particularly at the higher doses. Patients will only be transferred from the monthly to three-monthly preparation if they are fully stabilised on the monthly preparation.

The Group accepted the local need for paliperidone palmitate as the three-monthly injection (Trevicta®) without the need for a full submission.

SMC 1181/16 - Paliperidone palmitate 175mg, 263mg, 350mg, 525mg prolonged release suspension for injection (Trevicta®) is included on the Grampian Joint Formulary for the indication in question; restricted use.
Indication under review: paliperidone palmitate (Trevicta®), a three-monthly injection, is indicated for the maintenance treatment of schizophrenia in adult patients who are clinically stable on one-monthly paliperidone palmitate injectable product.
This new formulation of paliperidone palmitate is administered every three months and is available at pro-rata cost to the monthly formulation. It was classified 1b – available for restricted use under specialist supervision and 8d - treatment may be initiated in the community on recommendation of a consultant/specialist. **FTeam**

11. GENERAL INFORMATION FROM SMC SEPTEMBER 2016 - NONE

12. DOCUMENTS FOR INFORMATION

Items 12.1 (Grampian Medicines Management Minute, May 2016), 12.2 (Preventing Harm from transdermal opioid patch preparations, May 2016), 12.3 (Scottish Patient Safety Programme (SPSP) Medicines bulletin, August 2016), 12.4 (Area Drug and Therapeutics Committee Collaborative Newsletter, July 2016) and 12.5 (IIP Newsletter, July 2016) were noted.

13. AOCB

WITHDRAWAL OF RETIGABINE (TROBALT®)

It was confirmed that for commercial reasons GlaxoSmithKline plans to cease manufacturing and supply of the antiepileptic medication retigabine (Trobalt®). All formulations will be discontinued in 2017. The withdrawal will be highlighted with colleagues in the specialist service, and retigabine will be recorded as 'non-formulary'. **FD**

DATE OF NEXT MEETING

Tuesday 18 October 2016 starting at 14:30 in the Aspen Room Forest Grove House.

CHAIRMAN'S SIGNATURE _____ **DATE 18 October 2016**