NHS GRAMPIAN
Minute of Formulary Group Meeting
Tuesday 20 March 2018 at 14:30 in the Seminar Room, David Anderson Building

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

IN ATTENDANCE
Mrs Sally-Ann Chadha, Secretary, Formulary Team.
Ms Birgit Teismann, Primary Care Clinical Pharmacist, Aberdeen City Health and Social Care Partnership (observer).

ITEM	SUBJECT	ACTION
	The Chairman opened the meeting, welcomed members and noted that a quorum was present.	
	The Chairman welcomed Ms Teismann (attending the meeting as an observer).	
1.	**APOLOGIES**	
	Apologies for absence were requested and noted.	
2.	**DRAFT MINUTE OF THE MEETING HELD 20 FEBRUARY 2018**	
	The draft note of the February meeting was accepted subject to correction of minor typographical errors (correct spelling for liothyronine; item 7.2 should read 'Healthcare' not 'Health Improvement Scotland'; item 8.4 first bullet point remove 'is').	**FD**
	The final approved minute will be in the public domain within 21 days.	**FTeam**
3.	**PRESENTATION - NONE**	
4.	**MATTERS ARISING**	
	4.1. ACTION LOG	
	The Chairman reviewed the Action log with the Group to clarify the status of items that were not included on the agenda.	
	FREESTYLE LIBRE® On 2 March a local position statement was issued confirming that FreeStyle Libre® should not be prescribed on the NHS in Grampian. The North of Scotland Boards were awaiting the Scottish Health Technologies Group Advice Statement for FreeStyle Libre®.	
	This item will remain on the Action log, but updates not reported until the outcome of the review by the Scottish Health Technologies Group is available.	**FD**
	NALOXONE NASAL SPRAYS Awaiting feedback from the Specialist Pharmacists in Substance Misuse. This item will remain on the Action log.	
	SHORT LIFE WORKING GROUP FOR DIRECT ORAL ANTICOAGULANTS No further information is available. An update will be requested for the next meeting. This item will remain on the Action log.	**FD**
	NICE TA481 AND TA482 An update will be provided for the April meeting.	**FD**

SMC 1276/17 PALBOCICLIB
A submission for a competitor product, ribociclib, is expected. The service has confirmed that there was an error in the costings for the palbociclib submission. The cost of introduction will be clarified when the ribociclib submission is received. This item will be removed from the Action log.

SMC 1325/18 NILOTINIB
The paediatric licence extension for nilotinib in chronic myelogenous leukaemia (CML) is not recommended by SMC due to non-submission. The paediatric pharmacist confirmed that currently there is not a local need for nilotinib for this indication. The Group ratified the SMC position in the knowledge that if a local need were to arise local processes are available to request this medicine. This item will be removed from the Action log.

4.2. EDOXABAN FOR THE TREATMENT OF CANCER-ASSOCIATED VENOUS THROMBOEMBOLISM

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

At the previous meeting Mr Rore was tasked with sourcing supplementary information from the study/Marketing Authorisation Holder (MAH). The Group considered the supporting documents, and Mr Rore summarised the information provided by the MAH.

Mr Rore confirmed that the supplementary papers and information provided by the MAH:
- did not clarify the bleeding profile of patients
- raised some questions in relation to which patients were included in the gastrointestinal cancer patient group

The Group noted:
- that patients with solid tumours also had an increased rate of major bleeding
- the study excluded patients with Eastern Cooperative Oncology Group (ECOG) Performance status 3 or 4, so limited use to the more fit patients
- the supplementary information and responses provided by the MAH were not helpful in clarifying the patient group(s) that may be at a higher risk of bleeding
- the data provided was not robust enough to allow the Group to exclude patients that may be at a higher risk of bleeding when taking edoxaban
- prescribing of edoxaban (for patients with active cancer) would not be restricted to the specialist service but would be transferred to Primary Care (as a recommendation from a specialist)

Based on the data available, the Group was unable to support the off-label use of edoxaban for the treatment of cancer-associated VTE. The Group considered the evidence base and safety data to be insufficient to accept to the formulary. If further studies, more robust safety data becomes available and the requestor wishes to resubmit the decision would be revisited.

Edoxaban tosilate 30mg, 60mg film-coated tablets (Lixiana) ▼ is not routinely available as there is a local preference for alternative medicines.
Indication under review: (off-label use) for the treatment of venous thromboembolism in adult cancer patients.
Not routinely available as there is a local preference for alternative medicines. **FTeam**

5. FORMULARY GROUP DECISIONS FEBRUARY 2018 - PUBLISHED 05/03/2018

The Group ratified the advice as published.

6. NETFORMULARY/FORMULARY REVIEW

7.1. ALLERGIC RHINITIS – ANTIHISTAMINE AND INTRANASAL CORTICOSTEROIDS

The Group considered the SBAR that reviewed the current formulary choice oral antihistamines and intranasal corticosteroids.

Ms Doney gave a brief overview and noted:
- oral agents are the first-choice agents for mild allergic rhinitis
  - the current formulary choice oral antihistamines are non-sedating: cetirizine, loratadine and fexofenadine, and sedating: chlorphenamine, promethazine and hydroxyzine

  - the escalating cost of two non-formulary products alimemazine and rupatadine
  - alimemazine as the brand Vallergan® was discontinued at the end of 2016, and the price of alimemazine (all formulations) has escalated with the currently available 'generic' products costing 25 to 37 times more than the corresponding Vallergan® preparation
  - rupatadine 10mg tablets was previously marketed as Rupafin®. This brand was discontinued in 2015 and the price of the currently available generic product has increased six-fold.
  - acrivastine, a fast-acting non-sedating antihistamine, is currently non-formulary
- intranasal corticosteroids are first-line agents for moderate to severe allergic rhinitis
  - the current first-choice intranasal corticosteroid sprays are beclometasone dipropionate for adults and mometasone furoate for children (second-line choice for adults). Other drugs available in the formulary include fluticasone furoate nasal spray, and Dymista® (azelastine hydrochloride plus fluticasone propionate) nasal spray.
  - beclometasone and mometasone nasal sprays are included in the Scottish Drug Tariff (SDT) and should be prescribed generically
  - the systemic bioavailability of intranasal corticosteroids varies considerably and influences the risk of systemic adverse effects. Mometasone has little systemic uptake and is more suitable for use in children and for long-term therapy. Systemic absorption is modest for beclometasone.
  - mometasone nasal spray has a simple once-a-day dosing schedule (potential for improved compliance)
  - a member noted the expenditure on fluticasone (400micrograms) nasal drops, and queried if this agent was being used first-line for nasal polyps

The Group supported the suggestions to contact the specialist services to confirm:
- if there is a need for acrivastine because it is a fast-acting oral agent
- the current first-choice corticosteroid preparation used for the treatment of nasal polyps

The Group agreed that:
- **oral antihistamines - no change to current formulary choices required (subject to confirmation of local need for acrivastine)**
- **prescribing of alimemazine should be reviewed**
- **ScriptSwitch should be used to highlight the non-formulary status of alimemazine and rupatadine**
- **intranasal steroids - mometasone remains the first-choice for children, but should be also considered a first-line option for adults, particularly those requiring long-term treatment. Beclometasone remains on formulary as an alternative, and is available from Community Pharmacies under the Minor Ailment Scheme as Pharmacy (P) packs.**

FTeam

7. OTHER BUSINESS

7.1. Scottish National Formulary (SNF) – March update

The Group noted the content of the SNF March Update, and the development workshops for the initial chapters (gastrointestinal, endocrine, infections and respiratory) are taking place late March to mid-April.

7.2. Quality Prescribing for Chronic Pain – A Guide for Improvement 2018-2021

7.3. Quality Prescribing for Diabetes – A Guide for Improvement 2018-2021

7.4. Quality Prescribing for Respiratory – A Guide for Improvement 2018-2021

The Group noted items 7.2 to 7.4, and supported dissemination of the documents.

It was confirmed that the documents were being taken forward by the Grampian Medicine Management Group (GMMG) and relevant Managed Clinical Network (MCN). The GMMG is looking to set up a short life working group (SLWG) to review the Chronic pain - guide for improvement. Dr MacDonald expressed an interest in linking with the SLWG.
Dr McLay questioned if there was a link with local pain ladder advice issued by the Oncology service. Further information on this advice will be sought. **JMcL**

7.5. EUROPEAN MEDICINES AGENCY'S (EMA) RECOMMENDS IMMEDIATE SUSPENSION AND RECALL OF MULTIPLE SCLEROSIS MEDICINE ZINBRYTA® ▼

Following reports of serious inflammatory brain disorders worldwide, including three fatalities, the EMA has recommended the immediate suspension and recall of the multiple sclerosis medicine daclizumab (Zinbryta®) ▼. The service is aware and the formulary entry amended.

7.6. SIGN 155 PHARMACOLOGICAL MANAGEMENT OF MIGRAINE FEBRUARY 2018

Updated SIGN guidance for the pharmacological management of migraine was published February 2018. Discussion is underway with the specialist, with some minor changes anticipated to the formulary recommendations. Information will be provided for the April meeting, and the specialist will be invited to a future meeting to present to the Group. **FD**

7.7. BIOSIMILAR MEDICINES: A NATIONAL PRESCRIBING FRAMEWORK

No comment.

8. NEW PRODUCT REQUESTS

8.1. FG1SMC 1300/18 - CLADRIBINE (HIGHLY ACTIVE RELAPSING MULTIPLE SCLEROSIS (MS))

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

The Group reviewed the submission for cladribine for the treatment of some adult patients with highly active relapsing multiple sclerosis (MS).

The Group noted that:

- cladribine:
  - is already available on the formulary as an injection/infusion for other indications
  - (for this indication) is available as an oral tablet, taken as a cumulative dose of over two years (cladribine 3.5mg/kg of body weight; one treatment course of 1.75mg/kg per year). Each treatment course consists of two treatment weeks, one at the beginning of the first month and one at the beginning of the second month of the respective treatment year. Following completion of the two treatment courses, no further cladribine treatment is required in years three and four. Re-initiation of therapy after year four has not been studied.
- patient numbers are in line with the manufacturer's estimate provided to the SMC
- if available for use, cladribine will become an additional treatment option for some patients, and there is the potential for budget offset against other agents. Additionally costs/budget in the system that would have been available for daclizumab will now be available for the alternative agents.
- cladribine, when used for haematological conditions, has been associated with prolonged lymphopenia, and a recent Drug Safety Update warned of the risk of progressive multifocal encephalopathy (PML) after patients received treatment with cladribine for haematological conditions. The service is aware of the risk of PML for cladribine and with other MS drugs.
- cladribine is not suitable for prescribing in Primary Care, this will be flagged on ScriptSwitch **FD/AD**
- there is a potential that a Homecare arrangement may be available, however clarification was not available for the meeting

The Group accepted the restricted local need for cladribine tablets as outlined in SMC 1300/18 as a treatment option for adult patients in two subgroups of patients with high disease activity relapsing remitting MS. Treatment will be restricted to hospital use/supply only.

SMC 1300/18 - Cladribine 10mg tablet (Mavenclad®) is routinely available in line with national guidance (SMC 1300/18).
Indications under review:

1. **patients with rapidly evolving severe relapsing-remitting multiple sclerosis (MS): patients with two or more relapses in the prior year whether on treatment or not, and at least one T1 gadolinium-enhancing lesion.**
2. **patients with sub-optimal therapy relapsing-remitting MS: patients with one or more relapses in the previous year while on disease modifying therapy, and at**

least one T1 gadolinium-enhancing lesion or nine T2 lesions.
In a phase III study cladribine showed superiority over placebo in terms of annualised relapse rate in patients with high disease activity relapsing-remitting multiple sclerosis. It was classified 1b – available for restricted use under specialist supervision and 8b - recommended for hospital use only. Treatment must be initiated and supervised by a physician experienced in the treatment of MS **FTeam**

8.2. FG1SMC 1291/18 - PEMBROLIZUMAB (UROTHELIAL CARCINOMA)

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

The Group considered the submission for pembrolizumab as monotherapy for the treatment of locally advanced or metastatic urothelial carcinoma in adults who have received prior platinum-containing chemotherapy.

The Group noted that:
- pembrolizumab:
  - is already included on the formulary for other indications, and clinicians are familiar with its use and adverse event profile
  - showed an improvement in overall survival in the study (compared to control)
- nivolumab and atezolizumab are licensed for the treatment of locally advanced or metastatic urothelial cancer but are not accepted for use in NHS Scotland

The Group accepted the restricted local need for pembrolizumab for the treatment of locally advanced or metastatic urothelial carcinoma in adults who have received prior platinum-containing chemotherapy as outlined in SMC 1291/18.

SMC 1291/18 - Pembrolizumab 25mg/mL concentrate for solution for infusion, 50mg powder for concentrate for solution for infusion (Keytruda®) ▼ is routinely available in line with national guidance (SMC 1291/18).
Indication under review: as monotherapy for the treatment of locally advanced or metastatic urothelial carcinoma in adults who have received prior platinum-containing chemotherapy.
Restriction: treatment with pembrolizumab is subject to a two-year clinical stopping rule.
In a phase III study of patients with measurable urothelial carcinoma with progressive disease on or after platinum-based chemotherapy, treatment with pembrolizumab was associated with a statistically significant improvement in overall survival when compared with investigator's choice of single agent chemotherapy.
This advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of pembrolizumab 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 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 must be initiated and supervised by specialist physicians experienced in the treatment of cancer. **FTeam**

9. SCOTTISH MEDICINES CONSORTIUM PROVISIONAL ADVICE - ISSUED MARCH 2018

The Group noted the SMC provisional advice issued March 2018.

If published next month the non-submission statements, for ceritinib (Zykadia®) ▼ SMC 1333/18 and parathyroid hormone (Natpar®) ▼ SMC 1334/18, will not be included on the Grampian Joint Formulary for the indications in question. **FTeam**

The Group noted the provisional advice for two hepatitis C medicines. It was reported that the current national guidance does not cover all of the indications/genotypes accepted by the SMC advice. The authors of the national guidance are meeting in April to discuss the way forward, with an update issued to Boards after the meeting. **FD**

SMC 1319/18 - ASPARAGINASE 10,000 UNITS POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION

The Chairman highlighted the advice for asparaginase as a component of antineoplastic combination therapy for the treatment of acute lymphoblastic leukaemia (ALL). This provides a licensed medicine that replaces use of an unlicensed medicine. The Group agreed to accept asparaginase (Spectrila®) in line with SMC 1319/18 without the need for a full submission. **FTeam**

10. SCOTTISH MEDICINES CONSORTIUM PRESS STATEMENTS - PUBLISHED MARCH 2018

The Group noted the SMC advice published March 2018.

Following publication of the negative SMC recommendation, for atezolizumab (Tencentriq®) ▼ SMC 1297/18, and the non-submission statements, for clostridium botulinum type A toxin-haemagglutinin complex (Dysport®) SMC 1321/18, dexamethasone (Neofordex®) SMC 1322/18, elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide (Genvoya®) ▼SMC 1323/18, lacosamide (Vimpat®) SMC 1324/18, nilotinib (Tasigna®) SMC 1325/18 and sofosbuvir (Sovaldi®) ▼ SMC 1326/18, these medicines will not be included on the Grampian Joint Formulary for the indications in question. **FTeam**

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

- SMC 1296/18 pembrolizumab (Keytruda®) ▼ (submission expected)
- SMC 1295/18 ribociclib (Kisqali®) ▼ (submission expected)

Local advice for these medicines and indications will be included in the March 2018 decisions as **'Not routinely available as local implementation plans are being developed or the ADTC is waiting for further advice from local clinical experts.'** **FTeam**

11. GENERAL INFORMATION FROM SMC MARCH 2018 - NONE

12. DOCUMENTS FOR INFORMATION

Items 12.1 (Drug Safety Update February 2018), 12.2 (Grampian Medicines Management Group minute 6 September 2017), and 12.3 (Grampian Primary Care Prescribing Group minute 13 December 2017) were noted.

13. AOCB

DIRECT ORAL ANTICOAGULANTS VIDEO

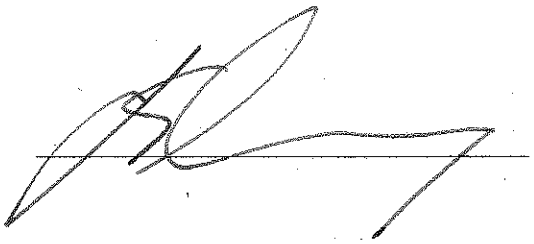
A pilot patient information video has been issued which is currently in consultation. Ms Doney will email the link for members to review and feedback to the authors. **FD**

SMC WEBSITE

Dr MacDonald advised the SMC website has been redesigned and is now live.

DATE OF NEXT MEETING

Tuesday 17 April March 2018 starting at 14:30 in the Seminar Room, David Anderson Building.

CHAIRMAN'S SIGNATURE  **DATE 17 April 2018**