NHS GRAMPIAN
Minute of Formulary Group Meeting
Tuesday 17 July 2018 at 14:30 in the Seminar Room, David Anderson Building

PRESENT	APOLOGIES	APPROVED
Ms A Davie	Dr L Elliot	
Ms F Doney	Dr J Fitton	
Mrs L Harper (from item 4.1)	Ms M Galvin	
Dr A MacDonald (Chairman)	Professor J McLay	
Mrs L Montgomery	Dr A Sun	
Dr W Moore (from item 4.1)	Mr R Sivewright	
Mr M Paterson		
Mr C Rore		

ITEM	SUBJECT	ACTION
	The Chairman opened the meeting and noted that a quorum was not present. It was confirmed that a note of the discussion would be emailed to members requesting comment on the recommendations, and the recommendations will be ratified at the next quorate meeting.	
1.	**APOLOGIES**	
	Apologies for absence were requested and noted.	
2.	**DRAFT MINUTE OF THE MEETING HELD 19 JUNE 2018**	
	The Group accepted the draft note of the meeting subject to minor typographical changes and corrections to page 6 (item 8.4 regorafenib - correct decision to 'routinely available in line with national guidance').	**FD**
	The corrected approved minute will be in the public domain within 21 days.	**FD**
3.	**PRESENTATION – NONE**.	
4.	**MATTERS ARISING**	
4.1.	**ACTION LOG**	
	The Chairman reviewed the meeting Action log with members to clarify the status of items that were not included on the agenda.	
	NALOXONE NASAL SPRAY Update from Specialist Pharmacist in Substance Misuse - Nyxoid® has not been launched in the United Kingdom and the manufacturer does not have a date for marketing (may launch this Autumn), and the company could not give an indication of price. In the absence of a date for launch and no indication of price members agreed that this item should be removed from the Action log.	**FD**
	STATINS This item will come to the next meeting. This item will remain on the Action log.	
	BUCCAL MIDAZOLAM The information will be finalised and issued this week. This item will be removed from the Action log.	**FD**
	ESMYA® (ULIPRISTAL 5MG) At the June meeting the Group noted that the European Medicines Agency (EMA) had concluded its review of Esmya® (ulipristal acetate) for uterine fibroids and recommended several measures be put in place to minimise the risk of rare but serious liver injury. Members were unaware of the recommendations being issued by the European Commission/Medicines and Healthcare products Regulatory Agency. The Formulary Team will contact local specialists to confirm if they are aware of the new recommendations. This item will remain on the Action log.	**FD**

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NEW FORMULARY GROUP MEMBER

Dr Angela Sun, Consultant Paediatrician, has agreed to join the Formulary Group as a paediatric representative. This item will be removed from the Action log. **FD**

At this point of the meeting representation was sufficient to reach quorum and business was transacted as usual.

4.2. SIGN 155 MIGRAINE – DRAFT TREATMENT PATHWAY (ADULTS)

Ms Doney provided the Group with an update on the draft local treatment pathway for the pharmacological management of migraine in adults.

Ms Doney confirmed that:

- the local pathway has been developed with the local specialists and is generally in line with the SIGN 155 pathway. The main difference is that local specialists support referral after an appropriate trial of three preventative treatments (each used at highest tolerated dose for three months).
- additional links to resources, e.g. headache diaries, MHRA (sodium valproate) will be included
- the final pathway will be signed off by the specialist service and hosted on the formulary website
- GP representatives were not available for the meeting but Dr Elliot emailed her comments and was fully supportive of the pathway

The Group supported hosting the pathway on the formulary website. The Chairman requested that members review the pathway and return any comments in two weeks. **All**

4.3. EMOLLIENTS

Ms Doney provided the Group with an update on the draft 'emollient ladder'.

Ms Doney confirmed that:

- very few comments were received and the deadline for comments had passed
- emulsifying ointment was added following comments from a member
- 'Fifty:50 Ointment' contains white soft paraffin and is a branded version of white soft paraffin 50%/liquid paraffin 50% ointment. It is marginally easier to find the branded product in Primary Care prescribing dictionaries.

Ms Davie suggested that prescribing as the generic product would be preferred, and the generic product could be included in the prescribing system 'formularies' to help prescribers find it. **AD/FD**

Ms Doney advised that the document would not come back to the Group before publication.

5. FORMULARY GROUP DECISIONS JUNE 2018 - PUBLISHED 02/07/2018

5.1. FORMULARY GROUP DECISIONS JUNE 2018

The Group ratified the advice subject to correction of the regorafenib decision as detailed in item 2. **FTeam**

5.2. DRAFT NETFORMULARY UPDATE FOR JUNE 2018 FORMULARY GROUP DECISION

Ms Doney discussed the draft document showing the presentation of the June formulary decisions in the new netFormulary website. The plan is that this document will be used to provide members with an opportunity to view and authorise (or not) the previous meetings decisions before they are published on the formulary website. As this is a new system, delegated authority cannot be assumed and the document will be used to provide assurance that processes are being followed and the decisions/information is being hosted on the formulary website.

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Ms Doney asked members to consider if the document provided enough information to allow members to review and authorise publication of the decisions and confirmed that:

- not all information/decisions will come to the Group for sign off, some decisions, e.g. negative SMC decisions would be actioned without the authorisation of the Formulary Group
- members would not be expected to check hyperlinks etc, purely asked to review the information presented
- the Formulary Group is responsible for publications of decisions and update of the formulary

The Group discussed the proposal regarding authorisation of decisions and agreed that until the end of the year the Formulary Team should provide a document for each meeting. This time will be used to provide the Group with assurance that processes are being followed and confirm which scenarios do not require complete oversight by the Group.

The Group authorised publication of the June formulary decisions. Ms Doney confirmed that ribociclib should be noted as 'high cost' and this would be included before publication. **FTeam**

6. NETFORMULARY/FORMULARY REVIEW

6.1. HORMONE REPLACEMENT THERAPY (HRT)

Ms Doney updated the Group on the review of hormone replacement therapy (HRT).

Ms Doney confirmed that:

- a follow-up meeting with the specialists was not possible before the meeting and GP representatives have not commented on the recommendations so the document remains draft
- the reason for bringing the document to the meeting was to discuss the Groups position regarding the potential for branded prescribing of estradiol-only tablets, as branded prescribing may prove advantageous for clinicians and patients
- there is a small cost minimisation opportunity available if the Group supported a preferred brand for estradiol-only tablets
- estradiol-only tablets are not included on the Scottish Drug Tariff (SDT)

The Group noted that the default position is generic prescribing, however HRT prescribing is an area where there is significant branded prescribing, particularly of the combination HRT products.

A member reported that Duavive® might be discontinued in the near future. **FTeam**

The Group supported the principle of generic prescribing but was minded to support branded prescribing of estradiol-only tablets as prescribing of HRT can be very confusing for prescribers and patients. Branded prescribing would provide consistency for clinicians and patients, and potentially safety benefits. This position is subject to discussion with the Specialist Service and GP representatives. **FD**

6.2. REVIEW OF PROSTATE CANCER/LHRH AGONIST MEDICINES

This item was deferred to a future meeting.

7. OTHER BUSINESS

7.1. DISCONTINUATION OF NEDOCROMIL SODIUM 2% EYE DROPS (RAPITIL)

Ms Doney confirmed that nedocromil sodium 2% (Rapitil®), marketed by Sanofi, has been discontinued. The Marketing Authorisation has not been passed to another company, and a notice of discontinuation will not be sent to prescribers.

As notification will not be sent by Sanofi, the Formulary Team will draft information for distribution to prescribers, and the suggested switch will be to the formulary choices – sodium cromoglicate first-line, and olopatadine second-line. **FTeam**

Nedocromil sodium 2% eye drops will be removed from the formulary.

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	Nedocromil sodium 2% eye drops (Rapitil®) - the Marketing Authorisation holder has decided to discontinue this product. **Indication: for the prevention, relief and treatment of allergic conjunctivitis, including seasonal allergic conjunctivitis, allergic conjunctivitis and vernal-kerato conjunctivitis.** **In view of the discontinuation, nedocromil (Rapitil®) has been removed from the Grampian Joint Formulary.**	**FTeam**

7.2. DUTASTERIDE

Ms Doney highlighted that dutasteride is now included on the Scottish Drug Tariff (SDT) and this change will affect the cost-effectiveness of a current formulary product Combodart® (a fixed dose combination product containing dutasteride and tamsulosin).

Combodart® is now significantly more expensive than the individual components prescribed separately as generic medicines. Local prescribing is limited and review of individual patients is being dealt with at practice level.

Review of Combodart® will be included in the LHRH antagonist review. **FTeam**

7.3. FREESTYLE LIBRE®

The Group noted that on 13 July 2018 the Scottish Health Technologies Group published an Advice Statement regarding the clinical- and cost-effectiveness of Freestyle Libre® flash glucose monitoring. An updated local position statement was issued 13 July 2018, and the Grampian Medicines Management Group (GMMG) will take forward any work required regarding implementation of the Advice Statement.

8. NEW PRODUCT REQUESTS

8.1. FG1SMC 1327/18 – TELOTRISTAT ETHYL (CARCINOID SYNDROME DIARRHOEA)

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

The Group reviewed the submission for telotristat ethyl tablets (Xermelo®) ▼ for the treatment of carcinoid syndrome diarrhoea in patients who experience an average of four or more bowel motions per day, despite receiving somatostatin analogue therapy.

The Group noted:

- telotristat ethyl:
  - is a symptomatic treatment that is used in combination with somatostatin analogue therapy
  - (for this indication) meets SMC ultra-orphan criteria and was accepted for restricted use in NHS Scotland following the output from the PACE process and application of the appropriate SMC modifiers
- the SMC advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of telotristat
- the narrow positioning of use in a rare condition - the submitting company requested that the SMC consider telotristat ethyl when positioned for use in patients with carcinoid syndrome diarrhoea who, despite receiving somatostatin analogue therapy, experience an average of four or more bowel motions per day
- the evidence for efficacy and clinical benefit is modest
- there are no long-term data regarding the benefits and risks of telotristat ethyl, licensing is based on short-term data (12 week study)
- patient numbers are expected to be small, the treatment is relatively expensive but it may provide a benefit for a small number of patients
- section 4.2 of the licence states that "*Available data suggest that clinical response is usually achieved within 12 weeks of treatment. It is recommended to reassess the benefit of continued therapy in a patient not responding within this time period*."

A member queried if the Specialist Service will be monitoring treatment (liver function tests).

The Formulary Team will confirm that the Specialist Service will carry out monitoring. **FTeam**

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The Group accepted the restricted local need for telotristat ethyl tablets for the treatment of carcinoid syndrome diarrhoea in adults who experience an average of four or more bowel motions per day, despite receiving somatostatin analogue therapy.

SMC 1327/18 - Telotristat ethyl 250mg film-coated tablets (Xermelo®) ▼ is routinely available in line with national guidance (SMC 1327/18).
Indication under review: treatment of carcinoid syndrome diarrhoea in combination with somatostatin analogue therapy in adults inadequately controlled by somatostatin analogue therapy.
Restriction: patients with carcinoid syndrome diarrhoea who experience an average of four or more bowel motions per day, despite receiving somatostatin analogue therapy.
A phase III double-blind randomised study showed that telotristat ethyl produced a statistically significant greater reduction in the number of daily bowel motions in patients with carcinoid syndrome on stable dose somatostatin analogue therapy compared with placebo.
This advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of telotristat ethyl 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. The treatment must be initiated by an Endocrinologist or Oncologist consultant involved in the neuroendocrine multidisciplinary team. **FTeam**

8.2. FG1SMC 1298/18 – TOFACITINIB CITRATE (ACTIVE RHEUMATOID ARTHRITIS IN ADULTS)

Mrs Harper declared a non-personal, non-specific interest in Pfizer and took part in the discussion and decision-making.

The Group considered the submission for tofacitinib, as outlined in SMC 1298/18, as an additional oral treatment option for adults with severe rheumatoid arthritis.

The Group noted:
- tofacitinib:
  - is the second Janus Kinase (JAK) inhibitor licensed in the UK (baricitinib was the first)
  - is an oral medication used in combination with methotrexate, or as monotherapy when treatment with methotrexate is inappropriate or in cases of methotrexate intolerance
- the SMC advice takes account of the benefits of a PAS that improves the cost-effectiveness of tofacitinib
- numbers may be small initially but could increase with time
- the Service supports having both baricitinib and tofacitinib on the formulary
- that a Homecare arrangement may be available for tofacitinib and supply via Homecare would be supported
- blood monitoring for patients on methotrexate and tofacitinib would be in line with the current methotrexate shared care arrangements
- there are several drug classes now available for the management of RA however there are few head-to-head comparisons between the different medicines

The Chairman confirmed that the Rheumatology Service would be responsible for the blood monitoring of patients on tofacitinib monotherapy.

The Group accepted the restricted local need for tofacitinib citrate as outlined in SMC 1298/18. This decision is subject to tofacitinib being supplied via a Homecare arrangement.

SMC 1298/18 - Tofacitinib citrate 5mg film-coated tablets (Xeljanz®) ▼ is routinely available in line with national guidance (SMC 1298/18).
Indication under review: in combination with methotrexate for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded

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inadequately to or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). Tofacitinib can be given as monotherapy in case of intolerance to methotrexate or when treatment with methotrexate is inappropriate. Restriction: in patients with severe disease (a disease activity score [DAS28] greater than 5.1) that has not responded to intensive therapy with a combination of conventional DMARDs. In patients with severe disease inadequately controlled by a tumour necrosis factor (TNF) antagonist it may be used in patients ineligible to receive rituximab.
In a phase III / IV study in patients with rheumatoid arthritis with an inadequate response to conventional DMARDs non-inferiority of tofacitinib was demonstrated when compared with a tumour necrosis factor alpha (TNF) inhibitor (both in combination with methotrexate) in relation to proportion of patients achieving an American College of Rheumatology response of at least 50% (ACR50). A phase III study in patients with rheumatoid arthritis with an inadequate response to TNF inhibitors demonstrated that tofacitinib plus methotrexate significantly improved signs and symptoms of RA when compared with placebo plus methotrexate.
This advice takes account of the benefits of a Patient Access Scheme (PAS) that improves the cost-effectiveness of tofacitinib 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 initiated and supervised by specialist physicians experienced in the diagnosis and treatment of rheumatoid arthritis. **FTeam**

8.3. FG1SMC 1313/18 - DIMETHYL FUMARATE TABLETS (PLAQUE PSORIASIS)

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

The Group considered the submission for dimethyl fumarate, as the brand Skilarence®, as a treatment option for moderate to severe plaque psoriasis in line with SMC 1313/18.

The Group noted that:
- dimethyl fumarate:
  - is already included on the formulary for the treatment of relapsing remitting multiple sclerosis in a capsule formulation as the brand Tecfidera®. The treatment dose for multiple sclerosis is much lower than the maximum dose used for psoriasis (Tecfidera® - recommended dose - 240mg twice a day; Skilarence® - maximum daily dose allowed is 720mg (3 x 2 tablets of Skilarence® 120mg))
  - is an oral treatment option, and the appropriate oral comparators are apremilast and the unlicensed product Fumaderm®
  - may decrease leukocyte and lymphocyte counts
- opportunistic infections, particularly of progressive multifocal leukoencephalopathy (PML) have been reported with other dimethyl fumarate containing products
- biosimilar adalimumab will be available early 2019, and it is unclear how the availability of a biosimilar adalimumab would affect the treatment pathway
- the service proposes that Skilarence® could be prescribed in Primary Care under a shared care arrangement

The Group was unclear of the therapeutic niche that Skilarence® filled, and requested clarification of:
- when/why Skilarence® would be chosen before apremilast or a biologic
- how many patients in Grampian are currently receiving Fumaderm®?
- the estimated patient numbers appeared high, particularly as local use of Fumaderm® appears to be low. The estimate is significantly higher than previously considered for apremilast but the eligible patient group is the same for both medicines.
- is prescribing in Primary Care appropriate? The monitoring requirements could be quite significant, and all prescribing of Tecfidera® is currently arranged by the managed service.
- PML is a rare but noteworthy risk with dimethyl fumarate, and it is difficult to know how significant a concern PML would be for Skilarence®. Are there reasons related to this preparation, Skilarence®, or the disease/patient characteristics that the risks of adverse events would be less for psoriasis patients than multiple sclerosis patients?

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	The requestor will be invited to a future meeting.	**FD**
	Ms Davie will check if Fumaderm® prescriptions are being issued in Primary Care.	**AD**
	SMC 1313/18 - Dimethyl fumarate 30mg, 120mg gastro-resistant tablets (Skilarence®) is not routinely available as the ADTC is waiting for further advice from local clinical experts. **Indication under review: for the treatment of moderate to severe plaque psoriasis in adults in need of systemic medicinal therapy.** **Restriction: for use in patients in whom other non-biologic systemic treatments (methotrexate, ciclosporin and acitretin) are not appropriate or have failed and who are considered unsuitable for biologic therapy given their current disease state or personal preference.** **In a 16 week, double-blind, phase III study, dimethyl fumarate was superior to placebo and non-inferior to a fumaric acid ester product at improving the symptoms of moderate to severe plaque psoriasis in adults.** **Not routinely available as the ADTC is waiting for further advice from local clinical experts.**	**FTeam**
9.	**SCOTTISH MEDICINES CONSORTIUM PROVISIONAL ADVICE - ISSUED JULY 2018**	
	The Group noted the SMC provisional advice issued July 2018.	
	If the negative SMC recommendations and non-submission statements are published next month, these medicines will not be included on the formulary for the indications in question.	**FTeam**
10.	**SCOTTISH MEDICINES CONSORTIUM PRESS STATEMENTS - PUBLISHED JULY 2018**	
	The Group noted the SMC advice published July 2018.	
	Following publication of the negative SMC recommendation, for ocrelizumab (Ocrevus®) ▼ SMC 1344/18, and the non-submission statements, for brentuximab vedotin (Adcetris®) ▼ SMC 2098, ixazomib (Ninlaro®) ▼ SMC 2099, midostaurin (Rydapt®) ▼ SMC 2100, raltegravir (Isentress®) SMC 2101, these medicines 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 1336/18 atezolizumab (Tecentriq®) ▼ (submission expected) • SMC 1337/18 lutetium (^{177}Lu) oxodotreotide (Lutathera®) ▼ • SMC 2017 progesterone (Lubion®) • SMC 1335/18 tivozanib (Fotivda®) ▼ (submission expected)	
	Local advice for these medicines and indications will be included in the July 2018 decisions as 'Not routinely available as the ADTC is waiting for further advice from local clinical experts'.	**FTeam**
11.	**GENERAL INFORMATION FROM SMC JULY 2018 - NONE**	
12.	**DOCUMENTS FOR INFORMATION**	
	Items 12.1 (Drug Safety Update June 2018), 12.3 (Medicine Guidelines and Policies Group minute May 2018), and 12.4 (Grampian Medicines Management Group minute May 2018), were noted.	
	ITEM 12.2 - POLYPHARMACY GUIDANCE, REALISTIC PRESCRIBING The Group noted the publication of the third edition of the NHS Scotland Polypharmacy guidance. Members were surprised at the lack of advertising about the updated guidance and that there was not an official launch of the guidance. The guidance will be highlighted with the Grampian Medicines Management Group (GMMG) and Primary Care Prescribing Group.	**FD/ AD**

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13. AOCB

Ms Doney reported that an email had been received asking for more detail as to why the Formulary Group had rejected the recent submission for lenalidomide maintenance (April 2018). There was also a request to consider if the minute could be revised or how more information regarding the decision could be provided.

Professor McLay had replied that it would not be appropriate to revise the minute as members had already had the opportunity to discuss and approve the minute, however a clarification of the decision would be possible.

Ms Doney will forward the response to members for review. FD

DATE OF NEXT MEETING

Tuesday 21 August 2018 starting at 14:30 in the Seminar Room, David Anderson Building.

CHAIRMAN'S SIGNATURE _____ **DATE 21 August 2018**