NHS GRAMPIAN
Minute of Formulary Group Meeting
Tuesday 18 April 2023 at 14:30 via Microsoft Teams

PRESENT	APOLOGIES	APPROVED
Ms L Cameron	Miss R Anderson	
Dr V Chieng	Dr D Culligan	
Ms A Davie		
Ms F Doney (Vice-Chair)		
Dr E Elias		
Dr L Elliot (Chair)		
Mrs G McKerron		
Dr M Metcalfe (Vice-Chair)		
Dr J Newmark (from item 6)		
Mr M Paterson		
Mr R Sivewright (from item 6)		

IN ATTENDANCE
Ms Christine Hay, Formulary and Medicines Management Pharmacist

Note some items were taken outwith agenda order.

ITEM	SUBJECT	ACTION
	WELCOME The Chair welcomed members, opened the meeting, and noted that a quorum was present.	
1.	**APOLOGIES** Apologies for absence were requested and noted.	
2.	**DRAFT MINUTE OF THE MEETING HELD 21 MARCH 2023** The Group accepted the draft note of the meeting subject to minor typographical changes. The corrected final approved minute will be in the public domain within 21 days of final approval.	**FD**
4.	**MATTERS ARISING**	
4.1.	**ACTION LOG** The action log was noted. No additional items were identified for discussion at the meeting.	
4.2.	**DECLARATION OF INTEREST REGISTER 2022** The Chair reminded members to update and return their conflicts of interests for the calendar year 2022.	
5.	**FORMULARY GROUP DECISIONS MARCH 2023 - PUBLISHED 04/04/2023** Members ratified the decisions of the March 2023 meeting as published.	

ITEM	SUBJECT	ACTION

6. NETFORMULARY/FORMULARY REVIEW

6.1. ULTRA-ORPHAN DRUG RISK SHARE UPDATE

There were no declarations of interest recorded in relation to these products.

The Group reviewed the Formulary Team's summary document highlighting medicines recently included in the Scottish Government ultra-orphan pathway.

Velmanase alfa (SMC 2466), burosumab (SMC 2514), onasemnogene abeparvovec (SMC 2311) and risdiplam (SMC 2401) are now included in the new (2020) Ultra-Orphan Drug Risk Share scheme.

The Group supported the changes proposed by the Formulary Team:

- update the decisions for velmanase alfa and burosumab from – '*If local need identified* contact *the Pharmacist team Leader/Principal Pharmacist - Supply (ARI)'* to *'If local need identified treatment is available through the National Services Scotland Ultra orphan medicines Risk Share Scheme'.*
- move the current formulary entries for onasemnogene abeparvovec and risdiplam to the 'Ultra-orphan medicines pathway' section of the formulary — **FTEAM**

SMC 2466 - Velmanase alfa 10mg powder for solution for infusion (Lamzede®) ▼ is not routinely available in NHS Grampian.
Indication under review: enzyme replacement therapy for the treatment of non-neurological manifestations in patients with mild to moderate alpha-mannosidosis.
Not routinely available in NHS Grampian. If local need is identified treatment is available through the National Services Scotland Ultra orphan medicines Risk Share Scheme. — **FTEAM**

SMC 2514 - Burosumab 10mg, 20mg, 30mg solution for injection (Crysvita®) ▼ is not routinely available in NHS Grampian.
Indication under review: treatment of X-linked hypophosphataemia in adults.
Not routinely available in NHS Grampian. If local need is identified treatment is available through the National Services Scotland Ultra orphan medicines Risk Share Scheme. — **FTEAM**

6.2. CALCIUM AND VITAMIN D - PREPARATIONS FOR ADMINISTRATION VIA ENTERAL TUBES

There were no declarations of interest recorded in relation to these products.

Ms Doney reported that the Medicines Information (MI) department:

- is currently updating the local guidelines for the administration of medicines to adults via enteral tubes
- does not have any information on the administration via enteral feeding tubes for the current formulary choice calcium plus vitamin D preparations
- has requested formulary inclusion of Cacit D3® granules, Calcichew D3® and Calcichew® D3 Forte chewable tablets for administration via enteral feeding tubes

The Group accepted the restricted local need for calcium plus vitamin D preparations for administration via enteral feeding tubes.

Cacit® D3 500mg/440 IU effervescent granules (calcium/colecalciferol) is routinely available in line with local guidance.
Indication under review:
- correction of vitamin D and calcium combined deficiency in elderly people
- vitamin D and calcium supplementation as an adjunct to specific therapy for osteoporosis treatment in patients with established, or at high risk of vitamin D and calcium combined deficiencies.

ITEM	SUBJECT	ACTION
	Restriction: for patients requiring administration via enteral feeding tubes. **It was classified 1a - available for general use and 8e - treatment may be initiated in either Primary or Secondary care.**	**FTEAM**
	Calcichew®-D3 500mg/200 IU Chewable Tablets (calcium/colecalciferol) is routinely available in line with local guidance. **Indication under review: as an adjunct to specific therapy for osteoporosis or as a therapeutic supplement in established osteomalacia, pregnant patients at high risk of needing such a therapeutic supplementation or malnutrition when dietary intake is less than that required.** **Restriction: for patients requiring administration via enteral feeding tubes.** **It was classified 1a - available for general use and 8e - treatment may be initiated in either Primary or Secondary care.**	**FTEAM**
	Calcichew®-D3 Forte 500mg/400 IU Chewable Tablets (calcium/colecalciferol) is routinely available in line with local guidance. **Indication under review:** **- the treatment and prevention of vitamin D/calcium deficiency (characterised by raised serum alkaline phosphatase levels associated with increased bone loss, raised levels of serum PTH and lowered 25-hydroxyvitamin D) particularly in the housebound and institutionalised elderly subjects** **- the supplementation of vitamin D and calcium as an adjunct to specific therapy for osteoporosis, in pregnancy, in established vitamin D dependent osteomalacia, and in other situations requiring therapeutic supplementation of malnutrition** **Restriction: for patients requiring administration via enteral feeding tubes.** **It was classified 1a - available for general use and 8e - treatment may be initiated in either Primary or Secondary care.**	**FTEAM**

3. DR JOSHUA NEWMARK

Dr Newmark took a few moments to speak to members.
Dr Newmark confirmed that clinical commitments mean that this will be his last meeting. He has found the experience really enjoyable, having been asked to join the Group by Professor James McLay.
Membership has provided a huge amount of training not just from a clinical and financial governance perspective, but also management experience and decision-making at the Health Board level.
He suggested that including a trainee as part of the standing membership of the Group may be beneficial, and there may be clinical specialities that would be well placed to support this, e.g., clinical pharmacology and General Practice Speciality Training.

The Chair thanked Dr Newmark for his helpful suggestion re membership and for his contribution to meetings, his input will be sorely missed.

7. OTHER BUSINESS

7.1. COLON CAPSULE ENDOSCOPY

Members noted the information provided regarding the colon capsule endoscopy service (CCE) in Scotland (ScotCap), and the bowel preparation products used in the CCE service.

CCE relies on the colon and rectum being cleansed by laxatives prior to the procedure (similar to colonoscopy) and the use of products to help propel the capsule through the gut. These medicines are supplied to patients by the ScotCap service so there is no requirement for local prescribing.
Links to information regarding ScotCap service will be added to the formulary. **FTEAM**

ITEM	SUBJECT	ACTION

8. NEW PRODUCT REQUESTS

8.1. SMC 2458 - NIVOLUMAB (GASTRIC, GASTRO-OESOPHAGEAL JUNCTION OR OESOPHAGEAL ADENOCARCINOMA)

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

The Group considered the request for nivolumab, used in combination with fluoropyrimidine- and platinum-based combination chemotherapy, for the first-line treatment of adults with human epidermal growth factor 2 (HER2)-negative advanced or metastatic gastric, gastro-oesophageal junction or oesophageal adenocarcinoma whose tumours express PD-L1 (programmed cell death ligand 1) with a combined positive score (CPS) ≥5.

The Group noted that:

- nivolumab:
  - [for this indication] meets the SMC end of life criteria, and was accepted for use in NHS Scotland following a full submission, the output from the PACE process, and application of SMC decision modifiers that can be applied when encountering high cost-effectiveness ratios
  - is administered as an intravenous infusion every 2 or 3 weeks, the service has confirmed that it likely to be given 2 weekly in line with the chemotherapy regimen
- the SMC advice takes account of the benefits of a PAS that improves the cost-effectiveness of nivolumab
- the service has significant experience using nivolumab for other indications
- pembrolizumab will remain the first-line choice for this indication, however the marketing authorisation for pembrolizumab does not include patients with adenocarcinoma and patients with PD-L1 CPS<10. Nivolumab will be the first-line choice for these patients.
- treatment should only be given to patients with a PD-L1 CPS≥5
- evidence comes from CheckMate 649, patients had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1
- in CheckMate 649 the median duration of treatment of nivolumab was 6.8months (approximately 15 cycles of 240mg every 2 weeks)
- patient numbers are expected to be small, but this will be a new cost to the service

The Group accepted the restricted local need for nivolumab, in combination with fluoropyrimidine- and platinum-based combination chemotherapy, as outlined in SMC 2458.

SMC 2458 - Nivolumab 10mg/mL concentrate for solution for infusion (Opdivo®) is routinely available in line with national guidance (SMC 2458).
Indication under review: in combination with fluoropyrimidine- and platinum-based combination chemotherapy for the first-line treatment of adults with HER2-negative advanced or metastatic gastric, gastro-oesophageal junction or oesophageal adenocarcinoma whose tumours express PD-L1 with a combined positive score (CPS) ≥5.
This advice applies only in the context of an approved NHS Scotland Patient Access Scheme (PAS) arrangement delivering the cost-effectiveness results upon which the decision was based, or a PAS/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.
Treatment must be initiated and supervised by physicians experienced in the treatment of cancer. Patient selection for treatment with nivolumab based on the tumour expression of PD-L1 should be confirmed by a validated test. **FTEAM**

ITEM	SUBJECT	ACTION

8.2. SMC 2528 - ZANUBRUTINIB (WALDENSTRÖM'S MACROGLOBULINAEMIA)

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

The Group considered the request for zanubrutinib monotherapy for the treatment of adults with Waldenström's macroglobulinaemia (WM).

The Group noted that:

- zanubrutinib:
  - [for this indication] was accepted for use in NHS Scotland following a resubmission assessed under the orphan equivalent medicine process, the output from the PACE process, and application of SMC decision modifiers that can be applied when encountering high cost-effectiveness ratios
  - is a second generation inhibitor of Bruton's tyrosine kinase
  - is taken orally at a recommended dose of 320mg daily (four x 80mg capsules)
- the service has stated that zanubrutinib will replace ibrutinib for eligible patients
- there was no significant difference between zanubrutinib and ibrutinib in the rates of patients achieving a complete response or very good partial response
- the benefit of zanubrutinib over ibrutinib comes from its improved cardiac adverse event profile, particularly with regards to atrial fibrillation and hypertension. This is especially valuable in the elderly WM population.
- the efficacy of zanubrutinib in patients who have previously received ibrutinib is unknown
- patient numbers are expected to be small, and cost offset is available from the displacement of ibrutinib
- costs will be cumulative as zanubrutinib is potentially a long-term treatment option (e.g., taken for a median of 5 years)

The Group accepted the restricted local need for zanubrutinib monotherapy for the treatment of adults with WM who have received at least one prior therapy, or in first-line treatment for patients unsuitable for chemo-immunotherapy, SMC 2528.

SMC 2528 - Zanubrutinib 80mg hard capsules (Brukinsa®) ▼ is routinely available in line with national guidance (SMC 2528).
Indication under review: as monotherapy for the treatment of adults with Waldenström's macroglobulinaemia (WM) who have received at least one prior therapy, or in first-line treatment for patients unsuitable for chemo-immunotherapy.
In a phase III study, there was no significant difference between zanubrutinib and a first generation Bruton's tyrosine kinase (BTK) inhibitor in the rates of patients achieving a complete response or very good partial response.
This advice applies only in the context of an approved NHS Scotland Patient Access Scheme (PAS) arrangement delivering the cost-effectiveness results upon which the decision was based, or a PAS/ 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.
Treatment with this medicinal product should be initiated and supervised by a physician experienced in the use of anticancer medicinal products. — **FTEAM**

8.3. SMC 2444 - DIROXIMEL FUMARATE (RELAPSING REMITTING MULTIPLE SCLEROSIS)

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

The Group considered the request to include diroximel fumarate on the formulary for relapsing remitting multiple sclerosis (RRMS).

ITEM	SUBJECT	ACTION

The Group noted that:

- February 2023, following an abbreviated submission reviewed by the SMC executive, diroximel fumarate was accepted for use within NHS Scotland for the treatment of adult patient with RRMS (SMC 2444)
- diroximel fumarate:
  - is administered orally, and the recommended maintenance dose is 462mg twice a day
  - is converted into the same active form (monomethyl fumarate) as dimethyl fumarate
- oral administration of 462mg diroximel fumarate and 240mg dimethyl fumarate in adults is bioequivalent
- the Service would not be concerned about switching between diroximel fumarate and dimethyl fumarate as they are the same active metabolite
- the SMC advice takes account of the benefits of a simple finance-based PAS that improves the cost-effectiveness of diroximel fumarate
- in the licensing study, EVOLVE-MS-2, gastrointestinal adverse reactions were observed in 34.8% of diroximel fumarate-treated patients and in 49.0% of dimethyl fumarate-treated patients
- Biogen is the Marketing Authorisation Holder for both dimethyl fumarate and diroximel fumarate
- dimethyl fumarate is expected to come off patent in the next couple of years, with an expectation that the cost of dimethyl fumarate will reduce

The Group accepted the restricted local need for diroximel fumarate for the treatment of adults with RRMS, as outlined in SMC 2444.

SMC 2444 - Diroximel fumarate 231mg gastro-resistant hard capsules (Vumerity®) is routinely available in line with national guidance (SMC 2444).
Indication under review: treatment of adults with relapsing remitting multiple sclerosis.
Diroximel fumarate provides an additional treatment choice in the therapeutic class of nuclear factor (erythroid-derived 2)-like 2 (Nrf2) activators.
This advice applies only in the context of an approved NHS Scotland Patient Access Scheme (PAS) arrangement delivering the cost-effectiveness results upon which the decision was based, or a PAS/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 under supervision of a physician experienced in the treatment of multiple sclerosis. **FTEAM**

9. PROVISIONAL ADVICE ISSUED APRIL 2023

9.1. Scottish Medicines CONSORTIUM provisional advice April 2023

The Group noted the SMC provisional advice issued April 2023.

If the negative SMC recommendations are published next month, these medicine will not be included on the formulary for the indications in question.

9.2. National Cancer Medicines Advisory Group (NCMAG) provisional advice April 2023

The Group noted the NCMAG provisional advice issued April 2023.

If the negative NCMAG recommendation is published next month, this medicine will not be included on the formulary for the indication in question.

ITEM	SUBJECT	ACTION

10. SCOTTISH MEDICINES CONSORTIUM ADVICE PUBLISHED - APRIL 2023

The Group noted the SMC advice published April 2023.

Following publication of the negative SMC recommendations for darolutamide (Nubeqa®) ▼ SMC 2544 and casirivimab plus imdevimab (Ronapreve®) ▼ SMC 2553, 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 2568 - patiromer sorbitex calcium (Veltassa®) (clinicians not responded)
- SMC 2526 - pembrolizumab (Keytruda®) (clinicians not responded)
- SMC 2545 - trastuzumab deruxtecan (Enhertu®)▼ (clinicians not responded)
- SMC 2557 - nirmatrelvir plus ritonavir (Paxlovid®)▼ (submission expected)
- SMC 2555 - sotrovimab (Xevudy®)▼ (submission expected)
- SMC 2552 - tocilizumab (RoActemra®) (submission expected)

Local advice for these medicines and indications will be included in the April 2023 decisions as 'Not routinely available as the ADTC is waiting for further advice from local clinical experts'. FTEAM

10. GENERAL INFORMATION FROM SCOTTISH MEDICINES CONSORTIUM - APRIL 2023

None.

11. DOCUMENTS FOR INFORMATION

Items 12.1 (Drug Safety Update March 2023), 12.2 (Grampian Primary Care Prescribing Group minute January 2023), 12.3 (Antimicrobial Management Team Meeting January 2023) and 12.4 (Antimicrobial Management Team Meeting February 2023) were noted.

12. AOCB

THANK YOU AND BEST WISHES

Members wished Dr Newmark best wishes for the future.

DATE OF NEXT MEETING

Tuesday 16 May 2023 starting at 14.30 via Microsoft Teams

CHAIR'S SIGNATURE  **DATE 16 MAY 2023**