Prescribing and Formulary Panel

Minutes of meeting held on Tuesday June 11th 2019

Old Board Room PEH

Members

Miss Geraldine O'Riordan, Prescribing Advisor and Chair (GOR)

Mrs Janine Clarke, Pharmacy Manager, HSC (JC)

Dr Julia Rebstein, Island Health Medical Practice (JR)

Dr Douglas Wilson, Queens Road Medical Practice (SW)

Dr Mike McCarthy, Healthcare Group (MMcC)

Dr Hamish Duncan, Medical Specialist Group (GO)

Dr Nikki Brink, Director of Public Health (NB)

Dr Peter Gomes, Medical Specialist Group (PG)

1: Absence/ Apologies for Absence

Drs Brink, Wilson and Gomes

2: Minutes

The minutes of the April 2019 meeting were approved.

3: Additions to the Prescribing List

- **Liraglutide**

This was requested by the Consultant Diabetologist in view of the emerging (reasonably) convincing evidence for this group of drugs, the GLP-1 agonists, in terms of reduction of CV events. JC pointed out that there was also an application for Semaglutide, which appeared to be a more effective GLP-1 agonist (NNT of 44 compared with NNT of 66 for prevention of primary outcome) and was available at a lower price. After a discussion it was agreed that this product would not be recommended for use.

ACTION: GOR

- **Vosevi^{R}**

This product is one of a number of treatments for chronic hepatitis C virus (HCV) infections. There is an interaction between the product used at present, Maviret^{R}, and Quetiapine. For some patients a change of atypical or a reduction in dose was possible but for a small

number this was not possible. Vosevi[R] does not interact with Quetiapine and its use has been recommended by the MDT. Like Maviret[R] it achieved extremely high rates of clinical cure and its cost is considerably less when it is bought and dispensed by the hospital pharmacy. After a brief discussion it was agreed to recommend it for use subject to the usual restrictions.

ACTION : GOR

- **Etelcalcetide**

This product was requested by the Renal Unit for a patient unable to tolerate oral cinacalcet and was discussed in the previous meeting. The NICE GDG expressed concerns in the TA about possible over-estimation of its benefits, mainly because data from cinacalcet trials were used to estimate the long term benefits of etelcalcetide. It had been declined for cost reasons in NHS patients in Scotland by the SMC. The company had been contacted, but had not confirmed if the NHS discounted price was available. So a decision was deferred.

GOR reported that she and JC met the Renal Unit Staff and had spoken to the GST renal pharmacist, where it is used according to the NICE guidance and marketing authorisation. Use is low, just five patients in GST. The company confirmed that the discount was available and this brought the price down to that of oral cinacalcet. After a brief discussion it was agreed to add this to the hospital formulary.

ACTION : GOR

- **Hydrocortisone Granules (Alkindi)**

Alkindi[R] is the only licensed hydrocortisone product for adrenal insufficiency in children. The MHRA advised recently that low strength buccal tablets should not be used due to poor absorbtio and the number of patients was a maximum of five. After a brief discussion it was agreed to recommend this product for use.

ACTION : GOR

- **Semaglutide**

Semaglutide was also requested by the Consultant Diabetologist for T2DM. It is a new GLP-1 receptor agonist, not yet reviewed by NICE, but is recommended by the SMC for NHS patients in Scotland. The four studies to support its use reported a reduction in HbA1c of -0.9% to -1.8%. However weight loss was significant and was reported to be up to 6.5kilos per patient in the trials. The company conducted a 104 week trial on CV events vs placebo. A post-hoc analysis reported that it was clinically superior to placebo, with an NNT of 44.

After a discussion it was agreed to recommend it for use according to NICE guidance on GLP-1 mimetics, so for initiation in primary and secondary care. It was also agreed that the restriction of the prescribing of exenatide to secondary care could be removed.

ACTION : GOR

- **Edoxaban**

GOR said that this drug, a DOAC, is available at a significant discount paid direct to commissioners via a rebate scheme. If approved, and if all patients already on rivaroxaban and apixaban are switched, all patients now on warfarin could be given edoxaban for an extra cost to the island of £42K per year.

The planned closure of the Castel Hospital necessitated a review of INR testing and various options had been considered and costed. All had merits, but some may, either now or in the future, involve charges to patients. Others required significant investment in infrastructure, QA and training. However if only warfarin patients are switched to edoxaban, the extra cost will be £205K. Members present agreed in principle to switching.

It was also agreed that warfarin use would still be required because the DOACs are not all licensed for all indications. However after a discussion it was agreed that because rates of GI bleeding on apixaban in the trials were lower than with other drugs, apixaban would remain available for people at high risk of GI bleeding.

It was agreed to recommend edoxaban for addition to the Prescribing List. It was also agreed that, if edoxaban is approved, rivaroxaban will be withdrawn in time and that no new patients should be started on it. Only patients at very high risk of GI bleeding will remain on apixaban. It was further agreed that the Anti-coagulant protocol will be updated to include the above changes and that the requirement to notify the PSU of any new prescribing of any DOAC would no longer be necessary.

ACTION : GOR

- **Ciprofloxacin Dexamethasone Ear Drops**

The hospital pharmacy currently dispenses these drops to patients post-surgery, adding to their workload. After a brief discussion it was agreed to recommend their approval for addition to the Prescribing List.

ACTION : GOR

4. Matters arising

A. Diabetes

The following were circulated and the flow chart approved.

- Flow chart for SMBG in T1DM and T2DM
- Guidance on Test strips for people with T1DM
- Guidance on Test strips for people with T2DM

GOR said that the number of prescriptions for test strips and their cost was lower in 2018 than in 2017 (£190k vs £207k) and that scrutiny of the need for test strips, the type used and the quantity used were all crucial in making further much-needed savings.

ACTION : GOR / GPs

At the request of the Diabetes Service a request was made to consider widening the local eligibility criteria for FreeStyle Libre to the new eligibility criteria in England. GOR said that the Panel had suggested reducing melatonin prescribing to fund FreeStyle Libre. This had been done, so, after a discussion, it was agreed to follow the UK eligibility criteria.

ACTION : GOR

B. <u>Antimicrobial guidelines in Primary Care</u>

The Birmingham Antibiotic Advisory Group Guidelines were accepted for local use. JR said that fosfomycin was problematic as it could take up to five days to get to the islands and would always be required urgently. Update: The alternative agent in the guidelines , Pivmecillinam, is on the Prescribing List. HD asked about the MicroGuide app, which he asked for in the past and was in use in other hospitals. GOR agreed to look into this matter.

ACTION : GOR

<u>5. AOB</u>

<u>6: Dates of next meetings</u>

Tuesday July 9th, Tuesday August 6th and Tuesday September 3rd all in the Old Board Room at 5 pm.