Prescribing and Formulary Panel

Minutes of meeting held on Tuesday August 6th 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 (HD)

Dr Nikki Brink, Director of Public Health (NB)

Dr Peter Gomes, Medical Specialist Group (PG)

1: Absence/ Apologies for Absence

Drs Duncan and Wilson

2: Minutes

The minutes of the previous meeting were approved.

3: Additions to the Prescribing List

- **Melatonin for Learning Disabilities and 10mg per 5 ml oral solution**

GOR said that after melatonin was withdrawn for general use in Autumn 2018, the monthly cost and number of items fell from £11,584 (369 items) to £4,641 (145 items) in May 2019. It is now limited to specialist (MSG and CAMHS) prescribing for under 18s. The use of melatonin has been requested for people with Learning Disabilities (LD) over 18 years. There is some evidence that people with LD may have reduced production of melatonin and that this is may be linked to autistic behaviours. There also appears to be evidence that supplemention with melatonin improved these behaviours. After a discussion it was agreed to approve the best value Melatonin product, 2mg modified release tablets, for people with learning disabilities when it is prescribed or recommended by the Learning Disability Service.

GOR reported that it is necessary to change the strength of the liquid melatonin product to 10mg per 5ml oral suspension. The cost to the organisation of 5 mg per 5 ml Melatonin Oral Solution has risen from £30 approximately for 200mls to £130 for 150 mls. Some children require 400mls per month. The background is that a licensed 1mg per 1ml product become available, so all production of this strength of specials stopped without any prior notification. However, the company that makes the licensed product has, on the orders of the MHRA, issued a letter stating that it is licensed only for short-term jetlag in adults, it is not licensed for insomnia in adults or children and that it should not be used for children. This is due to the ethanol content.

After a discussion it was agreed to replace the 5mg per 5 ml oral solution on the White List with 10mg per 5 ml oral suspension. The cost of the latter is £41.61 for 200mls.

ACTION: GOR

- **Dupilumab**

There was a last-minute request from the Consultant Dermatologist to consider this product for a young patient with severe eczema which has failed to respond to usual therapies including methotrexate and azathioprine. This is the first biologic product for eczema and the trial data indicated that it was effective. It has NICE approval if it can be bought at the discounted price Patient Access Scheme (PAS) or lower. The Panel agreed to approve it, subject to the availability of the drug at the PAS price or lower.

ACTION : GOR

Matters arising

1. **Anticoagulation in Atrial Fibrillation**

The proposal to use edoxaban first line in the community was approved in principle at the July meeting was discussed. GOR reported that Dr Mohammed, the Renal Consultant, advised that estimated Glomerular Filtration Rate (eGFR) would be adequate for monitoring renal function in DOAC patients in Primary Care. However the trials estimated renal function using ClCr, so the doses for people in renal impairment is based on ClCr and eGFR. Further advice on the thresholds of eGFR for the guideline had been sought but had not yet been received. The agent of choice for treatment of VTE will be considered in the future. Edoxaban requires 5 days treatment with LMWH, whereas rivaroxaban can be started immediately. NB questioned why the guideline had to be so explicit in terms of drug choice. GOR said that the cost of offering of DOAC to all warfarin patients who wished to switch would not be affordable unless edoxaban is used.

ACTION : GOR

2. Environmentally-friendly inhalers

The panel discussed a draft guideline on the use, where clinically appropriate, of Dry Powder Inhalers in preference to Metered Dose Inhalers. The propellants used in MDIs contribute to Global Warming. Five doses (10 puffs) of an MDI have a similar carbon footprint to that of a car journey of nine miles. Examples of DPIs are Accuhalers, Easyhalers, Turbohalers, Spiromax and Ellipta. MDIs include breath-activated metered dose inhalers (BAIs) and pressurised metered dose inhalers (pMDI).

After a discussion the guidance was approved for use.

ACTION : GOR

6: Dates of next meeting

Tuesday September 3rd and Tuesday October 1st , both at 5pm in the Old Board Room.