

Prescribing and Formulary Panel

Minutes of meeting held on March 3rd 2020

The Oak MDT Room FKA The 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 (DW)

Dr Mike McCarthy, Healthcare Group (MMcC)

Dr Nikki Brink, Director of Public Health (NB)

Dr Hamish Duncan, Medical Specialist Group (HD)

1: Absent/ Apologies for Absence

Dr Brink, Dr Gomes

2: Minutes

The draft minutes of the January 2020 meeting were approved.

3: Additions to the Prescribing List

- **Mirabegron reconsideration**

There were two GP requests to reconsider the use of this drug. It has not been compared directly with the first-line choice on the islands, solifenacin. After a discussion it was agreed to not recommend it. It was also noted that the patent on solifenacin has recently expired and that significantly lower priced generics have become available. Because it is prescribed generically for 100% of patients, the savings should be of the order of £100,000 per calendar year going forward.

Action : GOR

- **Nivolumab TA490**

This was requested for one patient from a local Consultant Medical Oncologist to consider approval for single-agent nivolumab for one patient with recurrent squamous cell carcinoma of the head and neck which has progressed after platinum-based chemotherapy. If approved two or three patients per year will require it. It is approved as an option by NICE

for NHS patients in England in TA490 and for NHS patients in Scotland by the SMC under end of life and ultra-orphan criteria and if the company sells it at the commercially-confidential discounted price or lower. However it was noted that the cost per QALY gained is between £45K and £73K, with NICE stating that the true value is closer to the upper range. After a discussion it was agreed to not recommend it.

Action: GOR

- **Risankizumab**

This has been requested by our local Consultant Dermatologist for a patient with very troublesome psoriasis. After a discussion about the place in therapy and the relative effectiveness of this drug compared with older agents, in particular infliximab, it was agreed to defer a decision pending more information from the applying doctor and from the company.

Action: GOR

- **Emtricitabine /Tenofovir for pre-exposure prophylaxis for HIV**

After a discussion it was agreed to approve this indication, for which generic emtricitabine/tenofovir is licensed, according to the BASHH proforma.

Action: GOR

- **Ciclesonide**

After a discussion it was agreed to defer a decision pending receipt of the opinion of its role in the care of adult patients with difficult to treat asthma.

Action : GOR

Maraviroc

After a discussion it was agreed to recommend this for approval as per the request, i.e. for second-line specialist initiation when the other older agents are contra-indicated or not tolerated or are inappropriate and this is documentd in the notes.

Action: GOR

Matters arising

BTGTS in T1DN and T2DM : GOR said that the number of prescriptions and the cost fell after the guidelines were published. The monthly savings at the moment are about £5K in

ingredient cost. Use of these strips and their cost is high and it is highly likely that further savings can be made.

DOACs in AF : GOR reminded members that the DOAC in AF guidelines recommend that most AF patients on Apixaban and all AF patients on Rivaroxaban be switched to Edoxaban. If this is done offering a DOAC to all AF patients on Warfarin will be possible at a reasonable price. This is a complex piece of work and it will take some months for prescribing of all four anticoagulants to settle down.

Transfer of Health Funding from ESS to HSC : GOR said that this will happen in the coming months. Drug budgets will be combined, but given the existing superb level of co-operation between primary and secondary care pharmacy services for many years, this should have minimal or no effect on our customers.

Scorecard data and Quarterly prescribing data will be supplied to the practices as soon as possible.

ACTION : GOR

AOB

1. JR said that this was her last Prescribing Panel meeting and that she felt that these meetings were very useful for dialogue and co-operation between Primary and Secondary Care and very much hoped that they would continue.
2. GOR said that the States have recently voted to fund all drugs approved via NICE TA as policy. This is a large transformation project, with extra capacity required in Bulstrode House and in Pharmacy, particularly in the PEH. In the first year of the transformation project drugs with a ICER per QALY gained of up to £30K will be approved and in the second year up to £40K. Then a review will take place to assess the cost and benefits in years 1 and 2 and to guide future policy.
3. HD described difficulties encountered by IBD patients obtaining prednisolone and salazine in suppository form via community prescriptions.

6: Dates of next meetings : Tuesday April 7th 5pm Oak MDT room and Tuesday May 5th 5pm Oak MDT room