

Prescribing and Formulary Panel

Minutes of meeting held on Tuesday October 2nd 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: Absent/ Apologies for Absence

Dr Brink / Drs Gomes and Wilson

2: Minutes

The minutes of the August 2019 meeting were approved.

3: Additions to the Prescribing List

- **Sacubitril/Valsartan**

GOR said that this product had been requested for a fourth time, for one or two new patients per year, and approximately ten patients. All have had it recommended by Southampton. The published evidence is still limited to the PARADIGM-HF trial. The newly-published NICE CG on Chronic Heart failure recommends it for patients with reduced EF. JR stated that a partner GPWSI of hers has used this drug in the UK and is convinced of its benefits. GOR said that the NICE TA stipulates that the drug should be initiated by a specialist and the dose titrated by a Cardiology MDT. After a discussion it was agreed to recommend it as per the request i.e. according to NICE TA 388 and NICE CG 108 for the maximum number of ten patients to start and one or two per years for specialist initiation only.

Action : GOR

- **Evolocumab**

This product has been requested by the lead clinician at the Familial Hypercholesterolaemia (FH) clinic. It is intended for people with genetically-confirmed monogenic FH. It reduced LDL-C by impressive percentages in the trials. Most of them lasted 12 weeks, but one, DESCATRES, was for 52 weeks. This reported a reduction of 49.3% in LDL-C levels. The NHS discount is available to Guernsey, as a simple rebate of the difference between the list price and the NHS discounted price. Following a discussion, members agreed to a short deferral of decision, until more information about the care pathway is available from the applying doctor.

ACTION : GOR

Matters arising

Anticoagulation in Atrial Fibrillation

The proposal to use edoxaban first line in the community which had been approved in principle at the July meeting was discussed. GOR reported that the Heartlands Consultant Haematologist, Dr Lokare, is very happy to include the section on treating bleeds from the SPC, as the formal advice in the guidelines.

However Dr Lokare disagreed with the previous advice that estimated Glomerular Filtration Rate (eGFR) would be adequate for monitoring renal function in DOAC patients in Primary Care. All of the DOAC trials estimated renal function using ClCr, so the licensed doses for people in renal impairment are based on ClCr levels and not eGFR. Both he and the drug company declined to give any advice on the eGFR threshold at which the dose should be reduced to 30mg from 60mg. Following a discussion it was agreed that where the eGFR is above 60, the patient's renal function would be considered normal and no calculation would be required. If below 60 ClCr would be calculated using the Cockcroft and Gault formula. The guideline contain a link to the MDCAL and GOR will prepare a short "How to" document. The guideline was agreed subject to the above amendments.

GOR reminded the medical members that the affordability of this move, which could benefit up to 500 patients on warfarin, was dependant on all AF patients on rivaroxaban being switched to edoxaban, and most AF patients on apixaban being switched to edoxaban.

ACTION : GOR /ALL

AOB

Brexit

GOR asked doctors to be flexible with respect to alternative treatments recommended by pharmacists in the event of drug shortages in the coming months. It is imperative that prescriptions sent back to surgeries for amendments are returned to pharmacies promptly.

6: Dates of next meeting : Tuesday November 5th at 5pm.