

Prescribing and Formulary Panel

Minutes of meeting held on Tuesday December 3rd 2019

The Oak MDT Room FKA The Old Board Room PEH

Members

Mr Ed Freestone, Chief Pharmacist (EF)

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 Nikki Brink, Director of Public Health (NB)

Dr Manoj, Medical Specialist Group (KM)

1: Absent/ Apologies for Absence

Dr Brink / Dr Duncan and Dr Gomes

2: Minutes

The minutes of the November 2019 meeting were approved.

3: Additions to the Prescribing List

- **Tofacitinib**

This product has been requested for a gastroenterology patient who has suffered treatment failure with all other agents. In terms of evidence, it was noted that the comparison with current first line agents was indirect only, so not of the quality of an RCT. There was a discussion about use of the newer biologics by tertiary centres and the difficulties this is causing. One prescription dispensed for one new agent cost nearly £5,000 for one month. Furthermore tofacitinib and other new agents are hospital only drugs at present, whereas the older products are dispensed by community pharmacies with substantial rebates to the SoG. The hospital pharmacy has no further capacity for outpatient dispensing. KM stated that a trial of one last agent might just avoid the need for a stoma. After a discussion it was agreed to decline this request for now.

Action : GOR

- **Epidyolex^R**

This product, which is cannabis-based, has now been approved in the UK, has been requested on several occasions for one patient. It is licensed for the treatment of two rare forms of epilepsy, Dravet's Syndrome (DS) and Lennox-Gastaut syndrome (LGS). There are likely to be a small number of patients on the islands, less than 5, who are suffering from these conditions. The trials reported a reduction in seizure frequency of between 20% and 50%. This benefit is likely to be clinically significant for patients and their families. It is a hospital only drug at present, but the company is considering how it could supply community pharmacies. After a discussion it was agreed to recommend it for addition to the Prescribing List. Update: the company has agreed to supply the community pharmacies on both islands via Alliance.

Action: GOR

- **Sativex^R**

This is another cannabis-based product for spasticity in MS which has been approved for use in the NHS if provided by the company on a "pay per responder" basis. This involves consultant initiation and consultant assessment of efficacy. The side effect profile is not particularly benign. The NHS scheme involves some data sharing, the details of which are still unclear. GOR reported that the current Visiting Consultant Neurologist stated that he did not have sufficient clinic capacity to manage this in the approximately 10 Guernsey MS patients who might benefit from it. After a discussion, it was agreed to decline this request.

Action: GOR

- **Magnesium aspartate dihydrate sachets**

This product delivers a high dose of magnesium, 10 mmols, in a single sachet and costs £25.06 for 28 days' treatment. Magnesium supplementation is required in patients on some forms of chemotherapy. The alternative is the use of several capsules or tablets, which is significantly more expensive. For example five 2mmol tablets cost £63.75 for 28 days' treatment. It will be of benefit in Oncology, HDU and in the community.

After a discussion it was agreed to recommend it for addition to the prescribing list and to the hospital formulary.

Action: GOR

AOB

- **Trial of CF Drugs**

It was noted that two regimes of three drugs have now been approved for use in the UK following a confidential financial agreement between Vertex and the NHS. The same significant discount has been offered to Guernsey. The President of the Committee for Health & Social Care decided that both regimes should be available in Guernsey. The list price of Orkambi[®] is £110K per patient per year and there are approximately three patients that will qualify for it, so at the list price this will cost £330K per year.

This deal however is linked with an agreement (like the UK) to also approve from next year Symkevi[®] which can treat both groups of Cystic Fibrosis patients when taken with Ivacaftor(Kalydeco[®]), which has also been approved. This was not previously considered by the Prescribing Panel. The list price per patient for this combination is £160K per patient per year. The numbers we are likely to treat will be of the order of four, so the cost based on list price is £640K for four patients per year.

There was a lengthy discussion about the process used to make this decision. The organisation's Commissioning Policy (G1033) and the PAF Panel's TOR both state that interventions costing more £30k per QALY gained would not be approved. The estimated cost per QALY of these two regimens, after discount, is £136K and £200K respectively.

Members felt that a deviation such as this from agreed policy would leave the organisation open to legal challenge from any individual whose treatments or procedures had been declined because of cost. One colleague stated that increasing spending on community care, nurses' pay and health education re diet and obesity, would be preferable as they are the most important things to improve health and quality of life on the islands.

After a discussion it was agreed that the Panel would write to the President of HSC to understand the rationale behind the decision better. UPDATE : After a meeting between EF, JC, GOR and NB with the Director of Operations it was agreed that the Prescribing Panel would discuss the situation at the January meeting.

Action : GOR

- **TAP Terms of Reference**

GOR said that the review by Solutions for Public Health had recommended a number of improvements in communication. These were actioned within one week of receipt of the first draft.

Panel members were asked for ideas on how to further improve the process.

EF suggested that the TOR be sent to the Law Officers for comment again, but that it would be preferable to wait until after the States Debate on NICE drugs in January 2020.

MMC suggested that letters to applicants when a drug has been declined should state that the best evidence available at the time was used. But that if any better evidence becomes available then the Panel would happily reconsider the drug.

Action : GOR

- **Prior notice of practice changes likely to impact on cost**

GOR said that it would be greatly appreciated if prior notice could be given of any practice change that might result in significantly increased prescribing cost.

Action : All

- **Burosumab update**

This product is an ultra-orphan drug (a monoclonal antibody) for X-linked hypophosphataemic rickets (XLH). The very high price was noted: £700K per patient per year for the maximum dose (90mg every two weeks) at BNF list prices. GOR reported that arrangements with the drug company were still not completed, despite teleconferences, and numerous email and telephone exchanges. Because Guernsey is outside of the NHS the usual processes for supplying and obtaining the NHS discount seem to be extremely complex and complicated. A range of options and their costs are now being prepared by them. Costs will depend on how the drug is delivered to Guernsey and whether or not the company's nurse travels to Guernsey every two weeks to administer the drug to the two children, or whether a local nurse does so.

After a discussion it was agreed that, with regret, it was necessary to defer a decision until the above arrangements are in place. The family's GOSH Consultant will be informed immediately and the company chased again.

ACTION : GOR

- **Retirement of Chief Pharmacist**

It was noted the EF is due to retire at the end of December 2019. Members recorded their appreciation of all he has done for the Island, for HSC and other States Committees and for the Pharmacy Profession over the past 25 years. He will be greatly missed and was wished a long and happy retirement.

6: Date of next meeting : Tuesday January 14th 5pm Oak MDT Room