

## **Prescribing and Formulary Panel**

**Minutes of meeting held on January 14th 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 Gomes/Mrs Clarke

### **2: Minutes**

The draft minutes of the December 2019 meeting were approved.

### **3: Additions to the Prescribing List**

- **CF Drugs**

There was a lengthy discussion about the process used prior to the announcement of the agreement between Vertex and HSC. It was agreed that the Panel would recommend the drugs but with a statement of concern that due process was not followed on this occasion.

#### **Action : GOR**

- **Burosumab**

This had been discussed at previous meetings. A price had just been obtained from the company after several months of communication. Long term data on efficacy and safety are not yet available. But in view of the age of the children involved and the unpalatability and lack of efficacy of alternative treatments, it was agreed to recommend this product for approval.

**Action: GOR / JC**

- **Pregabalin**

There was a lengthy discussion about the pros and cons of using this drug, which was requested by the Pain Clinic Consultant. It was noted that it was originally declined because of cost and that not approving it in 2004 probably resulted in a cost avoidance of up to £1 million per year. It was also noted that, because pregabalin is now available as a generic, the price is the same as that of generic gabapentin and that is one of four first line drugs recommended in the current NICE Guideline on Chronic Pain. Efficacy and side effect profiles, relative abuse potential especially in secure environments such as the Prison and difficulty in safely treating chronic pain in elderly infirm patients were raised by members. It was noted that the NICE Chronic Pain Guideline is being reviewed and will be published in the Summer 2020 and that the advice on pregabalin could conceivably change. After a discussion it was agreed, by a majority, to defer a decision until the guideline is published.

**Action: GOR**

- **Ocrelizumab**

Ocrelizumab has been requested for a Guernsey patient for administration in Southampton Hospital. It is administered by a six monthly infusion in hospital. After a short discussion it was agreed to recommend it for funding.

**Action: GOR**

- **Buprenorphine prolonged-release solution for injection (Buvidal<sup>®</sup>)**

This was requested by CDAT and should be extremely difficult to divert. It was noted that local OST Guidelines are being updated and after a brief discussion it was recommended for approval as per the request.

**Action : GOR / JC**

- **Macitentan**

This was requested by the PAH Service in the Royal Brompton Hospital. As part of the package of care all the prescribing, monitoring, dispensing will be done in London. Guernsey will be billed at the NHS discounted price. After a brief discussion it was agreed to recommend this for approval as per the request.

**Action: GOR**

- **Linagliptin**

This has been requested by a GP for a patient with cardiovascular disease and intolerance to first line agents. After a discussion it was agreed to recommend it for approval subject to

current NICE Guidelines. It was noted that its approval will mean that at least one oral drug from each of the classes of drugs for diabetes will be on the White List.

**Action : GOR**

- **Ticagrelor**

This product was recommended for a Guernsey patient following insertion of a stent in the UK. It was noted that the absolute risk reduction in the main trial vs Clopidogrel was approximately 1% and it is 90 times more expensive than generic Clopidogrel. It is recommended for 9 months post-insertion only. Previous experience with drugs recommended short term (e.g. Omacor post-MI and Clopidogrel post-ACS ) is that stopping a drug is very difficult when a patient is stable and doing well, and that often this does not happen. QALY calculations in these instances are based on the recommended short-term use only. If the drug is used for any longer this will greatly increase the cost vs the benefit. After a discussion it was agreed to decline this drug.

**ACTION : GOR**

**BTGTS in T1DM and T2DM :** GOR said that the number of prescriptions and the cost fell after the guidelines were published but now seem to have levelled out. The use of these strips and their cost is high and it is highly likely that further savings can be made. She intended writing to practices reminding them of the advice in the guidelines.

**ACTION : GOR**

**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 can be done for a reasonable price. She intended writing to practices reminding them of the advice in the guidelines.

**ACTION : GOR**

**6: Dates of next meetings :** Tuesday March 3rd 5pm Oak MDT Room and Tuesday April 7<sup>th</sup> 5pm Oak MDT room