

## **Prescribing and Formulary Panel**

**Minutes of meeting held on July 7th 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 Paul Williams, 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**

N/A

### **3: New Drugs**

#### **Andexanet Alfa for reversal of apixaban and rivaroxaban, Idarucizumab for reversal of dabigatran**

These products are used to reverse the effects of the DOAC in life-threatening or uncontrolled bleeding. Idarucizumab is also licensed for use if reversal is required before surgery.

Because of the very high cost, the initiation of these products is recommended strictly as above i.e. life-threatening or uncontrolled bleed and only on the advice of the on-call Physician and only when approved by the off-island Consultant Haematologist.

The panel had a lengthy discussion about the relatively high cost of these products and new drugs in general, compared with the lower cost of new services or appointments that may well benefit more patients or result in significant cost savings to the organisation. However, on balance, it was felt that not approving them could leave the organisation medico legally exposed. The strict boundaries of both Consultant Physician and Consultant Haematologist approval will mean that they will be used appropriately. The cost of the reversal agents should

be balanced against the increased use of all anticoagulants, which audits in many UK CCGs have shown to result in reduced stroke rates.

**Action: GOR**

**Matters arising**

- **PSU Annual Report 2020:** members discussed the contents of this report. Large savings in recent years have meant that no extra public funds were required for specialist treatments such as Hep C treatments, new anti-cancer drugs, HIV drugs, the HST-recommended products recently approved and many TAs. It was noted that the cost per item in 2020 was £9.55 before discounts and rebates, compared with £11.55 in 2004. GOR expressed appreciation for the excellent work done by the Primary Care practices, States-employed doctors and the MSG, as well as the hospital pharmacy team in keeping costs under control.
- **TOR of the Prescribing and Formulary Panel:** The addition of a Consultant Geriatrician was approved.
- **Medicinal herbal cannabis:** It was noted that the Policy referred to on the States website was published before NICE NG 144. The latter specifically excludes chronic pain as an indication. Several difficulties have arisen recently. One patient has been prescribed it for chronic pain remotely by a private clinic in London. Despite a considerable amount of time working on it, it has not proved possible for the Deputy Chief Pharmacist to obtain an export license from the Home Office. This is because the products are unlicensed and the concentration of THC, needed for the issuing of a license, is not known. There was a general discussion about the number for queries about referrals to the Pain Service specifically for cannabis prescribing, almost telephone calls to the PEH pharmacy and frequent requests to GPs. It was agreed that the statement on the website would be reworded in the light of NG144. **Action : GOR**
- **CD Prescribing by NMPs :** This request, for named NMPs to prescribe a limited range of CDs in the community, was approved, subject to clarification about prescribing in ED. **Action : GOR**
- **Methadone Prescribing Guidelines :** There was a lengthy discussion about the advisability of using methadone in the community. This was added to the Prescribing List in 2019 following the report by Dr Jan Melichar. Clarification was sought about specialist backup out of hours, especially in the custody suite. Members felt that the numerous advantages of the long acting injection recently approved should make it a first-line OST. After a discussion it was agreed to feedback suggestions to Dr Wright and to invite him to the next meeting. **Action : GOR**

- **Biosimilars** : members were reminded that prescribing of adalimumab should be by brand i.e. Humira. JC noted that the use of biosimilar trastuzumab is now saving the organisation £500k per year.

#### **AOB**

1. Members were reminded that the first line strong opioid in palliative care will be morphine sulphate. During the transition period, approximately seven weeks from mid-July, it will be essential to ensure that dose equivalents be used.
2. The Pain Clinic Consultant, Dr Stefak, intends swapping chronic pain patients on multiple opioids referred to him for deprescribing, to an equivalent dose or morphine sulphate. All concerned were in agreement with this.

**6: Dates of next meetings** : Tuesday August 4<sup>th</sup> , Tuesday September 8<sup>th</sup> and Tuesday October 6<sup>th</sup> , all at 5pm at the Oak MDT room.