

## Prescribing and Formulary Panel

Minutes of meeting held on October 2020

The Oak MDT Room FKA The Old Board Room PEH

### **Present**

Geraldine O’Riordan, Prescribing Advisor and Chair (GOR)

Janine Clarke, Pharmacy Manager, HSC (JC)

Douglas Wilson, Queens Road Medical Practice (DW)

Peter Gomes, Medical Specialist Group (PG)

Mike McCarthy (MMC)

### **1: Absent/ Apologies for Absence**

Nikki Brink, Hamish Duncan, Tom Saunders/Paul Williams

### **2: Minutes**

The draft minutes of the September 2020 meeting were approved.

### **New Drugs**

The following products were considered

- **Dexrazoxane**

There was some concern that this product was declined by the SMC and the AWMG It had not been compared directly with the usual treatment, DMSO. However it is in use in about 2/3<sup>rd</sup> of the hospitals contacted by the Guernsey Oncology team. PG stated that DMSO is a very difficult drug to use. Despite the fact that no cases of extravasation had occurred in Guernsey for at least 15 years, its effects can be catastrophic in some patients. On balance it was felt to be needed locally.

This product was recommended as per the request.

- **Escitalopram**

DW expressed some concern that escitalopram is almost twice as expensive as citalopram. It was noted that not approving it ten or so years ago resulted in a cost avoidance of at least £100K per year. Escitalopram is now off patent and is not being promoted by the companies. It is licensed for a wider range of indications than citalopram.

After a discussion it was agreed to recommend escitalopram as per the request.

- **Dexcom 6** : approved as per the request.
- **Topotecan oral** : approved as per the request

### **Matters arising**

**Pirfenidone reconsideration** : The product is recommended only via a TA if the company sells it at the NHS discounted price or lower. Unfortunately a decision was again deferred due to delay by the company in advising what the discount is and in the preparation of the Patient Access Scheme.

### **Implementation of NICE TAs**

GOR said that a paper went to the HSC committee recommending a start in the rolling out of the above. The first drugs will be about 20 of the non-cancer oral drugs dispensed in the community. This is a major piece of work, patient access schemes will need to be negotiated with the companies for about half of the TAs in the first group. Adherence to the precise recommendations of the TA will be imperative. Processes for ensuring that this will happen will need to be in place. JC noted that processes for the management of requests during the implementation period will need to be clear for all concerned.

### **NICE National Guidance Low back pain and sciatica**

GOR said that the new NG advises against prescribing strong opioids and gabapentinoid drugs for these conditions. As a NICE video conference she attended earlier in the day a Pain Consultant from a London hospital said that the gabapentinoids will be considered “the barbiturates of the noughties” and predicted much soul searching in the years ahead of how this was allowed to happen. It was noted that deprescribing will now need to be considered for many Bailiwick patients already on gabapentin. GOR stated that it was imperative that no new patients be prescribed drugs specifically not recommended in this guideline.

### **Actions on all of the above: GOR**

#### **AOB**

**6: Dates of next meetings** : Tuesday November 3<sup>rd</sup>, Tuesday December 8th 2020.