Prescribing and Formulary Panel

Minutes of meeting held on January 12th 2021

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)

Tom Saunders, Medical Specialist Group (TS)

Mike McCarthy, Healthcare Group (MMC)

Peter Gomes, Medical Specialist Group (PG)

Paul Williams (PW), Island Health

1: Absent Nikki Brink (NB) and Hamish Duncan (HD)

2: Minutes

The draft minutes of the December 2020 meeting were approved.

3. New Drugs

The following products were considered

- **Optrex Optimist Eye Spray 21.6**

This request came from a GP for one patient in his 60s who lives alone and has advanced Parkinson's Disease. He has been recommended the spray to treat his dry eye condition, because his dexterity is such that using drops is not possible. There is no eye spray available via the Prescribing List. However it was noted that compliance aids are available.

After a short discussion it was unanimously agreed to recommend this product for addition to the Prescribing List for people with administrative difficulties due to medical issues and diagnosed dry eye.

Action: GOR

- **Gilteritinib 21.3**

This product was requested for one Guernsey patient who suffers from refractory FLT3-mitation-positive acute myeloid leukaemia (AML) and came from a Southampton Consultant Haematologiust. She had has four courses of intensive chemotherapy and midostaurin, but is

unfortunately considered refractory to it. The next treatment option is oral gilteritinib or further chemotherapy in Southampton followed by an allograft.

Members discussed results of the trial to support the TA (number 642), ADMIRAL. The primary outcome, median overall survival, resulted in extra 3.7 months of life. Unfortunately the ICER per QALY gained was calculated by NICE to be £46,961 taking the NHS discounted price into account. There was a lengthy discussion about the issues surrounding this request in particular and affordability of high cost interventions such as this in general. JC explained the complexity of on-going access to the CDF drugs in the NHS. These drugs have not (yet) been considered to be cost-effective in the initial trial, but are funded via what is effectively a "real world" extension of the clinical trial. Clinicians are therefore required to collate and regularly submit detailed information at patient level. It was felt that there is not enough resilience and capacity locally to do so.

It was noted that if any evidence to support this and any other drugs becomes available, the Panel will be more than happy to reconsider at any time. With regret, it was agreed unanimously that this drug will not be recommended to HSC for approval. GOR said that the appeal process was for applying doctor to approach the Chief Secretary who would advise what the next step, including an IFR referral, could be.

Action: GOR

- **Trifluridine Tripericil reconsideration 21.4**

This product has been considered on several occasions in the past and was declined due to poor outcome data and high cost. It was noted that data from two trails are available. Both had similar results: less than one month of extra survival in the trail patients. The drug company conducted an analysis of overall survival from both studies and stated in their SPC that, compared with best supportive care, overall survival was 7.2 months compared with 5.2 months. It was noted that the ICER per QALY gained per year was by NICE to be £49,392 using the discounted price. It was noted that it is now common for TAs to have numerous estimations of the ICER per QALY gained discussed over several pages in the reports**.**

With regret, it was agreed unanimously that this drug will not be recommended to HSC for approval.

Action: GOR

- **Bosutinib 21.7**

The Panel received a request to consider adding this product to the Prescribing List for a patient with chronic phase chronic myeloid leukaemia. It has been recommended for him by his Southampton Consultant Haematologist. The patient has had imatinib to start, followed by nilotinib which were discontinued due to side effects. Currently he is on dasatinib, suspended after some months due to serious cardiovascular issues.

Efficacy data are limited to 52 people in an open label single arm trial of 571 people. GOR had been unable to find any data between bosutinib and other routine treatments for people at this stage in their disease.

GOD said that the SMC estimated the ICER per QALY gained to be a minimum of £39K to £61K per year vs hydroxycarbamide in previously-treated CML, using the PAS price. A range of other values, the lowest being £45K and the highest £87K per year are quoted in various other possible scenarios. NICE also includes a large number of possible ICERS per QALY. However it estimated that the most plausible ICER per QALY gained, compared with best supportive care, is in the range of £40K to £50K per year. The is above the threshold of affordability set by the organisation.

With regret, it was agreed unanimously that this drug will not be recommended to HSC for approval.

Action: GOR

4. Matters arising

- **Anti-VEGF drugs**

This review was done at the request of the Opthalmology Department. Bevacizumab is used widely in the NHS. Two newer products both have NICE TAs in certain circumstances and another is due soon. The savings from the use of bevacizumab were used to fund an on-island AMD service and all the convenience and benefits that this conferred on our patients.

It was noted that the new products were much more expensive and that all outputs from the NHS agree there is no evidence that they are better or safer. The new agents will be only available if both the Consultant and patient consider them to be the best option and all the TA criteria are satisfied.

JC pointed out that the newer agents were given about every eight weeks compared with four weeks for bevacizumab, so some saving in clinic time would bridge the gap.

Action: GOR to send to MSG Opthalmologists and later to TAP

- **Oral Vitamin B12**

GOR said that there are approximately 250 islanders on oral cyanocobalamin at a total cost of £50,000 per year. The evidence is that the IM route is far more effective and that tablets were not appropriate in most people. This is a significant sum when public finances are under such pressure. TS said that in his previous hospital the use of tablets had been reviewed. No published evidence to support their use was found and when Vitamin B12 levels were checked in some of the people on oral tablets levels were normal. Vitamin B 12 in oral tablets are available to buy for reasonable prices as food supplements.

Action: GOR

- **Nilotinib**

PG said that Nilotinib does not appear on the White List but is in use. JC said that this had been approved by the former DTC, but the message had either not been passed on or did not register.

Action: GOR

6: Dates of next meetings: February 2nd and March 2nd