

## **Prescribing and Formulary Panel**

**Minutes of the meeting held on March 2nd 2021 via either ZOOM or email vote.**

### **Present via ZOOM**

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

Douglas Wilson, Queens Road Medical Practice (DW)

Tom Saunders, Medical Specialist Group (TS)

Mike McCarthy, Healthcare Group (MMC)

Paul Williams (PW), Island Health

**Email voters:** Janine Clarke, Pharmacy Manager, HSC (JC) and Peter Gomes, Medical Specialist Group (PG), Hamish Duncan, Medical Specialist Group (HD)

**Absent:** Nikki Brink, States-employed Doctors and DPH (NB)

### **2: Minutes**

The draft minutes of the January 2021 meeting were approved.

### **3. New Drugs**

The following products were considered

- **Linaclootide**

A Consultant Gastroenterology request was made for the above product for people with severe Irritable Bowel Syndrome of the constipation type (IBS-C), for specialist initiation only and for a maximum of ten patients per year. It was noted that IBS-C is usually managed symptomatically with laxatives and antispasmodic agents and second-line with antidepressants, which are all cheaper. No head-to-head studies with active treatments have been conducted. While acknowledging that consultant prescribing would likely to be extremely carefully managed, members were concerned about its wider use in what is a very common indication. It was also noted that on a private prescriptions the cost is not unreasonable. After a discussion it was agreed by a majority to not recommend it for addition to the Prescribing List. HD voted by email for its approval, JC, PG, TS, DW, MMC and GOR voted to decline.

**Action : GOR**

- **Nivolumab according to TA 490 (reconsideration)**

This request came from a Southampton Medical Oncologist, supported by a local Consultant Medical Oncologist, to reconsider approval for TA 490 : single-agent nivolumab for one patient with recurrent squamous cell carcinoma of the head and neck. If approved, two or three patients per year will require it.

The patient in question unfortunately progressed after surgery while awaiting radiotherapy. He completed chemotherapy off-island in October 2020 but a PET scan in January 2021 showed residual active disease in his tongue and new lung mets. It was noted that the mean overall survival with nivolumab was 7.7 months in the main CheckMate 141 trial, compared with 5.1 months in the control group who were on investigators' choice of therapy.

The estimated ICER per QALY gained is stated to be £45K to £76K per year by NICE in the TA. The SMC review, which lists 18 different scenarios, estimates it to be between £45,050 and £84,658. Because this is significantly in excess of the organisation's threshold of affordability, with regret the request was declined unanimously.

**Action : GOR**

- March 2020 New NICE TAs to be approved was noted. All are to be used according to the TA criteria only.

**Action : GOR**

- **Minor/cost-neutral additions to the Prescribing List**

Four products were unanimously recommended for approval: all are cost-neutral or are unavoidable and involve a very small increased spend.

**Action : GOR**

**6: Date of next meeting : April 13<sup>th</sup> 2021 5pm Oak MDT Room**