Prescribing and Formulary Panel

Minutes of the meeting held on April 13th 2021 at the Oak MDT Room, PEH

Present

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

Beverley Hall, Chief Pharmacist and visiting member (BH)

Douglas Wilson, Queens Road Medical Practice (DW)

Tom Saunders, Medical Specialist Group (TS)

Mike McCarthy, Healthcare Group (MMC)

Paul Williams (PW), Island Health

Janine Clarke, Pharmacy Manager, HSC (JC)

Apologies

Peter Gomes, Medical Specialist Group (PG)

Hamish Duncan, Medical Specialist Group (HD)

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

1: New Chief Pharmacist

Beverley Hall (BH) the new Chief Pharmacist, was introduced to members and vice versa.

2: Minutes

The draft minutes of the March 2021 meeting were approved.

3. New Drugs

The following products were considered

1. **Renapro Shots**

This product is one of a number of low volume high protein "shots" on the UK market and has been requested by the Clinical Lead Dietician. It is requested to top up both enteral and oral intake in specific patients on ICU or the renal unit or with liver failure on a fluid restriction or with other reasons for restricted tolerance of standard oral supplements/requirements that exceed standard feed provision. The request is for dietetic recommendation only.

This is an ACBS "food for special diet" in the UK Drug Tariff. All ACBS products are funded in the Bailiwick in the community via the prescribing list. After a discussion it was agreed to

recommend this product for addition to the hospital formulary. It was further recommended that Dietetics prepare a simple formulary listing first line, second line products for different indications.

Actions JC/GOR

2. **C1-esterase inhibitor (Berinert^{R})**

This product was requested by a Consultant Anaesthetist, for the peri-operative prophylaxis of inflammatory oedematous swellings in people with hereditary angioedema (HEA) in hospital. Most people with HAE have low concentrations of C1-inhibitor. Berinert^{R} is a highly purified plasma derived concentrate of C1 esterase inhibitor. In surgical patients, intubation is deemed to present a risk of life-threatening upper airway oedema without prophylaxis.

After a discussion it was agreed to recommend this product for addition to the hospital formulary.

Actions JC/GOR

3. **Emtricitabine 200mg /Tenofovir disporoxil 245mg tablets AAH only**

This anti-retroviral product has been in use for many years locally. It was noted that it came off patent in the UK a number of years ago. However the Drug Tariff Price, £355.73 for 30 tablets, has not fallen since then. One company, AAH, sells it's generic for £73 per 28 tablets. The Prescribing Advisor is therefore requesting that the Panel makes AAH the only brand of this product available. After a discussion this change was approved, on the understanding that in the case of AAH stock shortage, the other generic versions could be used.

Action: GOR

4. Nutrison Peptisorb Plus HEHP

Nutrison Peptisorb Plus HEHP is a specialist peptide-based feed and an ACBS product also listed in the NHS Drug Tariff. It has been requested by the Clinical Lead Dietician for sensitive jejunally-fed patients (as alternative to parenteral nutrition), those not tolerating milk-based feeds, or those with other clinical malabsorption pictures such as those with pancreatitis but higher energy requirements. If approved, it would be used on her recommendation or that of one of her colleagues only.

Nutrison Peptisorb products are peptide-based and used in patients with poor feed tolerance. This higher energy version (1.5 vs 1.0kcal/kg) gives the option for more nutrition in a lower volume, especially where jejunally-fed patients often have problems tolerating higher volumes. It is significantly better value and easier to prescribe and manage than parenteral nutrition.

After a discussion it was agreed to recommend this product to the Hospital Formulary in the above circumstances and in time for inclusion in the dietetic formulary.

Action : JC/ GOR

5. Sorafenib for AML

This request from a local Consultant Medical Oncologist to consider a low dose one year course of Sorafenib for an acute myeloid leukaemia (AML) patient. This product is not on the Prescribing List for any indication. The patient is a 47 year old lady with FLT3 mutated AML. After intensive chemotherapy in Southampton, she is now relapsing, despite the current treatment with Midostaurin, recently approved by the PFP for her. The Consultant Haematologist has now recommended Sorafenib 200 mg bd, half the usual dose, for a 12 month period. This would be an off-license use of a licensed drug.

It was noted that Sorafenib has been on the market for several years and has been studied for AML for several years, but no marketing authorisation for this indication exists.

After a discussion the request was, unanimously, declined with regret.

Action: GOR

6. Elotuzumab for a private patient

This request to consider Etoluzumab as part of a complex regime for a private patient with multiple myeloma . Currently the patient is an inpatient in London, and will have completed the first 2 cycles of Elotuzumab and oral Pomolidomide before returning to Guernsey. The request is for once monthly Elotuzumab infusion.

Elotuzumab is licensed for this condition but the drug company did not make a submission to NICE so it is not recommended via a TA. Pharmacy and Oncology have capacity to support the patient having monthly maintenance infusions on-island when she is well enough to return to Guernsey. Therefore the request was approved.

Actions : JC/GOR

Any other business

1. A request to add 600mg Raltegravir tablets to Prescribing List for people on 1200mg once per day, which is cheaper than giving 3 x 400mg tablets was approved. Costs per 30 days are as follows : £471.41 for 2 x 600mg tablets vs £707.15 for 3 x 400mg tablets. After a discussion it was agreed to add the new strength to the Prescribing List.
2. New Indications for Cystic Fibrosis Drugs : It was noted that NHSE has extended the approval criteria for the CFTR modulator therapies to carriers of a number of rare mutations. These indications are unlicensed. Members felt that approving drugs for

unlicensed indications remains beyond the scope of the Panel, particularly in the absence of an organisation-wide genetics policy.

3. Anti-VEGF drugs Policy V2. This document was prepared at the request of the Consultant Opthalmologists. It was noted that NICE TAs for the three new products all say that the treatments available are equally effective. The NICE National Guideline on the topic and a Cochrane Review reported that there were "No clinically-significant differences in effectiveness & safety between the different anti-VEGF treatments ". The cost of the newer drugs was advised at the meeting. They were acknowledged as being more convenient but more expensive. After a discussion the Policy was approved.

Actions : GOR

6: Dates of next meetings : Tuesday May 4th and Tuesday June 1st both at 5pm in the Oak MDT Room, Princess Elizabeth Hospital