

## **Prescribing and Formulary Panel**

**Minutes of the meeting held on August 3<sup>rd</sup> 2021 at the Oak MDT Room, PEH**

### **Present**

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

Douglas Wilson, Queens Road Medical Practice (DW)

Janine Clarke, Pharmacy Manager, HSC (JC)

Peter Gomes, Medical Specialist Group (PG)

Tom Saunders, Medical Specialist Group (HD)

Mike McCarthy, Healthcare Group (MMC)

Dinesh Prakash, Oncology Pharmacist (Visitor)

### **Apologies**

Hamish Duncan, Medical Specialist Group (HD) Paul Williams, Island Health (PH), Beverley Hall, Chief Pharmacist States of Guernsey (BH)

### **Absent**

Nikki Brink, States-Employed Doctors and DPH (NB)

### **1: Minutes**

The draft minutes of the July 2021 meeting were approved.

### **2. New Drugs**

The following products were considered

#### **1. Hydrocortisone sodium phosphate 3.35mg/ml P/F Unit dose eye drops**

This product was requested by a local Consultant Ophthalmologist as a lower cost alternative to the topical corticosteroid products already available. It is also likely to cause fewer side effects than dexamethasone. Ophthalmology products have been particularly affected by stock shortages in recent years, and approval of this product will mean that a good value licensed p/f UD alternative to specials will be available.

After a discussion it was agreed to recommend it to the CfHSC for addition to the prescribing list.

## **2. Biktavry<sup>R</sup>**

This product has been requested by the local Consultant Virologist following an MDT recommendation. It is a combination of bictegravir/emtricitabine/tenofovir alafenamide and is licensed for use in the treatment of adults infected with human immunodeficiency virus 1 (HIV-1) in certain circumstances. The dose is one tablet once daily and it is recommended for NHS patients in England (by NHSE in certain circumstances), in Scotland and in Wales (the latter in limited circumstances), if the company sells it at the NHS discounted price or lower.

Bictegravir is a new integrase inhibitor. It was noted that dolutegravir is already on the prescribing list, as are emtricitabine and tenofovir. The latter is approved in two salts: alafenamide and disoproxil. Tenofovir disoproxil is off patent and, after some considerable effort over many months, is now being dispensed and charged to the Health Fund at a significantly reduced price via community pharmacy dispensing. Savings are estimated to be £80K per year for the approximately 25 patients regularly obtaining generic emtricitabine/tenofovir disoproxil. Tenofovir alafenamide is said to have a lower rate of renal and bone side effects than tenofovir disoproxil.

GOR said that the company has not responded to requests about whether or not the discounted price would be available to Guernsey. If approved it would be likely to be for hospital dispensing only. TS said that if the price was the same or less than dolutegravir and emtricitabine/tenofovir disoproxil, his view would be that the new product should be approved.

JC said that increasing the range of drugs for hospital only dispensing to outpatients continues to put pressure on her team. PG said that with the increased number of NICE TAs being approved, staff and facilities in both pharmacy and oncology will have to follow.

After a discussion it was agreed to defer a decision until the next meeting in early September.

**Actions: GOR**

## **3. Lacosamide Solution for IV infusion**

Lacosamide is available via the Prescribing List in oral forms. The request for the IV formulation came from the Locum Consultant Neurologist, on the basis that it is less problematic to up-titrate than phenytoin and has fewer side effects, especially in ITU. TS said that IV levetiracetam would be another option as an alternative to phenytoin. After a discussion it was agreed to add lacosamide to the Hospital Formulary.

**Action : GOR/JC**

### **3. Matters Arising**

#### **A. Private Chemotherapy**

The Panel recommended organisational approval for the following for self-funding patients

- **TA668: Encorafenib plus cetuximab** for previously treated BRAF V600E mutation-positive metastatic colorectal cancer (agreed via email request and actioned by PEH pharmacy).
- **Alpelisib with Fulvestrant** : not (yet) a TA, but is licensed for the indication requested.

#### **B. New NICE TA drugs: as advised, plus the following**

- ✚ **Sofosbuvir–velpatasvir for treating chronic hepatitis TA430** ICER per QALY gained of less than £30K per year requested by MDT.
- ✚ **Biminetinib**, second drug for **NICE TA 562**

#### **C. Minor changes/amendments**

- ✚ Amend entry of macitentan: From “RBH” only: to “Tertiary initiation and supply only”
- ✚ Add new strength (200 iu) Botulinum A Neurotoxin Comp\_Inj 100iu VI for specialist use only : cost neutral ( £276 for 1x 200iu or 2 x 100iu)
- ✚ Add new strength (50iu) Botulinum A Neurotoxin Comp\_Inj 100iu VI for specialist use only : half the cost of 100iu (£77.50 vs £138.20)
- ✚ Penile pumps and accessories for people with specific conditions, were on the Prescribing List but no longer feature. Panel agreed to re-instate the products used and according to the request from Mr Cole.

**4: Date of next meeting:** Tuesday September 7th 2021 at 5pm ~~in the Oak MDT Room, Princess Elizabeth Hospital~~ now via Microsoft TEAMS.