### **Prescribing and Formulary Panel**

### Minutes of the meeting held on February 8th 2022 via TEAMS

#### **Present**

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

Mike McCarthy, Healthcare Group (MMC)

Douglas Wilson, Queens Road Medical Practice (DW)

Hong Choo, Lead MI Pharmacist representing the PEH Pharmacy Manager, HSC (HC)

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

Peter Gomes, Medical Specialist Group (PG)

Tom Saunders, Medical Specialist Group (TS)

### **Apologies**

Hamish Duncan, Medical Specialist Group (HD),

Beverley Hall, Chief Pharmacist (BH),

Paul Williams, Island Health (PH)

# 1: Minutes

The draft minutes of the January 2022 meeting were approved.

### 2. New Drugs none

### 3. New NICE TAs

It was noted that two new Oncology NICE TAs are ready for approval and preparation of oncology protocols etc etc.

### 4. Minor or cost-neutral additions to the Prescribing List

The following were recommended for addition to the Prescribing list.

- 1. Adrenaline auto-injector 500micrograms /0.5 ml which is now required for people with a high BMI. It is cheaper than the lower strength. February Drug Tariff costs are £26.99 per unit for 500 micrograms/0.5ml vs £34.30 for 300micrograms / 0.5 ml product.
- 2. Combigan<sup>R</sup> eye drops, containing brimonidine and timolol, were requested following an off-island NHS consultation. The February 2022 Drug Tariff costs are £10 for 5ml

and £27 per 15mls. Total cost for 1 bottle of Timolol 5mg /1ml plus I bottle Brimonidine = £4.41 (also DT Feb 2022). There are approximately 75 prescriptions for Timolol eye drops and 40 for Brimonidine dispensed each month. It was noted that cheaper generic versions of the combination product may become available later in 2022. This product was also recommended for approval.

**Action: GOR** 

5. Private Chemotherapy requests: none

6. AOB

1. Terms of Reference of the PFP with some minor amendments were approved and will be sent to the CfHSC for approval and any further changes, after which they will published on the States Website. The Panel continues to work according to the principles of the main CfHSC Policy, G1033, which is currently being updated.

**Action: GOR** 

- 2. NHS DOAC Commissioning Policy, published in January 2022, was circulated for information. Because of cost, it recommends edoxaban as first line first choice agent for its licensed indications and where clinically appropriate. It was noted that it also recommends that patients on other DOACs be considered for a swap to edoxaban. GOR said that all four DOACs on the prescribing list have positive TAs. This approach, to use the best value drug where there is a choice of more than one is compatible with the concept of TAs and is accepted practice in the NHS and elsewhere. This NHS advice should be the impetus for as many local patients as possible on the other DOACs to be considered for a swap to edoxaban. It is not licensed for post-THR/TKR and no DOAC is licensed for people with anti-phospholipid syndrome.
- 3. Latest available month's local prescribing figures for all anticoagulants was attached for information. Redacted: the cost of xxxxxxx is further reduced by a rebate of xxxxx per month. HC said that most people with AF admitted to the PEH are on edoxaban, but that the pharmacy team would now prompt clinicians to consider swapping AF patients admitted on the other agents. GOR is to write to practices to further highlight.

**Action: GOR/HC** 

4. NHS Lipid Management Pathway: attached for information and consideration for use as a local policy. All present agreed that this is a very user-friendly document. The monoclonal antibodies, which are extremely expensive, are not included in this document. Reference is made to "local pathways" and it was agreed that GOR would contact MSG Cardiology and the FH Clinic to develop this further,

Action: GOR

5. TC asked whether or not a replacement Consultant Physician would be required to replace HD, who is leaving MSG at the end of February. After a discussion it was agreed that this role is very valuable so a replacement will be required. TC will raise that at the next Physicians' meeting.

## Action: TC

**8:** Date of next meeting: Tuesday March 8<sup>th</sup> 5pm at the Oak MDT Room, future meetings will be face-to-face unless circumstances prevent us.