Prescribing and Formulary Panel

Minutes of the meeting held on March 8th 2022 at the Oak MDT Room

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)

Peter Gomes, Medical Specialist Group (PG)

Tom Saunders, Medical Specialist Group (TS)

Paul Williams, Island Health (PH)

Absent

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

Draft Minute

The Draft minutes of the February 2022 meeting were approved.

Further to the entry on page 3, GOR reported that TS, being dual registered in General (internal) medicine **and** Geriatric medicine, has agreed to fill both the Consultant Physician and Consultant Geriatrician roles.

New Drugs

1. Slenyto^{R}

Slenyto^{R} is a modified release melatonin preparation, licensed for the treatment of insomnia in children and adolescents aged 2-18 with Autism Spectrum Disorder (ASD) and / or Smith-Magenis syndrome, where sleep hygiene measures have been insufficient. It is the first licensed product for insomnia in children.

This product has been requested from two CAMHS Consultants on the basis that the tablets are very small and easy to swallow by young children. There was a discussion about the very high costs of melatonin products in the past and the difficulty in reducing their use. It was also noted that off-label melatonin oral suspension or crushed melatonin MR (Circaidin^{R}) are considerably better value and can be swallowed easily by small children. After a discussion it was agreed to decline the request at this time.

Action : GOR

2. Guanfacine

Guanfacine, also requested by the same CAMHS Consultants, is a licensed treatment for ADHD.

It is a selective alpha2A-adrenergic receptor agonist and is a non-stimulant. It is licensed where stimulants are not suitable, not tolerated or have been shown to be effective and as part of a comprehensive ADHD treatment programme.

Atomoxetine is currently the only licensed non-stimulant treatment for ADHD in children and adolescents and is available via the Prescribing List. Clonidine may also be used. However most of the evidence came from short-term placebo controlled trials and it is more expensive that atomoxetine.

After a discussion it was agreed to decline this request.

Action : GOR

3. Remimazolam : to be considered in April or when more information on comparative efficacy is obtained from the requesting Consultant.

4. Trimbow^{R}

This product is a triple therapy in an aerosol licensed for COPD and for asthma. The request is for its use in older people, as an alternative to Trelegy Ellipta^{R}, which is a dry powder device and can be difficult to inhale forcefully enough.

Each metered dose contains 100 micrograms of beclometasone dipropionate (an ICS) , 6 micrograms of formoterol fumarate dihydrate (a LABA) and 10 micrograms of glycopyrronium (a LAMA). It has both a COPD and an Asthma license.

Both products were brought to market at approximately the same time, and being complex products, are most unlikely to be succeeded by better value generics. So patent length is not an issue. Aerosol products are compatible with spacer devices.

After a discussion, it was agreed to recommend this for addition to the Prescribing List.

- **Minor and/or cost-neutral additions to hospital formulary**:

Diprobase cream, which is widely prescribed has been discontinued, so it was necessary to remove it from the Prescribing List and to replace it with Diprobase Advanced Eczema Cream. TS commented that Ultrabase is used in the hospital because it is cheaper when purchased at the hospital contract price.

Update: relative costs are £6.32 for 500g of Diprobase cream vs £7.01 for 500g of Diprobase advanced eczema cream vs £8.67 for 500g of Ultrabase.

- **New NICE TAs: Attached**

The March NICE TA list of 12 new TAs was noted. PG commented on the amount of effort the pharmacy implementation team, as well as PEH pharmacy and Bulstrode Oncology had put into facilitating so many new treatments for patients.

Action : GOR

- **Private Chemotherapy Requests**

The following three private chemotherapy requests were approved, hospital pharmacy capacity having been confirmed.

1. Sacituzumab govitecan : For metastatic triple receptor negative breast cancer in one patient now commencing a further course of chemotherapy. It is an intravenous infusion, given on days 1 and 8 of 21 day cycles. The indication is licensed and NHS-approved.

2. Atezolizumab: As an additional adjuvant therapy, following platinum-based adjuvant chemotherapy, for stages 2 to 3A non-small cell lung cancer. The patient is young and has successfully completed chemotherapy. The indication is also licensed and NHS-approved.

3. Pembolizumab and Lenvatinib, for a young patient with stage 4 m RCC. The regimen, from the CLEAR trial, is using Pembolizumab 200mg iv on 3 weekly basis and Lenvatinib 20mg Po once daily.

Members noted the number of requests for private chemotherapy and their appreciation of the work pharmacy oncology team does to support them.

- **AOB**

BNF GOR said that HSC, along with the Isle of Man and Jersey, are working on an island wide subscriptions to improve access to BNF/BNF-C for colleagues in Primary and Secondary Care. Update: The order for paper BNF copies has been reinstated and will remain for now. They are due to arrive on the islands shortly.

Safe and Secure Handling of Medicines Policy

Members commented on the thoroughness and depth of this policy, which is mainly related to HSC.

Next meeting Tuesday April 12th, Tuesday May 10th