

Prescribing and Formulary Panel

Minutes of a meeting held at 5pm Tuesday July 12th 2022 Oak MDT Room

Present

Geraldine O’Riordan, Prescribing Advisor and Chair

Douglas Wilson, Queens Road Medical Practice

Tom Saunders, Medical Specialist Group

Andrew Ward, PEH Pharmacy Manager

Apologies

Mike McCarthy, Healthcare Group

Peter Gomes, Medical Specialist Group

Paul Williams, Island Health Medical Practice

Absent

Nikki Brink

Draft Minutes

The Draft minutes of the June 2022 meeting were approved.

- **New Drugs**

1. **Sirolimus Ointment**

The request for Sirolimus (aka Rapamycin) Ointment for facial angiofibromas in Tuberous Sclerosis Complex in a young patient came from a GPWSI dermatology. Laser treatment has been tried but was found to be painful and destructive.

This product is not licensed but is available in some UK centres where it is prescribed, manufactured in hospital units and dispensed to patients whose progress is carefully monitored. There are however licensed products that may be used off-license at a lower cost.

GOR said that the opinion of the Consultant Dermatologist has been sought on the above points, but has not yet been received.

After a discussion it was agreed to defer until the August meeting.

Action : GOR

2. Naproxen Oral Suspension

This request is for a child with complex care needs including persistent fever. A UK specialist has recommended occasional use of naproxen if ibuprofen or paracetamol are ineffective. Because of the age, an oral suspension formulation is required, which the family are paying for it privately. An immunology referral is being prepared.

Naproxen is not licensed for children but is listed in the BNFc as being appropriate for pain and inflammation in musculoskeletal disorders. The dose is 5 mg/kg twice daily; maximum 1 g per day.

Naproxen Oral Suspension costs £45 per 100ml bottle of the 125mg per 5ml strength and £110.01 per 100ml bottle of the 250mg per 5ml strength. It is not a special, but is a licensed product listed in the Drug Tariff with a fixed price.

It was noted that ensuring therapeutic doses of anti-pyretics is important before using an alternative. After a discussion it was agreed as per the recommendation: which was third-line NSAID, and for Consultant Paediatric recommendation only.

Action : GOR

3. Triamcinolone preservative free injection for ophthalmology

This product is licensed for use in ophthalmology and is preservative-free. After a discussion it was agreed to recommend this product for addition to the hospital formulary.

- **Minor and/or cost-neutral additions or changes to the Prescribing List or the Hospital Formulary**

1. Alendronic acid effervescent tablets has been requested for a patient truly unable to swallow solid dose preparations. The cost £11.60 for 4 vs 68p for solid dose tablets vs £30.64 for unit dose sugar free liquid. The addition of alendromic acid effervescent tablets was approved for people in whom bisphosphonate therapy is strongly indicated and who are unable to swallow tablets.
2. Indomethacin 25mg per 5 ml oral suspension has been specifically requested by the Paediatric Headache Unit at GOSH. It is not a special and is licensed, costing £17.11 for 100mls. This was approved as a third line NSAID and for consultant paediatric specialist recommendation.

- **New NICE TAs** were noted.

- **DOAC Prescribing guidelines**

GOR said that there are now two UK marketing authorisation for generic apixaban. The acquisition cost of generic apixaban at the moment is the same as the brand, but

this is likely to fall. It is not yet known what the reduced price will be, whether or not a rebate will be involved or if the savings are paid directly back to the NHS. The latter approach may cause issues for Guernsey.

However substantial savings have been made locally since Autumn 2019 via a rebate which matches the NHS discounted price. And the proportion of all DOAC prescribing that the best value agent comprises is significantly higher than the NHS. UPDATE from NICE Associates' meeting on 13/7/2022: For now NHS organisations are continuing with the advice published in early 2022.

- **Black Triangle Drugs** : none this month
- **New NMPs** : none this month
- **AOB**

1. Update on request for patient numbers on large numbers of regular repeat prescriptions

GOR said that all three practices had now provided these data, which will be used as part of the Primary Care Review. All present concluded that this is extremely useful information to have. It was agreed that polypharmacy is difficult to evaluate without access to notes. Ten items of oral treatment taken daily may be more problematic than five oral treatments taken regularly with several products like eye drops, creams etc. etc. needed as required.

2. Innovative Medicines Fund

GOR said that the HSC Committee has asked the opinion of the PFP on the above, which is similar to the Cancer Drugs Fund, but for non-cancer drugs. A paper will be prepared by GOR in due course.

3. Antivirals for COVID-19

AW said that Paxlovid^R is being prescribed by Primary Care and dispensed by the hospital, on some occasions at weekends and the evenings. He questioned why it is not requested during the week. GOR advised that she has been asked to write a paper on Antivirals in COVID-19, which can possibly include consideration of dispensing arrangements.

4. Dosette boxes

GOR said that many of the islands' pharmacies are now at capacity and are no longer able to take on new patients recommended for dosette boxes. It was imperative that new patients are strictly limited going forward. The NHS funds them for people

covered under the Disability Act. The assessment of eligibility is undertaken by the Community Pharmacist in the NHS.

After a discussion it was agreed that the previous draft guidance, which was not approved when it was previously presented, would be revisited.

Action : GOR

- **Date of next meetings**

Tuesday August 9th 5pm Oak MDT Room 5pm

Tuesday September 13th Oak MDT Room 5pm