

Prescribing and Formulary Panel

Tuesday 14th February 2023, 5pm, Oak MDT Room

Attendees

Geraldine O’Riordan, Prescribing Advisor, HSC, and Chair

Beverley Hall, Chief Pharmacist, HSC

Paul Williams, Island Health Medical Practice

Douglas Wilson, Queens Road Medical Practice

Andrew Ward, Hospital Pharmacy Services Manager, HSC / NMP representative

Peter Gomes, Medical Specialist Group

Marc Jenkins, Senior Pharmacist, Prescribing Support Unit, HSC

Apologies

Tom Saunders, Medical Specialist Group

1. Welcome and Apologies for Absence

GOR welcomed all to the meeting at 17:01 and introduced MJ in his new role as Senior Pharmacist within the Prescribing Support unit. Apologies for absence were received from Tom Saunders.

2. Approval of the minutes of the meeting held in January 2023

The minutes of the meeting held on 17th January 2023 were approved as a true and accurate record of the meeting.

3. New drugs

Dexcom G7

GOR advised that Dexcom G7 had been requested by the paediatric diabetologist. GOR noted that the Dexcom G7 was cheaper than the Libre and other similar products.

Dexcom G7 was recommended.

Ospemifene

GOR advised that Ospemifene had been requested by Ben Thomas, Consultant Obstetrician and Gynaecologist, for patients whose symptoms affect their quality of life. It might be possible for the use of ospemifene could mean a delay to or an avoidance of prolapse surgery. GOR advised that 30 patients would be offered ospemifene per year. After some discussion it was agreed that the primary outcome in any medical trials, that of symptom relief, was demonstrated in the

trial. So ospemifene was recommended for approval when initiated by a Consultant Gynaecologist.

Colesevelam

GOR advised that the locum consultant gastroenterologist had requested colesevelam for one patient who suffered with Crohn's disease requiring a bile acid sequestrant. The alternative would be a biologic.

GOR advised that the product was more expensive than first line biologics, which are disease-modifying. It was noted that colesevelam was at the end of its patent life.

BH commented that the use of colesevelam in tablet form provided a better patient experience as it did not need to be dissolved in water like the alternative products. It also interacted less with other medications. BH suggested that colesevelam may be a more pleasant formulation and was a third line bile acid sequestrant.

It was agreed that colesevelam would be recommended for third line gastro use.

Mike McCarthy joined the meeting at 17:14.

Gardasil 9 HPV

GOR advised that Gardasil 9 HPV had been requested by Mr Cole for the use in 3 patients per year with penile cancer, noting that evidence was emerging for the benefits of its use.

On a general note, BH noted that the inclusion criteria for vaccination on the PGD was growing and queried whether there would be crossover in the future.

PG queried whether there was likely to be any benefit to the patient's cancer, as there did not appear to be any evidence to suggest this.

GOR advised that the cost would be £105 for each injection, and GOR assumed that, given the patient's age and the fact that they were immunocompromised, there would be a need for 3 injections in total.

PW suggested that evidence of the effectiveness of the treatment be provided before a decision was made.

VersaSeal

GOR advised that VersaSeal had been requested for hernia repairs for 2 to 3 patients per year.

VersaSeal was recommended.

4. Minor and/or cost neutral additions or changes to the Prescribing List or the Hospital Formulary

GOR advised that Forceval soluble tablets had been recommended for a patient who used a feeding tube, as their tube had been blocked by crushing tablets. The cost for soluble tablets would be £11.43 for 30, as opposed to £9.92 for 30 capsules.

5. NEW NICE TAs

GOR advised that no new NICE TAs were ready for this month's meeting.

6. TA737

GOR advised that TA737 would be declined as it was out of spec for the TA project. The ICER value is above the threshold for approval.

7. TA857

GOR advised that the ICER per QALY gained was £41k to £49k and so it also fell out of spec.

BH suggested that a paper be written in to set out the information. GOR agreed to write a paper for circulation after the meeting.

Update: 23/2/23 paper was written and circulated, and the decision to decline was, with regret, unanimous.

8. Prescribing and Dispensing Arrangements

GOR spoke on the paper prepared by Nikejshia Moon as part of the Primary Care Review and noted that there were some changes which were described in the paper which may already be happening throughout Primary Care practices in terms of prescribing and dispensing periods.

GOR advised that the law dictates that a prescription could be dispensed within 4 business days of the date on the prescription, though the GPhC states that a prescription is not valid until the date detailed on the prescription.

MJ advised that the increased number of locum pharmacists contributed to the issue, as it would be unheard of in the UK to issue a prescription early.

It was also suggested that up to 12 months' prescription forms i.e. one prescription plus 11 repeats, could be issued by prescribers. DW expressed

concern about any potential media attention and BH advised that not every legislative change was published with a press release, and the Comms team would be approached for comment if the need was there. GOR said that this would be appropriate if it was deemed to be clinically appropriate by the prescriber.

9. Black Triangle Drugs

The list of black triangle drugs was circulated ahead of the meeting.

10. New NMPs

GOR advised that there were 2 new non-medical prescribers, one being the Prison Healthcare Manager and the other being the Clinical Psychology Coordinator.

11. AOB

GOR thanked BH for her support and all her hard work for pharmacy, for HSC, the PFP and for the island, noting that she would be leaving the island at the end of February.

The meeting closed at 17:45