

Prescribing and Formulary Panel

Tuesday 4 April 2023 Oak MDT Room, 17:00 – 18:00

Attendees

Geraldine O’Riordan, Prescribing Advisor and Chair
Andrew Ward, Hospital Pharmacy Services Manager/NMP representative
Douglas Wilson, Queens Road Medical Practice
Mike McCarthy, Healthcare Group
Peter Gomes, Medical Specialist Group
Tom Saunders, Medical Specialist Group
Paul Williams, Island Health Medical Practice
Kerry Lowe, HSC, (minutes)

Apologies

Peter Rabey, Medical Director and representative of States-employed doctors
Marc Jenkins, Prescribing Support Unit Senior Pharmacist
Tejmeena Bhogal, Chief Pharmacist HSC, Visiting Member

Minutes

1. Apologies

Apologies were received from Marc Jenkins, Peter Rabey and Tejmeena Bhogal. GOR explained that Tejmeena Bhogal was a visiting member of the group and would attend as frequently as she saw fit.

2. Draft minutes of the March 2023 meeting:

The minutes of the meeting held in March 2023 were approved as a true and accurate record of the meeting.

3. New Drugs

Serum Eye Drops

GOR advised that Serum Eye Drops were an end-stage treatment for dry eyes. They are produced in NHS either using the patient’s own blood or a donor’s blood. The former are not feasible for a Guernsey resident. GOR added that only small trials had taken place and the evidence base was poor and the cost high.

TS felt that there was not enough evidence to justify the cost.

MM commented that he was concerned about the risk of infection and the drug would have to be used often and shown to be beneficial more widely in order for it to be approved.

Serum eye drops were not recommended for approval.

Ibuprofen IV

GOR advised that the request had been received from theatres and explained that it had previously been declined for use in A&E on the basis of cost.

After some discussion, it was agreed that IV Ibuprofen would be approved for use in theatres.

Dexcom 1

It was agreed that Dexcom 1 would be recommended for approval.

PW joined the meeting at 17:17.

Zoely + Qlaira

GOR advised that these products were requested for women with perimenopausal symptoms requiring contraception. They more cost effective than using the current first line HRT.

It was agreed that Zoely + Qlaira would be recommended for approval.

Icatibant

GOR advised that the patient had been referred to the UK for a States-funded consultation for his angioedema. Icatibant had been recommended.

After some discussion, it was agreed that Icatibant would not be recommended for approval due to the significant cost and lack of evidence.

Bedaquiline (retrospective approval)

GOR advised that the patient required Bedaquiline for treatment of his tuberculosis who is currently an in-patient in Southampton. It was recommended by a national centre and cure rates were quite high.

TS commented that whilst the cost of the drug was high, so was the cost of the patient's healthcare and the use of the drug may reduce future healthcare costs.

Bedaquiline was approved for use.

4. New NICE TAs

The new NICE TAs were shared ahead of the meeting. PG noted that there were a significant number of cancer drugs on the NICE TA list already being prescribed privately. So consultants had experience in the use of the drugs.

5. Minor amendments

Cholecalciferol 2,000 IU tablets 160 RXs per quarter costing £19,511 plus uplifts. Recommend removal from WL. Doctors prescribing this formulation have already been contacted by the PSU and have confirmed that they have changed patients to 1,000 IU tablets or capsules.

It was agreed that cholecalciferol 2,000 IU tablets would be removed from the white list.

6. Private chemotherapy (retrospective approval)

GOR advised that a patient diagnosed with myeloma had also been diagnosed with refractory disease. Treatment with Daratumumab and Carfilzomib had previously been given, though Carfilzomib was discontinued after a cardiac event. GOR added that Dr Martin Kaiser (a national myeloma expert) at the Royal Marsden Hospital advised that Belantamab mefodotin, prescribing within the licensed indication for this drug and funded by insurers. The dose is given by IV infusion once every 6 weeks, for which there was nursing and pharmacy capacity.

7. Black Triangle Drugs

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

8. DOAC Prescribing n/c

There was no update provided.

9. New NMPs

GOR confirmed that there was one new non-medical prescriber, Kirsty Gallienne.

10. AOB

TS advised that the process on the wards for issuing medication would be that a doctor would write a prescription, the ward clerk would email a copy of the prescription to the pharmacy and the pharmacy would dispense medication solely on the basis of the emailed prescription. TS felt that there

was a potential governance issue in the fact that a physical prescription was not present.

AW suggested that a reminder of good practice would be sent to the community pharmacies.

GOR advised that she would send a reminder to all community pharmacies to ensure that they were aware that they needed to accept the original prescription before they dispense the medication. GOR added that Sue Duff, Quality and Patient Safety, was working with the PSU Senior Pharmacist and other colleagues on a process for streamlining prescribing for mental health discharges. Once finalised, it was hope that that the process would be extended to the other wards as a solution to discharge delays.

11. Date of next meeting

The date of the next meeting was confirmed as Tuesday 2 May 2023.