

## Prescribing and Formulary Panel

Tuesday 2<sup>nd</sup> May 2023 Oak MDT Room, 17:00 – 18:00

### Attendees

Geraldine O’Riordan, Prescribing Advisor and Chair  
Peter Rabey Medical Director and representative of States -employed doctors  
Andrew Ward, Hospital Pharmacy Services Manager/NMP representative  
Douglas Wilson, Queens Road Medical Practice  
Mike McCarthy, Healthcare Group  
Marc Jenkins PSU Pharmacist

### Apologies

Teena Bhogal, Chief Pharmacist HSC, Visiting Member  
Peter Gomes Medical Specialist Group  
Paul Williams Island Health Medical Practice

## Minutes

### 1. Apologies

Apologies were received from Teena Bhogal, Peter Gomes and Paul Williams

### 2. Draft minutes of the April 2023 meeting:

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

### 3. New Drugs

MM joined the meeting at 17:05

#### *Bupropion for depression*

GOR advised that a request had been received from the mental health services to be able to prescribe Bupropion for depression in male patients who are experiencing sexual side effects with other antidepressants.

GOR explained that Bupropion is licenced for depression in the USA and some other countries but not in the UK or Europe. Here it is licenced for smoking cessation only.

MJ mentioned that there was some evidence to suggest that it does have less sexual side effects but this is countered by increased incidence of other side effects compared to SSRI type antidepressants.

MM commented that sexual side effects which are related to the pharmacology of SSRI's can cause significant problems for male patients. GOR mentioned the possible use of agents such as sildenafil to help. MM made the point that they do not always help.

There was a general discussion and there was a consensus that due to the fact that Bupropion is not licenced for depression and in view of its high cost it would not be approved for treating depression at this time.

GOR said that should the drug become licenced in the future then the panel would be willing to re-examine the situation.

#### *Relva Ellipta*

GOR advised that the request had been received from general practice following an off island referral to UK respiratory specialist physician.

It is similar to other asthma inhalers currently used. This product has the advantage that it requires only once daily dosing. There is no good evidence to say it is any more effective than existing products but it is no more expensive.

It was agreed that Relvar Ellipta be recommended for approval.

#### *i-Port Advance*

GOR stated that this product is used to reduce the number of daily injections for diabetic patients. It has been requested by paediatrics for a young patient with type 1 diabetes who has severe needle phobia.

MJ explained that it is a small canula device with a fine needle which automatically penetrates the skin on initial application. The device can remain in place for 72 hours. Subcutaneous insulin is then administered by injecting into the canula each time.

The suggestion from UK clinics who are using the product is that it might delay these needle phobic patients from progressing to the next stage of therapy which would be an insulin pump. Cost of pump devices would be significantly higher than using the i-Port.

PR expressed concern that the application had been broadened to include adults as well as children. There was discussion as to whether this was necessary at this time. It was agreed that the device be approved initially for

use in children, and we will address the situation with adults at a later date if the need arises.

GOR mentioned that the diabetic service had agreed to order and supply the product.

#### **4. New NICE TAs**

None this month.

#### **5. Minor amendments**

GOR advised that Loperamide liquid has been discontinued. It is proposed that loperamide 2.5mg orodispersible tablets sugar free be added to the white list. This provides prescribers a cost-effective alternative to use. A liquid preparation made as a 'special' would be very expensive.

There are new strengths of midazolam buccal solution available. These are more cost effective and have safety benefits in addition to the products currently on the list. It is requested that the following products be added: 10mg/2ml, 2.5mg/0.5ml and 7.5mg/1.5ml.

It was agreed that all of the above changes be made to the white list.

#### **6. Vaccines and Anti-Malarials for travel**

GOR explained that historically vaccines and anti-malarial medications have been made available to islanders who were undertaking charitable work abroad. Expenses in past years have been considerable and much work has been done to tighten the criteria for people who can benefit from this. Costs in 2022 have been reduced to £2500 from nearly £14,500 10 years ago.

It is proposed that in the light of ever-increasing pressure on expenditure, these products should now only be used for reasons of public health and in accordance with 'green book' guidelines. GOR stated that public health had been consulted about this proposed change and they were in agreement.

It was decided that this proposal be accepted. Vaccinations and anti-malarials should no longer be publicly funded for any kind of travel.

#### **7. Black Triangle Drugs**

As per previous meeting.

#### **8. DOAC Prescribing n/c**

There is no change to current pricing. Edoxaban continues to be the most cost effective agent.

**9. AOB**

None

**10. Date of next meeting**

The date of the next meeting was confirmed as Tuesday 13<sup>th</sup> June 2023.