

## Prescribing and Formulary Panel

Tuesday 4<sup>th</sup> July 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  
Paul Williams Island Health Medical Practice  
Peter Gomes, Medical Specialist Group  
Peter Rabey, Medical Director and Representative of States-employed doctors  
Marc Jenkins, PSU Pharmacist  
Mike McCarthy, Healthcare Group

### Apologies

Tom Saunders, Medical Specialist Group

### Minutes

#### 1. Apologies

Apologies for absence were received from Tom Saunders.

#### 2. Draft minutes of the June 2023 meeting

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

GOR advised that the MDAG meeting took place shortly after the previous PFP meeting and a discussion took place regarding maximum quantities of cannabis being prescribed. Work is ongoing, however GOR advised that she and MJ were querying prescriptions for over 60g per month.

#### 3. Minor amendments

*Ascorbic Acid: Only indication is prevention /treatment of scurvy. In the latest month which figures are available for, 38 prescriptions cost £3,499, average price per prescription= £92.20 plus fees. Annual cost is £42K plus fees. Available to buy for reasonable prices. Recommend removal.*

GOR advised that ascorbic acid was recommended for removal. AW suggested that there were patients who may not be able to afford the over-the-counter alternative and GOR advised that there were processes in place to support islanders who could not afford their medical bills. PW joined the meeting at 17:06.

*Calcium and ergocalciferol tablets 28 cost £43. 36 prescriptions dispensed per month at a cost of £1,794 plus fees. Annual cost £21,528. Recommend removal.*

GOR advised that there were suitable alternatives available, and, prior to the meeting, TS agreed that the tablets should be removed.

#### **4. New drugs**

##### *Sativex for spasms in MS*

MJ spoke to the panel and advised that the patient in question was already being prescribed tizanidine and baclofen and had received botulinum toxin injections to specific muscles. Sativex had been requested by Dr Nye Matthew and Dr Basil Ridha according to national guidance, NG144.

MJ advised that Sativex was available as a cannabis extract spray which contained THC and CBD and was available free of charge direct from manufacturer for a 4-week trial. MJ added that there was a complex dose titration model and guidance was available from the neurology team in Southampton.

MJ provided information on the studies which had taken place and added that Dr Ridha felt that there was a 50/50 chance that the patient would benefit from the use of Sativex.

AW queried whether an individual funding request had been explored. GOR advised that the individual funding request process in HSC was not for licenced drugs being used for their licensed indications. And that no mechanism existed to approve drugs for one patient.

MJ advised that there were approximately 150 patients in Guernsey with MS and Dr Ridha suggested that no more than 5 – 10 of those patients would meet the criteria for the use of Sativex.

The use of Sativex was approved providing the strict criteria in NG144 were met, including that treatment was initiated and supervised for one month by a consultant neurologist. It would only be continued if it achieved a 50% reduction in symptoms.

##### *Shingles vaccine inactivated in immunocompromised people*

MJ advised that the request for the use Shingrix had been received from Dr Paul Williams and Dr Basil Ridha independently.

MJ advised that the use of Shingrix had been approved for use by JCVI in September 2021, for those with a low immune system who are unable to receive the live vaccine and studies had shown Shingrix to be comparable, if not better than, Zostavax. In terms of cost, MJ advised that the Shingrix vaccine was more

expensive than the Zostavax product. The cost of Shingrix was £350 for a standard community prescription and £272 through the NHS ordered via the hospital.

MJ recommended that Shingrix was approved for use for immunocompromised patients matching the criteria set out in the paper.

AW advised that whilst it made sense for Shingrix to be ordered through the hospital, there was an additional cost to doing so rather than just the cost of the drug as set out in the paper. AW added that he would like to be consulted on the processes before they were set out in a paper and distributed to members of the Prescribing and Formulary Panel. AW highlighted the need for any additional costs of providing the drug through the hospital to be included in any cost comparisons.

GOR noted that all vaccines are ordered through the hospital pharmacy in Guernsey, to obtain the NHS discounts. The recommendation that a vaccine is cost-effective the Green Book would be based on the NHS prices. GOR asked AW for his experience of ordering vaccines in previous hospital he had worked in. AW advised that in his previous roles, vaccines were ordered through community pharmacies so the process in Guernsey differed from his experience.

Shingrix was approved for use as per the Green Book, so for people aged Between 70 and 79 years.

#### *Sayana Press (medroxyprogesterone self-administered SC injection)*

MJ advised that Sayana Press was a long-acting progesterone contraceptive, which was administered subcutaneously and could be administered by the patient themselves. Dr Lucy Joslin was the physician who had requested Sayana Press and advised that the drug had been used frequently during lockdowns.

MJ advised that Sayana Press was less painful and as effective as Depo-Provera. MJ added that the cost of Sayana Press was £6.90 against Depo-Provera at £6.01. whilst unlikely, if every patient currently on Depo-Provera switched to Sayana Press, the annual cost increase would be £80.

AW asked if Sayana Press was readily available and MJ advised that there were no known supply issues and he understood that Choices, the family planning clinic, used Sayana Press. AW asked if Sayana Press had to be ordered through the hospital. MJ advised that he was unsure and would investigate.

All agreed that Sayana Press would be approved for use.

#### *Regional Citrate Anticoagulation fluid*

MJ advised that a request from the manager of HDU had been received to change the type of anticoagulant used during renal replacement therapy. MJ understood that patients were administered heparin systemically to provide anticoagulation,

but regional citrate anticoagulation fluid would thin the blood in the equipment rather than in the patient. MJ advised that a lengthy cost analysis showed a cost saving in equipment and nursing time; a cost summary had been included in the paper.

The use of regional citrate anticoagulation fluid was approved.

## **5. New NICE TAs**

The new NICE TAs were circulated ahead of the meeting and there were no questions or comments.

## **6. Guidelines**

### *Lipid management for Primary and Secondary Prevention of CVD*

GOR advised that she had received feedback from Dr Dean Patterson in Cardiology, suggesting that a section should be added to the guideline about the use of statins in the elderly. AW asked for comms to be issued for the hospital when the guideline was finalised.

### *Vitamin D in adults*

GOR advised that Tom Saunders was happy with the content of the guideline, and it was one of his areas of expertise. GOR added that the guideline had been produced based on a guideline written by Dr Zoe Cole, the visiting rheumatologist. The high tablet forms of Vitamin D was no longer on the Prescribing List as capsules were more cost effective.

MJ added that a wide range of Vitamin D products existed which made prescribing more complicated than necessary.

PW queried the need for 400mg and 800mg capsules as patients needing supplementation would require a dose of 1000mg. MJ advised that 400mg was considered a maintenance dose.

AW asked if there was an argument for only providing the loading dose on prescription, with patients purchasing the maintenance dose if required. GOR advised that all options had been explored in the paper, patients who pay prescription charges will find it cheaper and better value than having it prescribed.

### *DHSC advice on prescribing GLP-1 inhibitors*

GOR advised that GLP-1 inhibitors were now all in short supply which was unsatisfactory for people with diabetes. The UKDHSC Medicine Supply Notification on the topic advised that GLP-1 inhibitors should not be prescribed to new patients

and that the progress of those taking them should be monitored to ensure the desired results were being achieved. If not the drug should be stopped.

AW queried how private prescriptions were being approached. MJ advised that prescribers had been asked to cease prescribing GLP-1 inhibitors privately for weight loss and GOR added that pharmacies had been asked to decline private prescriptions for now.

It was agreed that the NHS MSN would be implemented as an island-wide policy.

## **7. Private Chemotherapy**

*Durvalumab in biliary tract carcinoma – retrospective approval – pharmacy and nursing capacity confirmed*

This item was included for retrospective approval and there were no queries.

## **8. Black Triangle Drugs**

There were no new black triangle drugs.

## **9. New NMPs**

There were no new non-medical prescribers.

## **10. Any other business**

GOR advised that the cost of melatonin and lidocaine had increased by 50% and changes to their use would need to be considered in the coming months.

## **11. Date of next meeting**

The date of the next meeting was confirmed as Tuesday 1<sup>st</sup> August 2023.

The meeting closed at 17:51.