

Prescribing and Formulary Panel

Minutes of the meeting held on Tuesday 3rd October 2023, 5pm, Oak MDT Room

Attendees

Geraldine O’Riordan, Prescribing Advisor and Chair
Marc Jenkins, Senior Prescribing Support Pharmacist
Douglas Wilson, Queens Road Medical Practice
Mike McCarthy, Healthcare Group
Peter Gomes, Medical Specialist Group
Paul Williams, Island Health Medical Practice
Andrew Ward, Hospital Pharmacy Services Manager / NMP representative

Apologies

Peter Rabey, Medical Director, and representative of States-employed doctors
Tom Saunders, Medical Specialist Group

Agenda

1. Welcome and apologies for absence

GOR welcomed all to the meeting at 17:00. Apologies were received from Peter Rabey and Tom Saunders.

2. Minutes of the previous meeting and matters arising

The minutes of the previous meeting were taken as a true and accurate record.

There were no matters arising.

3. Minor amendments

Sertraline 25mg tablets, a better value formulation where lower doses are required, e.g. patients gradually reducing a dose when weaning off. Tablets can be halved and quartered. Twenty-eight 25mg tablets cost £15.36 compared with £28.77 plus specials fee for 150mls of 50mg/5ml oral suspension. Recommend addition to the list.

GOR advised that sertraline 25mg had been added to the list as suggested by MM.

4. New Drugs

A paper for Tiopronin had been circulated ahead of the meeting.

MJ advised that tiopronin had been requested by Owen Cole, with the request having initially been made as an individual funding request. MJ advised that Tiopronin was unlicensed, had not been considered by NICE and was not used in Europe, but was used in the USA.

MJ advised that the patient had severe symptoms, with a procedure being undertaken as often as every three months to remove the stones. MJ advised that the patient was compliant with all other management measures including the use of potassium citrate and an increased fluid intake, but there was no improvement in symptoms, only worsening.

MJ advised that penicillamine would usually be considered but, as the patient also suffered with lupus, penicillamine was not suitable.

MJ explained that the cost per month to import tiopronin was £5000, with the equivalent supply of penicillamine costing approximately £200. There were no known suitable alternatives to penicillamine.

In addition to lupus, MJ advised that the patient had also been diagnosed with Crohn's disease which further complicated matters. MJ advised that he had contacted the patient's doctor in London to see if the Crohn's disease could be better managed, but the doctor indicated that the medication should be started straight away.

PW joined the meeting at 17:06.

MJ advised that the medication could result in some side effects and, at a cost of £70,000 annually, he was unsure that the cost could be justified. MJ added that the symptoms had worsened over the previous 12 months, during which time the gastro symptoms had arisen. PG felt that the cost of tiopronin was significant, especially as the drug was unlicensed.

GOR felt that the small evidence base did not support the approval of tiopronin and GOR was unsure if the requesting Consultant was fully aware of the cost implications.

All agreed that, as the evidence was not significant enough to support approval, tiopronin was not approved for use.

5. Removal / Restriction

Vitamin B Co/Vitamin B Co Forte tablets: attached

GOR advised that initially removing both forms was considered. But there had been some concerns raised by the dieticians about removing Vitamin B Co Forte from the list as it was used for patients with re-feeding syndrome.

After some discussion about the use of Vitamin B Co tablets and thiamine for treatment of alcoholism, it was agreed that Vitamin B Co Forte would remain on the list, with other products being removed.

Lidocaine Plaster prescribing: verbal update GOR

GOR advised that limiting prescribing of lidocaine plasters to the Plain Clinic only was being considered.

6. New NICE TAs

There were no new NICE TAs. GOR advised that the policy letter and the review would soon be published and subsequently debated in the States. AW asked if the report could be viewed in advance, and GOR advised that both she and Teena Bhogal had advanced viewing of the report due to their positions on the project board. It is not available for wider circulation for now.

7. Guidelines

Lipid management for Primary and Secondary Prevention of CVD

GOR confirmed that the guideline would be approved.

Famciclovir prescribing

Famciclovir is now a very expensive antiviral and costs on average £641 per prescription, compared with £3.51 for acyclovir. GOR advised that MJ had undertaken reviews based on EPACT data, and spoken to the Consultant Virologist. There is one licensed indication for famciclovir only, otherwise the only difference is the convenience, aciclovir is taken five times daily. But this should no longer be an issue because technology can be used to remind patients when a tablet is due.

MJ advised that he would review the data again in several months' time and compare to the previous data.

PW suggested that famciclovir was removed from primary care prescribing to secondary care prescribing only, which all present agreed to.

MJ advised that he would review the matter with the Consultant Virologist later that week when he was next on island.

8. Private chemotherapy

There was no private chemotherapy.

9. Black Triangle Drugs

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

10. New NMPs

GOR advised that Sue Fallaize had been added to the v300 non-medical prescribers list. Ms Fallaize was the clinical site co-ordinator/ CCU Team leader team.

11. AOB

Updated TOR

The updated terms of reference were circulated before the meeting for approval. GOR advised that the terms of reference had been updated to include the automatic approval of NICE TAs.

PSU Annual Report 2022

The PSU annual report 2022 had been circulated prior to the meeting for information. GOR advised that one particular member of the Committee for Health and Social Care was pleased to note that the prescribing of opioids had decreased significantly during their time on the Committee.

PW advised that Daridorexant, a novel sleeping tablet, had become available on the NHS and asked if it would be available to prescribe. GOR advised that, if Daridorexant came through as a NICE TA then it would be considered.

The meeting closed at 17:29