

Hull and East Riding Prescribing Committee Minutes – Confirmed

**Date / Time** Wednesday 24<sup>th</sup> March 2021, 1pm  
**Venue** WEBEX  
**Chair** Dr S Raise, GP Prescribing Lead, ER  
**Notes / Action Points** Mrs W Hornsby, Senior Pharmacy Technician, HUTH  
**Quorate: Yes / No** Yes

Miss J Morgan, Senior Principal Pharmacist, HUTH  
 Dr B Ali, GP Prescribing Lead, ER CCG  
 Mrs E Baggaley, Head of Medicines Service, CHCP  
 Mr K McCorry, Senior Pharmacist, NECS  
 Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics, HUTH  
 Mrs C Hayward, Pharmacist, LPC  
 Prof A Morice, Professor of Respiratory Medicine, HUTH  
 Mrs L Bloor, Chief Technician, HFTH  
 Dr W Chong, Chief Pharmacist, HFTH

**Guests** Mr S Gaines, Deputy Chief Pharmacist, HUTH  
 Dr M Aye, HUTH  
 Ms S Perry Dietetic Professional Lead  
 Ms R Gibson, Dietetic Clinical Lead for Oncology  
 Mr M Heppel,, Advanced Diabetes & Endocrinology Pharmacist, HUTH

**Apologies** Dr R Schreiber, Medical Secretary, LMC  
 Mr P Davis, Strategic Lead Primary Care, Hull, CCG  
 Dr B Eyo Consultant Psychiatrist in Addictions, Renew

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
	<b>NatPSA Emergency Steroid Card – HUTH update</b>	Dr M Aye and Mr S Gaines from HUTH presented the trusts strategy for implementation of the Emergency Steroid Card (ESC), which must be in place by 30 <sup>th</sup> May 2021. Endocrinology have identified 715 patients at risk of adrenal crisis and have begun to issue cards. Other departments within HUTH and primary care are unknown at this point in time. Dr Aye outlined the situations when the card should be issued including topical and inhaled use of steroids. AM could not endorse this as there were concerns that this would lead to poor compliance in respiratory patients due to instilling unnecessary fear. MA explained this had been included as it was part of the national guideline not because of any evidence. DC explained that if the committee felt strongly about not providing the ESC to asthma patients there was a process that could be followed and the situation could be further discussed at the trust OQC meeting. The committee agreed to this as the next course of action	DC will discuss with Mr Vize the trusts position	DC will feedback discussion from trust OQC	DC	May 21
	<b>HUTH Nutrition Pathway Update</b>	RG gave the committee an update on the nutrition pathway the aim of which is to improve equality of service provision across the patch. The committee agreed this was a good piece of work. CH said there was a lot of waste in community pharmacy and ask if she could share this work with them. RG agreed and said that the company's were more than happy to provide samples of products to ensure good patient compliance. KMc ask if there was potential to prescribe alternatives to Fortisip and RG explained the trust were tied into a contract but this did not mean that primary care could not prescribe equivalent products. HUTH will continue to audit pathway to ensure compliance. CH said that there were still issues with carehomes ordering repeats and again leading to waste. RG said she would send EB the care home toolkit.	Approved	RG to circulate presentation to group.  RG to send CH information on how to acquire samples  RG to send EB information to send to carehomes		May 21  May 21  May 21
<b>2021.03.01</b>	<b>Apologies</b>	As above				March 21
<b>2021.03.02</b>	<b>Declarations of Interest</b>	None				March 21

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2021.03.03	Minutes of the Previous Meeting	Accepted as a true record				March 21
2021.03.04	Matters Arising & Action Tracker	<p><b>RMOC</b> JM said the trust guidance relating to flushing lines is currently being updated. If heparin is required for flushing in community it will be written from the new guideline.</p> <p><b>Correspondence Received</b> Rheumatology have not yet prepared the pathway for Rituximab without MTX</p> <p><b>Humber CCG Evidence Based Interventions</b> KMc still awaiting feedback on the wording of the document from commissioners</p> <p><b>Tracker</b> JM said lurisadone was now on formulary</p> <p><b>Action Tracker</b> RS to discuss SCF with GCP and feedback – RS was not present to discuss</p> <p><b>RMOC</b> MOF was not present to discuss Buprenorphine LA injection but WC said that HFTH had not begun using but would discuss with Dr Wyatt regarding informing GPs so that additional pain relief is not prescribed</p> <p><b>Traffic Light Status</b> WH has updated the red list</p> <p><b>PG/SCF</b> KMc still awaiting approval from CCG on Glycopyrronium and Ketorolac guidelines</p> <p><b>PG/SCF</b> WH has removed depression guidance and added links to CKS and NICE guidance</p> <p><b>PG/SCF</b> KMc has discussed Modafanil SCF with commissioners and fed back</p>	<p>JM to update when new trust guideline produced</p> <p>JM to chase</p> <p>Ongoing</p> <p>Action complete</p> <p>Discuss next time</p> <p>WC to feedback next time</p> <p>Action complete</p> <p>KMc to feedback next time</p> <p>Action complete</p> <p>Action complete</p>		<p>JM</p> <p>JM</p> <p>KMc</p> <p>JM</p> <p>RS</p> <p>WC</p> <p>WH</p> <p>KMc</p> <p>WH</p> <p>KMc</p>	<p>May 21</p> <p>Nov 20</p> <p>Nov 20</p> <p>July 20</p> <p>March 21</p> <p>March 21</p> <p>March 21</p> <p>March 21</p> <p>March 21</p> <p>March 21</p>

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		<p>amendments to JM</p> <p><b>PG/SCF</b> WH has removed glucosamine guideline from website</p> <p><b>PG/SCF</b> JM has sent apixaban and rivaroxaban for CAT to palliative care team for comment</p> <p><b>NatPSA Alert for Steroid Emergency Cards</b> Discussed earlier</p>	<p>Action complete</p> <p>Action complete</p> <p>Action complete</p>		<p>WH</p> <p>JM</p> <p>All</p>	<p>March 21</p>
<b>2021.03.05</b>	<b>Traffic Light Status</b>	<p>Semaglutide Oral Tablets for T2DM – Diabetes team are clear this is only to be prescribed by them, it is not for specialist initiation in primary care</p> <p>Acarizax dust mite allergy</p> <p>Lyumjev Insulin Lispro type 1 diabetes</p> <p>Triexo Aerosphere Formoterol/Glycopyrronium/Budesonide COPD</p> <p>Bevespi ® Aerosphere Glycopyrronium/Formoterol COPD</p> <p>Energair ® Breezhaler Mometasone/Indacaterol/Glycopyrronium Asthma</p> <p>Risankizumab Plaque Psoriasis – Biological pathway will need to be updated</p> <p>Filgotinib moderate to severe active rheumatoid arthritis in adults – rheumatoid arthritis pathway will need to be updated</p> <p>Entrectinib NSCLC</p>	<p>Approved as blue</p> <p>Approved as red</p> <p>Approved as blue</p> <p>Approved as blue</p> <p>Approved as blue</p> <p>Approved as blue</p> <p>Approved as red</p> <p>Approved as red</p> <p>Approved as red</p>	<p>WH to update red list</p> <p>AM to put together airway guideline committee to discuss updating asthma and COPD pathway</p> <p>JM to request both pathways be updated</p>	<p>WH</p> <p>AM</p> <p>JM</p>	<p>May 21</p> <p>May 21</p> <p>May 21</p>
<b>2021.03.06</b>	<b>Feedback From Commissioning Groups</b>	<p>Comments from both CCGs on modafanil SCF have been forwarded to JM</p> <p>Both CCG have agreed to extend the use of flash glucose monitoring systems to patients with learning disabilities</p>	<p>JM to amend modafanil SCF</p>		<p>JM</p>	<p>May 21</p>

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2021.03.07	Prescribing guidelines, shared care frameworks for approval	<p><b>NEW</b></p> <p>Prescribing Guideline for the treatment of acute relapses of Multiple Sclerosis in Primary Care – this is a guideline originally written for the south bank which HUTH would like to adopt, JM to add recommendation to discuss with specialist MS nurse first</p> <p>Galcanezumab Blueteq Initiation form</p> <p>Galcanezumab Blueteq Continuation form</p> <p><b>UPDATES</b></p> <p>Guideline- Management of Migraine and Cluster Headache (updated) Updated to include galcanezumab, unlicensed use of medicines and duration of medicines used prophylactically as well as new migraine in pregnancy section</p> <p>Calcitonin gene-related peptide antagonists for episodic and chronic migraine (HUTH Guideline)</p> <p>Guideline on use of Unlicensed Medicines in Primary Care Updated to include off label prescribing particularly in palliative care</p> <p>Prescribing Anticoagulants – updated to include NICE TA relating to use of aspirin and clopidogrel Need to add “secondary” in front of prevention of atherothrombotic events</p> <p>SCF Isocarboxazid</p> <p>SCF Phenzelzine Both MAOI SCF have been updated so that version number is included on front page so that this can be seen on electronic versions sent to practice. JM ask if the monitoring should also be included in the responsibility section and the committee agreed this was a good idea. No pharmacists from Humber on meeting at this point. JM to request WC/JS update.</p>	<p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved with updates</p>	<p>WH to update website</p> <p>JM to contact WC/JS</p>	<p>WH</p> <p>JM</p>	<p>May 21</p> <p>May 21</p>
2021.03.08	MHRA DSU	<p><b>January 2021</b></p> <p>Antiepileptic drugs in pregnancy : Updated advice following comprehensive safety review</p>	Noted	No further action		March 21

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		<p>COVID 19 Vaccines (Pfizer/BioNTech and COVID 19 vaccine AstraZeneca): Current advice – recommends referring to government website for most up to date information</p> <p>Dimethyl Fumarate (Tecfidera) : Updated advice on the progressive multifocal leukoencephalopathy associated with mild lymphopenia</p> <p>Fingolimod (Gilenya) : Updated advice about the risk of serious liver injury and herpes meningoencephalitis</p> <p>Dr Harley (HUTH) aware of updated advice and will change patient monitoring schedules.</p> <p>SSRI/SNRI Antidepressant medicines:small increased risk of postpartum haemorrhage when used in the month before delivery</p> <p>Aminoglycosides (gentamicin, amikacin, tobramycin and neomycin) : Increased risk of deafness in patients with mitochondrial mutations</p> <p><b>February 2021</b>  Ulipristal Acetate 5mg (Esmya):further restrictions due to risk of serious liver injury  Temporary license suspension has been lifted and indication altered to intermittent treatment or use when surgery not suitable or has failed. JM has discussed with Health Group who do not wish to reinstate on formulary.</p> <p>Pregabalin (Lyrica):Reports of severe respiratory depression</p> <p>Alkindi (Hydrocortisone Granules) :Risk of acute renal insufficiency in children when switching from hydrocortisone tablet formulations to granules  Highlights difference in bioavailability of halved tablets vs granules</p> <p>Medicine in Pregnancy &amp; Breastfeeding : New initiative for consistent guidance report on optimising data for medicines used during pregnancy  16 lead organisations working together to improve women’s health wish aiming to ensure a consistent message is given</p> <p>Covid 19 Vaccines and Medicines : Updates for February 2021</p>				

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2021.03.09	Regional Medicines Optimisation Committee	<a href="https://www.sps.nhs.uk/articles/antimicrobial-patient-group-direction-pgd-templates/">https://www.sps.nhs.uk/articles/antimicrobial-patient-group-direction-pgd-templates/</a>	Noted	No further action		March 21
2021.03.10	Correspondence Received	None				March 21
2021.03.11	Primary Care Rebate Scheme	None				March 21
2021.03.12	Additional Minutes for Information	<ul style="list-style-type: none"> <li>a) MMIG (Jan, Feb)</li> <li>b) HEY D&amp;T (Jan, Feb)</li> <li>c) HTFT DTC (Nov)</li> <li>d) CHCP</li> <li>e) Formulary Sub Group</li> <li>f) Hull CC Planning &amp; Commissioning ( Nov )</li> </ul>				March 21
2021.03.13	A.O.B	<p>KMc said that at the CCGs and Humber leadership team meeting the APC was discussed and the team agreed it would be preferable to have one APC covering both the north and south bank, KMc asked for the committees thoughts on this idea.</p> <p>The committee agreed that this idea made sense and that having unified guidelines would improve patient care.</p>	Noted	No further action		March 21
	<b>Date and Time of Next Meeting</b>	Wednesday 19 <sup>th</sup> May 2021, 1pm, WEBEX				