

Hull and East Riding Prescribing Committee Minutes – Confirmed

Date / Time Wednesday 27th January 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 R Schreiber, Medical Secretary, LMC
 Mr S Bayston, Senior Pharmacist, Palliative Care, CHCP (Guest)
 Mr K McCorry, Senior Pharmacist, NECS
 Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics, HUTH (1.30 - 2pm)
 Mr P J McGorry, LPC
 Prof A Morice, Professor of Respiratory Medicine, HUTH
 Mr D Onyeagor, Pharmacist, Spire
 Dr W Chong, Chief Pharmacist, HFTH (1.30pm onwards)
 Mrs E Baggaley, Head of Medicines Service, CHCP
 Dr B Ali, GP Prescribing Lead, ER CCG
 Dr B Eyo Consultant Psychiatrist in Addictions, Renew

Apologies Mrs J Stark, Senior Pharmacist, HFTH

Mr P Davis, Strategic Lead Primary Care, Hull, CCG
 Ms M Opoku-Fofie, Pharmacist, HFTH

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2021.01.01	Apologies	As above				Nov 20
2021.01.02	Declarations of Interest	None				Nov 20
2021.01.03	Minutes of the Previous Meeting	Alter spelling of Fentanyl Accepted as a true record				Jan 21
2021.01.04	Matters Arising & Action Tracker	<p>RMOC Heparinised saline – draft guideline has been written and discussed with internal chemotherapy and nutrition team nurses, HUTH trust guideline is also due review so JM hopes to align both documents.</p> <p>Correspondence Received Rheumatology have been too busy with the pandemic to work on the Rituximab pathway without methotrexate</p> <p>Humber CCG evidence based Interventions KMc is still awaiting feedback</p> <p>Tracker JS/DC to agree formulary wording of Lurasidone – JS not present to discuss</p> <p>Action Tracker RS to discuss SCF with GCP and feedback – RS said still need National Guidance to be published - ongoing</p> <p>Traffic Light Status WH has updated red list and will update joint formulary with comments from CCG</p> <p>Traffic Light Status</p>	<p>JM will update on progress next time</p> <p>Leave on tracker</p> <p>KMc to feedback next time</p> <p>Leave on for next time</p> <p>Ongoing</p> <p>Action complete</p>		<p>JM</p> <p>JM</p> <p>KMc</p> <p>JS/DC</p> <p>RS</p> <p>WH</p>	<p>Jan 20</p> <p>Nov 20</p> <p>Nov 20</p> <p>July 20</p> <p>Jan 21</p> <p>Jan 21</p>

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		KMc to take PG/SCF to CCG meetings for approval – cover on agenda	Action complete		KMC	Jan 21
		Traffic Light Status EB has circulated Lenzetto NPR to committee members	Action complete		EB	Jan 21
		Traffic Light Status JM has distributed the HFTH application for Lurasidone to the committee	Action complete		JM	Jan 21
		PG/SCF WH has added to website and produced newsletter	Action complete		WH	Jan 21
		PG/SCF EB has circulated thickener guidance to Hull care homes	Action complete		EB	Jan 21
		PG/SCF JM has looked at selenium monitoring with the team in relation to HOS guideline and the team would like to perform monitoring themselves	Action complete		JM	Jan 21
		PG/SCF JM has looked at patient stability relating to octreotide SCF and added some information to the SCF	Action complete		JM	Jan 21
		PG/SCF JM has amended Amiodarone SCF with the committees comments	Action complete		JM	Jan 21
		Anticoagulation Safety Check Anticoagulation prescribing checks in primary care have been completed and KMc informed the committee that they had been repeated since the initial checks were performed.	Action complete		KMc	Jan 21
		RMOC MOF was not present to discuss buprenorphine LA injection and prescribing addition opioids with SC, however WC said that due to Covid commissioners have not yet taken forward so this item could be left on tracker for discussion in March.	Discuss in March		MOF	Jan 21
		AOB WH has added 2021 meeting dates to website	Action complete		WH	Jan 21
2021.01.05	Traffic Light Status	Vonicog alfa Bleeding in adults with von Willebrand Disease Galcanezumab Migraine	Approved as red Approved as red	WH to update the red list and joint formulary	WH	March 21

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		<p>Dulaglutide line extension to include new 3mg and 4.5mg dose</p> <p>Siponimod Secondary Progressive MS</p> <p>Upadacitinib Severe active Rheumatoid Arthritis</p>	<p>Approved as blue</p> <p>Approved as red</p> <p>Approved as red</p>			
2021.01.06	Feedback From Commissioning Groups	<p>Lenzetto the CCG would like this to be BLUE and only used after oral, patch and gel preparations have been tried.</p> <p>Lurasidone the CCG were happy for this to be prescribed by GP after six months treatment have been given by HFTH, Lurasidone is only prescribed for two or three patients so this was not perceived to be a problem</p> <p>Both thickener guidelines were approved by both CCGS</p> <p>HOS ER CCG wanted GPs to be aware that some of these patients were very complex</p>	Noted	WH to update website and formulary	WH	Mar 21
2021.01.07	Prescribing guidelines, shared care frameworks for approval	<p>NEW</p> <ul style="list-style-type: none"> Yorkshire and Humber End of Life Care Group's 'A Guide to Symptom Management in Palliative Care. Guideline for prescribing ketorolac in palliative care Guideline for prescribing methadone in palliative care Guideline for prescribing glycopyrronium in palliative care <p>Steve Bayston Macmillan Community Palliative Care Pharmacist for CHCP had asked to attend HERPC to discuss these proposed guidelines.</p> <p>There have been issues were relatives of very poorly patients have been unable to obtain these medicines as they are not available on the joint formulary for general prescribing. SB pointed out that it was a similar situation to prescribing for paediatrics were medicines were used off license in the best interests of the patient. The three medicines under discussion are all recommended in the palliative care formulary and Glycopyrronium is even used first line in some trusts.</p> <p>The intention would be for the palliative care specialists to titrate the doses and SB said they are always more than happy to discuss any concerns with the GPs.</p> <p>The committee had concerns around the addition of methadone tablets to the formulary and although they accepted that in palliative care patients this may be the only appropriate treatment the chances of inappropriate prescribing was a major concern.</p>	<p>Ketorolac and Glycopyrronium approved.</p> <p>Methadone guideline rejected</p>	KMc to take to CCG for approval	KMc	March 21

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		<p>In conclusion the committee agreed to Ketorolac and Glycopyrronium becoming guideline led blue drugs but requested that methadone tablets remained non formulary red.</p> <p>SCF Tranylcypromine Approved</p> <p>Medicines Information for Practice Staff This document had been prepared by JM to make health professionals aware of the resources they could access and to sign post them to these resources although SR did point out that the committee were not endorsing any of the documents found on these sites.</p> <p>UPDATES Removal of Depression guidance The citalopram/escitalopram guidance was written before there was any appropriate national guidance available in 2011. Since this time CKS and NICE guidance have been published and JM proposed these links were added to the website and the HERPC document removed.</p> <p>SCF Modafanil Changes have been made relating to adverse effects and there is now more clarification regarding drug interactions. To align with York SCF baseline LFT, BP and heart rate checks have been added. Follow up checks of LFT, heart rate and BP have been altered from 3 to 6 months in line with York. KMc said these changes would need to be approved by the CCG</p> <p>Removal of glucosamine guideline Glucosamine is on the NHSE document relating to medicines that should not be routinely prescribed and therefore the committee agreed that this document could now be removed from the website.</p> <p>Apixaban and Rivaroxaban for CAT (update of HUTH guideline) HUTH have updated this guideline therefore the updated version now needs to be added to the HERPC website The use of heparin was discussed and AM said he would only prescribe if patient would be responsive to treatment. AM also told the committee that Prof Maravayas was doing some research into the affects of heparin on the aggressiveness of cancer. AM felt the palliative care team may wish to see the document and JM agreed to send it to them for comment.</p>	<p>Approved</p> <p>Approved</p> <p>Removal approved and new links to be added</p> <p>Approved to be added to web once CCG approval obtained</p> <p>Removal approved</p> <p>JM to send to palliative team for comment</p>	<p>WH to remove and add new links</p> <p>WH to remove</p> <p>JM to send to palliative team</p>	<p>WH</p> <p>KMc</p> <p>WH</p> <p>JM</p>	<p>March 21</p> <p>March 21</p> <p>March 21</p> <p>March 21</p>

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		<p>SCF Verapamil in Cluster Headaches Starting dose has been altered in line with BASH guidelines and advice on not prescribing alongside beta blockers has been added.</p> <p>Administration of Red and Amber Drugs within Integrated Community Care Services SOP Updated to clarify responsibilities and to ensure monitoring is performed before next prescription written.</p> <p>Diabetes Mellitus – Traditional Diagnostic Criteria Only changes made were to review dates as none of the procedures have changed.</p>	<p>Approved</p> <p>Approved</p> <p>Approved</p>	<p>WH to add to website</p> <p>WH to add to website</p> <p>WH to add to website</p>	<p>WH</p> <p>WH</p> <p>WH</p>	<p>March 21</p>
2021.01.08	MHRA DSU	<p>November DSU Modafanil: Increased risk of congenital malformations if used during pregnancy</p> <p>Pirfenidone: Risk of serious liver injury and updated advice on liver function testing</p> <p>Ferric Carboxymaltose: Risk of symptomatic hypophosphataemia leading to osteomalacia and fractures</p> <p>Bupropion: risk of serotonin syndrome with use with other serotonergic drugs</p> <p>Isotretinoin: Contribute to expert review</p> <p>December DSU Systemic and Inhaled fluoroquinolones: Small risk of heart valve regurgitation; consider other therapeutic options first in patients at risk All quinolones are red on formulary.</p> <p>Erythromycin: caution required due to cardiac risks (QT Interval prolongation); drug interaction with rivaroxaban</p> <p>Erythromycin: update on known risk of infantile hypertrophic pyloric stenosis</p>	<p>Noted</p> <p>Noted</p>			<p>Jan 21</p> <p>Jan 21</p>
2021.01.09	NatPSA alert for Emergency Steroid Cards	SR said that system one now prompted prescriber to provide a card at the end of a consultation. SR also said that a registrar in his surgery had performed an audit and found that the majority of patients had been	Discuss progress next time		All	March 21

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		<p>given a card.</p> <p>A national document is due to be published including a table which would clarify medicines and doses to be covered by this alert. JM said HUTH are still working on alert internally as it is quite complicated. The alert must be complied with by the 13th May.</p>				
2021.01.10	DSU opiate alert	KMc said that local authorities and the CCGs were working on a joint project relating to this.	Noted	No further action		Jan 21
2021.01.11	Regional Medicines Optimisation Committee	<p>Best Value Biologic: Insulin Glargine Toolkit Consultation</p> <p>JM informed the committee that HUTHs endocrinology consultants had given feedback to this consultation</p>	Noted	No further action		Jan 21
2021.01.12	Correspondence Received	None this month				Jan 21
2021.01.13	Primary Care Rebate Scheme	None this month				Jan 21
2021.01.14	Additional Minutes for Information	Noted				Jan 21
2021.01.15	A.O.B	KMc said that the use of freestyle libre in patients with learning disabilities would be discussed at the next CCG meeting.	Noted	No further action		Jan 21
	Date and Time of Next Meeting	Wednesday 24 th March 2021, 1pm, WEBEX				