Prescribing and Formulary Panel

Minutes of meeting held on August 4th 2020

The Oak MDT Room FKA The Old Board Room PEH

Present

Miss Geraldine O'Riordan, Prescribing Advisor and Chair (GOR)

Mrs Janine Clarke, Pharmacy Manager, HSC (JC)

Dr Paul Williams, Island Health Medical Practice (JR)

Dr Douglas Wilson, Queens Road Medical Practice (DW)

Dr Peter Gomes, Medical Specialist Group (PG)

Dr Hamish Duncan, Medical Specialist Group (HD)

Also present : Dr Neil Wright, CDAT Consultant Psychiatrist (NW)

1: Absent/ Apologies for Absence

/ Dr Brink, Dr Mike McCarthy

2: Minutes

The minutes of the July 2020 meeting were approved.

3: New Drugs none

Matters arising

CD Prescribing by NMPs : This request, for named NMPs to prescribe a limited range of CDs in the community, as follows, was approved

- ED : 28 tablets i.e. 1 TTO pack only of Codeine Phosphate tablets 30mg only for severe acute pain only.
- Elderly Care Mental Health : CNS to prescribe a maximum of 14 days' supply of the following : Lorazepam 0.5mg bd prn to a maximum dose of 2mg in 24 hours or Diazepam 2mg prn ; Zopiclone 3.75 mg on prn. This was approved for acute, short term use only and not for repeating.
- Heart Failure CNS : Morphine oral solution : 2.5mg 4 hrly, possibly increasing to 5mg 4 hourly for dyspnoea at rest in advanced heart failure.

Action : GOR

- **Methadone Prescribing Guidelines**

NW attended to discuss the introduction of methadone and the management of methadone clients in the custody suite, especially out of hours. He explained that the Duty Consultant Psychiatrist will be available 27/4 to provide any specialist advice required. He/she will have an up to date list of all CDAT clients on methadone and other OST agents and their dose(s). So if a client says that he/she is on methadone and asks for an immediate dose, the medication history can be checked to verify what has been prescribed and how much. Also, because of the long half-life of methadone, prescribing and dispensing will not be required until a pharmacy is open. In answer to a question about the role of Buvidal^{R}, NW acknowledged its many advantages especially WRT very low risk of diversion. However some clients liked their daily doses of medication. All present acknowledged and welcomed the reduction in the prescribing of unlicensed twice daily long-acting dihydrocodeine as OST. GOR said that Dr Jan Melichar's report had also recommended substituting branded buprenorphine and buprenorphine/ naloxone combination products with generic buprenorphine tablets. It was agreed that she would write to NW with more information about this.

Action : GOR

AOB

- JC said the Orthopaedic Surgeons are re-introducing an Enhanced Recovery System and post-THR and post-TKR patients will be discharged after two days in hospital. Extra more potent analgesia will be required for these patients. The question of whether the weak opioid should be codeine or dihydrocodeine had arisen and JC asked for members' opinions. All agreed that codeine, plus an appropriate laxative, would be preferable to dihydrocodeine.

6: Dates of next meetings : Tuesday October 6th, 5pm at the Oak MDT room, PEH.