Prescribing and Formulary Panel

Minutes of meeting held on December 8th 2020

The Oak MDT Room FKA The Old Board Room PEH

Present

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

Janine Clarke, Pharmacy Manager, HSC (JC)

Douglas Wilson, Queens Road Medical Practice (DW)

Tom Saunders, Medical Specialist Group (TS)

Mike McCarthy, Healthcare Group (MMC)

1: Absent Nikki Brink (NB) **Apologies for Absence** Peter Gomes (PG), Hamish Duncan (HD), Paul Williams (PW)

2: Minutes

The draft minutes of the October 2020 meeting were approved.

3. New Drugs

The following products were considered

- **Buprenorphine Oral Lyophilisate tablets (EspranorR)**

The approval of this product for Opioid Substitute Therapy or OST was discussed. The available oral buprenorphine OST products are sublingual, whereas the new product is placed on the tongue and is said to dissolve very rapidly, in 15 seconds. This should result in more effective and quicker supervision by staff and in turn some reduced risk of diversion. There was a discussion about the practicalities and the risks of dispensing and prescribing errors associated with the introduction of another buprenorphine-based OST product.

This product was recommended as per the request, but with the recommendation that s/l tablets be removed from the White List as soon as practicable.

Action : GOR

- **Mesalazine MR (Octasa^{R})**

This product, effectively a branded generic masalazine MR 400mg and 800mg tablet preparation is considerably cheaper than the best known product which is Asacol^{R}. After a discussion it was agreed to approve Octasa^{R} as an alternative to Asacol^{R} for all new patients

and for consideration of a swap for patients already on Asacol^{R}. This should save about £13,000 per year.

Action: GOR

- **New NICE TAs**

GOR said that there are 24 non-cancer and one oral cancer TAs almost ready to go to the C*f*HSC for addition to the Prescribing List. Each has been checked line by line by a pharmacist to make certain that everything is in place locally to make them available, for example that the pathology tests required are all on the Pathology White List. GOR said that she is arranging meetings with the relevant Consultants and their teams to discuss the introduction of the TA(s), to emphasise the importance of adhering to the often very precise TA criteria, to ask if any guidelines need to be updated and sent to PFP/TAP for approval. A meeting with the Consultant Diabetologist is arranged for this week. Cardiology and O and G will be next.

JC expressed concern about the effects on hospital pharmacy capacity of introducing a large number of new drugs. Each new drug used in the hospital has to be set up as a new account with the drug company.

GOR said that getting access to Patient Access Schemes or PAS schemes for historic TAs was taking longer than anticipated. Only one so far, out of about ten, has been finalised despite multiple reminders and email exchanges with companies. Homecare delivery, used widely in the NHS, is very challenging to make work in the Bailiwick. There was a discussion about the need for supporting processes such as Prescribing Decision Softwear and BlueTec. The latter has been in use for about 20 years in the NHS.

Concern was also expressed about the effect on workload in the community and potential drug shortages in the event of a no-deal BREXIT. It was agreed that the new TAs would not be approved before Christmas 2020 at the earliest.

Dr Elmarie Brache has returned to practice to support the implementation project and her expertise is proving invaluable. As well as reviewing the TAs, she will also change the BNF Legacy Version Prescribing List into the BNF latest version. This piece of work had been started on a number of occasions but errors in the BNF, omissions in indexing and frequent changes in categories made it impossible. The Hospital Formulary is a sub-set of the White List and once the new White List is written work can start on the formulary if required.

Action : GOR

Matters arising

DOACs in NVAF

GOR said that there are still about 300 patients on warfarin and reminded members that edoxaban is available to offer NVAF cardiac patients only. It remains important that DOACs are not prescribed for conditions which there are not licensed for such as mechanical heart valve patients or anti-phospholipid syndrome. DW said that some of his NVAF patients wanted to remain on warfarin.

Action : All

Lidocaine Plasters

GOR said that it is important that these plasters are used only for the agreed indications, which are post-herpetic neuralgia for prescribing by all doctors and peripheral neuropathic pain prescribing by the Pain Clinic only. TS asked about their use in broken ribs in the hospital. It was agreed that this would be permissible, but that these would not be prescribed on discharge. JC has submitted a business case for two Interface Pharmacists and two Interface Pharmacy Technicians. The plan is that the discharge prescriptions will be written by the pharmacists, which should reduce mistakes and ensure that "not for discharge" items are not prescribed on discharge prescriptions.

Action : All

AOB

MMC queried why pregabalin had not been approved. GOR said that this was on the basis of two NICE guidances : Low Back Pain and Sciatica plus the draft guidance on Chronic Primary Pain. Both strongly advise against the use of gabapentinoids.

DW asked why writing "Private" was not acceptable on a States Prescription. GOR said that there is a risk that a private prescription could be submitted in error and that the NHSBSA might not pick up this up. So the taxpayer could be charged in error.

6: Dates of next meetings : TBA.