

Prescribing and Formulary Panel

Tuesday 17th January 2023, 5pm, Oak MDT Room

Attendees

Geraldine O’Riordan, Prescribing Advisor and Chair
Andrew Ward, Hospital Pharmacy Services Manager /NMP representative
Peter Rabey, Medical Director and representative of States-employed doctors
Paul Williams, Island Health Medical Practice
Douglas Wilson, Queens Road Medical Practice
Tom Saunders, Medical Specialist Group
Paul Corcoran, CNS (guest)

Apologies

Peter Gomes, Medical Specialist Group

1. Apologies for absence

Apologies for absence were received from Peter Gomes.

2. Approval of the minutes of the meeting held in December 2022

The minutes of the meeting held on 6th December 2022 were approved as a true and accurate record of the meeting.

3. New drugs

Nuserensin Reconsideration

GOR spoke to the paper, advising that a Consultant in Southampton had requested a reconsideration for the use of Nuserensin in this case. GOR advised that she had undertaken thorough research and had not found any evidence to suggest that longer term treatment or treatment in adults improves outcomes.

PR queried if request was suitable for the Independent Funding Request Panel and GOR advised that the request had already been rejected by the panel.

All attendees agreed that nuserensin would not be funded.

4. Minor and/or cost neutral additions or changes to the Prescribing List or the Hospital Formulary

Sodium oxybate liquid for PEH Pharmacy dispensing only

GOR advised that transferring a very small number of patients to hospital dispensing would save save £13,500 in drug costs and uplifts per year. GOR added that there were 2 patients on sodium oxybate liquid and a discount of 66%

would be received if the drug was dispensed from the hospital pharmacy instead of the community.

All attendees agreed that sodium oxybate liquid should be dispensed from the hospital pharmacy.

Mebeverine Oral Suspension consider removing from Prescribing List

GOR advised that there were 30 prescriptions issued costing £11K in the first half of 2022 and advised that the tablet equivalent cost pennies in comparison and confirmed that the tablets could be crushed and dissolved to be administered.

All attendees agreed that the mebeverine oral suspension should be removed from the prescribing list and mebeverine tablets would be prescribed instead.

Gentamicin Injection: apparently used during COVID, no longer required on Prescribing List, recommend removal.

GOR advised that the gentamicin injection had previously been used in the community but confirmed that it had not been prescribed for over a year and was not prescribed before the pandemic.

All attendees agreed that gentamicin injection would be removed from the prescribing list.

Sildenafil 10mg per ml oral suspension requested by Southampton for a one-year-old child with several cardio-respiratory issues secondary to a complex diagnosis. The cost is £190 per bottle, with a 90 day expiry date. Recommend approval for paediatric use on the advice of tertiary referral centres, where tablets are inappropriate.

The recommendation for sildenafil oral suspension was approved.

5. Antipsychotics in the over 70s

This item was addressed first.

Paul Corcoran, Clinical Nurse Specialist spoke to the paper provided.

PC advised that Dr Watkin's overall aim was to reduce the use of antipsychotics in the over 70s, adding that there was an increased risk of stroke and falls when patients over 70 took antipsychotics. PC noted that there were cases where patients were being prescribed antipsychotics for longer than necessary.

PC outlined requests to ascertain how many patients over the age of 70 were taking antipsychotics, and additionally, for patients within the demographic to be referred onto the Older Adult Mental Health Team for follow up.

PW, TS and DW agreed to support PC's requests and feed back to Primary Care colleagues.

PC clarified that the requests referred to all patients over the age of 70 taking antipsychotics, not just those with dementia.

TS queried the number of patients being discharged from hospital on antipsychotics and suggested that anyone leaving hospital should be under the care of a geriatrician or the Older Adult Mental Health Team. TS added that if there were a significant number of patients falling into this category then more work may need to be carried out before discharge.

PC left the meeting at 17:12.

6. NEW NICE TAs

GOR detailed the new NICE TAs as follows:

Gefitinib
Inclisiran
Fedratinib
Diroximel Fumarate
Faricimab
Cemiplimab
Teglutide

7. Guidelines for update

GOR advised that a significant amount of money had been saved by changing to different test strips as per the previous meeting, however, the Freestyle Libre had increased in cost, though the feedback from patients was positive.

8. Black Triangle Drugs

There were no changes to the black triangle drugs.

9. New NMPs

There were no new NMPs.

10. AOB

TS commented on the issues with stock levels in community pharmacies. TS advised that he had recently discharged a patient and had written a prescription for two drugs, one being antibiotics. The pharmacy dispensed one of the drugs but could not provide the antibiotics due to stock levels and kept the

prescription. TS then received a message to advise of this and had to write a new prescription for the antibiotics so the patient could obtain them from another pharmacy.

GOR confirmed that the incident should not have happened, and pharmacists should dispense both items on a prescription, not just one of them and should not keep the prescription unless this had been agreed with the patient.

AW suggested that TS contact Bev Hall, Chief Pharmacist with the details of the incident for investigation, and suggested that, whilst there were antibiotic shortages, a separate prescription be written for antibiotics to allow patients the flexibility of visiting another pharmacy for their antibiotics if need be, whilst still allowing them to obtain the available drugs on their prescription where possible.

GOR advised that the Serious Shortage Protocol had been extended for three months following the Committee meeting on 17 January 2023.

The meeting closed at 17:45.