

## Prescribing and Formulary Panel

5pm Tuesday 5<sup>th</sup> September 2023  
Oak MDT Room, PEH

### Minutes

#### Attendees

Geraldine O’Riordan, Prescribing Advisor and Chair  
Andrew Ward, Hospital Pharmacy Services Manager /NMP representative  
Paul Williams, Island Health Medical Practice  
Marc Jenkins, Senior Prescribing Support Pharmacist  
Douglas Wilson, Queens Road Medical Practice  
Mike McCarthy, Healthcare Group  
Tom Saunders, Medical Specialist Group

#### Apologies

Peter Gomes, Medical Specialist Group

#### 1. Apologies

AW advised that PG was on leave. No other apologies had been received.

#### 2. Draft minutes of the July 2023 meeting

The minutes of the meeting in July were approved as a true and accurate record. GOR reminded members that documents for the August meeting were circulated by email for approval, due to annual leave and a light agenda, so no minutes were taken.

#### 3. Minor amendments

*Sertraline 50mg/5ml suspension to be added to Prescribing List. Price has fallen significantly*

GOR advised that the price of Sertraline 50mg/5ml suspension had decreased significantly and proposed that it was added to the whitelist. MM suggested that the 25mg tablet would be a useful addition to the whitelist and GOR agreed to look into whether it could be added.

All attendees approved the addition of Sertaline 50mg/5ml suspension to the prescribing list.

*Removal of Prochlorperazine 5mg and 25mg suppositories.*

*Prochlorperazine buccal tablet are available at a far lower fixed price. Injections of prochlorperazine, or more potent antiemetics in different formulations can be prescribed depending on the care setting. Recommend removal.*

GOR advised that the cost of specials was approximately £1000 and there was no record of them ever being prescribed so felt it was good practice for them to be removed from the prescribing list, which was supported by attendees.

#### **4. New Drugs**

##### *Naloxone nasal spray*

GOR advised that naloxone nasal spray had been requested by CDAT as an alternative treatment for people who overdose on opioids. GOR advised that though it was not quite as efficacious as other products, it was a lifesaving product and easier to administer. MM asked if the how the nasal spray compared to the injection and GOR advised that the injection worked slightly faster though there was a needle stick injury risk.

All attendees agreed that naloxone nasal spray would be approved.

#### **5. New NICE TAs**

GOR spoke to the new NICE TAs which were circulated ahead of the meeting.

#### **6. Guidelines**

##### *Antioxidant supplements for AMD, EPACK data vs England and Draft patient information leaflet*

MJ spoke to paper and explained that there was not sufficient evidence to recommend prescribing antioxidant supplements for AMD at public expense

MJ advised that he had spoken to Michael Blundell, ophthalmic surgeon, and he commented that he had never used the drug during his time in Guernsey or when working in NHS hospitals in England. MJ added that antioxidants had not been actively blacklisted in the UK, but doctors had been told not to prescribe them.

TS felt that it would be difficult to withdraw the supplements as there were no alternatives to offer and the withdrawal would need to be rationalised by the GPs.

AW asked if records were kept about patients on-island about who had mild, moderate, or severe AMD and GOR advised that the data was not available.

GOR advised that NICE have moved away from 'do not do' recommendation, and have now moved towards the use of research recommendations.

MJ advised that patient group websites suggested that antioxidant supplements may not be effective but there was no harm for patients to take them. All attendees agreed that antioxidant supplements for AMD should be withdrawn from the end of 2023. GOR confirmed that prescribing for in-patients would stop and no new patients would be prescribed the supplements with immediate effect.

## **7. Private chemotherapy**

There were no requests received for private chemotherapy.

## **8. Black Triangle Drugs**

There was no update on black triangle drugs. The latest update was in June 2023.

## **9. New NMPs**

*Joanna Morrissey-Wells added to the V300 qualified register. She is a trainee Advanced Critical care Practitioner working in ICU.*

## **10. AOB**

PW advised that the practice had received an email from CareWatch regarding drug wastage and he felt it was inappropriate. PW noted that one of the criticisms was that patients cross medication off of their own prescriptions, but PW felt that it was a positive as drugs were not being dispensed unnecessarily. GOR said that it could be difficult for prescribers to predict how much topical or as required treatments a patient might require.

MJ felt that the pharmacist should cross unrequired drugs off of the prescriptions in case the patient made an error. GOR commented that the advice on the PSNC website was that patients or pharmacy staff should put a line through the unrequired medication and write 'ND' next to it.

GOR advised that the costs associated with lidocaine plasters had increased and was becoming unviable, and their use was recommended by the pain clinic. AW suggested that an email was sent to colleagues at the pain clinic reminding them of the correct criteria for lidocaine plasters to be prescribed. GOR agreed to write to the pain clinic and asked Primary Care colleagues to advise of any inappropriate referrals and ensure any prescriptions for lidocaine plasters were private.

GOR advised that the pain clinic often recommended the lidocaine plasters for the GPs to prescribe. TS suggested that the GPs should not be allowed to prescribe these plasters at all and that all prescriptions for lidocaine plasters should come from the pain clinic with appropriate follow up in place. GOR and MM felt that TS' idea should be considered further and GOR agreed to put a proposal together for the next meeting.

AW suggested that a pro-forma was put in place to ensure clarity around prescriptions but MM felt that the increase in paperwork would not be beneficial, so this was not approved.

Meeting closed at 17:35 and the next meeting was scheduled for Tuesday October 3<sup>rd</sup> 2023, Oak MDT Room, PEH.