Area Prescribing Committee minutes following the meeting for discussion

1. December 2017

2.00pm – 4.00 pm, Seminar Room 1, Freshney Green, Grimsby

**Present**

Aliya Turk (AT) – APC Professional Secretary ( minutes taken)  
Dr Jim Devlin (JM)- Consultant Paediatrician and Chair for Medicines and Therapeutics  
Alex Molyneux (AM) – Medicines Optimisation Pharmacist (NECS)  
Abayomi Olusanya (AO) – Locality Pharmacist North East Lincolnshire (NECS)  
Dr Pratik Basu (PB) –General Practitioner Prescribing Lead (North Lincs)  
Dr Anuj Sean Chathley (ASC) General Practitioner Prescribing Lead (North East Lincs)

As the APC meeting was cancelled This meeting was held to discuss some agenda items, review the draft chapter three and discuss Low molecular weight heparins (LMWH)

1. **Anticipatory Medication Charts**

Still awaiting for the adjustments and amendments to be completed by Dr Adcock.

GP prescribing leads have highlighted the some issues surrounding the prescribing of anticipatory medicines within the community. Patients who come are prescribed anticipatory medicines from Hull region are prescribed different anticipatory medicines/ end of life care compared to North and North East Lincolnshire **Action: Dr Adcock**

1. **Formulary Requests, Amendments and Actions**

Trimbow new line request:  
Awaiting approval at medicines and therapeutics, if agreed it can be circulated for virtual approval by Area Prescribing Committee.

Triptorelin new line request :  
Did not have enough time to discuss this item on the agenda at the previous Area Prescribing Committee, but GP prescribing leads have no problem with Triptorelin being included onto the formulary. Ultimately the selection of the gonadotrophin-releasing hormone receptors is ultimately secondary care led, primary care will continue the care once stabilised. Triptorelin is cost neutral, considered convenient for the enables less injections per year for the patient and the NICE guidance on for gonadotrophin-releasing hormone receptors does not specify a specific choice.

**Action: AT**

Ella One (ulipristal)  
Ella One was listed as hospital only on the formulary. This has now been amended to green rag to allow primary to prescribe it (provided it is used for contraceptive purposes). **Action: AT**

1. **Items for General Notice**

Take home Naloxone for opioid overdose in people who use drugs – Public Health England document

In response to the public health document take home naloxone for opioid overdose in people who use drugs primary care GP prescribing leads have stated that step forward and foundation. Certain GP practices such as Pellam Surgery, Woodford and Ancora are known to prescribe for substance misusers etc. Aliya to liaise with step forward and the foundation team to see how this will be implemented. **Action : AT**

MHRA Drug safety updates for November 2017- all noted

Items which should not routinely be prescribed in primary care:

Few changes to be noted fro, the document including the prescribing of liothyrionine

*“Due to the significant costs associated with liothyronine and the limited evidence to support its routine prescribing in preference to levothyroxine, the joint clinical working group considered liothyronine suitable for inclusion in this guidance. However during the consultation we heard and received evidence about a cohort of patients who require liothyronine and the clinical working group felt it necessary to include some exceptions based on guidance from the British Thyroid Association”.*

Changes to commissioning of lidocaine plasters:

*“Lidocaine plasters can be applied for pain relief and are licensed for symptomatic relief of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia, PHN) in adults.*

*NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings does not recommend lidocaine plasters for treating neuropathic pain.*

*The joint clinical working group also considered a PrescQIPP CIC review, and during the consultation more evidence was provided and an up to date evidence summary was deemed necessary and prepared by the Specialist Pharmacy Service to inform the joint clinical working group’s recommendations. Based on this review and non-inclusion, the lidocaine plasters are included with defined exceptions.”*

All OTC items for acute indications cannot be prescribed by primary care and prescribers must encourage patients to purchase them over the counter.

Link for the above can be included onto the net formulary for information **Action: AT**

1. **Review of NICE TA from horizon scanning document**

[TA477](https://www.nice.org.uk/guidance/ta477): Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee

Mainly Applicable to tertiary centres – RED on formulary

[TA478](https://www.nice.org.uk/guidance/ta478/): Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma.

To be included as red on formulary

[TA479](https://www.nice.org.uk/guidance/ta479/): Reslizumab for treating severe eosinophilic asthma.

To be included as red on the formulary

[TA480](https://www.nice.org.uk/guidance/ta480/): Tofacitinib for moderate to severe rheumatoid arthritis

To be included as red on the formulary

Prescribing of immunosuppressant’s following kidney transplant

GP prescribing leads would like a clarity regarding the prescribing of immunosuppressant’s in particular with Tacrolimus. Most patients receive their transplants from Leeds or Sheffield hospital whereby their immunosuppressive medications are initiated and supplied by secondary care for a period of time. However some patients expect to receive their medications from their GP’s hence a clarity is required on when primary care should be expected take over prescribing and monitoring of tacrolimus.

Aliya to look at Sheffield and Leed’s formulary to see if they have shared care protocols for tacrolimus. **Action: AT**

1. **Low molecular weight heparins**

We are aiming to create a pathway /guidance to represent the prescribing responsibilities of LMWH, we are currently looking at the guidance by the wales strategy group. An e-mail request was sent out to the Wales Strategy group requesting permission to use their guidance to adapt the North and North East APC guidance, wales have granted permission provided we acknowledge them.

Emails were circulated to all GP prescribing leads and clinicians. There have been response from endoscopy clinicians stating that

“*The secondary care should be able to have all pre-checks, may organise LMWH  prescription  and written advise to GP about bridging. The primary care should take responsibility of administering the LMWH and pre-procedure  INR check. This should follow with detailed post-procedure recommendations by secondary care. Further testing of INR after certain number of days “*

GP prescribing leads have expressed concerns with situations when procedures are sometimes cancelled, and there is a communication breakdown about when the next procedure is. They have requested clearer communication (i.e. a letter to the patient a copy of the letter /information for the GP or primary care prescriber) clearly stating the next time and information about monitoring, blood tests an what steps to take when procedures are cancelled whilst patient is being bridged on LMWH etc. We also need to ascertain the process which is most clinically appropriate and clarity which sector is commissioned and contracted for what services in order to make the amendments to the proposed pathway.

Yomi is expected to attend an endoscopy meeting whereby he can also address these issues.

Rivoroxaban for treatment of DVT

Dr Basu, had a safecare meeting in Scunthorpe regarding prescribing of Rivoroxaban for treatment of DVT. Wanted to speak to Dr Jalihal regarding if primary care are okay to initiate and continue to prescribe Rivoroxaban for 6months. **Action: AT and Dr Basu**

1. **Net formulary update**

Chapter two live via net formulary and a hyperlink for ‘chapter two’ is available via the main formulary.

<http://www.northernlincolnshireapc.nhs.uk/formulary-documents/formulary/chapter-2/>

The net formulary page will be updated with the North and North East and NLAG Logos.

Chapter 3 review

This was discussed and is ready to go live on net formulary

The following items were removed

* Zafirlukast Tablets
* Hydroxyzine Hydrochloride Tablets, Syrup
* Promethazine Syrup
* Desloratadine Tablets
* Menthol & Eucalyptus Inhalation
* Benzoin Compound Tincture (Friar’s Balsam) Inhalation
* Pseudoephedrine Tablets, Elixir

**Date, Time and Place of Next Meeting**

11th January 2018

2.00 pm – 4.00 pm. Health Place, Brigg