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# Minutes

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Title	Details
Meeting:	Cambridgeshire and Peterborough Joint Prescribing Group (CPJPG)
Date of meeting:	6 <sup>th</sup> October 2022
Time:	14:00
Venue:	Microsoft Teams

**All recommendations of the CPJPG are subject to ratification by the Integrated Care Board or delegated committee before considered approved.**

**Present:**

GP Prescribing Lead, NHS Cambridgeshire and Peterborough  
 GP Prescribing Lead, NHS Cambridgeshire and Peterborough  
 Medical Director, Cambridgeshire Local Medical Committee  
 Consultant and Chair of Drug and Therapeutics Committee, Cambridge University Hospitals NHS Foundation Trust (CUHFT)  
 Public Health Registrar, Public Health Team, NHS Cambridgeshire and Peterborough (*Observer*)  
 Executive Development Officer, Cambridgeshire and Peterborough Local Pharmaceutical Committee  
 Deputy Chief Pharmacist, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)  
 Formulary Pharmacist, Medicines Optimisation Team, NHS Cambridgeshire and Peterborough  
 Safety and Governance Pharmacist, Medicines Optimisation Team, NHS Cambridgeshire and Peterborough  
 Medicines Optimisation Pharmacist & Medication Safety Officer, Royal Papworth Hospital NHS Foundation Trust  
 High-Cost Drugs Lead Pharmacist, Cambridge University Hospitals NHS Foundation Trust (CUHFT)

**In Attendance:**

Note-taker, Project Management Office Analyst – System Project Management Office, NHS Cambridgeshire and Peterborough

**Apologies:**

Chair of the Cambridgeshire and Peterborough Local  
Pharmaceutical Committee  
Chief Pharmacist, Cambridgeshire Community Services  
NHS Trust (CCS)  
Chief Pharmacist, Cambridgeshire and Peterborough  
NHS Foundation Trust (CPFT)  
Chief Executive, Cambs Local Medical Committee  
Associate Medical Director, Cambridgeshire and  
Peterborough NHS Foundation Trust (CPFT)  
GP Prescribing Lead, NHS Cambridgeshire and  
Peterborough  
Deputy Medical Director, North West Anglia NHS  
Foundation Trust (NWAangliaFT)  
Formulary Pharmacist, Cambridge University Hospitals  
NHS Foundation Trust (CUHFT)  
Business Support Manager – System Project  
Management Office,  
NHS Cambridgeshire and Peterborough  
Deputy Chief Pharmacist, Medicines Optimisation  
Team, NHS Cambridgeshire and Peterborough  
Lay Member, Healthwatch Cambridgeshire and  
Peterborough  
Chief Pharmacist, Medicines Optimisation Team, NHS  
Cambridgeshire and Peterborough  
Chief Pharmacist, North West Anglia NHS Foundation  
Trust (NWAangliaFT)  
Deputy Chief Pharmacist, Cambridge University  
Hospitals NHS Foundation Trust (CUHFT)

**1.0 WELCOME AND INTRODUCTIONS**

As above

**2.0 APOLOGIES FOR ABSENCE**

As above

**3.0 DECLARATION(S) OF INTEREST**

New forms have been sent out, please return to Note-taker, Project Management Office  
Analyst – System Project Management Office, NHS Cambridgeshire and Peterborough

**4.0 NOTIFICATION OF ANY OTHER BUSINESS**

- Heart failure pathway (North West Anglia NHS Foundation Trust)

**5.0 PREVIOUS MEETING MINUTES**

**5.1 Minutes of the C&P JPG meeting held on 7th July 2022** – Approved as an accurate record

**5.2 Action Log updates**

1. Antipsychotic prescribing guidance – distressed behaviour toolkit. On agenda – to be removed from action log (CLOSED).
2. Acne vulgaris pathway. On agenda – to be removed from action log (CLOSED).
3. Shortage of alteplase. On agenda – to be removed from action log (CLOSED).
4. Palforzia. On agenda – to be removed from action log (CLOSED)
5. System frameworks – relevant papers have been shared with Cambridgeshire and Peterborough Joint Prescribing Group members and due to the national period of mourning this meeting has been postponed and rescheduled to November. **To be deferred and update provided at the December meeting (UPDATE – IN PROGRESS).**
6. Multivitamin and mineral supplementation for eating disorders – further discussion required with system providers. **To be deferred and update provided at the November meeting (UPDATE – IN PROGRESS).**
7. Insulin Biosimilars recording of batch numbers. **To be deferred and update provided at the November meeting (UPDATE – IN PROGRESS).**
8. Wet age-related macular degeneration pathway. This meeting has been postponed due to the national mourning period and rescheduled to October. **To be deferred and update provided at the December meeting (UPDATE – IN PROGRESS).**
9. Hydroxychloroquine prescribing support document. Further time is required in particular, regarding the ophthalmology review and commissioning of this. **To be deferred and update provided at the November meeting (UPDATE – IN PROGRESS).**

### 5.3 Palforzia Update

This was approved at CUHFT JDTC, and update provided to Consultant and Chair of CUHFT Drug and Therapeutics Committee, Cambridge University Hospitals NHS Foundation Trust (CUHFT) by Cambridge University Hospitals NHS Foundation Trust (CUHFT) Medical Director. Patient numbers are low currently due to operational challenges (1 adult and 2 paediatric patients identified). North West Anglia NHS Foundation Trust (NWAFT) have a pathway in place.

## 6.0 PRESCRIBING GUIDANCE

- ### 6.1 Recurrent Urinary Tract Infections – new pathway guidance following broad spectrum audits carried out in primary care identifying patients with long durations of antibiotic use for recurrent urinary tract infections. The new pathway includes a self-care element including the use of methenamine hippurate. There has been a working group setup who developed the guidance with the support of Regional Antimicrobial Stewardship Lead, with urologists in the system and supported by the Systemwide Antimicrobial Stewardship Network.
- Members noted that the pathway supports daily prophylaxis over self-start antibiotics and questioned as to whether self-start antibiotics should be included earlier in the pathway and whether this could be clarified with the working group and urologists in the system. Members agreed that the pathway should be brought back to the November meeting once this has been confirmed with the system working group and urologists.**
- ACTION: Safety and Governance Pharmacist, Medicines Optimisation Team, NHS Cambridgeshire and Peterborough to clarify position of self-start antibiotics with system working group and urologists and bring back guidance to the November meeting.**

- 6.2 **Acne vulgaris** – guidance has been brought to a previous meeting and updates include updates to tests to be carried out in primary care prior to referral and emphasis on self-care for this condition. Guidance is supported by local dermatologists from provider trusts.  
**Members approved the changes to the pathway which reflect National Institute of Clinical Excellence guidance. Members supported that the acne vulgaris guidance can be published.**
- 6.3 **Cow's milk protein allergy (Presented by Lead Dietician for Primary Care)** – guidance updated to reflect product availability following global supply issues with cow's milk protein allergy formula milks and also to emphasise that patients can be switched to plant based alternative products (available within supermarkets) at the appropriate age and development point. Healthy Start vouchers are available to support families with low incomes. Guidance is supported by local dietetic teams in the system.  
**Members supported the updated guidance and agreed to adopt locally.**
- 6.4 **Antipsychotic prescribing guidance – distressed behaviour toolkit (presented by Care Homes Medicines Optimisation Pharmacist)** – the guidance was reviewed by Cambridgeshire and Peterborough Joint Prescribing Group last year and has been updated by a regional working group. The document is planned to be utilised within trusts, care of the elderly wards and its primary aim is for utilising in primary care, as trusts tend to deal with delirium patients rather than patients with distressed behaviour.  
**Members supported the guidance and agreed to adopt. The group requested that Optimise Rx is utilised to support implementing the guidance and that anti-psychotics should not be initiated. The group requested whether a launch event locally for primary care prescribers and system colleagues could be held.**
- 6.5 **End of life community chart** – the chart has been updated, mainly for administrative purposes but also to include important safety updated for the brand name of hyoscine butylbromide as Buscopan to avoid potential errors in prescribing and administration.  
**Members supported the updated end of life community chart and agreed to adopt locally.**
- 6.6 **Tecovirimat as a treatment for patients hospitalised with monkeypox** – brought to members for awareness and will be for treatment of hospitalised patients through the infectious diseases services only regionally Cambridge University Hospitals NHS Foundation Trust (CUHFT).  
**Members noted the guidance and treatment will be updated on system formulary.**
- 6.7 **Community access to COVID-19 treatments** – current service delivery model will be continued however, commissioning framework available and plans are being developed for a more sustainable model from April 2023 within primary care services. A working group is reviewing and exploring potential models for future service delivery.  
**Members noted the update, and this will be brought back to a future meeting in due course.**
- 6.8 **COVID-19 vaccinations and medicines updates for September 2022** – the group noted that bivalent vaccines have been approved as a booster vaccination for COVID-19. The vaccines will be updated on the system-wide formulary.

**Members noted the updates.**

## **7.0 FORMULARY**

**7.1 Methenamine hippurate formulary review** – discussed alongside item 6.1 recurrent urinary tract infections. This product is available to be purchased as part of self-care and evidence suggest that it may be appropriate and beneficial for women with a history of recurrent episodes of urinary tract infections as a non-antibiotic prophylaxis. During the current cost of living crisis, this would be difficult for patients to self-care due to cost.

**Members agreed that further advice is needed from urology to determine place in therapy and whether this may be suitable for prescribing following the advice of a urologist.**

**ACTION: Safety and Governance Pharmacist, Medicines Optimisation Team, NHS Cambridgeshire and Peterborough to clarify with urologists the place in therapy of methenamine hippurate and bring back formulary review to the November meeting.**

**7.2 Evusheld** – the expert panel who advise the government has made clear that there is insufficient evidence available at this time to support procurement and deployment of Evusheld through emergency procedures. When Medicines and Healthcare products Regulatory Agency gave conditional market authorisation to Evusheld in March 2022, following trials conducted during the Delta wave, it noted a lack of data regarding dose and efficacy against Omnicron. Update to be brought back to a future meeting when available.

**7.3 Multivitamin and mineral supplementation in eating disorders** – the patient cohort is extremely vulnerable with the ingestion of medication having a huge psychological impact. To review if the Sanatogen A-Z complete product (available on FP10) can be utilised across the system for this patient cohort to avoid a change of product upon discharge from the provider trusts.

**ACTION: Safety and Governance Pharmacist, Medicines Optimisation Team, NHS Cambridgeshire and Peterborough to discuss with providers including Formulary Pharmacist, Cambridge University Hospitals NHS Foundation Trust (CUHFT) regarding system alignment for this patient cohort and report back with progress at the November meeting.**

## **8.0 SAFETY MATTERS**

**8.1 Differences between metolazone formulations and safety considerations** – current guidance has been issued to primary care including community pharmacies to not switch patients to the new licensed product due to the two-fold difference in bioavailability between the new product (Xaqua) compared to the unlicensed and imported product currently utilised. System plan to review the new product as licensed and to convert existing patients over to the licensed product within secondary care. Patients should not be switched until the new product is reviewed and implementation plan to switch patients is developed.

**Members noted the new formulation and differences in bioavailability, and this is to be brought back to a future meeting.**

**8.2 Medicines and Healthcare products Regulatory Agency (MHRA) Drug Safety Updates September 2022**

**Members noted the MHRA Drug Safety Updates for September 2022.**

- 8.3 Medicines and Healthcare products Regulatory Agency (MHRA) Drug Safety Updates August 2022**  
**Members noted the MHRA Drug Safety Updates for August 2022.**
- 8.4 Shortage of alteplase** – the group noted that the Specialist Pharmacy Service and Department of Health and Social Care (DHSC) has produced national guidance regarding this shortage.  
**Members requested to be kept updated of developments and changes relating to this shortage noting the critical indication for use.**
- 9.0 SHARED CARE GUIDANCE**
- 9.1 Stiripentol review of prescribing classification** – request has been made by Consultant Neurologist, Subspecialty Lead for Epilepsy, for Cambridge University Hospitals NHS Foundation Trust (CUHFT) and North West Anglia NHS Foundation Trust (NWA AngliaFT) and paediatric epilepsy neurology team to remove the paediatric shared care guidance for stiripentol and to align with the adult cohort prescribing classification of specialist initiation without shared care guidance as there are no drug monitoring requirements for this treatment.  
**Members supported that for the prescribing classification for stiripentol should be aligned for paediatric and adult cohorts as specialist initiation without shared care guidance and that the shared care guidance will be withdrawn.**
- 9.2 National shared care protocols** – shared care working group formed and the meeting date has been arranged for November.  
**Members requested an update from the group be provided in due course, once available.**
- 10.0 NATIONAL INSTITUTE OF CLINICAL EXCELLENCE (NICE) TECHNOLOGY APPRAISALS** – for noting and assigning a formulary classification
- 10.1 National Institute of Clinical Excellence (NICE) Technology Appraisal publications July – September 2022**  
**Members noted the National Institute of Clinical Excellence (NICE) Technology Appraisal publications published between July to end of September 2022.**  
**Members supported that icosapent ethyl a novel option for reducing the risk of cardiovascular events in adults should be assigned the prescribing classification SPECIALIST ADVICE. Consultants within the system noted that patients should be reviewed for their eligibility for injectable therapies including inclisiran and PCSK9-inhibitors as their impact on cardiovascular risk is greater than Icosapent ethyl. For those not eligible, for injectables there may be a case for consideration of icosapent ethyl.**
- 10.2 Tralokinumab for treating moderate to severe atopic dermatitis group prior approval.**  
**Members supported the group prior approval and prescribing classification of HOSPITAL only.**
- 10.3 Upadacitinib for treating moderate to severe atopic dermatitis group prior approval.**  
**Members supported the group prior approval and prescribing classification of HOSPITAL only.**
- 11.0 CHAIRMAN'S ACTION**
- 11.1 Abrocitinib for treating moderate to severe atopic dermatitis Group Prior Approval – [NICE TA814](#)**

- Members noted chairman's action approval.
- 11.2 Brolucizumab for treating diabetic macular oedema Group Prior Approval – [NICE TA820](#)  
Members noted chairman's action approval.
- 11.3 Dapagliflozin for chronic kidney disease  
Members noted chairman's action approval.
- 11.4 Sodium zirconium for persistent hyperkalaemia in adults with chronic kidney disease or heart failure Shared Care Guidance  
Members noted chairman's action approval.
- 11.5 Patiromer calcium for persistent hyperkalaemia in adults with chronic kidney disease or heart failure Shared Care Guidance  
Members noted chairman's action approval.
- 12.0 ANY OTHER BUSINESS
- 12.1 **Heart failure pathway** - raised at North West Anglia NHS Foundation Trust (NWAngliaFT) drugs and therapeutics committee that there is a difference between European and National Institute of Clinical Excellence (NICE) pathway guidance.  
**Members noted that a task and finish group will take forward a system heart failure pathway.**  
**ACTION: Safety and Governance Pharmacist, Medicines Optimisation Team, NHS Cambridgeshire and Peterborough to setup working group to review heart failure pathway and ensure representation from system colleagues at a heart failure workshop being hosted at Royal Papworth NHS Hospital during October.**
- Author*            Safety and Governance Pharmacist, Medicines Optimisation Team, NHS  
Cambridgeshire and Peterborough