NHS
Pan Mersey
Area Prescribing Committee

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 24 June 2015 in The Gallery Room, at The Venue, Civic Way, off Poplar Bank, Huyton L36 9GD

Present:

MEMBERS		Present	Apologies
Dr Sid McNulty (Chair)	Consultant Endocrinologist/Chair Drug & Therapeutics Committee – St Helens & Knowsley Teaching Hospitals NHS Trust	X	
Peter Johnstone (Deputy Chair)	Prescribing Commissioner – Liverpool CCG		X
Isam Badhawi	Senior Pharmacist – Liverpool Women's NHS Foundation Trust		X
Catrin Barker	Chief Pharmacist – Alder Hey Children's NHS Foundation Trust		X
Dr Rob Barnett	LMC Representative, Liverpool		X
Nicola Baxter	Head of Medicines Optimisation – West Lancs CCG	X	
Alison Butt (Maureen Hendry attending)	Joint Head of Medicines Management - Liverpool Community Health		X
Neil Chilton	Deputy Chief Pharmacist, 5 Boroughs Partnership, Mental Health Trust	X	
Dr Catherine Doyle	Clinical Lead Medicines Management – Warrington CCG		X
Dr Janice Eldridge	GP Medicines Management Lead – Southport & Formby CCG	X	
Alison Ewing	Clinical Director Pharmacy – The Royal Liverpool & Broadgreen University Hospitals NHS Trust		X
Dr Anna Ferguson	GP Clinical Lead – South Sefton CCG	X	
Dr Claire Forde	CCG Governing Body Member, Prescribing Lead – Halton CCG	X	
Danny Forrest	Liverpool Heart and Chest Hospital FT (representing Gillian Gow)		X
Simon Gelder	Chief Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust	X	
Margaret Geoghegan	Head of Medicines Management – St Helens CCG	X	
Donna Gillespie-Greene	Deputy Head of Meds Management – North West Commissioning Support Unit	X	
Gillian Gow	Chief Pharmacist – Liverpool Heart & Chest Hospital NHS FT (Danny Forrest attending)	X	
Dr Dan Hawcutt	Alder Hey Children's NHS FT		X
Maureen Hendry	Practice pharmacist/Interface support pharmacist, Liverpool Community Health (representing Alison Butt)	X	
JennyJohnson	South Sefton CCG (representing Susanne Lynch)	X	
Jenny Jones (representing Diane Matthew)	Principal Pharmacist Meds Management – Warrington & Halton Hospitals NHS FT	X	
Dr Tom Kennedy	Consultant at RLBUHT and Chair of D&T		X
Dr Tom Kinloch	LMC Representative , Mid-Mersey LMC		X
Lee Knowles	Chief Pharmacist – Mersey Care NHS Trust	X	
Jenny Lunn	Pharmaceutical Adviser & Team Lead, Medicines Management – Warrington CCG	X	

Susanne Lynch (Jenny Johnson attending)	CCG Lead Medicines Management – South Sefton CCG and Southport & Formby CCG		X
Dr Lisa Manning	LPC Representative		X
Diane Matthew	Chief Pharmacist, Warrington & Halton Hospitals NHS Foundation Trust		X
Jenny Dickson	Bridgewater Community Trust (representing Heather Tomlinson)	X	
Dr Neil Mercer	Consultant Anaesthetist/Chair Drug & Therapeutics Committee – Aintree University Hospitals NHS Trust	X	
Mark Pilling	Interim Head of Medicines Management – Knowsley CCG	X	
Lucy Reid	Lead Pharmacist – Halton CCG Locality Medicines Management Team	X	
Dr Shamim Rose	GP Prescribing Lead & Board Sponsor – Liverpool CCG		X
Steve Simpson	Deputy Chief Pharmacist – Southport and Ormskirk NHS Trust	X	
Paul Skipper	Deputy Director of Pharmacy – The Royal Liverpool & Broadgreen University Hospitals NHS Trust		X
Dave Thornton	Principal Pharmacist, University Hospital Aintree	X	
Heather Tomlinson (Jenny Dickson attending)	Senior Clinical Pharmacist – Bridgewater Community Healthcare NHS Trust		X
Dr Julie Whittaker	St Helens CCG Governing Body Medicines Management Lead GP	X	
IN ATTENDANCE			
Erika Baker	Senior Pharmacist – North West CSU	X	
Anne Henshaw	Senior Pharmacist – North West CSU	X	
Graham Reader	Senior Pharmacist – North West CSU	X	
Helen Stubbs	Senior Pharmacist – North West CSU	X	

1	**APC/15/42 – Welcome and Apologies for Absence** The Chair welcomed the members. The Chair then accepted the apologies of the following: Susanne Lynch (Jenny Johnson attending), Dr Catherine Doyle, Alison Butt (Maureen Hendry attending), Heather Tomlinson (Jenny Dickson attending), Dr Lisa Manning, Dr Dan Hawcutt, Agatha Munyika, Debra Walker, Catrin Barker, Paul Skipper, Dr Tom Kennedy, Mags Norval and Peter Johnstone.	***Action:***
2	**APC/15/43 – Declarations of Interest and Quoracy Check** A quoracy check confirmed that this meeting was quorate, once Dr Mercer arrived at 2:10pm. The Chair informed members that he would remain a voting member of his trust. If the topic under discussion is a contentious topic then he may bring a colleague to vote instead. There was one declaration of interest at this meeting, from Erika Baker who has carried out work in GP practices sponsored by Bristol Myers Squibb (this is relevant to the discussion on Apixaban).	
3	**APC/15/44 – Minutes of the previous meeting and matters arising.** ***15/44/01 – Minutes from the Previous Meeting*** Following a request for clarification of the outcome of two discussions in the previous meeting, three minor amendments have been made to the minutes on page 3 – these have been highlighted for members to see. Members agreed that these minutes are a fair representation of the meeting.	

	15/44/02 – Matters Arising There were no matters arising that are not on the agenda, with the exception of smoking cessation which has been resolved outside the meeting. **Decision-making Training** Following her discussion with Pharmacy Management DGG took the details to the Chiefs and CCG Leads Meeting and it was decided to arrange the training with Professor Maskrey. To avoid school half term holidays, the APC Meeting has been brought forward by one week to 21 October (an Outlook invitation has already been sent to members) and Professor Maskrey has been provisionally booked for this occasion. It is planned to conduct an abbreviated APC Meeting following on from the training. DGG has had the expenditure approved by 6 out of 7 CCGs and once she has heard from the 7th CCG then details will be finalised.	
4	**APC/15/45 – New Medicines** ***15/45/01 – Grey Statement Summary*** A grey holding statement has been produced for Tolvaptan tablets for the treatment of autosomal dominant polycycstic kidney disease – it will be reviewed following the publication of the NICE TA (expected Sept 2015). There is already an amber statement for use of Oxycodone with Naloxone prolonged-release tablets (Targinact®) for chronic pain. A grey holding statement has been produced for its use in idiopathic restless legs syndrome. It was not identified at horizon scanning and so will only be reviewed if an application for use is received and it is prioritised. ***15/45/02 – Non-Renewal of NMSG statements*** AH presented a list of policy statements which have recently expired or are due to expire and that the NMSG propose to archive rather than undertake a full re-review. It was considered that it would be better to spend time and resources on looking at new drugs rather than reviewing all policy statements at expiry. The NMSG will consider on an individual basis whether there is value to a review or not. With the first group, the NMSG considers that the NICE TA recommendations for these drugs are now established into clinical practice and the associated policy statements no longer add any further additional benefit. With the second group of drugs the NMSG felt that these were well established into clinical practice and the associated policy statements do not add any further additional benefit or have been superseded by Pan Mersey guidelines. The third group of drugs have had grey statements issued but no expression of interest has been received for them. It was proposed that where no expression of interest has been received within 2 years then the grey statement will be archived. An archive chapter has been set up in NetFormulary and it is proposed that these statements will be moved into this for 2 years. They will be clearly watermarked with the word 'archive' and the document name will state 'archive' to avoid confusion. After 2 years they will be moved from the NetFormulary archive but will still be kept in an archive and can be accessed on request if necessary. This list of drugs has been out for consultation with no disagreement received. All archive proposals for the drugs listed were approved. ***15/45/03 – Apixaban in Venous Thromboembolism*** NICE TA341 was published at the beginning of June so minor amendments to the wording on the original policy statement have been made to ensure it reflects the NICE recommendation. In paragraph 2 on page 1 the statement around active cancer has been changed to the NICE wording and the Page 2 cost box has been updated to include the NICE costing template information. This item has been brought to this APC meeting in order for organisations to meet the mandatory NICE TA timescales. The NMSG will now look to pull the 3 separate policy statements for Apixaban, Dabigatran and Rivaroxaban in VTE into a combined policy statement so that the information is accessed in one place. A member queried the wording at the end of the first paragraph in the Page 2 Effectiveness box. The committee agreed this should be reworded to clarify that the treatment benefit remains consistent regardless of time in therapeutic range (TTR).	***Action: AH***

	The statement was approved subject to the minor amendment being made prior to website upload. ***15/45/04 – Vedolizumab in Ulcerative Colitis*** This policy statement is in line with NICE TA342, which was published at the start of June. In terms of continuation criteria NICE recommend Vedolizumab should be given until either it stops working or surgery is required. It is a Red drug as specialist hospital assessment and administration is required. On page 2 the information from the NICE costing template has been adapted to give a cost per 100,000 population. There may be increased drug costs for CCGs. The policy statement was approved by members. ***15/45/05 – Eplerenone*** This is a review of a policy statement that has expired, as the NMSG felt that there was ongoing benefit to review and update the statement. Eplerenone is for use in class 2 chronic heart failure. It has been recategorised from Amber to Amber Initiated in line with the new Amber subcategories, so the patient and prescribing should remain with the initiating specialist until the patient is stabilised. Stability would be determined by the clinician, or an appropriate member of the heart failure team, at the follow-up appointment. There has been a lot of discussion about where heart failure nurses fit into the definition of 'specialist' and so the NMSG took out the NICE definition of a heart failure specialist that was in the original policy statement as this does not reflect local practice. Some members expressed that they were happier with this change now that it is less restrictive. It was agreed that the wording in bullet point 1 on the first page should be amended to state "Eplerenone should be initiated by a heart failure specialist, which includes specialist heart failure nurse prescriber, with access to a multidisciplinary heart failure team" as the APC acknowledge that a specialist heart failure nurse prescriber would have the knowledge and expertise to identify appropriate patients and initiate treatment and would have access to a Consultant Cardiologist if they needed to discuss treatment for an individual patient. The statement was approved subject to the minor amendment being made prior to website upload. ***15/45/06 – Ustekinumab in Psoriatic Arthritis*** NICE issued a negative TA in May 2014, which is currently reflected in the Pan Mersey formulary, but this has now been reviewed and NICE TA340 was published in early June which recommends ustekinumab as a second-line treatment option for psoriatic arthritis where TNF-alpha treatment is contraindicated or has failed. Information from the NICE costing template has been included on page 2. There is a PAS scheme agreed which provides the higher dose at the same cost as the standard dose of ustekinumab. The Pan Mersey Biologics Pathway for psoriatic arthritis has also been updated to reflect the NICE recommendation for ustekinumab and was presented to members. The box at the bottom right will be amended from 'Ustekinumab SmPc-assess efficacy until 28 weeks' to read '24 weeks'. The policy statement and updated pathway were approved. ***15/45/07 – Abatacept/Rituximab/Tocilizumab in Rheumatology*** Three statements which have reached their expiry date have been reviewed. The NMSG felt that there was ongoing benefit to review and update the statements as they contained information about non-NICE approved uses for these drugs. Fundamentally the statements have not changed; just some small details have been amended. <u>Abatacept</u>: the costings for the subcutaneous injections have been removed from the back page. <u>Rituximab</u>: Information regarding indications that are now confirmed as NHS England commissioned (ANCA vasculitis, SLE) has been removed, as the precedent is that the formulary/ statements do not go into detail regarding NHSE commissioned indications.	***Action: AH***

	Tocilizumab: No changes have been made to this statement. The CCG badges across the top of the statements have been kept because to take them off would imply that the CCGs no longer approve these treatments. The general principle of retaining CCG approvals on statements when they are reviewed was considered and Members approved this approach where the recommendation has not changed. The Chair asked whether, if a CCG does not give approval to a statement, it should be brought back to discuss what it would need for the CCG to approve it. However, members said that there would never be total agreement because sometimes the CCG decision is around prioritisation and finance. It was agreed that it would be highlighted to APC where a recommendation has not been approved by all CCGs and it would be considered on an individual basis whether further discussions should take place. One Member asked if it is possible to keep the original APC approval date on the statement in order to identify that it is a reviewed statement rather than a new policy statement. The committee supported this proposal. All three policy statements were approved.	***Action: CSU Team***
5	**APC/15/46 – Formulary and Guidelines** ***15/46/01 – Botulinum toxin type A (BTX-A) in hyperhidrosis statement*** Botulinum toxin has a marketing authorisation for axillary hyperhidrosis only. It is included in the Cheshire and Merseyside 2015 Commissioning Policy as not routinely commissioned for hyperhidrosis in any body area. All CCGs have now approved the policy and no CCGs included any changes to BTX-A other than what is currently stated in policy. Historically BTX-A is being routinely used for hyperhidrosis not just limited to its licensed use (axillary hyperhidrosis). It is unclear how and if PCTs were involved with agreeing to its use for this indication. With this knowledge it was discussed at a CCG Lead pharmacist meeting and agreed that a policy position was a worthwhile piece of work. It was agreed that a policy position was needed with clear commissioning criteria for initiation and continuation as it was deemed to be a drug of limited clinical value. Based on a balance of efficacy, efficacy safety cost, tolerability and clinical need, the FGSG proposed that only 2 treatment sessions per year to be allowed per patient. A discussion took place regarding how to define “specialist”, e.g. “a specialist with appropriate experience of using BTX-A in this situation” and whether this should include a plastic surgeon administering BTX-A for this indication. Concern was expressed by a number of CCG representatives that BTX-A is being routinely used for hyperhidrosis despite being in the 2015 Cheshire & Merseyside Commissioning Policy as not being routinely commissioned without prior approval. The purpose of the statement is to agree a reasonable common commissioning position taking into account the current position across Mersey CCGs. Trust providers currently using BTX-A were generally in agreement with the initiation and continuation criteria set out in the statement, considering the clinical need of some patients to have more invasive treatments when unresponsive to standard treatments e.g. topical therapies. GR highlighted that an alternative treatment, glycopyrronium tablets are now significantly more expensive than BTX-A and are being used ‘off-label’ for hyperhidrosis by some Trust provider dermatologists and questioned whether these considerations should also apply to all therapies for hyperhidrosis, other than licensed topical therapies. FGSG is currently considering a review of the legacy North Mersey and Mid Mersey statements on eflornithine cream for hirsutism, also a condition / treatment of low clinical priority and it would be helpful if similar principles could be applied to this at the same time. Members agreed that further discussions are warranted at CCG level and that a briefing paper summarising all the issues be disseminated to assist CCGs in their discussions. CCG feedback to be collated and brought back to July APC. ***15/46/02 – Ezetimibe statement review*** The existing Mid Mersey statement was out of date and needed to be incorporated into a Pan-Mersey document so it has been updated. The FGSG felt there was still a need for a statement because there was still need for advice on its place in treatment. The statement now includes the IMPROVE-IT study data, which provides clinical outcome data for ezetimibe in stable ACS. NICE will be updating its TA in Feb 2016 and the statement will be amended in line with the	***ALL***

	results of this. Stakeholder feedback was generally in agreement with the statement. The statement was agreed. ***15/46/03 – Oral Combination Products statement review*** This statement has reached its renewal date and FGSG view is that no changes need to be made to it. It has been out for consultation 'for information' and no feedback was received. It was agreed to extend the review date of the statement a further 2 years. ***15/46/04 – Biological Agents in the Management of Rheumatoid Arthritis pathway renewal*** This pathway has reached its renewal date and the FGSG view is that no changes need to be made to it. Mersey rheumatologists did not want to make any changes. It was noted that NICE plan to review anti-TNF TAs in rheumatoid arthritis in October 2015 and the pathway may be amended in line with the results of this at this time. It was agreed to extend the review date of the statement a further 2 years. ***15/46/05 – Statement non-renewal*** The FGSG asked the Committee to approve the non-renewal of 3 statements (Fluticasone with Formoterol, Ciclosporin capsules, Omega-3 Fatty Acid Compounds in Cardiovascular Disease) because recommendations are now accepted clinical practice, and information is adequately covered by the formulary. There were no objections and this was approved. ***15/46/06 – Minor formulary amendment*** The FGSG asked the APC to approve the removal of bimatoprost eye drops 0.03% 3ml multidose from the formulary because the product is now discontinued. A member drew to the attention of the meeting the recent information from UKMi regarding information on switching existing patients to alternative formulations of the same product. SS to email this information to GR. It was agreed that there was a need for some guidance on this. A link to the UKMi information will be put in the formulary. The proposal to remove the product from the formulary was agreed.	***SS***
6	**APC/15/47 – Shared Care** ***15/47/01 – Shared Care Update*** The extended consultation on the application of the revised RAG criteria to the existing Shared Care Agreements is coming to a close and the aim is to present the paper at the July APC meeting. The Shared Care Group is also running a Task and Finish project to review all the drugs currently rated amber on the fomulary, and to apply one of the three new amber subcategories to each amber drug . The gastroenterology and respiratory chapters will be circulated for consultation throughout July.	
7	**APC/15/48 – Any Other Business** ***15/48/01 – AOB*** None.	
8	**APC/15/49 Date, Time and Venue of the next meeting** The next APC meeting will be on Wednesday 29 July 2015 at 1.30 **–** 3.30pm. Venue: The Gallery, The Huyton Suite, Civic Way, Poplar Bank, Huyton, L36 9GD.	

The agenda and minutes of this meeting may be made available to public and persons outside of The Pan Mersey Area Prescribing Committee Health Community in order to comply with requests made under the Freedom of Information Act 2000.