

# Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours  
Wednesday 28 February 2018  
The Education Centre, Kent Lodge,  
Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

## Minutes

Members	Organisation(s)	Present
Peter Johnstone (Chair)	Prescribing Commissioner – Liverpool CCG	
Dr Sid McNulty (Acting Chair)	Consultant Endocrinologist/Chair Drug & Therapeutics Committee St Helens & Knowsley Teaching Hospitals NHS Trust	X
David Ainscough	Pharmacist, Liverpool Community Health	
Anna Atkinson	Deputy Lead Pharmacist Medicines Management, Lancashire Care NHS Foundation Trust	X
Catrin Barker	Chief Pharmacist - Alder Hey Children's NHS Foundation Trust	X
Dr Rob Barnett	LMC Representative, Liverpool	
Nicola Baxter	Head of Medicines Optimisation, West Lancs CCG	
Colin Brennan	Deputy Clinical Services Manager/Surgical Division Lead Pharmacist, University Hospital Aintree	X
Dr Ivan Camphor	Mid-Mersey LMC Representative	
Nicola Cartwright	Head of Medicines Management – St Helens CCG	X
Marianne Charlton	Lead Pharmacist Medicines Management, Wirral University Teaching Hospital NHS Foundation Trust	X
Neil Chilton	Medicine Management Clinical Services Manager North West Boroughs Healthcare NHS Foundation Trust	
Dr Patricia Cunningham	Consultant Acute Physician and Medication Governance Group member, RLBHHT	
Dr John Edwards	GP, St Helens CCG	
Dr Anna Ferguson	GP Clinical Lead – South Sefton CCG	
Dr Claire Forde	CCG Governing Body Member, Prescribing Lead – Halton CCG	X
Andrea Giles	St Helens CCG	
Donna Gillespie-Greene	Head of Medicines Commissioning Midlands & Lancashire Commissioning Support Unit	X
Gillian Gow	Chief Pharmacist – Liverpool Heart and Chest FT	X
Dr Jamie Hampson	GP, Liverpool CCG	X
Catherine Harding	Lead Pharmacist, Lancashire Care NHS FT	
Dr Dan Hawcutt	Consultant Paediatrician and Chair of D&T Alder Hey Children's NHS FT	
Dr Adit Jain	Clinical Lead, Prescribing – Knowsley CCG	X
Dr Saket Jalan	GP Prescribing Lead, Wirral CCG	
Jenny Jones	Principal Pharmacist Medicines Management Warrington & Halton Hospitals NHS FT	X
Jenny Lunn	Pharmaceutical Adviser & Team Lead, Medicines Management Warrington CCG	
Susanne Lynch	CCG Lead Medicines Management South Sefton CCG and Southport & Formby CCG	
Geraldine McKerrell	Pharmacist, Medicines Management Team, Liverpool Community Health	X
Dr Neil Mercer	Consultant Anaesthetist/Chair Drug & Therapeutics Committee Aintree University Hospitals NHS Trust	X

Paul Mooney	Deputy Chief Pharmacist/Medication Safety Officer, Liverpool Women's NHS Foundation Trust	X
Agatha Munyika	Mersey Care NHS Trust	
Mark Pilling	Chief Pharmacist & Assistant Director of Primary Care, Knowsley CCG	
Rachael Pugh	Prescribing Advisor, Wirral Medicines Management Team, MLCSU	X
Sarah Quinn	Head of Medicines Management, Bridgewater Community Healthcare NHS Foundation Trust	
Lucy Reid	Lead Pharmacist - Halton CCG Locality Medicines Management Team	X
Helen Roberts	Lead Pharmacist for Safety and Quality, South Sefton CCG	X
Maxine Robinson	Deputy Chief Pharmacist - Liverpool Heart and Chest FT	
Claire Sawers	Medicines Optimisation Pharmacist, Warrington CCG	X
Dr Omar Shaikh	Clinical Lead GP for Medicines Management, St Helens CCG	X
Paul Skipper	Deputy Director of Pharmacy The Royal Liverpool & Broadgreen University Hospitals NHS Trust	X
Dr Octavia Stevens	GP, Southport & Formby CCG	X
Dave Thornton	Assistant Clinical Director of Pharmacy, University Hospital Aintree	
Janet Walsh	Meds Optimisation Pharmacist – West Lancs CCG	X
Mike Welsby	Pharmacist, St Helens & Knowsley Teaching Hospitals NHS Trust	X
Catherine Witter	Medicines Information Pharmacist, Southport & Ormskirk Hospital NHS Trust	X
<b>Attendees</b>	<b>Organisation(s)</b>	<b>Present</b>
Kieron Donlon	Senior Prescribing Advisor, MLCSU	X
Anne Henshaw	Senior Medicines Commissioning Pharmacist, MLCSU	
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information Centre	X
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU	X

<b>APC/18/12</b>	<b>Welcome and apologies</b>	<b>Action</b>
	The Chair welcomed members and accepted apologies for the following: Neil Chilton, Dr Ivan Camphor, David Ainscough (Geraldine McKerrell attending), Matthew Van Miert, Dr Anna Ferguson, Dr Ashley Baldwin, Agatha Munyika, Lee Knowles, Jenny Lunn (Claire Sawers attending), Dr Saket Jalan, Dave Thornton (Colin Brennan attending), Susanne Lynch (Helen Roberts attending), Catherine Harding (Anna Atkinson attending), Nicola Baxter, Sarah Quinn, Jo Bark-Jones and Anne Henshaw.	
<b>APC/18/13</b>	<b>Declarations of Interest and Quoracy Check</b>	
	A quoracy check confirmed that this meeting was quorate. There were no declarations of interest for items on the agenda.	
<b>APC/18/14</b>	<b>Minutes of the previous meeting and matters arising</b>	
	<b>APC/18/14/01 – Minutes from the Previous Meeting</b> The Minutes were agreed to be an accurate record of the previous meeting on 31 January 2018.	
	<b>APC/18/14/02 – Matters Arising</b> <b>Flash glucose monitoring (Freestyle Libre) – (Item Ref APC/18/06/02)</b> DGG confirmed that she is currently liaising with appropriate stakeholders to get a date for a meeting to consult on an amber-initiated RAG rating and to produce prescribing support information.	<b>DGG</b>
	<b>Prescribing following a private consultation (Item Ref APC/18/06/07)</b> As agreed, GR is liaising with the LMCs for their feedback.	<b>GR</b>



	<p><b><i>Disease modifying drugs update (Item Ref APC/18/07/02)</i></b> Following consultation with the rheumatologists who were involved with the development of the DMD shared care frameworks, the frameworks will be amended to say eGFR is monitored, instead of calculated GFR.</p>	
<p><b>APC/18/15</b></p>	<p><b>New Medicines</b></p>	
	<p><b><i>APC/18/15/01 – Grey statement summary</i></b> <u>Ixekizumab solution for injection</u>: A grey statement has been produced for this treatment for psoriatic arthritis. When the NICE TA is published (expected October 2018) then a review will be carried out. Pan Mersey prescribers currently have 7 other treatment options for psoriasis</p> <p>The Committee approved the above grey statement.</p> <p><b><i>18/15/02 – Weekly NICE TA publication – APC update</i></b> Historically the timing of NMSG meetings and APC meetings were scheduled to accommodate NICE TAs being published on the 4<sup>th</sup> Wednesday of every month, to ensure documents were produced by NMSG and taken to APC in a timely manner, to maximise the time available for individual organisations to rectify within the statutory 90 day implementation period for NICE TAs.</p> <p>In July 2017, NICE started publishing NICE TAs weekly and also introduced a TA ‘fast track’ process with a recommended 30-day implementation period. The NMSG Chair raised some concerns to the APC at the time and agreed to report back in February 2018 on the impact of the changes.</p> <p>So far the NMSG have managed to turn documents around to ensure they get through APC in a timely manner. However, authors are having to produce documents at very short notice, and this may not be sustainable longer term.</p> <p>It was proposed that the situation continues to be monitored, with another report to the APC in September. The APC agreed with this.</p> <p><b><i>18/15/03 – Fulvestrant for untreated breast cancer, NICE TA503</i></b> A negative NICE TA has been received. A negative NICE TA for NHSE drugs would not normally appear on the website but it was agreed that it may be helpful for GPs to put a black statement on the website. This was approved.</p> <p><b><i>18/15/04 – Vortioxetine for depression (review – static list)</i></b> A routine review of the existing statement has been done. The New Medicines Subgroup proposes adding this statement to the static list unless changes occur. CCG members confirmed they are happy for their approvals to remain on the document. The above was approved by the APC.</p> <p><b><i>18/15/05 – Lesinurad for gout, NICE TA506</i></b> This is another negative black statement from NICE. JJ went through the details of this treatment. Pan Mersey is advising prescribers to follow the recently produced British Society for Rheumatology guidelines on gout. This black statement was approved by the APC.</p>	<p>AH</p>



	<p><b>18/15/06 – Ferric Maltol for iron deficiency anaemia in IBD</b> The proposed indication was for iron deficiency anaemia in adult patients with inflammatory bowel disease. PM talked members through the trial data and summarised the feedback comments. The NMSG proposes adding it to the formulary because patients can avoid intravenous iron but there are quite tight criteria to be met. The subgroup’s main area of concern was around cost-effectiveness and a summary has been produced (separate from the statement) for consideration by the committee. After a discussion, the APC approved the amber-initiated statement.</p> <p><b>18/15/07 – Insulin Degludec for diabetes</b> This previously came to APC and was not approved because of cost concerns. The cost has now come down significantly and there are increased benefits. CB talked through the statement, trials and feedback (very little received). There was a brief discussion as to which clinicians are included in the term ‘specialist’. Dr Princy Paul from Alder Hey proposed that he could produce an audit of one year. It was agreed that this would be helpful. The APC approved the amber initiated statement.</p>	
<b>APC/18/16</b>	<b>Formulary and Guidelines</b>	
	<p><b>18/16/01 – Vitamin D guideline (adults)</b> Consultation feedback was received regarding maintenance doses being managed by patients under “self-care” rather than being prescribed. The guideline defines high-risk patients and suggests they may be prescribed maintenance therapy after treatment rather than purchasing supplements; all other patients are recommended to “self care” / purchase vitamin D supplements. It was agreed to add measuring PTH to list of investigations. It was also agreed to clarify all patients on anti-resorptive therapy needed to maintain levels &gt;50nmol/l whether they are symptomatic or not. The guideline was approved with this amendment.</p> <p><b>18/16/02 – Mesalazine statement</b> The Committee considered this statement previously, and FGSG was asked to add practical guidance on how patients could be switched from <i>Asacol</i> mesalazine brand to <i>Octasa</i> brand in primary care. This has now been added, following discussion with gastroenterology departments. Consultation feedback was generally in agreement with this, and it was clarified that the only anticipated reason to continue <i>Asacol</i> was previous switch failure from <i>Asacol</i> in an individual. It applies in both primary and secondary care. Wirral CCG has been successfully carrying out switching previously. This statement has been developed to support the RightCare agenda and should promote significant cost savings. The amber-initiated statement advocating use of <i>Octasa</i> in preference to <i>Asacol</i> was approved by the APC.</p> <p><b>18/16/03 – Items which should not be prescribed in primary care: guidance for CCGs</b> NHS England issued guidance on 30 November 2017 to CCGs on items which should not routinely be prescribed in primary care – guidance for GPs. The FGSG provided a report suggesting what changes to the formulary may be needed in response to this, and consultation feedback was described. There was a discussion about lidocaine plasters and it was noted 7 out of the 9</p>	



	<p>Pan Mersey CCGs are in the top 12 highest prescribing CCGs in England, and Pan Mersey annual expenditure is £2 million. The FGSG propose designating it amber recommended instead of green (except for post-herpetic neuralgia where NHSE guidance states it may be initiated in primary care) and is carrying out a consultation on what circumstances Pan Mersey may approve its use when recommended by specialists, to comply with the NHSE recommendation it is used in “exceptional circumstances” and “in cooperation with multi-disciplinary team”.</p> <p>There was a clarification about who the APC consultation email is circulated to in each organisation and that it was the responsibility of those people to forward it to the appropriate people in their organisation and feedback their comments, depending on the subject-matter of the consultation email on a month-by-month basis. As lidocaine plasters are of interest to a wide spectrum of directorates this is particularly important here. It was suggested that the consultation email circulation list be sent to all APC members in order for them to check that the correct people in organisations who are able to carry out this distribution and collation process are receiving it.</p> <p>The following actions were agreed for amendments to be made to the formulary or for statements/amendments to be added to the FGSG work plan:</p> <ul style="list-style-type: none"><li>- Co-proxamol – Black statement</li><li>- Dosulepin – Black statement (to include switching advice if possible)</li><li>- Lidocaine plaster - amber recommended designation instead of green (except for post-herpetic neuralgia where NHSE guidance states it may be initiated in primary care) - carrying out consultation on what circumstances Pan Mersey may approve its use when recommended by specialists under amber recommended designation – see above.</li><li>- Omega-3-fatty acids – designate use in hypertriglyceridaemia as Black</li><li>- Tramadol and paracetamol combination product – add specific entry to formulary linking to Black oral combination product statement.</li><li>- Once daily tadalafil (2.5mg, 5mg): Designate black in formulary.</li><li>- Travel vaccines – include in a revised “Prescribing for patients living or travelling abroad or otherwise absent from the UK” statement.</li><li>- Trimipramine - Black statement (to include switching advice if possible).</li></ul> <p>Doxazosin MR: It was clarified that if renal specialists are using doxazosin M/R this is outside of the recommendation in the current black statement and needs to be addressed.</p> <p>It was agreed no specific amendment to the formulary or statements on homeopathic or herbal products was required. DGG stated the Cheshire &amp; Merseyside Procedures on Drugs of Limited Clinical Priority policy is being reviewed and it is hoped that homeopathic and herbal products will appear in that.</p> <p><b>18/16/04 – Good practice for prescribing unlicensed and off-label medicines guideline</b></p> <p>Consultation feedback was described and has been accommodated. It was noted this supersedes the current “Special Order Products” statement which will be archived.</p> <p>The APC approved the guideline.</p>	<p>VZ</p>
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**18/16/05 – Sevelamer – generic listing**

The FGSG proposed listing sevelamer without specifying the salt-form in the formulary to support generic dispensing and therefore cost-effective prescribing. Consultation feedback was in agreement and specialists have confirmed there are no clinically significant differences between hydrochloride and carbonate salts in practice.

This was approved.

**18/16/06 – Alimemazine – change of RAG designation**

The price of this anti-histamine has risen greatly since this section of the formulary was reviewed and so the FGSG proposed its designation be changed from green to amber initiated. There was some consultation feedback to suggest removing it completely from the formulary, but Alder Hey has some patients who respond to this and not other sedative antihistamines in dermatology indications, and there are more limitations on alternative licensed oral liquid formulations in paediatrics.

The APC agreed to make alimemazine black for adults, and amber initiated in paediatrics, with the comment “Expensive: recommended only where all other sedating antihistamines are unsuitable”. It was also agreed to clarify the formulary comment that short-term use restriction applies to use in insomnia.

**18/16/07 – Simeticone – change of RAG designation**

NICE Clinical Knowledge Summary states that simeticone is not recommended for infant colic as there is insufficient good-quality evidence for its use. The FGSG proposed changing the RAG status from green to black. Consultation feedback was in agreement. Hospitals use it in endoscopy therefore it is proposed to change the RAG status for this to red.

These two RAG changes were approved.

**18/16/08 – Levacetam granules addition to formulary**

The FGSG proposed adding levacetam granules 250mg, 500mg and 1000mg sachets to the formulary just for tube-fed patients, as the oral liquid is unlicensed for this and granules are. Consultation feedback was in agreement. This was approved by the APC.

**18/16/09 – Fobumix addition to formulary**

It is proposed that this additional brand of budesonide + formoterol dry powder inhaler is to be added to the formulary. Consultation feedback was in agreement.

The APC approved this addition to the formulary.

**18/16/10 – Ulipristal – temporary restriction**

A MHRA warning (Feb 2018) regarding *Esmya* (ulipristal acetate) for uterine fibroids states it is not to be used in new patients, or new courses started in existing patients and anyone on, or recently on treatment, needs to have their liver function tested. The formulary entry has already been amended to reflect this, the amber retained statement has been removed and a link added to the MHRA warning, and the APC was asked to note this.

These actions were approved by the APC.

**18/16/11 – Biologics in planned conception policy (review)**

This has undergone routine review at its review-by date. This has been discussed with Pan Mersey rheumatologists and there are no significant



	<p>changes necessary. This was approved by the APC.</p> <p><b>18/16/12 – Product discontinuations – Isotrex gel, carteolol eye drops</b> These two products have been discontinued by the manufacturers, therefore the subgroup has removed them from the formulary. PM confirmed that he has spoken to St Paul’s Eye Hospital and they do not think they have any patients currently on carteolol eye drops. Alternative beta-blocker eye drops are available on the formulary. It was agreed there were insufficient patient numbers to require formal switching advice, and any patients would be dealt with on a case-by-case basis by practices. There are suitable alternatives on the formulary to replace <i>Isotrex gel</i>. The APC approved these amendments and no further action is required.</p> <p><b>18/16/13 – Blood glucose strips guideline (review – static list)</b> This guideline has come to its review-by date and no changes are required. The APC approved the guideline and that it should be added to the static list.</p> <p><b>18/16/14 – Triptorelin statement (review – static list)</b> This statement has come to its review-by date and no changes are required. The APC asked for the line regarding ‘not switching existing patients on alternative products’ to be removed so it did not contradict CCGs who were carrying out switches. It was also agreed to make terminology of GnRH analogue consistent throughout the statement. The APC approved the statement.</p> <p><b>18/16/15 – Hypnotic statement (archive)</b> The FGSG recommends that the hypnotic prescribing statement is no longer necessary and could be archived, because the patient information “Insomnia – self-help – NHS Choices” can be added to the formulary section and, secondly, the price differences between various hypnotics are no longer so marked. The APC approved this action.</p>	
<b>APC/18/17</b>	<b>Safety Subgroup</b>	
	<p><b>18/17/01 – Dexamethasone injection</b> KD presented this updated statement for Dexamethasone. The APC approved this safety statement.</p>	
<b>APC/18/18</b>	<b>APC Reports</b>	
	<p><b>APC/18/18/01 – NICE TA Adherence Checklist January 2018</b> The checklist has been updated to the end of January and it was presented to the APC for noting.</p>	
<b>APC/18/19</b>	<b>Any Other Business</b>	
	<p><b>APC/18/19/01 – AOB</b> <u>Neil Mercer</u> – This is the last APC meeting that Neil Mercer will be attending. The Pan Mersey Area Prescribing Committee thanked Neil for all his support. When a replacement has been appointed as Chair of the Aintree Hospital Drugs and Therapeutics Committee then that same person will attend future Pan Mersey APC meetings.</p>	



APC/18/20	Date, Time and Venue for the next meeting	
	<p><u>Date and time of next APC meeting:</u> The next meeting will be on Wednesday 28 March 2018 at 2.00-4.00pm</p> <p><u>Venue:</u> The Education Centre, Kent Lodge, Broadgreen Hospital, Liverpool, L14 3LB</p>	

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