NHS
Midlands and Lancashire
Commissioning Support Unit

NHS
Pan Mersey
Area Prescribing Committee

Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours
Wednesday 26 September 2018
The Education Centre, Kent Lodge,
Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

Minutes

Members	Organisation(s)	Present
Dr Jamie Hampson (Chair)	GP, Liverpool CCG	X
Dr Sid McNulty (Deputy Chair)	Consultant Endocrinologist/Chair Drug & Therapeutics Committee St Helens & Knowsley Teaching Hospitals NHS Trust	X
Catrin Barker	Chief Pharmacist, Alder Hey Children's NHS Foundation Trust	X
Carolyn Barton	Senior Quality and Safety Pharmacist, Knowsley CCG	X
Dr Ivan Camphor	Mid Mersey LMC Representative	X
Nicola Cartwright	Assistant Director Medicines Management, St Helens CCG	X
Neil Chilton	Medicine Management Clinical Services Manager, North West Boroughs Healthcare, Mental Health Trust	X
Dr Anna Ferguson	GP Lead, South Sefton CCG	X
Donna Gillespie-Greene	Head of Medicines Commissioning Midlands & Lancashire Commissioning Support Unit	X
Gillian Gow	Chief Pharmacist – Liverpool Heart and Chest FT	X
Jenny Jones	Principal Pharmacist Medicines Management, Warrington and Halton Hospitals NHS Foundation Trust	X
Barry Lloyd	Pharmacist, West Lancashire CCG	X
Susanne Lynch	CCG Lead Medicines Management South Sefton CCG and Southport & Formby CCG	X
Geraldine McKerrell	Pharmacist, Mersey Care, Liverpool and South Sefton Community Services Division	X
Kathryn Phillips	Medication Safety Officer, Medicines Management, Bridgewater Community Healthcare NHS Foundation Trust	X
Rachael Pugh	Prescribing Advisor – Wirral Medicines Management Team, MLCSU	X
Lucy Reid	Head of Medicines Management - Halton CCG	X
Claire Sawers	Medicines Optimisation Pharmacist, Warrington CCG	X
Paul Skipper	Deputy Director of Pharmacy The Royal Liverpool & Broadgreen University Hospitals NHS Trust	X
Dave Thornton	Assistant Clinical Director of Pharmacy, University Hospital Aintree	X
Dr Matthew Van Miert	Consultant Anaesthetist, Wirral University Teaching Hospitals NHS FT	X
Mike Welsby	Pharmacist, St Helens & Knowsley Teaching Hospitals NHS Trust	X
John Williams	Acting Chief Pharmacist, Southport & Ormskirk Hospital NHS Trust	X
Attendees	**Organisation(s)**	**Present**
Helen Dingle	Senior Prescribing Advisor, MLCSU	X
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information Centre	X
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU	X

APC/18/69	Welcome and apologies	Action
	The Chair welcomed members.	

	The Chair accepted apologies for the following: Kieron Donlon, Jenny Lunn, David Ainscough, Anna Atkinson, Nicola Baxter, Dr Claire Forde, Dr Adit Jain, Dr Omar Shaikh, Paul Mooney, Dr Shankara Nagaraja, Sarah Rafferty, Sarah Quinn and Anne Henshaw.	
APC/18/70	**Declarations of Interest and Quoracy Check**	
	There were no declarations of interest. The meeting was not quorate.	
APC/18/71	**Minutes of the previous meeting and matters arising**	
	APC/18/71/01 – Minutes from the Previous Meeting The Minutes were agreed to be an accurate record of the previous meeting on 25 July 2018. **APC/18/71/02 – Matters Arising** **APC Lay Members** Some time ago, the committee discussed whether it should have lay members. The reason for appointing a lay person, is to scrutinise and challenge the APC and make it more robust. National guidance suggests a lay person not a patient. Two people have volunteered to join the committee but, before anyone is appointed, it is necessary to have clarity about the purpose of this role. Is it: 1. About governance (i.e. someone who understand the processes); or 2. A voice of the people. Members considered it important that the lay person is someone who understands the processes, and is a patient, and represents the people. If lay people are appointed, then the APC must avoid getting involved in individual cases and getting emotionally drawn in. A brief statement about lay members will be written into the APC Terms of Reference; lay members will not be part of the quoracy requirement.	***DGG***
APC/18/72	**New Medicines**	
	APC/18/72/01 – Grey statement summary Grey statements have been written and the committee agreed with the NMSG proposals regarding the following: • TOFACITINIB tablets: For ulcerative colitis; it will be reviewed when the NICE TA is published (expected Jan 2019). • CERTOLIZUMAB PEGOL solution for injection: This treatment for plaque psoriasis will be reviewed when the NICE TA is published (expected April 2019). • DENOSUMAB solution for injection: Indication – bone loss associated with long-term systemic glucocorticoid therapy. Review will be done when the NICE TA is published (date TBC). • CARPRAZINE hard capsules: The NMSG will do a full review of the evidence for Carprazine for schizophrenia in adults. • ERENUMAB solution for injection: The NMSG will do a full review of the evidence for this treatment of prophylaxis of migraine. **APC/18/72/02 – Dupilumab for atopic dermatitis (NICE TA534)** The NICE TA534 was published on 1 August 2018. There was no indication that this was a fast track TA and this information was difficult to find on the NICE website. Following discussion between the Chair of the NMSG and the APC Professional Secretary it was agreed to follow the 90-day implementation period. CBa gave a summary of the red statement. There were no questions. The APC approved the red statement. **APC/18/72/03 – Ixekizumab for psoriatic arthritis (NICE TA537)** A red statement has been produced in line with NICE TA537. It has been added to the psoriatic arthritis pathway.	

	A summary of the statement was given to the APC and the committee approved this document. **APC/18/72/04 – Degarelix for prostate cancer (statement review)** This is a review of an existing statement, based on NICE TA404. A comment has been added to say this is shared care within Wirral CCG. Prices have been updated. There is prescribing support information in place for this treatment and so it was proposed that the statement is added to the static list. Definition of a specialist, in relation to this statement, would be a urologist. It was agreed that it should say Degarelix is a 'LHRH antagonist' and so the terminology will be standardised throughout. Once this has been done (it does not need to come back to APC) then the APC approve this statement and approve adding it to the static list. **APC/18/72/05 – Brivaracetam for epilepsy in adults (statement review)** This statement is for adults. There was a discussion about the Safety details (namely, treatment in pregnancy) and the meeting was satisfied that it covered the necessary points. The statement was approved.	
APC/18/73	**Antimicrobials**	
	APC/18/73/01 – Genital tract infections – Formulary chapter and consultation feedback Feedback had pointed out a few minor errors and typos which have been corrected. HD went through the other amendments made in response to the feedback. Ceftriaxone IM has been omitted as this will be managed by the specialist. 'Caution' has been amended to 'avoid' in the pregnancy section throughout this and the other published chapters. A query was raised in the feedback regarding a recent recommendation for four weeks antibiotic treatment in epididymitis and epididymo-orchitis. Although unable to source the reference at present, the APC will be updated as new information comes to light. A GP requested that there should be information in the chapter about the recurrence and suppression of genital herpes – this will be fed back to the author for addition to the chapter. APC approved the chapter subject to this amendment. **APC/18/73/02 – ENT update – Otitis externa, perichondritis (For noting)** Following a discussion at the last APC meeting, the points agreed have now been actioned. Licensed ciprofloxacin ear drops replace the unlicensed eye drops and oral ciprofloxacin replaces flucloxacillin for perichondritis. The APC confirmed they were happy with the changes.	
APC/18/74	**Safety Subgroup**	
	APC/18/74/01 – Safe Prescribing and Dispensing of Methotrexate / Exceptional specialist co-prescription of trimethoprim Exceptional specialist co-prescription of trimethoprim with methotrexate has been amended to accurately reflect the APC discussion in June 2018 and provide clarity. Three-day treatment of UTI has been removed.	
APC/18/75	**Shared Care**	
	APC/18/75/01 – Riluzole monitoring proposal The Walton Centre is asking the committee members if the riluzole shared care framework could be adapted to allow for a more individualised monitoring plan for patients with amyotrophic lateral sclerosis. Currently the shared care agreement states that at 3 months, the monitoring and prescribing could be transferred to primary care.	

	The suggestion is that there could be a discussion between the Walton Centre and a GP to agree that these palliative patients would be monitored at their local practice earlier than 3 months, with medication being posted to the patient, as the nature of the disease makes it difficult to travel to the Walton Centre for blood monitoring. There was a discussion about using the ICE system for monitoring as a more straightforward method. DT and SL to investigate this further and look at what happens in other areas of the country to find a solution to bring back to APC. **APC/18/75/02 – Lithium shared care framework routine review** There have been no significant changes in this update. The consultation feedback was largely supportive and has been addressed. Neurologists have been added to the framework as it also covers cluster headaches. This was approved by the APC. **APC/18/75/03 – Tibolone add-back therapy and updated Gonadorelin Analogues prescribing support information** This originally went out for consultation in January proposing a RAG rating of Amber Initiated for tibolone as add-back therapy for women with endometriosis to reduce the risk of side effects while the patient is on a gonadorelin analogue. The gonadorelin analogues prescribing support information also went out for consultation with suggested wording for tibolone and the addition of precocious puberty to the indications. The feedback was positive with the exception of Liverpool Women's Hospital, who suggested Amber Recommended as the patient does not need to be reviewed in clinic. This new RAG rating was re-consulted on. The proposal is that the first month's treatment is supplied by the hospital and this will be noted on the formulary. The formulary will also state that tibolone should only be prescribed for the duration of the gonadorelin analogue. The committee approved the updated prescribing support information and the new RAG rating of Amber Recommended, with the first month's treatment supplied by the hospital.	***DT/SL***
APC/18/76	**Formulary and Guidelines**	
	APC/18/76/01 – Blood glucose meter guideline update – proposal The Pan Mersey guideline has passed its review-by date. It had been based on the GMMMG BGM assessment document from 2016, but GMMMG has no plans to update it. It was discussed at the CCG Leads' meeting and it was recommended that Pan Mersey use the GMMMG methodology and scoring system to carry out an updated assessment and guideline. Only meters that are less than £10 per 50 strips will be assessed for general preferred recommendation, although the guideline will list more expensive options for use in particular circumstances, as it currently does. GMMMG has been asked if it is happy for Pan Mersey to adopt its methodology and a response is awaited. This proposal was approved. The subgroup is hoping to complete the updated guideline by early 2019. **APC/18/76/02 – Lidocaine plaster statement** The Pan Mersey area is one of the highest prescribing regions in the country (10% of costs nationally). NHSE guidance earlier this year states lidocaine plasters should not be routinely prescribed in primary care except for post-herpetic neuralgia as a last option, or in "exceptional circumstances" in cooperation with a multi-disciplinary team. The statement designated lidocaine plaster as black, with sub-designation of green for post-herpetic neuralgia, and amber initiated designation for peripheral neuropathic pain as a last-line option only where initiated and subsequently reviewed for effectiveness by a pain or palliative care specialist. Most consultation feedback had been incorporated, but the subgroup did not agree with feedback that the plasters may be useful in the elderly, as this would	

	likely lead to continued widespread use beyond that intended by the NHSE guidance. The statement covers primary care use (states use in primary care in statement title) so short-term hospital-only use, e.g. post-operatively, is outside the scope of the statement and any such use must not be continued in primary care. This statement was approved by the APC. **APC/18/76/03 – Rheumatology pathways – sequential treatment and updated pathways** Several of the biologic drug rheumatology pathways are due for routine review and, at the same time, Blueteq is being introduced in the Pan Mersey area requiring specific information on the number of sequential options commissioned for the various pathways. The subgroup report on this was presented which set out proposed general principles. If an adverse effect occurs, necessitating withdrawal of the initial or any subsequent high-cost drug, another approved high-cost drug may be used. If secondary failure of efficacy occurs, necessitating withdrawal of initial or any subsequent high-cost drug, another approved high-cost drug may be used; avoid using more than two anti-TNF agents. If primary failure of efficacy occurs necessitating withdrawal of initial or any subsequent high-cost drug, individual Pan Mersey disease pathways outline sequential options. This would increase the number of options in the event of primary failure in some of the pathways: - psoriatic arthritis (increase from two options to five) - ankylosing spondylitis (increase from two options to three) - polyarticular adult-onset Still's disease - AOSD (increase from two options to three, but now commissioned by NHSE – see below) - juvenile idiopathic arthritis (increase from unspecified further options to six – but same as NHS England policy permit for JIA in paediatrics – and these patients transition into CCG-commissioned services at adolescence, see below). Cost implications have not been estimated as it would mean using a wide range of assumptions, would be hard to do so with accuracy, and would depend on the actual drug options used in varying orders. Use of rituximab as first-line agent in some patients with RA is likely to be cost saving. It is likely that the increased cost from allowing additional options, in pathways where they have been added, would be relatively modest and would be offset to some extent by decreased cost of alternative conservative management. Any cost increases would be against a background of increasing use of biosimilar agents, introduction of new biosimilar agents and reduced costs for originator brands. The following points were agreed: <u>AOSD</u>: The existing Pan Mersey pathway includes anakinra, tocilizumab and anti-TNFs, but NHSE has recently agreed to commission anakinra and tocilizumab and has not considered anti-TNFs, which local rheumatologists wish to continue to use. The APC was asked if the policy should be withdrawn completely because it is no longer accurate, or should it be amended to state CCGs in Pan-Mersey still commission anti-TNFs as previously agreed. It was agreed that CCG representatives ask their organisations whether they wish to continue to commission anti-TNFs as they do currently (GR will provide a written summary to facilitate this). In the meantime, it was agreed to add information to the Pan Mersey policy stating NHSE now commissions anakinra and tocilizumab. <u>JIA</u>: It was agreed that where paediatric patients transition from a NHSE-commissioned paediatric service into a CCG-commissioned adult service in adolescence, that CCGs will commission the same options allowed in the NHSE policy whether the patient is already receiving treatment with one of these, or subsequently reaches the stage of requiring one of these options in	***CCG representatives / GR)***

	the pathway. This means that patients may be treated with rituximab or anakinra in addition to the options already stated in the current Pan Mersey policy. RA: rituximab is included as a first-line option in methotrexate-tolerant patients where other options are contra-indicated or relatively contra-indicated, not just in methotrexate-intolerant patients as in current pathway. This is beyond the scope of current NICE TA. Psoriatic arthritis: now contains ixekizumab as per NICE TA, as an alternative to secukinumab. It was agreed there was a need for clarity and consistency across pathways in terms of number of sequential high-cost drug options to be commissioned. The pathways and sequential options were agreed in principle by the Committee, but additional information was required for CCGs regarding potential costs, despite difficulties in this, before the APC could recommend approval of these by CCGs. JMc stated that RMOC had very recently received a request to review sequential high-cost drug use in rheumatological conditions, but that this was not currently approved to be included in its workplan so any potential outcome of this was not imminent. It was noted that if patients do not receive a sequential high-cost drug then they will need to be treated in some other way, so cost will be incurred elsewhere in the health economy rather than as a drug cost. GR will prepare a costing summary for CCGs, which will be brought back to the APC for agreement. **APC/18/76/04 – Asthma guideline** The subgroup proposed that Pan Mersey guidelines were updated based on the new NICE guidance, and a draft adult asthma guideline was consulted on. Significant feedback was received from secondary care specialists stating that there is considerable disagreement with aspects of NICE guidance nationally and they wanted the Pan Mersey guideline to continue to be based on the British Asthma Guideline, as the current version is. Informal feedback from paediatric specialists also indicated they wished to continue to base paediatric guidance on BTS and not NICE. The subgroup felt unable to decide whether to base updated guidelines on NICE or BTS. The APC agreed Pan Mersey asthma guidelines should continue to be based on the British Asthma Guideline in view of the national debate over the NICE guidance and local specialist opinion. The subgroup will re-draft the guidelines accordingly which will be sent out for re-consultation. **APC/18/76/05 – Formulary Chapter 13 – review** A routine update of Chapter 13 has been carried out. The main changes concerned updating emollient and barrier preparations and the removal of bath/ shower emollients. *Medihoney* will be added to the sub-group workplan for separate review. The updated chapter was approved by the APC. **APC/18/76/06 – Probenecid – formulary addition** Probenecid is recommended in the BSR gout guideline, adopted by Pan Mersey APC, as a possible option after other options have been exhausted. BSR recommends that its use would be under the care of a rheumatologist and it is an unlicensed, imported drug. A proposal to add it to the formulary,	***GR*** ***GR***

	designated as a red drug, was consulted on and feedback was generally in agreement. The addition, designated as a red drug, was approved by the APC. **APC/18/76/07 – Nefopam – formulary amendment** Nefopam is already included in the formulary, designated as green but as an equal option with simple analgesics, NSAIDs and mild opiates. The subgroup propose that this is amended to be green, second-line option, in view of the fact it is costlier than these other options. Generally, the consultation response agreed. This amendment was approved by the APC. **APC/18/76/08 – Quetiapine statement review – addition to static list** A routine statement review at review-by date has been carried out. No amendments were needed apart from updating prices and potential cost-savings. The subgroup proposed the statement is moved to the static list. The APC approved the proposal to put the statement on the static list. **APC/18/76/09 – Psoriasis pathway – addition of guselkumab** Guselkumab is now approved by NICE TA521 and has been added to the pathway as another option to ustekinumab, without increasing the overall number of sequential options. A number of NICE-approved additional options have been added to the pathway recently without increasing the overall number of sequential options and these have been consulted on without objection, and so the subgroup did not consult on guselkumab addition as it felt this followed the same precedent. The updated pathway was approved by the APC. **APC/18/76/10 – Humalog Junior KwikPen – formulary addition** An application had been received to add this to the formulary. The Junior KwikPen allows increments of 0.5 unit doses to be given but is otherwise identical to the standard pen, including cost. The APC approved this.	
APC/18/77	**APC Reports**	
	APC/18/77/01 – NICE TA Adherence Checklist August 2018 The checklist was presented to the APC for noting. Pan Mersey is in adherence with NICE TA.	
APC/18/78	**Any Other Business**	
	APC/18/78/01 – AOB None.	
APC/18/79	**Date, Time and Venue for the next meeting**	
	Date and time of next APC meeting: The next meeting will be on Wednesday 31 October 2018 at 2.00-4.00pm Venue: The Education Centre, Kent Lodge, Broadgreen Hospital, Liverpool, L14 3LB	

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.