NHS
Midlands and Lancashire
Commissioning Support Unit

NHS
Pan Mersey
Area Prescribing Committee

Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours
Wednesday 30 January 2019
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
David Ainscough	Pharmacist, Mersey Care, Liverpool and South Sefton Community Services Division	X
Dr Rob Barnett	LMC Representative, Liverpool	X
Carolyn Barton	Senior Quality & Safety Pharmacist, Knowsley CCG	X
Nicola Cartwright	Assistant Director Medicines Management – St Helens CCG	X
Alison Evans	Lead Medicines Management Pharmacist, Wirral University Teaching Hospital NHS FT	X
Dr Anna Ferguson	GP Clinical Lead – South Sefton CCG	X
Danny Forrest	Liverpool Heart and Chest Hospital FT	X
Donna Gillespie-Greene	Head of Medicines Commissioning Midlands & Lancashire Commissioning Support Unit	X
Dr Dan Hawcutt	Consultant Paediatrician and Chair of D&T Alder Hey Children's NHS FT	X
Helen Iddon	Medicines Optimisation Pharmacist, West Lancashire CCG	X
Dr Adit Jain	Clinical Lead, Prescribing – Knowsley CCG	X
Dr Saket Jalan	GP Prescribing Lead, Wirral CCG	X
Jenny Jones	Principal Pharmacist Medicines Management Warrington & Halton Hospitals NHS FT	X
Susanne Lynch	Medicines Management Team Leader South Sefton CCG and Southport & Formby CCG	X
Dr Shankara Nagaraja	Consultant Intensivist/Anaesthetist, University Hospital Aintree	X
James Parker	Lead Pharmacist – Medicines Optimisation, RLBUHT	X
Kathryn Phillips	Medication Safety Officer, Meds Man, Bridgewater Community Healthcare NHS FT	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
Dr Omar Shaikh	Clinical Lead GP for Medicines Management, St Helens CCG	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	Chief Pharmacist, Southport & Ormskirk Hospital NHS Trust	X
Attendees	**Organisation(s)**	**Present**
Kieron Donlon	Senior Prescribing Advisor, MLCSU	X
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information Centre	X
Tamsin Moroney	Senior Prescribing Advisor, MLCSU	X
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU	X
Lesley Woods	Medicines Management Technician, Knowsley CCG	X

APC/19/01	Welcome and apologies	Action
	The Chair welcomed members and accepted apologies for the following: Neil Chilton, Anna Atkinson, Dr Ivan Camphor, Jasmeen Islam, Jenny Lunn (Claire Sawers attending), Nick Thayer, Helen Dingle, Anne Henshaw, Alison Ewing, Paul Skipper and Sarah Rafferty.	
APC/19/02	**Declarations of Interest and Quoracy Check**	
	A quoracy check confirmed that this meeting was quorate. There was one declaration of interest, for item 19/04/06 from Danny Forrest.	
APC/19/03	**Minutes of the previous meeting and matters arising**	
	19/03/01 – Minutes from the Previous Meeting The Minutes were agreed to be an accurate record of the previous meeting on 28 November 2018. ***19/03/02 – Matters Arising*** ***Riluzole update*** No feedback until after SL meeting with i-Merseyside regarding this, on 8 February. **DOAC – NWCSCN advice on lowest acquisition cost DOAC**. DT informed the APC that the APC recommendation not to positively endorse the use of edoxaban over all other DOACs (as agreed at November meeting) is being used to suggest to prescribers that the APC do not recommend the use of edoxaban as a lowest acquisition cost DOAC, contrary to the intended message. It was agreed that CCG leads should take this back to their CCGs for dissemination. DGG will take this to the Leads Meeting for further discussion. There was a suggestion that CCGs should obtain a legal opinion if there is evidence that the company is misquoting or mis-representing the APC intention; this will need to be done through a CCG. Concern was expressed that if Pan Mersey APC changed its previous position this is letting the drugs industry dictate its due process. The APC will release a statement to clarify its approach. ***Lay member advert - update*** The advert has gone up today on the Pan Mersey APC website. Members were asked to inform any interested parties to look at the website. ***Itraconazole – update of IFR request*** This turned out not to be an IFR request. St Helens CCG refused the request and sent it back to Wythenshawe, this then came back to the CCG and the diagnosis was changed to another variant of aspergillosis. The CCG did not manage to get NHSE to fund it. SL asked if this could be discussed further at the next Leads' Meeting. ***Methadone tablets / Epact data*** DGG obtained the Epact data for December 2017 to December 2018 and this was discussed. There is not a lot of prescribing in primary care, namely, 1068 items across the whole of Pan Mersey, excluding Wirral.	***SL*** ***ALL*** ***Take to Leads Mtg*** ***ALL*** ***Take to CCG Leads Meeting***
APC/19/04	**New Medicines**	
	19/04/01 – Grey statement summary The following grey statements have been uploaded on to the website: Cannabis-based products: This is an update of the existing grey statement. The grey statement will be reviewed when NICE guidelines are published (approx. Oct 2019).	

	Erenumab: This is an update of the existing grey statement. To be reviewed when NICE TA is published (date TBC). Ospemifene: This is an update of the existing grey statement. Will be reviewed if a formal application for use is received and prioritised for in-year review. Semaglutide: This is a new grey statement. Prioritised for review by FGSG during 2019/20. ***19/04/02 – Tofacitinib for ulcerative colitis (NICE TA547)*** The red statement recommends prescribing by specialists only, for adults who meet specified criteria as outlined in the statement. No significant resource impact is anticipated; likely cost neutral or may be a small cost saving. The APC approved the statement. ***19/04/03 – Eltrombopag for ITP (update of NICE TA293)*** NICE has updated its TA, for this hospital-only drug, because the licence has changed for the drug and now includes patients who have not had a splenectomy. Eltrombopag is also licensed for severe aplastic anaemia refractory to immunosuppressive therapy and Pan Mersey has a black statement for this. The APC approved the red statement. ***19/04/04 – Romiplostim for ITP (update of NICE TA221)*** As with eltrombopag, NICE has updated its TA because of the licence change and now includes patients who have not had a splenectomy. The Pan Mersey statement has been updated to reflect this. The APC approved the red statement. ***19/04/05 – Ulipristal for uterine fibroids (review following MHRA advice)*** A summary of the red statement was given to the committee. The statement was reviewed and amended following the MHRA drug safety alert advice and wording has been improved for clarity. The APC approved the updated statement. ***19/04/06 – Sacubitril/Valsartan for heart failure (routine review; TA388)*** Two minor changes have been made; the removal of a stipulation that patients must have been stabilised on ACE inhibitor or ARB for 8 weeks (as this wasn't specified by NICE) and as first line therapy now includes a mineralocorticoid receptor antagonist. (Both spironolactone and eplerenone are now green on the formulary). Wording has been amended in response to feedback received. For the purpose of clarity, the APC agreed that in the third Prescribing Information bullet point on page 2, the word 'previously' should be added, namely, "…26mg twice daily in patients previously taking low doses of ACE…" There was discussion around misinterpretations of initiation by a heart failure specialist, e.g. (1) it must be started within the hospital – this is not true, (2) the initial 3 months must always be funded by the hospital - this not the case if sacubitril / valsartan has been started by a specialist within primary care / community, and (3) a heart failure nurse specialist working in community cannot do this. Shared Care Subgroup has consulted on a document this month about the wording on the RAG category definitions, to clarify what "specialist" means, clarifying they don't need to be physically based in a hospital but can be community based provided it is a specifically commissioned specialist service. Members were asked to go back to their areas to see if there are unnecessary barriers.	***Primary Care***

	The APC agreed that to resolve these issues service level arrangements need to be interrogated, but it was recognised that this is outside of the remit of the APC	
APC/19/05	**Safety Subgroup**	
	19/05/01 – Adrenaline auto-injectors Suggested changes have been made in response to consultation feedback. There were two suggestions which the safety subgroup chose not to implement. Feedback suggested it might be useful to provide dosing information. The subgroup felt this was not necessary for a safety statement and might distract from the safety message. Clinicians are encouraged to use alternative information sources for that type of prescribing information. The subgroup also preferred to retain the advice about needle length. Although there is no currently marketed product of sufficient needle length, the group felt that the coroner's recent criticism of the available products warranted its continued inclusion. There was a suggestion that there should be a statement about follow-up after use. It was agreed that the purpose of the statement is to promote safe use of adrenaline rather than provide guidance to management of anaphylaxis which would routinely be provided to patients and prescribers from other sources. SL identified a local problem in accessing anaphylaxis services; in these cases, a GP can choose to initiate and therefore would benefit from more information. DGG highlighted that there is a link to the anaphylactic guidance in the statement. The subgroup does not want to re-produce that information because it is subject to frequent updates. A member queried whether the title was misleading; KD will amend the title. Once amended, it was agreed that the final document does not need to come back to APC. ***19/05/02 – Opioids, safe prescribing*** Opioids have been taken out of today's meeting because the Safety Subgroup received some late feedback which it wants to include in the statement. ***19/05/03 – Valproate*** Suggested changes have been made in response to consultation feedback. KD went through the main points where the safety subgroup did not adopt the feedback and gave the reason why. With regard to age limit, MHRA guidance does not specify an age range so the safety subgroup recommend it be considered on a case-by-case basis. Concerns about workload implications is a matter of implementation and is outside of scope for the safety subgroup. GP review was retained since it was clearly stipulated in the MHRA guidance. DH raised a concern that the first bullet point is misleading. MHRA have not considered vulnerable groups of children. These children could be denied treatment based on the current wording. DH will share a draft Royal College document so that nuances can be reflected in the APC statement. DH and KD to work on the statement outside the meeting and be brought back to the next meeting. LR questioned the amber initiated RAG status. If patients would normally have to have annual specialist review, then it would be considered to be amber retained. JH asked for clarification around what the specialist centres plan to do about annual review and discharge. A change in RAG status will require consultation, however, this is not required within the safety statement and will be progressed by the shared care group. The APC agreed. Headache pathway will have to be looked at again.	***KD*** ***DH/KD***

APC/19/06	Formulary and Guidelines	
	19/06/01 – Heart failure drugs – RAG designation changes The subgroup proposed the following RAG changes for drugs for congestive heart failure as a result of the updated NICE NG106 on heart failure: • Eplerenone from amber recommended to green. • Digoxin from green to amber recommended (remain green for AF) • Hydralazine from green to amber recommended. Consultation feedback was in agreement. The APC approved the above changes. ***19/06/02 – Formulary Chapter 8 – review*** This is a routine review of the chapter at review-by date. A table of amendments was produced, listing changes which were relatively minor. Consultation feedback was in agreement. The APC approved the reviewed chapter. ***19/06/03 – STOMP guideline*** Stopping over-medication of people with a learning disability, autism or both (STOMP) is an NHS England initiative and the guideline summarises this. The consultation feedback expressed some concern that this recommended GPs should carry this out, but NHSE recommends the process is GP-led. Because of these concerns, a sentence was added to the flowchart stating, "At any stage GPs may consider seeking advice from specialists" and the APC agreed that this sentence should be highlighted in yellow. STAMP (Starting Appropriate Medications in Paediatrics) initiative was launched last month and there was discussion regarding how this needs to fit into recommendations for adults. It was agreed to add paediatrics as a specific example of where referral to a specialist should be considered. The APC approved the guideline with the above amendments. ***19/06/04 – Freestyle Libre statement and supporting documents – interim review*** When originally agreed at APC in May 2018, it was understood that this statement and the accompanying hospital template initiation / continuation letters would be reviewed in approximately 6 months' time in the light of experience of use. A number of comments have been received from one hospital trust, and so the Committee was asked whether it was time to carry out a review, and to ask for the views of all organisations to ensure that there is equal opportunity for all potential issues to be raised by all organisations. The Committee thought this should be sent out for re-consultation via FGSG, highlighting that comments had been received regarding initiation and continuation criteria stemming from RMOC criteria and asking further views on this, but asking for any other comments also. It was raised that the national audit may be useful but unfortunately there was a delay and data collection only started towards the end of last year. The APC approved the consultation on any updates that may be required to Freestyle Libre statement and supporting documents. ***19/06/05 – Teriparatide – multiple vertebral fractures*** Pan Mersey formulary currently follows the NICE guidance on BMD and T-score for initiation of this in severe osteoporosis. However, it was brought to the subgroup's attention that if patients had several vertebral fractures with compression then this artificially increases the density of vertebrae and invalidates the T-score. The subgroup proposed these patients should be formally included in the commissioning position for teriparatide and the formulary. Consultation feedback was in agreement. It was noted a number of such patients were already being treated and so cost increases were likely to be limited. The APC approved this amendment.	

	19/06/06 – Testosterone guideline Most of the consultation feedback has been incorporated into the document. However, administration of testosterone injection during the amber initiated dose-stabilisation period by the specialist, and service issues around that, could not be addressed by the subgroup as this is an implementation issue. A discussion took place about the amber initiated rating. Some secondary care views were that 3-6 months prescribing within secondary care is not necessary because initiation and dose-stabilisation do not need a secondary specialist to carry out once they have established testosterone replacement therapy is necessary and are reviewing the patient and advising GPs on dose adjustments, and that amber recommended was an appropriate designation. Several GP members supported an amber recommended RAG-rating while retaining the suggested monitoring and dose titration process, and this was approved by the APC. It stated that a template letter was necessary to support this. The FGSG was asked to amend the guidance regarding amber recommended criteria and produce a template letter. This will then need to be re-consulted on in light of the change in RAG designation and template letter, as per the normal process.	***CS/GR*** ***Make amendments and re-consult***
	19/06/07 – Medical devices PrescQIPP has produced a Medical Devices "drop-list" highlighting certain medical devices that are not recommended or that should be restricted to certain circumstances. At the request of CCG Medicines Management Leads a summary of this list containing the Pan Mersey formulary position on each of the listed devices (if any), current prescribing cost in Pan Mersey and suggested actions for the APC to approve was presented. There was agreement on the general principle of this approach, but it was agreed that this list was to be taken back to the CCG Medicines Management Leads' Meeting for further consideration.	***Take to CCG Leads Mtg***
	19/06/08 – Ascorbic acid statement – review Deferred in light of the more recent proposal to designate all uses of ascorbic acid, apart from treatment/prevention of scurvy, as black.	
	19/06/09 – Biosimilar insulin lispro Insulin lispro *Sanofi* biosimilar has recently been launched in the UK. The FGSG proposed the addition to section 6.1.1.1 of the formulary, of biosimilar insulin lispro *Sanofi* 100 units/ml solution for injection in a pre-filled pen (amber initiated). A note will recommend prescribing by specific product/brand. The APC approved this amendment.	
	19/06/10 – Adex gel The subgroup had received an application to include this in the formulary, but it could not recommend *Adex* gel being added to the formulary as its view was that there was insufficient evidence to support any superiority over existing emollients, or avoidance of use of topical steroids. There is an adequate choice of emollients already contained in the formulary. The APC noted this.	
	19/06/11 – Fentanyl patch – statement non-renewal The APC approved the non-renewal of the statement at its expiry date (January 2019), on the basis that brand choice can be determined by CCGs at local level and supported by prescribing system messages in practices.	
	19/06/12 – Combisal inhaler *Combisal* inhaler is a cost-effective alternative to current brands listed on formulary. The APC approved the addition of *Combisal* brand of fluticasone + salmeterol metered dose inhaler to formulary section 3.2, RAG rated Green.	

	19/06/13 – Vitamin D brands - guideline Previously, brand names were used in the formulary to highlight that many of the available products were unlicensed, but this is no longer necessary, as a selection of licensed products is now available. The FGSG proposed the removal of brand names from vitamin D preparations in the formulary and Pan Mersey vitamin D guidelines. This was approved by the APC. ***19/06/14 – Menthol cream brands*** It was proposed to remove brand names from levomenthol cream, BP (menthol) in the formulary on the basis that brand choice can be determined by CCGs at local level and supported by prescribing system messages in practices. The formulary will highlight SLS-free brands are available. This was approved by the APC.	
APC/19/07	**APC Reports**	
	19/07/01 – NICE TA Adherence Checklist December 2018 The checklist was included for noting. ***19/07/02 – Pan Mersey APC Annual Report 2017-18*** This report was included for noting.	
APC/19/08	**Any Other Business**	
	APC/19/08/01 – AOB <u>SharePoint Documents</u>: Some members struggled to open documents using the SharePoint link. It was agreed that individual documents would be sent with the next meeting agenda in February.	***VZ***
APC/19/09	**Date, Time and Venue for the next meeting**	
	<u>Date and time of next APC meeting</u>: The next meeting will be on Wednesday 27 February 2019 at 2.00-4.00pm <u>Venue</u>: 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.