NHS
Pan Mersey
Area Prescribing Committee

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 30 April 2014 in The Gallery Room, at The Venue, Civic Way, off Poplar Bank, Huyton L36 9GD

Present:

MEMBERS		Present	Apologies
Dr M G Semple - Chair	Senior Lecturer in Child Health – Alder Hey Children's NHS Foundation Trust	Yes	
Isam Badhawi	Senior Pharmacist – Liverpool Women's NHS Foundation Trust	Yes	
Catrin Barker	Chief Pharmacist – Alder Hey Children's NHS Foundation Trust	Yes	
Dr Rob Barnett	LMC Representative, Liverpool	Yes	
Nicola Baxter	Head of Medicines Optimisation – West Lancs CCG	Yes	
Alison Butt	Joint Head of Medicines Management - Liverpool Community Health		Yes
Dr Catherine Doyle	Clinical Lead Medicines Management – Warrington CCG	Yes	
Dr Michael Ejuoneatse	Clinical Lead for Medicines – St Helens CCG		Yes
Dr Janice Eldridge	GP Medicines Management Lead – Southport & Formby CCG	Yes	
Alison Ewing	Clinical Director Pharmacy – The Royal Liverpool & Broadgreen University Hospitals NHS Trust		Yes
Dr Anna Ferguson	GP Clinical Lead – South Sefton CCG	Yes	
Dr Claire Forde	CCG Governing Body Member, Prescribing Lead – Halton CCG	Yes	
Simon Gelder	Chief Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust	Yes	
Margaret Geoghegan	Head of Medicines Management – St Helens CCG	Yes	
Donna Gillespie-Greene	Deputy Head of Meds Management – Cheshire and Merseyside Commissioning Support Unit	Yes	
Gillian Gow	Chief Pharmacist – Liverpool Heart & Chest Hospital NHS Foundation Trust	Yes	
Maureen Hendry	Practice pharmacist/Interface support pharmacist, Liverpool Community Health (representing Alison Butt)	Yes	
Dr Aftab Hossain	Clinical Lead, Prescribing – Knowsley CCG	Yes	
Peter Johnstone	Prescribing Commissioner – Liverpool CCG	Yes	
Jenny Jones	Principal Pharmacist Medicines Management – Warrington & Halton Hospitals NHS Foundation Trust (representing Diane Matthew)	Yes	
Dr Cecilia Jukka	Consultant Microbiologist/Chair Drug & Therapeutics Committee – Southport & Ormskirk NHS Trust	Yes	
Lee Knowles	Chief Pharmacist – Merseycare NHS Trust		Yes
Jenny Lunn	Pharmaceutical Adviser & Team Lead, Medicines Management – Warrington CCG	Yes	
Jen Matthewman	Pharmacist – Bridgewater Community Trust (representing Heather Tomlinson)	Yes	
Dr Sid McNulty	Consultant Endocrinologist/Chair Drug & Therapeutics Committee – St Helens & Knowsley Teaching Hospitals NHS Trust	Yes	
Sarah McParland	Pharmacist – KIPPS (representing Neil Chilton, 5 Boroughs Partnership NHS Trust)	Yes	

Dr Neil Mercer	Consultant Anaesthetist/Chair Drug & Therapeutics Committee – Aintree University Hospitals NHS Trust	Yes	
Graham Pimblett	Medicines Management Team Leader – Knowsley CCG	Yes	
Brendan Prescott	CCG Lead Medicines Management – South Sefton CCG and Southport & Formby CCG	Yes	
Lucy Reid	Lead Pharmacist – Halton CCG Locality Medicines Management Team	Yes	
Dr Shamim Rose	GP Prescribing Lead & Board Sponsor – Liverpool CCG	Yes	
Steve Simpson	Deputy Chief Pharmacist – Southport and Ormskirk NHS Trust	Yes	
Paul Skipper	Deputy Director of Pharmacy – The Royal Liverpool & Broadgreen University Hospitals NHS Trust (representing Alison Ewing)	Yes	
Dave Thornton	Principal Pharmacist, Clinical Services – Aintree University Hospitals NHS Trust (representing Mags Norval)	Yes	
IN ATTENDANCE			
Erica Baker	Senior Pharmacist – Cheshire & Merseyside CSU	Yes	
Nicola Cartwright	Senior Pharmacist – St Helens CCG	Yes	
Cassandra Edgar	Advanced Clinical Pharmacist – Formulary Management, St Helens & Knowsley Teaching Hospitals NHS Trust	Yes	
Anne Henshaw	Senior Pharmacist – Cheshire & Merseyside CSU	Yes	
Clare Moss	Senior Pharmacist – Cheshire & Merseyside CSU	Yes	
Graham Reader	Senior Pharmacist – Cheshire & Merseyside CSU	Yes	
Helen Stubbs	Senior Pharmacist – Cheshire & Merseyside CSU	Yes	
Dr John O'Reilly	Consultant Physician – Aintree University Hospitals NHS Trust	Yes	

1	**APC/14/28 – Welcome and Apologies for Absence** The Chair welcomed the members and accepted the apologies of the following: Dr Michael Ejuoneatse, Lee Knowles, Alison Butt, Alison Ewing.	
2	**APC/14/29 – Declarations of Interest and Quoracy check** A quoracy check informed that there were 6 Primary Care clinicians and 3 Secondary Care Consultants present at this meeting. This meeting was quorate. There were no declarations of interest at this meeting.	
3	**APC/14/30 – Minutes of the previous meeting and matters arising.** ***14/30/01 – Minutes from the Previous Meeting*** The Chair read through the 'Process for Approving APC Minutes' document. The final stages consist of the Final Draft being sent to the Chair or Deputy Chair then, after approval/ratification, Draft will be removed from the title and the Minutes will be saved and posted on to the website. However, even at this stage, if there are any errors found then it can be taken down from the website, amended and reposted. **Matters Arising:** ***14/30/02 – Rifaximin Prescribing*** This was discussed at February APC due to the delay in publication of the NICE Technology Appraisal, at which time the APC requested an update on the extent of prescribing was reported to April APC. The Rifaximin Prescribing APC Update gives reassurance, while we are waiting for NICE, that there is currently a relatively low amount of prescribing in primary care. National secondary care prescribing data	

	demonstrates that the North West has low prescribing compared to other regions. To be reviewed again in 6 months.	***Action: AH***
4	**APC/14/31 – New Medicines** ***14/31/01 – Grey Statement Summary*** The summary was presented of grey statements which have been produced by the NMSG and uploaded to APC website: • Solifenacin with Tamsulosin Modified-Release Tablets (Vesomni®) - An application for use has been received by the NMSG. Will be reviewed subject to the outcome of the agreed prioritisation process for in-year applications. • Fluticasone Furoate with Vilanterol Inhaler (Relvar Ellipta®▼) - An application for use has been received by the NMSG. Will be reviewed subject to the outcome of the agreed prioritisation process for in-year applications. • Brimonidine Gel (Mirvaso®▼) - Will be reviewed within 6 months of the product launch in the UK market, following a full assessment of the evidence by the NMSG. The documents were approved. ***14/31/02 – NMSG Review Process*** Policy statements are reaching their expiry date and therefore require review. This process has been produced to ensure a consistent, robust approach to review of existing documents. There were no objections/comments. The process was adopted. ***14/31/03 – Qlaira*** After looking at the evidence the NMSG decided to produce two statements due to the two different licensed indications: Black for use solely as a Combined Oral Contraceptive (COC) and Green for treatment of Heavy Menstrual Bleeding (HMB) in women who desire oral contraception. Qlaira is the only COC licensed for treatment of HMB. The APC debated the RAG status. All were in agreement with the Black status for use as a COC, subject to the removal of the statement on page 1 that it has complex missed pill guidance. However, some members suggested that Qlaira should be Black for both indications. A vote was taken and two members voted for black status but the majority of members present voted for green status for HMB. Both statements were approved. It was decided that there should be a review in six months' time with prescribing data brought to APC. ***14/31/04 – Prucalopride*** This is a review of existing policy statements on the legacy websites, to gain a consensus position for Pan Mersey. Previously Green in North Mersey and Amber in Mid-Mersey. The NMSG produced a green statement in line with NICE TA 211. This allows GPs to prescribe if they feel confident and competent to do so but does not preclude referral if necessary. It is still not licensed for use in men or children. There were no comments/objections therefore the statement was approved.	***Action: AH***
5	**APC/14/32 – Formulary and Guidelines** ***14/32/01 – Esomeprazole and 14/32/02 – Rabeprazole*** There was originally a single MMMMB statement covering both these drugs but it was decided to split into two separate statements when updating them. The Amber esomeprazole statement limiting its use to severe erosive oesophagitis was approved. The Black rabeprazole statement was approved. ***14/32/03 – Specials Statement*** This is a review of an existing MMMMB Black policy statement. Following stakeholder feedback, a guidance document has been produced rather than	

	a specific black statement. It was suggested that in the stepped approach to choosing a suitable medicine, it should include a hierarchy such as: • UK Licensed product • Non-UK Licensed Product • Standard Drug Tariff Special • Non-Drug Tariff Special It was requested that the following statement be added to the guidance: "The Pan Mersey ACP would encourage liaison between pharmacists and prescribers where a Special is prescribed and the pharmacist identifies that a licensed alternative is available". ***14/32/04 – Sodium Oxybate Statement*** This drug was previously not recommended by NMAMMC and had not been considered by MMMMB. Dr John O'Reilly, Consultant Physician at Aintree Hospital, gave a brief presentation. He stated that about 150 patients are on this drug in the UK. The pharmaceutical company will refund the cost of the drug by providing free replacement stock to the provider if the patient is discontinued treatment for any reason within 3 months of commencing. After Dr O'Reilly left, a detailed discussion followed, including the evidence on cost-effectiveness. It was suggested that the following should be included: "if it does not have significant benefits within a 3 month period then treatment to be withdrawn in these patients". Also, agreed to add clarification that cataplexy symptoms were included in the evidence for effectiveness in narcolepsy. A vote was taken: Three members rejected the Red Statement but the majority present supported the Statement with the amendments as above. It was suggested that the Aintree Sleep Service report via Aintree representatives back to the Committee in one year on numbers of patients treated, doses, costs, numbers of patients continuing / discontinuing treatment and measured benefits of therapy. ***14/32/05 – Alendronate / Risedronate Statement*** This statement is an update of a previous Mid-Mersey MMB statement recommending bisphosphonates are prescribed generically, and branded or branded combination products are not recommended. No objections were received. The statement was agreed. ***14/32/06 – Biosimilar insulins Statement*** Although these are not available at the moment, prescribers should not automatically be prescribing as soon as they are available. The statement adopts the Diabetes UK stance and the request was made for the Committee to adopt the statement. The Committee approved the statement. ***14/32/07 – Anti-epileptic generic switching update*** The CHM has recommended anti-epileptic drugs are divided into three categories – those that can be prescribed generically as product substitution is not clinically significant, those that can be prescribed generically following individual patient review as product substitution is not clinically significant in that individual but some individuals may still require brand, branded generic or specified manufacturer generic prescribing, and those that must be prescribed by brand, branded generic or specified manufacturer generic. However local specialists at Alder Hey and Walton Neurology Centre are not in agreement with this advice, and national discussions between specialists and the MHRA are ongoing. It was unanimously decided by the Committee that, until the outcome of	***Action: AH*** ***Action: DT***

	national discussions is known, its recommendation should be not to implement the advice from the CHM, and to support the current practice, which is to prescribe antiepileptic drugs by brand, branded generic or specified manufacturer generic and not to switch stable patients. It was agreed to amend the Formulary accordingly. Where these drugs are prescribed for indications other than epilepsy e.g. neuropathic pain, generic prescribing is recommended. ***14/32/08 – Formulary amendments*** CMCSU have been going through North and Mid-Mersey statements to rationalise inconsistencies. ***Chapter 2.*** It was proposed aliskiren RAG changed from red to black with proviso any patients already on it may remain so on their previous prescribing arrangement, fondaparinax injection RAG changed from amber to red, and colesevelam added to formulary as Amber. All approved. A second document of minor formulary amendments was also presented. It proposed addition of *Niquitin* tongue strips, *Norditropin SimpleXx*, *Resonium A*, removal Triptorelin 3.75mg injection, additional safety wording for prescribing opiates, Bivalirudin inj (iv), Epoprostenol inj, Esmolol injection, Heparin inj, (except for line flush remains amber) Lidocaine inj Phentolamine inj all change to Red from Amber, Dabigatran and Rivaroxaban in AF identical statements on legacy websites to be rebranded as single pan-Mersey documents and Ivabradine in Heart Failure change to amber for HF (stay green angina) There were no objections and this document was also approved. ***14/32/09 – Impaired Glucose Response Guidelines – inclusion in formulary*** It was proposed that a link to these guidelines should be put in the formulary. The committee agreed. ***14/32/10 – RA Biologics pathway update*** This is coming up for review this month. Only small amendments suggested – inclusion of DAS28 score definition and requirement any new routes of administration for existing drugs require prior APC approval. No objections were given and the reviewed document was approved. ***14/32/11 – Gluten-free foods statement*** This is an update of a previous Mid-Mersey statement. There followed a discussion about prices of gluten-free foods in supermarkets and about whether the statement should try to promote healthy eating. In the Prescribing Policy Statement it was advised that the last sentence in the green box about 'luxury' foodstuffs should be removed, and the statement was approved subject to this. ***14/32/12 – Escitalopram statement*** There was discussion about changing the RAG status to Black but as this is expected to be made generic soon it was felt by some members that it was not worth changing at this time. A vote was taken and 18 members voted in support of Amber status restricted to resistant depression and anxiety, and no members voted for this issue to go to consultation. It was agreed that dosing information for patients over 65 years of age should be added and the statement was approved.	

6	**APC/14/33 – Safety** ***14/33/01 – Safety update*** An update on the interface log was presented. From January to March, 8 Interface forms were returned. The report of returns was anonymous and it was noted that feedback into organisations was necessary in order to drive improvements as required. The small number of reports, at this time, means that it is difficult to identify any trends. The feedback received with regard to the interface log process was summarised, and actions in response to these reported.	***Action: CM***
7	**APC/14/34 – Shared Care** ***14/34/01 – Shared Care update*** A number of shared care draft agreements are being prepared at the moment. The Shared Care Development Project is progressing and a productive meeting with LMC representatives had been held in April.	***Action: CM***
8	**APC/14/35 – Performance Reports** ***14/35/01 – APC Prescribing Report April 2014*** This has been amended following previous APC comments to ensure that it is easier to identify prescribing for each CCG with the use of distinctly different colours on the graphs. It was proposed not to report on Prednisolone EC, Lutein & Beta-Carotene products and Erectile Dysfunction drugs in future reports. The Committee agreed this proposal. At the back of the report tables have been added to report on low volume prescribing that cannot be meaningfully represented on graphs. The consensus from members was that this was very readable and this should continue to be included in the report. One member suggested removing Nalmefene and Souvenaid prescribing from future reports but consensus opinion was for both to be kept on for another six months and then reviewed.	***Action: AH***
9	**APC/14/36 – Any Other Business** ***14/36/01 – Provider Dissemination of APC Recommendations*** Donna Gillespie-Greene raised this issue at the Heads and Medicines Management meeting. They suggested that a policy was produced to describe what the process is in each Trust for ratification and dissemination of APC recommendations. This will vary from Trust to Trust. It was suggested that members of different Trusts might wish to consult each other on this matter. ***14/36/02 – Minutes of APC Sub-Groups*** Following on from a question raised by a member, the Committee were asked if they wished to receive Minutes from the Sub-Groups. There was no enthusiasm for this.	***Action: All provider trust members***
10	**APC/14/37 – Date, Time and Venue of the next meeting** The next meeting will be held on Wednesday, 28 May 2014 at 1:30 – 3:30pm in The Gallery, The Venue, 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.