

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

**Minutes of the Meeting held on Wednesday 30 July 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	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	Joint Head of Medicines Management - Liverpool Community Health		x
Dr Catherine Doyle	Clinical Lead Medicines Management – Warrington CCG	x	
Dr Michael Ejuoneatse	Clinical Lead for Medicines – St Helens 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	
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 – Cheshire and Merseyside Commissioning Support Unit	x	
Gillian Gow	Chief Pharmacist – Liverpool Heart & Chest Hospital NHS Foundation Trust		x
Maureen Hendry	Practice pharmacist/Interface support pharmacist, Liverpool Community Health (representing Alison Butt)	x	
Dr Aftab Hossain	Clinical Lead, Prescribing – Knowsley CCG		x
Peter Johnstone	Prescribing Commissioner – Liverpool CCG		x
Jenny Jones	Principal Pharmacist Medicines Management – Warrington & Halton Hospitals NHS Foundation Trust (representing Diane Matthew)	x	
Dr Cecilia Jukka	Consultant Microbiologist/Chair Drug & Therapeutics Committee – Southport & Ormskirk NHS Trust	x	
Tom Kennedy	Consultant at RLBUHT and Chair of D&T	x	
Lee Knowles	Chief Pharmacist – MerseyCare NHS Trust		x
Jenny Lunn	Pharmaceutical Adviser & Team Lead, Medicines Management – Warrington CCG		x
Susanne Lynch	CCG Lead Medicines Management – South Sefton CCG and Southport & Formby CCG	x	
Diane Matthew	Chief Pharmacist, Warrington & Halton Hospitals NHS Foundation Trust		x
Dr Sid McNulty	Consultant Endocrinologist/Chair Drug & Therapeutics Committee – St Helens & Knowsley	x	

	Teaching Hospitals NHS Trust		
Sarah McParland	Pharmacist – KIPPS (representing Neil Chilton, 5 Boroughs Partnership NHS Trust)		x
Dr Neil Mercer	Consultant Anaesthetist/Chair Drug & Therapeutics Committee – Aintree University Hospitals NHS Trust		x
Graham Pimblett	Medicines Management Team Leader – 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 (representing Alison Ewing)	x	
Dave Thornton	Principal Pharmacist, Clinical Services – Aintree University Hospitals NHS Trust (representing Mags Norval)	x	
Heather Tomlinson	Senior Pharmacist – Bridgewater Community Trust	x	
Dr Debra Tree	St Helens CCG (representing Dr Ejuoneatse)		x
Debra Walker	Alder Hey Children’s NHS Foundation Trust	x	
Janet Walsh	Medicines Optimisation Pharmacist – West Lancs		x
Janeth Ward	Prescribing Adviser, Medicines Management Team – Warrington CCG (representing Jenny Lunn)	x	
Mike Welsby	Medicines Information Pharmacist, St Helens & Knowsley Teaching Hospitals NHS Trust (representing Simon Gelder)	x	
IN ATTENDANCE			
Erika Baker	Senior Pharmacist – Cheshire & Merseyside CSU	x	
Anne Henshaw	Senior Pharmacist – Cheshire & Merseyside CSU		x
Graham Reader	Senior Pharmacist – Cheshire & Merseyside CSU	x	
Helen Stubbs	Senior Pharmacist – Cheshire & Merseyside CSU	x	

1	<p>APC/14/56 – Welcome and Apologies for Absence</p> <p>The Chair welcomed the members and accepted the apologies of the following:</p> <p>Nicola Baxter, Alison Butt (Maureen Hendry attending), John Davey, Dr Michael Ejuoneatse, Alison Ewing (Paul Skipper attending), Simon Gelder (Mike Welsby attending), Gillian Gow, Anne Henshaw, Dr Aftab Hossain, Jenny Lunn, Dr Neil Mercer, Sarah McParland, Graham Pimblett and Dr Shamim Rose.</p>	Action:
2	<p>APC/14/57 – Declarations of Interest and Quoracy Check</p> <p>A quoracy check informed that this meeting was quorate.</p> <p>There was one declaration of interest at this meeting (Mike Welsby’s wife, by inheritance, owns shares in GSK).</p>	
3	<p>APC/14/58 – Minutes of the previous meeting and matters arising.</p> <p>14/58/01 – Minutes from the Previous Meeting</p> <p>Item 14/49/03 Dapoxetine. As the statement was due for reconsideration this month, a query was raised regarding its omission from the agenda. DGG to ensure that it is presented at the September meeting.</p> <p>Matters Arising:</p> <p>14/58/02 – The Chair raised the issue of Pfizer using the contents of the Pan Mersey website for commercial purposes. DGG had discussed the issue with a representative from Pfizer and the comment was withdrawn from the company’s commercial literature. Members felt that a</p>	DGG

	<p>retraction was sufficient. A copy of the letter will be circulated with the minutes.</p> <p>It was suggested a notification on the website homepage stating 'its contents are not to be used for commercial purposes' should be added.</p>	DGG
4	<p>APC/14/50 – New Medicines 14/59/01 – Fingolimod Update Report Fingolimod is a new drug for multiple sclerosis commissioned by NHS England (NHSE). The New Medicines Subgroup (NMSG) does not routinely produce policy statements for NHSE commissioned drugs, rather it uses the APC website to signpost to the relevant NHSE information and publications.</p> <p>The NMSG proposed to adopt the same approach for Tolvaptan as approved in May 2014 with relevant links via the website. The NMSG also proposed to adopt the same approach for all similar situations without bringing it back to APC. The proposal was approved.</p> <p>14/59/02 – Ulipristal Update Report Following discussion at APC a year ago, regarding whether ulipristal should be available from 0-120 hours, it was agreed that Local Public Health specialists would produce a pathway clarifying the situation where ulipristal can be offered. The pathway is still pending, with the Chair citing that this should be escalated as a request for feedback on its progress. This will be followed up and brought to September APC.</p> <p>It was proposed by NMSG that the existing 4MB policy statement on the legacy website is removed. The proposal was approved.</p> <p>14/59/03 – Vedolizumab APC Report Vedolizumab has recently been granted marketing authorisation for the treatment of adult patients with ulcerative colitis, and active Crohn's disease.</p> <p>A NICE TA is currently underway which will appraise its effectiveness in ulcerative colitis as an alternative to surgical intervention.</p> <p>The committee was asked to consider three proposals; a. Evidence review for Vedolizumab in isolation b. Pause, as reviews are currently underway and wait until the NICE MTA is published (expected January 2015), review the decision at this time or wait for the NICE TA due April 2015. c. Wait for NICE TA due April 2015 regardless of decision by NICE in option b.</p> <p>This was put to the Committee for a vote. The outcome of this was in favour of option c.</p> <p>Vedolizumab in Crohn's disease – a NICE TA is underway which will look at its clinical and cost effectiveness and it is expected for publication in June 2015.</p> <p>The committee was asked to consider two proposals: a. Proceed with an evidence review for vedolizumab in CD b. Do not proceed with a review at this time but wait for NICE TA due in June 2015, bearing in mind this would be outside the usual NMSG process.</p> <p>This was put to the Committee for a vote. The outcome of this was in favour of option a. Two grey statements will be produced. For the avoidance of doubt the rationale for the decision made for UC and CD should be made clear.</p> <p>14/59/04 Grey Statement Summary</p> <ul style="list-style-type: none"> ▪ Solifenacin with Tamsulosin Modified-Release Tablets (Vesomni) ▪ Alprostadil cream (Vitaros) ▪ Umeclidinium with Vilanterol Inhaler (Anoro Ellipta) ▪ Empagliflozin tablets (Jardiance) ▪ Dabigatran tablets (Pradaxa) Treatment and secondary prevention of DVT & PE. ▪ Olodaterol solution for inhalation (Striverdi Respimat) ▪ Canagliflozin as monotherapy in type 2 diabetes 	EB/AH

	<p>The statements were approved.</p> <p>14/59/05 – Canagliflozin The green statement for canagliflozin as a combination therapy treatment option for treating type 2 diabetes was approved in line with NICE TA315 June 2014. The statement was approved.</p> <p>14/59/06 – Mirabegron Review of existing green statement to clarify the wording in line with NICE CG171. This was noted for information as a minor amendment to the original statement.</p>	
5	<p>APC/14/60 – Formulary and Guidelines 14/60/01 – Beclometasone (“Clipper”)/ tacrolimus in ulcerative colitis formulary inclusion NICE recommended beclometasone (Clipper) and tacrolimus in CG166. Neither uses were on formulary at the time. Adding beclometasone (Clipper) to formulary section 1 as an amber drug was approved. Adding tacrolimus to formulary section 1 as a red drug was approved. The red rating is due to the need for regular monitoring but there is no national monitoring schedule available.</p> <p>14/60/02 – Melatonin (“Circadin”) in children amber statement The current statement for Melatonin in adults recommends Circadin off-label in sleep disorders. This draft statement recommended off-label use for children with persistent chronic sleep disorders in similar conditions. However, children may not be able to swallow the tablets whole and therefore unlicensed crushing is recommended. Discussion was principally focused upon off-label indication and unlicensed crushing and the practicalities of GPs prescribing this. The Committee recommended the statement, provided that it was amended to say that specialist review should be 6-12 months’ frequency. A link to the patient information leaflet prepared by the specialist centre is to be added when ready. However, there should be no presumption that GPs will prescribe this and a contact number should also be provided on the requesting letter from the specialist to the GP, so the GP can easily decline prescribing or ask for additional information / assurance. It was agreed that before CCG Boards could approve implementation of this statement that information from Alder Hey and 5 Boroughs on the potential number of patients, average dose and / or quantity of melatonin supplied in order to estimate cost of transfer from specialist centres to CCGs must be provided to CSU team, and this would be reported to CCGs.</p> <p>14/60/03 – Neuropathic Pain in non-specialist settings guideline Draft update of the previous guideline presented. NICE have updated Neuropathic Pain guidance thus there is a change of layout to reflect new guidelines. Suggestions to change dosage information boxes were made. It was agreed this is to be revised for next meeting and not to go on the website in the meantime.</p> <p>14/60/04 – Colesevelam in bile salt malabsorption Grey statement This was approved as lack of evidence in this indication from NICE ESUOM22 meant it was not felt to be a priority.</p> <p>14/60/05 – Formulary amendments All the amendments listed below were approved:</p> <ul style="list-style-type: none"> • Addition of Melatonin (Circadin) as Black for primary insomnia in adults > 55 years (licensed indication) 4.1.1 • Adrenaline (JEXT) injection – removal of Green statement from NMAMMC and MMMMB legacy websites, and inclusion of additional brands (EpiPen, Emerade) in Pan Mersey Formulary section 3.4.3 • Addition of link in Pan-Mersey Formulary 6.4 Sex Hormones to NHS England advice regarding prescribing of sex hormones in transgender patients – advises GPs to prescribe in cooperation with specialist centres 	<p>GR</p> <p>CB, CSU</p> <p>SS, GR</p>

	<ul style="list-style-type: none"> Removal testosterone implants from Pan-Mersey Formulary 6.4 Sex Hormones Dimethyl fumarate (Fumaderm) unlicensed treatment for psoriasis addition to Formulary section 13.5.2 as Red drug Addition of statement to Pan-Mersey Formulary that mycophenolate should be prescribed generically – sections 8.2.1, 10.1.3 and 13.5.3 Strontium ranelate change RAG status from Green to Amber-initiated following MHRA safety concerns on CV risk Addition of Efracea m/r brand of doxycycline to Pan-Mersey Formulary 13.6 for facial rosacea Addition of metformin 500mg/5ml oral solution sugar free to Formulary section 6.1.2.2 instead of metformin oral powder sachets 500mg Indacaterol in COPD statement non-renewal at review date http://www.midmerseymmb.nhs.uk/recommendations/documents/11_58_indacaterol_201108.pdf and http://www.northmerseyammc.nhs.uk/Library/New_Meds_Update/INDACTEROL_JAN_11.pdf Denosumab in osteoporosis statement non-renewal at review date http://www.midmerseymmb.nhs.uk/recommendations/documents/11_34_denosumab_201101.pdf and http://www.northmerseyammc.nhs.uk/Library/New_Meds_Update/DENUSOMAB_JAN_11.pdf Liraglutide combination with oral anti-diabetic agents in type 2 diabetes statement non-renewal at review date http://www.northmerseyammc.nhs.uk/Library/New_Meds_Update/LIRAGLUTIDE_JAN_11.pdf Carbamazepine RAG for trigeminal neuralgia change from Amber to Green, Section 4.7.3 Merger and re-branding of the following NMAMMC and MMMMB statements as Pan-Mersey APC statement: Roflumilast – not recommended in COPD by NICE TA244 outside clinical trials Merger and re-branding of the following NMAMMC and MMMMB statements as Pan-Mersey APC statement: Botulinum toxin in migraine recommended by NICE TA260 <p>14/60/06 – Dutasteride black statement Dutasteride is similarly as effective as finasteride but more expensive and thus not recommended. The statement was approved.</p>	
6	<p>APC/14/61 – Safety 14/61/01 – Safety update Interface forms: Work on this continues. An additional obligatory box was agreed requiring users completing the form to indicate that all necessary actions relating to the incident had been dealt with.</p> <p>It had been agreed by the Safety Subgroup that a threshold of 3 recorded incidents would trigger an action to be taken relating to either a single organisation or a similar type of incident. Insulin safety incidents – an audit of insulin passports had highlighted that their use was as low as 50% in patients attending for review. It was agreed that this would be taken back to the Safety subgroup for action.</p>	HS
7	<p>APC/14/62 – Shared Care 14/62/01 – Shared Care update The CSU had met with representatives of the 3 Local Medical Committees covering the Pan-Mersey footprint and changes made to the draft revised shared care proposals and RAG definitions. Interest was sought from provider trusts and HS agreed to circulate the amended draft before the next meeting with the LMCs.</p>	HS
8	<p>APC/14/63 – Performance Reports 14/63/01 – APC Prescribing Report July 2014 The monthly Prescribing Report was presented and it was agreed to remove a number of graphs where it was considered monitoring of prescribing was no longer necessary.</p>	DGG/ ALL

9	<p>APC/14/64 – Any Other Business 14/64/01 – AOB</p> <p>The planned October meeting will fall during half term so a proposal was made to change the date to 5th November. A change in the meeting date would be issued as soon as a room could be confirmed.</p> <p>It was brought to the attention of the Committee that NICE usually publish Technology Appraisals on the last Wednesday of the month, however in July NICE TAs were published early. This will mean that timescales will require adjustment in order to meet the 3 month deadline. It was proposed that the statements affected, Lubiprostone for chronic idiopathic constipation and Prasugrel for ACS will be emailed out to the APC membership by Tuesday 2nd September for ‘virtual’ ratification with a deadline for responses of Tues 9th September. The same quoracy for responses from clinicians will be required as we would for any APC meeting – 4 GPs and 2 Consultants in agreement with the policy statements. Responses will be collated on Wed 10th September and provided we have sufficient to achieve quoracy, statements can be uploaded to website on Thursday 11 September and sent out to all organisations for ratification by their internal committees by Friday 12 September at the latest. This will give approx. 5½ weeks for ratification.</p> <p>GR reminded the Committee that it had been agreed to consult on the appropriateness of shared care for growth hormone in adults. However, as the criteria for shared care are currently under revision, it was agreed to postpone the review.</p>	<p>All</p> <p>DGG</p> <p>AH</p>
10	<p>APC/14/65 Date, Time and Venue of the next meeting</p> <p>The next meeting will be held on Wednesday 24 September 2014 at 1:30 – 3.30pm in The Gallery, The Venue, Civic Way, Poplar bank, Huyton, L36 9GD</p>	

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.