NHS
Pan Mersey
Area Prescribing Committee

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 24 September 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
Jacqui Bussin	Consultant, St Helens & Knowsley Teaching Hospitals NHS Trust (representing Sid McNulty)	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 Teaching Hospitals NHS Trust		x
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 Clinical 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		x
Dr David Wilson	LMC Representative, Mid-Mersey		x
IN ATTENDANCE			
Erika Baker	Senior Pharmacist – Cheshire & Merseyside CSU	x	
Sue Forster	Asst Director of Public Health, St Helens Council	x	
Anne Henshaw	Senior Pharmacist – Cheshire & Merseyside CSU	x	
Agatha Munyika	Pharmacist - Merseycare NHS Trust	x	
Simon O'Callaghan	Pharmacist - The Royal Liverpool & Broadgreen University Hospitals NHS Trust	x	
Graham Reader	Senior Pharmacist – Cheshire & Merseyside CSU	x	
Helen Stubbs	Senior Pharmacist – Cheshire & Merseyside CSU	x	

1	**APC/14/66 – Welcome and Apologies for Absence** The Chair welcomed the members and accepted the apologies of the following: Tom Kennedy, Lee Knowles, Graham Pimblett, Dr Rose Shamim, Dr David Wilson, Maureen Hendry, Claire Forde, Catrin Barker (Debra Walker attending), Alison Ewing (Paul Skipper attending), Isam Badhawi (Paul Skipper attending), Dr Sid McNulty (Dr Jacqui Bussin attending), Jenny Jones, Dr Neil Mercer and Neil Chilton (Sarah McParland attending).	***Action:***
2	**APC/14/67 – Declarations of Interest and Quoracy Check** A quoracy check informed that this meeting was quorate. There were no declarations of interest at this meeting.	
3	**APC/14/68 – Minutes of the previous meeting and matters arising.** ***14/68/01 – Minutes from the Previous Meeting*** The Minutes were agreed to be an accurate record of the previous meeting. One change should be made to the spelling of a name on page 2 – it should read Janeth Ward. Attention	***DGG***

	was drawn to AOB on page 5 – it has been confirmed that the October meeting will take place on Wednesday 5 November 2014 – but please note that on this occasion only the times have changed to **2-4pm**. **Matters Arising:** **14/68/02 – EllaOne Update & Emergency Contraceptive Pathway** Sue Forster, Assistant Director of Public Health at St Helens Council representing the Cheshire & Merseyside Sexual Health Network presented a position paper on Emergency Hormonal Contraception. The paper explains that the commissioning of core community sexual health services, including those provided by community pharmacy, and GUM services, became the responsibility of Public Health within the Local Authority in April 2013. Contracts with general practice that are over and above the core contract commissioned by NHS England for example, IUCDs, implants and Chlamydia Screening also moved to Local Authority Public Health control. There is concern across the local health community about unwanted pregnancies, terminations of pregnancy and in particular repeated terminations of pregnancy. The report highlighted the importance of education to ensure that appropriate information is used to effectively target the key audience. The position of Public Health is to recommend levonorgestrel for the first 72 hours and to use ulipristal acetate more than 72-120 hours (subject to PGDs and pathways) in non-specialist services. These will be subject to review should any more substantial evidence be presented. The committee was asked by the Chair to note the pathway recommendations. The Chair requested the pathway to be brought back to the next APC, 5th November 2014 following the necessary amendments, at which time the committee can vote whether or not to accept the pathway recommendations **14/68/03 – July NICE TA documents** These documents have been 'virtually' ratified but were brought to the meeting to inform the committee of some of the questions that were raised. As a result of these questions, minor amendments to the documents will be made. The committee were asked if they approved both documents after the agreed changes have been made: Lubiprostone – no objections, Prasugrel – no objections. A member expressed concern about the risk of a user missing a subtle change which has been added to a document when a NICE TA has been reviewed and updated. A discussion followed about the best way to avoid this. The consensus was that the NMSG should agree a standard wording to be added to policy statements informing that the NICE TA has been updated and that consequently the recommendation has changed. It is then the responsibility of the individual clinician to ensure that they are aware of the most recent recommendation from NICE. AH will discuss this with NMSG. **14/68/04 – Peripheral Neuropathy guideline** GR pointed out that small changes to the drug dose titrations have been made to the guidelines and it has been brought back to the committee for approval. The guideline was approved by the committee. **14/68/05 – Dapoxetine** In May the committee had a long discussion about Dapoxetine and benefits in unlicensed treatments. A number of CCGs have approved this and a couple of CCGs wanted further discussion on it. The request was made to make a minor change to the prescribing information section to clarify that treatment should be reviewed after at least 6 doses because the restriction to 3 doses per month means that patients would not receive 6 doses within 4 weeks. It was clarified that the reason why the number of doses per month is 3 and not 4 is because it comes in packs of 3.	***SF/EB*** ***AH*** ***GR*** ***AH***
4	**APC/14/69 – New Medicines** ***14/69/01 – NHSE Drugs – Update Report*** The APC approved the proposal from the NMSG in July 2014 that, where policy statements exist on the legacy websites for NHSE drugs, relevant NHSE links will be added to the Pan Mersey APC website and relevant formulary chapter, but an updated policy statement will not be produced. The existing policy statements will be removed from the legacy websites to avoid	

	confusion and reported to APC for information once actioned. Members' attention was drawn to a list of 7 such drugs where all the appropriate NHSE links have been added to the Pan Mersey APC website within the formulary. ***14/69/02 – Rifaximin – Update Report*** It was reported to APC in February 2014 that there was no expected date for publication of the NICE TA on the NICE website at that time. Subsequently, in May 2014 the NICE website was updated to indicate that the NICE TA was expected to be published in July 2014. However, in July the NICE website was updated to state that the appraisal had been suspended. The NMSG was originally intending to report this to APC, however in the previous few days the NICE website has been further updated and the Final Appraisal Document from NICE is expected imminently, with the NICE TA now expected in October 2014. Prescribing data from Primary and Secondary Care was presented to support that, although usage is increasing, it is not currently increasing at a high rate. The committee agreed to keep the interim Amber position until the NICE TA has been produced. The existing policy statement will be reviewed once the TA is published and brought back to APC. ***14/69/03 – Aripiprazole prolonged-release injection*** This was launched in the first quarter of this year. It is licensed for the treatment of schizophrenia in adults. The main study shows that this was non-inferior to oral aripiprazole and a second study showed it was superior to placebo. Based on the findings, it was concluded that it may be considered as an option and it was recommended that it should be given a red RAG rating. There were no significant comments from stakeholder consultation but comparative cost for oral aripiprazole was added in response to one of the comments received. The red statement was approved but the author was asked to take out the abbreviation 'PR' and replace with 'prolonged-release' throughout the document to avoid confusion. ***14/69/04 – Relvar Ellipta in COPD*** This was proposed as a second-line option when other first-line options are unsuitable. It has the advantage of being administered once daily. However regarding safety and efficacy there is only one 12 week study that compares Relvar low strength with alternative LABA-ICS combination inhaler (Seretide). It was explained that the FGSG are producing COPD guidelines and are planning to propose Fostair and Duo-Resp as alternative first- line options along with Symbicort, and to move Seretide to second-line along with Relvar Ellipta. It was agreed that the Green policy statement should remain as it stands and, once the COPD guideline has been approved, the policy statement wording amended to reflect the position of the guideline and link to the guideline. The green statement was approved and the APC agreed to the change of wording as above once the COPD guidelines are finalised and approved. ***14/69/05 – Relvar Ellipta in Asthma*** The NMSG undertook the review of Relvar Ellipta in COPD and asthma simultaneously, with the intention of bringing both policy statements to APC together this month. However, there has been conflicting stakeholder opinion over the proposed Black position in asthma. The British Thoracic Society/SIGN guideline for the treatment of asthma is currently being reviewed and an updated guideline is due to be published in October/November 2014 and may address some of the issues raised. The NMSG proposes to await the publication of this updated national guideline before progressing this piece of work further. The APC supported this proposal and the existing Grey statement, which covers both COPD and asthma, will be updated to reflect the current situation for asthma and cross-linked to the COPD statement.	***AH*** ***AM*** ***EB/GR*** ***AH***
5	**APC/14/70 – Formulary and Guidelines** ***14/70/01 – For noting – Updated Specials statement and Updated Omega 3 Fatty Acids Statement*** The "Prescribing of Special-Order Products" guidance was approved at April's APC. The MHRA have since updated their recommendations. Their position strengthens the APC recommendation for a stepped approach and so paragraph 3 of the document has been updated to reflect the MHRA wording. This is the only change made to this guidance, and the references have been updated accordingly. There were no comments received from attendees and the changes were noted. Omega 3 Fatty Acids: This statement has been updated to include reference to the recent NICE guideline CG181 Lipid Modification. There were no comments from the attendees and	

	the changes were noted. ***14/70/02 – N-acetylcysteine in idiopathic pulmonary fibrosis Black statement*** At a previous APC meeting it was proposed that prescribing across Pan-Mersey was rationalised and it would be classified amber, compared to the current position where it is Red in North Mersey and Amber in Mid-Mersey. However the committee wanted the FGSG to look at the evidence supporting its use in this condition before making this decision. There is now evidence showing that N-acetylcysteine does not provide worthwhile clinical benefit in this condition. Liverpool Heart & Chest Hospital, in light of a recent study, will stop using this drug and, in most cases, withdraw treatment from existing patients. Some individual consultants at other Trusts stated they may wish to continue to use the drug in a small number of patients. The FGSG felt it should remain as a Black statement but, in individual cases, specialists can continue to prescribe it where they felt the patient was benefitting from it. It was agreed patients would be reviewed by the specialist and treatment would normally be stopped, but in a limited number of individual cases, where the specialists deemed that the treatment should be continued, the specialist should prescribe N-acetylcysteine in secondary care, including where it was previously being prescribed in primary care. The black statement was approved. ***14/70/03 – Quetiapine I/R Amber statement*** Currently there is significant additional expenditure on modified release (MR) Quetiapine compared to the cost of immediate release (IR) Quetiapine if this were used instead. This statement advocates use of IR except in specific circumstances in order to release cost savings. The statement has provided some practical recommendations for switching to IR preparations. The issues around licensing of IR as twice daily in some of its indications were noted. However the specialist view was that, in cases where twice daily dosing was not suitable for compliance reasons, it was reasonable to use IR once daily in these indications. A 50% switch from MR to IR would mean a £0.5million annual saving in Pan-Mersey. The Committee would like this to be added to prescribing reports so it can be monitored. Where patients are under secondary care, they would initiate the switch, but other patients may be switched in primary care. The amber statement was approved. ***14/70/04 – Fentanyl I/R Amber statement*** This is an update of a previous MMMMB statement. Fentanyl Immediate Release formulations should only be used as per NICE guidance recommendations. The statement has remained the same except for the addition of Actiq lozenges. There was a discussion about changing the line in the main recommendation which says "intolerant to immediate release morphine and oxycodone." to "intolerant of strong oral IR opioids…" This was agreed, as long as the original author was happy that this did not undermine the intent of the statement and GR to check this, but otherwise the amber statement was approved. ***14/70/05 – Gliptins Green statement*** This is an update of a previous MMMMB statement. The FGSG looked at a new dipeptidylpeptidase-4 inhibitor (alogliptin) and felt that they could not recommend it for inclusion in the formulary. This is based on the SMC review of alogliptin not recommending it for use in Scotland as it has not been shown convincingly to be equivalent to other gliptins in efficacy. The FGSG has kept the original recommendation, that vildagliptin is not recommended, because it needs regular liver function tests. One correction to the statement was highlighted to the committee, that saxagliptin is now licensed in combination with metformin and sulphonylurea; this will be amended before it goes on to the website. The green statement was approved. ***14/70/06 – Sodium clodronate change in RAG status*** The FGSG looked at the RAG status of this. They felt that it was inappropriate as an Amber drug because of the monitoring it requires and its indication (bone metastases) and it was more appropriate as Red. The prescribing in primary care is very low, approx. 40 patients across Pan-Mersey, so change of status would cause minimal practical problems. No objections were made in the consultation process. The committee approved the change from amber to red. ***14/70/07 – Omega 3 Fatty Acids in hypertriglyceridaemia – addition to formulary*** The FGSG recommended including Omega 3 Fatty Acids as an Amber drug for this indication.	***GR***

	There were no objections at consultation. It is to remain Black for prevention of CVD. The committee approved this proposal. ***14/70/08 – NetFormulary – NetFormulary Chapter 9*** A link to Chapter 9 of the formulary on NetFormulary had been previously supplied for review by Committee members. The Committee were asked to approve the way the Formulary was presented for this chapter and for other chapters that will be added to the system on the website, the method for including paediatrics into the formulary, and that when addition of the formulary to NetFormulary was complete there was no need for a separate RAG list (as the formulary provided the RAG status of each drug). The FGSG at consultation suggested that NetFormulary would link into the BNFc where paediatric prescribing information was available on BNFc. It proposed where there is no BNFc information but where local paediatricians approve use of the drug then there will be a note to that effect. At the FGSG meeting on the previous day it was suggested that if there is no BNFc entry and no locally approved paediatric use of the drug then it may be better to have a positive statement saying that the RAG rating would be Black for paediatric use of that drug. For some drugs there would be a different RAG for paediatrics to that for adults. The general opinion of attendees was that they approved the NetFormulary layout of Chapter 9 and use of the same presentation for future chapters, and RAG rating some drugs differently for paediatrics where clinically appropriate. However the committee felt that Black is too strong a message and may result in primary care prescribers not prescribing the drug at all. The opinions expressed by members favoured adding a comment "No BNFc entry – seek specialist advice" in these circumstances and the Committee agreed this. However, the onus would be on the specialist justifying the drug's use to the GP if they wished them to take on the prescribing of the drug. The Committee agreed that when the addition of the formulary to NetFormulary was complete there was no need for a separate RAG list. ***14/70/09 – Minor Formulary Amendments*** The drug statements on NMAMMC website on sodium hyaluronate/sodium chondroitin, lanreotide and octreotide and selenium are now redundant and should therefore be removed from the website. This was agreed. A number of drugs listed to the Committee that are now commissioned by NHS England will be highlighted in the formulary as such – this was approved. ***14/70/10 – Rituximab in myositis and anti-TNF's in sight-threatening eye disease – transfer of commissioning to NHS England*** Prior to April 2013 (before NHS reorganisation), this committee approved the use of these drugs for these indications. However it has subsequently become clear that from 1st April 2013 NHS England has become responsible for commissioning of biological agents in these conditions – although it does not routinely fund them and provides funding on an IFR basis only. NHS England will fund patients commenced on treatment prior to1st April 2013. Concern was raised that eye problems need to be dealt with urgently and the IFR process might not allow this. GR stated that this had been discussed with CCG Medicines Management Leads who had confirmed that CCGs were no longer in a position to commission this now that NHS England was the commissioner. The Committee agreed to the withdrawal of the statements regarding approval of rituximab in myositis and anti-TNF's in sight-threatening eye disease	***GR*** ***GR*** ***GR***
6	**APC/14/71 – Safety** ***14/71/01 – Safety update*** Erika Baker reported that one of the top priorities of the group is to review the interface reporting process with a view to making it more efficient. A safety statement for dexamethasone injections is currently being consulted on and will be finalised at the next safety subgroup meeting in November and brought to APC on 26 November 2014.	***EB***

7	**APC/14/72 – Shared Care** ***14/72/01 – Shared Care update*** This is just for those CCGs who are served by the 5 Boroughs Partnership. The comments are in the consultation feedback and have been addressed in the Atypical Antipsychotics Shared Care Agreement document. The document will need to go to CCGs, Medicines Management and LMC for ratification. HS was asked to add the contact details for Knowsley. As all the CCGs were present, the Chair asked if they were happy to approve and ratify. This was unanimously approved and there was no objection to supporting the Shared Care Agreement. The Agreement will say "Subject to CCG approval" and then it will appear in their library.	***HS***
8	**APC/14/73 – Any Other Business** ***14/73/01 – AOB*** **Anti-microbial stewardship** Dr Cecilia Jukka was asked to bring this topic to the APC by Dr Jonathan Folb (Consultant Microbiologist). Dr Folb is chairing the stewardship group. He has been asked by Public Health England to take on this role, and the AMS Group has been set up this year. Five working groups have been set up looking at various areas, and a request has been made for any interested parties to contact Dr Folb regarding involvement in the subgroups. CJ felt that if they produce any documents or guidance we would be interested to see them. PJ thinks there are plenty of groups already involved in this but it may be useful to share any documents which are produced. It was agreed that Jonathan's details would be recorded in the Minutes. Jonathan Folb RLBUHT (Jonathan.Folb@rlbuht.nhs.uk) **NOAC Manufacturer** An article in the BMJ alleges that Boehringer Ingelheim was found to have hidden data related to safety of dabigatran. It was proposed that the committee seeks assurance that this data has been reviewed by NICE. The committee agreed with the proposal. Dr Doyle will draft a letter and forward to the Chair, for sending out on behalf of the APC. .	***All*** ***CD/ Chair***
9	**APC/14/74 Date, Time and Venue of the next meeting** October's APC meeting has been moved to Wednesday 5 November 2014 at **2.00 – 4.00pm** in The Gallery, The Venue, Civic Way, Poplar bank, Huyton, L36 9GD	

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