NHS
Pan Mersey
Area Prescribing Committee

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 29 April 2015 in The Boardroom, at V7 Building, Kings Business Park, Prescot. L34 1PJ

Present:

MEMBERS		Present	Apologies
Dr M G Semple (Chair)	Senior Lecturer in Child Health – Alder Hey Children's NHS Foundation Trust		X
Isam Badhawi (Paul Skipper attending)	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 (Maureen Hendry attending)	Joint Head of Medicines Management - Liverpool Community Health		X
Neil Chilton (Sarah McParland attending)	Deputy Chief Pharmacist, 5 Boroughs Partnership, Mental Health Trust		X
Dr Catherine Doyle	Clinical Lead Medicines Management – Warrington CCG		X
Dr Janice Eldridge	GP Medicines Management Lead – Southport & Formby CCG	X	
Alison Ewing (Paul Skipper attending)	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 – North West Commissioning Support Unit	X	
Gillian Gow	Chief Pharmacist – Liverpool Heart & Chest Hospital NHS Foundation Trust	X	
Dr Dan Hawcutt	Alder Hey Children's NHS FT		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 (Acting Chair)	Prescribing Commissioner – Liverpool CCG	X	
Jenny Jones	Principal Pharmacist, Warrington & Halton Hospitals NHS Foundation Trust	X	
Dr Tom Kennedy	Consultant at RLBUHT and Chair of D&T		X
Dr Tom Kinloch	LMC Representative , Mid-Mersey LMC		X
Lee Knowles	Chief Pharmacist – Mersey Care 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	
Sarah McParland	Pharmacist, KIPPS (representing Neil Chilton)	X	
Dr Lisa Manning	LPC Representative		X

Diane Matthew (Jenny Jones attending)	Chief Pharmacist, Warrington & Halton Hospitals NHS Foundation Trust		X
Julie MacAngus	Bridgewater Community Trust (representing Heather Tomlinson)	X	
Dr Sid McNulty	Consultant Endocrinologist/Chair Drug & Therapeutics Committee – St Helens & Knowsley Teaching Hospitals NHS Trust	X	
Dr Neil Mercer	Consultant Anaesthetist/Chair Drug & Therapeutics Committee –Aintree University Hospitals NHS Trust		X
Mark Pilling	Interim Head of Medicines Management – 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 (Julie MacAngus attending)	Senior Clinical Pharmacist – Bridgewater Community Healthcare NHS Trust		X
Dr Julie Whittaker	St Helens CCG Governing Body Medicines Management Lead GP	X	
IN ATTENDANCE			
Erika Baker	Senior Pharmacist – North West CSU	X	
Becky Birchall	Senior Pharmacist – NHS Halton CCG	X	
Anne Henshaw	Senior Pharmacist – North West CSU	X	
Agatha Munyika	Mersey Care NHS Trust	X	
Graham Reader	Senior Pharmacist – North West CSU	X	
Helen Stubbs	Senior Pharmacist – North West CSU	X	

1	**APC/15/27 – Welcome and Apologies for Absence** Peter Johnstone, as Acting Chair, welcomed members. The Chair then accepted the apologies from the following: Dr Calum Semple (Chair), Dr Dan Hawcutt, Catrin Barker, Neil Chilton (Sarah McParland attending), Neil Mercer, Dr Shamim Rose, Dr Hossain, Dr Bisarya (West Lancs CCG), Dr Catherine Doyle, Alison Ewing (Paul Skipper attending), Alison Butt (Maureen Hendry attending), Dr Tom Kennedy, Heather Tomlinson (Julie MacAngus attending) and Dr Rob Barnett.	***Action:***
2	**APC/15/28 – Declarations of Interest and Quoracy Check** A quoracy check confirmed that this meeting was not quorate. All members confirmed that they were happy to continue with the meeting unless there were any contentious topics. There was one declaration of interest from Dave Thornton regarding education sessions for Pfizer re item 15/30/05.	
3	**APC/15/29 – Minutes of the previous meeting and matters arising.** ***15/29/01 – Minutes from the Previous Meeting*** Apart from a minor amendment to the Attendance list, the Minutes were agreed to be an accurate record of the previous meeting.	

	15/29/02 – Matters Arising **Chair of APC – expressions of interest** An expression of interest in the position of Chairperson had been received from Dr Sid McNulty. Dr McNulty left the room so that a vote of confidence could take place. Members agreed to the appointment of Dr McNulty to the position of APC Chair for the next 12 months. Members were asked to forward to DGG, expressions of interest in the position of Deputy Chair for the next 12 months. **APC Policy Amendment** The APC Policy has been amended to remove the reference to a Patient and Public Involvement (PPI) Sub-group on page 15. It is still planned to investigate the possibility of engaging the opinions of patients and the public, and DGG is currently in talks as to how to take this forward.	***ALL***
4	**APC/15/30 – New Medicines** **The last NMSG meeting was not quorate from an acute trusts perspective. All the papers were circulated to members for them to review and make comments prior to the meeting.** ***15/30/01 – Lurasidone*** This is a new antipsychotic and the author talked through the evidence, clinical reviews, etc. It should only be prescribed as an alternative option when existing medications are not suitable due to risk of weight gain or metabolic adverse effects. The costs will be significantly more than existing generic second generation antipsychotics. Feedback from the specialists was that they welcomed it as another alternative. A question was raised about consistency regarding the amber RAG rating. The new amber RAG ratings were only agreed in January when this statement was in the process of being developed, but the antipsychotics will be looked at as a group for consistent RAG rating as part of the formulary review of Amber RAG ratings and applying the Amber sub-categories. The statement author was asked to put the caveat that "Lurasidone may be considered as an alternative to existing antipsychotic treatments when patients have experienced, or are at risk of, excessive weight gain and metabolic adverse effects" in the amber box to make this more prominent. No other amendments were requested and the statement was approved. ***15/30/02 – Rifaximin*** A statement was produced in 2013 as an interim statement prior to the NICE TA, which was originally anticipated in November 2013 but was delayed. This is a revision of the original statement, taking into account the recommendations in NICE TA337. A comment has been added at the end of the second paragraph to give local expert opinion for patients who are lactulose intolerant. Also further information has been included around discontinuing treatment if there is lack of efficacy. Costs have been included as total drug costs, although NICE anticipates there will be cost avoidance from reduced hospital admisstions. In the Implementation Notes the recommendation that prescribing will be retained in secondary care until after the first follow-up appointment has been kept, which is the same as approved in the original policy statement. Due to the discontinuation criteria and need for review of efficacy, the NMSG felt that the patients should be kept under specialist review and so Rifaximin was categorised as Amber Patient Retained. It is anticipated that once efficacy has been demonstrated that GPs will be requested to prescribe. The statement was approved. ***15/30/03 – Empagliflozin in combination therapy*** The Green statement for combination therapy has been produced in line with NICE TA336. This does not cover monotherapy, which is not currently recommended. NICE is looking to produce a Multiple Technology Appraisal for dapagliflozin, canagliflozin and empaglifloxin in 2016 and so a policy statement for monotherapy will be produced at this time. The committee approved the statement.	

	15/30/04 – Degludec + Liraglutide This is the first combination product that contains a basal insulin plus a GLP-1 analogue for adults with type 2 diabetes. The statement author went through the evidence and concerns that the NMSG raised; as a result of which, the NMSG proposed a Black 'not-recommended' position. Pivotal to this position is that one of the constituent components, insulin degludec 100 units/ml, is currently not recommended for use within Pan Mersey. No objections to a black statement were received in the stakeholder feedback. There were no objections from the APC committee and the statement was approved. ***15/30/05 – Apixaban in VTE*** Work on this statement was orginially initiated as it was expected the statement would precede the NICE TA by approximately 3 months; NICE however brought forward their anticipated date of publication to May 2015. This statement will be reviewed following the publication of the TA and the appropriate amber sub-category assigned at that stage. As part of this review, NMSG propose to bring together the NICE recommendations for dabigatran, rivaroxaban and apixaban into a combined policy statement for VTE indication, similar to that produced for NOACs in AF. Overall stakeholder feedback was positive and the statement was approved. ***15/30/06 – Brimonidine gel*** Following completion of the stakeholder consultation on this statement the Scottish Medicines Consortium (SMC) published their verdict on brimonidine. SMC approved the restricted use of topical brimonidine for moderate to severe facial erythema of rosacea. Greater Manchester Medicines Management Group (GMMMG) have approved its use only in severe facial erythema of rosacea, whilst East Lancashire Health Economy Medicines Management Board have assigned it BLACK in their formulary. NMSG reconsidered the positioning and the consensus of members proposed a clinical audit to garner further information on patient numbers and clinical outcomes after 12 months. The audit results would inform whether it should remain on the Pan Mersey joint formulary. Originally NMSG consulted on a black statement but feedback largely from dermatologists was that it should be available when all other non-pharmacological treatment options have failed to alleviate symptoms, and immediately prior to referring for laser treatment. APC consensus was that a clinical audit would be insufficiently powered to determine brimonidine's place in therapy and clear initiaton and continuation criteria would be deemed more appropriate. The committee requested NMSG bring back details of initiation and continuation criteria in a revised AMBER statement, this AMBER statement, orginal BLACK statement and corresponding stakeholder feedback from both statements for discussion at May APC. ***15/30/07 – Rivaroxaban in ACS*** The Amber Initiated statement has been produced in line with NICE TA335. Locally, it is believed that patient numbers will be less than the NICE estimate due to current treatment pathways. One member questioned whether it comes across clearly enough in the statement which patients it is for. However, when there is a NICE TA the NMSG have to report what the NICE TA propose in order for the APC recommendation to be NICE compliant, even if local opinion is that this will not be the treatment of choice for the majority of patients. No objections were raised and the statement was approved.	
5	**APC/15/31 – Formulary and Guidelines** ***15/31/01 – Exenatide prolonged release statement*** The FGSG believe it is still useful to have this green statement, as a new pen formulation is now available and there are training needs around its use. The statement follows NICE guidance on exenatide prolonged release. The feedback from stakeholders indicated there was no need for specialist initiation. The statement was agreed. ***15/31/02 – "Sayana Press" statement*** Prescribing information and clinical evidence were described. This is a long-acting injectable contraceptive and is administered subcutaneously, and may be preferable for some women to the intramuscular preparation already in the formulary. It appears equally effective. Consultation feedback was received that the statement should not mention potential for	

patients to self-administer, as it is not positively mentioned in SPC and other s/c injections do not routinely carry this comment.
The green statement was agreed.

15/31/03 – Formulary changes

- ***Removal of Pizotifen 250mcg/ml elixir from formulary***

This has been discontinued so it will be taken out of the formulary.
This was noted.

- ***Minor Formulary amendments***

Terbutaline injection: Formulary will reflect that it is first line choice in NICE CG190; remains Red as myometrial relaxant.
Ranitidine oral liquid: Addition to formulary as Green in addition to soluble tablets (better for some paediatric use).
Carbocisteine paediatric oral liquid 125mg/5ml: removal from formulary because product has been discontinued.
Lucette: is less expensive than *Yasmin* brand so it is proposed that it is added to the formulary, *Yasmin* to be reviewed at Ch.7 review.
Ethanolamine oleate injection: Product discontinued so will be removed from formulary.
All the above were agreed / noted.

- ***Linaclotide, prucalopride and lubiprostone – change to green 2nd line***

Proposed all three of these drugs are positioned as second-line as per NICE guidance, changing from Green to Green second-line.
This was agreed.

15/31/04 – Phosphodiesterase-5-inhibitors in ED statement – wording amendment
Proposed to remove wording stating the need for specialist to initiate PDE-5 inhibitor for ED after prostatectomy (including TURP), after specialist comment that this was an unnecessary restriction.
This was agreed.

15/31/05 – "Zoely" statement report
This was initially considered at APC in January 2015 as a draft black statement, where FGSG were asked to change it to a draft amber statement and re-consult on it. Consultation feedback was received but the FGSG felt that it was not able to adequately address the comments and resolve all issues. The FGSG requested guidance from the Committee on a number of points:

- Inconsistency of the wording, which does not recommend the routine use of Zoely, with the proposed Amber status
- Inconsistency between Amber status and the lack of data identifying enough benefits to justify the additional expense
- Lack of definition of "appropriate" use when recommended or initiated by a specialist

One APC member felt that it is a novel drug, it is new, it is not expensive in absolute terms (although more expensive than other COC's) and there may be occasional patients who cannot tolerate alternatives and therefore in terms of not limiting anyone's options it should be available for prescribing. Informal suggestion outside of consultation process had been received appearing to suggest using it in women who had had a termination of pregnancy. Recognition that if it were to be used it would be in a minority of women, although there is no evidence of increased efficacy or safety and it is more expensive than standard alternatives.

One member suggested that the FGSG should await UKMEC recommendation before going further (currently not yet recommended). If this was produced as a black statement while awaiting opinion from UKMEC then comments could be added to it when the opinion has been published. After considerable discussion, members agreed that this should be a black statement because of the lack of evidence for additional benefit over standard alternatives, recognising a black statement allows the drug to be prescribed for patients in exceptional circumstances.

The Chair asked for the statement to return to the May meeting as a black statement for formal ratification in light of the non-quoracy of this meeting. No further consultation would be required at this stage. ***GR***

6	***APC/15/32 – Performance Reports*** ***15/32/01 – APC Prescribing Report April 2015*** The report has been refreshed. The committee agreed to the removal of one of the graphs, which is no longer helpful. There were also suggestions to improve the reporting format of some of the tables. It was agreed that black drugs would be monitored for 12 months, to identify prescribing and allow CCGs to investigate the reasons behind prescribing.	
7	**APC/15/33 – Any Other Business** ***15/33/01 – AOB*** <u>Local Decision Making</u> The APC committee has been in existence for just over 2 years. A suggestion has been made about arranging training around making decisions and DGG asked members for their thoughts. She suggested that a colleague, Neil Maskrey, could be brought in to carry out the training and wondered if it is something that people will participate in. It is likely to take half a day. Members confirmed their agreement in principle to the suggestion. <u>Any Other Business</u> A vote of thanks to Dr Calum Semple was proposed for acting as Chair for the past 12 months. All agreed. Thanks were also extended to Lee Knowles for organising the Boardroom at V7 Building for the APC meeting.	***ALL***
8	**APC/15/34 Date, Time and Venue of the next meeting** The next APC meeting will be on Wednesday 27 May 2015 at 1.30 **–** 3.30pm. Venue: The Gallery, The Huyton Suite, 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.