NHS
Pan Mersey
Area Prescribing Committee

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 30 September 2015 in The Gallery Room, at The Venue, Civic Way, off Poplar Bank, Huyton L36 9GD

Present:

MEMBERS		Present	Apologies
Dr Sid McNulty (Chair)	Consultant Endocrinologist/Chair Drug & Therapeutics Committee – St Helens & Knowsley Teaching Hospitals NHS Trust	X	
Peter Johnstone (Deputy Chair)	Prescribing Commissioner – Liverpool CCG	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
Nicola Cartwright	Acting Deputy Head of Meds Man, St Helens CCG	X	
Neil Chilton	Deputy Chief Pharmacist, 5 Boroughs Partnership, Mental Health Trust	X	
Dr Catherine Doyle	Clinical Lead Meds 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 (Mike Welsby attending)	Chief Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust		X
Margaret Geoghegan (Nicola Cartwright attending)	Head of Medicines Management – St Helens CCG		X
Donna Gillespie-Greene	Deputy Head of Medicines Management – North West Commissioning Support Unit	X	
Gillian Gow	Chief Pharmacist – Liverpool Heart & Chest Hospital NHS FT	X	
Dr Dan Hawcutt	Consultant Paediatrician and Chair of D&T Alder Hey Children's NHS FT		X
Maureen Hendry	Practice pharmacist/Interface support pharmacist, L'pool Community Health (representing Alison Butt)	X	
Dr Aftab Hossain	Clinical Lead, Prescribing – Knowsley CCG		X
Jenny Jones (representing Diane Matthew)	Principal Pharmacist Meds Management – Warrington & Halton Hospitals NHS FT	X	
Dr Tom Kennedy	Consultant at RLBUHT and Chair of D&T	X	
Lee Knowles (Agatha Munyika attending)	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
Julie MacAngus	Bridgewater Community Healthcare (representing Heather Tomlinson)	X	
Dr Lisa Manning	LPC Representative		X
Diane Matthew	Chief Pharmacist, Warrington & Halton Hospitals NHS Foundation Trust (Jenny Jones attending)		X
Dr Neil Mercer	Consultant Anaesthetist/Chair Drug & Therapeutics Committee –Aintree University Hospitals NHS Trust	X	
Agatha Munyika	Mersey Care NHS Trust (representing Lee Knowles)	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 & Isam Badhawi)	X	
Dave Thornton	Principal Pharmacist, Clinical Services University Hospital Aintree	X	
Heather Tomlinson (Julie MacAngus attending)	Senior Clinical Pharmacist – Bridgewater Community Healthcare NHS Trust		X
Mike Welsby	St Helens & Knowsley Teaching Hospitals NHS Trust (representing Simon Gelder)	X	
Dr Julie Whittaker	St Helens CCG Governing Body Medicines Management Lead GP	X	
Dr David Wilson	LMC Representative, Mid-Mersey LMC		X
IN ATTENDANCE			
Erika Baker	Senior Pharmacist – North West CSU	X	
Jill Edwards	Pharmacist – North West CSU	X	
Anne Henshaw	Senior Pharmacist – North West CSU	X	
Graham Reader	Senior Pharmacist – North West CSU	X	
Helen Stubbs	Senior Pharmacist – North West CSU	X	

1	**APC/15/60 – Welcome and Apologies for Absence** The Chair welcomed members and accepted the apologies of the following: Catrin Barker, Dr Dan Hawcutt, Dr Catherine Doyle, Alison Ewing (Paul Skipper attending), Alison Butt (Maureen Hendry attending), Simon Gelder (Mike Welsby attending), Lee Knowles (Agatha Munyika attending), Mark Pilling, Paul Gunson, Dr Aftab Hossain, Susanne Lynch, Nicola Baxter and Dr Lisa Manning,	***Action:***
2	**APC/15/61 – Declarations of Interest and Quoracy Check** A quoracy check confirmed that this meeting was quorate. There were no new declarations of interest at this meeting.	
3	**APC/15/62 – Minutes of the previous meeting and matters arising.** ***15/62/01 – Minutes from the Previous Meeting*** The Minutes were agreed to be an accurate record of the previous meeting on 29 July 2015.	

	15/62/02 – Matters Arising **Decision-making Training** DGG confirmed that the "Decision-Making" training will take place next month on Wednesday 21 October following an abbreviated APC Meeting. A reminder will be sent out shortly by DGG, along with details of how to register attendance for the event. In response to a request, it will be checked whether this training can be counted as continuous professional development.	***DGG***
4	**APC/15/63 -- Shared Care** ***15/63/01 – Lithium Shared Care Framework and Agreement*** The shared care agreement has been updated. HS gave a brief summary and pointed out that the major change is that it now includes Lithium for cluster headaches. No objections or questions were raised and the Shared Care Agreement was agreed. ***15/63/02 – Revised RAG ratings for Gastrointestinal Amber drugs in the APC Formulary*** The Formulary & Guidelines subgroup have already revised this chapter which has been agreed by the APC. This is an additional piece of work to apply the Amber sub-categories to the existing amber drugs in this chapter. There were no questions and the RAG rating recommendations were agreed.	
5	**APC/15/64 – New Medicines** ***15/64/01 – Grey Statement Summary*** Grey holding statements have been produced for six drugs and these will be uploaded onto the APC website. Adalimumab for hidradenitis suppurative - will be reviewed if a formal application is received and it is prioritised. Ciclosporin eye drops - will be reviewed when the NICE TA is published (expected December 2015). Evolocumab injection - will be reviewed when the NICE TA is published (expected April 2016). Insulin Lispro 200 units/ml - will be reviewed within six months of the product launch in the UK. Methylnaltrexone injection for opioid-induced constipation in non-cancer pain - will be reviewed if an application for use is received and it is prioritised. Tiotropium with Olodaterol – is currently going through the prioritisation process and will be reviewed if prioritised. ***15/64/02 – Expiring Statements September-December 2015*** In order not to have expired recommendatons on the website, it is recommended that the following statements are not renewed at expiry: Eltrombopag (for idiopathic thrombocytopenia), Aflibercept (for wet AMD), Aripiprazole and Ocriplasmin: These drugs all have a NICE TA and are now established in clinical practice and therefore statements do not add any further benefit. The link to the NICE TAs will be retained within NetFormulary. Hydrocortisone MR, Lisdexamfetamine, Retigabine, Olanzapine prolonged-release and Dapagliflozin (monotherapy) are now established into clinical practice and the statements do not add any additional benefit. Eltrombopag (in chronic hepatitis C virus): No expression of interest has been received for this grey statement in two years. These will be archived within NetFormulary and will still be available for viewing for a further two years. After that they will be put into a long-term archive not viewable on the website but they can still be requested from the CSU Medicines Management Team if required. No objections were raised and committee members agreed to the non-renewal of these statements. ***15/64/03 – Legacy website statements non-renewal*** The NMSG proposed the non-renewal of three expired policy statements from the legacy Mid-Mersey Medicines Management Board and North Mersey Area Medicines Management Committee. This proposal has been out for consultation and no negative comments were received. This proposal was agreed.	

	15/64/04 – Brimonidine for rosacea Based on the stakeholder feedback received, there is broad consensus for amber initiated for facial erythema associated with rosacea. The committee agreed the amber-initiated statement. ***15/64/05 – Aflibercept for BRVO*** The red statement was presented. There were no stakeholder feedback comments received. The committee agreed the red statement. ***15/64/06 – Vedolizumab for Crohn's disease*** The red statement was presented. A patient access scheme agreed by DoH is available for vedolizumab. Errors had been identified in the associated costing template NICE produced, therefore the costing information on page 2 of the statement will be finalised when NICE have resolved the errors in their associated costing template. The committee agreed the red statement. ***15/64/07 – Edoxaban for VTE*** The amber-initiated statement was presented to the committee. Edoxaban is the fourth NOAC to be licensed and there is now a fifth one in the pipeline. There was no NICE costing template produced for the NICE TA, instead referring users to the costing templates for abixaban, dabigatran and rivaroxaban as this is a further alternative NOAC option for this indication. Correction to be made on page 2 in the first sentence under 'Switching', in the Prescribing and Implementation Information box: amend ≥ to ≤. The committee agreed the amber-initiated policy statement. ***15/64/08 – Collagenase for Peyronie's disease*** The black statement was presented. No comparison with the gold standard of surgery has been carried out. This is an expensive treatment and there are no robust cost effectiveness data available. NICE are currently scoping a NICE TA. The general view from clinicians was that they would want to use it where surgery is not an option, but they could not identify a particular cohort of patients where it would be used. The recommendation will be reviewed if a NICE TA is progressed and published. The committee agreed the black policy statement. ***15/64/09 – NMSG Updated processes*** JL summarised the updated processes. There were no objections. The committee agreed the processes.	
6	**APC/15/65 – Formulary and Guidelines** ***15/65/01 – Antipsychotics in Behavioural/Psychotic symptoms in Dementia*** The updated version of the existing statement, now classified as 'amber following specialist initiation', was presented. There were no objections and the committee agreed the statement. ***15/65/02 – Sirdupla inhaler*** The stakeholder feedback received mainly centred around potential patient confusion with the risk of patients taking both Sirdupla and Seretide if prescribers and/or patients did not realise they are the same drug combination. FGSG view was that prescribers need to follow formulary advice to prescribe LABA-ICS combination inhalers by brand name to ensure patients receive consistent supply, but this does not get around potential prescriber confusion. There have already been some such incidents reported so members felt that if GPs are going to prescribe it then support should be produced around safety of patients for GPs and community pharmacists. There was a discussion which raised ideas such as: • using community pharmacy MURs • if the pharmacists issue on a repeat prescribing sheet they should let the practice know there is a potential area for confusion. • prescribing systems that flag up if the presciber tries to duplicate a drug. • producing safety charts to cover all inhalers. It was agreed that the APC Safety Subgroup will work on producing a safety document in order to mitigate the risk and help CCGs They will make sure they involve the LPC and community pharmacists in the process. The addition of Sirdupla to the formulary was agreed.	***EB***

15/65/03 – Prednisolone oral liquid

Several comments were received in the stakeholder consultation that the ordinary tablets were crushed and dispersed in water to avoid use of costly prednisolone dispersible tablets, but the subgroup could not recommend that as a routine option because it is unlicensed. The inclusion of the oral liquid would be in addition to the soluble tablets, as feedback was received that the latter were still needed for some patients. Consultation was on 1mg/ml "Dompe" formulation but a 10mg/ml oral liquid has also recently been introduced and FGSG felt there was a place for this on the formulary also. Both are less expensive than soluble tablets.
A question about shelf life was raised and satisfactorily resolved.
There were no objections and the addition of 1mg/ml Dompe and 10mg/ml formulations to the Pan Mersey formulary was agreed.

15/65/04 – Blood glucose meters guideline

This is intended as a guideline to provide recommendations on 1st choice of meters and meters suitable for patients in certain circumstances e.g. poor manual dexterity, insulin pump user, etc., but it states that any other meter may be used where this is best for an individual patient. There are about 60 blood glucose meters available on the market. Informal consultation on the guideline had taken place with the Cheshire & Merseyside Diabetes Strategic Clinical Network during the development of the guideline and the majority of its suggestions had been incorporated. The guideline then underwent formal Pan Mersey consultation as per its standard process.

Blood glucose meters are governed by ISO standards and by June 2016 all meters are required to meet ISO 15197 2013. Greater Manchester Medicines Management Group (GMMMG) has carried out an evaluation of meters using a process that accounts for independent evidence of compliance with the ISO 2013 standard, and scores meters on meter features, manufacturer product support and cost. The FGSG have based the guideline on the evaluation, only including meters that have independent evidence of complying with the ISO 2013 standard as evaluated by the GMMMG process.

The 10 first choice meters in the guideline were selected on the basis that they were the meters that had independent evidence of compliance with ISO 2013 standard as described above, met the essential criteria in the GMMMG assessment as stated on the guideline in terms of meter features and manufacturer support, scored >20 points in the GMMMG assessment and cost less than £10 per 50 strips. The additional meters for particular clinical / patient circumstances were selected on the basis of expert advice from members of the Cheshire and Merseyside Diabetes Clinical Network that they were likely the most suitable meters for those patients, and all had independent evidence of compliance with ISO 2013 standard.

Since the draft statement was produced it has come to light that TRUEyou Mini meter strips only have a 4-month expiry date from first opening the container and so it does not meet the essential criteria and it was agreed therefore it would be removed from the list of 1st choice meters leaving nine 1st choice meters. It was agreed that the price of the meters should be listed in the guideline but the meters should be listed in alphabetical order, not cost order.

Stakeholder feedback mentioned the possibility of addition of the new Accu-Chek Performa Nano meter. This apparently has published evidence of compliance with ISO 2013 standard, costs <£10 per 50 strips but has not yet been scored by the GMMMG evaluation. As GMMMG will be repeating the assessment process in November the FGSG will review the guideline at this time when this meter would likely be included in the evaluation. It was recommended that a 6 monthly review date should be put on the guideline in line with this.

A question was raised about how comprehensive the patient consultation with the Cheshire and Merseyside Diabetes Strategic Clinical Network had been. The Network has patient representation and responses were received from diabetes specialist nurses who could be expected to have expert knowledge on what factors regarding meters are important for patients. In addition, the guideline contains 16 meters including 1st choice meters and meters for particular circumstances, and only excludes 8 other meters that had independent evidence of compliance with ISO 2013 standard, but these meters scored less than 20 points and / or cost more than £10 per 50 strips. It was felt by FGSG that this number would give sufficient

	range to allow professionals and patients enough scope to exercise their personal preferences while still getting a meter with assurance of accuracy, product support, etc. The guideline was approved but it was agreed that this will not be published on the Pan-Mersey website until liaison with the Cheshire and Merseyside Diabetes Strategic Clinical Network, via its Chair Dr Ahmad, had taken place. It was agreed NWCSU team to contact Dr Ahmad to inform him the guideline had been approved, and to ask him to confirm, prior to the October 2015 APC meeting, the Network acceptance that it will be published as agreed at the APC meeting. The statement is to be brought back to APC at the October 2015 meeting for confirmation of this. ***15/65/05 – Colesevelam in bile acid malabsorption*** It was felt that, although there was limited evidence in support of this use, there is a place for this treatment. As a result of consultation feedback a section has been added stating the specialist must obtain informed consent from the patient that it is unlicensed and inform the GP of this. RAG status is Amber Initiated. There were no questions from members and no objections. The statement was agreed. ***15/65/06 – Antioxidants in ARMD – review*** Review of current statement including more recent published evidence (AREDS2 trial) which does not provide any evidence that justifies changing current Black prescribing status. There were no objections and the Black statement was agreed. It was commented that some consultants at Royal Liverpool Hospital, although they will not prescribe these preparations, might advise certain patients they can buy them. ***15/65/07 – Midodrine tablets*** Previously only available as an unlicensed 'Special' and classified as a Red drug. Midodrine is now licensed for treatment of severe orthostatic hypotension due to autonomic dysfunction when corrective factors have been ruled out and other forms of treatment are inadequate. After a discussion about the RAG rating it was agreed that it should be amber initiated and the formulary entry should specifically state the licensed indication. This was agreed. ***15/65/08 – Circadin for adults – review*** This was a review of the current APC statement as review date reached. FGSG recommended it is an Amber Retained statement, for unlicensed uses covered by the statement. Its licensed indication is primarily insomnia (Black). The author asked the APC to include initiation in adults with learning difficulties as a late addition to the statement. However, in view of the comments in stakeholder feedback suggesting use in adults with Parkinsons disease and whether this should also be included, which the FGSG stated it wished to deal with separately, it was felt that all adult-initiated use should be looked at together including learning difficulty use, and it would therefore be illogical to include it at this time. The statement as originally presented to the APC was agreed, covering the prescribing of melatonin (Circadin) for sleep disorders in adults who had initially commenced treatment in childhood. It was agreed by the committee that the FGSG subgroup will look at the use of Circadin in adults with learning difficulties, adults with Parkinsons disease and any other adult-initiated use as a separate issue and update the statement at a later date. ***15/65/09 – Hypnotics*** This Green statement is to support the NICE TA77 guidance that the cheapest hypnotic should be used, it is **not** suggesting that existing patients should be switched. There is no page 2 to the statement as per standard format because the evidence for hypnotics is well known and accepted. The statement was agreed.	***GR*** ***GR*** ***GR***

15/65/10 – Dronedarone

Dronedarone was initially prescribed in primary care, usually following specialist advice as per NICE TA197. However several years ago in light of MHRA warnings on liver toxicity, prescribing in Pan Mersey had been transferred back to hospital and dronedarone rated as Red, with commissioners reimbursing drug cost to providers.

The FGSG reviewed the red statement at review date and, in light of diminishing concerns over liver toxicity with subsequent experience, it decided to recommend the rating should be 'amber retained', suggesting the specialist carrying out annual echo and assessment of result and one of the 6-monthly ECGs, and primary care carrying out the other 6 monthly ECG and 6-monthly LFT and U&E monitoring.

The question was raised over whether the patient will be retained by the specialist who initiated the treatment or should the patient move to another specialist. It was agreed that the patient should be retained by the initiating consultant. Concern was expressed around the proposal that some of the monitoring was by secondary care and some by primary care and members felt that the ECG as well as the echo testing should be kept in secondary or tertiary care. The general opinion of members was that this should be amber retained with all monitoring taking place in specialist care. It was agreed that the FGSG bring back a modified statement to the next meeting.

15/65/11 – Chapter 3 (Respiratory) formulary

There were no questions raised.
The updated Chapter 3 was agreed.

15/65/12 – Chapter 13 (Skin) formulary

The new amber sub-categories have not been included yet; these will be looked at separately and will be brought back to the APC by shared care subgroup in future.
Brimonidine for rosacea will be added now that it has been approved by the APC today.
A request for *Duac* lower strength to be added was agreed by members.
The APC committee agreed Chapter 13.

15/65/13 – Formulary amendments

These minor amendments were agreed by members.

- Change in RAG status of tadalafil (section 7.4.5) when used to treat the urinary tract symptoms of benign prostatic hyperplasia (BPH) from Grey to Black in line with NICE CG97
- Addition of promethazine i.m. injection as Red to section 4.1.1 in combination with i.m. haloperidol for rapid tranquilisation in line with NICE NG10
- Addition of haloperidol i.m. injection as Red to section 4.2.1 in combination with i.m. promethazine for rapid tranquilisation in line with NICE NG10
- Addition of Red RAG rating to lorazepam injection to current Green RAG rating in section 4.1.2 for the indication of rapid tranquilisation in line with NICE NG10.
- Mesalazine m/r sachets 4 grammes (Pentasa) – addition to 1 and 2 gramme sachets to formulary section 1.5.1
- Prednisolone plain tablets – addition of 2.5mg, 10mg and 25mg strengths to formulary sections 1.5.2, 11.10, 4.7.4.3, 6.3.2
- Atomoxetine oral liquid 4mg/ml addition to section 4.4
- Atozet (atorvastatin 20mg + ezetimibe 10mg) to be listed as Black in formulary as per Oral Combination Products statement
- Addition of glycopyrronium Injection 200 micrograms/ml to section 1.2 of Formulary for treatment of bowel colic or excessive respiratory secretions in palliative care
- Removal of co-danthromer capsules and co-danthromer strong capsules from Formulary (discontinued product)
- Removal of zaleplon from Formulary (discontinued product)
- Addition of Glycerin 4g suppositories to section 1.6.2 of Formulary
- Addition of ropinorole m/r 3mg and 6mg to section 4.9.1 of Formulary
- Addition of rivastigmine 13.3mg/24hr patch to Formulary section 4.11 – dementia
- Addition of atomoxetine capsules 100mg to Formulary section 4.4 – ADHD
- Add indication of melanoma to imiquimod cream entry in Formulary section 13.7 as Amber indication (unlicensed indication) as per NICE NG14

7	**APC/15/66 -- Safety** ***15/66/01 – AKI HCP Safety Guidance and Patient Information*** This item has been removed from the agenda until discussions have taken place with the AKI subgroup of the renal network and with primary care.	
8	**APC/15/67 – Any Other Business** ***15/67/01 – AOB*** None.	
9	**APC/15/68 Date, Time and Venue of the next meeting** The next APC meeting will be on Wednesday 21 October 2015 at 1.00 **–** 2.00pm. **FOLLOWED DIRECTLY BY "DECISION MAKING TRAINING" 2.00 – 5.00pm** Venue: The Venue, Civic Way, off Poplar Bank, Huyton L36 9GD	

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