NHS
Pan Mersey
Area Prescribing Committee

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 28 September 2016 in The Education Centre, Kent Lodge, Broadgreen Hospital. L14 3LB

Present:

MEMBERS		Present	Apologies
Peter Johnstone (Chair)	Prescribing Commissioner – Liverpool CCG	X	
Dr Sid McNulty (Deputy Chair)	Consultant Endocrinologist/Chair Drug & Therapeutics Committee – St Helens & Knowsley Teaching Hospitals NHS Trust	X	
Catrin Barker	Chief Pharmacist – Alder Hey Children's NHS Foundation Trust	X	
Dr Rob Barnett	LMC Representative, Liverpool		X
Marie Buckley	Joint Head of Medicines Management – Liverpool Community Health	X	
Dr Ivan Camphor	Mid-Mersey LMC Representative	X	
Nicola Cartwright	Acting Deputy Head of Meds Man – St Helens CCG	X	
Dr Anna Ferguson	GP Clinical Lead – South Sefton CCG	X	
Dr Claire Forde	CCG Governing Body Member, Prescribing Lead – Halton CCG		X
Donna Gillespie-Greene	Head of Medicines Commissioning - Midlands & Lancashire Commissioning Support Unit	X	
Gillian Gow	Chief Pharmacist – Liverpool Heart and Chest FT	X	
Dr Jamie Hampson	GP, Liverpool CCG	X	
Matt Harvey	Liverpool LPC Representative	X	
Dr Dan Hawcutt	Consultant Paediatrician and Chair of D&T Alder Hey Children's NHS FT	X	
Jenny Jones	Principal Pharmacist Meds Management – Warrington & Halton Hospitals NHS FT	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	
Dr Neil Mercer	Consultant Anaesthetist/Chair Drug & Therapeutics Committee –Aintree University Hospitals NHS Trust		X
Kath Phillips	Pharmacist, Southport and Ormskirk NHS Trust	X	
Mark Pilling	Interim Head of Medicines Management – Knowsley CCG	X	
Dr Laura Pye	GP, Medicines Management Committee – St Helens CCG	X	
Sarah Quinn	Head of Medicines Management, Bridgewater Community Healthcare NHS Foundation Trust	X	
Lucy Reid	Lead Pharmacist – Halton CCG Locality Medicines Management Team		X
Paul Skipper	Deputy Director of Pharmacy, The Royal Liverpool & Broadgreen University Hospitals NHS Trust	X	
Dr Octavia Stevens	GP, Southport & Formby CCG	X	
Dave Thornton	Assistant Clinical Director of Pharmacy – University Hospital Aintree	X	
Janet Walsh	Medicines Optimisation Pharmacist – West Lancs	X	

Mike Welsby	Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust	X	
IN ATTENDANCE			
David Ainscough	Pharmacist, Liverpool Community Health	X	
Caroline Crouch	Senior Prescribing Advisor, MLCSU	X	
Anne Henshaw	Senior Pharmacist – Midlands & Lancs CSU	X	
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information	X	
Agatha Munyika	Mersey Care NHS Trust	X	
Eleri Phillips	Pharmacist – The Walton Centre	X	
Graham Reader	Senior Pharmacist – Midlands & Lancs CSU	X	
Helen Stubbs	Senior Pharmacist – Midlands & Lancs CSU	X	

1	**APC/16/51 – Welcome and Apologies for Absence** The Chair welcomed members and accepted the apologies from the following: Neil Mercer, Dr Rob Barnett, Tom Kennedy, Lucy Reid, Dr Adit Jain, Alison Ewing (Paul Skipper attending), Neil Chilton and Simon Gelder (Mike Welsby attending). It is the last APC meeting that Kath Phillips (Southport and Ormskirk NHS Trust) and Helen Stubbs (MLCSU) will be attending. The Chair thanked them for their support to the APC.	***Action:***
2	**APC/16/52 – Declarations of Interest and Quoracy Check** A quoracy check confirmed that this meeting was quorate. Anne Henshaw made a declaration of interest in Ferring Pharmaceuticals Ltd (see item 16/54/05). Peter Johnstone made a declaration of interest in GlaxoSmithKline (see item 16/54/07). Mike Welsby made a declaration of interest in GlaxoSmithKline (see item 16/54/07). PJ made a declaration of interest in Astra Zeneca (see item 16/56/03).	
3	**APC/16/53 – Minutes of the previous meeting and matters arising.** ***16/53/01 – Minutes from the Previous Meeting*** The Minutes were agreed to be an accurate record of the previous meeting on 27 July 2016. ***16/53/02 – Matters Arising*** ***Annual Declaration of Interest Form*** A sample Declaration of Interest form from Birmingham APC was discussed. It suggests that members should be declaring anything within the last 12 months. The Chair asked members what sort of timescale they consider to be reasonable. There was a discussion about whether it should be 12 months or possibly 2 years. The Chair was informed that CCGs need to make a declaration quarterly. Discussion about whether a member should join in the conversation if they have declared an interest. It was agreed that there will be an annual declaration of interest form; members would be expected to declare anything within the last 2 years; and that the item "Declarations of Interest" will be kept on each APC agenda in order to pick up any relevant new declarations.	
4	**APC/16/54 – New Medicines** ***16/54/01 – Grey Statement Summary*** <u>Conjugated Oestrogens and Bazedoxifene Acetate tablets</u>: A grey 'holding' statement has been uploaded to the Pan Mersey website. The NMSG will await publication of NICE ESNM review in Dec 2016 before progressing through APC process. <u>Liraglutide subcutaneous injection as Monotherapy</u>: A grey 'holding' statement has been uploaded to the website. A review will be undertaken if a formal application for use is received and prioritised for in-year review. The Committee agreed to the above. ***16/54/02 – Non-renewal of expiring statement – Aripiprazole Prolonged-Release Injection*** The Pan Mersey APC position is considered to be established into local clinical practice so the statement does not add any additional benefit. It was proposed the statement will be	

archived.

There were no objections and the Committee agreed to the proposal.

16/54/03 – Evolocumab minor update to statement
The bottom sentence on page 1 (about homozygous FH) has been updated to reflect the latest commissioning position. It is NHSE-commissioning only, in accordance with specified criteria and via designated apheresis centres only. This will be changed on the website to reflect the updated position of NHSE.

The APC Committee agreed to this minor update.

16/54/04 – Brivaracetam
Launched in the UK in February this year, brivaracetam is licensed for the adjunctive treatment of focal seizures. EP gave a summary of the 'Amber for specialist initiation' statement. Neurologists will be responsible for the prescribing and follow up of the patients until they are stable. There was a query about what is 'stable'; this is the clinician's decision because it depends upon the individual patient, the drug, the dose, etc. Currently clinicians at The Walton Centre are not expecting to use this much and therefore they will want to follow up patients in order to monitor the drug and its efficacy.

The APC Committee agreed to this statement.

16/54/05 – Degarelix for prostate cancer (NICE TA404)
NICE TA404 recommends the place in the pathway is as a first-line hormonal therapy for treating advanced hormone-dependent prostate cancer, as an alternative option alongside LHRH agonists. This statement is a reflection of current practice. The Shared Care subgroup is currently producing prescribing support documentation. This does not meet the criteria for shared care, it is Amber Retained RAG rating.

The statement was agreed by members.

16/54/06 – E-cigarettes
The NMSG considered that the recommendation should be black due to the current lack of evidence regarding efficacy and long-term safety. Although e-cigarettes are licensed, this is a 'hybrid' licence, which only requires demonstration of plasma nicotine levels equivalent to existing traditional NRT (in this case Nicorette inhalator). Local Authorities, under their public health remit, are still planning to look at whether they consider e-cigarettes as part of stop smoking services. However if this is the case, if they wish GPs to prescribe e-cigarettes for patients accessing the service, then they should commission them to do so. Costs are currently unknown. The Cochrane Review concluded that there is currently a lack of evidence and the evidence available is considered low grade. Feedback from Public Health was that they thought the APC should wait until they have considered and issued their local position, however Pan Mersey CCG commissioners were concerned about the potential risk of this approach, and requested that a statement was published to support GPs receiving requests to prescribe. This is the first e-cigarette licensed and UK launch details are not yet confirmed but could be imminent. The CSU has tried to forge links with PH so that CCG commissioners can be involved in their discussions. The APC position can be reviewed in the future if necessary, if further evidence becomes available.

A question was raised about other forms of nicotine replacement and their evidence. However, there is NICE guidance and safety information on the other nicotine replacement therapies.

The APC Committee agreed to the black statement.

16/54/07 – Albiglutide for type 2 diabetes
The evidence for Albiglutide is not as strong as it is for the other two-weekly GLP-1 mimetics. Evidence for HbA1c reduction is lacking compared to other GLP-1 mimetics and the EMA consider it to be weight-neutral. The dual-chamber delivery device also requires a very specific mixing method and standing time prior to administration. Stakeholder comments were supportive of the Black recommendation.

APC members agreed to the black statement.

	16/54/08 – Dulaglutide for type 2 diabetes The New Medicines subgroup felt that the evidence was much more robust and compelling for Dulaglutide than for Albiglutide. Trials have shown a beneficial effect on both HbA1c and weight reduction with dulaglutide. The pre-filled auto-injector pen device is easy to use and may be preferable for needle-phobic patients as the needle is not visible. Green RAG rating is in line with current formulary status for other GLP-1 mimetics. It was proposed that FGSG will update the current GLP-1 + insulin statement to include dulaglutide as per this proposal without further reference to APC if this were agreed. This green statement was agreed by the APC, and it was agreed that the current GLP-1 + insulin statement can be updated in line with this statement without need to be submitted to APC for further approval.	
	APC/16/55 – Shared Care **16/55/01 – Apomorphine Prescribing Support Information** This document is designed to give GPs the information they need in order to prescribe apomorphine in primary care. SL suggested some minor amendments as follows: (1) Page 2 Continuous subcutaneous infusion - Although it would not be expected for GPs to change the dose of apomorphine, removal of the word 'only' in relation to specialist dose adjustment would facilitate this. The following wording was suggested and agreed: "dose …may be altered by the specialist nurse or consultant……". (2) Page 3 Clarification on who should prescribe the course of domperidone prior to initiation of apomorphine has been amended to state that this is the responsibility of the hospital. (3) Page 3 ECG – Amendment made to clarify that a second ECG if required would be undertaken by the hospital. All of the above amendments were agreed by the APC. The first paragraph on page 1 refers to The Walton Centre but this will be removed as the document will be used by several other trusts. **16/55/02 – Shared Care for ADHD and Narcolepsy** These documents were presented as part of a pilot in Warrington and Halton CCGs, but the APC felt it was inappropriate to post documents detailing a service which is not available in all areas, given the emotive nature of the topic. IC told the meeting that the Mid-Mersey LMC had not been consulted on these documents. CCG Leads explained that the CCGs are very keen to start but the Chair suggested that further work needed to be done with the LMC before they could be considered by the APC.	
5	**APC/16/56 – Formulary and Guidelines** ***16/56/01 – Peripheral neuropathic pain guideline – review*** The guideline has undergone the regular 2-yearly review and update. Consultation feedback had been addressed. Nortriptyline is only to be used where amitriptyline is not tolerated, and this includes where amitriptyline was tried but due to intolerance it had not been possible to titrate to an effective dose, i.e. remove the requirement that amitriptyline must have worked and not been tolerated before nortriptyline could be tried (it was proposed to amend nortriptyline formulary entries to this wording also). It was agreed that the title should make it clear the guideline applied to adults. This guideline was agreed with the minor changes described above, and amended formulary entries to nortriptyline regarding use in amitriptyline intolerance. ***16/56/02 – Generalised Anxiety Disorder guideline – review*** The guideline has undergone the regular 2-yearly review and update. Consultation was not carried out as there were no notable changes required. The Committee felt that in the box entitled 'Second Line Drug Treatment' the last sentence should read "Try an alternative first line SSRI as above e.g. **citalopram, sertraline, paroxetine or fluoxetine** or an SNRI e.g. **venlafaxine or duloxetine. Note:** Risk of interactions with citalopram (QTc prolongation); fluoxetine and paroxetine (potent CYP2D6 inhibitors) and fluoxetine (long half-life and prolonged wash-out)".	

	The APC agreed to the guideline with this amendment made. ***16/56/03 – Gonadorelin analogues in breast cancer – RAG designation*** Gonadorelin is not specifically mentioned in the formulary for breast cancer. The FGSG proposed that it is RAG rated as Amber Retained (same as for use in prostate cancer). Consultation feedback was in agreement with this. This RAG rating was agreed by the APC. ***16/56/04 – Formulary Chapter 6 (Endocrine System) – review*** This is the regular 2-yearly review of the chapter and the Amber sub-categories RAG ratings have also been reviewed by the shared Care Subgroup. Changes made were discussed, including liothyronine now recommended as Red for new patients due to Br. Thyroid Assoc. guidelines that it has very limited role and should only be initiated and supervised by a specialist. It is suggested existing stable patients in primary care may continue to be prescribed liothyronine by the GP where they are satisfied the patient is stable and is benefitting specifically from the use of liothyronine. Consultation feedback had been addressed, except some feedback disagreeing with Amber sub-categories suggested for testosterone, dopamine agonists, carbimazole and propylthiouracil. On discussion it was felt the objections were around clinic workloads and amber categories could not be changed for this consideration. However comments were received that specialists sometimes wished to ask GPs to initiate carbimazole and propylthiouracil prior to patients first appointment with them. GP members agreed that GPs are comfortable with this as long as they have information about the dose and monitoring and therefore amber recommended was agreed for carbimazole and propylthiouracil, but with an addition in the formulary to say that specific advice on dose / monitoring needs to be given to the GP. Testosterone was agreed as amber initiated and dopamine agonists as amber retained. The Chapter review was agreed by the APC. ***16/56/05 – Prescribing of Special-order products ("Specials") statement – review*** This now includes reference to an updated Royal Pharmaceutical Society information document; it does not change the statement but a link to it has been added to page 2 of the statement, at the end of the Key Considerations box. The updated statement was agreed. ***16/56/06 – Sodium oxybate statement – review*** The statement has undergone a regular 2-yearly review and update. Consultation feedback has been addressed. This statement was originally approved based upon the requirement that the Liverpool Sleep Service presented audit data on this treatment so that APC could evaluate effectiveness. An audit report accompanied the reviewed statement. The APC expressed concern that the audit stated that there were no pre-defined degrees of response in the reduction in episodes of cataplexy or improvement in the Epworth Sleepiness Scale that would be considered to be clinically significant. It was agreed that the APC should write to the clinician responsible for the service to ask for further information to support the clinical significance of the responses obtained by patients who were continuing treatment, and whether there was a recognised clinically significant response in Epworth Sleepiness Scale in sleep apnoea and whether this could be considered applicable in narcolepsy with cataplexy. Statement renewal was not approved pending response from Liverpool Sleep Service. ***16/56/07 – Quetiapine I/R statement review*** The statement has undergone the regular 2-yearly review and update. The costings have been updated but the statement did not go to consultation because there are no notable changes. The Committee agreed this statement. ***16/56/08 – Rheumatoid Arthritis Biologics Pathway – Review*** The pathway has been updated with a number of technical points that were inadvertently left	***Action: DGG/ GR/PJ***

	out when it was previously updated in line with TA375 (highlighted on updated pathway). Consultation feedback was in agreement with this. The Committee agreed this pathway. ***16/56/09 – Phenylketonuria guideline – link*** There was a brief discussion about a document entitled "The prescription of low protein foods in PKU" produced by the National Society for Phenylketonuria. European guidelines are due out at the end of the year. The Committee agreed to add a link in the formulary to this guideline. ***16/56/10 – Oral copper post-bariatric surgery – RAG designation*** The bariatric surgery service at Aintree hospital proposed that the RAG rating of oral copper supplementation for patients who have had bariatric surgery should be changed from Amber Patient Retained to Red. Oral copper is an unlicensed treatment, is rarely required and needs specialist monitoring (most patients obtain sufficient copper from multivitamin preparations that are routinely recommended for these patients). Consultation feedback was in agreement with this. The APC agreed that this should be Red RAG rated. ***16/56/11 – Methocarbamol – addition to formulary*** This is currently not mentioned in the formulary, but is non-formulary by omission. The FGSG propose that this should be RAG rated Black in the formulary - to give a more definite message not to prescribe than simply leaving it off the formulary, as there is currently significant expenditure in primary care. BNF lists it as "less suitable for prescribing". Consultation feedback was in agreement with this. This was agreed by the APC. ***16/56/12 – Benzbromarone – addition to formulary*** Rarely used drug for prevention of gout but there are a small number of patients in Pan Mersey who are being prescribed benzbromarone therefore, for clarity, it should be added to the formulary as a Red drug. Consultation feedback was in agreement with this. This proposal was agreed by the Committee. ***16/56/13 – Amber / Red antibiotics presentation on Formulary*** Linezolid - Red Antivirals in HIV and viral hepatitis - Red Drugs to treat tuberculosis - Red Co-trimoxazole – Red for PCP and long-term use, amber initiated for other, short-term use. Tobramycin inhaled - Red Voriconazole - Red The RAG categories of the above list of drugs were specified in Pan Mersey RAG list agreed in February 2013. However, with the transfer of RAG information to the NetFormulary layout of the Pan Mersey formulary these were not carried forward, as they are not included in the 'Pan Mersey Antimicrobial Guide and Management of Common Infections in Primary Care'. On occasion, these oral treatments are prescribed therefore, for clarity, it is proposed to add them to the formulary. These were agreed, apart from oral linezolid where it was agreed that for patients not admitted to hospital where recommended by a microbiologist, short-term use (10 days or less) was Amber Recommended - but Red for long-term use (>10days) and where patient has been admitted to hospital. The Committee agreed that these should be added to the formulary as above. ***16/56/14 – N-acetylcysteine statement – review*** The statement has undergone its regular 2-yearly review and update. There is no new evidence and consultation was not therefore necessary. The amount of prescribing has reduced significantly but it is still considered necessary to have a statement.	

	The statement was agreed. ***16/56/15 – Minor formulary amendments*** Additions to formulary: Captopril liquid: Agreed. Amlodipine liquid: Agreed. Buprenorphine patches brand removal: Agreed. Dexamethasone soluble tablets: Agreed. Sodium chloride 7% nebuliser brand removal: Agreed. Dipyridamole 200mg/5ml suspension: Agreed. MacuLEH Light: Agreed to add to list of antioxidant preparations in ARMD Black statement.	
6	**APC/16/57 – APC Reports** ***16/57/01 – NICE TA Adherence Checklist August 2016*** The August checklist was included on the APC agenda for noting. The only update to this checklist relevant to APC is degarelix for prostate cancer – which was agreed by the APC at this meeting (see item 16/54/05 above).	
7	**APC/16/58 – Any Other Business** ***16/58/01 – AOB*** None.	
8	**APC/16/59 Date, Time and Venue of the next meeting** Date and time of next APC meeting: Wednesday 2 November 2016 at 2.00-4.00pm Venue: The Community Room, River Alt Resource Centre, Woolfall Heath Avenue, Huyton. L36 3YE.	

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.