NHS
Pan Mersey
Area Prescribing Committee

# PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

## Minutes of the Meeting held on Wednesday 24 May 2017 in The Education Centre, Kent Lodge, Broadgreen Hospital. L14 3LB

**Present:**

| MEMBERS | | Present | Apologies |
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| 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 |
| David Ainscough | Pharmacist, Liverpool Community Health | X | |
| Catrin Barker | Chief Pharmacist – Alder Hey Children's NHS Foundation Trust | X | |
| Dr Rob Barnett | LMC Representative, Liverpool | | X |
| Nicola Baxter (Barry Lloyd attending) | Head of Meds Optimisation at West Lancs CCG | | X |
| Dr Ivan Camphor | Mid-Mersey LMC Representative | X | |
| Nicola Cartwright | Acting Deputy Head of Meds Man – St Helens CCG | X | |
| Vicki Caton | Pharmacy Clinical Services Manager – Southport & Ormskirk Hospital NHS Trust | X | |
| Neil Chilton | Medicine Man Clinical Services Manager – North West Boroughs Healthcare, Mental Health Trust | 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 |
| Dr Dan Hawcutt | Consultant Paediatrician and Chair of D&T Alder Hey Children's NHS FT | X | |
| Dr Adit Jain | Clinical Lead, Prescribing – Knowsley CCG | X | |
| Jenny Jones | Principal Pharmacist Meds Management – Warrington & Halton Hospitals NHS FT | X | |
| Barry Lloyd | Pharmacist, West Lancs CCG | 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 |
| Paul Mooney | Meds Management Lead, The Royal Liverpool & Broadgreen University Hospitals NHS Trust | X | |
| Mark Pilling | Chief Pharmacist & Assistant Director of Primary Care – Knowsley CCG | X | |
| Dr Laura Pye | GP St Helens Meds Man Committee Board Member | 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 |

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| Dr Octavia Stevens | GP, Southport & Formby CCG | | X |
| Dave Thornton | Assistant Clinical Director of Pharmacy – University Hospital Aintree | X | |
| Mike Welsby | Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust | X | |
| **IN ATTENDANCE** | | | |
| Helen Dingle | Senior Prescribing Advisor, MLCSU | X | |
| Kieron Donlon | Senior Prescribing Advisor, MLCSU | X | |
| Anne Henshaw | Senior Pharmacist – Midlands & Lancs CSU | X | |
| Kerry Lawton | Pharmacist, North West Boroughs Healthcare, Mental Health Trust | X | |
| Joanne McEntee | Senior Medicines Information Pharmacist, North West Medicines Information Centre | | X |
| Graham Reader | Senior Pharmacist – Midlands & Lancs CSU | | X |
| Kay Walsh | Pharmacist: Southport & Ormskirk Hospital Trust, Southport & Formby CCG, South Sefton CCG | X | |

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| 1 | **APC/17/29 – Welcome and Apologies for Absence**<br>The Chair welcomed members and accepted apologies from the following:<br><br>Dr Sid McNulty, Nicola Baxter (Barry Lloyd attending), Dr Octavia Stevens, John Williams (Vicki Caton attending), Dr Claire Forde, Joanne McEntee, Sarah Quinn, Dr Rob Barnett, Dr Neil Mercer and Dr Tom Kennedy. | ***Action:*** |
| 2 | **APC/17/30 – Declarations of Interest and Quoracy Check**<br>A quoracy check confirmed that this meeting was not quorate.<br>There were no declarations of interest for items on the agenda. | |
| 3 | **APC/17/31 – Minutes of the previous meeting and matters arising.**<br>***17/31/01 – Minutes from the Previous Meeting***<br>The Minutes were agreed to be an accurate record of the previous meeting on 29 March 2017.<br><br>***17/31/02 – Matters Arising***<br>***Annual Declaration of Interest Form***<br>There are currently only a few members who have not returned the annual declaration of interest form and as they are not present at this meeting they will be contacted within the next few days. | ***DGG*** |
| 4 | **APC/17/32 – New Medicines**<br>***17/32/01 – Grey Statement Summary***<br>Tofacitinib: A grey 'holding' statement has been produced. This drug for rheumatoid arthritis will be reviewed when the NICE TA is published (expected December 2017).<br>Eluxadoline: This drug for irritable bowel syndrome with diarrhoea will be reviewed when the NICE TA is published in September 2017. In the meantime a grey holding statement is on the APC website.<br>The Committee approved the above.<br><br>***17/32/02 – NMSG expiring statements April-June 2017***<br>Infliximab, Adalimumab and Golimumab in ulcerative colitis: The NICE TA recommendations are now established into clinical practice and therefore the policy statements no longer add any additional benefit. It was agreed that these statements will not be renewed but a link to the NICE TA will be retained in the respective formulary entries.<br>Vedolizumab infusion for ulcerative colitis: As above.<br>Exenatide pr subcutaneous injection: This statement has already been archived because the TA has been withdrawn and superseded by NICE NG28.<br>Insulin Degludec + Liraglutide: The APC recommendations for this treatment are now established into clinical practice therefore the statement (expiring in April 2017) will not be renewed. There is sufficient information included in the formulary entry.<br>Lurasidone: As above.<br>The APC committee approved the above actions. | |

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| | ***17/32/03 – Ixekizumab for Plaque Psoriasis (NICE TA442)***<br>A summary of the statement was given to the committee, in line with NICE TA442. This treatment should be discontinued at 12 weeks if the patient has not responded appropriately. The psoriasis pathway will be updated in due course by FGSG.<br>This statement was approved.<br><br>***17/32/04 – Rituximab for Rheumatoid Arthritis (statement review)***<br>This is a routine review of an existing statement. There are no changes in the NICE TA or the Merseyside Rheumatoid Arthritis Pathway so no changes have been made to the reviewed statement. It was proposed to add this statement to the Pan Mersey APC static list. There were no objections and the statement was approved.<br><br>***17/32/05 – Ustekinumab for Psoriatic Arthritis***<br>This is a routine review of an existing statement. Only thing to note is PAS has now been withdrawn as the manufacturers now produce a 90mg dose at the same price as the 45mg dose. It was pointed out that the 90mg dose should no longer be prescribed as 2 x 45mg vials/syringes as this will cost twice as much. It was requested that AH emails trusts to obtain assurance that the 90mg dose will be given as 1 x 90mg not 2 x 45mg. It was proposed to add this statement to the Pan Mersey APC static list.<br>There were no objections and the statement was approved.<br><br>***17/32/06 – Eltrombopag for Acquired Severe Aplastic Anaemia (SAA)***<br>Background: Two patients have previously been given a trial of treatment with eltrombopag as IFRs. In both cases treatment was unsuccessful and was ceased after 12 weeks. Dr O'Brien now wishes to give a third patient a trial of treatment with this drug, which is being recommended by a consultant professor in London. As there is clearly an identified cohort of patients, this patient cannot be considered via the IFR route as they are not considered to be clinically exceptional. Therefore a business case was submitted for consideration via the APC process as there is no other route for dealing with small patient cohorts.<br><br>Dr. O'Brien has put a case forward to offer this treatment to this patient group and a number of letters from him were presented to the APC to support his case. Eltrombopag for idiopathic thrombocytopenic purpura (ITP) is approved by NICE and is already commissioned. However, NICE terminated the appraisal for SAA due to lack of evidence for both clinical and cost effectiveness. This is a rare condition and therefore the evidence is limited.<br><br>The details of the trial were outlined. In summary, out of 43 patients only 40% (17 patients) showed a haematological response, but only 1 patient had a tri-lineage response and became transfusion independent, the rest of the patients remained transfusion-dependent. The NMSG concluded that there is not a robust case for clinical effectiveness or cost effectiveness because of a lack of evidence therefore a black statement was consulted on.<br><br>The NMSG was also concerned about safety risks and the duty of care to the patient, as eltrombopag is quite a toxic drug and it was felt that the benefits of treatment did not outweigh the risks given the poor response rate. While accepting that this disease gives a poor quality of life, the safety risks cannot be overlooked and the APC committee supported the NMSG view that decisions have to be made based on the available evidence.<br><br>Stakeholder feedback was discussed, and it was noted that there is not a consensus from local consultant haematologists around this drug.<br><br>A black statement is consistent with NICE, SMC and AWMSG. If the clinician feels strongly enough they have the opportunity to put a case to their Trust to treat the patient but they would incur the cost of treatment. Based on the evidence, the APC committee approved the black statement.<br><br>SL queried that this APC meeting is not quorate and whether this would affect the decision making process. It was suggested that this has been discussed previously and that it was agreed that provided ratifying committees noted that APC meeting was not quorate and they were quorate themselves then, as they are the decision making/ratifying committees, that is acceptable. It was requested that the APC minutes were checked to establish when this was agreed at APC.<br><br>The APC Committee thanked KW for all her work. | ***AH***<br><br>***DGG*** |

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| | ***17/32/07 – Rivaroxaban for Acute Coronary Syndrome (statement review)***<br>This is a review of an existing statement and no changes have been made except to the costings. There was a question about monitoring in the feedback, but there is no specific monitoring required for this drug. It is in line with the NICE TA. It was proposed to add this statement to the Pan Mersey APC static list.<br>There were no objections and the statement was approved.<br><br>***17/32/08 – Opicapone for Parkinson's Disease***<br>Entacapone is on the formulary and is the most commonly used COMT inhibitor. It is proposed that opicapone could be a treatment option for those patients who fail to respond to or are intolerant of entacapone and where tolcapone is being considered. The statement author talked through the details in the statement such as: better safety profile than tolcapone; fairly small numbers of patients; costings. Side effect profile is consistent with other Parkinson's disease treatments.<br><br>Amber recommended rating was agreed at Shared Care and New Medicines subgroups. The SPC says opicapone can enhance the effects of levodopa however, in practice, as patient symptoms are not controlled then this is not considered to be a bad thing. It was felt that in reality the first prescription would be issued by the specialist but that the GP could be asked to take on prescribing prior to the patient reattending for clinic review. Patients and primary care clinicians have access to the specialist nurses for advice if necessary during this time. Attention was drawn to the additional information about impulse control disorders and that it is the responsibility of the initiating specialist to counsel patients appropriately.<br><br>A GP expressed concern that the LMC did not feel amber recommended is appropriate and that this should be amber retained. However, upon examination of the SPC there is nothing specific about this drug which makes it fit the amber retained category, although it was accepted that patients may be retained by the specialist due to the disease but not specifically due to the drug itself.<br>The APC Committee approved the amber recommended statement.<br><br>***17/32/09 – Safinamide for Parkinson's Disease***<br>Consultants see this as a last-line oral therapy option where patients have failed to respond to or are intolerate of rasagiline and/or selegiline and consideration is being given to non-oral therapies such as apomorphine. Side effect profile is in line with other treatments for people at this stage of Parkinson's disease. Specialists say the use is likely to be limited, but it may prove a useful treatment option for some patients. Feedback received is similar to the Opicapone feedback and so same responses apply.<br>The APC approved this statement and the amber recommended RAG rating.<br><br>***17/32/10 – Chapter 4.9 (movement disorder) Amber RAG review***<br>This section of the chapter is one month ahead of the rest of the chapter to accompany the statements for opicapone and safinamide. All of the Chapter 4.9 drugs are Amber Recommended with just three exceptions. A summary of the information was given to the meeting and the stakeholder feedback was supportive.<br>The APC Committee approved the chapter section review. | |
| 5 | **APC/17/33 – Formulary and Guidelines**<br>***17/33/01 – Phosphodiesterase type-5 inhibitors in ED – statement review***<br>This statement has been reviewed and the only changes made are minor updates, such as prices, and small tweaks in wording. This went out in February 'for information' only and there was no feedback. Prices were looked at in January and again in May this year so the date in the Cost box will be changed to May 2017 and the prices updated. A member asked for opinions about the quantity of generic sildenafil that may be prescribed. It was agreed that, as this was a recommendation only, it was reasonable for it to remain in the statement.<br>The APC approved the statement review. | |
| 6 | **APC/17/34 – Safety**<br>**17/34/01 – Opioid Transdermal Analgesic Patches – statement review**<br>In this review the brands of Fentanyl and Buprenorphine have been removed. Under the heading "When prescribing Fentanyl or Buprenorphine Patches", the first bullet point to be changed to read "The brand of patch used must be specified on the prescription. Refer to the | |

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| | Pan Mersey formulary".<br><br>The statement review was approved by the APC Committee after the above minor amendment has been made. | |
| 7 | **APC/17/35 – APC Reports**<br>***17/35/01 – NICE TA Adherence Checklist April 2017***<br>This has been updated to include all NICE TAs up to the end of April 2017 and it will be uploaded to the Pan Mersey website.<br><br>***17/35/02 – APC Prescribing Report May 2017***<br>This 6-monthly APC Prescribing Report has been updated to include data up to the end of February 2017. The prescribing of Quetiapine graph on page 1 shows a downward trend. The Colief graph on page 2 is showing a generally downward trend. The Doxazosin MR graph on page 3 shows that, generally, the recommendations are being adhered to. With reference to the information on page 4 for Sacubitril/Valsartan, at the moment the costs are small per month, however, it has been highlighted as a potential cost pressure concern so it will continue to be monitored as it is anticipated that primary care prescribing will increase once patients have been stabilised in secondary care and GPs are requested to take on prescribing. The table on page 5 shows the upward and downward trends of the prescribing of specific drugs by each CCG. | |
| 8 | **APC/17/36 – Any Other Business**<br>***17/36/01 – AOB***<br><u>Change of Wording</u><br>A letter has been received from Mid-Mersey LMC proposing that the wording in an APC website document called "Definitions and Criteria for Categorisation of Medicines in the Pan Mersey Formulary" be changed.<br>There were no objections to this change of wording.<br><br><u>NICE Fast Track – 30 day implementation</u><br>Fast Track is a new NICE process for review of drugs of lower financial impact. Upon closer examination there would appear to be a 30 day implementation and that would cause a huge problem for processing these drugs through the APC process. When the issue arose with the EAMS 30 day implementation for sacubitril/valsartan, Pan Mersey APC fed back to NICE that this would be a problem and it is not workable. The APC has an established process and if a NICE TA came out one day after the APC Meeting it would be impossible to turn this around within the required timescales for individual organisations to ratify within 30 days.<br><br>This is a non-statutory requirement so the APC agreed to take a stand and not change anything and to continue to adhere to the statutory 90 day NICE implementation.<br><br><u>Transanal Irrigation (TAI)</u><br>TAI is being reviewed. At a previous CCG Leads meeting, it was proposed that this treatment should be Red for neurogenic bowel dysfunction and Black for other indications. This proposal was circulated for consultation and a large volume of feedback was received. This feedback was discussed at FGSG yesterday and the subgroup were uncomfortable with taking the recommendations any futher, because it is not a drug but is a device and this is not the group's expertise. The FGSG have reviewed the evidence (as requested by the Leads) but their decision was that this is a commissioning issue.<br><br>DGG highlighted to the group that the subgroup minutes were not yet available, and therefore it was not possible for the CSU MM team to comment on the outcomes of the discussion at this time. The committee was reminded that this intervention was following the process and no decision would be made before it was presented to the APC for recommendation. The outcome of the meeting will be discussed by the MM team in due course, and presented to the CCG Leads meeting, prior to any further action being taken.<br><br><u>Oxybutinin</u><br>The RAG rating given to Oxybutinin in paediatrics was amber initiated. A member from Alder Hey expressed the belief that there may have been people missed out in the consultation procedure for oxybutinin, e.g. paediatric incontinence nurses (as they are specialists in this field), but it has been uncovered that these specialist nurses are not prescribers. | ***HD*** |

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| | There was a discussion about where the legal responsibility lies when a non-prescriber requests that a prescriber initiates a patient on a medicine. It may be necessary to re-consult.<br>DGG will look further at this and report back to the APC. | ***DGG*** |
| 9 | **APC/17/37 Date, Time and Venue of the next meeting**<br>Date and time of next APC meeting: Wednesday 28 June 2017 at 2.00-4.00pm<br>Venue: The Education Centre, Kent Lodge, Broadgreen Hospital, Thomas Drive, L14 3LB | |

***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.***