NHS
Pan Mersey
Area Prescribing Committee

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 28 June 2017 in The Education Centre, Kent Lodge, Broadgreen Hospital. L14 3LB

Present:

MEMBERS		Present	Apologies
Dr Jamie Hampson (Acting Chair)	GP, Liverpool CCG	X	
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	Head of Meds Optimisation at West Lancs CCG	X	
Colin Brennan	Deputy Clinical Services Manager & Surgical Division Lead Pharmacist, Aintree Hospital	X	
Dr Ivan Camphor	Mid-Mersey LMC Representative		X
Nicola Cartwright	Head of Medicines Management – 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 NHS Foundation Trust	X	
Dr Patricia Cunningham	Consultant Acute Physician and Medication Governance Group member, RLBUHT	X	
Dr John Edwards	GP, 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 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	
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	
Agatha Munyika	Mersey Care NHS Trust	X	
Mark Pilling	Chief Pharmacist & Assistant Director of Primary Care – Knowsley 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	

Claire Sawers	Medicines Optimisation Pharmacist Warrington CCG	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
Mike Welsby	Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust	X	
IN ATTENDANCE			
Sophie Cotter	Pharmacy Student, St Helens CCG work placement	X	
Helen Dingle	Senior Prescribing Advisor, MLCSU	X	
Anne Henshaw	Senior Pharmacist – Midlands & Lancs CSU		X
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information Centre	X	
Graham Reader	Senior Pharmacist – Midlands & Lancs CSU	X	

1	**APC/17/38 – Welcome and Apologies for Absence** The Chair welcomed members and accepted apologies from the following: Dr Sid McNulty,Peter Johnstone, Dr Anna Ferguson, Dr Dan Hawcutt, Dr Ivan Camphor, Catrin Barker, Lee Knowles (Agatha Munyika attending), Jenny Lunn (Claire Sawers attending), Mark Pilling, Paul Gunson, Catherine Harding, Dr Tom Kennedy (Dr Patricia Cunningham attending) and Anne Henshaw.	***Action:***
2	**APC/17/39 – Declarations of Interest and Quoracy Check** A quoracy check confirmed that this meeting was quorate. There were no declarations of interest for items on the agenda.	
3	**APC/17/40 – Minutes of the previous meeting and matters arising.** ***17/40/01 – Minutes from the Previous Meeting*** The Minutes were agreed to be an accurate record of the previous meeting on 24 May 2017. ***17/40/02 – Matters Arising*** ***Making recommendations when APC meeting is not quorate*** The CSU team has checked previous APC Minutes for wording about making recommendations when the APC meeting is not quorate. Being unable to find anything in recent Minutes, it was agreed that DGG will put some wording into the APC Policy (which she is currently updating). This will be brought to the next meeting. ***Transanal Irrigation update*** The consultation feedback was reviewed by the Formulary and Guidelines Subgroup. The issues raised concerned service provision, patient pathways and quality standards of services and the subgroup agreed that these issues need to be resolved by commissioners and specialist service leads. The Policy Development Working Group are going to look at the commissioning of TAI. Specialist service leads and one commissioner from each trust will be invited to the meeting on 5 September. The APC agreed that HD will arrange for GPs to be invited/represented at this meeting. ***Specialist nurses and prescribing recommendations*** Oxybutinin was discussed at FGSG last week and the subgroup could see no reason why this cannot remain amber initiated. Some of the services that are currently recommending oxybutinin do not have specialist prescribers. There probably needs to be some discussion with the local medical committees about responsibility for that group of patients. GPs are receiving recommendations to prescribe from non-prescribers. Several conflicting opinions were presented, but the committee agreed that generally, as the patient's GP, with access to the patient notes, GPs will review a recommendation, and override if necessary.	***DGG*** ***HD***
4	**APC/17/41 – New Medicines** ***17/41/01 – Grey Statement Summary*** <u>Insulin Glargine + Lixisenatide solution</u>: A grey 'holding' statement has been produced. This drug (for Type 2 diabetes mellitus) will be reviewed if a formal application for use is received	

	and prioritised by NMSG. The Committee approved the above. ***17/41/02 – Archiving of statement for botulinum A toxin in migraine*** This statement has been around for some time and is well established into clinical practice therefore the statement adds no additional benefit. It is proposed that it is not renewed but that a link to the NICE TA is kept in the formulary entry and the Botox brand will be removed as other licensed brands are now available. The APC committee approved the above actions. ***17/41/03 – Certolizumab and Secukinumab for Psoriatic Arthritis (NICE TA445)*** NICE approved certolizumab and secukinumab in psoriatic arthritis last month. These are hospital-only red drugs, PBR-excluded and are alternatives to existing biological agents. The previously agreed Pan Mersey pathway and guideline have been amended to incorporate them. There are not likely to be any major financial consequences as they are alternatives to existing biologicals currently in use within same parameters. The statement, updated guideline and pathway were approved by the APC. ***17/41/04 – Conjugated oestrogens and Bazedoxifene (Duavive®) for Oestrogen Deficiency*** NB talked the APC members through all the Duavive information including trial data and consultation feedback. There were no questions and the black statement was approved. ***17/41/05 – Rasburicase for Refractory Tophaceous Gout*** CB went through the details of this treatment. An application from Aintree Hospital was submitted but there was very little evidence. Based on lack of evidence and cost it was not expected that the CCGs would fund this. Patient data also showed that infusion related reactions and a reduced effect to treatment due to antibody production became more prevalent as the treatment continued. There was some discussion on the mode of action of Rasburicase and the availability of a drug previously available in Europe, but withdrawn due to changes in European Medicines Agency regulatory requirements but still available in the US, which is very effective. It was suggested that there was a class effect, however the APC make recommendations based on published evidence rather than biological plausibility. The APC was also asked how an exceptional patient might be funded. This would be via the internal trust processes in this case. The black statement was approved.	
5	**APC/17/42 – Formulary and Guidelines** ***17/42/01 – Strontium discontinuation*** Strontium will be discontinued by the manufacturer in August 2017. FGSG wanted to raise the issue of giving advice to prescribers as there are approx. 200 patients currently prescribed in Pan Mersey area (from epact data). Patients should only have been on strontium if nothing else is suitable, following EMA advice and a licensing change several years ago. The subgroup felt they could not issue any specific advice on drug alternatives as in theory there are no drug alternatives for these patients, so proposed that a comment is put in the formulary to say “product is discontinued, consider seeking specialist advice”. The APC approved this amendment to the formulary. ***17/42/02 – NICE CG164 update, high risk breast cancer guideline*** In the NICE Clinical Guidelines 164 March 2017 update, NICE has recommended that women with high risk or moderate risk of familial breast cancer should be offered tamoxifen or anastrozole for 5 years. The Formulary and Guidelines Subgroup wanted to highlight this to APC and constituent organisations to ensure it was taken into account. Agreed to add a comment in the formulary under these 2 drugs with a link to NICE CG164. Approved by APC. ***17/42/03 – Utrogestan*** Stakeholder feedback was discussed and was broadly in favour of addition to the formulary. Utrogestan is natural progesterone licensed for post-menopausal women; costs are comparable to other HRT products. The FGSG proposed the addition of micronized progesterone 100mg to Chapter 6 of the formulary with a green RAG rating as 2nd line option	

	for women who may not be able to tolerate synthetic progesterone. This was approved by the APC. ***17/42/04 – Space Chamber Plus*** The FGSG proposes to amend the formulary by replacing Aerochamber Plus inhaler spacer with the Space Chamber Plus as a medium volume spacer device. Also, it is proposed that Able Spacer inhaler space is replaced by Space Chamber Plus Compact, as a small volume spacer device. These spacers are less expensive equivalent options. Stakeholder feedback was discussed and was broadly in favour of this change to the formulary. The APC approved this. ***17/42/05 – Aerivio Spiromax / AirFluSal Forspiro*** Costs and patient factors of Aerivio Spiromax and AirFluSal Forspiro were discussed. FGSG proposed the addition of Aerivio Spiromax to the formulary as a less costly dry powder inhaler salmeterol + fluticasone 50/500 option, and the removal of AirFluSal Forspiro. Stakeholder feedback was discussed and was broadly in favour of this change to the formulary. The APC approved this. ***17/42/06 – Hypersalivation guideline*** Stakeholder feedback was discussed and the main purpose of the guideline to support GPs to titrate doses of these drugs after specialist recommendation (initiation for paediatrics) was explained. After discussion, the APC felt some of the drugs could be rated as green as GPs would feel comfortable initiating them and this would allow initial management to commence if patients needed specialist referral. It felt that amitriptyline, glycopyrronium, hyoscine liquid and patch could all be green in adults, with only trihexyphenidyl and atropine eye drops requiring amber RAG status. It was agreed to ask the FGSG to amend the guideline accordingly and repeat stakeholder consultation for return to a future APC meeting. ***17/42/07 – Malnutrition guideline, review*** This is an update of the current guideline. Consultation feedback had been addressed. There are small changes to the flowchart and some changes to the first line recommended milk based supplements (Nutricomp Drink Plus replaces Fortisip Bottle and Fresubin Energy) in the supplement section based on cost. There was a query on the ideal supplements to use first line and it was noted the first line is a powdered supplement and explained the costs. It was also noted there appears to be significant price competition currently. The guideline lists current prices and it is general APC procedure not to update guidelines with every price change routinely. However, if CCG representatives on the FGSG feel that subsequent price changes before the next routine guideline review are sufficiently significant to change the guideline then it may do this. Dr Jain made the point that GPs frequently face instances where secondary care have provided patients with a single sample of a nutritional supplement and suggested that the patient requests the GP to continue it, even though they may not have checked the weight of the patient and the MUST score. GR stated the guideline includes an appendix on reviewing patients who had been commenced on supplements in hospital and hoped this would empower GPs to discontinue this where inappropriate. The APC approved the Malnutrition guideline. ***17/42/08 – Enstilar statement*** This is a foam formulation of calcipotriol+betamethasone and an alternative to current gel formulation (Dovobet) for the treatment of psoriasis. It may be easier for patients to apply and has a 4 week treatment course compared to 8 weeks and it is less expensive (but not licensed for scalp use). Because it is easier to use, the subgroup was concerned it could result in over-application and had included information to try to ensure correct use. Stakeholder feedback was discussed and was broadly in favour of this addition to the formulary. The green statement was approved. ***17/42/09 – Formulary Chapter 1, review*** The routine review has been carried out and changes and amendments were presented, including the addition of budesonide 9mg (Cortiment) as second line option to steroid rectal foams and Clipper. Stakeholder feedback was broadly in agreement.	***GR***

	There was a query regarding current amber RAG status of Glycopyrronium injection in palliative care / GI spasm. It was agreed that this is to be reviewed by FGSG as a separate issue. It was pointed out there are differences in Purple RAG rating for subcutaneous methotrexate in St Helens and in Halton. St Helens and Halton representatives agreed to send details to CSU regarding how they wished the formulary entry to be recorded regarding their local practice. The Chapter 1 review was approved by the APC. ***17/42/10 – Desiccated thyroid statement, review*** This is an update of the current statement. More recently available studies have been incorporated into the statement but the overall conclusion is unchanged. There is no reliable evidence to support the suggestion that desiccated thyroid has advantages over licensed levothyroxine and liothyronine and it is unlicensed. The black statement is consistent with current national guidance. The APC thanked the author for the work on this review. The author is currently writing a structured list of the information considered and a response to each study, which will be circulated to all interested parties in due course. The black statement was approved by the APC. ***17/42/11 – Generic anticonvulsants*** MHRA advice nationally states that a number of drugs can be prescribed generically, whereas expert opinion locally at Walton Centre is that patients should stay on the same brand or generic version for all anticonvulsants used in epilepsy. The stakeholder feedback largely stated that Pan Mersey should follow local guidance. Following a discussion it was agreed there were practical difficulties with both the MHRA and the Walton Centre positions, in that MHRA advice that some drugs may need to be prescribed by brand for individuals despite being usually generically prescribable led to uncertainty, and that the Walton Centre advice that patients should stay on same generic version was impractical given supply issues frequently encountered in primary care. It was agreed there needed to be two precisely defined categories - 1) those which must be prescribed and supplied by brand - corresponding to categories 1 and 2 in the MHRA advice and 2) those that should be prescribed generically and any generic version supplied - corresponding to category 3 in the MHRA advice . The FGSG will draft this proposal and it will go for stakeholder consultation. ***17/42/12 – Apraclonidine eye drops*** Eye drops for treatment of glaucoma are currently amber recommended, except apraclonidine because it is licensed for short-term use so it is rated Red (licensed for short-term peri-operative treatment and limited to 1 month prior to laser procedures). However, specialists proposed that for patients with glaucoma refractory to other products it has a role in longer term management of IOP in glaucoma (off-label use) and that such use should be designated amber recommended in line with other preparations. The formulary should note this restriction. Stakeholder feedback was broadly in agreement, with a suggestion about limiting preservative-free drop use as this is very expensive – a note will be added, restricting it to those with documented preservative intolerance. The change to amber recommended RAG rating was approved. ***17/42/13 – Dry eye guideline, review*** This is an update of an existing guideline with very minimal change. Stakeholder feedback was in agreement. The guideline was approved by APC. ***17/42/14 – Formulary Chapter 4, review*** FGSG has carried out a routine review of Chapter 4. There was stakeholder feedback about the pain section and opioids for chronic pain and this had been accommodated. It was pointed out that the Chapter refers to drugs prescribed by Lifeline but the company is no longer called Lifeline; SL will inform GR of alternative name so this can be amended. Mirtazepine will no longer be designated 2nd choice – all of "Other antidepressants" section will not be listed in terms of "*n* line choice" as after SSRIs and TCAs the choice of antidepressant depends on circumstances and it is not possible to be specific in formulary. The chapter 4 routine review was approved by APC.	***NC / LR*** ***GR*** ***SL***

6	**APC/17/43 – Shared Care** ***17/43/01 – Chapter 4*** The stakeholder feedback from St Helens CCG MMC is specific to the Shared Care Subgroup with regard to paediatric RAG ratings. SCSG had agreed with the majority of the feedback but one point still needed to be resolved. APC agreed with the feedback which stated that the paediatric RAG ratings for nitrazepam and acetazolamide (epilepsy drugs which are less commonly used) should be changed from Amber Initiated to Amber Retained; HD will speak to Alder Hey to ensure they do not have any major disagreement with this. Section 4.10 for alcohol dependence is still under review and will probably come to APC in September, after it has been out on the consultation email in July. The chapter review was approved by the APC Committee after the above item has been confirmed with Alder Hey. ***17/43/02 – Chapter 2*** Separate consultation documents were sent out for Chapter 2 Adult and Chapter 2 Paediatric because many of the drugs that are Green for adults have a different RAG rating for children. The paediatric recommendations were approved by the stakeholders who provided feedback. HD discussed the two points raised in the adult feedback. The chapter review was approved by the APC. ***17/43/03 – Chapter 11*** This was a review of drugs for ocular surface disease (not dry eyes) which is diagnosed and managed by secondary care and these drugs have been rated Amber Recommended. These drugs are no longer listed in the Dry Eyes Guideline but will be found directly in the chapter. This review was approved by the APC Committee. ***17/43/04 – Gonadorelins for information*** A minor amendment was drawn to the attention of the meeting; the license for triptorelin 3mg has been extended to include breast cancer and this has been added to the prescribing support information on page 2. The APC Committee approved this amendment.	***HD***
7	**APC/17/44 – APC Reports** ***17/44/01 – NICE TA Adherence Checklist May 2017*** This has been updated to include all NICE TAs up to the end of May 2017 and it will be uploaded to the Pan Mersey website. Pan Mersey APC and component organisations have achieved the target, outlined in the guidelines, for approving within 90 days. As of July 2017, NICE will start producing recommendations on a weekly basis rather than a monthly basis – this will be particularly difficult in August and December, due to the APC not meeting, therefore this will be reviewed and brought back to the October meeting for discussion.	***DGG/ AH***
8	**APC/17/45 – Any Other Business** ***17/45/01 – AOB*** None.	
9	**APC/17/46 Date, Time and Venue of the next meeting** Date and time of next APC meeting: Wednesday 26 July 2017 at 2.00-4.00pm 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.