PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 29 November 2017 at The Education Centre, Kent Lodge, Broadgreen Hospital. L14 3LB

MEMBERS		Present
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	
David Ainscough	Pharmacist, Liverpool Community Health	
Catrin Barker	Chief Pharmacist - Alder Hey Children's NHS Foundation Trust	
Dr Rob Barnett	LMC Representative, Liverpool	
Nicola Baxter	Head of Medicines Optimisation, West Lancs CCG	X
Colin Brennan	Deputy Clinical Services Manager/Surgical Division Lead Pharmacist, University Hospital Aintree	
Dr Ivan Camphor	Mid-Mersey LMC Representative	
Nicola Cartwright	Head of Medicines Management – St Helens CCG	X
Neil Chilton	Medicine Management Clinical Services Manager North West Boroughs Healthcare NHS Foundation Trust	X
Dr Patricia Cunningham	Consultant Acute Physician and Medication Governance Group member, RLBUHT	
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
Andrea Giles	St Helens CCG	
Donna Gillespie-Greene	Head of Medicines Commissioning Midlands & Lancashire Commissioning Support Unit	X
Gillian Gow	Chief Pharmacist – Liverpool Heart and Chest FT	
Dr Jamie Hampson	GP, Liverpool CCG	X
Catherine Harding	Lead Pharmacist, Lancashire Care NHS FT	X
Dr Dan Hawcutt	Consultant Paediatrician and Chair of D&T Alder Hey Children's NHS FT	
Dr Adit Jain	Clinical Lead, Prescribing – Knowsley CCG	X
Jenny Jones	Principal Pharmacist Medicines 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	
Mark Pilling	Chief Pharmacist & Assistant Director of Primary Care Knowsley CCG	
Sarah Quinn	Head of Medicines Management, Bridgewater Community Healthcare NHS Foundation Trust	
Lucy Reid	Lead Pharmacist - Halton CCG Locality Medicines Management Team	X
Maxine Robinson	Deputy Chief Pharmacist - Liverpool Heart and Chest FT	X
Dr Omar Shaikh	Clinical Lead GP for Medicines Management, St Helens CCG	X
Paul Skipper	Deputy Director of Pharmacy The Royal Liverpool & Broadgreen University Hospitals NHS Trust	X
Dr Octavia Stevens	GP, Southport & Formby CCG	
Dave Thornton	Assistant Clinical Director of Pharmacy, University Hospital Aintree	X
Janet Walsh	Meds Optimisation Pharmacist – West Lancs CCG	

Mike Welsby	Pharmacist, St Helens & Knowsley Teaching Hospitals NHS Trust	X
Catherine Witter	Medicines Information Pharmacist Southport & Ormskirk Hospital NHS Trust	X
IN ATTENDANCE		
Marianne Charlton	Lead Pharmacist Medicines Management, Wirral University Teaching Hospitals NHS FT	X
Kieron Donlon	Senior Prescribing Advisor, MLCSU	X
Anne Henshaw	Senior Medicines Commissioning Pharmacist, MLCSU	X
Dr Jalan	Prescribing Lead, Wirral CCG	X
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information Centre	X
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU	X

1	**APC/17/75 – Welcome and Apologies for Absence** The Chair welcomed members and accepted apologies for the following: Dr Octavia Stevens, Dr Ivan Camphor, Catrin Barker, Dr Sid McNulty, Sarah Quinn, Agatha Munyika and David Ainscough.	***Action:***
2	**APC/17/76 – Declarations of Interest and Quoracy Check** A quoracy check confirmed that this meeting was not quorate. There were no declarations of interest for items on the agenda.	
3	**APC/17/77 – Minutes of the previous meeting and matters arising.** ***17/77/01 – Minutes from the Previous Meeting*** The Minutes were agreed to be an accurate record of the previous meeting on 1 November 2017. ***17/77/02 – Matters Arising*** ***Wirral Trusts welcome letter*** Cheshire and Wirral Partnership NHS Foundation Trust, Wirral University Teaching Hospitals NHS Foundation Trust and Wirral CCG have started to join in the APC consultation process. They are joining Pan Mersey APC in January 2018 so that the recommendations made across the whole patch are consistent. This will result in sharing the workload and reduced duplication. **Mesalazine – switching guidance** Following a request by the Committee at its previous meeting, the Formulary and Guidelines Subgroup is attempting to develop a switching protocol for Asacol to Octasa and hopes to present this at an APC meeting early in the new year. It is hoped it will go through the consultation process in December or January.	
4	**APC/17/78 – New Medicines** ***17/78/01 – Non-renewal of NMSG expiring statements October 2017 – March 2018*** Tolvaptan / Omalizumab / Ciclosporin / Ezetimibe: NICE TA recommendations for these drugs are established into clinical practice and the NMSG proposed that the statements will be archived when they expire and a link to the NICE TA will be retained in the relevant formulary entry. Souvenaid black statement / Estradiol Valerate with dienogest green statement: Pan Mersey recommendations are established into clinical practice and the statements do not add any further benefit. The NMSG proposed that these statements will not be renewed when they expire. Aviptadil with Phentolamine: There has been a grey statement for two years and no expression of interest has been received so it was proposed that the statement is archived and the drug will remain as grey in the formulary. The Committee approved the above proposals. ***17/78/02 – Intravitreal steroids in phakic diabetic macular oedema*** There are NICE TAs for dexamethasone and fluocinolone intravitreal implants in DMO, but only recommended in pseudophakic patients. Clinicians had put a case forward to use in phakic patients as well. There has been a great deal of debate about this in the subgroup. Both drugs are clinically effective in phakic patients, but NICE consider them not to be cost-effective. NICE had been contacted regarding cost-effectiveness, but no response had been forthcoming. In the absence of any robust evidence to prove that the NICE cost model is incorrect, the NMSG felt they are not in a position to say that intravitreal steroid implants are cost effective in phakic	

	patients and so are unable to progress the application further. Although a policy statement was not considered necessary, the committee members suggested that a comment should be put into the formulary so that prescribers will know that this has been looked at and use in phakic patients is not recommended. The APC approved the above action. ***17/78/03 – Sarilumab (Rheumatoid Arthritis, NICE TA485)*** A red statement was presented to the committee, in line with the NICE TA. Sarilumab is another treatment option for patients with RA where conventional treatment options have failed. The APC approved this statement. ***17/78/04 – Aflibercept (Choroidal Neovascularisation, NICE TA486)*** A summary of the red statement was given to the committee, in line with the NICE TA. Aflibercept is another treatment option for mCNV alongside ranibizumab. There were no objections or questions and the statement was approved by the APC. ***17/78/05 – Brimonidine (Rosacea) statement review*** This is a routine review at the two-yearly expiry date of the original amber initiated statement. After much consideration, the subgroup felt that the RAG rating should be green in line with the recommendation within the NICE Clinical Knowledge Summary (CKS) for rosacea. The cohort of patients this should be used in is no different from the original statement and GPs can prescribe it in primary care if they wish to. Consultation feedback was generally in support. When asked, some GPs present felt they may use this 3rd line and they did not expect to see much use in primary care. This statement was approved by the APC.	
5	**APC/17/79 – Shared Care** ***17/79/01 – Acetazolamide Prescribing Support Information*** At June's APC meeting a designation of amber retained for acetazolamide in epilepsy in paediatrics was agreed and the Shared Care Subgroup was asked to develop prescribing support information. However, the subgroup has noted that acetazolamide is included for this indication in the children's BNF and its view was that developing prescribing support information would effectively just be a reproduction of this. It, therefore, asked the Committee to consider whether it was worthwhile producing separate prescribing support information. The APC agreed that it would not be necessary to produce separate prescribing support information in view of the fact that the BNFc gives specific information on acetazolamide in this indication.	
6	**APC/17/80 – Formulary and Guidelines** ***17/80/01 – Formulary Chapter 9 – paediatric review*** A summary of the consultation feedback was given to the Committee and attention was drawn to a table showing major amendments made. One CCG had queried whether alfacalcidol and zinc should be amber recommended, as the specialist was to monitor subsequent response and make all dosage recommendations, and that amber initiated would be more appropriate for these drugs. The view of the paediatric specialists was that titration may be relatively prolonged and therefore more appropriate for the GP to prescribe. However, following discussion, the Committee agreed that alfacalcidol and zinc fitted the criteria for amber initiated. It was agreed to change these to amber initiated. The APC approved the chapter with the amendment above. ***17/80/02 – Steroids in IBD – RAG clarification*** The subgroup wished to clarify that once a specialist has seen a patient and recommended modified-release oral beclometasone or budesonide as an approach for managing acute episodes of IBD, a GP could re-initiate another course for any subsequent symptom relapse without the patient attending another appointment or receiving a further recommendation from the specialist if this was part of the previously recommended management plan. The Committee approved this clarification in the formulary. ***17/80/03 – Rheumatoid arthritis high-cost drug pathway (updated)*** Baricitinib and tofacitinib have now been added to the pathway (in line with TA466 and TA480). The title has changed from referring to 'biologic' to 'high-cost drug' because not all included drugs are specifically of biologic origin. In light of item 17/78/03 'Sarilumab', this pathway is to be further amended and brought back to a subsequent APC meeting for noting.	***GR*** ***GR***

	17/80/04 – Generic anticonvulsants At the previous meeting, the Committee agreed category 1 and 2 anticonvulsants in epilepsy should be prescribed by originator brand name but requested cost impact information before agreeing on a position on generic prescribing of category 3 anticonvulsants. The major cost issue was levetiracetam. Other category 3 drugs are either not used, available only as a brand anyway or mainly used for other indications. The approximate additional annual cost of prescribing Keppra brand of levetiracetam, compared to generic, is £467,000 for the Pan Mersey region. 85% of prescribing is already generic. It was also noted that on 24 November the MHRA offered additional advice on switching anticonvulsants in epilepsy: category 1-3 still remain but prescribers should take account of patient factors when switching, e.g. patient perception, co-morbid mental health issues, etc. In subsequent discussion it was confirmed that the position of neurologists at The Walton Centre remained that new patients are started on a generic, but existing patients who are stable on a brand should not be switched. However, it was also suggested by a GP that a significant proportion of patients on Keppra, might be quite happy to change to generic. It was agreed to adopt the wording originally proposed at the 1st November meeting but amend to state that it was suggested that existing patients on Keppra remain on that brand, although if they were being reviewed due to symptom instability they could be changed to generic as part of any therapy changes necessary. The wording was agreed as: **Brand / generic prescribing of anticonvulsants in epilepsy** • Prescribe phenytoin, carbamazepine, phenobarbital, primidone, valproate, lamotrigine, perampanel, rufinamide, clobazam, clonazepam, oxcarbazepine, eslicarbazepine, zonisamide, topiramate by specific brand name • Prescribe lacosamide, tiagabine, gabapentin, pregabalin, ethosuximide, vigabatrin generically. Prescribe levetiracetam generically for new patients (or for currently-prescribed patients lacking disease stability undergoing review), but it is suggested existing stable patients who are prescribed Keppra® brand may remain on this brand. • The brand or the fact the drug is to be prescribed generically should be documented in patient notes and stated on prescriptions, and community pharmacists should confirm with patients the correct brand or generic at the point of dispensing.	
7	**APC/17/81 – Safety Subgroup** ***17/81/01 – Codeine: use in children*** The Safety Subgroup proposed that this safety statement should be put on the static list; this means it will remain as a live recommendation but will not be reviewed. The APC approved this action. ***17/81/02 – Domperidone: updated indications, dose and contraindications*** It was proposed that the Domperidone safety statement will be put on the static list. It went out for consultation and no objections came back. The APC approved this action.	
8	**APC/17/82 – APC Reports** ***17/82/01 – NICE TA Adherence Checklist October 2017*** The checklist has been updated to the end of October and it was presented to the APC for noting. ***17/82/02 – Regional Medicines Optimisation Committee (RMOC) update*** AH is a member of RMOC North and proposed to provide a regular APC update after each quarterly meeting. The last meeting was on 26 October and the agenda and minutes, etc. are available on the Specialist Pharmacy Service (SPS) website at www.sps.nhs.uk. There were four main topics discussed. The following two topics were of interest to the Pan Mersey Area Prescribing Committee so AH gave a summary of the discussions: **FreeStyle Libre** The NHS was given 6 weeks' notice that FreeStyle Libre would be available to prescribe on FP10. APCs wanted a recommendation from RMOC as patient and clinician interest was high and it was felt that a national recommendation would be helpful as all APCs would be looking at it. After a lot of discussion it was agreed that there are limitations in the evidence, therefore, it is restricted to type 1 diabetes only. The position statement was published on 1 November and a draft statement went to FGSG last meeting, in line with the RMOC recommendation. The draft Pan Mersey statement was sent out on the consultation email yesterday.	

	Biosimilars A biosimilar commissioning framework was published by NHSE in September. Adalimumab biosimilar will be available in October next year and there are considerable savings to be made and action plans need to be developed proactively both locally and nationally. A working group is going to be set up by NHSE. NHSE are trying to engage with the Royal Colleges in advance. It is high on the NHSE agenda to make sure savings are realised. There was a discussion about the need to plan and whether existing suppliers will move on price in order not to lose their market share, in which case it may be that doing nothing may be the most economical move. All agreed that they should not start to use biosimilars for the sake of it but, rather, go for the best value product. One member pointed out that after 4 to 6 months companies are allowed to re-submit prices (to keep the market buoyant).	
9	**APC/17/83 – Any Other Business** ***17/83/01 – AOB*** Lay member of APC – According to the APC Policy and the Terms of Reference there should be a lay member of the Area Prescribing Committee. DGG informed members that it was in the original terms of reference because the NPC local decision-making good practice guidance recommended that there should be lay membership. However, previous attempts to recruit a lay member have been unsuccessful. DGG asked members whether they wanted to make an effort to actively recruit a lay member or should this requirement be removed from the policy. When asked about other APCs, DGG confirmed that to her knowledge the Medicines Management Groups in Manchester and Lancashire do not have a lay member currently. It was suggested that perhaps a member of the governing body could be approached to become a lay member of the APC. The committee agreed that one more attempt should be made to recruit a lay member.	***SL/DGG***
10	**APC/17/84 Date, Time and Venue for the next meeting** Date and time of next APC meeting: THERE IS NO MEETING IN DECEMBER. The next meeting will be on Wednesday 31 January 2018 at 2.00-4.00pm Venue: The Education Centre, Kent Lodge, Broadgreen Hospital, Liverpool, 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.