



# Pan Mersey Area Prescribing Committee

2.00 pm - 4.00 pm  
Wednesday 31<sup>st</sup> January 2018  
The Education Centre, Kent Lodge,  
Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

## Minutes

Members			
Name	Organisation(s)	Present	Not present
AINSCOUGH, David	Senior Pharmacist, Liverpool Community Health NHS Trust	o	
ATKINSON, Anna	Deputy Lead Pharmacist Lancashire Care NHS Foundation Trust	o	
BARKER, Catrin	Chief Pharmacist, Alder Hey Children's NHS Foundation Trust		o
BARNETT, Rob, Dr	Secretary, Liverpool Local Medical Committee		o
BAXTER, Nicola	Head of Medicines Optimisation, NHS West Lancashire CCG		o
BRENNAN, Colin	Deputy Clinical Services Manager, Surgical Division Lead Pharmacist, Aintree University Hospitals NHS Foundation Trust		o
CAMPBOR, Ivan, Dr	Medical Secretary, Mid-Mersey LMC		o
CARTWRIGHT, Nicola	Head of Medicines Management, St Helens CCG	o	
CHARLTON, Marianne	Lead Pharmacist Medicines Management, Wirral University Teaching Hospital NHS Foundation Trust	o	
CHILTON, Neil	Medicine Management Clinical Services Manager, North West Boroughs Healthcare NHS Foundation Trust	o	
CUNNINGHAM, Patricia, Dr	Consultant Acute Physician and Medication Governance Group member, Royal Liverpool and Broadgreen University Hospitals NHS Trust		o
EDWARDS, John, Dr	GP, NHS St Helens CCG		o
FERGUSON, Anna, Dr	GP Clinical Lead, NHS South Sefton CCG	o	
FORDE, Claire, Dr	CCG Governing Body Member, Prescribing Lead, NHS Halton CCG	o	
FORREST, Danny	Deputy Chief Pharmacist, Liverpool Heart and Chest Hospital NHS Foundation Trust	o	

<b>Members</b>			
<b>Name</b>	<b>Organisation(s)</b>	<b>Present</b>	<b>Not present</b>
GILLESPIE-GREENE, Donna	Head of Medicines Commissioning, Midlands and Lancashire Commissioning Support Unit	o	
HAMPSON, Jamie, Dr	GP, NHS Liverpool CCG		o
HARVEY, Matt	Liverpool LPC Representative		o
HAWCUTT, Dan, Dr	Consultant Paediatrician and Drugs and Therapeutics Committee Chair, Alder Hey Children's NHS Foundation Trust		o
JAIN, Adit, Dr	Clinical Lead Prescribing, NHS Knowsley CCG	o	
JALAN, Saket, Dr	Prescribing Lead GP, NHS Wirral CCG	o	
JOHNSTONE, Peter (Chair)	Prescribing Commissioner, NHS Liverpool CCG	o	
JONES, Jenny	Principal Pharmacist Medicines Management, Warrington and Halton Hospitals NHS Foundation Trust	o	
LUNN, Jenny	Pharmaceutical Adviser and Team Lead Medicines Management, NHS Warrington CCG	o	
LYNCH, Susanne	CCG Lead Medicines Management, South Sefton CCG and Southport and Formby CCG	o	
McNULTY, Sid, Dr (Deputy Chair)	Consultant Endocrinologist, Drug and Therapeutics Committee Chair, St Helens and Knowsley Teaching Hospitals NHS Trust	o	
MERCER, Neil, Dr	Consultant Anaesthetist and Drug and Therapeutics Committee Chair, Aintree University Hospitals NHS Foundation Trust	o	
MUNYIKA, Agatha	Senior Pharmacist, Mersey Care NHS Foundation Trust	o	
PILLING, Mark	Chief Pharmacist and Assistant Director of Primary Care, NHS Knowsley CCG		
PUGH, Rachael	Prescribing Advisor, Wirral Medicines Management Team, MLCSU	o	
QUINN, Sarah	Head of Medicines Management, Bridgewater Community Healthcare NHS Foundation Trust	o	
REID, Lucy	Lead Pharmacist Management, NHS Halton CCG	o	
SHAIKH, Omar, Dr	Clinical Lead GP for Medicines Management, NHS St Helens CCG	o	
SKIPPER, Paul	Deputy Director of Pharmacy, Royal Liverpool and Broadgreen University Hospitals NHS Trust	o	
STEVENS, Octavia, Dr	GP, NHS Southport and Formby CCG	o	
THORNTON, Dave	Assistant Clinical Director of Pharmacy, Aintree University Hospitals NHS Foundation Trust	o	
LLOYD, Barry	Medicines Optimisation Pharmacist, NHS West Lancashire CCG	o	

<b>Members</b>			
<b>Name</b>	<b>Organisation(s)</b>	<b>Present</b>	<b>Not present</b>
VAN MIERT, Matthew	Drugs and Therapeutics Committee Chair, Wirral Univ. Teaching Hospital NHS Foundation Trust	o	
WELSBY, Mike	Medicines Information Pharmacist, St Helens and Knowsley Teaching Hospitals NHS Trust	o	
WITTER, Catherine	Medicines Information Pharmacist, Southport and Ormskirk Hospital NHS Trust	o	

<b>Attendees</b>			
<b>Name</b>	<b>Organisation(s)</b>	<b>Present</b>	<b>Not present</b>
DONLON, Kieron	Senior Prescribing Advisor, Midlands and Lancashire Commissioning Support Unit	o	
HENSHAW, Anne	Senior Medicines Commissioning Pharmacist, Midlands & Lancashire Commissioning Support Unit	o	
McENTEE, Joanne	Senior Medicines Information Pharmacist, North West Medicines Information Centre	o	
READER, Graham	Senior Medicines Commissioning Pharmacist, Midlands & Lancashire Commissioning Support Unit	o	
DINGLE, Helen	Senior Prescribing Advisor, Midlands and Lancashire Commissioning Support Unit	o	
CROUCH, Caroline	Senior Prescribing Advisor, Midlands and Lancashire Commissioning Support Unit	o	

<b>APC/18/01</b>	<b>Welcome and apologies</b>	<b>Action</b>
	The Chair welcomed members and accepted apologies for absence from the following: Dr Dan Hawcutt, Lisa Manning, Catherine Harding (Anna Atkinson attending), Jasmeen Islam, Dr Rob Barnett, Dr Jamie Hampson, Catrin Barker, Dr Ivan Camphor and Matt Harvey.	
<b>APC/18/02</b>	<b>Declarations of interest and quoracy</b>	
	An attendance check confirmed that the meeting was quorate. There were no declarations of interest for items on the agenda.	
<b>APC/18/03</b>	<b>Minutes of the last meeting and matters arising</b>	
APC/18/03/01	<i>Minutes of the last meeting</i> The minutes were agreed to be an accurate record of the last meeting held on 29 November 2017.	
APC/18/03/02	<i>Lay member of the APC - ref: 17/83/01</i> Expressions of interest have been received from two volunteers for this position, and the Chair and Professional Secretary are reviewing the applications.	

APC/18/04	APC policy	
APC/18/04/01	<p><i>Criteria for considering medical devices</i></p> <p>Criteria were agreed for incorporation of the proposed criteria into the APC policy, with a minor amendment to ensure the same terminology is used when describing dressings / wound care products.</p>	
APC/18/05	New Medicines	
APC/18/05/01	<p><i>Grey statement summary</i></p> <p>The grey statement summary was discussed. The grey holding statements for Guselkumab, Acetylcysteine, Dupilumab and Telotristat were accepted. However, the grey RAG designation for the combined triple therapy inhalers (Trelegy, Trimbaw) for COPD was questioned as there are considerable cost savings to be made compared to prescribing the separate constituents. The APC agreed that the two available triple inhalers should be given green RAG designation immediately, and not await the COPD guideline review.</p>	AH
APC/18/05/02	<p><i>Eluxadoline for IBS, statement update</i></p> <p>AH report that amber initiated statement for Eluxadoline was approved by APC on September 27<sup>th</sup> 2017 in-line with NICE TA471. However the December MHRA Drug Safety Update strengthened the warning about the risk of pancreatitis when using Eluxadoline and recommended that eluxadoline should be initiated and supervised by a specialist experienced in diagnosis and management of gastrointestinal disorders. The NMSG has updated the policy statement to include the updated safety advice, and the RAG rating has been amended to amber retained in line with the MHRA recommendation. This has been sent out for re-consultation due to the change in RAG rating and will come back to APC in due course.</p> <p>The APC supported this approach.</p>	AH
APC/18/05/03	<p><i>Golimumab for NRAxSpA, NICE TA497</i></p> <p>GR presented the golimumab red statement. NICE recommends golimumab injection as an option for treating non-radiographic axial spondyloarthritis only in adults whose disease has responded inadequately to, or who cannot tolerate, non-steroidal anti-inflammatory drugs. The treatment should be assessed 12 weeks after the start of the treatment for evidence of response. Golimumab has already been commissioned for this use pre-NICE within Pan Mersey and so no change in the current pathway is required and no additional resource impact is anticipated.</p> <p>The APC approved the red statement.</p>	
APC/18/05/04	<p><i>Naltrexone-bupropion for obesity, NICE TA494</i></p> <p>CC presented the naltrexone-bupropion black statement. NICE does not recommend naltrexone-bupropion 8 mg/90 mg prolonged-release tablets for managing overweight and obesity because the estimated cost effectiveness for naltrexone–bupropion with lifestyle measures, compared with lifestyle measures alone, is highly uncertain. Large numbers of people could be eligible for treatment which could potentially be long-term. This could lead to high overall costs for naltrexone–bupropion for the NHS.</p> <p>The APC approved the black statement.</p>	

APC/18/05/05	<p><i>Liraglutide for obesity</i></p> <p>CC presented the liraglutide black statement and went through the key points in the stakeholder feedback. . Obesity affects around 30% of the UK population. At this time a NICE Technology Appraisal (TA) is not available or under consideration due to the intention of the manufacturers to only promote the use of liraglutide on private prescription in the UK. The licence does not however debar NHS use; hence a prescribing policy statement is needed. Pan Mersey APC does not recommend liraglutide for weight management because the trials from NICE ES14 showed only modest difference in effect between liraglutide with lifestyle changes vs lifestyle changes alone. Obesity is a condition that could require long term or repeat treatment but there is no evidence of effectiveness or safety data beyond 56 weeks and large numbers of patients could be eligible for treatment which could potentially be long-term, leading to high overall costs. Therefore, in these circumstances more certainty is needed that liraglutide (Saxenda<sup>®</sup>) will provide value for the NHS before use could be recommended. The APC approved the black statement. A member suggested that the APC ensures clarity between the liraglutide brands, Victosa<sup>®</sup> and Saxenda<sup>®</sup>. CC informed the committee that it is already recommended that Victosa<sup>®</sup> is prescribed by brand.</p>	
APC/18/05/06	<p><i>Naloxegol for opioid-induced constipation, statement review (for static list)</i></p> <p>AH presented the review of the naloxegol green statement. Naloxegol is recommended as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives, in line with NICE TA345. No significant changes have been made. The APC approved the green statement and supported the proposal to add it to the static list.</p>	
APC/18/05/07	<p><i>Collagenase for Peyronie's disease, statement review</i></p> <p>JL presented the review of the collagenase black statement and highlighted the key points in the stakeholder feedback. Pan Mersey APC does not recommend this drug for the treatment of Peyronie's disease. Following a consultation exercise and the scoping workshop, NICE decided that it was not appropriate to undertake a technology appraisal due to the small population size (no more than 500 patients likely to be eligible) and individualised approach to patient care (because of the heterogeneous nature of the condition). No further significant changes have been made. The APC approved the black statement.</p>	
APC/18/05/08	<p><i>Ivabradine for chronic heart failure, statement review (for static list)</i></p> <p>DF declared an interest in the Servier laboratories.</p> <p>DF went through the ivabradine amber initiated statement review and stakeholder feedback. Pan Mersey APC recommends the prescribing of ivabradine, following specialist initiation, for the treatment of chronic, stable heart failure with LV systolic dysfunction in patients who are in sinus rhythm with a heart rate of 75 beats per minute or more, in combination with standard therapy. It was discussed that Ivabradine should be initiated by a heart failure specialist, which includes specialist heart failure nurse prescriber, with access to a multidisciplinary heart failure team. The APC agreed that could also include a cardiologist who does not have a specific sub-speciality in heart failure. The APC approved the amber initiated statement and supported the proposal to add it to the static list.</p>	

APC/18/06	Formulary and Guidelines	
APC/18/06/01	<p><i>Items which should not be routinely prescribed in primary care</i></p> <p>Deferred</p>	
APC/18/06/02	<p><i>Flash glucose monitoring (Freestyle Libre) – statement</i></p> <p>There was discussion on the proposed Pan Mersey criteria for prescription on the NHS in comparison with the initiation and continuation criteria suggested by the Regional Medicines Optimisation Committee (RMOC) and by the Association of British Clinical Diabetologists (ABCD). The Pan-Mersey criteria are the same as the RMOC criteria with some clarifications and additional information. It was agreed to add wording to clarify that Freestyle Libre measures interstitial glucose and not blood glucose to criteria number 1. The initiation and continuation criteria were then agreed as proposed, following this amendment regarding interstitial glucose.</p> <p>There was agreement that patients (i) must be assessed to ensure that they meet the criteria before commencing use, (ii) that they are adequately trained in use of the device, (iii) that they should be entered into the ABCD national audit, (iv) and that they must be reviewed to determine they have met the continuation criteria at 6 months in order for the patient to continue its prescription on the NHS by the specialist diabetes services, which must communicate clearly to the GP that all this has been done. It was also agreed that specialist diabetes services must make clear to patients that they must fulfil these requirements otherwise the patient will no longer be prescribed Freestyle Libre on the NHS.</p> <p>In view of consultation feedback the APC agreed in principle that Freestyle Libre need not be designated as red RAG criteria but could be designated amber-initiated provided specialist diabetes services ensured all the above training/audit/fulfilment of continuation criteria was carried out and adequately communicated to the patient's GP. It was agreed that a further meeting was needed to be arranged as soon as possible in order to agree suitable specialist clinic letter templates for communicating with GPs, and patient "contracts"/ information to support implementation of the above – DGG agreed to invite relevant attendees to agree these, and at that point this could be re-consulted on as an amber-initiated statement and brought back to the APC after this had occurred within usual timescales. In the meantime the current Freestyle Libre grey designation would remain, but a minor amendment made to the statement to clarify that it was currently actively under consideration.</p>	DGG
APC/18/06/03	<p><i>Formulary Ch. 10 – paediatric review</i></p> <p>Consultation feedback was discussed. Specific paediatric formulations, paediatric RAG ratings and an additional triamcinolone injection added, and changes to diclofenac dispersible tablets to reflect product discontinuation and availability of unlicensed import 50mg as alternative have been made to chapter.</p> <p>This was approved by the APC.</p>	
APC/18/06/04	<p><i>Chronic constipation in adults in primary care – guideline</i></p> <p>Consultation feedback was discussed. It was clarified the guideline is not applicable to palliative care patients with far advanced and/or terminal</p>	

	disease. This was approved by the APC.	
APC/18/06/05	<p><i>Sequential use of biologics in psoriasis – updated statement</i></p> <p>Consultation feedback was discussed. The pathway now incorporates ixekizumab as this has additionally been approved by NICE, however the total maximum number of sequential biologics recommended in the event of inefficacy remains three.</p> <p>This was approved by the APC.</p>	
APC/18/06/06	<p><i>Gout – adoption of BSR guideline</i></p> <p>Consultation feedback was discussed. The current Pan Mersey guideline has reached its review by date and this has coincided with an update to the British Society for Rheumatology (BSR) gout guideline. It was therefore proposed that Pan Mersey APC should adopt the BSR guideline for the management of gout.</p> <p>This was approved by the APC.</p>	
APC/18/06/07	<p><i>Prescribing following a private consultation – guideline</i></p> <p>Consultation feedback was discussed. The APC approved the guideline in principle but asked that it be sent to local LMCs to confirm they were happy with its interpretation of the regulations. Once this has occurred it will be brought back to APC for further consideration.</p>	GR
APC/18/06/08	<p><i>Taflopust eye drops – addition to formulary</i></p> <p>Consultation feedback was discussed. The proposal was that taflopust eye drops were added to the formulary as another option to bimatoprost and latanoprost, not as a replacement.</p> <p>This was approved by the APC.</p>	
APC/18/06/09	<p><i>Prescribing for patients abroad - updated statement (for static list)</i></p> <p>This has been reviewed at routine review-by date and no significant changes are necessary. It was proposed to add this to the “static list” on the website, for review only if significant changes become necessary.</p> <p>This was approved by the APC.</p>	
APC/18/06/10	<p><i>Rosuvastatin - updated statement (for static list)</i></p> <p>This has been reviewed at routine review-by date and no significant changes are necessary. It was proposed to add this to the “static list” on the website, for review only if significant changes become necessary</p> <p>This was approved by the APC.</p>	
APC/18/06/11	<p><i>Doxazosin - updated statement (for static list)</i></p> <p>This has been reviewed at routine review-by date and no significant changes are necessary. It was proposed to add this to the “static list” on the website, for review only if significant changes become necessary.</p> <p>This was approved by the APC.</p>	
APC/18/06/12	<p><i>Amantadine – fatigue in multiple sclerosis</i></p> <p>NICE CG186 advises amantadine may be considered for chronic fatigue in</p>	

	<p>multiple sclerosis (off label indication), and it was proposed to add a note to the amantadine formulary entry to state this.</p> <p>This was approved by the APC.</p>	GR
<b>APC/18/07</b>	<b>Shared Care</b>	
APC/18/07/01	<p><i>Dronedarone – update to the development of the shared care framework</i></p> <p>The dronedarone update was presented for noting. APC had been unable to agree on Amber Retained RAG status in 2015 so a shared care framework (Purple RAG rating) was drafted and sent out for consultation in March 2017. The framework proposed that GPs monitored blood but that secondary care would monitor ECG and Cardiac Echo. Issues regarding the split in monitoring were raised by consultees so the shared care subgroup investigated the availability of open access cardiac monitoring services across Pan Mersey. As these services are not available in all areas, the shared care subgroup could not devise a practical shared care framework to support the APC's earlier recommendation that dronedarone was a shared care drug. The subgroup recommends that it should remain Red for the time being. Members agreed.</p>	
APC/18/07/02	<p><i>Disease modifying drugs – minor amendments to shared care frameworks</i></p> <p>This is a minor update to the DMD shared care frameworks. It is proposed that CRP and ESR monitoring for rheumatology patients is added to the ongoing monitoring box alongside the British Society of Rheumatology recommended DMD monitoring. This would avoid the patient being subjected to an additional blood test if the specialist needed this information. BSR advice for increased monitoring after dose changes has been removed from the ongoing monitoring box as this sits with the specialist and remains in section 4. It had previously appeared in both sections, creating ambiguity. APC agreed these amendments but a member queried that the framework states that calculated GFR is monitored rather than eGFR. HD will look into this and update APC at the next meeting.</p>	HD
APC/18/07/03	<p><i>Atypical antipsychotics Prescribing Support Information</i></p> <p>This is prescribing support information that has been drafted to replace the old Mid-Mersey shared care guidance. This is comprehensive information that also includes information on interactions, adverse effects and dosing. It supports two scenarios: patients whose condition is stable but still under review by the specialist team, and patients who are stable and compliant with treatment who can be discharged from the specialist service.</p> <p>There are two GP letters; one for each scenario.</p> <p>Consultation feedback demonstrated a difference in service provision between North and Mid Mersey. Mersey Care do not support this paperwork and their feedback is a separate document in the agenda. It is therefore clear that one document will not currently meet the needs of both areas so it is suggested that this document will be used for Mid Mersey patients attending NW Boroughs for now, while a solution is still being sought for North Mersey. The Chair commented that this is underway.</p> <p>Clinical feedback has been addressed and these are the updated documents following that feedback. The author has noted concerns around patients needing to be stable before the GP is asked to prescribe the medication.</p> <p>This prescribing support information was approved for Mid Mersey patients attending NW Boroughs.</p>	



<p>APC/18/07/04</p> <p>APC/18/07/05</p>	<p><i>Hydroxychloroquine Prescribing Support Information</i></p> <p>Hydroxychloroquine was previously within the rheumatology shared care guideline. Routine monitoring is not necessary so this is a proposal to change the RAG rating from Purple to Amber Retained and prescribing support information has been drafted to support this. It will sit alongside the disease modifying drug shared care frameworks.</p> <p>The new BSR monitoring guidance has strengthened the ophthalmic monitoring criteria and some of the stakeholder feedback reflected concerns that this will increase the workload in secondary care. It is recognised that hydroxychloroquine could be initiated alongside other DMDs but the letter that accompanies this document is useful as it provides eye screening information. Alder Hey has said they will use their own clinic letters.</p> <p>All clinical feedback has been taken on board and these are the updated documents.</p> <p>APC approved the prescribing support information and letter.</p> <p><i>Nitrazepam Prescribing Support Information</i></p> <p>A RAG rating of Amber Retained was agreed for nitrazepam to treat epilepsy in children in the Chapter 4 review last year; this is off label use and APC requested that prescribing support information was developed. The GP is only asked to start prescribing once the dose has been stabilised although the dose may change as the child grows. Consultation feedback was very straightforward and has been addressed.</p> <p>APC approved the prescribing support information.</p>	
<p><b>APC/18/08</b></p>	<p><b>Antimicrobial review</b></p>	
<p>APC/18/08/01</p> <p>APC/18/08/02</p>	<p><i>Respiratory tract infections</i></p> <p>Brief summary of changes made including:</p> <ul style="list-style-type: none"> <li>• Cough or bronchitis, acute Supporting information updated: emphasis on self-care and backup prescription; immediate antibiotics; CRP if antibiotics are being considered.</li> <li>• Influenza Immunosuppression added to list of conditions where PHE advice should be sought.</li> <li>• Pneumonia, community acquired Supporting information updated: extending course length if no improvement.</li> <li>• Pneumonia, community acquired in children Course length reduced to 5 days</li> <li>• Tuberculosis Advice to check drug interactions, side effects, and cautions.</li> </ul> <p>APC approved this part of antimicrobial guide.</p> <p><i>Gastrointestinal infections</i></p> <p>Brief summary of changes made including:</p> <ul style="list-style-type: none"> <li>• Campylobacter enteritis If systemically unwell and campylobacter is suspected consider Clarithromycin.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Clostridium difficile Supporting information updated: stop antimotility agents; definition of severe; off-label crushing of metronidazole tablets.</li> <li>• Diarrhoea and vomiting, acute Reminder: standby treatment for traveller's diarrhoea must not be prescribed at NHS expense.</li> <li>• Diverticulitis, acute exacerbation Cefalexin plus metronidazole in non-severe penicillin allergy</li> <li>• Helicobacter pylori, eradication Penicillin allergy and previous clarithromycin: PPI plus bismuth subsalicylate plus metronidazole plus tetracycline</li> </ul> <p>APC asked that the treatment option for campylobacter be removed as it would be unlikely to be treated before culture results were received. APC approved this part of the guide with the suggested change.</p>	
<b>APC/18/09</b>	<b>APC reports</b>	
APC/18/09/01	<p><i>APC prescribing report January 2018</i></p> <p>The report is brought to APC every six months. The January report includes data up to November 2017. Key points of note:</p> <ul style="list-style-type: none"> <li>• The quetiapine immediate release price increase is continuing to have a significant cost impact, but the APC did not feel their position should be reviewed.</li> <li>• Sacubitril/Valsartan prescribing is now increasing as prescribing is being passed out to primary care.</li> <li>• Armour thyroid prescribing is increasing, despite being black (not recommended).</li> <li>• Eflornithine cream prescribing is also increasing, despite being black (not recommended).</li> <li>• A small amount of Saxenda brand of liraglutide is being prescribed and needs to be investigated as it is not recommended and should not be used.</li> </ul>	
APC/18/09/02	<p><i>NICE TA adherence checklist December 2017</i></p> <p>The checklist has been updated to the end of December and it was presented to the APC for noting.</p>	
<b>APC/18/10</b>	<b>Any other business</b>	
APC/18/10	No other business discussed	
<b>APC/18/11</b>	<b>Date, time and venue of next meeting</b>	
	<p>Wednesday 28 February 2018 at 2.00 pm – 4.00 pm</p> <p>The Education Centre, Kent Lodge, Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB</p>	

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.