

Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours
Wednesday 25 July 2018
The Education Centre, Kent Lodge,
Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

Minutes

Members	Organisation(s)	Present
Dr Jamie Hampson (Chair)	GP, Liverpool CCG	X
Dr Sid McNulty (Deputy Chair)	Consultant Endocrinologist/Chair Drug & Therapeutics Committee St Helens & Knowsley Teaching Hospitals NHS Trust	
David Ainscough	Pharmacist, Mersey Care, Liverpool & South Sefton Community Services	X
Anna Atkinson	Deputy Lead Pharmacist Medicines Management, Lancashire Care NHS Foundation Trust	X
Nicola Baxter	Head of Medicines Optimisation, West Lancashire CCG	X
Dr Ivor Camphor	Mid Mersey LMC Representative	X
Nicola Cartwright	Head of Medicines Management, St Helens CCG	X
Marianne Charlton	Lead Pharmacist Medicines Management, Wirral University Teaching Hospital NHS Foundation Trust	X
Caroline Crouch	Senior Medicines Optimisation Pharmacist, Wirral Medicines Management Team, MLCSU	X
Donna Gillespie-Greene	Head of Medicines Commissioning Midlands & Lancashire Commissioning Support Unit	
Paul Gunson	Deputy Head of Medicines Management, Knowsley CCG	X
Dr Adit Jain	Clinical Lead, Prescribing – Knowsley 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
Diane Matthew	Chief Pharmacist, Warrington & Halton Hospitals NHS Foundation Trust	X
Dr Shankara Nagaraja	Consultant Intensivist/Anaesthetist, Associate Medical Director for Clinical Governance, University Hospital Aintree	X
Lucy Reid	Lead Pharmacist - Halton CCG Locality Medicines Management Team	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
Dave Thornton	Assistant Clinical Director of Pharmacy, University Hospital Aintree	X
Dr Matthew Van Miert	Consultant Anaesthetist, Wirral University Teaching Hospitals NHS FT	X
Mike Welsby	Pharmacist, St Helens & Knowsley Teaching Hospitals NHS Trust	X
Catherine Witter	Medicines Information Pharmacist, Southport & Ormskirk Hospital NHS Trust	X
Attendees	Organisation(s)	Present
Anne Henshaw	Senior Medicines Commissioning Pharmacist, MLCSU	X
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information Centre	X
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU	X
Kuldip Soora	Senior Prescribing Adviser, MLCSU West Bromwich	X

APC/18/59	Welcome and apologies	Action
	<p>The Chair welcomed, as observer at the meeting, Kuldip Soora (Senior Prescribing Adviser at MLCSU based in West Bromwich and the professional secretary of Birmingham, Sandwell, Solihull and environs APC). The Chair accepted apologies for the following: Catrin Barker, Dr Dan Hawcutt, Dr Sid McNulty, Neil Chilton, Dr Octavia Stevens, Dr Anna Ferguson, Alison Ewing, Dr Tom Kennedy, Donna Gillespie-Greene, Helen Dingle and Kieron Donlon.</p>	
APC/18/60	Declarations of Interest and Quoracy Check	
	<p>There were no declarations of interest. The meeting was not quorate.</p>	
APC/18/61	Minutes of the previous meeting and matters arising	
	<p>APC/18/61/01 – Minutes from the Previous Meeting The Minutes were agreed to be an accurate record of the previous meeting on 27 June 2018.</p> <p>APC/18/61/02 – Matters Arising Opioid Working Group The working group is meeting again tomorrow. Pathways have been produced which the group is hoping to sign off; then they would be brought to APC. Although the group is currently made up of Liverpool colleagues, it is hoped that membership will be widened out to cover Pan Mersey area. With respect to GP representation, there are three GPs currently in the group. JH invited attendees to email him if they are interested in joining the group.</p> <p>Freestyle Libre – CCG approvals All Pan Mersey CCGs have agreed to Freestyle Libre apart from West Lancashire CCG which is waiting for Freestyle Libre to go through the Lancashire process with a decision likely to be forthcoming in September, and so it will remain Grey for West Lancs CCG until further notice.</p>	<p><i>Interested parties to contact JH</i></p>
APC/18/62	New Medicines	
	<p>APC/18/62/01 – Grey statement summary The committee agreed with the NMSG proposals regarding the following:</p> <ul style="list-style-type: none"> • TOFACITINIB tablets: A grey statement has been produced for use in Psoriatic Arthritis. The NICE TA is expected December 2018; when it is published this will be reviewed. • ELECTROMAGNETIC PULSE THERAPY (Actipatch): This is a medical device for chronic pain relief and if a formal application is received and prioritised for in-year review then it will be reviewed by the FGSG. • BRIVARECETAM: A grey statement has been produced, for the license extension for treatment of epilepsy in children and adolescents (aged 4 to under 16). It will be reviewed if an application for use is received. <p>APC/18/62/02 – E-cigarettes, statement review This is a routine review of an existing black statement. This is not about use in 'stop smoking' services. E-voke (the only licensed e-cigarette) has still not been launched and the UK launch plans are not clear. There is still no significant evidence for e-cigarettes. NICE guidance NG92 has been published since the original statement was written and so the NICE advice has been added to page 1, paragraph 3; this is the only key change, but only refers to providing advice for patients purchasing their own e-cigarettes. The key message remains the same - if 'stop smoking' services want to use it that is fine but they should not be asking GPs to prescribe it. No licensed e-cigarettes are available yet, this statement is pre-emptive as demand from patients could be high. SL asked if the smoking cessation leads for Cheshire and Merseyside</p>	

	<p>could be proactively advised that this is the Pan Mersey APC position. It was agreed that CCG Leads would communicate this information.</p> <p>JMc advised that SPS has looked at e-Voke for their Prescribing Outlook horizon scanning publication. British Tobacco are not planning on launching this yet due to issues with manufacturing, and they are moving their focus away from this product.</p> <p>The APC approved the black statement.</p>	CCG Leads												
APC/18/63	Antimicrobials													
	<p>APC/18/63/01 – Ciprofloxacin ear drops - Update GR gave a brief verbal summary of progress on actions from the last meeting. Ciprofloxacin ear drops replace off-label eye drops and they are now available – see item APC/18/65/03 below.</p> <p>APC/18/63/02 – Perichondritis – update Specialist feedback confirmed quinolone antibiotics would be a more sensible choice than flucloxacillin. Agreed monograph amendment, namely, Ciprofloxacin 500 mg BD for 7 days.</p> <p>APC/18/63/03 – Sinusitis, acute It was confirmed that, in line with NICE guidance, directions have been added to high dose nasal steroids in the formulary, namely mometasone 200mcg BD for 14 days.</p>													
APC/18/64	Shared Care													
	<p>APC/18/64/01 – Denosumab Prescribing Support Information – update This is a proposed update to the existing prescribing support information (PSI) document on the website, previously agreed by the committee. It was noted that some secondary care requests had been made for GPs to refer patients back, for review of need for ongoing therapy at 3 years, therefore shared care sub-group (SCSG) considered whether the PSI should cover this. Based on the evidence it is more appropriate to review at 5 years. The SCSG felt the most practical option was for the practice to refer patients back to specialist for review at 5 years and wording has been added in line with this to the PSI. Consultation feedback from some CCGs felt it was the hospitals role to track patients for 5 years and call them back in for review. There was discussion on this and it was agreed that it would be more practical for practices to set up referral systems to identify patients who had been on denosumab for 5 years e.g. CCG medicines management teams would be able to set up routine searches to identify these patients.</p> <p>There was some discussion regarding the overall RAG rating of denosumab but it was noted this was outside of the context of the consultation and would need to be raised via the subgroup as a separate issue.</p> <p>The APC approved the amendment to the PSI to include the recommendation that practices refer patients on denosumab back to the specialist after 5 years for them to review necessity for ongoing treatment.</p> <p>APC/18/64/02 – ADHD Shared Care Frameworks – update This is a proposed update to the existing shared care framework (SCF) document on the website, previously agreed by the committee. NICE published updated guidance for ADHD in March 2018 (NG87) which alters recommended drug monitoring frequency, so the subgroup has changed the framework to reflect the slightly updated guidance:</p> <table border="1"> <thead> <tr> <th><u>Parameter</u></th> <th><u>Previous guidance</u></th> <th><u>New guidance</u></th> </tr> </thead> <tbody> <tr> <td>Blood pressure and pulse</td> <td>3 months</td> <td>6 months</td> </tr> <tr> <td>Height (children)</td> <td>6 months</td> <td>6 months</td> </tr> <tr> <td>Weight <10 years</td> <td>6 months</td> <td>3 months</td> </tr> </tbody> </table>	<u>Parameter</u>	<u>Previous guidance</u>	<u>New guidance</u>	Blood pressure and pulse	3 months	6 months	Height (children)	6 months	6 months	Weight <10 years	6 months	3 months	
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	<p>Weight > 10 years and adults 6 months 6 months</p> <p>Regarding purple (shared care) designation it was noted that the monitoring frequency is not the only issue determining this, as shared care drugs also require on-going specialist support for dose changes or management of adverse effects. The APC approved the proposed monitoring frequency changes to the SCF.</p>	
APC/18/65	Formulary and Guidelines	
	<p>APC/18/65/01 – Opioids and Gabapentinoids for Chronic Pain in Adults guideline This is a new guideline to publicise that, to a great extent, opioids do not provide long-term benefit in chronic non-cancer pain. The scope of the guideline is to minimise inappropriate initiation of opiates and gabapentinoids in new patients for chronic pain. It was recognised that services need to be developed to manage existing patients – see item APC/18/61/02 above. Consultation feedback was generally favourable, and suggested amendments had largely been made. The APC approved the guideline.</p> <p>APC/18/65/02 – Vitamin D guideline – paediatrics Vitamin D guideline – adults (self-care aspect) Consultation was previously carried out on adopting the Alder Hey Hospital vitamin D guideline across Pan Mersey – however feedback was that it was very secondary care orientated. Therefore, the formulary & guidelines subgroup (FGSG) produced a paediatric vitamin D guideline intended for use by primary care. In the meantime, the Alder Hey guideline has gone out of date and is being reviewed. The recent NHSE advice on over-the-counter remedies has been incorporated into the guideline, as this recommends that for maintenance therapy, patients should generally purchase this. Detailed comments were received in the consultation feedback and these have been addressed. The pre-existing vitamin D guideline for adults has also been amended to reflect the NHSE advice on over-the-counter remedies so that it is consistent with the paediatric guideline. The APC approved the paediatric guideline and the amendment to the adult guideline but noted further changes may be needed in future if required from user feedback. It was also noted that CCGs will need to conduct a communication exercise and appropriate education of clinicians regarding NHSE advice on over-the-counter remedies, and secondary care will also need to do the same to avoid conflicting messages for patients regarding this.</p> <p>APC/18/65/03 – Ciprofloxacin ear drops The FGSG proposed adding ciprofloxacin 2mg/ml ear drops solution in a single-dose container for acute otitis externa to the formulary and removing off-label use of ciprofloxacin 0.3% eye drops. This was approved by the APC.</p> <p>APC/18/65/04 – Budenofalk / Entocort capsules The proposal to add Budenofalk and remove Entocort brands of m/r budesonide capsules from the formulary was consulted on and feedback was generally no comment or in agreement. Budenofalk is licensed for collagenous colitis and Entocort is licensed for microscopic colitis and GR confirmed, as far as he was aware, collagenous colitis is a form of microscopic colitis and both were often considered the same disease process (will forward reference to DT). This should not entail active switching of existing patients as both are administered as discreet courses of treatment, but prescribers should note that if repeating a</p>	GR

	<p>course in someone who previously received Entocort they should now be prescribed Budenofalk. The recommendation to prescribe by brand will be added to the formulary entry for Budenofalk capsules. This was approved by the APC.</p> <p>APC/18/65/05 – Prescribing for patients living or travelling abroad guideline FGSG proposed adding information to this guideline from the recent NHSE guideline on items not to be routinely prescribed in primary care, regarding vaccines that can and cannot be supplied on the NHS purely for travel reasons. The recommendation not to prescribe “just in case” medication, e.g. anti-diarrhoeals, was also added. Consultation feedback agreed. There was one comment on the cut off for treatment duration in excess of 3 months and that this should have added to it “except in exceptional circumstances” but APC agreed that adding this may result in this being over-interpreted, and the current wording did allow for discretion to go slightly beyond this if common sense dictated. The APC approved the amended guideline.</p> <p>APC/18/65/06 – GORD guideline – paediatrics (review) This is a routine review at guideline review-by date. The main change is about the use of thickener in breast fed infants. Several other minor changes were made in response to consultation feedback, and the words “general paediatrician” substituted for General Paediatric Rapid Access Clinic to make it generally applicable to several providers. The guideline was approved by the APC.</p> <p>APC/18/65/07 – Phosphodiesterase type-5 inhibitors in erectile dysfunction statement (review) The recent NHSE document on items not to be routinely prescribed in primary care stated that daily tadalafil should not be prescribed. This has been added to the statement along with advice that as required generic tadalafil is 2nd choice after generic sildenafil. It was highlighted that previous guidance allowing prescribing on the NHS by a specialist service where ED is causing severe distress is no longer mentioned in Drug Tariff or BNF, and NHSBSA confirmed NHS prescribing in ED causing severe distress is no longer applicable in England (except for generic sildenafil which is exempt from all restriction). This information has been added to the statement. There was some consultation feedback disagreeing with daily tadalafil not being available on the NHS but this has previously been nationally consulted on and agreed, and APC has already agreed this. It was agreed to remove reference in the statement to previous guidance for patients in severe distress, but CCGs may need to review any services commissioned for this and consider patients who may be treated for this in primary care. The guideline was approved by the APC with the removal of this reference.</p>	
APC/18/66	APC Reports	
	<p>APC/18/66/01 – APC Prescribing Report July 2018 This report has been updated to include data up to April 2018. <u>Page 1 Quetiapine IR:</u> this is the preferred formulation. Unfortunately, there was a huge price rise in May 2017. It will continue to be monitored to make sure that the MR usage is not going up. <u>Page 2 Colief:</u> there has been a black statement since 2014. Prescribing has come right down to under £1000; the APC agreed to the proposal to remove this item from the report now. <u>Page 3 Sacubitril/Valsartan:</u> There was a NICE TA in 2016. The statement is due for review, but the new NICE heart failure guideline is due in September, so</p>	

the review has been postponed until that has been published. Will continue to be monitored but spend is substantially less than the NICE costing estimate.

Page 4 Mesalazine oral: Octasa is the preferred brand and an amber initiated statement was approved in February 2018 supporting switching to this brand. At the moment prescribing data is not showing much change in prescribing. There has been some concern raised by primary care that secondary care is possibly not on-board with this. Secondary care pharmacists advised that there were some concerns from specialists over switching, but new patients would be started on Octasa. SL stated that there are huge savings to be made for the health economy so primary and secondary care need to work together. MJW confirmed that St Helens and Knowsley Hospitals are switching patients.

Page 5 Silk Garments: A black statement was approved in March 2018. Numbers are small, and costs are decreasing.

Page 6 Tapentadol IR (black): shows an upward trend despite it not being recommended.

Page 6 FreeStyle Libre (grey): shows some prescribing was started before the APC recommendation was agreed.

APC/18/66/02 – NICE TA Adherence Checklist June 2018

The checklist has been updated to the end of June 2018 to demonstrate that NICE TAs are progressed through the process in a timely manner. It was presented to the APC for noting.

APC/18/66/03 – RMOC quarterly update

AH and MvM sit on RMOC North and attended the meeting at the end of June. It was agreed at the CCG Leads meeting to bring a quarterly update to APC as quite a lot of the work relating to RMOC doesn't sit within the APC remit and is worked on via other routes. However, if there is anything that needs to be seen by the APC in a more timely manner, it will be brought to the next scheduled meeting.

The RMOC section of the SPS website is now fully functional and all the publications are available there. There is also an online form to raise topics for RMOC to look at, which anyone can do. This can be done directly by an individual or through the CSU team. The suggestion will then go through a prioritisation process. The CSU has been asked to submit a form for melatonin for sleep disorders in children with neurodevelopmental disorders.

At the last RMOC North meeting, one of the key topics covered was STOMP (Stopping Over Medication of People with learning disabilities, autism or both). It is generally considered important to support the issues this covers. There is a Formulary and Guidelines Subgroup statement in development to support the STOMP principles and Wirral has done some work in this area. A number of other CCGs indicated they had also done some work, so members were asked to share their learning where things have worked well.

Biosimilars, especially the forthcoming adalimumab biosimilar, are a key national priority and high on the RMOC agenda. Locally a lot of work is being undertaken outside of the APC process and Trusts are looking at options for when the adalimumab biosimilar becomes available. Trust contract prices will be a big deciding factor as to which biosimilar is the best value.

A number of RMOC recommendations have now been published:

1. Freestyle Libre – the APC statement is based on the RMOC recommendation and was agreed in May, then approved by member CCGs for implementation
2. Standardising strengths of high risk, unlicensed liquid formulations of anti-TB medicines – information disseminated to Chief Pharmacists for implementation. Feedback received so far that some Trusts have now

	<p>implemented the guidance and others confirmed it is not relevant to them.</p> <p>3. Access to regional antidotes and other rarely used medicines – information disseminated to Chief Pharmacists to raise awareness and a national audit for antidotes will be undertaken in autumn 2018.</p>	
APC/18/67	Any Other Business	
	<p>APC/18/67/01 – AOB None.</p>	
APC/18/68	Date, Time and Venue for the next meeting	
	<p><u>Date and time of next APC meeting:</u> THERE IS NO MEETING IN AUGUST. The next meeting will be on Wednesday 26 September 2018 at 2.00-4.00pm</p> <p><u>Venue:</u> The Education Centre, Kent Lodge, Broadgreen Hospital, 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.