Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours
Wednesday 28 November 2018
The Education Centre, Kent Lodge,
Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

Minutes

Members	Organisation(s)	Present
Dr J Hampson - Chair	GP, 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, Mersey Care, Liverpool and South Sefton Community Services Division	X
Anna Atkinson	Deputy Lead Pharmacist Meds Management, Lancashire Care NHS FT	X
Catrin Barker	Chief Pharmacist, Alder Hey Children's NHS Foundation Trust	X
Dr Rob Barnett	LMC Representative, Liverpool	X
Becky Birchall	Senior Pharmacist, Halton CCG	X
Nicola Cartwright	Assistant Director Medicines Management, St Helens CCG	X
Alison Evans	Lead Meds Man Pharmacist, Wirral University Teaching Hospital NHS FT	X
Dr Anna Ferguson	GP Lead, South Sefton 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 / Chair Drugs & Therapeutics, Alder Hey Children's NHS FT	X
Helen Iddon	Pharmacist, West Lancashire CCG	X
Dr Adit Jain	Clinical Lead, Prescribing – Knowsley CCG	X
Jenny Johnston	Senior Pharmacist – South Sefton CCG & Southport and Formby CCG	X
Jenny Jones	Principal Pharmacist Medicines Management, Warrington and Halton Hospitals NHS Foundation Trust	X
Jenny Lunn	Pharmaceutical Adviser & Team Lead, Meds Man, Warrington CCG	X
Kathryn Phillips	Medication Safety Officer, Medicines Management, Bridgewater Community Healthcare NHS Foundation Trust	X
Mark Pilling	Chief Pharmacist and Assistant Director of Primary Care, Knowsley CCG	X
Rachael Pugh	Prescribing Advisor – Wirral Medicines Management Team, MLCSU	X
Paul Skipper	Deputy Director of Pharmacy, Royal Liverpool & Broadgreen University Hospitals NHS Trust	X
Dr Matthew Van Miert	Consultant Anaesthetist, Wirral University Teaching Hospitals NHS FT	X
Mike Welsby	Pharmacist, St Helens and Knowsley Teaching Hospitals NHS Trust	X
John Williams	Chief Pharmacist, Southport & Ormskirk Hospital NHS Trust	X
Attendees	**Organisation(s)**	**Present**
Sian Davison	Pharmacist, The Walton Centre	X
Helen Dingle	Senior Prescribing Advisor, MLCSU	X
Kieron Donlon	Senior Prescribing Advisor, MLCSU	X
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information Centre	X
Tamsin Moroney	Senior Prescribing Advisor, MLCSU	X
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU	X

APC/18/90	Welcome and apologies	Action
	The Chair welcomed members. The Chair accepted apologies for the following: Nicola Baxter (Helen Iddon attending), Carolyn Barton (Mark Pilling attending), Lucy Reid (Becky Birchall attending), Dave Thornton, Colin Brennan, Agatha Munyika, Dr Omar Shaikh, Dr Shankara Nagaraja, James Parker and Anne Henshaw.	
APC/18/91	**Declarations of Interest and Quoracy Check**	
	There were no declarations of interest. The meeting was quorate.	
APC/18/92	**Minutes of the previous meeting and matters arising**	
	APC/18/92/01 – Minutes from the Previous Meeting The Minutes were agreed to be an accurate record of the previous meeting on 31 October 2018. **APC/18/92/02 – Matters Arising** Riluzole update: This was deferred to the next meeting (January 2019) due to the absence of SL and DT. Generalised anxiety disorder guideline: Escitalopram and mirtazapine were added as requested by the APC at the last meeting. The guideline was approved. Antimicrobial Subgroup: KD asked attendees to encourage candidates to get in touch with him at the CSU. The subgroup is aimed at pharmacists, for them to collect information and disseminate it within their organisations. The first meeting will take place on 19 December 2018. APC Lay Member advert: The advert will go live on 7 December on the APC website, it will be open for 6 weeks to give people a chance to apply.	***All***
APC/18/93	**New Medicines**	
	APC/18/93/01 – Grey statement summary for November 2018 One grey statement has been produced in November. This is for Rivaroxaban and it will be reviewed when the NICE TA is published (expected August 2019). It is for the prevention of atherothrombotic events in adult patients with CAD or symptomatic PAD at high risk of ischaemic events, in combination with aspirin. **APC/18/93/02 – Ivermectin – Green statement review** The routine review of this green statement has been done. There was only one minor change; doxycycline has been added to the 'Cost' box. The committee approved this statement and carrying over the 'CCG badges' to this reviewed document. **APC/18/93/03 – Rivaroxaban – Grey statement** This grey statement has been produced, awaiting NICE. **APC/18/93/04 – Tofacitinib – Red statement** A red statement has been produced in line with NICE TA543 in psoriatic arthritis. GR confirmed that the Pan Mersey psoriatic arthritis policy and the psoriatic arthritis pathway (re-named as "high cost drug" from "biologic") were to be updated to include tofacitinib and apremilast. This was approved by the APC. **APC/18/93/05 – DOACs – North West Coast statement** There was a discussion at the last CCG Meds Management Leads/ Chief Pharmacists meeting about putting a link in the formulary to the North West Coast Strategic Clinical Networks consensus statement advising use of edoxaban as the lowest acquisition cost DOAC. However, the general assumption for all drug choices is already for prescribing the least expensive and most appropriate. The reason edoxaban is cheapest is because it is in a	

	manufacturer rebate scheme. These schemes are specific agreements between a CCG and pharma company and the APC felt it was inappropriate to add the link to the formulary, given that rebate schemes are subject to change and are locally applied. It was agreed that a hyperlink will not be put in to the North West Coast document, but it should be ensured that sufficient clinical information and guidance is given to enable appropriate DOAC choice to be made.	
APC/18/94	**Antimicrobials**	
	APC/18/94/01 – Chlamydia BASHH update Brought for noting. Doxycycline is now recommended first line. Test of cure brought forward to three weeks to improve compliance. AF advised test of cure in pregnancy should be regardless of which antimicrobial has been used. KD to amend statement. 'Gay' and 'bisexual' should also be properly referred to as men who have sex with men. KD to amend. **APC/18/94/02 – Fungal infections with consultation feedback** KD summarised the amendments following consultation. Of note, typos and omissions have been corrected; warnings for warfarin and use in pregnancy have moved closer to relevant drugs; amorolfine was removed from dermatophyte nail infection; clotrimazole was specified in dermatophyte skin infection; an option for further treatment was added to dermatophyte skin infection. JH queried whether miconazole was contra-indicated in children or just outside of license. Discussion clarified it was unlicensed rather than contra-indicated. **APC/18/94/03 – Miscellany with consultation feedback** KD summarised the amendments following consultation. Typos and omissions have been corrected. It was agreed that several items should not be adopted. Vaccines in splenectomy, it seems there may be a different approach in secondary care to primary care, readers are advised to check the green book for up to date guidance. Ceftriaxone was not added for suspected meningitis, no reference could be found to support this in primary care, current guidelines state benzylpenicillin which was also supported by Alder Hey. Monitoring LFTs with terbinafine, thought to be outside of scope of this guide, readers are directed to standard texts such as the BNF or SPC for this type of information. The APC agreed to the changes made.	
APC/18/95	**Shared Care**	
	APC/18/95/01 – DMD monitoring wording – update This was discussed at APC last month and it was agreed that the wording needed further clarification. HD read out the change of wording which explains that the patient may be part-way through the initial BSR-recommended monitoring schedule and still require 1-2 months of monthly monitoring before moving to 12-weekly monitoring. The APC approved the changes. **APC/18/95/02 – Dementia prescribing support information – routine review** This was checked against new NICE guidance NG97 and one minor change was necessary. NICE now recommends that memantine may also be co-prescribed with an anticholinesterase inhibitor for managing severe Alzheimer's disease and this has been added. This document went on the consultation email for information and there was no feedback. The APC approved this review. **APC/18/95/03 – Pilocarpine tablets – formulary amendment** The Shared Care subgroup recently reviewed all the Red drugs on the formulary to see if the RAG ratings were appropriate. This is the only one that	

	the subgroup felt should be changed as almost all prescribing is in primary care across Pan Mersey. It is a licensed indication (dry mouth caused by irradiation for head and neck cancers and Sjogren's Syndrome) and no monitoring is required. It went out for consultation and the majority agreed with the proposed Amber Recommended RAG rating. The APC approved the formulary amendment.	
APC/18/96	**Formulary and Guidelines**	
	APC/18/96/01 – Rheumatology pathways (from Sept meeting) The amendments to the rheumatology pathways were agreed by the APC in principle at the September 2018 meeting. It had been agreed that CCGs needed estimated financial information prior to formally approving these, and GR has produced two papers providing this. One paper outlined potential costs of extended sequential high cost drug use in CCG-commissioned rheumatology pathways. The second paper outlined potential costs of CCGs potentially continuing to commission additional elements of high cost drug treatment outside of currently commissioned NHS England Specialist Services pathways for juvenile idiopathic arthritis (JIA) (rituximab and anakinra in adults who have transitioned from paediatric services) and continuing to use anti-TNFs in adult-onset Still's disease (AOSD), as previously agreed by CCGs prior to NHSE policy being produced, where NHSE does not commission anti-TNFs. The estimated financial implication of extended sequential high cost drug use in CCG-commissioned rheumatology pathways is about £23,000 per 100,000 population, assuming basic NHS prices for biologics, although this will be less in reality due to application of commercially confidential discounts. The cost implication for AOSD and JIA pathways was likely to be insignificant. The updated rheumatoid arthritis, ankylosing spondylitis and axial spondyloarthritis, and psoriatic arthritis and peripheral spondyloarthropathy pathways were approved in respect to the additional sequential options previously approved in principle at the September 2018 meeting. The amendments to the JIA policy in relation to commissioning the NHSE pathway including rituximab and anakinra in patients when they transitioned from paediatric into adult services were agreed. It was agreed to continue to include anti-TNFs in the Pan Mersey AOSD pathway pending CCG's decisions on whether they were willing to continue to commission this as previously agreed. It was agreed the amended documents were to be put on the website pending CCG decisions, as per normal APC process. **APC/18/96/02 – Methadone tablets** The Walton Centre requested the addition of methadone tablets to the formulary for use in limited circumstances in chronic pain. This was initially proposed with an amber-initiated designation but consultation feedback from primary care was not supportive of this. The subgroup re-consulted on this with a Prescribing Policy Statement and designation as amber-retained. Prescribing Support Information and a template letter were also provided. This had resulted in support from the majority of CCGs, although there was minority support for a red designation. Consultation feedback from some secondary care centres indicated they also wished to use methadone tablets in their pain services. There had been a lot of discussion at the subgroup about whether use should be limited to tertiary centres or permitted by secondary care centres as well. The subgroup accepted it was not in a position to finally determine this, but from its perspective, the initial application had come from the tertiary centre and there is limited evidence for efficacy of methadone tablets in chronic pain, so the subgroup thought it should currently only be initiated in tertiary care and initiation could be expanded to secondary care when more experience had been gained. Concern	

	was expressed that the pain service at the Walton Centre would not be able to cope with patient numbers if initiation was limited to tertiary care. DGG explained the background to this statement: GPs have started to refuse to prescribe because methadone tablets do not appear in the formulary, and they are requested to only prescribe as per Pan Mersey formulary. Feedback confirmed that amber retained is acceptable for those GPs who want to prescribe it. If a GP does do not want to prescribe it then it has been agreed that the hospital will retain prescribing. A member raised a concern that this could cause inequity for patients between practices. Also, patients might transfer GP surgeries to access that care. Members were reminded that this is no different to any amber drug, i.e. GPs can refuse to prescribe any amber drug which they do not feel is within their sphere of competence. There was a suggestion it should be designated red due to concerns that primary care could be overwhelmed. It was noted that this cohort of patients, who would be on methadone in the circumstances outlined, would already be on a high dose of opioids, with the same issues. There was agreement to approve the statement if there is no expectation for all GPs to take on prescribing, as above. In the Implementation Notes section on page 2, it was agreed to add to the end of the first sentence "subject to agreement by primary care" so that this is an explicit requirement before prescribing is handed over. Alder Hey Hospital is a paediatric tertiary centre and has patients in chronic pain, but it does not want to use methadone; it was therefore agreed to add 'Adult Patients' to the statement title. With these amendments, the statement, prescribing support information and template letter were approved with amber retained designation. A question was asked about what should be done about the secondary care centres who are already using it, if Pan Mersey APC issues a statement. DGG suggested that the secondary care centres would need to put in a joint application to extend the usage outside of the Walton Centre and requested that secondary care members in each hospital investigate the volume of methadone tablets dispensed from each department. DGG will request ePACT data for methadone tablets in Mersey and Warrington (Wirral will need to send the information to DGG) to provide an overview of the likely numbers. **APC/18/96/03 – Neuropathic pain guideline** This is a routine update of the current guideline. It now incorporates lidocaine plasters. GR summarised the guideline changes made and consultation feedback. The APC approved this guideline. **APC/18/96/04 – Teriparatide in males – commissioning** Teriparatide is now commissioned by NHSE for osteoporosis in males; this was brought to APC for noting, and information will be added to the formulary. **APC/18/96/05 – Acetylcysteine statement** This was a routine review of the current Black statement in idiopathic pulmonary fibrosis, with minor changes made. Since the last version of this document was agreed, oral acetylcysteine has been licensed in the UK in other indications. Pan Mersey prescribing of acetylcysteine is minimal and is all for the licensed formulations. The NICE TA for pirfenidone has been updated but the advice for acetylcysteine has not changed. This is reinforced by a study published in 2016 which also states acetylcysteine is unlikely to be beneficial in patients with idiopathic pulmonary fibrosis. The APC approved the reviewed statement.	***GR*** ***Second-ary care members*** ***DGG***

	APC/18/96/06 – Itraconazole – chronic pulmonary aspergillosis There are a number of antifungal drugs listed in the formulary for chronic pulmonary aspergillosis, designated as red due to the NHSE commissioning position for these services. The FGSG wished to add itraconazole for completeness. This does not cover allergic pulmonary aspergillosis as NHSE funds for chronic but not allergic pulmonary aspergillosis. Wythenshawe Hospital is the national chronic pulmonary aspergillosis centre and it has also submitted an IFR for voriconazole for allergic pulmonary aspergillosis which is under consideration. Once the outcome of this IFR request is known, the issue of prescribing for allergic pulmonary aspergillosis may be brought back to the APC if necessary. NC to feedback what happens with the request to prescribe itraconazole, that St Helens CCG has received from Wythenshawe. **APC/18/96/07 – *Cortiment / Clipper*** FGSG proposed that *Cortiment* should be an equal choice with *Clipper* as steroid in Crohn's disease. Consultation feedback was either no comment or in agreement. The APC agreed to the removal of wording in the formulary, that states *Cortiment* is second line after *Clipper*, for ulcerative colitis. It was agreed to use the term 'm/r' rather than "p/r" to avoid confusion. **APC/18/96/08 – Pregabalin / gabapentin in restless legs syndrome** The subgroup proposed that pregabalin and gabapentin should be included in the formulary as green drugs (off-label) for restless legs syndrome, as second line to dopaminergic agents. Consultation feedback was in agreement. The APC approved this addition. **APC/18/96/09 – *Evolve HA* eye drops** *Evolve HA* is cheaper than the current preferred choice *Hyloforte* brand of sodium hyaluronate 0.2% eye drops and it is proposed to add it to the formulary as the preferred option. Some feedback pointed out that it is hard to get just one drop out of the softer-style container. It was agreed to add the comment "the container requires less pressure to administer than conventional bottle – patients to be advised not to apply excessive pressure resulting in wastage by unintentional administration of additional drops". The APC approved this proposal. **APC/18/96/10 – Dementia / BPSD** This is a review of an existing statement. Additional practical information has been added on page 2, on reducing and stopping antipsychotic drugs. Feedback queried the practicality of patients being reviewed every 6 weeks, but this is in the NICE guideline and SmPCs, so it has been retained but with the additional wording "…or as clinically needed", to allow some flexibility. The APC approved the statement.	***NC***
APC/18/97	**APC Reports**	
	APC/18/97/01 – NICE TA Adherence Checklist October 2018 The checklist was presented to the APC for noting. Pan Mersey is in adherence with NICE TA.	
APC/18/98	**Any Other Business**	
	APC/18/98/01 – AOB Hyperlink to APC Papers: For this meeting, a link was emailed to members so that they could download APC papers. There was a mixed response to this – some members found this helpful and others had difficulty in downloading the documents. Members were asked to contact the team if they experience any issues in the future.	

	APC/18/98/02 Asthma Guidelines: The Pan Mersey APC decided not to align its review of the current guideline with NICE but to base its guideline on BTS. DGG raised this recently at the NICE Board Meeting at the Liverpool Women's Hospital with Sir Andrew Dillon. He has asked the guidelines group to look at the concerns and, if there is some merit to them, an early review may be undertaken. DGG will keep the committee informed of any updates.	
APC/18/99	**Date, Time and Venue for the next meeting**	
	Date and time of next APC meeting: The next meeting will be on Wednesday 30 January 2019 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.