



Midlands and Lancashire
Commissioning Support Unit



Pan Mersey
Area Prescribing Committee

Pan Mersey Area Prescribing Committee Annual Report 2021-22

Contents

| | |
|---|----|
| Pan Mersey Area Prescribing Committee..... | 1 |
| Remit | 1 |
| Activity | 1 |
| Developments | 2 |
| APC subgroups..... | 3 |
| Engagement with APC processes and recommendations | 3 |
| Appendix 1 New medicines subgroup | 4 |
| Appendix 2 Formulary and guidelines subgroup..... | 7 |
| Appendix 3 Shared care subgroup | 9 |
| Appendix 4 Safety subgroup | 10 |
| Appendix 5 Antimicrobial review group | 11 |
| Appendix 6 NICE technology appraisals | 12 |
| Appendix 7 Attendance at APC meetings..... | 14 |

Pan Mersey Area Prescribing Committee

The Pan Mersey Area Prescribing Committee (APC) was formally established in February 2013 as a vehicle to allow Clinical Commissioning Groups (CCGs) across Merseyside and Warrington to work collaboratively around the commissioning of medicines. NHS Wirral CCG subsequently joined the APC in January 2018. This report gives an overview of APC activity in the 2021-22 financial year.

The APC involves 24 NHS organisations including CCGs, NHS Trusts and Community Trusts. NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) provides the administration function and expert medicines support to both APC and its subgroups as well as contributing to outputs and managing the stakeholder consultation process. Delivery of outputs is through a shared model, with the most appropriate organisations leading different areas and providing input as required.

MLCSU provides the administration and management of the [Pan Mersey APC website](#), which was redesigned in 2018/19. This includes development and maintenance of the Pan Mersey joint formulary using the netFormulary platform. In 2021/22, there were 171,340 visits to the APC website with 298,365 page views. There were a further 96,118 visits to the Pan Mersey formulary with 681,219 page views.

Remit

The focus of APC activity has been to make recommendations to CCGs about commissioning of newly launched medicines, or medicines which have gained additional licensed indications. To this end, the new medicines review process was initially developed in Spring 2013 to enable robust assessment of the evidence base for the proposed commissioning of medicines, along with mechanisms to engage with clinicians and commissioners across the whole of the Pan Mersey health economy. The process was designed to take the minimum possible time so as not to introduce delays in decision-making for CCGs, whilst ensuring a robust process was followed, and has been reviewed and refined based on new medicines subgroup experience and stakeholder feedback as the APC and subgroup have developed.

As well as reviewing individual medicines, it was recognised that recommendations on how each medicine should fit into an overall care pathway for a condition would be valuable. As a result, the APC formulary and guidelines subgroup have developed and continue to maintain a joint health economy formulary, and produce relevant guidelines and pathways for prioritised conditions.

When making commissioning recommendations, the APC also advises CCGs on the appropriate setting for prescribing, for example, specialist only, specialist initiation with ongoing prescribing in general practice, or general practice. This is communicated via the RAG rating, which is allocated according to [set criteria](#) as part of the medicines review process.

Activity

The planned reintroduction of the APC function continued during 2021-22 with one hour APC meetings scheduled in April and May, increasing to one and a half hours in June and July, then two hours from September 2021 onwards. Duration of subgroup meetings has been gradually increased amid a continual review of system capacity for APC. This has inevitably reduced the throughput and activity of both subgroups and APC but has allowed the system to balance the need for an APC function for higher priority matters whilst minimising the staff resource impact of attendance at APC and subgroup meetings. The MLCSU Medicines Management Team has supported the majority of APC and subgroup outputs during

this time to enable member organisations to focus staff resource to the Covid-19 response, recovery, the vaccination programme and a return to business as usual.

[Appendix 1](#) gives an overview of the reviews undertaken by the new medicines subgroup in 2021-22; 30 new medicines reviews and prescribing policy statements were completed during this period.

[Appendix 2](#) lists the work undertaken on developing guidelines during 2021-22, which includes reviews of three statements, eight guidelines, and 15 formulary amendments by the formulary and guidelines subgroup.

In addition to this, the shared care subgroup reviewed three prescribing support information documents, developed three new prescribing support information documents, reviewed nine existing shared care frameworks, and reviewed the RMOC shared care guidance, as listed in [appendix 3](#).

The safety subgroup published nine guidelines and performed 28 formulary updates ([appendix 4](#)).

The antimicrobial review group continued with a rolling review of five chapters in the antimicrobial guide which has now begun to incorporate the treatment of infections in children ([appendix 5](#)).

The APC also receives monthly reports on newly published NICE technology appraisals (TAs). CCGs are able to use this report to provide assurance that they are complying with the mandatory obligations for NICE TAs. During 2021-22, a total of 19 NICE TAs were reviewed by the new medicines subgroup, with policy statements produced and RAG recommendations made to APC. This work enables CCGs to be kept up to date on new NICE guidance and helps demonstrate compliance with the NICE TA mandatory requirements ([appendix 6](#)).

Developments

Pan Mersey APC constantly strives to develop and improve its processes to ensure they remain responsive and appropriate, and consideration is given to feedback from stakeholders. It has progressed a number of significant initiatives during 2021-22.

- A website that collated national and regional information on Covid-specific medicines issues was developed in 2020-21 to improve accessibility to this information, as a single point of access via the Pan Mersey APC website. Maintenance of this website continued in 2021-22 and is ongoing.
- The MLCSU Medicines Management team continued to facilitate the reprioritisation of APC subgroup workplans to support the phased reintroduction of APC activity alongside Covid recovery and a return to business as usual.
- During 2021-22, the new medicines subgroup developed and implemented a process for dealing with terminated, withdrawn and suspended NICE TAs.
- The North Regional Medicines Optimisation Committee (RMOC) was established in June 2017, with meetings take place quarterly in Leeds prior to the Covid-19 pause. Two APC members were members of the RMOC North committee, until it was disbanded on 31 March 2022 to be replaced by RMOC North West and North East. RMOC updates, including any published newsletters, are an APC standing agenda item. Local opinion and consultation have been sought on draft RMOC documents where appropriate and Pan Mersey APC gives due consideration to all RMOC recommendations to establish if they influence or change the Pan Mersey position.
- An MLCSU Medicines Management team member has been a member of the RMOC Shared Care Working Group, with meetings held monthly between April to December 2021. 18 national shared care protocols, a patient information leaflet, and guidance on requests for shared care from private providers were developed, sent out for national consultation, and the feedback considered and

addressed before final drafts were submitted to RMOC North for approval in September 2021 and January 2022. These are currently awaiting final sign-off and national publication by NHS England and Improvement.

- The MLCSU Medicines Management team has facilitated the Pan Mersey APC consultation on RMOC national shared care protocols and information documents, ensuring the Shared Care Subgroup provided a response on behalf of the APC, and collating all individual consultation feedback comments to submit back to the RMOC secretariat.
- An MLCSU Medicines Management team member has been nominated and accepted to represent Pan Mersey APC at RMOC North West.
- The MLCSU team continued to lead and co-ordinate collaboration at scale on antimicrobial prescribing advice for primary care across Cheshire and Merseyside. The rolling programme of review has begun to incorporate treatment of infection in children.
- Following the Merseyside and Warrington CCG's decision to discontinue Blueteq, the MLCSU Blueteq Project Lead worked closely with the MLCSU Information Governance team to develop the appropriate governance required for the close-down of Blueteq and the arrangements for the data at the end of this period. In accordance with the Data Protection Assurance Checklist, which was circulated to and approved by CCGs, Blueteq were instructed to destroy the data held for Merseyside and Warrington CCGs, and have confirmed that destruction of data is complete. MLCSU will resume reporting High Cost Drugs (HCD) queries from the Service Level Agreement Monitoring (SLAM) data flows and new solutions for HCD validation are being explored through the Health and Care Partnership Medicines group.

APC subgroups

There are four subgroups of Pan Mersey APC: new medicines, formulary and guidelines, shared care, and safety. The new medicines subgroup and the formulary and guidelines subgroup hold meetings every month, the shared care subgroup and the safety subgroup hold meetings every two months. A fifth group of antimicrobial specialists from across Cheshire and Merseyside continue their review of the primary care antimicrobial guide, meeting on alternate months. All subgroup outputs are consulted upon, with consultation feedback considered prior to the outputs being included on the APC agenda for consideration.

Engagement with APC processes and recommendations

The level of engagement with APC processes can be gauged by considering both the attendance at meetings by stakeholder organisations and the proportion of APC recommendations which are subsequently adopted by CCGs. It should be borne in mind that differences may reflect variations in local service configurations rather than disagreement with APC recommendations. [Appendix 7](#) lists the APC member organisations and shows their attendance at APC meetings, demonstrating a high degree of engagement with APC meetings. During 2021-22, APC and subgroup meetings were held via Microsoft Teams and attendance remained high despite the ongoing pressures of the pandemic and Covid recovery alongside the need to return to business as usual.

Anne Henshaw
Senior Medicines Commissioning Pharmacist
Midlands and Lancashire CSU
July 2022

Your NHS partner for **improving health** and **integrating care**
midlandsandlancashirecsu.nhs.uk

Appendix 1 New medicines subgroup

From April 2021 to March 2022, 30 new medicines reviews and policy statements were produced and taken through the APC process with recommendations to CCGs. The new medicines subgroup is also responsible for reviewing NICE TAs ([appendix 6](#)).

| New medicine review | Review type | APC | RAG rating |
|---|-------------------------------------|----------------|-----------------|
| Cariprazine for the treatment of schizophrenia in adult patients | Review of existing statement | April 2021 | Amber retained |
| Tapentadol prolonged release tablets (Palexia® SR) for chronic pain | Review of existing statement | June 2021 | Amber initiated |
| Sodium zirconium cyclosilicate for emergency treatment of hyperkalaemia | Update to existing statement | June 2021 | Red |
| Sodium zirconium cyclosilicate for persistent hyperkalaemia | Update to existing statement | June 2021 | Amber initiated |
| Inclisiran for primary hypercholesterolaemia or mixed dyslipidaemia | Temporary (await NICE) | July 2021 | Grey |
| Canagliflozin, dapagliflozin, empagliflozin and ertugliflozin as combination therapies in type 2 diabetes: a multiple prescribing statement | Review of existing statement (NICE) | September 2021 | Green |
| Canagliflozin, dapagliflozin, empagliflozin and ertugliflozin as monotherapies in type 2 diabetes: a multiple prescribing statement | Review of existing statement (NICE) | September 2021 | Green |
| Evolocumab for reduction of cardiovascular risk in adults with established atherosclerotic cardiovascular disease | Review of existing statement | October 2021 | Black |
| Lanreotide for the treatment of angioectasia | Full evidence review (new) | October 2021 | Red |
| Dapagliflozin for treating chronic kidney disease | Temporary (await NICE) | October 2021 | Grey |

| New medicine review | Review type | APC | RAG rating |
|--|---|---------------|-------------------|
| Empagliflozin for treating chronic heart failure with reduced ejection fraction | Temporary (await NICE) | October 2021 | Grey |
| Estradiol 1mg / progesterone 100mg for oestrogen deficiency symptoms in postmenopausal women | Temporary (await application) | October 2021 | Grey |
| Relugolix 40mg / estradiol 1mg / norethisterone 0.5mg for uterine fibroids | Temporary (await NICE) | October 2021 | Grey |
| Roxadustat for treatment of anaemia associated with chronic kidney disease | Temporary (await NICE) | October 2021 | Grey |
| Tirbanibulin for the treatment of actinic keratosis | Temporary (await application) | October 2021 | Grey |
| Tralokinumab for treating atopic dermatitis | Temporary (await NICE) | October 2021 | Grey |
| Upadacitinib for treating atopic dermatitis | Temporary (await NICE) | October 2021 | Grey |
| Abrocitinib for atopic dermatitis | Temporary (await NICE) | November 2021 | Grey |
| Mometasone / olopatadine nasal spray for allergic rhinitis | Temporary (await application) | November 2021 | Grey |
| Andexanet alfa for reversing anticoagulation from apixaban, edoxaban or rivaroxaban | Update to existing statement | November 2021 | Red |
| Dapagliflozin for symptomatic chronic heart failure with reduced ejection fraction | Update to existing statement, change in RAG | November 2021 | Amber recommended |
| Dapagliflozin for treating type 1 diabetes | RAG change, statement withdrawn | January 2022 | Black |

| New medicine review | Review type | APC | RAG rating |
|---|-------------------------------|---------------|------------|
| Botulinum neurotoxin type A for chronic sialorrhoea in children and adolescents | Temporary (await application) | January 2022 | Grey |
| Risankizumab for psoriatic arthritis | Temporary (await NICE) | January 2022 | Grey |
| Rivaroxaban 2.5mg for the prevention of atherothrombotic events | Review of existing statement | February 2022 | Green |
| Filgotinib for ulcerative colitis | Temporary (await NICE) | February 2022 | Grey |
| Icosapent ethyl for reducing the risk of cardiovascular events | Temporary (await NICE) | February 2022 | Grey |
| Mepolizumab for chronic rhinosinusitis with nasal polyps | Temporary (await NICE) | February 2022 | Grey |
| Doxylamine / pyridoxine for the treatment of nausea and vomiting of pregnancy | Review of existing statement | March 2022 | Green |
| Tofacitinib for ankylosing spondylitis | Temporary (await NICE) | March 2022 | Grey |

Appendix 2 Formulary and guidelines subgroup

From April 2021 to March 2022, three policy statements, eight prescribing guidelines, and 15 formulary amendment recommendations were taken through the APC process and recommended to CCGs.

| Policy statements | APC | RAG rating |
|--|----------------|-----------------|
| Melatonin M/R in adults and children statements | September 2021 | Amber initiated |
| Ticagrelor for prevention of thrombotic events post-intracranial stent | January 2022 | Amber initiated |
| DOACs in AF (review) | January 2022 | Green |

| Formulary chapter reviews | APC |
|---------------------------|-----|
| None | n/a |

| Guidelines | APC |
|---|---------------|
| Guidelines for Managing Malnutrition in Adults in the Community (review) | April 2021 |
| Overactive bladder guideline (review) | April 2021 |
| Azithromycin tablets for prevention of exacerbations of COPD and bronchiectasis (review) | May 2021 |
| Freestyle Libre 2 (switching) | June 2021 |
| Botulinum Toxin Type A for achalasia | June 2021 |
| Guidelines for specialist infant formula feeds in lactose intolerance and cows' milk protein allergy (review) | July 2021 |
| Chronic pain (primary and secondary) – opioids and gabapentinoids for chronic pain in adults guideline (review) | October 2021 |
| Psoriasis in adults – sequential use of biologics (review) | February 2022 |

| Formulary amendments | APC |
|-----------------------------------|-----------|
| Sumatriptan 3mg | June 2021 |
| Pizotifen paediatric - RAG change | June 2021 |

Pan Mersey Area Prescribing Committee Annual Report 2021-22

| | |
|---|----------------|
| Buprenorphine S/R injection (Buvidal) | June 2021 |
| Dulaglatide 3mg, 4.5mg | July 2021 |
| Zonisamide susp (licensed product) | September 2021 |
| Ethinylestradiol discontinuation | September 2021 |
| Soluble insulin – RAG change | October 2021 |
| Replacement of risankizumab 75 mg x2 pre-filled syringe with 150 mg pen and 150 mg pre-filled syringe | November 2021 |
| Tofacitinib MR | November 2021 |
| Exenatide (Bydureon BCise) | November 2021 |
| Insulin lispro (Lyumjev) ultrafast insulin | January 2022 |
| Glycopyrronium/ formoterol inhaler [Bevespi Aerosphere MDI] – COPD | February 2022 |
| Beclometasone/ formoterol/ glycopyrronium inhaler [Trimbow MDI] – Asthma (license extension) | February 2022 |
| Budesonide/ formoterol/ glycopyrronium inhaler (Trixeo Aerosphere MDI) - COPD | February 2022 |
| Dacepton (apomorphine brand) | March 2022 |

Appendix 3 Shared care subgroup

From April 2021 to March 2022, three reviewed prescribing support information documents, three new prescribing support information documents, nine reviewed shared care frameworks, and a review of the RMOG shared care guidance plus an extension to the expiry date of 13 documents were completed through APC with recommendations to CCGs.

| Topic | Type of guidance | APC | RAG rating |
|--|-----------------------|----------------|-----------------|
| Amiodarone | Prescribing support | May 2021 | Amber retained |
| Hydroxychloroquine | Prescribing support | May 2021 | Amber retained |
| RMOG shared care guidance and template | National guidance | May 2021 | Purple |
| CMAGIC oestradiol | Prescribing support | July 2021 | Amber initiated |
| CMAGIC testosterone | Prescribing support | July 2021 | Amber initiated |
| CMAGIC gonadorelin analogues | Prescribing support | July 2021 | Amber retained |
| Low molecular weight heparin | Prescribing support | July 2021 | Amber retained |
| Riluzole | Shared care framework | September 2021 | Purple |
| Azathioprine | Shared care framework | March 2022 | Purple |
| Ciclosporin | Shared care framework | March 2022 | Purple |
| Leflunomide | Shared care framework | March 2022 | Purple |
| Mercaptopurine | Shared care framework | March 2022 | Purple |
| Methotrexate | Shared care framework | March 2022 | Purple |
| Mycophenolate mofetil | Shared care framework | March 2022 | Purple |
| Sulfasalazine | Shared care framework | March 2022 | Purple |
| Lithium | Shared care framework | March 2022 | Purple |

Appendix 4 Safety subgroup

From April 2021 to March 2022 the safety subgroup published nine guidelines and performed 28 formulary updates.

| Topic | Type of guidance | APC |
|---|--------------------|----------|
| Clozapine: reducing the risk of harm | Prescribing advice | May 2021 |
| VALPROATE: safe prescribing and dispensing to women and girls | Prescribing advice | Sep 2021 |
| Emergency steroid cards | Prescribing advice | Sep 2021 |
| Paracetamol 1 g effervescent tablets | Formulary update | Sep 2021 |
| Methotrexate: safe prescribing and dispensing | Prescribing advice | Oct 2021 |
| Switching oral formulations | Prescribing advice | Jan 2022 |
| Adrenaline autoinjectors | Prescribing advice | Jan 2022 |
| Insulin safety | Prescribing advice | Jan 2022 |
| DEXAMETHASONE injection – different injection strengths | Prescribing advice | Feb 2022 |
| SUMMARY CARE RECORD: Minimising Harm from Missing Data | Prescribing advice | Mar 2022 |
| MHRA drug safety update | Formulary updates | - |

Appendix 5 Antimicrobial review group

Working at scale, the Cheshire and Merseyside antimicrobial review group continued with a rolling review of five chapters in the antimicrobial guide which has now begun to incorporate treatment of infections in children.

| Topic | Type of guidance | APC |
|---|------------------|----------|
| Suspected meningococcal disease | | Jul 2021 |
| Urinary tract infections (adults) | | Jan 2022 |
| Skin infections (adults) | | Jan 2022 |
| C.difficile infection (adults) | | Jan 2022 |
| Respiratory tract infections (children) | | Feb 2022 |

Appendix 6 NICE technology appraisals

From April 2021 to March 2022, 19 policy statements for CCG-commissioned NICE TAs were produced by the new medicines subgroup and taken through APC with recommendations to CCGs.

| Technology appraisal title | APC | RAG rating |
|--|----------------|-----------------|
| TA682: Erenumab for preventing migraine | April 2021 | Red |
| TA694: Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia | May 2021 | Green |
| TA697: Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban | May 2021 | Red |
| TA708: Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis | July 2021 | Red |
| TA711: Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs | July 2021 | Red |
| TA715: Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed | July 2021 | Red |
| TA718: Ixekizumab for treating axial spondyloarthritis | September 2021 | Red |
| TA719: Secukinumab for treating non-radiographic axial spondyloarthritis | September 2021 | Red |
| TA723: Bimekizumab for treating moderate to severe plaque psoriasis (fast-track TA) | September 2021 | Red |
| TA733: Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia | October 2021 | Green |
| TA744: Upadacitinib for treating moderate rheumatoid arthritis | November 2021 | Red |
| TA753: Cenobamate for treating focal onset seizures in epilepsy | January 2022 | Amber initiated |
| TA758: Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy | January 2022 | Red |
| TA759: Fostamatinib for treating refractory chronic immune thrombocytopenia | January 2022 | Black |
| TA769: Palforzia for treating peanut allergy in children and young people | February 2022 | Red |

| Technology appraisal title | APC | RAG rating |
|--|---------------|------------|
| TA768: Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs | February 2022 | Red |
| TA764: Fremanezumab for preventing migraine | March 2022 | Red |
| TA775: Dapagliflozin for treating chronic kidney disease | March 2022 | Green |
| TA777: Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea | March 2022 | Black |

For NICE TAs where CCGs are not the responsible commissioner, a hyperlink to the NICE TA is added to the appropriate section of the Pan Mersey joint formulary.

A monthly overview of all NICE TAs is produced by the MLCSU hub team and noted at each APC meeting to provide assurance around compliance with NICE TA statutory requirements.

Appendix 7 Attendance at APC meetings

10 APC meetings were held during 2021-22.

| Organisation | Meetings attended |
|---|-------------------|
| Bridgewater Community Healthcare NHS Foundation Trust [†] | 10 |
| Alder Hey Children's NHS Foundation Trust* | 6 |
| Liverpool Women's NHS Foundation Trust* | 0 |
| Liverpool Heart and Chest Hospital NHS Foundation Trust* | 6 |
| Liverpool University Hospitals Foundation Trust | 10 |
| Mersey Care NHS Foundation Trust* | 9 |
| Mersey Care Liverpool and South Sefton Community Services Division [†] | 8 |
| North West Boroughs Healthcare NHS Foundation Trust* (attendance from April to July 2021 then Mersey Care NHS Foundation Trust) | 2 |
| Southport and Ormskirk NHS Hospital NHS Trust | 9 |
| St Helens and Knowsley Teaching Hospitals NHS Trust | 9 |
| Warrington and Halton Hospitals NHS Foundation Trust | 6 |
| Wirral University Teaching Hospital NHS Foundation Trust | 10 |
| NHS Halton CCG | 10 |
| NHS Knowsley CCG | 10 |
| NHS Liverpool CCG | 10 |
| NHS Southport and Formby CCG | 10 |
| NHS South Sefton CCG | 10 |
| NHS St Helens CCG | 10 |
| NHS Warrington CCG | 10 |
| NHS West Lancashire CCG | 8 |
| NHS Wirral CCG | 10 |
| Lancashire and South Cumbria NHS Foundation Trust [†] | 0 |

| Organisation | Meetings attended |
|--|-------------------|
| Cheshire and Wirral Partnership NHS Foundation Trust* | 2 |
| Wirral Community Health and Care NHS Foundation Trust† | 1 |
| Liverpool Local Medical Committee (non-voting member) | 3 |
| Mid Mersey Local Medical Committee (non-voting member) | 2 |
| Wirral Local Medical Committee (non-voting member) | 8 |
| Cheshire and Merseyside Local Pharmaceutical Committee (non-voting member) | 5 |
| APC Lay Member (non-voting member) | 8 |

*Specialist Trusts and †Community providers are only required to attend APC meetings when there are relevant agenda items.