NHS
Midlands and Lancashire
Commissioning Support Unit

NHS
Pan Mersey
Area Prescribing Committee

Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours
Wednesday 26 June 2019
The Education Centre, Kent Lodge,
Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

Minutes

Members	Organisation(s)	Present
Dr Adit Jain (Chair)	GP, Knowsley CCG	X
David Ainscough	Pharmacist, Mersey Care, Liverpool and South Sefton Community Services Division	X
Catrin Barker	Chief Pharmacist - Alder Hey Children's NHS Foundation Trust	X
Nicola Cartwright	Assistant Director Medicines Management – St Helens CCG	X
Abigail Cowan	Pharmacist, Wirral Medicines Optimisation Team, MLCSU	X
Dr Catherine Doyle	Prescribing Lead, Warrington CCG	X
Alison Evans	Lead Medicines Management Pharmacist, Wirral University Teaching Hospital NHS FT	X
Dr Claire Forde	CCG Governing Body Member, Prescribing Lead – Halton CCG	X
Danny Forrest	Liverpool Heart and Chest Hospital FT	X
Donna Gillespie-Greene	Head of Medicines Commissioning Midlands & Lancashire Commissioning Support Unit	X
Paul Gunson	Deputy Head of Medicines Management, Knowsley CCG	X
Catherine Harding	Lead Pharmacist, Lancashire Care NHS FT	X
Dr Dan Hawcutt	Consultant Paediatrician and Chair of D&T Alder Hey Children's NHS FT	X
Peter Johnstone	Prescribing Commissioner – Liverpool CCG	X
Barry Lloyd	Medicines Optimisation Pharmacist, West Lancashire CCG	X
Jenny Lunn	Pharmaceutical Adviser & Team Lead, Medicines Management Warrington CCG	X
Susanne Lynch	Medicines Management Team Leader South Sefton CCG and Southport & Formby CCG	X
Diane Matthew	Chief Pharmacist, Warrington and Halton Hospitals NHS FT	X
Graham Newton	Pharmacist, North West Boroughs Healthcare NHS Foundation Trust	X
Kathryn Phillips	Medication Safety Officer, Bridgewater Community Healthcare NHS FT	X
Rachael Pugh	Prescribing Advisor, Wirral Medicines Management Team, MLCSU	X
Lucy Reid	Head of Medicines Management – Halton 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	Meds Information Pharmacist, Southport & Ormskirk Hospital NHS Trust	X
Attendees	**Organisation(s)**	**Present**
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/19/39	Welcome and apologies	Action
	The Chair welcomed members and accepted apologies for the following: Dr Sid McNulty, Dr S Nagaraja, Lisa Knight, Carrie Barton, Dr Anna Ferguson, Dr Ivan Camphor, Jenny Jones, Dr Omar Shaikh, Nicola Baxter (Barry Lloyd attending), Neil Chilton (Graham Newton attending), Sarah Rafferty, Anne Henshaw and Helen Dingle.	
APC/19/40	**Declarations of Interest and Quoracy Check**	
	A quoracy check confirmed that this meeting was not quorate. There was one declaration of interest from PG for item 19/43/10 (Pfizer) on the agenda.	
APC/19/41	**Minutes of the previous meeting and matters arising**	
	APC/19/41/01 – Minutes from the Previous Meeting Members' attention was drawn to the Chair's post-meeting note on page 5. The Minutes were agreed to be an accurate record of the previous meeting on 22 May 2019, with the exception of page 4. North West Boroughs raised concerns about the wording used –see notes under 'Matters Arising: Cariprazine' (below). ***APC/19/41/02 – Matters Arising*** ***APC Chair – confirmation*** An email was sent out on 24 May, asking members if there were any objections to Peter Johnstone and Dr Adit Jain sharing the APC Chair position and Dr Anna Ferguson being Deputy Chair. There were no objections received so this proposal is approved. (Neither AJ nor PJ are available in July so DGG will organise someone to be Acting Chair on 31 July 2019.) ***Opioids – brand prescribing with generic name – update*** KD received a response from Davina Halsall (NHSE) on the matter of brand and generic prescribing of opioid medicines. Immediate release opioids should be prescribed generically, and modified release opioids should be prescribed by brand with the generic name in the directions for use. There are a number of other recommendations for commissioners and providers and some suggestion for patient involvement. The opioid safety statement will be taken back to the safety subgroup for update and subsequent consultation. ***Cariprazine for schizophrenia – update*** Following the meeting, it was decided it would be best if the cariprazine statement was circulated for a further consultation; the proposed change is to make the statement amber retained, with a review at 6 months. When members receive this next consultation email, they were urged to send back comments from their organisation as soon as possible. GN drew attention to the minutes of the May 2019 meeting and requested that some additions were made to reflect the discussion more accurately. NWB was reminded that the APC minutes are sent to all members and that any comments and suggested amendments are sent to the administrator within 10 working days, before the Minutes are ratified. GN will ask NC to send his concerns along with his suggested amendments to DGG and she will circulate the suggested additions to the members.	***DGG*** ***KD*** ***GN/NCh*** ***DGG***
APC/19/42	**New Medicines**	
	APC/19/42/01 – Ertugliflozin for type 2 diabetes (triple therapy) – NICE TA583, Green statement TM went through the details of the statement. There were no questions or objections and this statement was agreed.	

	APC/19/42/02 – Evolocumab for reduction of cardiovascular risk in adults with established atherosclerotic cardiovascular disease – Black statement This black statement does not recommend evolocumab injection for reduction of cv risk in adults with established atherosclerotic cardiovascular disease. It is already licensed for treating primary hypercholesterolaemia and mixed dyslipidaemia (use in strict accordance with NICE TA394). TM summarised the details of the statement for members. There were no objections and this statement was agreed.	
APC/19/43	**Formulary and Guidelines**	
	19/43/01 – Itraconazole in allergic bronchopulmonary aspergillosis – amber retained statement The subgroup recommendation was to designate itraconazole amber-retained for this indication. Consultation was broadly in agreement and minor points had been addressed. The specialists at the national pulmonary aspergillosis centre at Wythenshaw Hospital have been informed of the proposed statement but currently no comment from them has been received. The statement was agreed by the APC. ***19/43/02 – Posaconazole and voriconazole in allergic bronchopulmonary aspergillosis – black statement*** The subgroup recommendation was to designate posaconazole and voriconazole black for this indication because of the very limited evidence supporting their use. The single case series of posaconazole and voriconazole published in 2012 was limited to only 25 patients nationally. Consultation feedback was in agreement, or no comment. There was late feedback from Alder Hey (therefore not contained in the meeting papers) indicating they have 2 patients on posaconazole, but it was confirmed at the meeting they were oncology patients and funded by NHS England. There is currently only one case in an adult patient in Pan Mersey that the subgroup is aware of, funded on individual basis by the relevant CCG (IFR process did not approve due to lack of clinical evidence to support application). The specialists at the national pulmonary aspergillosis centre at Wythenshaw Hospital have been informed of the proposed statement but currently no comment from them has been received. The statement was agreed by the APC. ***19/43/03 – Testosterone guideline in men with androgen deficiency*** The guideline was originally considered by the Committee at the January 2019 meeting. At that time, it was agreed to be clinically acceptable, but the Committee suggested testosterone should be designated amber-recommended and not amber-initiated, and that a template letter from the specialist to the GP was drafted to facilitate the request to GP to prescribe. GR reported on the changes made to accommodate this, and these had been re-consulted on. A number of clinical comments were also received but these were similar to those that had been dealt with as a result of the initial consultation. Some specialists had also commented there was no need for digital rectal examination prior to testosterone therapy starting; however, the subgroup noted this was a requirement prior to starting testosterone in all product SmPCs and so retained it in the guideline. It was queried if this guideline covers primary testosterone deficiency as Alder Hey prescribe it in children, but it was confirmed it is for initiation in adult men only. It was agreed to add “secondary” androgen deficiency to the guideline title to distinguish this. The subgroup will look to address use in paediatric patients transitioning to adult services and use in women at a future time. GR confirmed that the new guideline helps satisfy the concerns of local endocrinologists about clinic capacity implications now it is designated amber recommended (including GPs administering injection preparations). The guideline was agreed by the APC.	

19/43/04 – Semaglutide – addition to formulary
The subgroup proposed adding semaglutide 0.25mg, 0.5mg and 1mg injection to the formulary. It is a once-weekly injection and of comparable cost to other GLP-1 mimetics in formulary.
The APC agreed to this addition to formulary.

19/43/05 – Asthma – paediatric guidelines
Updates at routine review-by date to the two guidelines (for children less than 5 years old and for children 5 years old and over) have been produced based on the British Thoracic Guidance rather than NICE, as previously agreed by the Committee. The updated versions have reduced the number of preferred inhaler options to simplify the guidelines. While there is a wide range of inhalers, Alder Hey has deliberately tried to streamline the choice on the guidelines that are best supported by evidence and experience in primary care. Both guidelines were agreed by the APC.

19/43/06 – Omega-3 fatty acids in hypertriglyceridaemia – addition to formulary
Following the advice of the 2017 NHSE document recommending drugs not to be routinely prescribed in primary care, which stated that omega-3 fatty acids should not be routinely prescribed, it was removed from formulary (hypertriglyceridaemia was the only remaining indication for the product included in the formulary at the time). However, specialist feedback had been received asking if omega-3 fatty acid capsules could be reinstated as an option for the treatment of hypertriglyceridaemia to prevent pancreatitis in patients for whom statins + fibrates were not tolerated or insufficient. Consultation feedback was generally supportive and comments were addressed – 'patients with TG>10mmo/l were in need of treatment' and 'any reduction in levels is clinically worthwhile'. It was estimated there are possibly 200 patients in the Pan Mersey area.
Reinstatement to the formulary, of omega-3 fatty acids for prevention of pancreatitis in hypertriglyceridaemia, was agreed by the APC.

19/43/07 – Headache pathway – valproate RAG designation
The pathway is unchanged apart from the fact that it has been updated to include the amber-retained designation for valproate in women of child-bearing potential agreed by APC previously. This was noted

19/43/08 – Rubifacients – black statement
This had been added to consultation for information-only as all products are non-formulary and included in the 2017 NHSE document recommending drugs not to be routinely prescribed in primary care. It was noted that the savings figure will be amended to be based on 80% of the NHS Digital estimate of total England spend rather than that quoted by PrescQIPP. PJ suggested that this should have gone out on consultation because Liverpool CCG are very unlikely to ratify it. South Sefton CCG, Southport & Formby CCG, Halton CCG, Knowsley CCG, St Helens CCG, Wirral CCG and Warrington CCG representatives confirmed that they would ratify this statement. If Liverpool CCG does not ratify the document this will be noted on the document on the website.
The statement was agreed by the APC.

19/43/09 – Strontium – formulary entry
This had been included in consultation for information only. The formulary still includes strontium as an amber initiated drug, with a note that the product was discontinued in August 2017. It has now been relaunched and the subgroup proposed removing the advice on switching patients from it.
The proposal was agreed by the APC.

19/43/10 – Cabergoline 1 & 2mg – addition for formulary
This was included in consultation for information only. It is proposed to add cabergoline 1mg and 2mg tablets to the formulary as they are more cost effective at higher doses than 500mcg tablets.
This was agreed by the APC.

19/43/11 – Aciclovir eye ointment – removal from formulary
This had been included in consultation for information only. Aciclovir 3% eye ointment is being discontinued so the subgroup wishes to remove it from the formulary. Ganciclovir 0.15% eye gel is available on the formulary as an alternative option. It was noted ganciclovir is not recommended in pregnancy and it was suggested a note is added to ganciclovir eye gel formulary entry to highlight this.
This was agreed by the APC.

19/43/12 – Fixapost eye drops – addition to formulary
This had been included in consultation for information only. It was proposed to add *Fixapost*, brand of latanoprost + timolol preservative-free eye drops to the formulary. This is a less expensive alternative option to PF bimatoprost + timolol already included in the formulary.
The APC agreed to this addition.

19/43/13 – Mexiletine – formulary entry
This had been included in consultation for information only. Currently unlicensed mexiletine capsules are included in the cardiovascular section of the formulary as a red drug, for the treatment of ventricular arrhythmias. The FGSG proposed the addition of mexiletine 167mg capsules (*Namuscla* brand) to the musculoskeletal section of the formulary for non-dystrophic myotonia (NDM), RAG-rated Red. This is NHSE-commissioned. Liverpool Heart and Chest Hospital has confirmed the licensed formulation is not clinically suitable for ventricular arrhythmias.
The addition to formulary of *Namuscla* brand with retention of unlicensed capsules for ventricular arrhythmias was agreed by the APC.

19/43/14 – Budesonide – eosinophilic oesophagitis, formulary entry
This had been included in consultation for information only. A grey statement was previously approved by the APC, awaiting the NICE TA for the licensed *Jorvaza* brand. The subgroup proposed removing the Red budesonide nebuliser solution entry for eosinophilic esophagitis (off-label use) from the formulary and adding a note to the *Jorvaza* grey entry to state that any courses for current patients should be prescribed within hospital, as interim advice.
This was agreed by the APC.

19/43/15 – Trimovate ointment – addition to formulary
There has been a long-term supply issue with *Trimovate* ointment which had then been removed from formulary due to expensive “special” products becoming available. However, the licensed product is now available again. The subgroup proposed re-instating *Trimovate* ointment, RAG-rated Green, to the formulary.
This was agreed by the APC.

19/43/16 – Rituximab in ITP – Red statement
In the NICE TAs for eltrombopag and romiplostim there is a presumption that rituximab therapy will have been considered as an option prior to use of these drugs, where patients have not responded to first line options. However, there is currently no APC statement agreeing this use of rituximab and it is not formally commissioned by CCGs (it is a PBRE drug). The statement is intended to address this gap. Consultation feedback was addressed and estimated patient

	numbers and cost savings have been added to the statement, but the revised estimated cost saving of £17,000 per 100,000 population was noted rather than £27,000 as stated on the draft statement. The APC agreed the statement, with the revised estimated cost saving.	
APC/19/44	**Safety Subgroup**	
	19/44/01 – Valproate: safe prescribing and dispensing to girls of any age and women of childbearing potential Minor amendments to the valproate safety statement were presented for noting. Updates include a link to the new MHRA risk assessment form and some rewording to emphasise the requirement for specialists to consider the need for contraception. There were some concerns that the new forms are not being used. There is no requirement to review again those people that have an old form from their last review. Provider Trusts have a 12-month grace period in which to implement the new form, which they are working to. This year's contract also specifically identifies valproate safety as a quality improvement issue. MHRA response to the use of electronic recording of the risk assessment was described as being at odds with the NHS Digital directives applied to Trusts. The APC will show support for Trusts that want to make representation to MHRA about this matter. Neither issue affected the content of the safety statement and the APC agreed it could be published. There was an acknowledgement that there needs to be local discussions about implementation. For noting: The Pan-Royal College guidance in reference 2 provides a flow chart which might be helpful to prescribers. ***19/44/02 – Insulin: reducing errors in prescribing and administration*** Much of the feedback from consultation has been included or acted on with the following noted for information. Clarity was requested on the term 'specialist'. Suggestions included insulin initiator, diabetes specialist nurse, or diabetes doctor. The final wording was a compromise of the APC definition which omitted reference to, 'in hospital or locally commissioned service', acknowledging that some GPs or practice nurses may be trained to initiate. It was unclear why a 25/50 rule was needed and who should apply it. The rule is based on an Australian scheme that required prescribers to validate high doses. It can be effective in reducing accidental overdose and the safety subgroup agreed this as a responsibility for all healthcare professionals. A reference is also provided. Suggested wording for blood glucose monitoring was, 'patients should be asked to monitor their blood glucose', but the subgroup discussed how responsibility may not always fall to the patient. The final wording was amended to include the carer or healthcare professional providing care, e.g., district nurse. It was suggested that pen devices should be replaced every three years. The safety subgroup was unable to find a reference to support this and the available product information suggests the shelf life is device dependent. No recommendation was added at this time. It was noted that one of the reference hyperlinks was broken. Once rectified the APC were happy for the document to be published.	

APC/19/45	**APC Reports**	
	APC/19/45/01 – NICE TA Adherence Checklist May 2019 – for noting This list has been updated to include May. ***APC/19/45/02 – RMOC Newsletter 2019: Issue 5 – for noting*** A copy of the latest newsletter was included for members' perusal. ***APC/19/45/03 – APC Annual Report 2018-19*** The report has been completed and shows all the outcomes achieved by the Pan Mersey APC during the last year.	
APC/19/46	**Any Other Business**	
	APC/19/46/01 – APC Layperson DGG to discuss with Dr Jain outside this meeting to progress appointment. **APC/19/46/02 – Cannabis-based products** The Secretary of State has been seeking information about barriers to the prescribing of Cannabis-based products for appropriate patients. DH informed the meeting that Alder Hey has recently taken part in an inspection and will report the outcome when available.	
APC/19/47	**Date, Time and Venue for the next meeting**	
	Date and time of next APC meeting: The next meeting will be on Wednesday 31 July 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.