

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 8th January 2014 in the Gallery, Huyton Civic Suite, Civic Way Off Poplar Bank, Huyton. L36 9GD

Chairperson's signature:.....

Date:..... 30 04 2014

Present:

Dr MG Semple (APC Chair)	Senior Lecturer in Child Health – Alder Hey Children's NHS Foundation Trust
Dr Michael Ejuoneatse	Clinical Lead for Medicines – St Helens CCG
Simon Gelder	Chief Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust
Dr Sid McNulty	Consultant Endocrinologist/DTC Chair – St Helens & Knowsley Teaching Hospitals Trust
Margaret Geoghegan	Head of Medicines Management – St Helens CCG
Dr Catherine Doyle	GP Clinical Lead Medicines Management- Warrington CCG
Paul Skipper (on behalf of Alison Ewing)	Senior Pharmacist – Royal Liverpool University Hospital Trust
Steve Simpson	Deputy Chief Pharmacist – Southport & Ormskirk NHS Trust
Mags Norval	Chief Pharmacist – Aintree University Hospitals NHS Foundation Trust
Lucy Reid	Senior Pharmacist – Halton CCG
Dr Janice Eldridge	GP Medicines Management Lead – Southport & Formby CCG
Dr Jan Breedon	Clinical Lead for Prescribing – Halton CCG
Peter Johnstone	CCG Lead Medicines Management- Liverpool CCG.
Graham Pimblett	Medicines Management Team Leader – Knowsley CCG
Dr Cecilia Jukka	DTC Chair - Southport & Ormskirk NHS Trust
Jenny Lunn	Medicines Management Lead – Warrington CCG
Jenny Jones	Principal Pharmacist Warrington & Halton Hospitals NHS Foundation Trust
Dr Neil Mercer	Consultant Anaesthetist/DTC Chair – Aintree University Hospitals NHS Foundation Trust
Dr Shamim Rose	GP Prescribing Lead & Board sponsor – Liverpool CCG
Dr Tom Kennedy	Consultant & MMG Chair - Royal Liverpool University Hospital
Catrin Barker	Chief Pharmacist – Alder Hey Childrens NHSFT
Dr Aftab Hossain	GP Clinical Lead for Prescribing – Knowsley CCG
Jennifer Johnson (on behalf of Brendan Prescott)	Medicines Management – South Sefton CCG & Southport & Formby CCG

In Attendance:

Anne Henshaw	Senior Pharmacist - CMCSU
Clare Moss	Senior Pharmacist - CMCSU
Helen Stubbs	Senior Pharmacist - CMCSU
Donna Gillespie – Greene	Joint Deputy Head of Medicines Management - CMCSU
Graham Reader	Senior Pharmacist - CMCSU
Caroline Couch	Senior Pharmacist - CMCSU
Erika Baker	Senior Pharmacist - CMCSU
Cassandra Edgar	Advanced Clinical Pharmacist Formulary & Management – St Helens & Knowsley Teaching Hospitals NHS Trust
Maureen Hendry	Medicines Management - Liverpool Community Health

1	<p>APC/14/00 – Welcome and Apologies for Absence The Chair welcomed the Committee members to the meeting. Apologies were received from the following members: Dr Thomas Kinloch - LMC, Dr Steve Fraser - Sefton CCG, Brendan Prescott - Sefton CCGs, Nicola Baxter - West Lancs CCG, Dave Thornton - Aintree Hospital (Mags Norval attending on Behalf), Dr Philip Weston – (No longer attending APC, Dr Tom Kennedy now attending). Dr Semple welcomed committee members to email him with objections. If none are received by 15th Jan, PJ will be appointed as deputy Chair.</p>	
2	<p>APC/14/01 – Declarations of Interest and Quoracy check A quoracy check informed that there were 5 Primary Care clinicians and 4 Secondary Care Consultants present at this meeting. This meeting was quorate.</p> <p>There were no declarations of interest at this meeting.</p> <p>The Chair informed the members that he had received an expression of interest for the post of Deputy Chair by P.J. from Liverpool CCG. A vote was taken; the vote was unanimously in favour of P.J. taking up this position.</p>	
3	<p>APC/14/02 – Minutes of the previous meeting and matters arising. 14/02/01 – Minutes from the previous meeting The Chair asked the members for anomalies to be made known, the following were noted:</p> <ul style="list-style-type: none"> • P3. 13/95/1 - Eltrombopag – Misspelling • P4. 13/95/5 & 6 – Insulin Degludec 100 & 200 ml/units to be changed to units/ml <p>No further amendments were noted.</p> <p>Matters Arising: 14/02/02 – Dose equivalence opioid transdermal patches G.R. updated the members with the proposed amendments to be made to the wording currently included within the Formulary for dose equivalence of opioid patches. Comments were noted around the possible inclusion of an opioid conversion chart for information. G.R. explained that guidance varies from Trust to Trust and this would not be appropriate. The Committee approved the proposal.</p>	Action: CMc
4	<p>APC/14/03 – New Medicines 14/03/1 - APC report - Amendment to intravitreal Ranibizumab and Dexamethasone policy statements A.H. updated the members with the amendments which have been implemented to the policy statements for intravitreal Ranibizumab and Dexamethasone for the treatment of macular oedema secondary to retinal vein occlusion. A.H informed that this had been requested at the last Heads & Chiefs meeting and the amendments approved by Chair's action. The amended policy statements are available on the APC website. This was approved.</p> <p>14/03/2 - Grey statement summary A.H. presented the summary of grey statements which have been produced by the NMSG and are to be uploaded onto the website. A.H. noted that there have been some further recent new drug launches and so Grey statements will be produced and uploaded to the APC website in accordance with the agreed process, and details will be reported at the next</p>	Action: AH

	<p>APC meeting.</p> <p>14/03/3 – Lixisenatide A.H. presented the Green policy statement and stakeholder comments for Lixisenatide for the treatment of adults with type 2 diabetes mellitus. Based on current evidence, Lixisenatide is recommended for use if the other GLP-1 analogues are unsuitable or not tolerated and in line with the recommendations in NICE CG87 and NICE TA203. Patients require a review at six months and treatment should be discontinued if adequate reductions in HbA1c and weight have not been achieved. This was approved.</p> <p>14/03/4 - Lixisenatide with insulin A.H. presented the Amber policy statement and stakeholder comments for Lixisenatide with insulin for the treatment of adults with type 2 diabetes mellitus. Based on current evidence, Lixisenatide is recommended for use with insulin if the other GLP-1 analogues are unsuitable or not tolerated. Lixisenatide is licensed for use in combination with basal insulin. The group were informed that the existing guidance for GLP-1 use with insulin will be updated by the FGSG to include lixisenatide. This was approved</p> <p>14/03/5 - Ranibizumab for choroidal Neovascularisation A.H. presented the Red policy statement for Ranibizumab as an option for treating visual impairment due to choroidal neovascularisation only by ophthalmologists experienced in the use of intravitreal injections and in line with NICE TA298. E.B. is producing a CCG costing statement to accompany this policy statement. This was approved.</p> <p>14/03/6 - Fluocinolone for DMO C.E. presented the Red statement for Fluocinolone acetonide intravitreal implant as an option for treating chronic diabetic macular oedema. It was noted that this is for use only in patients who have a pseudophakic lens, in accordance with NICE TA301. E.B. is producing a CCG costing statement to accompany this policy statement. This was approved.</p>	<p>Action: GR</p> <p>Action: EB</p> <p>Action: EB</p>
5	<p>APC/14/04/01 – Formulary and Guidelines</p> <p>14/04/01 - Finasteride statement C.E. presented the green statement for finasteride tablets as the 5-alpha reductase inhibitor of choice for men with lower urinary tract symptoms along with the stakeholder comments, and the related recommendation that RAG rating was changed for dutasteride from Green to Amber. Following discussion the finasteride statement was agreed with a number of minor amendments to be made by the author. Further discussion took place around the recommendation to change dutasteride RAG from Green to Amber. Many members felt that it should be classified as Black but that any change should only be made following the formal consultation process which the FGSG will carry out, and any recommendation as a result of this brought back to APC at a later date for consideration. In the meantime Dutasteride is to remain as Green in the formulary, but it will be indicated as 2nd line choice.</p> <p>14/04/02 - Antiplatelet statement P.S. presented the Green statement and stakeholder comments for antiplatelet agents for the prevention of occlusive vascular events on behalf of P.M., including use of clopidogrel in TIA (unlicensed indication) This was approved.</p> <p>14/04/03 - Patients living overseas statement</p>	<p>Action: CE</p>

	<p>G.R. presented the statement and stakeholder comments for prescribing for patients living overseas, informing the Committee that the underlying information contained within the statement remained fundamentally unchanged from a document previously approved by Mid-Mersey Meds Management Board which had reached its review date.</p> <p>It was noted that comments received from the last round of consultation raised concern around prescribing for patients who have HIV and how this should be managed. G.R. informed that HIV treatment is currently funded by NHSE and further details around this are currently being sought.</p> <p>Group discussion around the length of time prescriptions can be given to UK patients who leave the country for longer than 3 months took place. A vote took place; a unanimous agreement to adopt a strict limit of 3 months for prescribing is to remain.</p> <p>G.R. is to redraft this statement with minor wording changes and the updated statement will be brought back to the next APC.</p> <p>14/04/04 - "Renavit" addition to formulary</p> <p>G.R. presented to the committee the proposal of Renavit (B Complex plus C Water soluble vitamins) as Amber – initiated preparation to the Formulary section 9.6.7 for vitamin supplementation in renal dialysis patients.</p> <p>G.R. noted Renavit is classified as a food for special medical purposes. However, clinically it is the most appropriate vitamin supplement for this group of patients and that this combination is not available as a licenced medicine or as a "special".</p> <p>This was approved.</p> <p>14/04/05 - Minor amendments to formulary</p> <ul style="list-style-type: none"> • Triptorelin 22.5mg – addition to formulary (Amber) • "Ganfort" eye drops – addition to formulary (Amber) • "Optive Plus"/" Systane Balance" eye drops – not added to formulary • Midodrine – addition to Formulary (Red) • Adrenaline injection addition to Formulary (Red) • Aminophylline injection addition to Formulary (Red) • Sodium hyaluronate 1.4% addition to Formulary (Red) • "Upostelle" brand tablets addition to Formulary (Green) <p>G.R. presented the minor amendments as detailed above to the committee for approval.</p> <p>These changes were approved.</p>	<p>Action: GR</p> <p>Action: GR</p> <p>Action: GR</p>
6	<p>APC/14/05 – Shared Care</p> <p>14/05/1 – Safety update</p> <p>C.M. updated the members around the work to be undertaken in the coming weeks by the Safety subgroup. These included Interface forms which are to be trialled for 3 months, Codeine Guidance for children which will be shared in January and Opioid safety.</p> <p>These were approved.</p>	<p>Action: CM</p>
7	<p>APC/14/06 – Performance Reports</p> <p>14/06/1 – APC Prescribing Report</p> <p>A.H. presented the performance reports for December 2013 and explained that these reports are developed on a quarterly basis to report prescribing of drugs that we are monitoring for adherence to policy statements. A further report will be brought to April APC.</p> <p>The following were discussed:</p> <ul style="list-style-type: none"> • Prednisolone EC - Green <p>Data showing an ongoing downward trend in prescribing. Will continue to be monitored for this indication.</p> <ul style="list-style-type: none"> • Glucosamine & Chondroitin products – Black 	<p>Action: AH</p>

	<p>Data shows an initial decline in prescribing of these products which then plateaued from January 2012 onwards.</p> <ul style="list-style-type: none"> • Lutein and Beta-carotene products – Black <p>Data shows a downward trend in prescribing of these products since the initial policy statements were approved.</p> <ul style="list-style-type: none"> • Cilostazol, Pentoxifylline and Inositol - Black <p>Usage of these products was relatively low anyway and prescribing data suggests a possible slight downward trend.</p> <ul style="list-style-type: none"> • Erectile Dysfunction (ED) drugs - Green <p>The patent for Viagra expired at the end of June 2013 and it is anticipated that significant savings will be achieved by using sildenafil as the preferred PDE-5 inhibitor. The Drug Tariff price for sildenafil has now reduced significantly. Will continue to monitor due to lag in prescribing data becoming available.</p> <ul style="list-style-type: none"> • New Oral Anticoagulant Agents (NOACs) – There are a number of policy statements for different indications for NOACs that have been approved by Pan Mersey APC in line with NICE TA publications. <p>The data for NOACs needs to be interpreted with caution as it is not possible to differentiate between clinical indications from prescribing data and these agents are used for a number of different indications. However, it was noted by the Committee that expenditure for NOACs within Knowsley CCG is significantly higher than the National average and that of other local CCGs. The Chair asked the members if action could be taken to write to Knowsley CCG to inform that this has been noted by the APC. Discussion took place and it was decided that the current TOR would be checked by D.G.G. and that this matter would be taken to Heads & Chiefs for further discussion.</p>	<p>Action: DGG</p>
9	<p>APC/14/08 – Any Other Business</p> <ul style="list-style-type: none"> • Change of date for APC meetings from April 2014 D.G.G. updated the group around the change of date for APC meetings from April 2014 and informed the meetings will now take place on the last Wednesday of the month. D.G.G. also asked around availability of voting members for the May school holidays. This is to be brought back for further discussion at a later date. • Quoracy D.G.G. informed the members that editorial changes are to be made to the TOR to reflect the revised quoracy requirements. The Chair noted that there should be patient and public representation at this meeting and that this group are entitled to a vote at APC. This is currently within the workplan of the CMCSU. E.B. to liaise with and invite along patient and public representatives. • APC room costs D.G.G. informed the members that CMCSU will be emailing the group shortly to ask for Cost Centre codes for the recharge of costs for the room hire for this meeting. 	<p>Action: DGG</p> <p>Action: DGG</p> <p>Action: EB</p> <p>Action: DGG</p>
10	<p>APC/14/09 – Date, Time and Venue of the next meeting</p> <p>The next meeting will be held on Wednesday 12th February 2014 at 1:30 – 3:30pm in the Gallery, Huyton Civic Suite, Civic Way Off Poplar Bank, Huyton. L36 9GD</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.