Minutes

Meeting	**Pan Mersey Area Prescribing Committee**
Venue	The Education Centre, Kent Lodge, Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB
Date and time	Wednesday 26 February 2020, 2.00pm-4.00pm

Attendance		
ATKINSON, Anna	Lancashire and South Cumbria NHS Foundation Trust	Y
BARKER, Catrin	Alder Hey Children's NHS Foundation Trust	Y
BARNETT, Rob Dr	Liverpool Local Medical Committee	Y
BARTON, Carolyn	NHS Knowsley CCG	Y
CAMPHOR, Ivan Dr	Mid Mersey Local Medical Committee	N
CARTWRIGHT, Nicola	NHS St Helens CCG	Y
CHILTON, Neil	North West Boroughs Healthcare NHS Foundation Trust	Y
COLLINS, Daniel	Liverpool Women's Hospital NHS Foundation Trust	N
CROSBY, John Dr	Mersey Care NHS Foundation Trust	Y
CULLUMBINE, Ann Dr	Wirral Local Medical Committee	Y
DOYLE, Catherine Dr	NHS Warrington CCG	Y
EVANS, Alison	Wirral University Teaching Hospital NHS Foundation Trust	Y
FITZGERALD, Richard Dr	Liverpool University Hospitals NHS Foundation Trust (Royal)	N
FORDE, Claire Dr	NHS Halton CCG	Y
FORREST, Danny	Liverpool Heart and Chest Hospital NHS Foundation Trust	Y
HAWCUTT, Dan Dr	Alder Hey Children's NHS Foundation Trust	N
HAYES, Nicola	Warrington and Halton Hospitals NHS Foundation Trust	Y
HENSHAW, Anne	Midlands and Lancashire Commissioning Support Unit	N
HUNTER, Anna Dr	NHS South Sefton CCG, Southport and Formby CCG	Y
ISLAM, Jasmeen	Cheshire and Wirral Partnership NHS Foundation Trust	N
JAEGER, Emma	NHS Wirral CCG	Y

Attendance		
JAIN, Adit Dr CHAIR	NHS Knowsley CCG	Y
JALAN, Saket Dr	NHS Wirral CCG	N
JOHNSTON, Jenny	NHS South Sefton CCG, NHS Southport and Formby CCG	Y
JOHNSTONE, Peter	NHS Liverpool CCG	N
KNIGHT, Lisa	Wirral Community NHS Foundation Trust	N
KNOWLES, Lee	Mersey Care NHS Foundation Trust	N
LLOYD, Barry	NHS West Lancashire CCG	N
LUNN, Jenny	NHS Warrington CCG	Y
LYNCH, Susanne	NHS South Sefton CCG, NHS Southport and Formby CCG	N
McNULTY, Sid Dr	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
NAGARAJA, Shankara Dr	Liverpool University Hospitals NHS Foundation Trust (Aintree)	N
PARKER, James	Liverpool University Hospitals NHS Foundation Trust (Royal)	Y
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	Y
RAFFERTY, Sarah	Mersey Care NHS Foundation Trust	Y
REID, Lucy	NHS Halton CCG	Y
SHAIKH, Omar Dr	NHS St Helens CCG	Y
SZYNALSKI, Jackie	Mersey Care NHS Foundation Trust; Community Services Division	Y
THORNTON, Dave	Liverpool University Hospitals NHS Foundation Trust (Aintree)	Y
VAN MIERT, Matthew Dr	Wirral University Teaching Hospitals NHS Foundation Trust	N
WELSBY, Mike	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
WILLIAMS, John	Southport and Ormskirk Hospital NHS Trust	Y
Non-voting		
DINGLE, Helen	Midlands and Lancashire Commissioning Support Unit	Y
DONLON, Kieron	Midlands and Lancashire Commissioning Support Unit	Y
MARSDEN, Ashley	North West Medicines Information Centre	Y
MORONEY, Tamsin	Midlands and Lancashire Commissioning Support Unit	N
READER, Graham	Midlands and Lancashire Commissioning Support Unit	Y
WILSON, Paula	Midlands and Lancashire Commissioning Support Unit	Y

1	**Welcome and apologies**	
	The Chair welcomed members and accepted apologies from the following: Dr Dan Hawcutt, Anne Henshaw, Peter Johnstone, Nicola Baxter, Barry Lloyd, Susanne Lynch (Jenny Johnston attending), Tamsin Moroney and Dr Matthew Van Miert.	

2	**Declarations of interest and quoracy**	
	A quoracy check confirmed that this meeting was quorate. There were no declarations of interest for items on the agenda.	
3	**Minutes of the last meeting and matters arising**	
3.1	**Minutes of the last meeting** The minutes were agreed to be an accurate record of the 29 January 2020 meeting.	
3.2	**Matters arising** <u>Rivaroxaban for preventing atherothrombotic events in CAD/PAD – NICE TA607; APC letter to NICE</u> NICE has acknowledged receipt of the letter from the APC and are working on a response which should be sent at the end of February. This can therefore be reviewed at March APC meeting. <u>Warfarin for Children prescribing support information; system-wide IT solution for blood results</u> Alder Hey service lead and laboratories are looking at this. This investigation has confirmed that some CCGs can view Alder Hey laboratory results via the ICE system, but others cannot. They are continuing to examine the possibility of extending access to further CCGs.	AH CB
4	**New medicines**	
4.1	**Grey statement summary** Grey 'holding' statements have been produced for the APC website for: <u>Avatrombopag tablets (Doptelet®▼)</u> For use in severe thrombocytopenia in adults with chronic liver disease having planned invasive procedures. To be reviewed when the NICE TA is published, currently expected 25/03/2020. <u>Naldemedine tablets (Rizmoic®▼)</u> A grey statement has been produced, for use in opioid-induced constipation. It will be reviewed when the NICE TA is published, currently expected 05/06/2020. <u>Esketamine nasal spray solution (Spravato®▼)</u> For treatment-resistant depression. For review when the NICE TA is published (date TBC). <u>Upadacitinib prolonged-release tablets (Rinvoq®▼)</u> The grey statement, for use in rheumatoid arthritis, will be reviewed when the NICE TA is published (date TBC).	
4.2	**Dapagliflozin for type 1 diabetes** An amber retained statement has been produced in line with NICE TA 597. It is the same as the temporary red statement except for minor wording changes, updated costings and more detailed information in the implementation notes. It is amber retained because	

	NICE states treatment must be started and supervised by a consultant physician specialising in endocrinology and diabetes treatment. SMcN commented that it was not as practical as it could be but acknowledged that APC hands are tied as it must comply with the NICE TA. The committee approved the statement.	
4.3	**SGLT-2s for type 1 diabetes – Pathway** A pathway has been produced to support the dapagliflozin statement and to ensure a consistent approach. Diabetes teams were consulted and feedback was supportive. It was based on the NICE TA, therefore very limited as to what the subgroup could include. The decision to start it should be made by a consultant and a six-month review carried out, because it is for people with type 1 diabetes and there is a high risk of DKA. Some members felt it was perhaps more for use in secondary care. The APC approved the pathway.	
4.4	**Insulin degludec for diabetes** This was a routine review of an amber initiated statement. No significant changes have been made and it was proposed to add it to the static list. There were no comments or questions and this proposal was approved.	
5	**Formulary and guidelines**	
5.1	**New formulary chapter** KD informed the committee that a new chapter has been added to the formulary, "Chapter 16 Guidance". The information in this chapter is general prescribing advice which is not easily linked to a therapeutic group of drugs. It is fully searchable by word-terms. There were no comments and addition of Chapter 16 was approved.	
5.2	**Inflammatory Bowel Disease Biologic Treatment Pathway for Adults** This is new guidance that was developed to provide clarity on the use of high cost drugs in patients with ulcerative colitis (UC) and Crohn's disease. The need for this pathway was identified as a result of receiving IFRs from some trusts for these drugs. It is in line with the new RMOC guidance on sequential use of biologics and the number of lines of therapy is not restricted on the basis of cost. The UC pathway on page 1 is straightforward and all the NICE approved drugs are available. For Crohn's disease (page 2), vedolizumab is second line to follow NICE. In response to stakeholder feedback, ustekinumab has been moved up the pathway for specified patient groups. On page 3 there is helpful information regarding the need for treatment or simply ongoing monitoring post-surgery depending on whether or not the surgeon was able to remove all the diseased tissue. The guidance is likely to be cost neutral as specialists have confirmed that this guideline reflects current practice. Feedback was straightforward and the guidance has been amended accordingly. There were no comments or questions from members. The APC agreed the pathway.	
5.3	**Slo-phyllin discontinuation**	

	The APC noted the removal of Slo-phyllin (theophylline m/r 60mg, 125mg and 250mg) from formulary section 3.1.3 following discontinuation by the manufacturer. A link to the DoH Supply Disruption Alert will be put into the formulary, for information.	
5.4	**Cannabis based medicines** NICE issued NG144 regarding use of Cannabis-based medicines. Its recommendations fall into four areas: Intractable nausea and vomiting with chemotherapy: Nabilone recommended. Nabilone has not previously been included in the formulary, and it was proposed to add it, RAG designation red, for this indication. Chronic pain: Not recommended. Nabilone, dronabinol and THC should not be used for chronic pain. It is proposed to add these, RAG designation black, to formulary. Spasticity in multiple sclerosis: NICE previously recommended that Sativex should not be used (so currently designated black in formulary). NICE NG144 now states that it can be used within its product license and that shared care of prescribing is suitable. It fits Pan Mersey criteria for amber retained designation and a Prescribing Support Information document has been produced to support this. Severe treatment resistant epilepsy: NICE has developed separate TA guidance on cannabidiol with clobazam for treating seizures associated with Lennox-Gastaut syndrome and Dravet syndrome. This is NHSE commissioned and an entry has been added to the formulary, RAG designation red, stating this. Consultation feedback was summarised. There was feedback from two CCGs that Sativex should be a red drug, but the subgroup recommended amber retained in line with the majority of the feedback and the NICE position that ongoing prescribing may take place under shared care. CCGs can individually designate it Red and this would be noted in the formulary. Comments were received on the need to check renal and hepatic function periodically in patients with impairment; it was agreed that the wording, stating specialists will identify these patients and will recommend whether this monitoring will take place and its frequency, would be acceptable if amended to read "…the specialist should advise the GP, if this is necessary, to monitor renal or…". GPs will be able to seek prompt advice if there are any issues on this with individual patients as it is designated amber retained. A wording change to "Treatment should be interrupted if the patient develops persistent soreness or lesions of the oral mucosa" was agreed. The annual drug costs were noted – using NICE assumptions this is estimated as £15,930 per 100,000 population but the experience of the Walton Centre, from Wales, suggests it may be £27,000. Regarding the NICE TAs relevant to children with epilepsy, Alder Hey is not anticipating shared care with GPs for some time. The liquid formulation of cannabidiol has a 28-day expiry. At the moment, patient numbers are small. The formulary designations / entries and the Sativex prescribing support information document were agreed with the minor amendments described above.	
5.5	***Octasa* (mesalazine m/r) 1,600mg** The subgroup proposed the addition of *Octasa* (mesalazine) 1600mg tablet strength to existing range (400mg, 800mg) in formulary section 1.5.1 (RAG rated amber initiated). Although this is slightly more expensive, overall, it was considered suitable for formulary	

	addition because of the reduction in tablet number this allowed. Consultation feedback agreed. The APC agreed to this addition.	
6	**Safety**	
6.1	**EMOLLIENTS: fire risk** This is an update of a previous document. The previous document referred to products with paraffin content, but the table has been taken out because the subgroup did not have the expertise to guarantee which items are riskier than others. The document now covers every type of emollient. The question of medico-legal risk was raised. Do GPs have to spend an extra 5 minutes with each patient, asking if they smoke? Some Pan Mersey GPs already do this and record in the patient's notes that a discussion has taken place. DF reminded members that there used to be an old NPSA bulletin on this. RB was concerned about the way this document is written and the way it will go out. It was suggested that Community Pharmacy could give this information when they give out a prescription. It was pointed out that there is a warning on the pack and on the dispensing label when the patient receives the emollient. Members wanted to take all reasonable steps to limit patient risk. It was suggested that this should be taken up by Public Health and there should be a campaign about this to raise awareness. The APC agreed that KD will escalate this to NHSI and share with community pharmacy reps.	KD
7	**APC reports**	
7.1	**NICE TA Adherence Checklist** Pan Mersey APC is compliant up to the end of January 2020. This report will be uploaded to the website.	
7.2	**RMOC update** <u>Sequential Use of Biologic Medicines</u> RMOC has issued advice to commissioners on how local policies should allow patients to be treated with NICE-approved biologics should one fail or not be tolerated. The FGSG felt that current Pan Mersey pathways are already designed to follow that principle, but it is proposing some minor wording amendments to make this clear. These will go for consultation at the end of the month as per the usual process. <u>Standard Principles for Medicines Prior Approval Forms</u> RMOC has issued advice regarding implementation of systems such as Blueteq. GR went through the list of 18 principles. Blueteq is already being implemented between commissioners and providers in Pan Mersey, with MLCSU involvement. The principles are already largely being adhered to, but the following was noted/ agreed concerning a number of the principles. *Principle 3*: forms will be continuously reviewed to minimise administrative burden. *Principle 5*: NHSE forms will be reviewed and local forms will be amended where appropriate, to replicate any relevant NHSE forms already in existence.	

	Principle 7: Clinicians will be pro-actively consulted, on form design, rather than reactively. *Principle 8*: The APC agreed it was not necessary for them to approve the need for each Blueteq form individually, as long as MLCSU followed the agreed principles between commissioners and providers that PBRE drugs needed a Blueteq form, except where agreed otherwise. A mapping exercise is being undertaken to agree this for a small number of historic PBRE drugs e.g. octreotide. *Principle 16:* The APC agreed it did not need to approve each Blueteq form individually, as long as MLCSU followed the agreed principles between commissioners and providers on Blueteq forms. *Principle 17*: It was agreed that liaison should be with specialist consultants depending on the Blueteq form in question, rather than with a single designated consultant lead per provider organisation. *Principle 18*: The APC agreed it did not need to document final sign-off by the commissioner for each Blueteq form individually, as long as MLCSU followed the agreed principles between commissioners and providers on Blueteq forms. The APC agreed that it is happy with the process once the above has been implemented. It agreed that an annual report will be given to the APC, listing the forms approved. It was felt that it would be useful to have an annotation on the formulary for any drug where a Blueteq form was required; MLCSU will look into the feasibility of this. <u>Free of Charge Medicines Schemes (updated January 2020)</u> RMOC has issued a recommendation on 'Free of Charge Schemes'. The RMOC document was based, in part, on the Pan Mersey APC policy but is now more comprehensive than that. This document is relevant to schemes to use drugs free-of-charge or at nominal cost, prior to NICE approval; it gives the principles of when it may be appropriate to participate in one of these schemes. AH is currently working on this so she can bring back an updated Pan Mersey version to the April APC meeting. It was proposed and agreed to put a link within APC policy to RMOC policy, and the link to the document will be emailed to all members.	AH
8	**Any other business**	
	There was no other business.	
9	**Next meeting**	
	Wednesday 25 March 2020 at 2.00pm-4.00pm The Education Centre, Kent Lodge, Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB	