

Minutes

Meeting	Pan Mersey Area Prescribing Committee
Venue	Microsoft Teams online meeting
Date and time	Wednesday 24 February 2021, 2.00-3.00pm

Members		
AL-JAFFAR, Hannah	Southport and Ormskirk Hospital NHS Trust	Y
ATHERTON, Diane	NHS Wirral CCG	Y
ATKINSON, Anna	Lancashire and South Cumbria NHS Foundation Trust	N
BARKER, Catrin	Alder Hey Children's NHS Foundation Trust	Y
BARNETT, Rob Dr	Liverpool Local Medical Committee	N
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	N
CULLUMBINE, Ann Dr	Wirral Local Medical Committee	Y
DOYLE, Catherine Dr	NHS Warrington CCG	Y
EVANS, Alison	Wirral University Teaching Hospital NHS Foundation Trust	N
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	N
HAWCUTT, Dan Dr	Alder Hey Children's NHS Foundation Trust	Y
HEBDON, Rob	NHS Wirral CCG	Y
HENSHAW, Anne	Midlands and Lancashire Commissioning Support Unit	Y
HUNTER, Anna Dr	NHS South Sefton CCG, NHS Southport and Formby CCG	Y
IRVINE, Adam	Cheshire and Merseyside Local Pharmaceutical Committee	Y

Members		
ISLAM, Jasmeen	Cheshire and Wirral Partnership NHS FT	N
JAIN, Adit Dr (Chair)	NHS Knowsley CCG	Y
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
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
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	Y
PYE, Laura Dr	NHS St Helens CCG	N
RAFFERTY, Sarah	Mersey Care NHS Foundation Trust	Y
READE, David Dr	NHS St Helens CCG	N
REID, Lucy	NHS Halton CCG	Y
SKIPPER, Paul	Liverpool University Hospitals NHS Foundation Trust (Royal)	Y
STIRTON, Charlotte	Warrington and Halton Hospitals NHS Foundation Trust	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
Non-voting members		
HALL, Gareth	APC lay member	Y
In attendance		
BRENNAN, Colin	Liverpool University Hospitals NHS Foundation Trust (Aintree)	Y
DONLON, Kieron	Midlands and Lancashire Commissioning Support Unit	Y
MARSDEN, Ashley	North West Medicines Information Centre	Y
READER, Graham	Midlands and Lancashire Commissioning Support Unit	Y

1 Welcome and apologies		
	The Chair welcomed members and accepted apologies from the following: Susanne Lynch (Jenny Johnston attending), Peter Johnstone, Anna Atkinson, Dr Rob Barnett.	

2	Declarations of interest and quoracy
	A quoracy check confirmed that this meeting was quorate (from item 5.2 onwards). There were no declarations of interest for items on the agenda.
3	Minutes of the last meeting
	The Minutes were agreed to be an accurate record of the meeting on 27 January 2021.
4	Matters arising
	None.
5	New medicines
5.1	<p>Grey statement summary</p> <p>The following grey 'holding' statements have been produced for the APC website:</p> <p><u>BEMPEDOIC ACID film-coated tablets (Nilemdo®▼)</u> For primary hypercholesterolaemia or mixed dyslipidaemia. The grey statement will be reviewed when the NICE TA is published (date TBC).</p> <p><u>PRIDINOL tablets (Myopridin®)</u> For central and peripheral muscle spasms. The grey statement will be reviewed if a formal application for use is received and prioritised for in-year review.</p> <p><u>UPADACITINIB prolonged-release tablets (RINVOQ®▼)</u> For the treatment of moderate rheumatoid arthritis. The grey statement will be reviewed when the NICE TA is published (date TBC).</p> <p>These grey statements were sent out on the APC consultation email yesterday for information only. They were noted and approved by the APC.</p>
5.2	<p>Brolucizumab for wet age-related macular degeneration – NICE TA672</p> <p>NICE TA672 was published on 3 February 2021. It recommends brolucizumab as an option for treating wet age-related macular degeneration (wAMD) in adults, provided specific criteria are met and the company provides it according to the commercial arrangement. This is a PBR (tariff-excluded) high cost drug and is for specialist use only, therefore a red statement has been produced.</p> <p>Brolucizumab is another treatment option for wAMD and the overall cost of treatment, once administration costs are taken into account, will be similar or lower than aflibercept and ranibizumab.</p> <p>There were no objections, and the red statement was approved.</p>
5.3	<p>Non-renewal of NMSG statements</p> <p>The NMSG considers that the NICE TA recommendations for the drugs listed below, are now established into clinical practice and the associated policy statements do not add any further additional benefit. The NMSG proposes that the statements are archived at expiry (or immediately if already expired) and the links to the NICE TAs will be retained in the relevant formulary entries:</p>

1. TOFACITINIB film-coated tablets (Xeljanz®) for Psoriatic Arthritis
2. ELTROMBOPAG OLAMINE tablets (Revolade®) for chronic immune (idiopathic) thrombocytopenic purpura (ITP)
3. ROMIPLOSTIM SC injection (Nplate®) for chronic immune (idiopathic) thrombocytopenic purpura (ITP)
4. TOFACITINIB film-coated tablets (Xeljanz®) for moderately to severely active Ulcerative Colitis
5. MIRABEGRON prolonged-release tablets (Betmiga®▼) for over active bladder syndrome (NICE TA290)
6. SECUKINUMAB solution for subcutaneous injection (Cosentyx®▼) for Plaque Psoriasis (NICE TA350)
7. ALIROCUMAB (Praluent®▼) subcutaneous injection for primary hypercholesterolaemia and mixed dyslipidaemia (NICE TA393)
8. IXEKIZUMAB solution for injection (Taltz®▼) for Plaque Psoriasis (NICE TA442)
9. BRODALUMAB solution for injection (Kyntheum®▼) for Plaque Psoriasis (NICE TA511)
10. GUSELKUMAB solution for injection (Tremfya®▼) for Plaque Psoriasis (NICE TA521)
11. DUPILUMAB solution for injection (Dupixent®▼) for atopic dermatitis (NICE TA534)
12. IXEKIZUMAB subcutaneous injection (Taltz®▼) for Psoriatic Arthritis (NICE TA537)

The NMSG proposes that where a Grey statement is issued and no expression of interest is received within 2 years, then the Grey statement will be archived, and the drug remain as Grey in the formulary. This will be applied to the four grey statements listed below:

1. DEOXYCHOLIC ACID injection (Belkya®) for submental fat
2. OXYCODONE with NALOXONE modified release tablets (Targinact®) for restless legs syndrome
3. EZETIMIBE (Ezetrol®) for the prevention of cardiovascular events
4. LOXAPINE inhalation powder (Adasuve®▼) for mild-to-moderate agitation in adult patients with schizophrenia or bipolar disorder

The APC approved the above proposals.

6 Formulary and Guidelines

6.1 Semaglutide oral – addition to formulary

This is already approved and designated green in its injectable form on the formulary. The subgroup proposed the addition of the oral form to the formulary at the January APC meeting, also designated green (use in combination with insulin to remain amber retained). Oral semaglutide therapy is cost-equivalent to injectable semaglutide.

At the January meeting, clarification was sought about comparative efficacy to other GLP1 agonists and the retinopathy risk. Data were presented demonstrating oral semaglutide appears at least equivalent for HbA1c reduction and weight loss. It was proposed to include additional wording in the formulary, around the SPC caution regarding retinopathy, as follows:

***Diabetic retinopathy:** In patients with diabetic retinopathy treated with insulin and s.c. semaglutide, an increased risk of developing diabetic retinopathy complications has been*

	<p><i>observed, a risk that cannot be excluded for orally administered semaglutide. Caution should be exercised when using semaglutide in patients with diabetic retinopathy. These patients should be monitored closely and treated according to clinical guidelines. Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy, but other mechanisms cannot be excluded. Long-term glycaemic control decreases the risk of diabetic retinopathy.</i></p> <p>The APC approved the addition of oral semaglutide to the formulary, designated green, with this additional wording.</p>	
6.2	<p>Viscose garments</p> <p>This is an update of an existing amber recommended statement at its routine review date. An additional comment has been added to the Prescribing Information to say that the specialist needs to specify the garment size in any prescribing requests. This updated statement was agreed by the APC. There was no objection to existing CCG approvals being carried forward.</p> <p>GH asked about the sentence at the bottom of each statement:</p> <p>Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.</p> <p>AH explained this wording is included in all APC statements. The APC is required to include this to indicate that there may be clinically exceptional circumstances where a patient can be treated outside of the APC recommendation. The APC does not formally monitor the extent of occurrences of patients receiving treatments in these circumstances, although there are local processes to follow, and CCGs and Trusts will raise any issues that arise if necessary.</p>	
7	Safety	
7.1	<p>Opioids: Considerations for safe and effective prescribing in Chronic Pain</p> <p>The committee were asked to approve for publication the new safety subgroup document, Opioids: Considerations for safe and effective prescribing in Chronic Pain.</p> <p>This Pan Mersey opioid prescribing guidance is a new safety document adapted with permission from the NHS Wigan CCG opioid resource pack. It replaces existing Pan Mersey guidance on the safe use of transdermal opiates and supersedes an unpublished draft safety subgroup document on safe opioid prescribing.</p> <p>This guidance document is intended to help primary care prescribers who require resources to support patients to use opioid medicines safely and effectively. It is intended to support good practice and is not intended to describe a commissioning position.</p> <p>AJ thought that it was an informative guide and thanked KD and the Safety subgroup for their work. The APC approved the publication of this document.</p>	
8	Antimicrobial prescribing	
8.1	Part B: genital, skin, and eye infections	

	<p>In response to consultation feedback from Pan Mersey stakeholders, a number of sections have been updated, and four others (listed below) withheld until the Cheshire and Merseyside (CM) expert group can review further.</p> <ul style="list-style-type: none"> • Mycoplasma genitalium • Recurrent boils associated with Staph. Aureus • Lyme disease • Non-lactational mastitis <p>Any consultation feedback not addressed in this draft has been retained for further review by the CM group which has now begun a rolling programme of review.</p> <p>The priorities are UTI, guidance for children, and skin infections. This reflects requests received from primary care, the unresolved feedback from Pan Mersey consultation, and anticipated updates from NICE.</p> <p>There were no questions, and the APC approved the publication of this latest antimicrobial prescribing guidance.</p>	
9	APC reports	
9.1	<p>NICE TA Adherence Checklist (January 2021) – for noting</p> <p>Pan Mersey APC is compliant up to the end of January 2021. The report will be uploaded to the APC website.</p>	
10	Any other business	
10.1	<p>AOB</p> <p>None.</p>	
11	Next meeting	
	<p>Wednesday 24 March 2021 at 2.00 to 3.00 pm (to be confirmed).</p> <p>Online meeting via Microsoft Teams</p>	