Minutes

Meeting	**Pan Mersey Area Prescribing Committee**
Venue	Microsoft Teams online meeting
Date and time	Wednesday 23 June 2021, 2.00-3.30pm

Members		
AL-JAFFAR, Hannah	Southport and Ormskirk Hospital NHS Trust	Y
ATHERTON, Diane	NHS Wirral CCG	Y
BARNETT, Rob Dr	Liverpool Local Medical Committee	N
BARTON, Carolyn	NHS Knowsley CCG	Y
CAMPHOR, Ivan	Mid-Mersey LMC	Y
CARTWRIGHT, Nicola	NHS St Helens CCG	Y
CHARLTON, Marianne	Wirral University Teaching Hospital NHS Foundation Trust	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
DONLON, Kieron	NHS Wirral CCG	Y
DOYLE, Catherine Dr	NHS Warrington CCG	Y
FITZGERALD, Richard Dr	Liverpool University Hospitals NHS Foundation Trust (Royal)	Y
FORDE, Claire Dr	NHS Halton CCG	N
FORREST, Danny	Liverpool Heart and Chest Hospital NHS Foundation Trust	N
HAWCUTT, Dan Dr	Alder Hey Children's NHS Foundation Trust	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
ISLAM, Jasmeen	Cheshire and Wirral Partnership NHS FT	N
JAIN, Adit Dr	NHS Knowsley CCG	N

Members		
JOHNSTONE, Peter (Chair)	NHS Liverpool CCG	Y
KNIGHT, Lisa	Wirral Community NHS Foundation Trust	N
LLOYD, Barry	NHS West Lancashire CCG	Y
LUNN, Jenny	NHS Warrington CCG	Y
LYNCH, Susanne	NHS South Sefton CCG, NHS Southport and Formby CCG	Y
McKERRELL, Geraldine	Mersey Care NHS Foundation Trust, Community Services Division	Y
McNULTY, Sid Dr	St Helens and Knowsley Teaching Hospitals NHS Trust	N
MUNYIKA, Agatha	Mersey Care NHS Foundation Trust	Y
PARKER, James	Warrington and Halton Hospitals NHS Foundation Trust	Y
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	Y
PYE, Laura Dr	NHS St Helens CCG	Y
RAFFERTY, Sarah	Mersey Care NHS Foundation Trust	N
READE, David Dr	NHS St Helens CCG	N
REID, Lucy	NHS Halton CCG	Y
SANDERSON, Paul	Alder Hey Children's NHS Foundation Trust	N
SKIPPER, Paul	Liverpool University Hospitals NHS Foundation Trust (Royal)	Y
THORNTON, Dave	Liverpool University Hospitals NHS Foundation Trust (Aintree)	N
THORPE, Bethan	Cheshire and Wirral Partnership NHS FT	N
WELSBY, Mike	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
Non-voting members		
HALL, Gareth	APC lay member	Y
In attendance		
DINGLE, Helen	Midlands and Lancashire CSU	Y
MARSDEN, Ashley	North West Medicines Information Centre	Y
READER, Graham	Midlands and Lancashire Commissioning Support Unit	Y
VINCENT, Victoria	MLCSU / Wirral CCG	Y
WILSON, Paula	Midlands and Lancashire Commissioning Support Unit	Y

1	**Welcome and apologies**	
	The Chair welcomed members and Victoria Vincent, who is attending as an observer. Apologies were accepted from: Dr Adit Jain, Dr Claire Forde, Dr Sid McNulty, Danny Forrest and Dr Rob Barnett.	
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**	
	The Minutes of the APC meeting on 26 May 2021 were agreed to be an accurate record and were ratified.	
4	**Matters arising**	
	None	
5	**New medicines**	
5.1	**Tapentadol prolonged-release for chronic pain – routine review at expiry, for inclusion on static list** This is a routine review at expiry, which was delayed due to the Covid-19 APC pause. This document has been reviewed a number of times now and the NMSG proposes that it is added to the static list due to no new evidence or significant changes within the document. Costs and minor SPC changes are the only updated information. Stakeholder feedback is largely in agreement, with the exception of the Walton Centre, where the pain specialists would like it to be amber recommended, but the subgroup felt that the evidence did not support a change. Information regarding serotonin syndrome was added to the safety section in response to feedback from North West Boroughs. NICE NG193 was published in April 2021 and the highlighted information on page one was added to ensure that the APC recommendation does not contradict those from NICE. This was added after the document had been circulated for stakeholder consultation but the NMSG were of the opinion that this addition did not require further consultation. The APC approved this document for inclusion on the static list, and to carry forward existing CCG approvals.	
5.2	**Expiring NMSG statements April – Sept 2021** The NMSG considers that the NICE TA recommendations for the following drugs 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: 1. CERTOLIZUMAB PEGOL solution for injection (Cimzia®) for Plaque Psoriasis 2. FLUOCINOLONE intravitreal implant (Iluvien®) for non-infectious uveitis	

	3. RISANKIZUMAB solution for injection (Skyrizi®▼) for plaque psoriasis 4. TILDRAKIZUMAB solution for injection (Ilumetri®▼) for moderate to severe plaque psoriasis The following Grey statements were issued and no expressions of interest have been received within 2 years therefore the NMSG proposes that these Grey statements will be archived, and the drugs remain as Grey in the formulary: 1. ALIROCUMAB solution for injection (Praluent®▼) for reduction of cardiovascular risk in adults with established atherosclerotic cardiovascular disease 2. MELATONIN tablets 3 mg and oral solution 1 mg/ml for jet-lag 3. MELATONIN prolonged-release tablets (Slenyto®) for the treatment of insomnia in children. The APC agreed to these proposals.	
5.3	**Sodium zirconium cyclosilicate for hyperkalaemia – review of RAG rating due to primary care rebate** Pan Mersey APC approved a red recommendation for sodium zirconium cyclosilicate following publication of NICE TA599 in September 2019, because the PAS discount was only available to secondary care. Subsequently, a primary care rebate scheme has been agreed that makes sodium zirconium available to primary care at the same discounted price. Therefore, it was proposed that the RAG status for persistent hyperkalaemia should be changed from red to amber initiated, to bring it in line with the RAG for patiromer for the same indication. It will remain a red drug for emergency use. AH highlighted the key updates to the documents to members. The specialist is responsible for initiation, dose titration, monitoring and patient review until the patient is stabilised on the optimal RAAS inhibitor therapy / sodium zirconium cyclosilicate combination. Prescribing and monitoring must be retained by the specialist until the patient has been stable for at least one month, with stable U&Es, before the GP can be requested to take over ongoing prescribing. Consultation feedback was broadly in agreement with the proposal, provided that all CCGs confirmed that they had signed up to the primary care rebate in advance of bringing the updated documents for APC consideration. There has been a delay between consultation and bringing to APC because NHSE were considering a central rebate scheme, which they subsequently rejected. All CCGs have now confirmed that they are signed up to the local primary care rebate scheme. CCG Leads were of the opinion that there was no need for a further consultation given the delay was due to financial not clinical reasons. There were no questions or comments, and the APC approved the change in RAG status and the updated documents.	
6	**Formulary and Guidelines**	
6.1	**Freestyle Libre 2 switching** A document providing background information on the differences between original Freestyle Libre and Freestyle Libre 2 sensors / reader has been produced. This is to support the switch of users on the original Freestyle Libre sensors / reader to Freestyle Libre 2 by prescribers in primary care. New recipients of Freestyle Libre will be commenced on Freestyle Libre 2 by specialists.	

	FreeStyle Libre 2 was recently approved by the Committee for new patients. At the time of the consultation, it was suggested that the specialist needed to carry out any switching to Libre 2 for existing patients. Consistent feedback was received from specialists to say it was not necessary for them to carry out switching and GPs could undertake the switch. This was consulted on, and it was agreed that background information would be provided for GPs in order for them to do so. MW reported that endocrinologists at St Helens and Knowsley Hospitals felt that the evidence contained in the Pan Mersey Flash Glucose Monitoring statement is not up to date, particularly with respect to further patient groups who may benefit. The statement has a review date of July 2021 and MW asked if this review will go ahead in July. GR confirmed that this was not currently intended by FGSG to be changed in July, due to constraints on APC activity related to the pandemic and because the criteria for patient eligibility have been set by NHS England. A template letter has been provided for specialists who may switch users on the original Freestyle Libre sensors / reader to Freestyle Libre 2 should they choose to do this at a clinic visit, to inform the user's GP of this. The APC approved the background information, the template letter and the amendment to the Flash Glucose Monitoring statement clarifying switching may be undertaken in primary care.	
6.2	**Buprenorphine prolonged-release injection (Buvidal®)** The FGSG proposed the addition of Buprenorphine prolonged release injection (Buvidal®) to the opioid-dependent section of the formulary (Chapter 04.10.03) as a red drug, for prescribing by opioid dependency services. The subgroup had considered the RMOC review of Buvidal, published in April 2021, which recommends that it presents as a suitable opioid substitution therapy option for specific cohorts of opioid dependent service users. It is licensed for the treatment of opioid dependence in adults and adolescents aged 16 years or over, within a framework of medical, social, and psychological treatment. Buprenorphine prolonged release injection is intended for subcutaneous administration by a healthcare professional. It must not be in the possession of the service user; this will prevent diversion and the risk of injecting incorrectly. There was a feedback comment about the need to communicate to other healthcare professionals that people were on Buvidal treatment, along with clear documentation and clear communication when individuals transfer between settings, and this will be added to the formulary entry. The Committee approved the addition of Buprenorphine prolonged release injection (Buvidal®) to the formulary.	
6.3	**Pizotifen - RAG change in paediatrics** Paediatricians from Southport and Ormskirk NHS Trust requested a change to the RAG designation of pizotifen for paediatric patients from Black to Amber Initiated to allow pizotifen to be prescribed as an option for first line prophylactic treatment of migraine in children. Other options used for adults, e.g. propranolol, are often unsuitable for children. Consultants felt that from experience pizotifen is effective and the current RAG designation means that there is less choice for patients. Consultants at Alder Hey	

	Children's hospital and St Helens and Knowsley also supported the use of pizotifen for paediatric patients. The consultation feedback was, in general, positive and the neurology team at Alder Hey are happy with it. The evidence supporting its use is poor quality due to the difficulties of arranging large enough trials in children but there are years of expertise with this drug. It does have side effects, e.g. weight gain. Feedback suggested that specialists prescribe for 6 months to assess response prior to requesting ongoing prescribing by the GP in those who responded. Liverpool CCG stated in its feedback that this should not be approved because of the lack of good evidence. However, the Committee agreed that it is an exceptional case because of the fact that trial data will never likely become available, and that this would not set a precedent for future APC decisions. The APC approved the RAG change for paediatrics, with the requirement for the specialist to prescribe for 6 months to assess response, prior to requesting ongoing prescribing by the GP in those who responded.	
6.4	**Sumatriptan 3mg pen** The 6mg/0.5ml subcutaneous injection (pre-filled pen) is already on the formulary, however, some patients might benefit from a lower dose of 3 mg. The FGSG proposed the addition of sumatriptan 3mg / 0.5ml subcutaneous injection (pre-filled pen) to formulary section 4.7.4.1 and 4.7.4.3, RAG-rated green. It is less expensive than the 6mg pen. The APC approved this.	
6.5	**Updated rheumatoid arthritis pathway** The current rheumatoid arthritis high cost drug pathway has been updated to include upadacitinib and filgotinib use, in line with recent NICE technology appraisals previously presented to and approved by APC (upadacitinib TA665, filgotinib TA676). The APC approved the updated pathway.	
6.6	**Document expiry extension** The FGSG proposed that the following documents that have passed their review-by date, or will do so in the near future, could be considered for an extension to their review-by date until March 2022 as major changes are thought to be unlikely. This would be reviewed on a case-by-case basis should significant developments occur: 1. Phosphodiesterase Type-5 Inhibitors for the treatment of erectile dysfunction 2. Guidance on Prescribing in Primary Care following a Private Consultation 3. Mesalazine oral formulations 4. Formulary chapter 4 5. Formulary chapter 2 6. Formulary chapter 2 7. GLP-1 mimetics in combination with insulin 8. Monoarthritis or Oligoarthritis, inflammatory: TNF alpha inhibitors 9. Pharmacological management of gastro-oesophageal reflux disease (GORD) in children and young people in primary and secondary care 10. Opioids and Gabapentinoids for chronic pain in adults 11. Vitamin D Deficiency: Primary and Secondary Care Prevention and Treatment in Paediatrics 12. Azithromycin oral liquid and tablets paediatric use	

	13. Ciclosporin 1mg/mL eye drops (Verkazia®) for the treatment of severe vernal keratoconjunctivitis (VKC) in children from 4 years of age and adolescents 14. Formulary Chapter 13 15. Oral Bisphosphonates for treating osteoporosis 16. Dementia - Behavioural and Psychological Symptoms (BPSD) Use of Anti psychotics 17. Generalised Anxiety Disorder In Adults - Pharmacological Treatment Pathway 18. Juvenile Idiopathic Arthritis: biologic agents in the management of 19. Neuropathic Pain Guidelines Pharmacological management in non-specialist settings in Adults 20. Psoriatic Arthritis: sequential use of high cost agents 21. Still's Disease (adult onset): biological agents in When work starts on these documents, DH asked if item 2 could be one of the first to be reviewed in light of issues with prescribing of cannabis derivatives in paediatrics. CD offered to share with DH the prescribing policy that is used at Warrington CCG regarding private versus NHS prescription (not drug specific). The APC approved the proposal to extend the review-by dates as above.	
6.7	**Botulinum toxin Type A for achalasia, gastric motility disorder and gastroparesis** This is a new Red statement that was developed to support existing secondary care use for achalasia, gastric motility disorder and gastroparesis. It is used in patients at high risk of aspiration who are unfit for surgery. A dose of botulinum toxin type A 100 Units is injected into the gastro-oesophageal junction or pylorus at four quadrants to help with the emptying of oesophageal/stomach contents distally. It is administered as a day case procedure. Patients are re-treated when the effects diminish, and they go on to have surgery if they are able to tolerate it. It is estimated that there will be 50-60 patients per year across the Cheshire & Mersey Network. This is the number being treated currently and no change in patient numbers is expected. Consultation feedback was only received from one stakeholder. The Gastroenterology specialists at Liverpool University Hospitals NHS Foundation Trust requested the addition of a fourth condition where treatment would be indicated: peri / post operatively for delayed gastric emptying after oesophagectomy. This has been added to the list on the first page. The APC agreed to this red statement.	
7	**APC reports**	
7.1	**NICE TA Adherence Checklist (May 2021) – for noting** Pan Mersey APC is compliant up to the end of May 2021. The report will be uploaded to the APC website.	
7.2	**RMOC update** Buprenorphine PR has already been covered under item 6.2. With reference to the first set of RMOC shared care frameworks, feedback was collated and sent to RMOC. The second set of documents are currently out for consultation and the Shared Care Subgroup	

	will provide the formal response on behalf of the Pan Mersey APC. All Pan Mersey comments will be collated and submitted as a single return. There will be further RMOC consultations over the next few months, and these will be sent out separately from the Pan Mersey documents as they do not fit in with the Pan Mersey APC consultation timescales. The next RMOC North meeting (online) is in September; AH will feed back a summary to APC.	
8	**Other documents**	
8.1	**Cheshire and Merseyside Heart Failure pathway** This was developed at Health and Care Partnership level and the APC was asked to endorse the pathway in case local clinicians wish to use it. The Excel spreadsheet includes all Cheshire and Mersey consultation feedback, including the separate Pan Mersey feedback, which is included in the pharmacy tab, and it has all been addressed. Feedback comments from within Pan Mersey were positive and, as a result of which, a number of minor tweaks were included in the pathway. The APC members agreed to endorse this pathway.	
9	**Any other business**	
9.1	Accuchek Performa blood glucose meter discontinuation: While the FGSG decides how it will review its guidelines, GR requested approval for a note to be added to the current guideline to say that the Accuchek Performa blood glucose meter has been discontinued but the strips are still available. This was agreed by the APC.	
10	**Next meeting**	
	Wednesday 28 July 2021 at 2.00 to 3.30 pm. NOTE: the next meeting will be 1.5 hours in duration. Online meeting via Microsoft Teams	