

# Minutes

<b>Meeting</b>	<b>Pan Mersey Area Prescribing Committee</b>
<b>Venue</b>	Microsoft Teams online meeting
<b>Date and time</b>	Wednesday 28 April 2021, 2.00-3.00pm

<b>Members</b>		
AL-JAFFAR, Hannah	Southport and Ormskirk Hospital NHS Trust	N
ATHERTON, Diane	NHS Wirral CCG	Y
ATKINSON, Anna	Lancashire and South Cumbria NHS Foundation Trust	N
BARNETT, Rob Dr	Liverpool Local Medical Committee	N
BARTON, Carolyn	NHS Knowsley CCG	Y
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
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	Y
FORREST, Danny	Liverpool Heart and Chest Hospital NHS Foundation Trust	Y
HAWCUTT, Dan Dr	Alder Hey Children's NHS Foundation Trust	N
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	N
ISLAM, Jasmeen	Cheshire and Wirral Partnership NHS FT	N
JAIN, Adit Dr (Chair)	NHS Knowsley CCG	Y
JOHNSTONE, Peter	NHS Liverpool CCG	Y

<b>Members</b>		
KNIGHT, Lisa	Wirral Community NHS Foundation Trust	N
KUMAR, Surendra Dr	Mid-Mersey Local Medical Committee	Y
LLOYD, Barry	NHS West Lancashire CCG	N
LUNN, Jenny	NHS Warrington CCG	Y
LYNCH, Susanne	NHS South Sefton CCG, NHS Southport and Formby CCG	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
PAULING, Pamela	Wirral University Teaching Hospital NHS Foundation Trust	Y
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	Y
RAFFERTY, Sarah	Mersey Care NHS Foundation Trust	N
READE, David Dr	NHS St Helens CCG	N
REID, Lucy	NHS Halton CCG	Y
SKIPPER, Paul	Liverpool University Hospitals NHS Foundation Trust (Royal)	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
<b>Non-voting members</b>		
HALL, Gareth	APC lay member	Y
<b>In attendance</b>		
GILES, Andrea	NHS St Helens CCG	Y
MARSDEN, Ashley	North West Medicines Information Centre	Y
MORONEY, Tamsin	Midlands and Lancashire Commissioning Support Unit	Y
READER, Graham	Midlands and Lancashire Commissioning Support Unit	Y
RUSSELL, Rachel Dr	Dinas Lane Medical Centre	Y
SAWERS, Claire	NHS Warrington CCG	Y
WILSON, Paula	Midlands and Lancashire Commissioning Support Unit	Y

<b>1</b>	<b>Welcome and apologies</b>	
	The Chair welcomed members and accepted apologies from the following: Anna Atkinson, Andrew Irvine, Paul Sanderson, Dr Ivan Camphor (Dr S Kumar attending), Sarah Rafferty (Agatha Munyika attending), Colin Brennan (Dave Thornton attending), Hannah Al-Jaffar and Dr Rob Barnett.	
<b>2</b>	<b>Declarations of interest and quoracy</b>	
	A quoracy check confirmed that this meeting was not quorate. As quoracy seems to be an issue recently, the Chair asked for this to be raised via the CCG Leads and Chief Pharmacists outside of the meeting. There were no declarations of interest for items on the agenda.	AH
<b>3</b>	<b>Minutes of the last meeting</b>	
	The Minutes of the APC meeting on 24 March 2021 were noted. These will be rolled over until the next quorate meeting, for ratification.	
<b>4</b>	<b>Matters arising</b>	
	None.	
<b>5</b>	<b>New medicines</b>	
5.1	<b>Cariprazine for schizophrenia – 1 year review of RAG status</b>  Cariprazine was previously approved as Amber Retained as the APC considered it to be significantly different enough from other antipsychotics, due to the need for highly effective contraception for a prolonged period after discontinuing the drug, to require an Amber Retained RAG rather than Amber Initiated. The APC requested that this should be reviewed after 12 months, with audit data provided from the mental health trusts, to see if the RAG could be brought into alignment with other antipsychotics or not.  Audit data provided to NMSG shows that patient numbers are still very low. AM confirmed that no significant new evidence was found, there were no safety updates and costs remain unchanged, therefore no significant changes have been made to the document. NMSG felt that the patient numbers were not enough to alleviate concerns raised at the previous APC meeting and proposed that this is kept as Amber Retained again, with a view to changing to Amber Initiated in a further 12 months following a further review.  The APC approved this proposal.	
5.2	<b>Erenumab for preventing migraine - NICE TA682</b>  NICE TA682 was published on 10 March 2021 and recommends erenumab as a treatment option for preventing migraine where specific severity criteria and continuation criteria are met. Only the 140mg dose is recommended and the company must provide according to the commercial arrangement. This is a PbRE (tariff-excluded) high cost drug and is specialist only, therefore a red statement has been produced. NICE do not expect	

	<p>implementing this TA to have a significant resource impact as erenumab is the third similar agent to be recommended for use at a similar cost.</p> <p>The APC approved the red statement.</p>	
5.3	<p><b>Archiving expired statements</b></p> <p>Two New Medicines' policy statements have expired, and the NMSG proposed the following:</p> <p><u>e-Cigarettes</u>: The manufacturer has confirmed they are not progressing eVoke in the UK. The NMSG proposes to archive the policy statement and retain as black in formulary.</p> <p><u>Eluxadoline Tablets (Truberzi®)</u>: There has been no primary care prescribing of eluxadoline between August 2019 – February 2021 (most recent prescribing data), therefore the NMSG is of the opinion that this Amber Initiated policy statement no longer adds value. The NMSG proposes to archive the policy statement and retain as Amber Initiated in formulary.</p> <p>The APC agreed to these proposals.</p>	
<p><b>6 Formulary and Guidelines</b></p>		
6.1	<p><b>Azithromycin tablets for prevention of exacerbations of COPD and bronchiectasis in selected high-risk patients – updated statement</b></p> <p>This was a routine review of the existing statement. It is now based on the British Thoracic Society Guideline for Long Term Macrolide Use, published in April 2020. Some dosing and supporting evidence has been updated.</p> <p>Consultation feedback highlighted an apparent discrepancy in that azithromycin is Amber Recommended, but patients require a review after 6-12 months of therapy. However, BTS guideline states that treatment success is determined by a reduction in exacerbations, which the subgroup agreed would be possible for GPs to assess if the specialist informs them of the criteria for success on an individual patient-basis when recommending treatment to the GP. The statement includes this requirement.</p> <p>GP members commented that often, patients will not accept a non-specialist stopping a drug that a specialist has started. Patients' expectations need to be managed, their discussions with the consultant should include timescales of when they might expect to stop taking azithromycin and that the specialist will ask the GP to make the assessment on stopping it if the success criteria are not met. This discussion needs to take place at the point of initiation. The consultant's letter to the GP needs to confirm continuation/ stopping criteria and confirm they have explained to the patient that the GP will review at the recommended interval and the GP will be stopping treatment if the criteria are not met.</p> <p>To ensure this occurs it was agreed that the subgroup would produce a template letter for specialists to use to include this information to the GP, and to add corresponding wording to the statement and bring both to the next APC meeting. The APC agreed it was unnecessary for re-consultation to be carried out as these actions were to support and not change the recommendations in the statement.</p>	GR

6.2	<p><b>Overactive Bladder Syndrome (OAB) – Management of Adults in Primary Care – updated guideline</b></p> <p>The existing guideline has been updated. A summary of the minor amendments made was given and the guideline is now more concise with the removal of information about botulinum toxin and the drug interactions table. Drug recommendations have been amended in response to changes in cost. Some information about anticholinergic burden has been added and minor changes in response to the consultation feedback have been made.</p> <p>The APC approved the updated guideline.</p>	
6.3	<p><b>Guidelines for Managing Malnutrition in Adults in the Community – updated guideline</b></p> <p>This is an update of a current guideline. A summary of the changes to preferred products, and information on dietician follow-up in the community, post discharge, was provided.</p> <p>SL mentioned that SIP feeds have a significant financial impact across the system and work on this is planned by the Health and Care Partnership.</p> <p>The APC approved the updated guideline.</p>	
6.4	<p><b>Headache Pathway (Adults) – updated guideline</b></p> <p>The current pathway was produced by The Walton Centre and endorsed by the APC. It has been updated to include CGRP antagonists (erenumab, fremanezumab, galcanezumab) for information, and clarification on topiramate contraceptive advice.</p> <p>The APC approved the updated guideline.</p>	
6.5	<p><b>Chronic Obstructive Pulmonary Disease – updated guideline</b></p> <p>A minor amendment has been made to the existing guideline, clarifying soft mist inhalers are not a metered-dose inhaler.</p> <p>The APC agreed to this amendment.</p>	
6.6	<p><b>Romiplostim – eltrombopag in ITP, first line use in pandemic</b></p> <p>NHSE has advised romiplostim and eltrombopag are to be considered 1st line treatments for idiopathic thrombocytopenia purpura (ITP) rather than conventional treatments (steroids, immunoglobulin) for the duration of the Covid-19 pandemic. The FGSG propose the addition to the formulary entry and drug statements, of an annotation and a link to the NHSE policy, describing this temporary position.</p> <p>This policy is not mandatory. NICE TA221 and TA293 recommend their use only in ITP refractory to standard active treatments and rescue therapies. Treatment is commissioned by NHS England for children, but by CCGs for adults. At the present time costs for adults will fall within the current block contracts with Providers but when a tariff mechanism is reinstated the additional costs for legacy patients will be borne by CCGs.</p> <p>The APC agreed the annotations to the formulary and policy statements.</p>	



<b>7 APC reports</b>		
7.1	<p><b>NICE TA Adherence Checklist (March 2021) – for noting</b></p> <p>Pan Mersey APC is compliant up to the end of March 2021. The report will be uploaded to the APC website.</p>	
7.2	<p><b>RMOC update</b></p> <p>RMOC has had a significant pause due to Covid-19 to allow members to focus on other priorities but they are now slowly re-starting. The long-awaited Shared Care for Medicines Guidance was published on 19 March 2021. The Shared Care Subgroup will consider the document at their meeting in May and will report back their recommendations to the May APC meeting.</p> <p>Further work is now being undertaken by RMOC to develop shared care frameworks for individual drugs considered suitable for shared care. AH proposed that the SCSG will formally respond to the consultation from RMOC on behalf of the APC and, if timings allow, the documents will also be circulated for full APC consultation to capture individual comments.</p> <p>Buprenorphine long-acting injection guidance was published on 23 April 2021. The Formulary and Guidelines Subgroup will consider the guidance and report back their recommendations to the APC in May.</p> <p>The APC members were in agreement with the above proposals.</p>	
<b>8 Any other business</b>		
8.1	<p><u>Declarations of Interest</u>: AH reminded members to complete their DoI form and submit it by Friday if they have not already done so.</p>	All
<b>9 Next meeting</b>		
	<p>Wednesday 26 May 2021 at 2.00 to 3.00 pm.</p> <p>Online meeting via Microsoft Teams</p>	