Minutes

Meeting	**Pan Mersey Area Prescribing Committee**
Venue	Microsoft Teams online meeting
Date and time	Wednesday 26 January 2022, 2.00-4.00pm

Members	Organisation	Present
AL-JAFFAR, Hannah	Southport and Ormskirk Hospital NHS Trust	Y
ATHERTON, Diane Dr	NHS Wirral CCG	N
AZAR, Mo	Alder Hey Children's NHS Foundation Trust	N
BARTON, Carolyn	NHS Knowsley CCG	Y
CARTWRIGHT, Nicola	NHS St Helens CCG	Y
CHARLTON, Marianne	Wirral University Teaching Hospital NHS Foundation Trust	Y
CHEUNG, Jimmy	Bridgewater Community Healthcare NHS Foundation Trust	Y
CHILTON, Neil	Mersey Care NHS Foundation Trust	Y
CROSBY, John Dr	Mersey Care NHS Foundation Trust	Y
DONLON, Kieron	NHS Wirral CCG	Y
DOYLE, Catherine Dr	NHS Warrington CCG	Y
FITZGERALD, Richard Dr	Liverpool University Hospitals NHS Foundation Trust	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
HENSHAW, Anne	Midlands and Lancashire Commissioning Support Unit	N
HUNTER, Anna Dr	NHS South Sefton CCG, NHS Southport and Formby CCG	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	Y
KNIGHT, Lisa	Wirral Community Health and Care NHS Foundation Trust	N
LLOYD, Barry	NHS West Lancashire CCG	Y

Members	Organisation	Present
LOI, Annie	NHS Knowsley CCG	N
LUNN, Jenny	NHS Warrington CCG	Y
LYNCH, Susanne	NHS South Sefton CCG, NHS Southport and Formby CCG	N
McKERRELL, Geraldine	Mersey Care NHS FT, Community Services Division	N
McNULTY, Sid Dr	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
MULLA, Hilal Dr	NHS South Sefton CCG, NHS Southport and Formby CCG	Y
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	N
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	N
REID, Lucy	NHS Halton CCG	Y
SKIPPER, Paul	Liverpool University Hospitals NHS Foundation Trust (Royal)	Y
THORNTON, Dave	Liverpool University Hospitals NHS Foundation Trust (Aintree)	Y
VINCENT, Marc	Liverpool Heart and Chest Hospital NHS Foundation Trust	N
WELSBY, Mike	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
WILLIAMS, John	Southport and Ormskirk Hospital NHS Trust	N
Non-voting members		
BARNETT, Rob Dr	Liverpool Local Medical Committee	N
CAMPHOR, Ivan Dr	Mid-Mersey Local Medical Committee	N
CULLUMBINE, Ann Dr	Wirral Local Medical Committee	N
HALL, Gareth	APC lay member	Y
IRVINE, Adam	Cheshire and Merseyside Local Pharmaceutical Committee	Y
In attendance		
BENNETT, Ruth	The Walton Centre NHS Foundation Trust	Y
DICKINSON, Mark	NHS Cheshire CCG	Y
JAEGER, Emma	Midlands and Lancashire Commissioning Support Unit	Y
LUNT, Andrea	NHS Cheshire 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
WILSON, Paula	Midlands and Lancashire Commissioning Support Unit	Y

1	**Welcome and apologies**	
	The Chair welcomed members. Apologies were accepted from: Dr Ann Cullumbine, Susanne Lynch (Jenny Johnston attending), Dr Anna Hunter (Dr Hilal Mulla attending), Helen Dingle, Anne Henshaw, and Geraldine McKerrell.	
2	**Declarations of interest and quoracy**	
	There were no declarations of interest for items on the agenda. A quoracy check confirmed that this meeting was quorate.	
3	**Minutes of the last meeting**	
	Updated dapagliflozin (item 5.3, page 5 of minutes) from: "The APC approved the change from amber initiated to amber recommended RAG status, the amber recommended statement, and the supporting documents by a majority vote, not a full consensus," to: **"The APC approved the change from amber initiated to amber recommended RAG status, the amber recommended statement, and the supporting documents."** Change of wording agreed. Minutes agreed.	
4	**Matters arising**	
	There were no matters arising.	
5	**New Medicines**	
5.1	**Grey statement summary – for noting** The following grey 'holding' statements have been produced for the APC website: BOTULINUM NEUROTOXIN TYPE A injection (Xeomin®) for chronic sialorrhoea in children and adolescents. To be reviewed by the Formulary and Guidelines Subgroup on receipt of an application for use. RISANKIZUMAB solution for injection (Skyrizi®▼) for psoriatic arthritis. To be reviewed when the NICE TA is published (expected 19 October 2022). These were noted by the APC.	
5.2	**Cenobamate for focal onset seizures in epilepsy – NICE TA753** NICE TA753 was published on 15 December 2021 and recommends cenobamate as an option for treating focal onset seizures with or without secondary generalised seizures in adults with drug-resistant epilepsy that has not been adequately controlled with at least 2 antiseizure medicines. Cenobamate is recommended only if it is used as an add-on treatment, after at least one other add-on treatment has not controlled seizures, and treatment is started in a tertiary epilepsy service. NICE does not expect this guidance to have a significant impact on resources. This is because cenobamate is a further treatment option, the overall cost of treatment will be similar, and NICE does not think practice will change substantially as a result of the TA guidance.	

	NICE states that providers are NHS hospital trusts and primary care. The TA requires that treatment is started in a tertiary epilepsy service. NMSG were of the opinion that this drug would fit Amber Initiated RAG, in line with previously agreed RAG ratings for similar drugs. Cenobamate requires specialist initiation in a tertiary epilepsy service by a consultant neurologist with appropriate experience in the treatment of drug resistant epilepsy. The specialist is responsible for the initiation (including full dosage titration period) and prescribing is to be continued by the specialist until stabilisation of the dose and the patient's condition is achieved, and the patient has been reviewed by the specialist. The specialist may then request the patient's GP to take over prescribing responsibilities of treatment. TM has clarified with the Walton Centre that the specialist will counsel patients regarding signs and symptoms of DRESS on initiation and patients will be advised to monitor closely for skin reactions. TM to add this wording to the statement. The APC approved the statement with this amendment.	
5.3	**Fostamatinib for refractory chronic immune thrombocytopenia (ITP) – NICE TA759** NICE TA759 was published on 07 January 2022 and does not recommend fostamatinib for treating refractory chronic ITP in adults. NICE states that the cost-effectiveness estimates for fostamatinib compared with rituximab, which would be used at the same point in the treatment pathway for ITP, are higher than what is normally considered cost effective. Therefore, fostamatinib is not recommended by NICE for this indication and a Black statement has been produced by NMSG. The APC approved the statement.	
5.4	**Solriamfetol for excessive daytime sleepiness in narcolepsy – NICE TA758** NICE TA758 was published on 05 January 2022 and recommends solriamfetol as an option for treating excessive daytime sleepiness in adults with narcolepsy, with or without cataplexy, only if modafinil and either dexamfetamine or methylphenidate have not worked well enough or are not suitable. This is a PbRE (tariff-excluded) high cost drug and is for use by Sleep Service specialists only, therefore a Red statement has been produced. The University Aintree Hospital Sleep Service pathway is currently under review by NMSG and will be updated to include solriamfetol. NICE does not expect this guidance to have a significant impact on resources because solriamfetol is a further treatment option and the overall cost of treatment will be similar to current treatment options. The APC approved the statement.	

5.5	**Dapagliflozin - type 1 diabetes** Following the withdrawal of the license for dapagliflozin for use in type 1 diabetes and subsequent withdrawal of NICE TA597, the Pan Mersey APC Amber Initiated prescribing statement for this indication was withdrawn from the website on 12 November 2021 and is no longer accessible. The formulary entry was also updated to include the link to the withdrawn NICE TA and wording was added to advise that the indication was under review. MHRA published a Drug Safety Update on 10 December 2021 which advises that dapagliflozin should be reviewed and discontinued in patients with type 1 diabetes by or in consultation with a physician specialised in diabetes care as soon as clinically practical. After stopping dapagliflozin treatment frequent blood glucose monitoring is recommended and an increased insulin dose may be needed, which should be undertaken carefully to minimise the risk of hypoglycaemia or hyperglycaemia. The removal of the license for type 1 diabetes indication is not due to any new safety concerns and the other indications of dapagliflozin are unchanged. NMSG propose that dapagliflozin for the treatment of type 1 diabetes should become Black in the formulary, with a link to the withdrawn NICE TA597 and link to the MHRA Drug Safety Update, and that clinicians follow the MHRA Drug Safety Update advice for healthcare professionals with regards to review and discontinuation of dapagliflozin. The APC approved the proposal.	
6	**Formulary and Guidelines**	
6.1	**Ticagrelor tablets (Brilique®) to prevent thrombotic events post intracranial stenting** Pan Mersey APC currently approves use of ticagrelor following specialist initiation, for the management of acute coronary syndromes in adults in accordance with NICE TA236 and for preventing atherothrombotic events after myocardial infarction in accordance with NICE TA420. This statement proposes extending the approved indication to include prevention of thrombotic events post intracranial stenting. The statement proposes an amber specialist initiation designation in line with currently approved indications, with the prescribing, monitoring and implementation information in line with current practice, and with a requirement for the specialist to provide information to the GP regarding ticagrelor duration of treatment alongside recommendation for treatment duration of concurrent aspirin. The APC approved the statement.	
6.2	**Lyumjev (insulin lispro)** Addition of Lyumjev to the formulary for adults with type 1 and type 2 diabetes mellitus requiring treatment with rapid-acting mealtime insulin analogues was requested . Standard rapid-acting insulin analogues (NovoRapid®, Apidra®, Humalog®) will typically be offered first and people can be switched to an ultra-rapid acting insulin (Lyumjev® or Fiasp®) if it is felt that this would increase their time in range and reduce post meal peaks and hypoglycaemia episodes. Lyumjev® will be an additional brand of insulin lispro available for prescribing. Lyumjev® therapy can be prescribed for patients instead of	

	alternative rapid acting insulin analogues (primarily Humalog) although these will all remain on formulary. Lyumjev® offers a faster acting alternative to other rapid acting insulins. There are no financial implications as it is cost-neutral with Humalog® and similar in cost to NovoRapid® and Fiasp®. (Lyumjev® pre-filled pens and cartridges are slightly cheaper than NovoRapid® and Fiasp®). The APC approved the addition of Lyumjev (insulin lispro) to the formulary.	
6.3	**DOACs in AF statement** This new statement replaces the current statement and is based on the updated NICE NG196: Atrial Fibrillation: Management. It also includes information on the Pan Mersey recommendation that andexanet may be used as a reversal agent for edoxaban (off-label use). There was discussion on whether using ORBIT to assess bleeding risk was appropriate. Either Orbit or HAS-BLED are included as NICE recommends use of ORBIT, and both are included in the statement to overcome any potential issues. The APC approved the statement.	
6.4	**DOACs in VTE statement** This is an updated version of the current Pan Mersey statement and aligns the statement with that on DOAC use in non-valvular atrial fibrillation regarding information on ORBIT or HAS-BLED score, information on the Pan Mersey recommendation that andexanet may be used as a reversal agent for edoxaban (off-label use) and use of actual body weight for calculating CrCl when initiating DOACs. There was discussion on whether the RAG designation in this indication can also be green if local pathways were available, as they are in some areas such as Wirral. It was agreed this would be discussed further at the CCG Leads' meeting regarding the commissioning of these services and whether they would support a change in designation. The APC approved the statement.	
7	**Safety**	
7.1	**Switching oral formulations** For approval of adopting the SPS document, "Switching between liquid and tablet/capsule formulations". Added to each chapter of the formulary. Replaces entries into individual drug monographs. 12-month review planned and linked to PDF rather than SPS website. The committee approved this adoption.	
7.2	**Adrenaline autoinjectors** For approval. Routine review at the document expiry date. Amendments highlighted: signpost to BNF for dosing; HCP advice to use amps and syringes in clinics. From the consultation feedback, 'Medicines for Children' leaflet did not add anything beyond current information and was not included; subgroup felt it appropriate to keep	

	150 microgram strength in the document, although it is not currently manufactured it has not been discontinued; dosing information is signposted to the BNF. Core advice remains the same - individuals must be trained and carry two devices. The committee approved the document.	
7.3	**Insulin safety** For approval. Routine review at the document expiry date. Amendments highlighted. Authorisation and prescription sheet templates have been removed. Late feedback going to the subgroup. The committee heard concerns about the amber initiated status of insulin and how insulin doses are never truly stabilised. The document reflects formulary advice that patients should be trained and confident to administer insulin and follow instructions to change their dose. The committee approved the document.	
8	**Antimicrobials**	
8.1	**Urinary Tract Infections (adults)** Routine review of the UTI chapter within the 'managing common infections in adults antimicrobial guidelines', feedback was obtained from consultation and changes made (highlighted in yellow) in line with NICE guidance and local implementation. The treatment table has been formatted for consistency in line with other antimicrobial chapters. The APC approved the statement.	
8.2	**Skin Infection (Adults)** Routine review of the skin chapter within the 'managing common infections in adults antimicrobial guidelines', feedback obtained from consultation and changes made in line with NICE guidance. Includes major update to acne vulgaris guidance NG198 (June 2021) and human and animal bites (NICE CKS revised Aug 2021). All amendments/updates highlighted in yellow. Concerns raised by SM regarding prescribing for 7 days in diabetic feet. Current guidance is taken directly from NICE, and this was agreed by the Antimicrobials Review Group. KD queried whether microbiologists agreed with the current recommendations (7 days, plus 7 days if required after clinical review). EJ confirmed that microbiologist was present at the meeting when this was discussed, and it was agreed to align with NICE. APC approved the guidance with no further amendments.	
8.3	**Gastrointestinal - C.difficile infection (adults)** Significant changes made to the C.diff section within the GI chapter to align with new NICE NG199 (updated 23 Jul 2021) therefore stakeholders were asked to review the entire section. The main area of discussion post-feedback was a perceived reluctancy of community pharmacies to hold stock of vancomycin or fidaxomicin due to its high cost/very little usage. Some areas have locally implemented commissioned services to	

	solve this, however the group felt that due to disparities between CCGs, any further recommendations regarding stocking in community pharmacy would be out of the scope of this document and treatment is left in line with NICE guidelines. The C&M Antimicrobial Review Group also request approval by the APC that the RAG rating for fidaxomicin is to be changed from AMBER recommended to GREEN in adults for the second line treatment of C.difficile infection to allow for prescribing in primary care in accordance with this guideline and NICE NG199. MW stated that the availability in community pharmacy would not be an issue as this can be ordered usually twice a day for same day delivery, therefore managing their expectations is key. AI agreed that community pharmacy manage stock according to usage, and there is limited usage locally, however wholesalers deliver twice daily and hold stock so agree expectation that it would be acceptable for patient to wait to collect next day as appropriate. The APC approved the guidance.	
9	**APC reports**	
9.1	**NICE TA Adherence Checklist (December 2021) – for noting** Pan Mersey APC is compliant up to the end of December 2021. The report will be uploaded to the APC website.	
9.2	**RMOC update** Two RMOC meetings have been held since Dec 2021 APC. PW attended in place of AH. RMOC Shared Care Working Group was held 16 December 2021 and focused on the remaining national shared care statements to finalise for submission to RMOC North for approval. RMOC North meeting was held last week and approved all shared care documents to go through to NHSE for approval. PILs that were developed to accompany statements were not approved, as further work is needed, and it was requested for NHSE agree process for developing these nationally as supporting documents. This was the last RMOC North meeting as RMOC will split into RMOC North West, and RMOC North East and Yorkshire. Karen O'Brien, RMOC North West lead, will be in touch with AJ to invite APC chair to RMOC North West.	
10	**Any other business**	
	Dr John Crosby asked on behalf of Mersey Care for clarity from the APC regarding its representation on the Committee following merger with North West Boroughs (NWB). Advice was requested for this merged organisation regarding how many voting members will be needed in future; there are currently two Mersey Care representatives and two NWB. It was suggested that one organisation should have two representatives. There was discussion regarding what happened when Royal Liverpool Hospital and University	

	Hospital Aintree merged. In this case it has remained as four representatives in total, due to the size of the organisation, and it is planned to review this at a future date. It was agreed that it is best to await the results of future planning of APC across Cheshire and Merseyside with the merger of CCGs and ICS formation and look at all membership as part of planning ICS rather than make changes now. Dr Crosby will inform the Mersey Care Board that representation will continue as it is at present for now.	
11	**Next meeting**	
	Wednesday 23 February 2022 at 2.00 – 4.00 pm Online meeting via Microsoft Teams.	