Minutes

Meeting	**Pan Mersey Area Prescribing Committee**
Venue	Microsoft Teams online meeting
Date and time	Wednesday 27 April 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
BARK-JONES, Jo	Bridgewater Community Healthcare NHS FT	N
BARTON, Carolyn	NHS Knowsley CCG	Y
BIRCHALL, Becky	NHS Halton 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	N
DONLON, Kieron	NHS Wirral CCG	Y
DOYLE, Catherine Dr	NHS Warrington CCG	Y
FITZGERALD, Richard Dr	Liverpool University Hospitals NHS Foundation Trust	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	N
JAIN, Adit Dr	NHS Knowsley CCG	N
JOHNSTON, Jenny	NHS South Sefton CCG, NHS Southport and Formby CCG	Y

Members	Organisation	Present
JOHNSTONE, Peter (Chair)	NHS Liverpool CCG	Y
KNIGHT, Lisa	Wirral Community Health and Care NHS Foundation Trust	N
LLOYD, Barry	NHS West Lancashire CCG	Y
LUNN, Jenny	NHS Warrington CCG	N
LYNCH, Susanne	NHS South Sefton CCG, NHS Southport and Formby CCG	N
McKERRELL, Geraldine	Mersey Care NHS FT, Community Services Division	Y
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
PARKER, James	Warrington and Halton Hospitals NHS Foundation Trust	N
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	N
SKIPPER, Paul	Liverpool University Hospitals NHS Foundation Trust (Royal)	Y
THORNTON, Dave	Liverpool University Hospitals NHS Foundation Trust (Aintree)	Y
VAN MIERT, Matthew Dr	Wirral University Teaching Hospital NHS Foundation Trust	Y
WALKER, Rhiannon	Wirral University Teaching Hospital NHS Foundation Trust	Y
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	Y
CAMPHOR, Ivan Dr	Mid-Mersey Local Medical Committee	Y
CULLUMBINE, Ann Dr	Wirral Local Medical Committee	N
HALL, Gareth	APC lay member	Y
IRVINE, Adam	Cheshire and Merseyside Local Pharmaceutical Committee	N
In attendance		
DINGLE, Helen	Midlands and Lancashire Commissioning Support Unit	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 Anna Hunter (Dr Hilal Mulla attending), Susanne Lynch (Jenny Johnston attending), Adam Irvine, and Jenny Lunn.	
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**	
	The Minutes of the APC meetings on 23 February 2022 and 23 March 2022 were agreed to be an accurate record of the meetings and were formally ratified.	
4	**Matters arising**	
	There were no matters arising.	
5	**New Medicines**	
5.1	**Grey statement summary – for noting** The following grey 'holding' statement has been produced for the APC website: OZANIMOD capsules (Zeposia®▼) for Ulcerative colitis: To be reviewed when the NICE TA is published, currently expected 21 September 2022. This was noted by the APC.	
5.2	**Empagliflozin for chronic heart failure with reduced ejection fraction – NICE TA773** NICE TA773 was published on 09 March 2022 and recommends empagliflozin as an option for treating chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care with an angiotensin-converting enzyme (ACE) inhibitor or angiotensin 2 receptor blocker (ARB), with a beta blocker and, if tolerated, a mineralocorticoid receptor antagonist (MRA), or sacubitril valsartan with a beta blocker and, if tolerated, an MRA. An amber recommended RAG rating was assigned by NMSG as TA773 states that empagliflozin should be started on the advice of a heart failure specialist. This is also in line with the amber recommended RAG rating for dapagliflozin for heart failure, which was approved by APC in November 2021. There is no difference in cost between empagliflozin and dapagliflozin. Empagliflozin should not be used for the treatment of heart failure in patients with type 1 diabetes. The supporting documents and treatment pathway developed for dapagliflozin use in heart failure are being updated to include empagliflozin and are currently being taken through the APC consultation process. The hyperlinks will be added when they have been approved by APC. The patient information leaflet did not require any further update and a hyperlink to this is included on the statement.	

	There were no questions raised and the APC approved this amber recommended statement.	
5.3	**Pitolisant for obstructive sleep apnoea – NICE TA776** NICE TA776 was published on 09 March 2022 and does not recommend pitolisant for treating adults with excessive daytime sleepiness caused by obstructive sleep apnoea. NICE states that the trial evidence suggests that pitolisant reduces excessive daytime sleepiness, with and without CPAP, but there is uncertainty about the evidence due to the way the trials were undertaken, and it is also uncertain how much pitolisant hydrochloride improves quality of life because of how it was measured in the trials. Cost-effectiveness estimates are also uncertain because of the uncertainty in the clinical evidence and economic model but are likely to be higher than what NICE normally considers an acceptable use of NHS resources. Consequently, pitolisant is not recommended by NICE for this indication. There were no questions raised and the APC approved this black statement.	
6	**Formulary and Guidelines**	
6.1	**Guideline - testosterone gel for testosterone deficiency in women** This guideline proposes an amber recommended designation for testosterone gel for testosterone deficiency in women (in line with testosterone use in men) and provides background information and process whereby a specialist assesses patients, including optimising other HRT, and then requests primary care to commence prescribing. There is no biochemical / plasma level monitoring required. Use of testosterone gel in women is an off-label indication but testosterone is suggested as an option in NICE NG23 on menopause and NICE CKS on menopause. There were some suggestions from primary care that it should be designated green, as a proportion of GPs are familiar with its use, and requirement for specialist involvement may cause capacity issues. However, the subgroup view is that amber recommended is appropriate currently due to the off-label status. Any local community gynaecology services would be included in the definition of specialist for recommendation purposes. This was agreed in principle at the March APC meeting, but the Committee requested some changes to the language style to some passages in the guideline, distinguish between likely side-effects and those arising from any abuse, information on monitoring of safety, mention it is a schedule 4 controlled drug and highlight it is an off-label use and bring the guideline back to the next meeting. The suggested changes have now been made. GR gave a summary of the changes and asked if this addressed all the concerns of the Committee. Two questions were raised. Firstly, regarding virilisation risk it was confirmed this would not be expected at the low doses used in women and that a sentence had been added to the guideline advising that if it were to occur this should raise the possibility with the prescriber that incorrect quantities are being used by the patient. Secondly, regarding the need to monitor for polycythemia it was confirmed there is no need to monitor for this. The APC approved this guideline.	

6.2	**Atectura Breezhaler** Atectura is a further ICS/LABA option licensed for the maintenance treatment of asthma. The dose is one capsule to be inhaled once daily. Atectura has a very low carbon footprint. The FGSG proposes the addition to formulary section 3.2 of Atectura Breezhaler (indacaterol/mometasone 125mcg/62.5mcg,125mcg/127.5mcg, 125mcg/260mcg) inhalation powder capsules for asthma indication in adults, RAG designation green. HD summarised the feedback received. There were no questions, and the APC approved this addition to the formulary.	
6.3	**Enerzair Breezhaler** Enerzair joins Trimbow as the second triple (ICS/LABA/LAMA) option licensed for the maintenance treatment of asthma. The dose is one capsule to be inhaled once daily. Enerzair has a very low carbon footprint. The current formulary preferred alternative is Fostair 100/6 MDI plus separate Spiriva Respimat device. The subgroup proposed the addition to formulary section 3.2 of Enerzair Breezhaler (indacaterol/glycopyrronium/mometasone 150mcg/50mcg/160mcg) inhalation powder capsules for asthma indication in adults, RAG designation green. HD went through the stakeholder feedback received. There was a comment about the number of inhalers on the formulary which could cause confusion; HD informed members that the new Pan Mersey asthma guidelines are currently being produced and that this should help. The APC approved this addition to the formulary.	
6.4	**Blood glucose meters** The Pan Mersey BGM guideline for preferred meters was originally produced using an extensive evaluation and scoring process. When the guideline was originally published not all available meters met International Organisation for Standardisation (ISO) 15197.2013, and a significant proportion used strips costing more than £10 per 50 strips. All meters are now required to meet the ISO standard and availability of those using strips costing less than £10 per 50 strips has increased, and therefore this process was no longer applicable to delineate significant differences between meters. The Formulary and Guidelines subgroup proposed the withdrawal of the current guideline and replacing it with a list of blood glucose meters with testing strips costing less than £10 per 50 strips (less than £10 per 10 ketone strips), in the formulary for reference. It was proposed to produce a separate document in future suggesting specific suitable meters in specific patient circumstances e.g. dexterity issues, but in light of recent NICE guidance on blood glucose monitoring advocating wider use of CGM and flash glucose monitoring it felt this should be delayed until the wider issues around glucose monitoring arising from the NICE guidance have been addressed. The APC approved this proposal.	
6.5	**Pancreatin RAG designation** A request had been received to change the RAG designation of pancreatin formulations from amber initiated to amber recommended. Changing to amber recommended would avoid the need for the patient to travel to hospital to initiate pancreatin and collect a pancreatin prescription. Commencement of treatment could be done by telephone	

	consultation if a patient was able to obtain a prescription in primary care. On initiation each patient discusses treatment with a specialist nurse or consultant and is advised on how to titrate the dose according to stool consistency and dietary intake. Dose titration is not required by GP and therefore this fits the amber recommended designation better than amber initiated. The recommendation to the GP must be provided by a prescriber. A GP pointed out that the hospital could initiate prescribing because they do not need the patient physically in the hospital to do so. GPs also stated that patients should be informed by the specialist that GPs will not be able to issue a prescription until they have been provided with sufficient information by clinic letter. The APC approved the change in RAG designation to amber recommended.	
6.6	**JIA High-Cost drugs statement** The current guideline has been updated to include the addition of anakinra and tofacitinib in line with subsequent NICE Technology Appraisals 685 and 735, which have been approved by the APC previously. The anakinra formulary entry will be amended to a red designation in line with this. The APC approved the amended statement.	
6.7	**Mono- and oligoarthritis statement and pathway** The subgroup proposes the addition of secukinumab and ustekinumab to the current statement and pathway, as additional options requested by Mersey rheumatologists. These are not covered by NICE TA's. Estimated cost for use of secukinumab and ustekinumab in Pan Mersey is £241,000, which equates to £12,700 per 100,000 population per year for 11 patients after 5 years. The APC approved these additions to the statement and pathway.	
6.8	**Rheumatoid arthritis - high cost drug pathway** The current pathway has been updated to include NICE Technology Appraisals 744 and 715, which have been approved by the APC previously, covering use of upadacitinib, adalimumab, etanercept and infliximab in moderate severity rheumatoid arthritis. The APC confirmed its approval of the updated pathway.	
7	**Shared Care**	
7.1	**Penicillamine RAG change** This was highlighted to the Shared Care subgroup as a concern from one of the CCGs. They had a patient on penicillamine with a significantly raised ALT due to an underlying condition. The shared care framework recommends that penicillamine should be stopped if the ALT is outside the recommended parameters, so the patient was referred back to the specialist. The advice from the specialist was that the raised ALT was due to the underlying condition and to resume prescribing of penicillamine. The GP was not happy to prescribe as every time blood tests are done, following the shared care documentation would mean that the penicillamine should be stopped.	

	Pan Mersey prescribing data indicates there are about 4 or 5 patients who are being prescribed penicillamine for any indication, including Wilson's disease, across the area. The current shared care framework is intended only for existing patients, so there should not be any new patients unless they come from out of area. Due to the rarity of prescribing, the Shared Care subgroup feels it would be safer to make penicillamine Red on the Pan Mersey formulary and allow specialist teams to prescribe, monitor and support these patients in future. The shared care framework will be withdrawn. No consultation feedback was received. The APC approved the change to a red RAG designation.	
7.2	**Dementia prescribing support information** The NICE guidance for dementia (NG97) states that prescribers should only start treatment with these drugs on the advice of a specialist and that the first prescription may be made in primary care. The NICE guidance supports this proposal that the RAG rating for these drugs could move to amber recommended. Currently in Pan Mersey, these drugs are amber initiated in most Pan Mersey CCGs but purple in South Sefton and Southport and Formby where shared care is in place. For those two CCGs the RAG rating will remain purple for now. To support prescribers with this change, the Shared Care subgroup agreed that the prescribing support information should continue to be available for the time being. It has been adapted to reflect the amber recommended RAG rating. The feedback was mostly supportive, and the queries raised have been responded to. One stakeholder commented that this new RAG rating would create more work for specialists who will need to see the patient first. Further feedback felt that the drugs should remain amber initiated. The comments seek to reassure them by saying that the specialist letter to the GP will provide written advice and that there can always be informal discussions between primary care and specialists. The Chair asked about the query raised by Knowsley CCG. CB confirmed that a response had been given to the stakeholder in question, and there was no further comment. NCh commented that as well as the fact that NICE supports this, it also makes for a lot of efficiencies. The APC approved the amber recommended RAG rating and updated prescribing support information. Members confirmed that the existing approvals can be carried over.	
7.3	**Shared care framework template** This was a review in which the existing shared care template was put back into the table format and parts of the RMOC shared care template that the subgroup agreed could be helpful were added. This went for stakeholder consultation in November last year and the feedback raised a number of queries. Stakeholders were not happy with a template letter for practices to refuse shared care, so this has been removed and the original Pan Mersey wording has been reinstated. The community pharmacy responsibilities section has also been removed as they do not sign up to the shared care agreement. A positive statement about shared care has been added to the first section of the template. Many other suggested changes	

	have been incorporated, a number of which were concerns about the additional RMOC information. Comments about changes to the original parts of the document such as timescales have not been taken on board as they have been agreed at APC previously. Some feedback about the shared care wording on the Pan Mersey website is outside the scope of this document but will be looked at in the future, to agree better wording. The APC approved the updated shared care framework template.	
8	**APC reports**	
8.1	**NICE TA Adherence Checklist (March 2022) – for noting** Pan Mersey APC is compliant up to the end of March 2022. The report will be uploaded to the APC website.	
8.2	**RMOC update** The first planned meeting of the RMOC North West was postponed until the end of June. Each APC representative has been asked to give a presentation about their APC. AH will report back at the July meeting. If there is anything else in the meantime this will be brought to APC.	
9	**Any other business**	
	None.	
10	**Next meeting**	
	Wednesday 25 May 2022 at 2.00 – 4.00 pm Online meeting via Microsoft Teams.	