

Minutes

Meeting	Pan Mersey Area Prescribing Committee
Venue	Microsoft Teams online meeting
Date and time	Wednesday 22 June 2022, 2.00-4.00pm

Members	Organisation	Present
ATHERTON, Diane Dr	NHS Wirral CCG	N
AZAR, Mo	Alder Hey Children's NHS Foundation Trust	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	N
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	N
FORREST, Danny	Liverpool Heart and Chest Hospital NHS Foundation Trust	N
FRANCOMB, Monica	Mersey Care NHS FT, Community Services Division	Y
HAWCUTT, Dan Dr	Alder Hey Children's NHS Foundation Trust	N
HEDLEY, Mike Dr	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
HENSHAW, Anne	Midlands and Lancashire Commissioning Support Unit	Y
HUNTER, Anna Dr	NHS South Sefton CCG, NHS Southport and Formby CCG	Y
JAIN, Adit Dr (Chair)	NHS Knowsley CCG	Y
JOHNSTONE, Peter	NHS Liverpool CCG	N
KNIGHT, Lisa	Wirral Community Health and Care NHS Foundation Trust	N

Members	Organisation	Present
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
McKERRELL, Geraldine	Mersey Care NHS FT, Community Services Division	N
McNULTY, Sid Dr	St Helens and Knowsley Teaching Hospitals NHS Trust	N
PARKER, James	Warrington and Halton Hospitals 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	N
WELSBY, Mike	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
WILLIAMS, John	Southport and Ormskirk Hospital NHS Trust	Y
Non-voting members		
BARNETT, Rob Dr	Liverpool Local Medical Committee	N
CAMPBOR, Ivan Dr	Mid-Mersey Local Medical Committee	N
CULLUMBINE, Ann Dr	Wirral Local Medical Committee	Y
HALL, Gareth	APC lay member	N
IRVINE, Adam	Cheshire and Merseyside Local Pharmaceutical Committee	Y
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

1	Welcome and apologies	
	The Chair welcomed members. Apologies were accepted from Gareth Hall, Barry Lloyd, Dr David Reade, Danny Forrest, Peter Johnstone, Geraldine McKerrell (Monica Francomb attending), Dr Rob Barnett, and Dr Sid McNulty (Dr Mike Hedley attending).	
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 27 April 2022 and 25 May 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	<p>Grey statement summary – for noting</p> <p>The following grey ‘holding’ statements have been produced for the APC website:</p> <p><u>FARICIMAB solution for injection (Vabysmo ®▼) Diabetic macular oedema</u>: To be reviewed when the NICE TA is published (date currently TBC).</p> <p><u>FARICIMAB solution for injection (Vabysmo ®▼) Neovascular (wet) age-related macular degeneration</u>: To be reviewed when the NICE TA is published (date currently TBC).</p> <p>This was noted by the APC.</p>
5.2	<p>Filgotinib for ulcerative colitis (NICE TA792)</p> <p>A Red statement has been produced in line with NICE TA792, for treating moderately to severely active ulcerative colitis. Filgotinib is a PbRE (tariff-excluded) high cost drug, for specialist use only.</p> <p>NICE does not expect implementing this guidance to have a significant impact on resources because filgotinib is a further treatment option for ulcerative colitis, available at a similar price to the current treatment options.</p> <p>There were no comments or questions, and the APC approved this Red statement.</p>
5.3	<p>Sodium zirconium cyclosilicate for hyperkalaemia – Review of red and amber initiated statements (update to NICE TA599)</p> <p>The existing Red and Amber Initiated statements have been reviewed following the update to NICE TA599 in January 2022. Both statements are proposed for inclusion on the static list.</p> <p>The patient access scheme (PAS) commercial arrangement has been withdrawn and NICE has updated the TA to reflect that sodium zirconium is now available in both primary and secondary care at a new, lower NHS list price. However, Mersey CCGs had already signed up to the primary care rebate scheme for sodium zirconium and so it was available for prescribing in primary care across Pan Mersey prior to the update to the TA. Therefore, the update does not change the current RAG designations or how sodium zirconium will be prescribed across Pan Mersey.</p> <p>Minor amendments have been made to the statements to ensure they align with the updated TA. Reference to the PAS commercial arrangement has been removed and costs have been updated. There were no significant comments for NMSG to address from consultation feedback.</p> <p>There were no comments or questions and the APC approved both statements for inclusion on the static list and for existing CCG approvals to be carried over.</p>

6 Formulary and Guidelines

6.1 **Macrogol 3350 Oral Powder 8.5g Sachets Sugar free / Transisoft®– black RAG designation**

Macrogol 3350 Oral Powder 8.5g Sachets Sugar free / Transisoft® - currently listed with black RAG designation within Macrogol 3350 with potassium chloride, sodium bicarbonate & sodium chloride formulary entry, due to significant cost (£99 compared to, for example, £6.09 Drug Tariff price for Laxido®). Transisoft® which has the generic description of Macrogol 3350 Oral Powder 8.5g Sachets Sugar free is sometimes accidentally chosen on primary care prescribing system picking list leading to unnecessary expenditure.

The formulary and guidelines subgroup proposes the following wording to be added to the formulary:

Various brands are available. If prescribing generically prescribe as Macrogol compound oral powder sachets NPF sugar free or Macrogol compound half-strength oral powder sachets NPF sugar free.

[Black] Do not prescribe as Macrogol 3350 Oral Powder 8.5g Sachets Sugar free or Transisoft®

Some CCGs have this message on their prescribing systems already, so the proposed wording is to align the formulary with existing recommendations. The APC approved the additional wording.

6.2 **Direct Oral Anticoagulants (DOACs) for the prevention of stroke and systemic emboli in non-valvular atrial fibrillation (AF) statement.**

The formulary and guidelines subgroup proposed amended wording of the implementation section of Direct Oral Anticoagulants (DOACs) for the prevention of stroke and systemic emboli in non-valvular atrial fibrillation (AF) statement to reflect the NHS Operational note: *Commissioning recommendations for national procurement for DOACs. January 2022, Version 1*, advocating the use of edoxaban where this is clinically appropriate.

It was also proposed to amend the third paragraph on page 1 in line with the implementation section on page 3, to say “where there is no clinical reason to use a specific DOAC, clinicians should use edoxaban where clinically appropriate”.

There was a discussion about the potential for generic DOACs becoming available in the near future that may be cheaper than edoxaban and it was acknowledged that the statement may need to be reviewed again. However, the NHS operational note recommends edoxaban first line and there had been a request from CCGs for this recommendation to be included in the statement to support the national directive and metric that organisations are being measured against. It was suggested that local guidance should continue to recommend edoxaban first line until such time as the national guidance advises otherwise. It was also noted that the evidence section would need updating at the next review.

It was suggested that the recommendation to use edoxaban first line should be added to page 1 with the caveat that this was the DOAC with lowest acquisition cost at the time of writing.

The APC approved this suggested wording for page 1 and the proposed amendment to the implementation section.

7	Shared Care	
7.1	<p>Mepacrine prescribing support information</p> <p>This was a routine review of the existing prescribing support information. This is off label use and a further indication of SLE has been added in line with the updated British Association of Dermatology (BAD) information. The 300mg maximum dose is no longer supported by the BAD guideline.</p> <p>In the consultation feedback there was feedback from three CCGs. One CCG expressed concern about the uncertain supply and variable cost of unlicensed mepacrine. It was acknowledged that this is a problem but it is beyond the scope of this document. Further feedback requested more information on why the 300mg dose is no longer supported by BAD. The document has been amended to state the maximum dose is 200mg daily, which is supported by the literature, and specialists have confirmed that this maximum dose recommendation will be followed.</p> <p>The APC approved the amended Prescribing Support Information.</p>	
7.2	<p>Gonadorelin analogues prescribing support information – for noting</p> <p>The shared care subgroup became aware that the gonadorelin analogues prescribing support information did not make any reference to the CMAGIC document that was approved at APC last year.</p> <p>To correct this, the wording has been amended in the first paragraph of the document to say ‘For those areas with patients attending CMAGIC, please see the separate prescribing support information that is specific to that service’.</p> <p>At the last meeting there was a discussion about the Sefton gender identity clinic, but it has since been agreed that the sentence about the Red RAG rating where there is a locally commissioned service should remain.</p> <p>This was noted by the APC and the amendment to the first paragraph approved.</p> <p>Dr Sid McNulty sent a message to the meeting, querying the RAG rating for prostate cancer and endometriosis patients. HD advised that a request for a RAG review could be submitted to the shared care subgroup for consideration.</p>	
8	Safety	
	<p>Emollients and risk of severe and fatal burns – for agreement to adopt MHRA/NFCC resource</p> <p>Following a routine review of the outgoing APC document, the safety subgroup recommended the adoption of the MHRA and National Fire Chiefs Council (NFCC) resources on emollients and the risk of severe and fatal burns, which offers improvements over the APC document including a campaign to raise awareness and a toolkit of resources for healthcare professionals.</p> <p>The small amount of consultation feedback received agreed with this proposal. Late feedback from Sefton CCGs was not included in the papers but was also in support of the proposed adoption. Hyperlinks will be used to signpost to the MHRA/NFCC recommendations, replacing the current APC document.</p> <p>The APC approved this proposal.</p>	

9	APC reports	
	<p>NICE TA Adherence Checklist (May 2022) – for noting</p> <p>Pan Mersey APC is compliant up to the end of May 2022. The draft statement for the TA for romosozumab for osteoporosis will be brought to July APC.</p> <p>The report will be uploaded to the APC website.</p>	
10	APC and the ICS	
	<p>The two webinars have now taken place, and both went well. Peter Johnstone was chair of the first webinar and Alison Ewing chaired the second webinar. There was good attendance over the two webinars. Participation from attendees was very good and some constructive comments were captured via Jamboard. The proposal for a single new Cheshire and Mersey APC was supported by all attendees. The next step is for the CSU team to write up a report which will be signed off by the project group then submitted to the ICS board for consideration. When the outcome is known, it will be fed back to the APC.</p> <p>As CCGs will cease to exist on 1st July, the CSU team is currently working with CCG Medicines Management Leads to obtain advice from within the ICS and agree some wording to be added to the APC website around legacy policies and CCG approvals of APC recommendations. AH is awaiting advice as to how APC decisions will be ratified within the ICS. The APC will continue business as usual until told otherwise. “APC and the ICS” will be kept as a standing agenda item so that APC can be kept updated on progress.</p>	
11	Any other business	
	None.	
12	Next meeting	
	<p>Wednesday 27 July 2022 at 2.00 – 4.00 pm. Chair will be Peter Johnstone.</p> <p>Online meeting via Microsoft Teams.</p>	