Minutes

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

Attendance		
ATHERTON, Diane Dr	NHS Cheshire and Merseyside, Wirral Place	N
BARK-JONES, Jo	Bridgewater Community Healthcare NHS Foundation Trust	Y
BARTON, Carolyn	NHS Cheshire and Merseyside, Knowsley Place	N
BIRCHALL, Becky	NHS Cheshire and Merseyside, Halton Place	Y
CARTWRIGHT, Nicola	NHS Cheshire and Merseyside, St Helens Place	N
CHARLTON, Marianne	Wirral University Teaching Hospital NHS Foundation Trust	Y
CHEUNG, Jimmy	Bridgewater Community Healthcare NHS Foundation Trust	N
CHILTON, Neil	Mersey Care NHS Foundation Trust	N
COSFORD, Nigel	NHS Cheshire and Merseyside, St Helens Place	Y
CROSBY, John Dr	Mersey Care NHS Foundation Trust	Y
DOYLE, Catherine Dr	NHS Cheshire and Merseyside, Warrington Place	Y
FITZGERALD, Richard Dr	Liverpool University Hospitals NHS Foundation Trust	N
FORREST, Danny	Liverpool Heart and Chest Hospital NHS Foundation Trust	N
HAWCUTT, Dan Dr	Alder Hey Children's NHS Foundation Trust	N
HENSHAW, Anne	Midlands and Lancashire Commissioning Support Unit	Y
HUNTER, Anna Dr	NHS Cheshire and Merseyside, Sefton Place	N
JAIN, Adit Dr	NHS Cheshire and Merseyside, Knowsley Place	N
JOHNSTONE, Peter (Chair)	NHS Cheshire and Merseyside, Liverpool Place	Y
JOSEPH, Smitha Dr	NHS Cheshire and Merseyside, Halton Place	N
KNIGHT, Lisa	Wirral Community Health and Care NHS Foundation Trust	N
LLOYD, Barry	NHS Lancashire and South Cumbria, West Lancashire Place	N
LOI, Annie	NHS Cheshire and Merseyside, Knowsley Place	Y

Attendance		
LUNN, Jenny	NHS Cheshire and Merseyside, Warrington Place	Y
LYNCH, Susanne	NHS Cheshire and Merseyside, Sefton Place	N
McKERRELL, Geraldine	Mersey Care NHS FT, Community Services Division	Y
McNULTY, Sid Dr	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
MOONEY, Paul	Warrington and Halton Hospitals NHS Foundation Trust	Y
PATEL, Sejal	NHS Cheshire and Merseyside, Sefton Place	Y
SANDERSON, Paul	Alder Hey Children's NHS Foundation Trust	Y
SKIPPER, Paul	Liverpool University Hospitals NHS Foundation Trust (Royal)	N
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
ZAMAN, Asif	NHS Cheshire and Merseyside, Wirral Place	Y
Non-voting		
BARNETT, Rob Dr	Liverpool Local Medical Committee	N
CAMPHOR, Ivan Dr	Mid-Mersey Local Medical Committee	N
CULLUMBINE, Ann Dr	Wirral Local Medical Committee	Y
HALL, Gareth	APC lay member	Y
IRVINE, Adam	Cheshire and Merseyside Local Pharmaceutical Committee	N
MANNING, Lisa	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
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 and accepted apologies from Carolyn Barton (Annie Loi attending), Nicola Cartwright (Nigel Cosford attending), Danny Forrest, Dr Anna Hunter, Adam Irvine (Dr Lisa Manning attending), Barry Lloyd, Dr Rob Barnett, Dr Adit Jain (Peter Johnstone – Acting Chair), Dr Smitha Joseph, Susanne Lynch (Sejal Patel attending), and Kieron Donlon.	

2	**Declarations of interest and quoracy**	
	There were two declarations of interest: agenda item 6.9 from Sejal Patel, whose close relative works for Astra Zeneca, and agenda items 5.4 and 6.1 from Marianne Charlton, whose husband works for Bristol Myers Squibb. No further action was required for these indirect interests. A quoracy check confirmed that this meeting was not quorate, from a primary care perspective.	
3	**Minutes of the last meeting, matters arising, APC report**	
	The Minutes of the APC meeting on 28 September 2022 were agreed to be an accurate record of the meeting but, because this meeting is not quorate, the minutes will be brought to the next APC meeting to be formally ratified.	VZ
4	**Matters arising**	
4.1	Dave Thornton advised the Committee that the issue of biologics dose escalation in inflammatory bowel disease (IBD) patients had been raised with the ICB Medical Director, who had approved going ahead with treatment for a number of urgent cases highlighted by LUHFT. AH will pick this up with Susanne Lynch to establish the formal ICB position with regards to biologics dose escalation in IBD, and report back to APC.	AH
5	**New Medicines**	
5.1	**Grey statement summary** The following grey 'holding' statements have been produced for the APC website: BARICITINIB tablets (Olumiant®) for alopecia areata: To be reviewed when the NICE TA is published (expected 25 April 2023). UPADACITINIB prolonged-release tablets (Rinvoq®▼) for non-radiographic axial spondyloarthritis: To be reviewed when the NICE TA is published (expected 31 January 2023). The APC noted the grey statements produced and the proposed timescales for review.	
5.2	**Upadacitinib for ankylosing spondylitis (NICE TA829 – Fast Track)** NICE TA829 is a Fast Track TA and was published on 30 September 2022. Upadacitinib is recommended as an option for treating active ankylosing spondylitis that is not controlled well enough with conventional therapy in adults, only if certain criteria are met and the company provides it according to the commercial arrangement. This is a tariff-excluded high cost drug and is for specialist use only, therefore a red statement has been produced. Upadacitinib is another treatment option for ankylosing spondylitis and the overall cost of treatment will be similar to current treatments. There were no questions, and the APC approved the red statement.	

5.3	**Dexamethasone for diabetic macular oedema (NICE TA824)** NICE TA824 was published on 14 September 2022 and updates and replaces NICE TA349. The NMSG had been looking at dexamethasone for use in patients with a phakic lens in advance of publication of NICE TA824, however the NICE timescales caught up with the NMSG review and the subgroup reverted to the NICE process. Previously, NICE TA349 only recommended use of dexamethasone intravitreal implant for treating diabetic macular oedema (DMO) in people with a pseudophakic (intraocular) lens. The updated recommendations allow people to access treatment with dexamethasone intravitreal implant if their condition has not responded well enough to, or if they cannot have non-corticosteroid therapy, irrespective of whether they have a phakic or pseudophakic lens. This is a tariff-excluded high cost drug and is for specialist use only, therefore a red statement has been produced. Dexamethasone intravitreal implant is a further treatment option, and the overall cost of treatment will be similar to the current treatment options. There were no questions, and the APC approved this red statement.	
5.4	**Ozanimod for ulcerative colitis (NICE TA828)** NICE TA828 was published on 05 October 2022 and recommends ozanimod as an option for treating moderately to severely active ulcerative colitis in adults, only if certain criteria are met and the company provides it according to the commercial arrangement. This is a tariff-excluded high cost drug and is for specialist use only, therefore a red statement has been produced. Ozanimod is a further treatment option, and the overall cost of treatment will be similar to the current treatment options. There were no questions, and the APC approved this red statement.	
6	**Formulary and Guidelines**	
6.1	**Inflammatory bowel disease guideline** The red statement for the use of filgotinib for patients with moderately to severely active ulcerative colitis, in line with NICE TA792 was agreed at the June APC meeting and the red statement for ozanimod for patients with moderately to severely active severe ulcerative colitis in line with NICE TA828 was agreed earlier in this meeting's agenda. This is a proposal that both drugs are added to the pathway for these patients. The APC approved this updated document, and to the carry-over of previous CCG approvals.	
6.2	**Methadone palliative care RAG rating** Methadone tablets are Amber Retained for the treatment of people with chronic pain who are under the care of a specialist in chronic pain. This RAG designation is supported by a statement and prescribing support information. During the recent review of these documents, it was noted that some GPs were being asked to prescribe methadone for patients who had chronic pain who were under the care of the palliative services. There is no reference to the use of methadone in the current palliative care guidelines. This is a proposal for the addition of a Red RAG	

	designation for methadone, when used to treat patients with pain who are under the care of palliative services. Consultation feedback was in agreement and no issues were raised. There were no questions, and the APC approved this proposal.	
6.3	**Melatonin statement, flowchart and prescribing support information** A number of amendments to the existing statement, prescribing support information and flowchart were proposed: (a) clarifying initiation criteria, that patients with Parkinson's disease do not require referral to a separate sleep service when treatment commenced by Parkinson's disease specialist, (b) highlighting recommendation that other forms of licensed melatonin such as melatonin 2mg capsules (Colonis®), melatonin 3mg tablets (Colonis®) or melatonin 1mg/ml liquid (Colonis®) which are licensed in jet lag for short term use have red designation and (c) additional information on melatonin "holidays". Consultation feedback comments were included or have otherwise been addressed. GR requested that the Committee consider two wording amendments to the document circulated with the agenda: 1) The RAG designation of red be added to the sentence stating that the statement does not include other forms of licensed melatonin such as melatonin 2mg capsules, 3mg tablets or 1mg/ml liquid, and the formulary entry for these products would state they were designated red (with use in jet lag remaining designated grey). This was to emphasise the concerns that the quantity of propylene glycol in the oral liquid may be excessive for some children and prescribing should be carried out by the specialist. 2) To continue to include Parkinson's disease with REM sleep disorder as one of the approved indications, as only the requirement for patients to be referred to a sleep service had been removed rather than use in Parkinson's disease with REM sleep disorder itself. The Committee agreed to the above wording amendments, and to add the information regarding excessive propylene glycol content of the oral liquid to the formulary entry, as well as it being included in the statement. The APC approved the updated statement, prescribing support information and flowchart, and to the carry-over of previous CCG approvals.	
6.4	**Dibotermin** A proposal to add dibotermin to the formulary for non-union fracture with designated RAG red with an accompanying statement was considered. This is a tariff-excluded drug and proposed use is within the specialist service at Liverpool University Hospitals NHS Foundation Trust only. This has already been agreed in the Cheshire commissioning policy, and therefore this proposal supports a move to a Cheshire and Merseyside position. Consultation feedback was in agreement. The APC approved the statement and addition to the formulary.	
6.5	**Metformin use in T1 diabetes** This was a proposal to add the indication of type 1 diabetes, as recommended in NICE NG17, to the formulary entry for metformin section 6.1.2.2 – green designation. NICE	

	NG17 recommends that adults with type 1 diabetes who have a BMI of 25 kg/m2 or above (23 kg/m2 or above for people from South Asian and related family backgrounds) who wish to improve their blood glucose control while minimising their effective insulin dose. This is an off-label indication and therefore requires this indication to be added to the formulary to clarify this is a formulary approved use. The APC approved the addition of this indication to the formulary.	
6.6	**Paliperidone 6-monthly injection** This was a proposal for the addition of paliperidone palmitate - prolonged-release depot antipsychotic suspension for injection 700mg, 1000mg (6-month depot) to formulary section 4.2.2, designated Red. This is an extension to existing range of 1-month and 3-month depot injections in the formulary. Patients who are adequately treated with 1-monthly paliperidone palmitate injection at doses of 100 mg or 150 mg (preferably for four months or more) or 3-monthly paliperidone palmitate injection at doses of 350 mg or 525 mg (for at least one injection cycle) and do not require dose adjustment may be transitioned to 6-monthly paliperidone palmitate injection. Cost of 6-monthly injections are identical to 3-monthly injections at the equivalent dose. The APC approved the addition of this formulation to the formulary	
6.7	**Doublebase Once Emollient Gel** It was proposed to add Doublebase Once Emollient Gel to the formulary in place of Doublebase Dayleve Gel. It can be used once daily and so will be less expensive than twice daily applied Doublebase Dayleve Gel despite being slightly more expensive per pack. Used in the management of dry skin conditions such as eczema, psoriasis or ichthyosis. It was noted that the NHS Sefton Partnership response to the consultation of “no comment” was missing from the consultation feedback sheet. The APC approved the addition of this formulation to the formulary and the removal of Doublebase Dayleve Gel.	
6.8	**NICE Bites – removal of links** The Committee was asked to note the removal of formulary links to: “NICE Bites” summaries of NICE clinical guidelines: Lipid modification, Depression, Diabetes (T1 and T2) in children and young people, Diabetes in pregnancy, T1 Diabetes, T2 Diabetes, Eating disorders, Low back pain and sciatica in over 16’s, and Parkinson’s Disease in Adults. The Specialist Pharmacy Service has removed the “NICE Bites” series of summaries of certain NICE clinical guidelines from its website. A number of these were previously endorsed by the APC, and links to them included within the formulary but these links are no longer operative. Links to the corresponding NICE clinical guidelines remain within the formulary. The APC approved this proposal.	

6.9	**SGLT2 inhibitors** This is a proposal to remove the wording *'As monotherapy (third-line option) or combination therapy in type 2 diabetes'* for canagliflozin, dapagliflozin, empagliflozin and ertagliflozin in the Pan Mersey formulary. This is in line with the updated recommendations in NICE NG28 where these are now recommended in addition to first-line metformin for adults who have type 2 diabetes and other specified comorbidities, or first-line in these patients if metformin is contraindicated or not tolerated. There were no questions, and the APC approved this proposal.	
6.10	**Opioids and gabapentinoids guideline** This is a minor update to include reference to NICE NG215 that was published in April 2022. The new guidance reiterates the information already in the statement but is another useful reference source. The recommendations have been briefly summarised in the NICE guidance box on page 3 of the guideline. The APC approved this updated document, and to the carry-over of previous CCG approvals.	
6.11	**Biosimilars - inclusion in formulary** It was proposed that, by default, all biosimilar brands of biologic drugs will be included in the Pan Mersey formulary where they are equivalent or lower cost without needing specific APC approval. The exception to this will be where a biosimilar is not dose equivalent (e.g insulins) or is more expensive compared to the originator, in which case it will be assessed by the subgroup and recommendations presented to APC. A general message will be added to biosimilar entries in the formulary stating: *Where biosimilar versions are included in the formulary, the least costly brand should be used where possible and new treatment should be initiated using the least costly brand. Biologic drugs must be prescribed by brand name.* The APC will retain its role in determining the formulary status of any biosimilar that is not less costly than the originator or where the biosimilar is not equivalent on a dose basis to the originator (e.g. insulins). The APC approved the proposal.	
7	**APC reports**	
7.1	**NICE TA Adherence Checklist (September 2022) – for noting** Pan Mersey APC is compliant up to the end of September 2022 and the report will be uploaded to the APC website.	
8	**APC and the ICS**	
8.1	AH provided a verbal update on the current situation with regards APC and the ICS. As the APC is already aware, phase 1 engagement has concluded, and all were in favour of moving to a single APC. The ICB is experiencing difficulties with different decisions	

	coming from the two current APCs within the ICB, and the APCs are also encountering difficulties from not being able to submit different decisions to the ICB for approval, so there is a need to move to a single APC as soon as possible. The processes need to be developed carefully to ensure a single APC that will take the best of both current APCs and will work for all organisations whatever their size or speciality. It is recognised that the work to develop the single APC will take some time and needs to include every organisation so, in order to manage the urgency and allow careful consideration of the new APC operating model and functions, the plan is to put in place an Interim APC which will support the oversight of the development and at the same time deliver urgent MMO business outputs such as NICE TAs. Midlands and Lancashire CSU, who supported the system with the initial engagement, have been appointed by the ICB to support with implementing an interim solution and to deliver the new single APC. Going forward, there will be no separate work in isolation on decisions, to meet the ICB requirements for all their committees. There will be a final meeting of each of the two APCs in November 2022, and MLCSU/Susanne Lynch will attend to speak with members. A formal comms will also be sent out.	
9	**Any other business**	
	AH advised the committee that NHS Cheshire & Merseyside issued a Consensus on the Primary and Secondary Care Interface document in June 2022. It was agreed that the link to the document will be included on the APC report and then members will disseminate as appropriate within their organisations.	
10	**Next meeting**	
	Wednesday 23 November 2022 at 2.00 – 4.00 pm Online meeting via Microsoft Teams	