



Midlands and Lancashire  
Commissioning Support Unit



Pan Mersey  
Area Prescribing Committee

# Pan Mersey Area Prescribing Committee Annual Report 2021-22

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## Pan Mersey Area Prescribing Committee

The Pan Mersey Area Prescribing Committee (APC) was formally established in February 2013 as a vehicle to allow Clinical Commissioning Groups (CCGs) across Merseyside and Warrington to work collaboratively around the commissioning of medicines. NHS Wirral CCG subsequently joined the APC in January 2018. This report gives an overview of APC activity in the 2021-22 financial year.

The APC involves 24 NHS organisations including CCGs, NHS Trusts and Community Trusts. NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) provides the administration function and expert medicines support to both APC and its subgroups as well as contributing to outputs and managing the stakeholder consultation process. Delivery of outputs is through a shared model, with the most appropriate organisations leading different areas and providing input as required.

MLCSU provides the administration and management of the [Pan Mersey APC website](#), which was redesigned in 2018/19. This includes development and maintenance of the Pan Mersey joint formulary using the netFormulary platform. In 2021/22, there were 171,340 visits to the APC website with 298,365 page views. There were a further 96,118 visits to the Pan Mersey formulary with 681,219 page views.

## Remit

The focus of APC activity has been to make recommendations to CCGs about commissioning of newly launched medicines, or medicines which have gained additional licensed indications. To this end, the new medicines review process was initially developed in Spring 2013 to enable robust assessment of the evidence base for the proposed commissioning of medicines, along with mechanisms to engage with clinicians and commissioners across the whole of the Pan Mersey health economy. The process was designed to take the minimum possible time so as not to introduce delays in decision-making for CCGs, whilst ensuring a robust process was followed, and has been reviewed and refined based on new medicines subgroup experience and stakeholder feedback as the APC and subgroup have developed.

As well as reviewing individual medicines, it was recognised that recommendations on how each medicine should fit into an overall care pathway for a condition would be valuable. As a result, the APC formulary and guidelines subgroup have developed and continue to maintain a joint health economy formulary, and produce relevant guidelines and pathways for prioritised conditions.

When making commissioning recommendations, the APC also advises CCGs on the appropriate setting for prescribing, for example, specialist only, specialist initiation with ongoing prescribing in general practice, or general practice. This is communicated via the RAG rating, which is allocated according to [set criteria](#) as part of the medicines review process.

## Activity

The planned reintroduction of the APC function continued during 2021-22 with one hour APC meetings scheduled in April and May, increasing to one and a half hours in June and July, then two hours from September 2021 onwards. Duration of subgroup meetings has been gradually increased amid a continual review of system capacity for APC. This has inevitably reduced the throughput and activity of both subgroups and APC but has allowed the system to balance the need for an APC function for higher priority matters whilst minimising the staff resource impact of attendance at APC and subgroup meetings. The MLCSU Medicines Management Team has supported the majority of APC and subgroup outputs during

this time to enable member organisations to focus staff resource to the Covid-19 response, recovery, the vaccination programme and a return to business as usual.

[Appendix 1](#) gives an overview of the reviews undertaken by the new medicines subgroup in 2021-22; 30 new medicines reviews and prescribing policy statements were completed during this period.

[Appendix 2](#) lists the work undertaken on developing guidelines during 2021-22, which includes reviews of three statements, eight guidelines, and 15 formulary amendments by the formulary and guidelines subgroup.

In addition to this, the shared care subgroup reviewed three prescribing support information documents, developed three new prescribing support information documents, reviewed nine existing shared care frameworks, and reviewed the RMOC shared care guidance, as listed in [appendix 3](#).

The safety subgroup published nine guidelines and performed 28 formulary updates ([appendix 4](#)).

The antimicrobial review group continued with a rolling review of five chapters in the antimicrobial guide which has now begun to incorporate the treatment of infections in children ([appendix 5](#)).

The APC also receives monthly reports on newly published NICE technology appraisals (TAs). CCGs are able to use this report to provide assurance that they are complying with the mandatory obligations for NICE TAs. During 2021-22, a total of 19 NICE TAs were reviewed by the new medicines subgroup, with policy statements produced and RAG recommendations made to APC. This work enables CCGs to be kept up to date on new NICE guidance and helps demonstrate compliance with the NICE TA mandatory requirements ([appendix 6](#)).

## Developments

Pan Mersey APC constantly strives to develop and improve its processes to ensure they remain responsive and appropriate, and consideration is given to feedback from stakeholders. It has progressed a number of significant initiatives during 2021-22.

- A website that collated national and regional information on Covid-specific medicines issues was developed in 2020-21 to improve accessibility to this information, as a single point of access via the Pan Mersey APC website. Maintenance of this website continued in 2021-22 and is ongoing.
- The MLCSU Medicines Management team continued to facilitate the reprioritisation of APC subgroup workplans to support the phased reintroduction of APC activity alongside Covid recovery and a return to business as usual.
- During 2021-22, the new medicines subgroup developed and implemented a process for dealing with terminated, withdrawn and suspended NICE TAs.
- The North Regional Medicines Optimisation Committee (RMOC) was established in June 2017, with meetings take place quarterly in Leeds prior to the Covid-19 pause. Two APC members were members of the RMOC North committee, until it was disbanded on 31 March 2022 to be replaced by RMOC North West and North East. RMOC updates, including any published newsletters, are an APC standing agenda item. Local opinion and consultation have been sought on draft RMOC documents where appropriate and Pan Mersey APC gives due consideration to all RMOC recommendations to establish if they influence or change the Pan Mersey position.
- An MLCSU Medicines Management team member has been a member of the RMOC Shared Care Working Group, with meetings held monthly between April to December 2021. 18 national shared care protocols, a patient information leaflet, and guidance on requests for shared care from private providers were developed, sent out for national consultation, and the feedback considered and

addressed before final drafts were submitted to RMOC North for approval in September 2021 and January 2022. These are currently awaiting final sign-off and national publication by NHS England and Improvement.

- The MLCSU Medicines Management team has facilitated the Pan Mersey APC consultation on RMOC national shared care protocols and information documents, ensuring the Shared Care Subgroup provided a response on behalf of the APC, and collating all individual consultation feedback comments to submit back to the RMOC secretariat.
- An MLCSU Medicines Management team member has been nominated and accepted to represent Pan Mersey APC at RMOC North West.
- The MLCSU team continued to lead and co-ordinate collaboration at scale on antimicrobial prescribing advice for primary care across Cheshire and Merseyside. The rolling programme of review has begun to incorporate treatment of infection in children.
- Following the Merseyside and Warrington CCG's decision to discontinue Blueteq, the MLCSU Blueteq Project Lead worked closely with the MLCSU Information Governance team to develop the appropriate governance required for the close-down of Blueteq and the arrangements for the data at the end of this period. In accordance with the Data Protection Assurance Checklist, which was circulated to and approved by CCGs, Blueteq were instructed to destroy the data held for Merseyside and Warrington CCGs, and have confirmed that destruction of data is complete. MLCSU will resume reporting High Cost Drugs (HCD) queries from the Service Level Agreement Monitoring (SLAM) data flows and new solutions for HCD validation are being explored through the Health and Care Partnership Medicines group.

## APC subgroups

There are four subgroups of Pan Mersey APC: new medicines, formulary and guidelines, shared care, and safety. The new medicines subgroup and the formulary and guidelines subgroup hold meetings every month, the shared care subgroup and the safety subgroup hold meetings every two months. A fifth group of antimicrobial specialists from across Cheshire and Merseyside continue their review of the primary care antimicrobial guide, meeting on alternate months. All subgroup outputs are consulted upon, with consultation feedback considered prior to the outputs being included on the APC agenda for consideration.

## Engagement with APC processes and recommendations

The level of engagement with APC processes can be gauged by considering both the attendance at meetings by stakeholder organisations and the proportion of APC recommendations which are subsequently adopted by CCGs. It should be borne in mind that differences may reflect variations in local service configurations rather than disagreement with APC recommendations. [Appendix 7](#) lists the APC member organisations and shows their attendance at APC meetings, demonstrating a high degree of engagement with APC meetings. During 2021-22, APC and subgroup meetings were held via Microsoft Teams and attendance remained high despite the ongoing pressures of the pandemic and Covid recovery alongside the need to return to business as usual.

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**Midlands and Lancashire CSU**  
**July 2022**

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## Appendix 1 New medicines subgroup

From April 2021 to March 2022, 30 new medicines reviews and policy statements were produced and taken through the APC process with recommendations to CCGs. The new medicines subgroup is also responsible for reviewing NICE TAs ([appendix 6](#)).

New medicine review	Review type	APC	RAG rating
Cariprazine for the treatment of schizophrenia in adult patients	Review of existing statement	April 2021	Amber retained
Tapentadol prolonged release tablets (Palexia® SR) for chronic pain	Review of existing statement	June 2021	Amber initiated
Sodium zirconium cyclosilicate for emergency treatment of hyperkalaemia	Update to existing statement	June 2021	Red
Sodium zirconium cyclosilicate for persistent hyperkalaemia	Update to existing statement	June 2021	Amber initiated
Inclisiran for primary hypercholesterolaemia or mixed dyslipidaemia	Temporary (await NICE)	July 2021	Grey
Canagliflozin, dapagliflozin, empagliflozin and ertugliflozin as combination therapies in type 2 diabetes: a multiple prescribing statement	Review of existing statement (NICE)	September 2021	Green
Canagliflozin, dapagliflozin, empagliflozin and ertugliflozin as monotherapies in type 2 diabetes: a multiple prescribing statement	Review of existing statement (NICE)	September 2021	Green
Evolocumab for reduction of cardiovascular risk in adults with established atherosclerotic cardiovascular disease	Review of existing statement	October 2021	Black
Lanreotide for the treatment of angioectasia	Full evidence review (new)	October 2021	Red
Dapagliflozin for treating chronic kidney disease	Temporary (await NICE)	October 2021	Grey

<b>New medicine review</b>	<b>Review type</b>	<b>APC</b>	<b>RAG rating</b>
Empagliflozin for treating chronic heart failure with reduced ejection fraction	Temporary (await NICE)	October 2021	Grey
Estradiol 1mg / progesterone 100mg for oestrogen deficiency symptoms in postmenopausal women	Temporary (await application)	October 2021	Grey
Relugolix 40mg / estradiol 1mg / norethisterone 0.5mg for uterine fibroids	Temporary (await NICE)	October 2021	Grey
Roxadustat for treatment of anaemia associated with chronic kidney disease	Temporary (await NICE)	October 2021	Grey
Tirbanibulin for the treatment of actinic keratosis	Temporary (await application)	October 2021	Grey
Tralokinumab for treating atopic dermatitis	Temporary (await NICE)	October 2021	Grey
Upadacitinib for treating atopic dermatitis	Temporary (await NICE)	October 2021	Grey
Abrocitinib for atopic dermatitis	Temporary (await NICE)	November 2021	Grey
Mometasone / olopatadine nasal spray for allergic rhinitis	Temporary (await application)	November 2021	Grey
Andexanet alfa for reversing anticoagulation from apixaban, edoxaban or rivaroxaban	Update to existing statement	November 2021	Red
Dapagliflozin for symptomatic chronic heart failure with reduced ejection fraction	Update to existing statement, change in RAG	November 2021	Amber recommended
Dapagliflozin for treating type 1 diabetes	RAG change, statement withdrawn	January 2022	Black

New medicine review	Review type	APC	RAG rating
Botulinum neurotoxin type A for chronic sialorrhoea in children and adolescents	Temporary (await application)	January 2022	Grey
Risankizumab for psoriatic arthritis	Temporary (await NICE)	January 2022	Grey
Rivaroxaban 2.5mg for the prevention of atherothrombotic events	Review of existing statement	February 2022	Green
Filgotinib for ulcerative colitis	Temporary (await NICE)	February 2022	Grey
Icosapent ethyl for reducing the risk of cardiovascular events	Temporary (await NICE)	February 2022	Grey
Mepolizumab for chronic rhinosinusitis with nasal polyps	Temporary (await NICE)	February 2022	Grey
Doxylamine / pyridoxine for the treatment of nausea and vomiting of pregnancy	Review of existing statement	March 2022	Green
Tofacitinib for ankylosing spondylitis	Temporary (await NICE)	March 2022	Grey

## Appendix 2 Formulary and guidelines subgroup

From April 2021 to March 2022, three policy statements, eight prescribing guidelines, and 15 formulary amendment recommendations were taken through the APC process and recommended to CCGs.

Policy statements	APC	RAG rating
Melatonin M/R in adults and children statements	September 2021	Amber initiated
Ticagrelor for prevention of thrombotic events post-intracranial stent	January 2022	Amber initiated
DOACs in AF (review)	January 2022	Green

Formulary chapter reviews	APC
None	n/a

Guidelines	APC
Guidelines for Managing Malnutrition in Adults in the Community (review)	April 2021
Overactive bladder guideline (review)	April 2021
Azithromycin tablets for prevention of exacerbations of COPD and bronchiectasis (review)	May 2021
Freestyle Libre 2 (switching)	June 2021
Botulinum Toxin Type A for achalasia	June 2021
Guidelines for specialist infant formula feeds in lactose intolerance and cows' milk protein allergy (review)	July 2021
Chronic pain (primary and secondary) – opioids and gabapentinoids for chronic pain in adults guideline (review)	October 2021
Psoriasis in adults – sequential use of biologics (review)	February 2022

Formulary amendments	APC
Sumatriptan 3mg	June 2021
Pizotifen paediatric - RAG change	June 2021

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Buprenorphine S/R injection (Buvidal)	June 2021
Dulaglatide 3mg, 4.5mg	July 2021
Zonisamide susp (licensed product)	September 2021
Ethinylestradiol discontinuation	September 2021
Soluble insulin – RAG change	October 2021
Replacement of risankizumab 75 mg x2 pre-filled syringe with 150 mg pen and 150 mg pre-filled syringe	November 2021
Tofacitinib MR	November 2021
Exenatide (Bydureon BCise)	November 2021
Insulin lispro (Lyumjev) ultrafast insulin	January 2022
Glycopyrronium/ formoterol inhaler [Bevespi Aerosphere MDI] – COPD	February 2022
Beclometasone/ formoterol/ glycopyrronium inhaler [Trimbow MDI] – Asthma (license extension)	February 2022
Budesonide/ formoterol/ glycopyrronium inhaler (Trixeo Aerosphere MDI) - COPD	February 2022
Dacepton (apomorphine brand)	March 2022

## Appendix 3 Shared care subgroup

From April 2021 to March 2022, three reviewed prescribing support information documents, three new prescribing support information documents, nine reviewed shared care frameworks, and a review of the RMOG shared care guidance plus an extension to the expiry date of 13 documents were completed through APC with recommendations to CCGs.

Topic	Type of guidance	APC	RAG rating
Amiodarone	Prescribing support	May 2021	Amber retained
Hydroxychloroquine	Prescribing support	May 2021	Amber retained
RMOG shared care guidance and template	National guidance	May 2021	Purple
CMAGIC oestradiol	Prescribing support	July 2021	Amber initiated
CMAGIC testosterone	Prescribing support	July 2021	Amber initiated
CMAGIC gonadorelin analogues	Prescribing support	July 2021	Amber retained
Low molecular weight heparin	Prescribing support	July 2021	Amber retained
Riluzole	Shared care framework	September 2021	Purple
Azathioprine	Shared care framework	March 2022	Purple
Ciclosporin	Shared care framework	March 2022	Purple
Leflunomide	Shared care framework	March 2022	Purple
Mercaptopurine	Shared care framework	March 2022	Purple
Methotrexate	Shared care framework	March 2022	Purple
Mycophenolate mofetil	Shared care framework	March 2022	Purple
Sulfasalazine	Shared care framework	March 2022	Purple
Lithium	Shared care framework	March 2022	Purple

## Appendix 4 Safety subgroup

From April 2021 to March 2022 the safety subgroup published nine guidelines and performed 28 formulary updates.

Topic	Type of guidance	APC
Clozapine: reducing the risk of harm	Prescribing advice	May 2021
VALPROATE: safe prescribing and dispensing to women and girls	Prescribing advice	Sep 2021
Emergency steroid cards	Prescribing advice	Sep 2021
Paracetamol 1 g effervescent tablets	Formulary update	Sep 2021
Methotrexate: safe prescribing and dispensing	Prescribing advice	Oct 2021
Switching oral formulations	Prescribing advice	Jan 2022
Adrenaline autoinjectors	Prescribing advice	Jan 2022
Insulin safety	Prescribing advice	Jan 2022
DEXAMETHASONE injection – different injection strengths	Prescribing advice	Feb 2022
SUMMARY CARE RECORD: Minimising Harm from Missing Data	Prescribing advice	Mar 2022
MHRA drug safety update	Formulary updates	-

## Appendix 5 Antimicrobial review group

Working at scale, the Cheshire and Merseyside antimicrobial review group continued with a rolling review of five chapters in the antimicrobial guide which has now begun to incorporate treatment of infections in children.

Topic	Type of guidance	APC
Suspected meningococcal disease		Jul 2021
Urinary tract infections (adults)		Jan 2022
Skin infections (adults)		Jan 2022
C.difficile infection (adults)		Jan 2022
Respiratory tract infections (children)		Feb 2022

## Appendix 6 NICE technology appraisals

From April 2021 to March 2022, 19 policy statements for CCG-commissioned NICE TAs were produced by the new medicines subgroup and taken through APC with recommendations to CCGs.

Technology appraisal title	APC	RAG rating
TA682: Erenumab for preventing migraine	April 2021	Red
TA694: Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia	May 2021	Green
TA697: Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban	May 2021	Red
TA708: Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis	July 2021	Red
TA711: Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs	July 2021	Red
TA715: Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed	July 2021	Red
TA718: Ixekizumab for treating axial spondyloarthritis	September 2021	Red
TA719: Secukinumab for treating non-radiographic axial spondyloarthritis	September 2021	Red
TA723: Bimekizumab for treating moderate to severe plaque psoriasis (fast-track TA)	September 2021	Red
TA733: Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia	October 2021	Green
TA744: Upadacitinib for treating moderate rheumatoid arthritis	November 2021	Red
TA753: Cenobamate for treating focal onset seizures in epilepsy	January 2022	Amber initiated
TA758: Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy	January 2022	Red
TA759: Fostamatinib for treating refractory chronic immune thrombocytopenia	January 2022	Black
TA769: Palforzia for treating peanut allergy in children and young people	February 2022	Red

Technology appraisal title	APC	RAG rating
TA768: Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs	February 2022	Red
TA764: Fremanezumab for preventing migraine	March 2022	Red
TA775: Dapagliflozin for treating chronic kidney disease	March 2022	Green
TA777: Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea	March 2022	Black

For NICE TAs where CCGs are not the responsible commissioner, a hyperlink to the NICE TA is added to the appropriate section of the Pan Mersey joint formulary.

A monthly overview of all NICE TAs is produced by the MLCSU hub team and noted at each APC meeting to provide assurance around compliance with NICE TA statutory requirements.

## Appendix 7 Attendance at APC meetings

10 APC meetings were held during 2021-22.

Organisation	Meetings attended
Bridgewater Community Healthcare NHS Foundation Trust <sup>†</sup>	10
Alder Hey Children's NHS Foundation Trust*	6
Liverpool Women's NHS Foundation Trust*	0
Liverpool Heart and Chest Hospital NHS Foundation Trust*	6
Liverpool University Hospitals Foundation Trust	10
Mersey Care NHS Foundation Trust*	9
Mersey Care Liverpool and South Sefton Community Services Division <sup>†</sup>	8
North West Boroughs Healthcare NHS Foundation Trust* (attendance from April to July 2021 then Mersey Care NHS Foundation Trust)	2
Southport and Ormskirk NHS Hospital NHS Trust	9
St Helens and Knowsley Teaching Hospitals NHS Trust	9
Warrington and Halton Hospitals NHS Foundation Trust	6
Wirral University Teaching Hospital NHS Foundation Trust	10
NHS Halton CCG	10
NHS Knowsley CCG	10
NHS Liverpool CCG	10
NHS Southport and Formby CCG	10
NHS South Sefton CCG	10
NHS St Helens CCG	10
NHS Warrington CCG	10
NHS West Lancashire CCG	8
NHS Wirral CCG	10
Lancashire and South Cumbria NHS Foundation Trust <sup>†</sup>	0

Organisation	Meetings attended
Cheshire and Wirral Partnership NHS Foundation Trust*	2
Wirral Community Health and Care NHS Foundation Trust†	1
Liverpool Local Medical Committee (non-voting member)	3
Mid Mersey Local Medical Committee (non-voting member)	2
Wirral Local Medical Committee (non-voting member)	8
Cheshire and Merseyside Local Pharmaceutical Committee (non-voting member)	5
APC Lay Member (non-voting member)	8

\*Specialist Trusts and †Community providers are only required to attend APC meetings when there are relevant agenda items.