Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 17th February 2016 in the Boardroom at Hillder House

MEMBERS:

Mr T Bisset (from 16/23.4)	Community Pharmacist (LPC)
Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Ms K Martin (from 16/23.4)	Head of Quality for Primary Care (Barnsley CCG)
Dr A Munzar	General Practitioner (LMC)
Dr K Sands	Associate Medical Director (SWYPFT)
Dr J Waldock	Consultant in Palliative Medicine (Barnsley Hospice)

ATTENDEES:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Ms A Meer	Specialist Interface Pharmacist (BHNFT)
Ms G Turrell	Lead Pharmacist, Medicines Information (BHNFT)

APOLOGIES:

Ms D Cooke	Lead Pharmacist (Barnsley CCG)
Dr R Jenkins	Medical Director (BHNFT)
Dr K Kapur	Consultant Gastroenterology (BHNFT)
Dr J Maters	General Practitioner (LMC)
Mr M Smith	Chief Pharmacist (BHNFT)

ACTION

APC 16/21 DECLARATIONS OF INTEREST

No declarations of interest were received.

APC 16/22 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 13th January 2016 were accepted and agreed as an accurate record.

APC 16/23 MATTERS ARISING AND APC ACTION PLAN

23.1 Co-amoxiclav Prescribing at BHNFT

The Lead Pharmacist, BHNFT informed the Committee that she had discussed the issue with Dr Rao who had seen copies of the report presented at the last APC meeting and she acknowledged the need to target those areas. This would be taken to the next Antimicrobial Stewardship meeting on 30th March 2016.

It was agreed that co-amoxiclav prescribing at BHNFT would be discussed at the APC meeting in 6 months to look at the re-audit data after implementation of the changes. **GT**

23.2 Switching from Quetiapine XL

The Lead Pharmacist, SWYPFT confirmed that this would be discussed at the next D&T meeting and would bring an update to the next APC meeting. **SH**

23.3 Branded Generics of Oxycodone

The Lead Pharmacist, BHNFT confirmed that the proposal to switch to Shortec® and Longtec® was discussed and approved at the Medicines Management Committee and she was currently preparing a communication to staff. It was confirmed that the hospital changeover would be at the beginning of March 2016.

23.4 Branded Generics of Fentanyl

The Head of Medicines Optimisation, Barnsley CCG presented Enclosure B1 summarising information relating to the fentanyl patch switch in primary care which included prescribing fentanyl patches as the cost effective brands, Fencino® or Matrifen®.

All but one GP practice had completed or had ongoing changeover to prescribing of Fencino® or Matrifen® brands. The Committee were advised that very soon, primary care will be at a stable position where the majority of patients in Barnsley will be on Fencino® or Matrifen® patches only.

It was noted that BHNFT supplied Matrifen® on admission to their patients which had no issues with peanut allergy. It was agreed that this should be communicated on discharge via medicines reconciliation and discussion with the patient to remain on Matrifen®.

Any supply issues encountered should be reported to the CCG Medicines Management Team.

23.5 Skin Formulary Review – Doxepin

The Lead Pharmacist, BHNFT noted that doxepin was not used at BHNFT and would remain on the grey list.

23.6 Melatonin Shared Care Guideline

The Lead Pharmacist, SWYPFT informed the Committee that SWYPFT support the change around the crushing of Circadin® but objections had been raised by BHNFT paediatricians due to concerns around crushing tablets for under 5's with autistic spectrum disorder. This was thought due to the texture of the crushed tablet being possibly unacceptable to them and being refused.

It was noted that the Shared Care Guidelines from Doncaster and Sheffield state to crush Circadin® and it was therefore agreed that the BHNFT paediatricians would be asked to contact the Chair with any information that we may not currently have been aware of which validates their concern. **GT**

The Committee agreed to adopt the change, in line with the rest of South Yorkshire, unless the consultants were able to provide any additional information.

Action Plan – Other Areas

23.7 Discharge Letter Audit – BHNFT Action Plan

The Lead Pharmacist, BHNFT confirmed that results were in showing a general improvement but some gaps in the data had been found which she was investigating before presenting a report to the APC.

Following discussion, the Committee agreed that a primary care D1 audit would be carried out in April 2016 using a minimum of a 100 D1 samples. It was also agreed that each D1 would be checked to ensure that warfarin dose information had been recorded for patients on warfarin. Also the origin of the D1's would be captured. The primary care D1 audit results would be brought to the May 2016 meeting. **CL/DC** **CL/DC**

23.8 Continence Service Audit

The Chair noted that this had been escalated to the SWYPFT Contract Quality Board with Tim Breedon and the Chair asked the Lead Pharmacist, SWYPFT to follow this up, copying in Tim Breedon to any email communication. **SH**

23.9 NICE TAs

The Lead Pharmacist, BHNFT confirmed that the following NICE TA was applicable to use at BHNFT: -

- NICE TA370 Bortezomib for previously untreated mantle cell lymphoma

The Lead Pharmacist, BHNFT confirmed that the following NICE TAs were not applicable to use at BHNFT: -

- NICE TA371 Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane
- NICE TA373 Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis

The Lead Pharmacist, BHNFT was awaiting feedback regarding the use of the following NICE TA:-

- NICE TA374 Erlotinib and gefitinib for treating nonsmall-cell lung cancer that has progressed after prior chemotherapy **GT**

APC16/24 RE-AUDIT OF WARFARIN DOSE INFORMATION INCLUDED ON BHNFT DISCHARGE LETTERS

The Lead Pharmacist, BHNFT presented Enclosure C which had been previously seen by the Committee but this report had been updated to include the action plan.

The objective of the audit was to find out whether the quality of warfarin dosing on discharge letters had improved in comparison to the audit carried out in November 2014.

Pharmacists were asked to record all discharge letters which had warfarin as a TTO medicine in November 2015. A sample size of 28 discharge letters were reviewed in this period. These patients were both newly prescribed warfarin and existing patients who were taking warfarin prior to admission.

The Lead Pharmacist noted the results showed a slight improvement but informed the Committee that they were struggling to mandate the implementation of the anticoagulant safety checklist. The BHNFT Medicines Management Committee had asked the VTE Committee

whether they should try again to implement the checklist or whether different actions were required. The Lead Pharmacist noted that the BHNFT Pharmacy Team had been able to implement the recommended actions around updating training for pharmacists and induction training for medics.

It was acknowledged that the audit sample was small and auditing with small numbers can be misleading and it was agreed that the numbers would at least be doubled for this particular re-audit, with future audits undertaken looking at a minimum of a 100 patients or records.

As discussed above at APC16/23.7, it was agreed that each D1 would be checked to ensure that warfarin dose information had been recorded for patients on warfarin. The primary care D1 audit results would be brought to the May 2016 meeting.

It was highlighted that SWYPFT may not always document the warfarin dose on the D1 but it would be recorded in the patients 'yellow book' and asked if this was checked when undertaking audits. The danger of this approach was that if the information did not get recorded within the 'yellow book', however it was felt that quality of yellow book recording was good enough for this to be accepted within an audit.

APC16/25 NOAC THROMBOTIC RISK/BLEEDING RISK GUIDELINE CHECKLIST

The Head of Medicines Management, Barnsley CCG and Lead Pharmacist, BHNFT had met to discuss and look at possible tools available to assess thrombotic and bleed risk other than HASBLED. It was noted that the Eclipse Live software system largely uses the HASBLED criteria. The Lead Pharmacist, BHNFT would be discussing this with the haematologists and would feedback at the March meeting. **GT**

Enclosure D2 was presented with previously agreed updates to the monitoring information but was still awaiting the appendix around assessing thrombotic and bleed risk before it could be approved by the Committee. It was agreed that this would come back to the March 2016 meeting. **GT**

APC 16/26 PREGABALIN BRANDED GENERIC FOR ANXIETY

The Head of Medicines Optimisation, Barnsley CCG presented Enclosure E, the NHS PrescQIPP January 2016 Bulletin around Neuropathic pain: Pregabalin and Gabapentin prescribing.

The Committee were informed that currently Barnsley's Pregabalin usage is 6% above the national average and had grown by 23% in the last year. Its association with a substance misuse issue was acknowledged as an issue flagged through the regional Controlled Drugs Networks and we have been asked if we can look at this issue and influence this locally.

It was acknowledged that there was a locality issue and the Head of Medicines Optimisation asked the Committee to accept and implement the PresQiPP recommendations to go through a process of reviewing patients currently on Pregabalin to give some consideration to possibly switching to Gabapentin, if not had previously, after review.

The Head of Medicines Optimisation felt that we should take a very robust approach in that when patients are initiated on Pregabalin, they are reviewed every 8 weeks. It was planned that this work be included in the 2016/17 Medicines Optimisation Scheme for practices to review in primary care but that in addition, it was agreed that guidance would be developed for all providers across Barnsley including pain clinic (Mexborough), neuro surgeons (Sheffield at RHH and One Health), and the MSK service.

The recommendations were that for generalised anxiety disorder or epilepsy patients currently being prescribed Pregabalin, that these could be reviewed to be prescribed a branded generic formulation. It was acknowledged that a branded generic would need to be selected for locality wide use to reduce confusion.

The Medicines Management Team, Barnsley CCG would be looking at more branded generics as part of the Medicines Optimisation Additional QIPP 2016/17 work and the Head of Medicines Optimisation agreed to share details with the Lead Pharmacist, SWYPFT to assist SWYPFT with their pharmacy service tender to ensure we used the same products. This information would also be shared with the Community Pharmacist to ensure that any stock availability issues can be overcome before presenting the proposed changes to the Committee.

It was proposed that the Medicines Optimisation Additional QIPP paper be discussed at the April APC meeting. **CL**

Overall the Committee were supportive of the PresQIPP recommendations but following discussions about titration, asked that it be made clear that when prescribing Gabapentin first line that clinicians ensure they titrate up to the most effective dose and that guidance would be published to support prescribers as part of the implementation work. **DLC/CL**

APC 16/27 OSTEOPOROSIS DRUG HOLIDAY GUIDELINES

This was deferred to the March 2016 meeting as Dr Jha was not in attendance. **NB**

APC 16/28 DILTIAZEM RECTAL CREAM GUIDANCE

The Medicines Management Pharmacist, Barnsley CCG presented the guidance that had been due for review. The only change to note was an update to the contact details of the specialists at BHNFT.

The Committee accepted the guidance.

APC 16/29 SOUTH YORKSHIRE & BASSETLAW TRAFFIC LIGHT CLASSIFICATION AND SHARED CARE GUIDELINES

The Head of Medicines Optimisation, Barnsley CCG presented Enclosure H which summarised the discussion between the South Yorkshire and Bassetlaw Heads of Medicines Management about areas of commonality around Traffic Light Classification and Shared Care Guidelines to have fewer inequities and to avoid duplication and reduce workload.

The Committee noted the drafted criteria and based on all criteria shared across the patch, the Head of Medicines Optimisation, Barnsley CCG felt that criteria currently used in Barnsley were covered within the draft South Yorkshire & Bassetlaw criteria. However noted that there were slight differences such as no colour coding given in the South Yorkshire & Bassetlaw criteria and does not include a green criteria ; currently Barnsley review all new products and give everyone a recorded provisional classification. The view was that we broadly adopt the criteria, with possible local additions. Any further comments should be shared with the Head of Medicines Optimisation, Barnsley CCG. **ALL**

The Lead Pharmacist, SWYPFT did not feel that depo antipsychotics would fit into the current South Yorkshire & Bassetlaw draft criteria. It was agreed that an amendment to the criteria should be suggested and it was agreed this would be discussed further at the March 2016 meeting. **SH**

APC 16/30 BIOSIMILARS

The Associate Medical Director, SWYPFT brought Enclosure I1 to the attention of the Committee, which was an NHS England document, developed with a large number of organisations across the UK.

He explained that biosimilar medications are generic biological sourced medications. The products are not identical to the original products but are highly similar and they have to go through a rigorous process to ensure they are equally safe and satisfy the same criteria as the original drug. There are approximately 12 biosimilar preparations available now but more were expected over the next couple of years.

It was noted that where an original drug has been approved, NICE state that the biosimilar preparation should have the same approval attached to it and therefore the Committee were asked to clarify if biosimilars needed to go through the same new drug application process to be considered by this Committee and it was felt that they should.

The Associate Medical Director, SWYPFT also felt that it may soon be necessary to start using brand names to differentiate between drugs when prescribing. He cited the example of the different biosimilar insulin preparations and the differences between them and for safety reasons brand names should be used.

The Head of Medicines Optimisation, Barnsley CCG informed the Committee of a regional group that was looking at biosimilars, working with hospital leads (BHNFT representatives are Gillian Turrell and Richard Semley, Procurement Lead) and primary care leads (Barnsley CCG representatives are Chris Lawson and Khawer Ashfaq) as biosimilars become available to make a concerted cost effective decision if to, and how to implement any local change over to biosimilars.

In light of this, it was agreed that the Committee would wait for comparative information to be provided by the regional group to provide guidance to this Committee. It was expected that Abasaglar, as shown at Enclosure I2, would be discussed at the next regional meeting.

It was agreed that the Committee would receive any information from the Regional Group when considering a possible change over to a biosimilar. **GT/CL**

The Lead Pharmacist, BHNFT suggested sharing information on changes over to biosimilars planned or which had already been made in secondary care and it was agreed that a report would be shared with the Medicines Management Team, Barnsley CCG, to decide whether this should be fed into the APC. **GT**

APC 16/31 SHARED CARE AND AMBER G GUIDELINES

31.1 Ranolazine Shared Care Guideline (Amber)

The Specialist Interface Pharmacist, BHNFT presented Enclosure J1 which had been verified by BHNFT cardiologists. She also tabled a draft 'Medical Management of Stable Angina' algorithm which was awaiting comment from the cardiologists. The Committee were asked to feed back any comments on the algorithm to the Specialist Interface Pharmacist. **ALL**

In relation to the Shared Care Guideline, the Chair asked for clarification around titration and it was confirmed that titration would be carried out by the cardiologists. Further guidance was requested from the cardiologists to support GPs in providing further titration and it was agreed that it would be made clear in the guideline that the specialist initiating treatment would prescribe for a minimum 12 weeks of treatment, or until the patient has been titrated to the maximum effective dose and stabilised before the specialist contacts the GP to request they take over prescribing, and responsibility is accepted by primary care. **AM/GT**

Further monitoring guidance was also required from the cardiologists in order to provide clearer monitoring requirements for primary care. **AM/GT**

It was agreed that further guidance would be requested from the BHNFT cardiologists as above and the guideline and algorithm would be brought back to the next meeting. **AM/GT**

31.2 Prucalopride and Lubiprostone Shared Care Guideline (Amber)

The Specialist Interface Pharmacist, BHNFT presented the updated prucalopride guideline which had been combined with lubriprostone. It was confirmed that the consultants had approved the guideline.

Further to discussion about the licensing of lubiprostone, it was agreed that it would be made clear that lubriprostone would only be prescribed for up to 4 weeks and not 12 weeks as stated for prucalopride. **AM**

It was agreed that a summary of the NICE Guidance recommendations would be included in the guideline. **AM**

Subject to the above amendments, the shared care guideline was approved by the Committee and would be sent to the LMC for approval. **CA**

31.3 Sodium Clodronate Shared Care Guideline (Amber)

The Lead Pharmacist, BHNFT presented Enclosure J3.

It was noted that the contact details had been updated and under 'responsibilities of the specialist initiating treatment' section, the disease monitoring stated that routine tests should take place every 4 weeks until consultant was happy that the patient was stable, at which point when they are transferred to the GP, the monitoring would be every 3 months.

The Lead Pharmacist, BHNFT had been asked to provide clarification about what actions should to be taken when monitoring parameters were out of range and although not presented to the Committee, she had produced a table of actions to include in the guidance and it was agreed that the table of actions would be included for completeness. **GT**

Subject to the inclusion of this table, the Committee accepted the guidance which would be sent to the LMC for approval. **CA**

31.4 Minoxidil Amber G Guidance Sheet

As a result of the Cardiovascular Formulary Review, an Amber G guidance sheet had been produced by the Medicines Management Pharmacist, Barnsley CCG.

This had been shared with BHNFT cardiologists but no response had been received. The Lead Pharmacist, BHNFT agreed to take this to their next MDT meeting. **GT**

The SWYFT Associate Medical Director highlighted that it causes intense fluid retention and tachycardia and it was mandatory to use Minoxidil with a diuretic and beta blocker and asked that this be strongly stated in the guidance. He also pointed out that it was contraindicated for use in women and also that medicines listed in the interactions section (guanethidine and betanidine) were no longer used. **CA**

Subject to comments received above, the Amber G guidance sheet was approved by the Committee subject to approval by the cardiologists.

31.5 Clonidine Amber G Guidance Sheet

As a result of the Cardiovascular Formulary Review, an Amber G guidance sheet had been produced by the Medicines Management Pharmacist, Barnsley CCG.

This had been shared with BHNFT cardiologists but no response had been received. The Lead Pharmacist, BHNFT agreed to take this to the next MDT meeting. **GT**

The Associate Medical Director, SWYPFT noted that this was rarely used due to it causing reflex hypertension after discontinuation and it was agreed to include a caution not to discontinue it suddenly. **CA**

Subject to the inclusion of the above caution, the Amber G guidance sheet was approved by the Committee subject to approval by the cardiologists. **CA**

31.6 Tamoxifen and Raloxifene (Evista®) Amber G Guidance Sheet

The Medicines Management Pharmacist, Barnsley CCG presented the Amber G Guidance Sheet prepared by Khawer Ashfaq which had been

produced in response to practice queries received regarding the use of the drugs in familial breast cancer.

Comments had not yet been received from Julia Dicks, Consultant Breast Surgeon or Mr Gosh at BHNFT and the Lead Pharmacist, BHNFT agreed to follow this up. **GT**

APC 16/32 MAGNESIUM SUPPLEMENTATION GUIDANCE

This was deferred to the March 2016 meeting.

APC 16/33 FORMULARY REVIEW

33.1 Chapter 8: Malignant disease and immunosuppression

The Lead Pharmacist, BHNFT presented Enclosure L.

It was agreed that Goserelin would have a traffic light list red drug classification for use in breast cancer, the same as for prostate cancer.

The Committee accepted the formulary review.

APC 16/34 NEW PRODUCT APPLICATION LOG

There were currently 3 new product applications awaiting consideration by the Committee.

The Lead Pharmacist, BHNFT agreed to once again follow up Professor Jones for completion of his declaration of interest in relation to his application for Alprostadil cream. Should this not be received for the March 2016 APC meeting, the application would be removed from the log. **GT**

The Medicines Management Pharmacist, Barnsley CCG confirmed that Pivmecillinam (Selexid®) would be considered at the March 2016 APC meeting.

The Lead Pharmacist, BHNFT noted that she was seeking signatures and a declaration of interest for an application for Toujeo®. **GT**

The Lead Pharmacist, BHNFT informed the Committee that she had recently received new product applications for Praxbind and Vesomni for which she would seek signatures and declarations of interest. **GT**

APC 16/35 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The report was received and noted by the Committee.

In relation to BAPC16/02/01, a number had been seen at a particular practice and the Lead Pharmacist, BHNFT agreed that information would be included in the next patient safety bulletin. **GT**

APC 16/36 NEW NICE TECHNOLOGY APPRAISALS – JANUARY 2016

36.1 Feedback from BHNFT Clinical Guidelines and Policy Group

The Lead Pharmacist, BHNFT confirmed that the following NICE TA was applicable to use at BHNFT: -

- TA375 Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional

DMARDs only have failed

The Lead Pharmacist, BHNFT was awaiting feedback regarding the use of the following NICE TAs at BHNFT:-

- TA376 Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases
- TA377 Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated
- TA379 Nintedanib for treating idiopathic pulmonary fibrosis
- TA380 Panobinostat for treating multiple myeloma after at least 2 previous treatments
- TA381Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum based chemotherapy

The Lead Pharmacist, BHNFT confirmed that the following NICE TA was not applicable to use at BHNFT: -

- TA378 Ramucirumab for treating advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy

The following NICE TA had been terminated: -

- TA382 Eltrombopag for treating severe aplastic anaemia refractory to immunosuppressive therapy

36.2 Feedback from SWYPFT NICE Group

The Lead Pharmacist, SWYPFT confirmed that the following NICE TA had recently been discussed at the D&T meeting and was applicable to use at SWYPFT: -

- NICE TA367 Vortioxetine for treating major depressive episodes

This was on the formulary for use as described by NICE (3rd line treatment) and the Committee agreed that it would be classified Amber G on the traffic light list. The Lead Pharmacist, SWYPFT would produce an Amber G information sheet. **SH**

APC 16/37 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

37.1 Primary Care Quality & Cost Effective Prescribing Group

No meeting had taken place.

37.2 BHNFT

Nothing further to report back.

37.3 SWYPFT Drugs & Therapeutics Committee

Nothing further to report back.

APC 16/38 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

BHNFT and Primary Care D1 Audit, Biosimilars and Pregabalin Branded Generic for Anxiety would be escalated to the Quality & **CL**

Patient Safety Committee.

APC 16/39 HORIZON SCANNING DOCUMENT – JANUARY 2016

The Committee agreed to classify the new products as follows: - **CA**

Beclometasone/formoterol 200 micrograms/6 micrograms inhalation powder & inhalation solution (Fostair® 200/6 & Fostair® NEXThaler® 200/6, Chiesi) - **GREEN**
Minoxidil 5% w/w cutaneous foam (Regaine for Women Once a Day Scalp Foam, McNeil) – **PROVISIONAL GREY**
Leuprorelin 3.75 mg & 22.5 mg powder and solvent for prolonged-release suspension (Lutrate® 1 month depot and 3 month depot, Amdipharm Mercury) – **PROVISIONAL AMBER G**
Naproxen 250 mg effervescent tablets (Stirlescent®, Stirling Anglian Pharmaceuticals) – **PROVISIONAL GREY**
Sufentanil 15 micrograms sublingual tablets (Zalviso®, Grunenthal) – **PROVISIONAL GREY**
Guanfacine 1 mg, 2 mg, 3 mg & 4 mg prolonged-release tablets (Intuniv®▼, Shire Pharmaceuticals) – **PROVISIONAL RED**
Efmoroctocog alfa 250, 500, 750, 1000, 1500, 2000 & 3000 IU powder and solvent for solution for injection (Elocta®▼, Swedish Orphan Biovitrum) – **PROVISIONAL RED**
Colecalciferol 50,000 IU oral solution (invitaD3, Consilient) – **PROVISIONAL GREY**
Talimogene laherparepvec 10^6 plaque forming units (PFU)/mL and 10^8 PFU/mL solution for injection (Imlygic®▼, Amgen) – **PROVISIONAL RED**
Pemetrexed 25 mg/mL concentrate for solution for infusion (Caduceus Pharma) – **PROVISIONAL RED**

APC 16/40 MHRA DRUG SAFETY UPDATE – JANUARY 2016

The Committee received and noted the January 2016 MHRA Drug Safety Update which included advice for medicines users in relation to secondary care specialist drugs. These were summarised below: -

1. Nicorandil (Ikorel): now second-line treatment for angina; risk of ulcer complications. Note updated advice on use of nicorandil as second-line treatment for stable angina; some ulcers may progress to complications unless treatment is stopped.

2. Levonorgestrel-releasing intrauterine systems: prescribe by brand name. Levonorgestrel-releasing intrauterine systems should always be prescribed by brand name because products have different indications, durations of use, and introducers. Products containing 52 mg levonorgestrel. A levonorgestrel-releasing intrauterine system (IUS) has been available as the brand Mirena for a number of years. Recently, a second product called Levosert was licensed for use in the UK.

The Associate Medical Director, SWYPFT referred to a recent NHS England patient safety alert regarding desmopressin withdrawal (risk of severe harm or death when desmopressin is omitted or delayed in patients with cranial diabetes insipidus) and the Lead Pharmacist, BHNFT agreed to circulate a copy of the alert to the Committee for information and for inclusion in the Medicines Management newsletter. **GT** **CL/DC**

APC 16/41 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Rotherham CCG (2nd September 2015 & 29th October 2015), NHS Sheffield CCG (19th November 2015) and NHS Doncaster & Bassetlaw CCG (26th November 2015) Area Prescribing Committee meetings were received and noted.

APC 16/42 ANY OTHER BUSINESS

42.1 Dabigatran

The Lead Pharmacist, BHNFT noted some possible primary care cost savings to be made with regards to dabigatran and it was agreed that this should be explored.

42.2 Specialist Interface Pharmacist, BHNFT (leaving the Trust)

The Specialist Interface Pharmacist, BHNFT was thanked by the Committee for her input and wished all the best for her future.

APC 16/43 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 16th March 2016 at 12.30 pm in the Boardroom, Hillder House.