

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 14<sup>th</sup> December 2022 via MS Teams**

**MEMBERS:**

Chris Lawson (Chair)	Head of Medicines Optimisation (SYICB, Barnsley)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Dr Mehrban Ghani (from 22/254)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Rebecca Hirst (from 22/247.1)	Palliative Care Consultant (Barnsley Hospice)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Mark Payne	Lead Pharmacist (SWYPFT)
Mike Smith	Chief Pharmacist (BHNFT)

**IN ATTENDANCE:**

Nicola Brazier	Administration Officer (SYICB, Barnsley)
Deborah Cooke	Lead Pharmacist (SYICB, Barnsley)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Elizabeth Lock (for 22/253 and 22/256.5 only)	Wound Care Nurse (SY ICB, Barnsley)
Gillian Turrell	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

**ACTION  
BY**

**APC22/243 APOLOGIES**

No apologies to note.

**APC 22/244 QUORACY**

The meeting was quorate.

**APC 22/245 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**

The Chair invited declarations of interest relevant to the meeting agenda. The Head of Medicines Optimisation declared that she signs a variety of rebate agreements on behalf of the South Yorkshire ICB (Barnsley), noting that there is no personal financial gain and all savings from rebate schemes are re-invested into other local health services. The rebates are all in line with the recommended PrescQIPP guidance and the full list is available on the website.

**APC 22/246 DRAFT MINUTES OF THE MEETING HELD ON 9<sup>th</sup> NOVEMBER 2022**

22/235.3 would be amended to clarify that this is specifically in relation to semaglutide and dulaglutide injection. ...” Clear advice to be issued to all prescribers via the APC memo that weekly parenteral GLP-1 treatment with dulaglutide or semaglutide is not to be started for new patients and that guidance would follow about how to manage existing patients...”

A note would be added to the minutes, thanking the Community Pharmacist for chairing the meeting on behalf of the Head of Medicines Optimisation.

Subject to these amendments, the minutes were accepted as an accurate record of the meeting.

**NB**

**APC 22/247    MATTERS ARISING AND APC ACTION PLAN**

22/247.1

**Monitored Dosage System (MDS) Barnsley Position Statement**

This MDS position statement had been discussed at the October 2022 APC meeting. The outstanding action of the Head of Medicines Optimisation meeting and discussing the statement with the Palliative Care Consultant had taken place and it was agreed at this point that no amendments were required. It was acknowledged that the position statement would be reviewed at a future date to include information around where it would not be appropriate to dispense medicines into an MDS.

The Senior Interface Pharmacist (BHNFT) advised that the Trust are currently updating their SOP for MDS and needed to check that this was in line with this position statement but also the differences in SOP's of other areas and/or position statements. The Head of Medicines Optimisation noted that BHNFT do not currently initiate MDS (Venolink) dispensing for patients who did not come into hospital on an MDS.

The Community Pharmacy representative advised of instances where patients are initiated by social services within BHNFT (at discharge) following assessment. It was agreed that engagement was required with the social care discharge teams in secondary care. Also any future initiations by social care discharge teams by the Community Pharmacy representative would be shared with the Lead Pharmacist, BHNFT.

It was raised that the position statement does not include details regarding continuity of care and the position of community pharmacy contractors', however it was noted that the position statement does state that pharmacies are not required to provide medicines in Multi Compartment Compliance Aid's (MCA's) and some pharmacies may charge for doing this. The Head of Medicines Optimisation did not want to delay approval of this position statement but advised that it can be updated at intervals and updated versions can be brought back to the Committee.

The GP representative (JM) noted that from a primary care point of view, it is important to be advised, when people are discharged from hospital on NOMADs, who is taking responsibility for the patient to take their medication and with whom primary care can liaise with around any change in medication or any issue with the NOMAD system. Following discussion, it was felt to be challenging to include an aspect of clinical oversight into a position statement, however it was agreed to include a recommendation 'at place' that we advise that people should not be initiated on an MDS without an assessment of their needs being undertaken.

Subject to this amendment, and with the commitment to undertake ongoing work around this position statement and coming back at intervals, the Committee approved the MDS position statement.

**Agreed actions: -**

- A paragraph will be added advising that people should not be initiated on an MDS without an assessment of their needs being undertaken. **CL**
- Details received in community pharmacy from an initiation by social services to be shared with the Lead Pharmacist, BHNFT. **TB**
- Engage with social care discharge teams in secondary care regarding initiation of MDS, sharing the position statement with them. **GT**
- Any future initiations by social services in secondary care received by the Community Pharmacist to be shared with the Lead Pharmacist, BHNFT. **TB**

22/247.2

ED Antibiotic Prescribing

The Lead Pharmacist, BHNFT has re-scheduled a meeting with the antimicrobial pharmacist to discuss clinical audit. **GT**

The Head of Medicines Optimisation advised that the ICB are progressing an antimicrobial resistance (AMR) and infection prevention and control (IPC) workstream, with part of that work involving pulling together a Network. Alex Molyneux and Dr David Crighton are leading on the AMS part of the workstream, and Jayne Sivakumar is leading on the IPC element of the workstream.

The Head of Medicines Optimisation advised that she would be writing out in the New Year to those with a clinical/specialist interest in specific AMR workstreams seeking interest in being involved in workstreams and building the Network from there.

It was agreed to link this APC audit action with this workstream, linking with a standardised audit over region. The Lead Pharmacist, BHNFT confirmed that the antimicrobial IPC team internally submit quarterly reports to medicines management about antibiotic usage so will be able to provide additional data when required.

The Head of Medicines Optimisation advised of antibiotic reporting information coming out from regional teams which would be useful to bring to future APC meetings.

22.247.3

Antibiotic Prescription – Special Order

The Community Pharmacist shared information with the Committee about a prescription received for co-amoxiclav 1g (875mg/ 125mg) which wasn't listed by AAH, Phoenix or Alliance, noting that when contacting the drug company, they advised it was a special order line. It was suggested that this information be communicated to community pharmacies and GP practices to raise awareness and to then inform any patient prescribed this strength of the order process and expected delivery time.

The Lead Pharmacist, BHNFT referred to one prescription request within the Trust earlier this year, noting that the prescriber was asked

to change the prescription, confirming that the Trust have not ordered or supplied this strength, and any prescription requests would always be switched. The Lead Pharmacist, BHNFT was not aware of any further requests to prescribe this strength.

It was agreed that a copy of the prescription received would be shared with the Lead Pharmacist, SYICB, Barnsley to check appropriateness of use. The microbiologists would be contacted about appropriateness of use and an appropriate prompt would be added to Scriptswitch regarding the special order.

**Agreed actions: -**

- The Community Pharmacist to share a copy of the prescription received with the Lead Pharmacist, SYICB, Barnsley. **TB**
- Primary care prescribing of co-amoxiclav 1g (875mg/ 125mg) to be checked. **DC**
- The Lead Pharmacist, SYICB, Barnsley to contact the microbiologists about appropriateness of use and add appropriate prompt to Scriptswitch regarding special order. **DC**

22/247.4

Dexcom One Sheffield Position Statement

At the last meeting, the Head of Medicines Optimisation presented the Sheffield position statement for use of Dexcom ONE in adults for information. A number of actions were taken away, including raising awareness of some points of accuracy to the Sheffield team. We still have some points that we're following up on in terms of positions in other areas.

In terms of Barnsley, a meeting is taking place in January 2023 with the integrated diabetes team and paediatric team to agree a local plan around CGM. Monitoring and usage of the devices, and engagement with patients on the benefits of the device would also be discussed. The Committee will be updated following this meeting to enable any associated formulary changes to be considered.

The Community Pharmacist advised that when local guidance is available, information would be included in the LPC newsletter recommending that Barnsley community pharmacies have a transmitter in stock.

22/247.5

APC Terms of Reference

The Head of Medicines Optimisation advised that the South Yorkshire APC Steering Group had changed name to South Yorkshire IMOC and the terms of reference would be updated accordingly. Subject to this change, the Barnsley APC terms of reference were endorsed.

**Agreed action: -**

- The above change would be made to the document. **CL**

22/247.6

NICE TA (October 2022)

The Lead Pharmacist, BHNFT advised that the following NICE TAs were applicable for use at BHNFT: -

- TA827 Oral azacitidine for maintenance treatment of acute myeloid leukaemia after induction therapy

- TA832 Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroids
- TA835 Fostamatinib for treating refractory chronic immune thrombocytopenia

22/247.7

Semaglutide Oral Tablets

The Lead Pharmacist, BHNFT has discussed the new product application for semaglutide oral tablets with the consultants and the documentation for consideration by the Committee is to be presented at a future meeting.

**Agreed action: -**

- The Lead Pharmacist, BHNFT to advise regarding target date for the action plan.

**GT**

22/247.8

Action Plan – other

BHNFT discharge letter audit/monitoring

It was confirmed that a fortnightly D1 issues meeting is now taking place, and the Lead Pharmacist, SYICB, Barnsley and the Chief Pharmacist, BHNFT have been in attendance.

The action log would be updated to note that the group is meeting and that we have representation on that group. It was noted that D1 issues are included on the risk registers both 'at place' and SYICB (the latter in relation to South Yorkshire, not specific to Barnsley).

It was agreed that the existing action on the action log would be closed, and a new action would be added to reflect how the agenda has moved.

**CAL**

**Agreed action: -**

- The existing action would be closed on the action plan.
- A new action would be added to the action plan.

**NB  
CL**

**APC 22/248 DISCONTINUATION OF CALFOVIT D3**

The Medicines Management Pharmacist presented product information for Calcium and Vitamin D soluble/liquid preparations for adult patients who are unable to take chewable tablets or tablets, giving alternatives to Calfovite D3® effervescent sachets.

It was suggested that the Adcal D3 Dissolve® (effervescent tablets) are added to the formulary as green as third line choice of calcium and vitamin D preparation. The calcium and vitamin D summary of formulary choices guidance will be updated.

Following a primary care query, it was confirmed that the hospital now stocks all formulary calcium and vitamin D preparations, although prescribing choices may be due to historic prescribing.

The Lead Pharmacist, SYICB, Barnsley confirmed that Calci-D chewable tablets is first line choice in primary and secondary care, which is in line with the guidance. Information would be communicated in the APC memo around first, second and third line choices.

**Agreed action: -**

- Information around first, second and third line choices would be included in the APC memo.

DC

**APC 22/249 SY ICB COLLABORATIVE SHARED CARE PROTOCOL (SCP) FOR SUBLINGUAL IMMUNOTHERAPY (SLIT) (GRAZAX®/ACARIZAX®) – FOR ADULTS AND CHILDREN DIAGNOSED WITH SEVERE ALLERGIC RHINITIS TO GRASS POLLEN OR HOUSE DUST MITE (NEW)**

The Medicines Management Pharmacist, SYICB, Barnsley presented the SCP, noting minor changes have since been made to the children's hospital leaflets. This has been approved by the Sheffield APG. These have been seen and endorsed by the LMC.

The classification of Grazax® and Acarizax® would be changed to formulary amber on the formulary, with links to the guidance on the Sheffield website, BEST website and the formulary.

The Medicines Management Pharmacist advised that there was a terminated appraisal for Acarizax® in October 2022 but this was discussed at the Sheffield APG and it was agreed to stand by the amber classification decision, obtaining more feedback from NICE regarding whether they were expecting more evidence.

The Committee accepted the SY ICB Collaborative SCP and approved the formulary change of Grazax® and Acarizax® to formulary amber.

**APC 22/250 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES**

**22/250.1 Draft Sucralfate 1g/5ml Oral Suspension Amber-G Guideline**

The Medicines Management Pharmacist presented the amber G guidance following the Committees decision to re-classify it from formulary red to amber-G in March 2022.

Comments have been received from the specialists and the LMC and these have been incorporated.

The Committee approved the guidance.

**22/250.2 Fidaxomicin for the treatment of CDI in adults Amber-G guideline**

The Medicines Management Pharmacist presented the amber G guidance following the classification change at the June 2022 APC meeting.

A minor change was highlighted, following feedback from the microbiologists that GPs can initiate it in line with NICE guidance, without discussing with microbiology first. The suggestion was to change the background information section to say that fidaxomicin should be initiated in line with the NICE guidance and remove the need for it to be initiated by the microbiologists. The guidance has been developed with it being new to the formulary and to provide information about where fidaxomicin is stocked. The Committee agreed that the traffic light classification can be reviewed after a period of time, building on the knowledge and skills of the GPs around

the line in therapy and when appropriate to start in line with the national guidance.

There was a request to amend the amber G template header as follows ... "A specialist is defined by the APC as a clinician who has undertaken an appropriate formal qualification or recognised training programme or who has the appropriate knowledge and competencies in the described area of practice..." The request was to take this amendment forward to future amber G guidelines.

The Committee were advised that the microbiologists expect the usage of fidaxomicin to increase due the relapse of C. difficile patients. Fidaxomicin is licensed in the UK and is available via standard wholesalers, but it is not usually stocked in community pharmacies. It was confirmed that 1 community pharmacy in Barnsley stocks 1 box of 20 fidaxomicin 200mg tablets.

The Community Pharmacist raised concerns around delayed reimbursement payments for high-cost items. The Head of Medicines Optimisation advised that a process was in place like the palliative care stockist scheme, and the number of community pharmacies holding stock could be expanded as the usage increases. This will be reviewed regularly, and the MMT would work with the microbiologists in Barnsley in terms of what is the need. Information will need to be communicated to healthcare professionals about where stock is held to direct the patients.

Considering the points above, the Committee agreed that primary care clinicians with the appropriate knowledge and competencies can initiate fidaxomicin in line with NICE guidance. Fidaxomicin can also be prescribed on the advice of the microbiologist.

The Committee approved amber G guideline.

**APC 22/251**    **FORMULARY REVIEWS**  
22/251.1    Formulary Review Plan

There were no changes to note from last month, noting there were four remaining sections to be reviewed.

**APC 22/252**    **NEW PRODUCT APPLICATION LOG**

The new product application log was received for information.

22/252.1    Ensure Plus Advance

The Lead Pharmacist, BHNFT advised that following discussion with the dietitians, the application was not to be progressed at this time and would be removed from the log.

**Agreed action: -**

- New product application to be removed from the log.

**NB**

**APC 22/253**    **NEW PRODUCT APPLICATIONS**

The MMT Wound Care Nurse was in attendance to present the following new product applications, following the review of the wound care formulary.

22/253.1

Prontosan Debridement pad

The Prontosan debridement pad would be a replacement for the Debrisoft pad which is currently on formulary. It was noted that Prontosan gel and Prontosan solution are already on formulary and by introducing the Prontosan pad, a full cleansing and debridement pathway can be incorporated, which is more clinically beneficial for the patient. Prontosan debridement pad is more cost effective than the Debrisoft pad.

Trial data has shown good results, improving wound healing rates for chronic wounds.

The Committee approved the new product application.

22/253.2

ConvaMax Superabsorbant adhesive

ConvaMax superabsorbant adhesive is requested as an additional dressing, not a replacement product, to manage chronic oedema and wet legs management plan more sustainably in the community. It was noted that the current products on formulary, although effective, some will stick to patients and cause irritation to the wound and sometimes cause damage to that area. ConvaMax superabsorbant adhesive is more cost effective and sustainable as it incorporates a protocol 2 wound contact layer and protocol 7 superabsorber in 1 dressing. This product would be protocol 9, only prescribed by clinical specialists in tissue viability. This has been trialled on numerous patients in the community with positive results.

The Committee approved the new product application.

22/253.3

KytoCel

KytoCel would be a replacement dressing for Kaltostat. This is a like for like dressing with the same properties and healing results but is more cost effective than Kaltostat.

The Committee approved the new product application.

**APC 22/254 BARNSELY APC REPORTING**

22/254.1

APC Reporting October 2022

The Lead Pharmacist, SY ICB (Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 15 APC reports received for the month of October 2022.

22/254.2

APC Reporting October 2022 Key Themes

The summary report was presented, showing 60 reports in total, including 15 APC reports and 45 interface queries received directly within BHNFT for the month of October 2022.

The categories table on the common themes report for this month, and going forward, includes additional information about the breakdown of D1 communication issues, which was agreed at a previous APC sub group meeting. It has also been agreed that this summary report will be taken to the D1 Issues meeting with BHNFT.

The majority of the key themes reported this month relate to D1 communication and within those the most common themes are where



the medication changes were unclear or where other medicines/ clinical information was unclear. The other reports related to dispensing errors, prescribing errors, formulary related reports, and GP communication.

Details of significant issues were shared and noted. These were related to D1 communication, formulary related and other issues.

The formulary related issues received were highlighted as further reports have since been received which will come to a future meeting. The first issue relates to mefenamic acid tablets for dysmenorrhoea, which the APC agreed earlier this year would move to grey on the formulary and that ibuprofen and naproxen would be used first line. Wording is on the formulary to reflect this; however, reports are still being received following requests for primary care to prescribe mefenamic acid when other non-steroidals do not appear to have been tried first.

The second formulary related issue relates to DOACs with a number of reports received to prescribe apixaban first line for NVAf when it's not clear why apixaban has been selected above edoxaban in line with the position statement.

It was noted that information is still being obtained regarding BAPC22/10/14 (lithium).

The Lead Pharmacist, BHNFT fed back in relation to the DOAC issue, noting that some consultants were prescribing edoxaban first line, but the pharmacy team were flagging an issue around the renal function which is not on the position statement. This could potentially be why there are still some issues with prescribing. It was noted that the Medicines Management Pharmacist, SYICB, Barnsley is currently working on draft edoxaban guidance so this can be discussed further outside of the meeting.

The Lead Pharmacist, SYICB, Barnsley confirmed that for the APC reports referred to above, the issue was not related to high renal function.

In relation to discussions about renal function, the Lead Pharmacist, SYICB, Barnsley advised that it was agreed at a previous APC meeting that the wording would be left general and that edoxaban should be prescribed in line with SPC and guidance. The additional guidance in development includes the extra detail about when edoxaban is not suitable, and the Lead Pharmacist, BHNFT advised that the Trust would prefer to wait for the development and approval of the guidance before sending comms out about renal function.

The Head of Medicines Optimisation advised that patients are being reviewed when they come into primary care with a view to following what is the national rebate agreement and direction of NHS England. If patients are within the creatinine clearance ranges and can be started, primary care are going to have to then review and offer a change to patients which creates additional work in primary care. It was therefore suggested that if we can pick up the information quite

quickly and circulate around the Trust, primary care colleagues could be supported by not causing any undue work.

In relation to BAPC22/10/14 (lithium), the Community Pharmacist asked that when looking into this report, that the method of communication between the GP practice and community pharmacy be checked, noting the preference for email communication. The Lead Pharmacist, SYICB Barnsley advised that once clarification around the issue has been provided, the category theme on the report will be amended if required.

In relation to BAPC22/10/02 (Oxycodone liquid), it was agreed to look at the Oxynorm drug tariff price outside of the meeting (currently more cost effective), with a request to communicate any change to the Palliative Care Consultant (Barnsley Hospice) to disseminate information across the patch. The Lead Pharmacist, SYICB, Barnsley reminded the Committee that in September 2022 following the discontinuation of Shortec liquid, the APC advised that Oxycodone liquid should be prescribed generically. Any change would need to be agreed by the APC.

**Agreed action: -**

- Oxynorm drug tariff price to be looked at, with any suggested change to be brought back to the APC.

DC

22/254.3

APC Reporting October 2022 Interface Issues

The enclosure detailing the interface queries received directly within BHNFT was received and noted.

**APC 22/255**

**NEW NICE TECHNOLOGY APPRAISALS (NOVEMBER 2022)**

22/255.1

NICE TAs November 2022

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were not** applicable for use at BHNFT: -

- TA838 Slow-release potassium bicarbonate–potassium citrate for treating distal renal tubular acidosis (**terminated appraisal**)
- TA839 Ruxolitinib for treating acute graft versus host disease refractory to corticosteroids (**terminated appraisal**)
- TA840 Ruxolitinib for treating chronic graft versus host disease refractory to corticosteroids (**terminated appraisal**)
- TA841 Carfilzomib with daratumumab and dexamethasone for treating relapsed or refractory multiple myeloma (**terminated appraisal**)
- TA842 Tisagenlecleucel for treating follicular lymphoma after 2 or more therapies (**terminated appraisal**)
- TA843 Luspatercept for treating anaemia caused by beta-thalassaemia (**terminated appraisal**)
- TA844 Luspatercept for treating anaemia caused by myelodysplastic syndromes (**terminated appraisal**)
- TA845 Mepolizumab for treating eosinophilic granulomatosis with polyangiitis (**terminated appraisal**)
- TA846 Mepolizumab for treating severe hypereosinophilic syndrome (**terminated appraisal**)
- TA847 Mepolizumab for treating severe chronic rhinosinusitis with nasal polyps (**terminated appraisal**)

22/255.2 Feedback from BHNFT Clinical Guidelines and Policy Group  
There was nothing relevant to report.

22/255.3 Feedback from SWYPFT NICE Group  
There was nothing relevant to report.

**APC 22/256 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**

22/256.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)  
The Head of Medicines Optimisation noted the significant growth on the budget associated with the increased levels of No Cheaper Stock Obtainable (NCSO).

22/256.2 BHNFT  
The Chief Pharmacist noted updates to COVID-19 guidelines were received and the heavy emphasis on the digital transformation programme, but there was nothing relevant to escalate to the APC.

22/256.3 SWYPFT Drug and Therapeutics Committee  
There was nothing relevant to report.

22/256.4 Community Pharmacy Feedback  
Feedback on community pharmacy issues related to stock and increased prices had been raised earlier in the meeting. There was a note to reinforce the message that community pharmacies do not undertake Strep A testing.

22/256.5 Wound Care Advisory Group  
The Head of Medicines Optimisation advised that issues had previously been escalated around the primary care wound care business case, and the issues around the vacuum dressings and access to dressings. Well attended meetings have taken place with BHNFT to work through these issues, with some having been resolved. Issues highlighted going forward would be fed back into the Wound Care Advisory Group.

The Community Pharmacist noted receipt of some prescriptions for made to measure stockings, which quite often need a code or measurement which isn't provided, which can create a delay.

The MMT Wound Care Nurse advised that for vascular patients, these need to be reported so that they can be picked up at the Wound Care Advisory Group to ensure tissue viability are aware of the issues. For lymphoedema patients, these should be referred into the lymphoedema service, however, to avoid further requests being received, it was suggested that a prompt be added to Scriptswitch.

**APC 22/257 ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE**

It was agreed to escalate the issues associated with out of stock positions and price increases resulting in additional workload for primary care, community pharmacy and patients. The Strep A situation would be escalated, and it was noted that APC reporting is escalated routinely.

CL

## APC 22/258 SPS NEW MEDICINES NEWSLETTER (OCTOBER 2022)

The Committee assigned the following classifications to the products listed below: -

- Belzutifan (Welireg®) - non-formulary provisional red
- Bevacizumab biosimilar (Vegzelma®) - non-formulary provisional red
- Difelikefalin (Kapruvia®) - non-formulary provisional red
- Eptacog beta (activated) (Cevenfacta®) - non-formulary provisional red
- Estetrol + drospirenone (Drovelis®) - non-formulary provisional grey
- Lidocaine (Lidbree®) - non-formulary provisional grey
- Setmelanotide (Imcivree®) - non-formulary provisional red
- Tecovirimat (Tecovirimat SIGA®) – to be confirmed
- Tirzepatide (Mounjaro®) - non-formulary provisional grey

### Agreed action: -

- The Lead Pharmacist, BHNFT to advise regarding the classification of Tecovirimat (Tecovirimat SIGA®).

GT

## APC 22/259 MHRA DRUG SAFETY UPDATE (NOVEMBER 2022)

The update was noted with the following information highlighted relevant to primary care: -

Dupilumab (Dupixent ▼): risk of ocular adverse reactions and need for prompt management

Healthcare professionals prescribing dupilumab should be alert to the risks of ocular reactions. New onset or worsening ocular symptoms require prompt review. Referral for ophthalmological examination should be made as appropriate. This has a red drug classification in Barnsley.

Consultation with healthcare professionals: please complete our consultation to help influence how we communicate with you

The MHRA is reviewing its approach to engaging with healthcare professionals on the safety of medicines and medical devices.

Through our consultation, you can provide your views and help inform our new approach.

## APC 22/260 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

The Head of Medicines Optimisation advised that the first SY IMOC meeting has taken place, looking at what work can be undertaken centrally on behalf of all 'place' Area Prescribing Committees. A copy of the terms of reference will be shared with Committee members before the next meeting.

Following a query about reducing workload 'at place' and reducing the frequency of APC meetings 'at place', the Head of Medicines Optimisation advised that meetings maybe shorter in future, but this would be determined when it has been agreed what could be taken on and delivered for us centrally, developing collaboration and avoiding duplication of work.

**Agreed action: -**

- A copy of the terms of reference to be shared with Committee members.

CL

**APC 22/261 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

The minutes from NHS South Yorkshire ICB Doncaster & Bassetlaw (29<sup>th</sup> September and 27<sup>th</sup> October 2022) and NHS South Yorkshire ICB Sheffield (20<sup>th</sup> October 2022) were received and noted.

**APC 22/262 ANY OTHER BUSINESS**

22/262.1

Pastures New

The Palliative Care Consultant (Barnsley Hospice) advised the Committee that this would be her last meeting and that she would be leaving post early January 2023.

The Head of Medicines Optimisation thanked her from all the members now and previous, for being a real champion in her role and thanked her for the personal help and support she has also given.

22/262.2

Sheffield Transgender Guidelines

The Medicines Management Pharmacist advised that a very minor amendment had been made to the guidelines and these would be available on the website.

22/262.3

Merry Christmas

All were wished a Merry Christmas and a Happy New Year.

**APC 22/263 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 11<sup>th</sup> January 2023 at 12.30 pm via MS Teams.