NHS
South Yorkshire
Integrated Care Board

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 12th March 2025 via MS Teams**

**MEMBERS:**

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| Erica Carmody (Chair) | Medicines Optimisation Senior Pharmacist, Strategy & Delivery Barnsley & Doncaster (SY ICB) |
| Professor Adewale Adebajo (from 25/39.6) | Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT) |
| Dr Mehrban Ghani | Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) |
| Dr Kapil Kapur | Consultant Gastroenterologist (BHNFT) |
| Chris Lawson | Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) |
| Dr Jeroen Maters (from 25/38) | General Practitioner (LMC) |
| Dr Munsif Mufalil (from 25/40) | General Practitioner (LMC) |
| Matthew Tucker | Advanced Clinical Pharmacist (SWYPFT) |

**IN ATTENDANCE:**

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| Nicola Brazier | Medicines Optimisation Business Support Officer (SY ICB) |
| Ashley Hill | Senior Medicines Optimisation Technician, Clinical Effectiveness & IMOC Secretary (SY ICB) |
| Joanne Howlett | Medicines Optimisation Lead Pharmacist, Strategy and Delivery Barnsley (SY ICB) |
| Gillian Turrell | Lead Pharmacist (BHNFT) |
| Tsz Hin Wong | Senior Interface Pharmacist (BHNFT) |

**APOLOGIES:**

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|---|---|
| Patrick Cleary | Lead Pharmacist - Barnsley BDU/Medicines Information/Advanced Clinical Practitioner (SWYPFT) |
| Deborah Cooke | Senior Pharmacist, Strategy and Delivery, Barnsley & Clinical Effectiveness (SY ICB) |

**ACTION BY**

**APC 25/36 QUORACY**

The meeting was quorate.

Ashley Hill, Senior Medicines Optimisation Technician, Clinical Effectiveness Portfolio at SY ICB, and IMOC Secretary was welcomed to the meeting, attending to see how each Place hold their meetings, and to understand how information is filtered down from the IMOC and IMOC subgroup.

**APC 25/37 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**

There were no declarations of interest relevant to the agenda to note.

**APC 25/38 DRAFT MINUTES OF THE MEETING HELD ON 12th February 2025**

The minutes were approved as an accurate record of the meeting.

**APC 25/39 MATTERS ARISING AND APC ACTION PLAN**

25/39.1 NICE TAs (November 2024)

The Lead Pharmacist, BHNFT advised that the following NICE TA **was** applicable for use at BHNFT: -

- TA1012 Avapritinib for treating advanced systemic mastocytosis

25/39.2 NICE TAs (December 2024)

The Lead Pharmacist, BHNFT **to advise** if the following NICE TA is applicable for use at BHNFT: - **GT**

- TA1023 Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments

25/39.3 NICE TAs (January 2025)

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

- TA1027 Tebentafusp for treating advanced uveal melanoma

25/39.4 SY ICB Shared Care Protocol for Lithium for adults within mental health services in Sheffield and Barnsley

The MO Lead Pharmacist, SY ICB advised that further changes have been made and this has now been approved by the LMC. The changes have been approved by Sheffield and the final version will be added to the BEST website and Sheffield website.

25/39.5 Proposed APC Feedback to IMOC

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) referred to discussions at previous APC meetings noting the last action was to have a further discussion with LMC members regarding proposed feedback to the IMOC.

At the March 2025 LMC meeting, members felt there were still some points that need addressing, with key points around views being listened to and, where IMOC decide against advice/feedback to clarify about reasons why not. Following that conversation, the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) agreed to pull together some brief feedback to be sent the IMOC Chair, focussed around the general feeling that views were not listened to. There was also a point around the IMOC timeout session and various issues that had been raised as part of that timeout session in regard to what was the action and response regarding points that were fed back at the session.

**Agreed action: -**

- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to draft brief feedback and circulate to members. **CL**

Action Plan – other

25/39.6 Sheffield Testosterone Shared Care Guideline

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) had previously advised that in terms of commissioning arrangements, confirmation had been received from the Barnsley Commissioning Lead that Sheffield is the only commissioned service for Barnsley in terms of support for specialist management of menopause patients. This has been raised and conversations are ongoing therefore this would be deferred to the next meeting to report back about the plans. **CL**

25/39.7 Update Optimising Lipid Management for Secondary Prevention of Cardiovascular Disease in Barnsley

The Lead Pharmacist, BHNFT has discussed this with the Cardiology Lead, and this is being progressed and will be brought to the Committee soon.

25/39.8 Antimicrobial Stewardship

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that discussions have been taking place over South Yorkshire around how to implement antimicrobial stewardship and this is because of discussions coming through from the South Yorkshire AMR/IPC Steering Group. The decision was taken this year to have a greater focus on antimicrobial stewardship within the quality incentive schemes and Place plans, and discussions are ongoing in terms of finalisation of plans.

Plans include attendance at TARGET training, which is a cascade 'train the trainer' and the TARGET training is all round the use of antimicrobial stewardship resources and preparing clinicians for discussions when with patients in consultations and which resources are the most appropriate to use. This was positively supported when discussed with the LMC. Once trained within the practice, staff can then cascade it out to others within the practice.

This specific action was around bringing data to the APC, and although not urgent, assurance was given that work is being taken forward to improve take up of use of TARGET resources and promote awareness around antimicrobial stewardship. It was agreed to bring back the final plans and baseline data in 4 months, possibly alongside and included in the MOS QIPP proposal document.

**Agreed action: -**

- Baseline data and final plans to be brought back in 4 months. **CL**

25/39.9 Ticagrelor Audit

The Lead Pharmacist, BHNFT to liaise with the clinical audit team to provide an update.

25/39.10 Action Plan Target Dates

Members to check upcoming actions and advise if any target dates need revising. **ALL**

**APC 25/40 GLIPTIN POSITION STATEMENT**

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) presented the draft South Yorkshire position statement where it is proposed to have sitagliptin first line choice as this is most cost effective choice with linagliptin reserved as second line choice for those with unstable renal or hepatic function. It was noted that we have used gliptins now for a few years, but that there has been advances in the medications that are available and in terms of optimising patients' treatment, and that we may have a significant number of patients that remain inappropriately on gliptins.

There are opportunities that have emerged around the generic medications being available and the pricing of them, and this year it is a significant cost difference now between the proposed first line

choice, sitagliptin and the rest of the gliptins, offering substantial savings over South Yorkshire in terms of delivery. Comparison information has been included in enclosure C2, showing comparison of the gliptins in terms of the clinical and cost differences.

There is a plan within the draft Place incentive scheme to include this work in terms of reviewing cohorts of patients, with work undertaken as normal with MO team staff. Some pilot work has been done, which has gone quite well in some of the areas and is work that we feel is possible to take forward, but a first line position statement is needed to support the work being taken forward within the incentive scheme.

The LMC GPs (JM/MM) and the Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) voiced that from a primary care clinician perspective, linagliptin was the preferred first line choice as there are no dose changes required based on renal function compared with sitagliptin which needs titrating up or dose reduction, requiring additional time and work from primary care GPs and/or practice nurses. It was felt the costs of additional GP and/or practice nurse appointments to issue further prescriptions or adjust the dose/titrate were not recognised as part of costings and the extra work on GPs needed to be factored in when it comes to the cost differences. There was concern raised with the reduction of clinical pharmacists in GP practices going forward, with this generating unnecessary work in GP practices.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) acknowledged the comments regarding additional work for those patients with renal impairment, noting that the usual annual reviews would be undertaken but recognising that anything in addition takes extra time. It was agreed that the comments would be taken back to the MO team to be taken into consideration in the planning of work.

There was discussion about cost savings and reinvestment, and it was confirmed that any savings achieved by the MO team and GP practices is, and has been for many years, reinvested into services, funding PDA payments to GP practices, and this has always been the ethos behind undertaking MO work. The difficult current financial position being felt across all services was noted which may result in cuts in investment in the NHS this year because of the rise in costs with staffing and energy etc.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) took on board the comments from primary care clinicians around their preferred first line choice Linagliptin, noting this was an alternative second line option, and asked Committee members if they had any strong objection to approving the position statement presented. The Committee approved the position statement in principle, and comments shared would be taken back to the MO team to be factored into the management of work going forward so that additional work pressure was not placed on GP practice staff. An update can be provided at the next APC meeting.

**Agreed actions: -**

- Comments from APC members to be taken back to the SY ICB MO Team to be taken into consideration when planning the work. **CL**
- An update to be provided at the next APC meeting. **CL**

**APC 25/41 CHOICE OF DIRECT ORAL ANTICOAGULANT (DOAC) FOR PREVENTION OF STROKE AND SYSTEMIC EMBOLISM IN ADULTS WITH NON-VALVULAR AF (NVAF) POSITION STATEMENT**

The MO Lead Pharmacist, SY ICB presented the updated position statement which has been updated in line with the updated NHS Commissioning Recommendations for the national procurement for DOACs from September 2024, noting that generic rivaroxaban and generic apixaban are now joint best value. The position statement has been to the specialists, with no comments received. There were no concerns to note from the LMC, and the LMC GP (MM) confirmed endorsement of the guidance in the meeting on behalf of the LMC.

The Committee approved the updated position statement.

**APC 25/42 GUIDANCE ON THE USE OF STRONG OPIOIDS IN BARNSLEY (UPDATE)**

The MO Lead Pharmacist, SY ICB presented the updated guidance with tracked changes. A summary of the updates were shared and include addition of background section; addition of advice not to cut the patches; addition of Hapoctasin® QIPP brand to fentanyl section; updated prices in the transdermal opioid cost comparison chart; addition of Oxypro® in the oxycodone section and wording regarding BHNFT dispensing the brand Longtec® for in-patients (both brands will be listed on the D1 for information purposes); addition an opening instructions section for the child resistant blister packs.

The guidance has been to the consultant at the hospice for feedback, and the feedback has been incorporated, and there were no concerns to note from the LMC, and the LMC GP (MM) confirmed endorsement of the guidance in the meeting on behalf of the LMC.

The Advanced Clinical Pharmacist (SWYPFT) highlighted and referred to an MHRA alert published today, advising against the use of modified release opiates for post operative pain due to the increased risk of dependence, therefore suggested reviewing the alert to see if appropriate to be included in the guidance.

**Agreed action: -**

- The MHRA alert referred to will be checked to see if appropriate to be included in the guidance and make any required amendments. **JH**

**APC 25/43 SMOKING CESSATION UPDATE**

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) noted that PGDs and varenicline was discussed at the last meeting, and that smoking cessation planning, and pathways were discussed last evening at the LMC.

Currently we have PDGs that have been signed off for the community smoking cessation services and the QUIT services across South Yorkshire, to undertake the supply of varenicline and bupropion, supplied under referrals from smoking cessation services. However there have been issues around the reimbursement rates for community pharmacy and particularly around the varenicline and bupropion but generally the rates have not been uplifted for many years and advice has gone out from Community Pharmacy South Yorkshire recommending that community pharmacies do not sign up to those services.

Discussions are ongoing about this and what impact it will have to the number of patients being able to access the medicines. There is a very clear message back from general practice that there is no service around the supply of the varenicline and there are concerns around the ongoing oversight if they are prescribing medicines, concerns around who is undertaking the oversight and the follow up of those patients. General practices do not want to take up the prescribing of varenicline and bupropion. This is to be taken back through the pathways and to Lisa Wilkins centrally in terms of public health consultant around the planning of those pathways.

It was suggested that APC reports should be submitted where we identify if we think that patients are compromised because of not being able to access medications that they need.

GPs reiterated their concerns again in the meeting that there is no capacity for this service to move to general practice, noting that it is a commissioned service and that the capacity and funding has always been with community pharmacy and it's imperative that whoever is leading on this agrees the contract with community pharmacy so that the service continues, and people can access these drugs. GPs will actively continue to refer patients to smoke free services but without the appropriate funding and resources in place, this cannot be done in primary care.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) acknowledged the views and concerns around capacity and access issues, also recognising a view raised at the LMC meeting about this being a lifestyle choice to stop and the balance of that versus other patients seen by GPs in primary care.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) would liaise with the Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) outside of the meeting to document the right information in terms of the feedback around what services historically have been open to general practice and what services are now.

There was an update provided about the GP and community pharmacy collective action, noting that the BMA has agreed in principle to accept proposed amendments to the 2025/26 GP GMS contract on behalf of its GP members in England, following negotiations with the Government. It was noted that with the signing of this deal the BMA are no longer in dispute with the Government, however, LMCs are not happy with the negotiations and are advising

practices and areas because of un-commissioned services, to not stop collective action where there is lack of provision of a commissioned service to deliver, therefore for the foreseeable future, the collective action that is happening is going to continue and that is the advice LMCs have given.

There is no resolution so far with the community pharmacy action, with negotiations still ongoing.

The Lead Pharmacist, BHNFT advised that the Trust have received an update regarding the GP collective action, and this has been shared today with the Associate Medical Director, BHNFT.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) confirmed that a copy of the high level plan 'Principles of Shared Care Approach Document' has been shared with the Associate Medical Director, BHNFT as requested at the last meeting.

**Agreed action:-**

- A meet outside the meeting to clarify what services historically have been open to general practice and what services are now. Information that will be useful within service planning discussions. **CL/MG**

**APC 25/44 "WHY SHOULD I BRING MY MEDICINES TO HOSPITAL?"**

The Senior Interface Pharmacist (BHNFT) presented the poster, created by the BHNFT QI team, with a request to support this message and to publicise this in GP practices for Barnsley residents to bring their pods into hospital. A piece of work has already been undertaken with the Yorkshire Ambulance Service for their staff to encourage patients to bring in their medications.

There were concerns raised by the GPs present regarding reports from patients that have taken medications into hospital and come home without them, or with fewer medications. It was acknowledged that some changes to medication may be implemented in hospital however, when medication goes missing, patients then contact GPs for them to re-prescribe. Therefore, there was some reservation with publicising this in GP practices without assurance that these issues wouldn't occur.

The Senior Interface Pharmacist (BHNFT) appreciated the concern raised and advised that the pharmacy team always try to discharge patients with a month's supply of medication or at least 14 days, as is the Trust's policy.

The Lead Pharmacist, BHNFT advised that if patients are coming into hospital and then requiring urgent supplies on discharge from their GP because they haven't supplied them with enough, or anything, then these issues need reporting as a discharge process issue, noting that no reports have been received via APC reporting in recent months.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) touched again on the fact that we know we only

capture a proportion of incidents that occur via APC reporting, in part due to clinicians' capacity. It was however agreed that prescribers would be reminded to report any such issues via APC reporting.

It was agreed that the poster would be circulated to GP practices, to be printed and displayed on noticeboards or on electronic noticeboards. The Senior Interface Pharmacist (BHNFT) to pick up with the QI Team regarding distribution of the poster.

**Agreed action:-**

- The Senior Interface Pharmacist (BHNFT) to pick up with the QI Team regarding distribution of the poster. **TW**
- Prescribers to be reminded in the APC memo to report any such issues via APC reporting. **JH**

***Post meeting note****: the BHNFT QI team asked that the poster be circulated to GP practices with a request to print and display on their noticeboard or on their electronic noticeboards. There was also a request to send to community pharmacy for information. The MO team have circulated the poster.*

**APC 25/45 FOBUMIX 160/4.5 LICENSE EXTENSION**

The MO Senior Pharmacist (EC) advised that there has been a license extension and fobumix® now has an Anti-Inflammatory Reliever (AIR) licence for adults and adolescents 12 years and older with mild asthma. Therefore, updates will be made to the asthma guidance and the formulary to state that fobumix® can be used for AIR therapy. Currently, Symbicort® is listed in the asthma guidance and on the formulary for AIR therapy.

**Agreed action: -**

- The asthma guideline and formulary to be updated to state that Fobumix® can be used for AIR therapy. **JH**

**APC 25/46 NPPG USING STANDARDISED CONCENTRATIONS OF LIQUID MEDICINES IN CHILDREN (UPDATE) – FOR INFORMATION**

The MO Lead Pharmacist, SY ICB brought the NPPG position statement for using standardised concentrations of liquid medicines in children for information. This will replace the version that's currently on the BEST website and on the formulary and we will ensure that information we've added to the individual drug entries on the formulary is in line with this.

**APC 25/47 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES**

There were no guidelines to approve this month.

**APC 25/48 FORMULARY**

25/48.1 <u>BEST Website – Service Provider</u>

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised members that the ICB have received information that the web provider that supports the BEST website had gone into liquidation. ICB and PCN colleagues are undertaking a piece of work to safeguard all the documents and links to protect the information and resources available on the BEST website, which has taken a significant amount of time and effort to build by Dr Atcha and

her team. It is hoped information can be transferred to a new provider.

25.48.2 Update on hyperlink issue (hyperlinks to guidelines on the BEST website)
Considering the above, an update on hyperlinks will be deferred to the next meeting.

**APC 25/49 NEW PRODUCT APPLICATION LOG**
The new product application log was received for information.

**APC 25/50 NEW PRODUCT APPLICATIONS**
The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) presented the new product applications for Algivon Plus, Activon Tube and Eclypse non-backed superabsorber dressing. These applications have been discussed at the Wound Care Advisory Group, a subgroup of this Committee. It was noted that these are not large scale use wound care products, and the costs are comparative with the other products within the range.

25/50.1 Algivon Plus & Activon Tube
These are honey impregnated products, impregnated with 100% medical grade manuka honey, and are positioned as protocol 3/4.

25/50.2 Eclypse non-backed superabsorber dressing
This product is for highly exudating wounds and can be used with other dressings to absorb the exudate and is flexible to allow the dressing to contour to the body in difficult to dress areas. This is positioned as protocol 7/8.

The Committee approved the new product applications for Algivon Plus, Activon Tube and Eclypse non-backed superabsorber dressing.

**APC 25/51 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)**

25/51.1 SYICB IMOC Ratified Minutes – 8th January 2025 & 5th February 2025
The minutes were received for information.

25/51.2 SYICB IMOC Verbal Key Points – 5th March 2025
The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) provided an update on key points from the March 2025 meeting.

25/51.2.1 SY ICB Position Statement for Tirzepatide for managing overweight and obesity
This was discussed and verbally agreed, with an appendix to be added and then it be recirculated for final approval before being made available on the IMOC website. The IMOC have traffic lighted this as grey, awaiting NHS England releasing further documents.

25/51.2.2 Dementia Guidance
Following discussion with Sheffield LMC, this will be progressed through the IMOC working group.

25/51.2.3 Pathways Workstream
There is the opportunity to connect the DDAT work, and this will go to a future meeting in 6 months.

25/51.2.4 Diabetes Management
There were some decisions of the group to be taken forward to the executive group.

25/51.2.5 Medicines Safety
A report was presented at IMOC noting the issues around the PERT supply, and because of the supply issues around the PERT we haven't been able to complete all the actions within the national patient safety alert. Further negotiations have gone on since that meeting and information has been sent to respond to the national patient safety alert.

25/51.2.6 SYICB Interim HCL position statement
The position statement had received a minor update in line with recent NICE updates. This was approved and will be added to IMOC website.

25/51.2.7 IMOC approved guidelines (for information)
Links to the following guidelines, approved by IMOC were shared with the agenda for information and these are on the IMOC website: -

- Neurology: Migraine management
- Rimegepant (Vydura®) Supporting information for Acute Treatment of Migraine in Adults
- Rimegepant For Treating a Migraine Attack Patient Information
- SY ICB Prescribing Guidance for Ibandronic Acid 50mg tablets as adjuvant therapy in early breast cancer

**APC 25/52 BARNSLEY APC REPORTING**

25/52.1 APC Reporting & APC Reporting Interface Issues - January 2025
January 2025 reports deferred to next meeting.

**APC 25/53 NEW NICE TECHNOLOGY APPRAISALS**

25/53.1 NICE TAs February 2025
The Lead Pharmacist, BHNFT advised that the following NICE TAs **were not** applicable for use at BHNFT: -

- TA1033 Ganaxolone for treating seizures caused by CDKL5 deficiency disorder in people 2 years and over **(not recommended)**
- TA1036 Elacestrant for treating oestrogen receptor-positive HER2-negative advanced breast cancer with an ESR1 mutation after endocrine treatment
- TA1037 Pembrolizumab for adjuvant treatment of resected non-small-cell lung cancer
- TA1038 (Updates and replaces TA742) Selpercatinib for advanced thyroid cancer with RET alterations after treatment with a targeted cancer drug in people 12 years and over
- TA1039 Selpercatinib for advanced thyroid cancer with RET alterations untreated with a targeted cancer drug in people 12 years and over

- TA1040 (Updates and replaces TA762 terminated appraisal) Olaparib for treating BRCA mutation-positive HER2-negative advanced breast cancer after chemotherapy
- TA1041 Durvalumab with etoposide and either carboplatin or cisplatin for untreated extensive-stage small-cell lung cancer
- TA1042 (Updates and replaces TA760) Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer
- TA1043 (Updates and replaces TA761) Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection

The Lead Pharmacist, BHNFT **to advise** if the following NICE TA is applicable for use at BHNFT: - **GT**

- TA1044 Exagamglogene autotemcel for treating severe sickle cell disease in people 12 years and over

25/53.2 Provisional Decisions

25/53.2.1 NICE TAs (July 2024)

The Lead Pharmacist, BHNFT confirmed the provisional 'applicable' decision, advising that the following NICE TA **was** applicable for use at BHNFT: -

- TA986 Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over

25/53.2.2 NICE TAs (October 2024)

The Lead Pharmacist, BHNFT confirmed the provisional 'not applicable' decision, advising that the following NICE TA **was not** applicable for use at BHNFT: -

- TA1013 Quizartinib for induction, consolidation and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia

25/53.2.3 NICE TAs (November 2024)

The Lead Pharmacist, BHNFT confirmed the provisional 'not applicable' decision, advising that the following NICE TAs **were not** applicable for use at BHNFT: -

- TA1014 Alectinib for adjuvant treatment of ALK-positive non-small-cell lung cancer
- TA1017 Pembrolizumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer

25/53.2.4 NICE TAs (January 2025)

The Lead Pharmacist, BHNFT confirmed the provisional 'not applicable' decision, advising that the following NICE TA **was not** applicable for use at BHNFT: -

- TA1035 Vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease

25/53.3 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing to report.

25/53.4 Feedback from SWYPFT NICE Group

There was nothing to report.

**APC 25/54 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**

25/54.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
The group has temporarily been stepped down therefore there was nothing to report.

25/54.2 BHNFT
There was nothing to report.

25/54.3 SWYPFT Drug and Therapeutics Committee (D&TC)
There was nothing to report.

25/54.4 Community Pharmacy Feedback
There was nothing to report.

25/54.5 Wound Care Advisory Group
The group were working on and finalising an overarching wound care policy, and a meeting was planned to discuss the process for submitting new product applications to the APC.

**APC 25/55 ISSUES FOR ESCALATION TO THE BARNSLEY PLACE QUALITY & SAFETY COMMITTEE (13th MARCH 2025)**
There were no issues to escalate to the Barnsley Place Quality and Safety Committee.

**APC 25/56 FORMULARY ACTIONS**

25/56.1 SPS Newsletter- January 2025
Received and noted for information.

25/56.2 RDTC Horizon Scanning Document – January 2025
Received and noted for information.

25/56.3 IMOC Horizon Scanning March 2025
The MO Lead Pharmacist, SY ICB presented enclosure P detailing the traffic light classifications agreed at the March 2025 IMOC meeting, noting the Barnsley formulary status below: -

- Bimatoprost + timolol – already green on the formulary with a link to the glaucoma algorithm. Remove the brand 'ganfort'.
- Ciltacabtagene autoleucel – non-formulary grey
- Ieniolisib phosphate – non-formulary grey
- Respiratory syncytial virus vaccine - formulary green with a link to the green book chapter and wording added 'in line with national guidance'

The Barnsley formulary changes were approved by the Committee.

**APC 25/57 SAFETY UPDATES**

25/57.1 MHRA Drug Safety Update (February 2025)
The update was noted with the following information relating to secondary care highlighted: -
Valproate (Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell▼): review by two specialists is required for initiating valproate but not for male patients already taking valproate
Review by two specialists remains in place for patients initiating valproate under 55 years of age but the Commission on Human

Medicines (CHM) has advised that it will not be required for men (or males) currently taking valproate. Three infographics have been developed to provide clarity regarding valproate prescribing.

25/57.2 IMOC Safety Paper (March 2025)

The MO Lead Pharmacist, SY ICB presented the IMOC Safety Paper, and highlighted the following alerts: -

- Shortage of Pancreatic enzyme replacement therapy (PERT)
- GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation.
  This was noted at the last APC meeting with the MHRA alert, but additional information for clinicians on the IMOC safety paper were highlighted.
- TriOnPharma recalls Vitamin D3 2000iu/ml supplements (AactiveD3) because of excess levels (food supplement). There has been no prescribing of this across South Yorkshire.
- Medikinet® XL▼10mg capsules and Medikinet® XL▼20mg capsules (methylphenidate hydrochloride) - Voluntary Notification Defective Medicine. A small number of defects in the colouring of Medikinet® XL 10mg and 20mg capsules has been identified. As a result of strong light exposure, the "mauve" colour of the capsules may appear as a "blue" colour in a limited number of batches. The defect in the identified batches does not have any effect to the medicinal product's efficacy and tolerability.
- Valproate: review by two specialists is required for initiating valproate but not for male patients already taking valproate. Noted at APC/25/57.1.
- The Medicines (Gonadotrophin-Releasing Hormone Analogues) (Restrictions on Private Sales and Supplies) Order 2024. Since 3 June 2024, temporary emergency restrictions have been in place preventing the use of gonadotrophin releasing hormone (GnRH) analogues used to suppress puberty as part of treatment for gender incongruence or gender dysphoria in children and young people under 18 years of age. On 11 December 2024 the Government passed further legislation to maintain the restrictions permanently, following a targeted consultation and advice on patient safety from the CHM and the Cass Review.
  The South Yorkshire traffic light drug list is going to be updated with a link to the latest guidance, and the link will be added to the Barnsley formulary.

**APC 25/58 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

The minutes from NHS South Yorkshire ICB Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC) (16th January 2025) were received and noted for information.

**APC 25/59 ANY OTHER BUSINESS**

25/59.1 Dr Maters – farewell and thank you

Dr Maters informed the Committee that this will be his last APC meeting representing the LMC following his resignation to the LMC.

It was acknowledged that he has been member of the APC for many years and has made a significant and valuable contribution to the work of the Committee and has played a key part in how he contributed to the collective knowledge and approach rationalising and supporting implementing evidence base medicine. Dr Maters was sincerely thanked for his contribution by all members.

**APC 25/60 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 9th April 2025 at 12.30 pm via MS Teams.