

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 12th June 2024 via MS Teams**

MEMBERS:

Chris Lawson (Chair)	Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB)
Dr Mehrban Ghani (from 24/88.7 - 24/97.3)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Munsif Mufalil (from 24/86 to 24/93.3)	General Practitioner (LMC)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (SY ICB, Barnsley)
Erica Carmody	Lead Pharmacist (SY ICB, Barnsley)
Deborah Cooke	Lead Pharmacist (SY ICB, Barnsley)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Heidi Taylor	Programme Director for Clinical Effectiveness and Quality (SY ICB)
Matthew Tucker	Advanced Clinical Pharmacist (SWYPFT)
Gillian Turrell (from 24/92)	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

APOLOGIES:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Madhavi Guntamukkala	Medical Director (SY ICB, Barnsley)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)

**ACTION
BY**

APC 24/85 QUORACY

The meeting was not quorate therefore any proposed decisions or approvals will be ratified for endorsement either outside of the meeting by email or at the next meeting.

NB/JH

Heidi Taylor was welcomed to the meeting, attending to meet members of the Committee and to understand how all the Place Area Prescribing Committees work and look at what works well in each Place.

Erica Carmody was welcomed to the meeting, attending to support the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) with Barnsley Place work.

APC 24/86 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Chair invited declarations of interest relevant to the meeting agenda. The Chair, Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) declared that she has historically signed rebate agreements on behalf of the South Yorkshire ICB (Barnsley), none of which were applicable to today's agenda, 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.

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

APC 24/87 DRAFT MINUTES OF THE MEETING HELD ON 8th MAY 2024

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

Agreed action: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email.

NB

Post meeting note: approval received by email; therefore, the minutes were approved by the Committee.

APC 24/88 MATTERS ARISING AND APC ACTION PLAN

The Lead Pharmacist, BHNFT advised that a response on the applicability of NICE TA937, TA947, TA949 and TA954 was sought from the NICE Group and responses from specialists have been chased again with support from Jeremy Bannister, Associate Medical Director, BHNFT (Chair of NICE Group). No response has been received.

It was agreed to keep adopting the process of assigning a provisional decision around applicability if past the deadline to provide assurance around accessibility in line with NICE.

24/88.1 NICE TAs (December 2023)

At the last meeting, the Lead Pharmacist, BHNFT provisionally advised that the following NICE TA **was not** applicable for use at BHNFT:-

- TA937 Targeted-release budesonide for treating primary IgA nephropathy (*provisional decision to be confirmed*)

GT

24/88.2 NICE TAs (January 2024)

At the last meeting, the Lead Pharmacist, BHNFT provisionally advised that the following NICE TA **was** applicable for use at BHNFT:-

- TA947 Loncastuximab tesirine for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments (*provisional decision to be confirmed*)

GT

24/88.3 NICE TAs (February 2024)

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

- TA949 Belumosudil for treating chronic graft-versus-host disease after 2 or more systemic treatments in people 12 years and over (*provisional decision to be confirmed*)

GT

24/88.4 NICE TAs (March 2024)

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

- TA954 Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments (*provisional decision to be confirmed*)

GT

24/88.5

Ikervis® (ciclosporin eye drop) amber G guidance

The Lead Pharmacist, SY ICB Barnsley (DC) advised that Eclipse data shows there are currently 10 patients prescribed Ikervis® (ciclosporin eye drop), initiated by BHNFT and Sheffield Teaching Hospitals. It was originally agreed to develop the guidance following queries and requests received in primary care to prescribe Ikervis®, and it was noted that the outstanding feedback from the specialists, to enable the draft guidance which had been developed to be finalised, was only in relation to the monitoring information. The SPC refers to 6 monthly monitoring and feedback was being sought from the specialists that they would monitor/review patients in line with the SPC.

It was agreed that in the first instance the Medicines Management Pharmacist, SYICB would liaise with the Lead Pharmacist, BHNFT to clarify the detail after which the Lead Pharmacist, BHNFT would follow up with the specialists again, with support from the Associate Medical Director (Medicines Optimisation) to obtain the required feedback.

Agreed actions: -

- The Medicines Management Pharmacist, SYICB would liaise with the Lead Pharmacist, BHNFT to clarify the detail
- The Lead Pharmacist, BHNFT to contact the specialists to obtain the required feedback with support from the Associate Medical Director (Medicines Optimisation)

JH/GT

GT/AA

24/88.6

Action Plan – other
Oxygen incidents

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that communication had been received from Dr Meghjee, Consultant Physician in Respiratory Medicine. This was in relation to issues where patients were being discharged without oxygen or with a different dose of oxygen and that the oxygen nurse specialists had identified that there was a potential risk for the patients.

The correspondence received back from Dr Meghjee advised that the oxygen incidences have been independently investigated/reviewed by an external consultant and that they have now been closed. He had suggested that any additional issues or actions required around oxygen incidents, be dealt with via correspondence between SWYPFT Medical Director and BHNFT Medical Director.

The Committee agreed to close this action on the action log and ensure that any oxygen incidents reported through APC reporting are copied to Dr Meghjee's team for awareness.

NB

Agreed action: -

- Any oxygen incidents reported through APC reporting to be copied to Dr Meghjee's team for awareness.

DC/TW

Shared Care Protocol for the Prescribing of Oral Antipsychotics in Adults – Annual ECG

It was reported at the January 2024 APC meeting that feedback had been received from GP practices around the requirement in the shared care guideline to perform an annual ECG, with primary care clinicians not wishing to undertake the ECG due to uncertainty around interpreting the ECG results.

It was suggested that as the guideline was due to be reviewed, that it be taken to the IMOC for consideration as to whether a South Yorkshire guideline should be developed.

The LMC GP representative (MM) raised his concern with the implied shared care guidelines and requested that when shared care guidelines are reviewed, they incorporate written and explicit consent from GPs instead where GPs are required to formally accept or reject the shared care request. It was recognised that some shared care has overlap and some has different shared care requirements for the medication.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) recognised that we currently have four different areas with different shared care guidelines, and we are attempting to harmonise everything through the IMOC as much as possible, acknowledging variations with those shared care guidelines that are historic, with some having implied shared care. Going forward there will be one process across South Yorkshire for new shared care guidelines.

The Programme Director for Clinical Effectiveness and Quality (SY ICB) advised that the principle has been agreed at IMOC that it will be a written request to the primary care clinician and written acceptance or rejection by the primary care clinician so new shared care protocols that are being agreed at South Yorkshire level will have that included moving forward to reduce risk and have clear communication around acceptance. It was noted that Sheffield have previously undertaken a risk assessment dependent on the shared care medication. Reference was made to a national piece of work completed, trying to understand what shared care arrangements are in place across each ICB and there are variances. This was work in progress and an IT solution to complement this arrangement was required.

The Advanced Clinical Pharmacist (SWYPFT) highlighted that there have been reoccurring problems with requests from GPs requesting written shared care agreements and not being fully aware of the implied shared care process, which is currently in place, with additional confusion occurring when old paperwork is inadvertently sent to primary care. The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) would pick up a conversation outside the meeting to offer support if getting inappropriate requests and referrals as there are arrangements in place to avoid this happening.

CL

Agreed action: -

- To be discussed at the IMOC meeting for consideration as to whether South Yorkshire guidance should be developed.

CL/HT

Post meeting note: to be discussed at IMOC sub-group.

24/88.8

Shared Care Documentation Completion

There was a lengthy discussion around the national GPC England ballot around GP contract changes and how this might impact on the introduction of new shared care agreements from August 2024. The detail around the ballot was currently unknown but it was noted that primary care were struggling and the outcome of the ballot may impact on other services that use primary care for monitoring etc.

The Barnsley LMC have made it clear that Barnsley colleagues will be supporting South Yorkshire LMC colleagues around new shared care and the introduction of new shared care.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) shared feedback received at the LMC meeting where it had been understood that because there was an existing commissioned funded arrangement in place for shared care, this would mainly affect the introduction of new shared care guidelines and that there would be a safety risk associated in both secondary and primary care in terms of following the guidance, if we had a shared care that required amendment and we didn't undertake that amendment.

The LMC GP (MM) confirmed that GPs would continue with current shared care agreements that we have in place but from 1st August 2024, depending on the ballot result, this may change.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) voiced that even the current shared care funding has not been significantly increased to reflect the increasing costs in primary care, noting that the LMC may decide on one course of action, but an individual practice may decide differently for non-contractual core work therefore not in breach of contract.

24/88.9

Hyperkalaemia Management Guideline

Post meeting note: A South Yorkshire guideline is to be produced therefore this action will be removed from the action plan.

NB

24/88.10

Long Term Actions

It was agreed to remove the long terms actions from the action plan.

NB

APC 24/89

DRAFT MRSA GUIDELINE (TO REPLACE PAGE 16 IN: PRIMARY CARE ANTIMICROBIAL GUIDANCE - BARNESLEY SUPPORTING INFORMATION)

The Medicines Management Pharmacist presented the draft MRSA guideline which has been developed to replace page 16 in the Primary Care Antimicrobial Guidance, Barnsley Supporting Information. This has been updated by Melissa Jeffs, Specialist Nurse, Infection, Prevention and Control with input from a Medicines Optimisation Team Clinical Pharmacist.

The Committee approved the guidance.

Agreed action: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email.

JH

Post meeting note: approval received by email; therefore, the guidance was approved by the Committee.

APC 24/90

REVIEW OF MESALAZINE RECTAL FORMULATIONS FOR THE BARNESLEY FORMULARY

The Medicines Management Pharmacist presented the review which has been completed by Fernando Fuertes, IBD Lead at BHNFT, with input from the Medicines Management Pharmacist, noting positive feedback had been received from the LMC and the specialists.

The review was undertaken as there are currently no mesalazine rectal formulations listed on the Barnsley Formulary. After reviewing the available preparations, the following Barnsley formulary recommendations were made.

- To add Octasa® 1g suppository to the Barnsley Formulary as 1st choice mesalazine suppository as the most cost-effective choice and in line with the preferred formulary brand for oral treatment.
- Pentasa® 1g suppository to be non-formulary as it is a less cost-effective product.
- Salofalk® 500mg suppositories as 2nd choice mesalazine suppository.
- Salofalk® 1g foam enema and Pentasa® 1g enema as 1st choice mesalazine enemas, and Salofalk® 2g enema as 2nd choice mesalazine enema.
- Traffic light classification for all suppositories/enemas added to the formulary to be Amber-G (the Mesalazine Amber-G guideline will require update to include rectal preparations).

It was noted that this was discussed at the IMOC traffic light subgroup meeting and although the group are yet to review the amber and amber G drugs, it was thought that the amber G classification was reasonable for the rectal preparations.

The Lead Pharmacist, SYICB Barnsley (DC) advised that some changes in line with the above had been undertaken last year as part of the primary care Medicines Optimisation Scheme and noted that when the proposals had been brought to the Committee, it had been flagged that this section of the formulary was due to be reviewed and populated.

The LMC endorsed the recommended formulary changes.

The Committee approved the recommended formulary changes.

Agreed actions: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email.
- Mesalazine amber-G guideline to be updated to include rectal preparations.

JH

JH/Clinical Pharmacist

Post meeting note: approval received by email; therefore, the recommended formulary changes were approved by the Committee.

APC 24/91

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

The Medicines Management Pharmacist presented the position statement which has been updated to reflect the updated NHS England Commissioning Recommendations.

Where a DOAC is considered to be the most appropriate anticoagulant, generic apixaban is the DOAC with the lowest acquisition cost and is to be used first line for patients commencing treatment for NVAF unless there is a specific clinical reason not to do so. If generic apixaban is contraindicated or not clinically appropriate for the specific patient then, in line with NHS England commissioning recommendations, a list of alternatives is provided for clinicians to consider.

It was noted that patients who have previously been switched to edoxaban (Lixiana®) should remain on edoxaban unless there is a specific clinical reason to switch.

Feedback was shared from Dr David Robson, Cardiologist, BHNFT around ensuring that patients were on the appropriate dose. A footnote has since been included in the position statement to incorporate this feedback, which wasn't included in the version considered by the LMC. Other than this addition, Dr Robson endorsed the position statement.

The LMC GP representative (MM) had no objection to the additional information being included in the footnote.

The Lead Pharmacist, SYICB Barnsley (DC) advised that in response to the feedback from Dr Robson, further work would be undertaken to look at how dose reviews could be incorporated into the DOAC element of the Medicines Optimisation Scheme.

The Medicines Management Pharmacist advised that the guidance document titled 'Edoxaban is to be used first line for patients with NVAF unless there is a specific clinical reason not to do so' would be stepped down. This has been removed from the BEST website and would be removed from the action plan.

NB

The LMC endorsed the position statement.

The Committee approved the updated position statement.

Agreed action: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email.

JH

Post meeting note: approval received by email; therefore, the updated position statement was approved by the Committee.

MEDICINES OPTIMISATION SCHEME 2024/25 QIPP PROPOSALS INVOLVING SPECIFIC BRANDS OR PREPARATIONS

The Lead Pharmacist, SY ICB Barnsley (DC) presented the paper, highlighting key points and proposed formulary changes.

Section 2: Further work will continue in the following therapeutic areas

This is continuing further work in several therapeutic areas, with work in this section having been included either in last year's scheme, or its ongoing work. It was highlighted that the first 3 workstreams within this section, namely respiratory, blood glucose and ketone test strips, and opioid prescribing have been agreed as priority areas across the ICB. Collaborative work will be undertaken across South Yorkshire and the key areas being looked at were summarised, noting that additional areas may be incorporated into these as part of that collaborative work.

Section 3: Other QIPP work (brands / preparations not currently included on the Barnsley formulary and other new workstreams)

The Targeted Medication Review section, led by the Clinical Pharmacists linked to the practice, included reviews of atorvastatin and simvastatin oral suspensions. Both have a high acquisition cost and are considerably more expensive than alternative options including atorvastatin chewable tablets, therefore the following formulary updates were proposed: -

- Atorvastatin chewable tablets to be added to the formulary with their use being reserved for patients in whom the standard tablets are not suitable, and wording added about proposed line in therapy.
- Atorvastatin suspension is added to the formulary with a cost warning and advice regarding cost effective alternative options. The suspension is reserved for use when alternative options are unsuitable.
- Simvastatin oral suspension is assigned a non-formulary classification and a cost warning is added.

Metformin oral solution and powder sachets

There are currently no liquid metformin preparations included on the Barnsley formulary, however there is some prescribing of the liquid in primary care. The powder sachets are a more cost-effective alternative to the oral solution where clinically appropriate.

It is proposed that the formulary is updated to include both powder sachets and the 500mg/5ml oral solution as first and second line options respectively when the patient is unable to swallow tablets, with the oral solution being reserved for patients in whom the sachets are not clinically appropriate (for example, fluid restricted patients). Wording will be added to the formulary to this effect.

Other reviews incorporated into this section were new workstreams, with no proposed formulary changes required at this time. There would be reviews of fluvastatin in line with local guidance, and review of ibandronic acid prescribed in postmenopausal women for breast cancer, reviewing to check the duration of therapy in line with South Yorkshire guidance (in development) so that patients are not continued inadvertently for longer than intended.

It was noted that fewer new drug switches were being proposed this year compared to previous years.

The first new drug switch being proposed is to replace the oxycodone modified release brand of choice on the formulary which is currently Longtec® with a brand called Oxypro®.

Oxypro® is currently used in Sheffield and a number of other areas in the country and has a 30% lower acquisition cost than Longtec®.

It is proposed that the Sheffield Guidance for the Use of Oxycodone is adapted/adopted for use in Barnsley and/or information is incorporated into the Barnsley Guidance on Strong Opioids.

The Lead Pharmacist, BHNFT advised that BHNFT contracted brands were different and would need to be supplied when patients are admitted. Following discussion, for patient safety and to avoid confusion at BHNFT pharmacy and GP practice, it was agreed to include/document both drugs on the TTO, the brand given in hospital and Oxypro®.

The Lead Pharmacist, SYICB Barnsley (DC) advised that information could be included on ScriptSwitch and wording could be included in the supporting document and/or the opioid guidance.

In response to a query, it was confirmed that the brand name for oxycodone injection was not required to be stated.

The second new drug switch and formulary change being proposed was replacing Clenil® inhaler on the formulary with Soprobe® inhaler. Soprobe® is an alternative brand which is available in the same four strengths with a 35% lower acquisition cost. Soprobe® is currently used in Sheffield and is included in the Sheffield asthma guideline, and switches have been undertaken in Sheffield. It is proposed that similar changes are made in Barnsley. The Lead Pharmacist, BHNFT advised there would be no issues with this switch from a contract perspective.

Section 4 of the paper detailed the areas where further information would be brought back to the Committee in due course.

A proposed interim formulary update was highlighted with the Dovobet® entry. It is recommended that the current options remain on the formulary in the interim whilst the calcipotriol/betamethasone formulary section review is being undertaken but that the wording regarding Enstilar® foam being the first line formulary option is removed and information is added to highlight that the generic gel and generic ointment are the products with the lowest acquisition cost.

It is also proposed that the melatonin 1mg/ml solution entry on the Barnsley formulary is reviewed following the introduction of a significantly lower cost product, Ceyesto® 1mg/ml oral solution which offers an 80% saving compared to the current formulary brand. The Lead Pharmacist, SYICB Barnsley (DC) has been in touch with the Lead Pharmacist at SWYPFT, noting that feedback had been received that SWYPFT Drug and Therapeutics Committee supported

this change in principle for use within Barnsley CAMHS. The shared care guideline will be updated in liaison with SWYFT to include this information and will be brought back to the Committee for approval.

The Advanced Clinical Pharmacist (SWYPFT) confirmed that this was discussed at the SWYPFT Drug and Therapeutics Committee, who provisionally support using the liquid, but noted their request that they see the finished shared care guideline to seek reassurance around safety, the kind of volumes likely to be used, and the content of the excipients which will also benefit the prescribers initiating it, to have the awareness that it is going to be safe.

The Lead Pharmacist, SYICB Barnsley (DC) was thanked for the work undertaken to produce the scheme, noting the significant amount of work undertaken to obtain assurance about supplies, working together in the best interest of patients. The support from all on this was appreciated.

Further correspondence will come to the Committee in relation to some of the proposed changes, and decisions for these changes mentioned above.

The Committee approved the recommended formulary changes detailed in the supporting paper.

Agreed actions: -

- As the meeting was not quorate, feedback from those not present will be obtained outside the meeting by email.
- The shared care guideline to be updated to include Ceyesto® 1mg/ml oral solution, sharing with SYWPFT D&T as requested.
- Information to be communicated about including/documenting both drugs on the TTO, the brand given in hospital and Oxypro®.

DC

DC

GT/DC

Post meeting note: approval of proposals and formulary changes received by email. Additional information has been received after the meeting regarding the availability of metformin sachets and further information will be obtained before this section of the formulary is updated and prior to any QIPP work being progressed.

APC 24/93 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

24/93.1 Sheffield Place Minor Update to Mycophenolate, and Azathioprine and Mercaptopurine shared care guidelines

The Medicines Management Pharmacist presented the Sheffield Place guidelines, shared for information/awareness. Minor updates have been made to include the contact details of the nephrologists, as patients are managed in a jointly run clinic for SLE, which includes both rheumatologists and nephrologists.

Links to the guidelines would be included on the BEST website for primary care clinicians managing patients under the Sheffield services.

24/93.2

Sheffield Testosterone Menopause Shared Care Guidance

The Lead Pharmacist, SY ICB Barnsley (DC) presented the guidance, noting a discussion at the IMOC subgroup as to whether in light of feedback received around initiation, this should be a South Yorkshire wide guideline. The earlier conversation around new shared care guidelines was acknowledged which may impact on this.

The Sheffield guidance has been adopted by Rotherham and a previous version has also been received by this Committee when it was agreed that the guideline would be made accessible via the Barnsley BEST website. When it was brought to the Committee initially, it was understood that initiations would be from the Sheffield Menopause clinic, however we have since received feedback that BHNFT clinicians are also initiating treatment. Feedback was being sought from BHNFT clinicians with a view to having a South Yorkshire wide guideline.

24/93.3

SGLT2 Inhibitors: Dapagliflozin (Forxiga®) and Empagliflozin (Jardiance®) for Heart Failure Amber-G Guideline (update)

The Lead Pharmacist, BHNFT presented the updated guidance with the addition of the cohort to treat mildly reduced ejection fraction in adults.

The Lead Pharmacist, SY ICB Barnsley (DC) highlighted that the SPC appears to have been updated since this guideline was originally updated, changing the limited experience CrCl <30mL/min to limited experience CrCl <25mL/min and states that it shouldn't be initiated in patients with a CrCl of <15mL/min. The guideline would be updated in line with the information in the SPC.

Subject to this amendment, the Committee approved the updated guideline.

Agreed actions: -

- The guideline to be updated in line with the change of creatinine clearance range.
- As the meeting was not quorate, approval will be obtained outside the meeting by email.

GT

GT

24/93.4

Metolazone (Xaqua®) for Oedema Amber-G Guideline (update)

The Lead Pharmacist, BHNFT presented the updated guideline.

The LMC GP representative (MM) had raised an issue with the monitoring requirements for U&E checks, noting that due to the unprecedented workload on primary care, GPs were unable to monitor as per the guideline which states to monitor U&Es fortnightly for 1 month, then 3-6 monthly once the patient is stabilised on treatment, especially with all its cautions and contraindications.

The Lead Pharmacist, BHNFT would amend the wording to state U&Es to be checked three days after any dose adjustment and monitored fortnightly for 1 month until stabilised by the hospital team or the community heart failure team, then 3-6 monthly once the patient is stabilised on treatment.

Subject to this amendment, the Committee approved the updated guideline.

The Programme Director for Clinical Effectiveness and Quality (SY ICB) noted that the production of a Metolazone (Xaqua®) for Oedema amber G guideline was discussed at the TLDL subgroup list meeting, and asked if the Barnsley guideline could be shared with colleagues across South Yorkshire for possible adoption across South Yorkshire to provide clarity on initiation and responsibilities. The Lead Pharmacist, SYICB Barnsley (DC) to share the final guideline.

Agreed actions: -

- The Lead Pharmacist, BHNFT to update wording around U&E monitoring. **GT**
- As the meeting was not quorate, approval will be obtained outside the meeting by email. **GT**
- The Lead Pharmacist, SYICB Barnsley to share the final guideline with colleagues for possible adoption across South Yorkshire **DC**

APC 24/94 FORMULARY REVIEWS

24/94.1

Formulary Review Plan

There were no changes to note since last month.

APC 24/95 NEW PRODUCT APPLICATION LOG

There were no changes to note since last month.

APC 24/96 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

24/96.1

SYICB IMOC Ratified Minutes – 3rd April 2024

The minutes were shared for information.

24/96.2

SYICB IMOC Draft Minutes – 1st May 2024

The draft minutes were shared for information.

24/96.3

SYICB IMOC Verbal Key Points – 1st May 2024

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) provided an update from the meeting.

24/96.3.1

Lipid Pathway Proposal document

IMOC looked at the adoption of the national NICE document for lipid management, and a supporting app. Due to the differences, there was quite a lengthy discussion, and it was agreed that for the moment each Place would maintain their own guidance, with a view to reviewing the guidance in line with the changes in the targets. This would need to be undertaken in Barnsley and brought back to the Committee.

Post meeting note: *The required updates have been incorporated into the action plan*

GT/JH

24/96.3.2

Valproate in Epilepsy Guidance

This was endorsed.

The Programme Director for Clinical Effectiveness and Quality (SY ICB) advised that additional wording to support the updated MHRA advice has been agreed and this will be added to all shared care protocols/guidelines that mention valproate in epilepsy and bipolar for consistency. The South Yorkshire epilepsy shared care guideline will be updated via IMOC and the Barnsley mood stabiliser shared care guideline would need to be updated and brought back to the Committee. This additional wording will be shared with SWYPFT colleagues to enable the guideline to be updated.

A primary care document to support coding and management of patients in primary care to easily identify and monitor patients and ensure they have those risk assessments in place before they issue the prescription was also approved at the IMOC.

Agreed actions: -

- The agreed additional wording to be shared with SWYFT colleagues.
- Bipolar shared care guideline to be updated.

DC

MT/PC

Finerenone SCP proposal document

This was approved by the IMOC.

The Lead Pharmacist, SY ICB Barnsley (DC) referred to slight updates to the traffic light classification rationale wording around the amber G classification, with the removal of 2c. The amber G classification will include the specialist initiating for new drugs going forward and the wording within the green classification has been expanded to acknowledge that this will incorporate some drugs that the GP has been asked to prescribe by the specialist. The updated document will be uploaded to the IMOC website in due course.

24/96.4

Feedback from IMOC Subgroup
Shared Care Documentation Completion
Discussed at 24/88.8 above.

Tirzepatide Amber G Guidance

The Lead Pharmacist, SYICB Barnsley (DC) advised that following previous discussion at APC where it was fed back that Amber G guidance would be helpful, this was discussed at the IMOC sub-group and the development of amber G guidance was supported. Guidance will be developed and presented to the IMOC in due course.

APC 24/97
24/97.1

BARNSELY APC REPORTING

APC Reporting April 2024

The Lead Pharmacist, SYICB Barnsley (DC) apologised for the late circulation of the APC reporting enclosures, advising that there was no key themes summary document for April 2024. This was due to temporary staff changes affecting cover to the APC reporting work.

There were 36 reports received via the APC reporting inbox and 33 received via the interface route. Many of the reports were associated with D1 or other discharge related issues as the Committee has seen in previous months, a number where the medication changes haven't been clearly communicated or the information is felt to be unclear.

Several reports this month have been associated with issues relating to insulin post-discharge, with many of these affecting patients where the Neighbourhood Nursing Service are supporting e.g., instructions given to the service are either not clear or different to the information included on the referral form; or the patient hasn't been provided with the insulin; or has had a different insulin to what the nurse was expecting to administer.

The Lead Pharmacist, SYICB Barnsley (DC) highlighted a report received that involved a liquid medicine that was dispensed with the dose to be given in milligrams (mg) rather than millilitres (ml). Historic work undertaken regarding this was noted, referencing the prescribing and dispensing gold standards guidelines that advise to use both mg and ml. It was suggested these guidelines be reissued or a link to them be included within the APC memo.

The Lead Pharmacist, SY ICB Barnsley (DC) referred to a report received regarding the tadalafil daily classification (currently red). This was assigned some time ago when daily tadalafil was included in the NHS England 'items which shouldn't be routinely prescribed'. It has since been removed from this guidance, however whilst the 5mg has reduced in cost, the 2.5mg is still branded and is high cost. This has been taken to the Traffic Light List Subgroup for discussion and information regarding proposed classification of the 2.5mg and 5mg tablets will be taken to a future IMOC meeting. The Barnsley formulary will be updated following on from this.

The Lead Pharmacist, SY ICB Barnsley (DC) spoke about more general feedback received from some MOT members, advising that some urgent queries in recent weeks have taken longer than usual to receive responses to which may be due to staff absence or separately to do with access to hospital IT systems as it has been identified that a number of the team that were either able to access the systems initially or who requested access can no longer access the hospital IT systems to resolve issues themselves which may be impacting on the number of queries being sent to the BHNFT APC reporting mailbox.

The work and support provided by the Senior Interface Pharmacist and Lead Pharmacist at BHNFT was very much appreciated, recognising the large number of queries being sent but the issue was flagged to agree a way forward, with alternative contacts in periods of annual leave and/or resolution regarding access to the hospital IT system.

The Lead Pharmacist, BHNFT advised that they would need to look at the management of this work going forward but it was noted that previously pharmacists have been asked to flag the query as urgent, but this must be clinically urgent to help BHNFT to prioritise the work effectively to be able to respond in a timely manner. It was agreed to pick up this issue at the next MMT meeting and the BHNFT Pharmacy team were asked to highlight any inappropriate requests.

With regards to access to hospital IT systems, the Lead Pharmacist, BHNFT agreed to flag the issue with IT colleagues to try and resolve the issue for those that previously had access.

Agreed actions: -

- Raise at the next MMT meeting around inappropriate 'urgent' queries sent to the interface team.
- The Lead Pharmacist, BHNFT to report back regarding any inappropriate 'urgent' queries sent to the interface team.
- The Lead Pharmacist, BHNFT to escalate the IT access issues reported.

DC

GT

GT

24/97.2

APC Reporting April 2024 Key Themes

A key themes report was not produced for April 2024.

24/97.3

APC Reporting April 2024 Interface Issues

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

APC 24/98

NEW NICE TECHNOLOGY APPRAISALS

24/98.1

NICE TAs May 2024

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

- TA155 (Update) Ranibizumab and pegaptanib for the treatment of age-related macular degeneration
- TA283 (Update) Ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion
- TA298 (Update) Ranibizumab for treating choroidal neovascularisation associated with pathological myopia
- TA971 Remdesivir (applicable for use at BHNFT) and tixagevimab plus cilgavimab for treating COVID-19 (the TA states that tixagevimab plus cilgavimab is **not recommended**)

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

- TA127 (Update) Natalizumab for the treatment of adults with highly active relapsing–remitting multiple sclerosis
- TA312 (Update) Alemtuzumab for treating highly active relapsing–remitting multiple sclerosis
- TA616 (Update) Cladribine for treating relapsing–remitting multiple sclerosis
- TA972 (**Terminated appraisal**) Sirolimus for treating facial angiofibroma caused by tuberous sclerosis complex in people 6 years and over
- TA976 (**Terminated appraisal**) Trastuzumab deruxtecan for treating HER2-mutated advanced non-small-cell lung cancer after platinum-based chemotherapy
- TA977 Dabrafenib with trametinib for treating BRAF V600E mutation-positive glioma in children and young people aged 1 year and over
- TA978 (**Terminated appraisal**) Zanubrutinib with obinutuzumab for treating relapsed or refractory B-cell follicular lymphoma after 2 or more treatments

The Lead Pharmacist, BHNFT **to advise** if the following NICE HST/TAs are applicable for use at BHNFT: -

- HST31 Setmelanotide for treating obesity and hyperphagia in Bardet-Biedl syndrome

GT

- TA540 (Update) Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma
- TA967 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over
- TA970 Selinexor with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments
- TA974 Selinexor with bortezomib and dexamethasone for previously treated multiple myeloma
- TA975 Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 25 years and under
- TA973 Atogepant for preventing migraine – to be confirmed
Post meeting note: *Atogepant has been assigned a formulary red classification by IMOC. To be added as a formulary red drug to the Barnsley formulary.*

24/98.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing relevant to report.

24/98.3 Feedback from SWYPFT NICE Group
There was nothing relevant to report.

APC 24/99 **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**
24/99.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
The group have not met, therefore there was nothing to report.

24/99.2 BHNFT
There was nothing relevant to report.

24/99.3 SWYPFT Drug and Therapeutics Committee (D&TC)
24/99.3.1 L-Tryptophan
L-Tryptophan was discussed at the June 2024 D&TC. This was not approved for use at SWYPFT, therefore no patients should be started on this treatment. A red traffic light classification on the Barnsley formulary was supported.

24/99.4 Community Pharmacy Feedback
There was no community pharmacy representative present.

24/99.5 Wound Care Advisory Group
The group have not met, therefore there was nothing to report.

APC 24/100 **ISSUES FOR ESCALATION TO THE BARNESLEY PLACE QUALITY & SAFETY COMMITTEE (4th JULY 2024)**
It was agreed to escalate the Medicines Optimisation Scheme 2024/25 QIPP Proposals. The standing updates on IMOC and APC Reporting would also be escalated to the Barnsley Place Quality and Safety Committee.

CL

APC 24/101 **FORMULARY ACTIONS**
24/101.1 SPS New Medicines Newsletter April 2024
Received for information.

24/101.2

IMOC Horizon Scanning June 2024

The Medicines Management Pharmacist presented enclosure P detailing the traffic light classifications agreed at the June 2024 IMOC meeting. The formulary changes for Barnsley were highlighted as follows: -

- Avapritinib – non-formulary grey
- Enalapril – already formulary green
- Budesonide 4mg capsule – non-formulary red (already classified red by IMOC)
- Etrasimod – formulary red (already classified red by IMOC)

Agreed action: -

- As the meeting was not quorate for this item, approval will be obtained outside the meeting by email.

JH

Post meeting note: approval received by email; therefore, the formulary changes were approved by the Committee.

24/101.3

TLDL Sub-group list May 2024

The Medicines Management Pharmacist presented enclosure Q noting the following suggested formulary changes for Barnsley: -

- Apalutamide - change from non-formulary amber-G to non-formulary red
- Ascorbic Acid Injection/Infusion - add as non-formulary red
- Asenapine - add as non-formulary red
- Alverine + Simeicone (SimALvia®) - add as non-formulary green and review formulary status in due course following consideration of the supporting evidence (it was agreed in the May APC meeting that a summary document would be produced and taken to a future meeting to enable a formulary status to be assigned)

The Committee approved the formulary changes.

Agreed action: -

- As the meeting was not quorate for this item, approval will be obtained outside the meeting by email.

JH

Post meeting note: approval received by email; therefore, the formulary changes were approved by the Committee.

24/101.4

IMOC May 2024 Minutes

The Medicines Management Pharmacist referred to the May 2024 IMOC minutes to note additional formulary changes for Barnsley as follows: -

- L-Tryptophan - non-formulary red (wording to be added to the formulary that use would require SWYPFT D&T approval prior to any initiation and prescribing would be retained in secondary care)
- Anakinra for gout (unlicensed) - formulary red
- Cenobamate and eslicarbazepine in children - formulary red (until included in children's epilepsy guidance, then will be formulary amber)

JH

- Ryaltris® - formulary green (with similar wording to Dymista® stating should be second line option)

The Committee approved the formulary changes.

Agreed action: -

- As the meeting was not quorate for this item, approval will be obtained outside the meeting by email.

JH

***Post meeting note:** approval received by email; therefore, the formulary changes were approved by the Committee.*

APC 24/102 MHRA DRUG SAFETY UPDATE (MAY 2024)

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

Topical steroids: introduction of new labelling and a reminder of the possibility of severe side effects, including Topical Steroid Withdrawal Reactions

Topical steroid products are safe and highly effective treatments for the management of a wide range of inflammatory skin diseases but have important risks, especially with prolonged use at high potency. In the coming months, as a result of regulatory action, topical steroid products will be labelled with information on their potency to simplify advice for patients.

APC 24/103 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB Sheffield (18th April 2024) and NHS South Yorkshire ICB Doncaster & Bassetlaw (18th April 2024) were received and noted.

APC 24/104 ANY OTHER BUSINESS

None.

APC 24/105 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 10th July 2024 at 12.30 pm via MS Teams.