

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 8<sup>th</sup> May 2024 via MS Teams**

**MEMBERS:**

Chris Lawson (Chair)	Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Chris Bland (up to 24/69)	Chair (Community Pharmacy South Yorkshire)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Munsif Mufalil (from 24/68 to 24/78.2)	General Practitioner (LMC)

**IN ATTENDANCE:**

Nicola Brazier	Administration Officer (SY ICB, Barnsley)
Deborah Cooke (up to 24/72.2)	Lead Pharmacist (SY ICB, Barnsley)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Gillian Turrell	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

**APOLOGIES:**

Dr Madhavi Guntamukkala	Medical Director (SY ICB, Barnsley)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)

**ACTION  
BY**

**APC 24/65 QUORACY**

The meeting was quorate from 24/68 to 24/78.2 therefore any proposed decisions or approvals made whilst the meeting was not quorate will be ratified for endorsement either outside of the meeting by email or at the next meeting.

**NB/JH**

The Chair of Community Pharmacy South Yorkshire was welcomed to the meeting.

**APC 24/66 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 currently signs a variety of rebate agreements as 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 24/67 DRAFT MINUTES OF THE MEETING HELD ON 10<sup>th</sup> APRIL 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 24/68 MATTERS ARISING AND APC ACTION PLAN**

**24/68.1 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

**24/68.2 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

**24/68.3 NICE TAs (February 2024)**

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

- TA951 Olaparib with abiraterone for untreated hormone-relapsed metastatic prostate cancer

The Lead Pharmacist, BHNFT **to advise** if the following NICE TA is 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

**GT**

**24/68.4 NICE TAs (March 2024)**

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

- TA957 Momelotinib for treating myelofibrosis-related splenomegaly or symptoms

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

- TA959 Daratumumab in combination for treating newly diagnosed systemic amyloid light-chain amyloidosis

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

- TA954 Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments
- TA955 Dupilumab for treating moderate to severe prurigo nodularis

**GT**

- TA958 Ritlecitinib for treating severe alopecia areata in people 12 years and over

**Agreed action: -**

- The Lead Pharmacist, BHNFT to follow up on the outstanding decisions on the applicability of NICE TA937, TA947, TA949, TA954, TA955 and TA958 and email decisions to the MMT.

**GT**

**Post meeting note: - NICE TAs (March 2024)**

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

- TA958 Ritlecitinib for treating severe alopecia areata in people 12 years and over

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

- TA955 Dupilumab for treating moderate to severe prurigo nodularis

*The Lead Pharmacist, BHNFT has followed up and is still waiting for responses on the applicability of NICE TA937, TA947, TA949 and TA954.*

**GT**

24/68.5

Ikervis (ciclosporin eye drop) amber G guidance

This was deferred to the next meeting, to report back on primary care prescribing data and to confirm the traffic light classification in line with response or nil response from the service.

**DC**

Action Plan – other

24/68.6

Methenamine and Otigo® ear drops – usage data

Deferred to July 2024.

**CL**

24/68.7

SGLT2 inhibitors for heart failure Amber-G guideline

Guidance to be sent to the LMC, deferred to July 2024.

**GT**

24/68.8

Metolazone Amber G guideline

The updated guidance to be sent to the LMC, deferred to July 2024.

**GT**

24/68.9

BHNFT D1 issues

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that another meeting had been held with secondary care colleagues (29<sup>th</sup> April). It was agreed to bring back a summary of the agreed actions, and to invite the Chief Pharmacist, BHNFT to attend a future APC meeting to discuss the agreed actions.

**Agreed action: -**

- The Chief Pharmacist, BHNFT to be invited to a future APC meeting to discuss the agreed actions from the D1 issues meeting.

**NB**

**APC 24/69**

**OUT OF STOCK ISSUES (OOS)**

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) asked the Chair of CPSY how he visualised input from community pharmacy into this group working and it was confirmed that he planned to attend the APC meetings as much as possible and that the committee would be used as a two-way

mechanism to feed in messages from community pharmacy and take away messages back to community pharmacy.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) noted that the APC would focus on the things that are going to make a difference to how patients are managed across the interface, focussing on anything that is going to impact on another service around delivery, and discuss making sure we're managing things in the right way regarding the pathway.

There was a lengthy discussion around the out of stock (OOS) impact on primary care, secondary care, and community pharmacy, and an update position was shared from each area.

24/69.1

#### Primary Care Update

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) noted that the rate of out of stock medicines seen in primary care is at a level never experienced before. It was felt to be multifactorial in terms of the drivers but the two main areas for driving this are Brexit, with difficulty in moving stock around without import/export taxes, and the fact that the medicines market is international with medicines being sold at higher prices than the UK in other countries.

It was noted that work was ongoing through the Department of Health/NHS England to try and manage these issues at a higher level, ensuring the efficiency of how we purchase medicines is maintained as much as possible.

In terms of the ICB reorganisation, as Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB), the OOS workstream falls under that portfolio, and discussions have been had with the other portfolio leads in the ICB, particularly the clinical effectiveness portfolio lead as there is a big impact on safety and quality of medicines from the OOS issues. The portfolio leads have discussed having a high level plan that will refer to the national work that is being undertaken but also will pull together some sensible actions that we could do over Barnsley and reference/capture what has been done over South Yorkshire as well.

There are some strands of work to be pulled together, working with Community Pharmacy South Yorkshire to ensure we have one South Yorkshire plan that captures what we could be doing in our local area to improve the situation e.g., clear communication routes/processes when managing an OOS situation for a patient; alternative systems for purchase of medicines.

24/69.2

#### Community Pharmacy Update

The Chair of CPSY advised members that the Department of Health have made changes to when the monthly price concessions prices are published, moving this to the end of the month, also noting that the price concessions are reducing to recoup an overpayment made. This could therefore have an impact on the supply because if pharmacies don't know what price will be reimbursed, some pharmacies may feel unable to purchase a drug to avoid taking a loss.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised this would need to be captured in the high level plan to support communication routes/processes.

CL

One piece of the high level plan would be around undertaking some assessment of the impact of OOS's on all the pathways because as well as the cost of the medicines, the time involved with dealing with OOS issues impacts on staff and patients.

A big concern from a community pharmacy point of view is how sustainable some of our community pharmacies are on the patch, having already lost over 1000 nationwide.

24/69.3

#### Secondary Care Update

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) referred to a piece of work under a Medicines Value workstream, working with provider services across South Yorkshire to look at purchase of medicines and how we organise ourselves around purchase of medicines to make it as efficient as possible but also that we are reducing the impact on patients around OOS's.

The Lead Pharmacist, SWYPFT advised that they have an independent supplier who always look at ways to improve cost effectiveness, however the budget has gone up considerably in the last few months, therefore, in the future especially when drugs come around for dementia etc which are on the horizon, this will have a significant impact on the budget and they could benefit from looking at a scheme where drugs are purchased as a collective.

There was discussion around Pharmacy First, with pharmacies being asked to undertake additional work yet at the same time the national body not solving their problems and issues around the income and supply of medicines, which potentially destabilises the people delivering the service. The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that was the strategic direction for pharmacies to move from a supply function to a clinical service delivery function model and so money was taken out of what is the national contract and moved to the clinical service provision.

The Lead Pharmacist, BHNFT advised that she was involved with the purchasing of the high cost drugs and use of biosimilars etc which was discussed with colleagues from across the ICB at the Medicines Value meeting as mentioned above, however OOS issues and medicines shortages were not discussed in that meeting, therefore sought clarity if these issues would be introduced into that meeting.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) referred to work being undertaken under Medicines Optimisation Procurement Committee (MOPC) around planning and decisions around purchase of medicines, noting that she would discuss with the Lead Pharmacist, BHNFT separately if there were any issues around the current internal processes that could be fed into MOPC, noting that the Medicines Value Group could be used to pick up any intelligence to be shared with MOPC.

CL

24/69.4

### SWYPFT Update

The Lead Pharmacist, SWYPFT advised that the company that make Pabrinex® have advised that due to European manufacturing changes they have had to change where the drug is made, therefore this is due to be out of stock from October 2024 to the end of 2025. There is a national team looking at this to safeguard patients and do some element of prioritisation as to who has access to the stocks.

It was noted that manufacturing issues have always had an impact on OOS medicines, but the international market is having such a big impact on Britain's ability to get stocks into the country.

### **APC 24/70 INSULIN THERAPY IN TYPE 2 DIABETES GUIDELINE (UPDATED GUIDANCE)**

The Medicines Management Pharmacist presented the updated guideline, with tracked changes.

Following feedback received from the LMC that BMBC were responsible for the disposal of sharps bins and not GP practices, there was discussion around where patients should dispose of sharps safely. Information in the guidance states to return the sharps bins to the GP surgery. It was noted that this issue was discussed at the APC back in 2022 when collection points (drop boxes) were removed from the LIFT buildings/centres, at which time GP practices had been asked to accept sharps bins from their own patients and information had been added to the BEST website.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) agreed to discuss this further with the primary care team, noting that the information around the disposal of sharps bins would be amended to be acceptable to the GP practices.

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

#### **Agreed actions: -**

- The disposal of sharps bins to be discussed with the primary care team.
- Information around the responsibility to dispose of sharps bins to be amended for approval by GP practices.

CL

CL

### **APC 24/71 TERMS OF REFERENCE (ANNUAL REVIEW)**

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) presented the terms of reference for review by the Committee.

These had been previously amended to include reference to the ICB/IMOC. It was noted that the Medicines Optimisation Team were currently going through an organisational restructure, noting that we will have a clinical effectiveness portfolio director who will be responsible for the IMOC, but we will be maintaining the place based Area Prescribing Committees. There will be a collective review to try and harmonise what each place based committee is delivering, and there will be at some point a standardised terms of reference for all

the 4 South Yorkshire committees. However, it was felt timely and important to review the Barnsley place APC terms of reference.

There were no suggested amendments to be made, and the terms of reference were approved by the Committee.

## **APC 24/72      SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES**

### **24/72.1      Shared Care Documentation Completion**

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that the amber G documentation template which had been considered by IMOC this month had been endorsed subject to some slight amendments. IMOC had agreed that amber G guidelines wouldn't necessarily be produced for all amber G medicines, instead a decision would be taken on an individual drug basis as to whether a supporting guideline was needed.

The LMC GP (MM) raised the issue of high volumes of shared care requests (without sign up forms) being received from colleagues outside of Barnsley, with assumed acceptance. Examples of some requests were shared.

The LMC want neighbouring organisations in South Yorkshire to follow the Barnsley process with regards to shared care requests, noting that until formal acceptance of shared care, secondary or tertiary care should continue to prescribe.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) acknowledged that we needed to harmonise what is happening in Barnsley in line with what is happening across South Yorkshire and agreed to take this issue to the IMOC for discussion, to look at the processes in other areas and what the IMOC can do to support the implementation of the shared care process.

The Lead Pharmacist, SWYPFT noted that some existing shared care guidelines only require a response if declining the shared care request, acknowledging that this has created some issues. When sending the link to implied shared care, requests have been received from some primary care colleagues for the written agreement form which has on some occasions resulted in the old, out of date shared care documentation being sent inadvertently.

The Lead Pharmacist, SYICB Barnsley made the point that things have previously worked differently across the four South Yorkshire ICB places and that there were currently differences in existing traffic light classifications and the format of existing shared care guidelines. Work is in progress to standardise the traffic light lists, however work on reviewing the amber list hasn't yet commenced. As there are differences in amber classifications across South Yorkshire some areas may not have shared care guidelines for drugs that others do, or the guideline may be different and other places may not have previously included the sign up forms. Historically Barnsley APC have endorsed following the guideline from the initiating organisation. As new guidelines are developed, the feedback regarding the sign up forms can be taken into consideration.

**Agreed action: -**

- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to take this issue to the IMOC for discussion and feedback at the next meeting.

**CL**

24/72.2

GLP-1 Agonist Amber-G Guideline (update)

The Medicines Management Pharmacist presented an interim update, with tracked changes. This has been updated in line with the MSN discussed at the last APC meeting. The LMC has endorsed the interim update.

The Lead Pharmacist, BHNFT referred to the information around Tirzepatide which has been included in the GLP-1 agonist short supply information section of the guideline but not in the title or background information.

The Lead Pharmacist, SYICB Barnsley advised that this had been raised at the TLDL subgroup meeting following the discussion at the last APC meeting, noting that going forward it would be agreed on an individual drug basis as to whether an amber-G guideline was needed when an amber-G classification was assigned.

The Lead Pharmacist, BHNFT advised that the Diabetologists have asked about prescribing Tirzepatide for a small number of patients, therefore a decision from the Committee was needed to advise them.

The Lead Pharmacist, SYICB Barnsley advised that Tirzepatide was discussed at the subgroup, noting that it is currently amber G, therefore with no barriers to requesting GPs to prescribe as there has been no feedback to suggest otherwise, however if the Committee feel that a guideline is needed, then this can be taken back to the IMOC to look at developing one. Tirzepatide would not be added to the GLP-1 agonist guideline, but a separate South Yorkshire guideline developed in line with the new template.

It was confirmed that additional guidance for Tirzepatide was required to support GPs with the new drug, and this request would be taken back to the IMOC.

The Lead Pharmacist, BHNFT to advise the Diabetologists to hold off with any requests for primary care to prescribe Tirzepatide until we have the decision from the IMOC regarding a way forward.

An amendment required to be made to the contact list was noted.

**Agreed actions: -**

- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to feed back to the IMOC that additional guidance for Tirzepatide was required.
- The Lead Pharmacist, BHNFT to advise the Diabetologists.
- A correction to be made to the contact details.

**CL**

**GT  
JH**



**APC 24/73**  
24/73.1

## **FORMULARY REVIEWS**

### Formulary Review Plan

There were no changes to note.

24/73.2

### SimAlvia® Formulary Position

The Medicines Management Pharmacist advised that a query had been received from a GP regarding the position of SimAlvia® (alverine and simethicone) on the Barnsley formulary.

It was shared that SimAlvia® has a green classification, second line treatment for IBS in Doncaster where bloating is the primary symptom. They also have alverine, mebeverine or peppermint oil as first line treatments.

SimAlvia® is more expensive than alverine or mebeverine for IBS but is very effective for bloating. The classification of SimAlvia® was discussed at the TLDL subgroup meeting and although the group have not started reviewing the green classification list, they felt that it would fit the green criteria and likely would be classified green.

It was agreed that a summary review document with options, costs, and evidence base etc would be brought back to the APC to consider an interim position on the Barnsley formulary, until further discussion and an agreed classification at the TLDL subgroup.

#### **Agreed action: -**

- A summary report would be brought back to the Committee.

**JH**

**APC 24/74**

## **NEW PRODUCT APPLICATION LOG**

Noted for information.

**APC 24/75**

## **REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)**

24/75.1

### SYICB IMOC Ratified Minutes – 6<sup>th</sup> March 2024

The minutes were shared for information.

24/75.2

### SYICB IMOC Draft Minutes – 3<sup>rd</sup> April 2024

The draft minutes were shared for information.

24/75.3

### National lipid management pathway March 2024 and e-lipid pathway

Links to the national lipid management pathway and the e-lipid pathway were shared with members.

Feedback on the e-lipid pathway from across the four South Yorkshire places had been sought by IMOC, and Barnsley LMC had fed back highlighting concern with regards to the placement of the injectables (PCSK9i and Inclisiran) within the draft pathway and the commissioning arrangements, therefore they didn't feel it was feasible for primary care to initiate without a dedicated funded primary care lipid clinic.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that Barnsley do have funding mechanisms in place and practices have previously shown a willingness for skilling up around administration of the specialist medicines therefore there

should be no barrier in Barnsley given that resource and support is available, acknowledging that some have voiced the resource being insufficient. It was noted that there is a lack of investment in injectable administration in other place areas.

It would be fed back to the IMOC that the pathways across the four places are different and primary care should not automatically be expected to pick up injectable administration.

CL

24/75.4 SYICB IMOC Verbal Key Points – 1<sup>st</sup> May 2024

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

24/75.4.1 Amber G Template

There was discussion regarding having a new green G classification as well as an amber G classification but there would be further discussion around this. The amber G template has been agreed but noted that this wouldn't be applied with all amber G classified medications, for each a decision would be taken whether the template needed to be completed.

**APC 24/76** **BARNSELY APC REPORTING**

24/76.1 APC Reporting January - March 2024

Enclosure I, showing reports received directly into the APC reporting mailbox was received and noted. There were 28 reports received for the month of January 2024, 33 reports received for the month of February 2024, and 25 reports received for the month of March 2024.

The Senior Interface Pharmacist (BHNFT) referred to reports received from community pharmacy about DMS referrals, reporting issues with formatting and mapping with medication and whether medication had been started or stopped. He fed back that clinical systems and the data warehouse teams have advised this issue is now resolved. This would be fed back to the community pharmacies that reported the issue and he would monitor APC reports for further reported issues.

24/76.2 APC Reporting January - March 2024 Interface Issues

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

**APC 24/77** **NEW NICE TECHNOLOGY APPRAISALS**

24/77.1 NICE TAs April 2024

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

- TA963 Dostarlimab with platinum-based chemotherapy for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency
- TA964 Cabozantinib with nivolumab for untreated advanced renal cell carcinoma
- TA966 Pembrolizumab with gemcitabine and cisplatin for untreated advanced biliary tract cancer (**terminated appraisal**)
- TA968 Melphalan flufenamide with dexamethasone for treating relapsed or refractory multiple myeloma (**terminated appraisal**)
- TA969 Gefapixant for treating refractory or unexplained chronic cough (**terminated appraisal**)

24/77.2	<u>Feedback from BHNFT Clinical Guidelines and Policy Group</u> There was nothing relevant to report.	
24/77.3	<u>Feedback from SWYPFT NICE Group</u> There was nothing relevant to report.	
<b>APC 24/78</b>	<b>FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS</b>	
24/78.1	<u>Primary Care Quality &amp; Cost-Effective Prescribing Group (QCEPG)</u> The group have not met, therefore there was nothing to report.	
24/78.2	<u>BHNFT</u> The group have not met, therefore there was nothing to report.	
24/78.3	<u>SWYPFT Drug and Therapeutics Committee (D&amp;TC)</u> The Lead Pharmacist advised that SWYPFT have approved the Sodium Valproate Pathway for Mood Stabilisers. This would be shared with the Committee.  SWYPFT are developing a valproate easy-read guide especially for people with learning disabilities.  The D&TC discussed the MHRA safety alerts around Finasteride and Montelukast and how they link to psychiatric type symptoms. They are not issuing Green Lights for them, but the MHRA safety alerts have been sent out within the Trust for information.  L-Tryptophan was expected to be discussed at the June 2024 D&TC. The Medicines Management Pharmacist advised that IMOC approved a red traffic light classification at the May 2024 meeting. It was agreed to wait for feedback from the SWYPFT D&TC to decide the Barnsley formulary classification.	PC
24/78.4	<u>Community Pharmacy Feedback</u> There was no community pharmacy representative present for this item.	
24/78.5	<u>Wound Care Advisory Group</u> The group have not met, therefore there was nothing to report.	
<b>APC 24/79</b>	<b>ISSUES FOR ESCALATION TO THE BARNESLEY PLACE QUALITY &amp; SAFETY COMMITTEE (2<sup>nd</sup> MAY 2024)</b> It was agreed to escalate the out of stock issues regarding the decision over the ICB about pulling together and taking forward a strategy and plan of supportive work. The standing updates on IMOC and APC Reporting/D1 issues would also be escalated to the Barnsley Place Quality and Safety Committee.	CL
<b>APC 24/80</b>	<b>FORMULARY ACTIONS</b>	
24/80.1	<u>SPS New Medicines Newsletter March 2024</u> Received for information.	
24/80.2	<u>IMOC Horizon Scanning May 2024</u> The Medicines Management Pharmacist presented enclosure M detailing the traffic light classifications agreed at the May 2024 IMOC meeting. The formulary changes for Barnsley were highlighted as follows: -	

- Diphtheria + tetanus + pertussis vaccine – non-formulary grey
- Rezafungin – non-formulary red
- Zilucoplan – non-formulary grey
- Natalizumab biosimilar - already classified by IMOC November 2023 – formulary red (in line with positive NICE TAs)
- Midazolam (licence change to include use in adults - for information only) - Midazolam (Buccal) - already classified by IMOC April 2022 – formulary amber. Epistatus is now licensed for adults - wording to be changed on the formulary to reflect this (SCG due for review April 2027)
- Foslevodopa + foscarbidopa - already classified IMOC February 2024 – formulary red

**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.

24/80.3

TLDL Sub-group list April 2024

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

- Amphotericin - amphotericin eye preparation is already non-formulary red, amphotericin infusion to change from non-formulary amber to non-formulary red
- Angiotensin II - change from non-formulary red to non-formulary grey
- Antimalarials - chloroquine is already formulary red, change quinine in section 5.4.1 from formulary green to formulary red. Add indication.
- Antimalarials - Create a non- formulary grey general entry for antimalarials for prophylaxis of malaria (remove doxycycline formulary green entry in 5.4.1) Link to NICE CKS on malaria prophylaxis to be added to formulary with the information: 'Drugs for malaria prophylaxis are not prescribable on the NHS. Chloroquine is available to buy over the counter. Mefloquine and doxycycline are only available on private prescription'.
- Midazolam buccal - change classification of Midazolam buccal solution (Buccolam®) from formulary amber-G to formulary amber

24/80.4

Additional changes

- IMOC have agreed that Adrenaline 1 in 10,000 for CPR be changed to formulary green therefore this would be added to the Barnsley formulary as formulary green.
- Sucralfate - due to increasing cost of licensed liquid, it was agreed to add the unlicensed tablets to the formulary and amber-G guidance.

JH

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 24/81 MHRA DRUG SAFETY UPDATE (APRIL 2024)**

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

Finasteride: reminder of the risk of psychiatric side effects and of sexual side effects (which may persist after discontinuation of treatment)

A patient alert card is being introduced for men taking finasteride to help raise awareness of the risk of psychiatric side effects and sexual dysfunction, including the potential for sexual dysfunction to persist after treatment has stopped. Healthcare professionals are reminded to monitor patients for both psychiatric and sexual side effects.

Montelukast: Reminder of the risk of neuropsychiatric reactions

Healthcare professionals prescribing montelukast should be alert to the risk of neuropsychiatric reactions in all patients including children and adolescents. Reported neuropsychiatric reactions include sleep disorders, hallucinations, anxiety, and depression, as well as changes in behaviour and mood. Healthcare professionals should advise patients and their caregivers to be alert to these risks and seek medical advice as soon as possible if neuropsychiatric reactions occur.

**APC 24/82 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

There were no minutes to note.

**APC 24/83 ANY OTHER BUSINESS**

**24/83.1 Dr Munzar – thank you**

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) informed the Committee that Dr Munzar has stepped down from attending the LMC and therefore has stepped down from attending the Barnsley APC meetings.

Dr Munzar was formally thanked by the Committee, recognising his many years of loyal support and how much the contribution he had made to the group was valued.

**24/83.2 Electronic Repeat Dispensing Guidance**

The Medicines Management Pharmacist advised that the guidance developed during COVID has now been stepped down and removed from BEST.

**24/83.3 Osteoporosis Pathway**

The Medicines Management Pharmacist advised that there have been minor amendments to the Osteoporosis Pathway following feedback from rheumatologists, mainly that the calcium and vitamin D must be in normal range when the DEXA is requested, or the patient is referred. This has been uploaded to BEST.

**APC 24/84**

**DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 12<sup>th</sup> June 2024 at 12.30 pm via MS Teams.

ADOPTED