

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 11th September 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	Chair (Community Pharmacy South Yorkshire)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Mehrban Ghani (from 24/147.1 to 24/151.1)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Munsif Mufalil (from 24/147.3 to 24/160.2)	General Practitioner (LMC)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (SY ICB, Barnsley)
Erica Carmody	Lead Pharmacist (SY ICB, Barnsley)
Deborah Cooke (to 24/151.1 and including 24/155)	Lead Pharmacist (SY ICB, Barnsley)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Gillian Turrell	Lead Pharmacist (BHNFT)
Tsz Hin Wong (up to 24/157.5)	Senior Interface Pharmacist (BHNFT)

APOLOGIES:

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

**ACTION
BY**

APC 24/144 QUORACY
The meeting was quorate.

APC 24/145 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.

Subject to this amendment, the minutes were approved as an accurate record of the meeting.

APC 24/147 MATTERS ARISING AND APC ACTION PLAN
24/147.1 BHNFT D1 Issues

At the last meeting, regarding the TTO incident at the beginning of July, it was noted that it had been agreed that BHNFT would reissue TTO medicine information from that period for all affected patients, and that clear direction would be given to GP practices about comparing the information with the information that they received at discharge. A communication has been drafted ready to go out to GP practices, however notification has not yet been received from BHNFT that the TTO lists have been compiled.

The Lead Pharmacist explained that one of the delays in progressing this has been the requirement for the pharmacy team to verify the D1s before they are sent. Given the time involved to verify the large numbers identified, it had been agreed within BHNFT that the pharmacy team would look at the list to identify those that have already had ICE D1s sent. This work needs to be completed before Clinical Systems can send out the missing D1 information to GP practices.

There was an early indication that from the numbers identified, around 50% of D1s from this time period needed to be sent to GP practices. To avoid further delay, it was agreed that these should be sent out in batches, adjusting the communication out to GP practices. The Lead Pharmacist, BHNFT would contact Richard Billam about getting those identified so far sent out, with others sent on a weekly basis, and communication sent to GP practices as each batch is sent through to primary care. It was agreed for completeness, to include communication for patients that have since passed away.

The Lead Pharmacist, SY ICB (DC) noted that communication has not yet been sent to GP practices, as we were awaiting clarification of the timeframe, and clarity was sought in the meeting about when these will start going out to primary care. The Lead Pharmacist, BHNFT would need to confirm the plan, and clearly communicate with the Lead Pharmacist, SY ICB (DC) whatever action is taken at BHNFT, so that the drafted communication can be amended to ensure appropriate information goes out to primary care. The Lead Pharmacist, SY ICB (DC) recognised the associated workload for BHNFT to identify the number of missing TTOs but wanted to highlight again that there is a clinical risk associated with this incident which occurred 2 months ago, and further medication changes could have been made since these patients were discharged in July without the primary care clinician being aware of any changes made during this admission

Agreed actions: -

- The Lead Pharmacist, BHNFT to contact Richard Billam about sending batches of the TTOs out.

- The Lead Pharmacist, BHNFT to confirm the timeframe for sending the TTOs out with the Lead Pharmacist, SYICB (DC).
- The Lead Pharmacist, SY ICB (DC) to send appropriate communication out to GP practices when the timeframe for sending the TTOs has been confirmed.

24/147.2

NICE TAs (July 2024)

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

- TA990 Tenecteplase for treating acute ischaemic stroke

24/147.3

Action Plan – otherTicagrelor Audit

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) spoke of the clinical risk around ticagrelor for patients where it is not communicated on D1s about the length of treatment; and the associated workload for primary care seeking that information from BHNFT.

The Lead Pharmacist, BHNFT noted that the original ticagrelor audit was looking at the information being communicated on the D1, recognising the need to re-communicate with each change of doctor/staff intake that length of treatment should be documented, however advised that this should also be picked up at the post MI clinic so would be communicated in the 6 week post MI letter, before needing to stop/change treatment.

There was frustration communicated with the long standing issue of missing information on D1s and that teams should be educating their teams to ensure that D1s are accurate and include all the required information, removing the need for primary care to follow up with BHNFT to obtain this information.

The Lead Pharmacist, SY ICB (DC) advised that reports relating to ticagrelor are still received via APC reporting, albeit not to the same extent as they were, noting that if this is the process where in the majority of cases its now the nurses in the post MI clinic advising on the duration, that information should be on the D1 so that it doesn't look like the duration information is missing and a note can then be added to the patient's record. Primary care needs to be aware to look out for the letter and can't assume that the duration will be confirmed in a follow up letter without any reference to this on the D1.

Following discussion, and to be able to quantify the level of risk and size of the issue, it was agreed to undertake a quick piece of work looking at D1s at one or two GP practices. This would be brought back to the November 2024 meeting. The Lead Pharmacist, BHNFT to consider if the action to re-audit should remain on the action plan or advise about putting a longer target date on it.

Agreed actions: -

- Information to be gathered from one or two GP practices to quantify the current size of the issue.
- The Lead Pharmacist, BHNFT to consider the re-audit action on the action plan and whether that should remain or advise a longer target date.

24/147.4 Shared Care Protocol for the Prescribing of Oral Antipsychotics in Adults – Annual ECG
Following a change in the process, and the decision to have guidance at Place and not move to South Yorkshire Shared Care Guidance, the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) would discuss with LMC colleagues around the need for the annual ECGs.

Agreed action: -

- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to discuss at the next LMC meeting.

CL

24/147.5 Update Optimising Lipid Management for Secondary Prevention of Cardiovascular Disease in Barnsley
The Lead Pharmacist, BHNFT to update the targets within the guidance following the change to the NICE targets. This was deferred to the October 2024 meeting.

GT

APC 24/148 PRIMARY CARE ORLISTAT PRESCRIBING AND REVIEW GUIDELINES FOR ADULTS (OVER 16 YEARS OF AGE) (UPDATE)

The Medicines Management Pharmacist presented the updated guidance with minor changes to wording, including a change in the 'reviewing orlistat section' which now says to monitor monthly (instead of monitor regularly, ideally monthly), and an example is now given for the less strict goal which may be considered for those with type 2 diabetes.

The change of wording to monthly monitoring was queried, and it was agreed to take this back and request that the monitoring be changed to 3 monthly, in line with the Tier 3 weight management team monitoring requirement. Subject to this amendment, the Committee approved the guidance. If there are issues around changing this to 3 monthly, the guidance would be brought back to the next meeting.

Agreed action: -

- If there are issues around changing the monitoring to 3 monthly, the guidance would be brought back to the next meeting.

JH

APC 24/149 UPDATED GUIDELINES FOR APPROVED CHOICE OF BLOOD GLUCOSE TESTING STRIPS, METERS AND LANCETS

The Medicines Management Pharmacist presented the updated guidance which has been shared with specialists for comment. A summary of the changes was presented at Enclosure D2, noting that the guidance has been updated in line with the commissioning recommendations, ensuring that the meters within the guidance are also included in the national guidance. The ketone monitoring section has also been amended.

In response to feedback received, it was felt helpful to have a title at the top of page 13 to clarify that the information relates specifically to the SGLT2s rather than DKA and the sick day rule guidance generally.

The LMC approved the updated guideline.

The Committee approved the updated Guidelines for Approved Choice of Blood Glucose Testing Strips, Meters, and Lancets.

APC 24/150 MSN METHYLPHENIDATE PROLONGED RELEASE (FOR INFORMATION)

The MSN published in August 2024 was presented for information, noting that there has been disruption to supply for some time now.

The Lead Pharmacist, SY ICB (DC) referred to guidelines produced by colleagues in Rotherham, which includes comparative dose of the standard release. It was acknowledged that difference places may be approaching switching differently, therefore advice was being sought from SWYPFT about switching from the modified release to the standard release.

The Lead Pharmacist, SWYPFT referenced some information that was produced and shared last year on switching, noting that switching to a different release product was not like for like and that a consultation would need to be had with the patient.

The Lead Pharmacist, SY ICB (DC) confirmed that the guidance produced by SWYPFT had previously been circulated but could be re-circulated.

The Chair of CPSY asked that any advice shared with GP colleagues also be shared with community pharmacy to share a unified message, noting that this is a daily issue for them with patients struggling to obtain the modified release, with anger often vented at community pharmacy and GP colleagues.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) noted that ideally South Yorkshire or national guidance would be circulated but until that has been produced, confirmed with the Chair of CPSY that community pharmacies would be happy for the Barnsley Place guidance to be shared.

It was agreed that the latest version of the SWYPFT shortage guidance would be circulated to community pharmacies and GP practices with the APC memo (or separately).

Agreed action: -

- Guidance to be circulated to community pharmacies and GP practices.

DC

APC 24/151 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

24/151.1 Sucralfate Amber-G guideline (update)

The Medicines Management Pharmacist presented the updated guideline, which now includes the unlicensed tablets. It had been previously agreed at the APC to add this to the guideline. The guideline has had a full update, which has been shared with and approved by the specialists. There were no concerns raised by the LMC.

The Committee approved the updated Sucralfate amber G guideline.

There was a discussion to seek reassurance that members were happy that there is a difference between amending shared care guidance based on feedback from the LMC, separate from issues relating to the industrial action. The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) confirmed that it was important, as discussed previously, the duty of care around collectively as a committee needing to review and keep guidelines updated, not wanting to compromise safety as we have clinicians that are using these guidelines and there are patients being managed under them in primary care. This was in terms of amendments to current shared care guidelines, not about the introduction of new shared care guidelines, and it was confirmed that no issues had been raised in primary care when amending current guidelines.

The Lead Pharmacist, BHNFT raised no issues from a secondary care perspective.

The LMC GP (MM) advised that the LMC have no issues with amending and updating current shared care guidelines, but would not be taking on new shared care, noting that the LMC have written to BHNFT advising that, with a grace period, they will not be accepting or approving any new shared care documentation. Therefore, new drugs in terms of any that require a shared care are on hold. It was also noted that there is a variation across practices with regards to the current shared care documents that we have, whether they are accepting new patients, noting that letters have been sent to secondary care advising where they don't want any referrals for shared care to be sent to them. It was noted that there is a big variation across the patch.

In response to this and checking if there were any secondary care operational issues relating to new shared care, the Lead Pharmacist, BHNFT advised that she was working with the Executive Team to discuss the impact on the clinical teams should GP practices in Barnsley not take on new shared care. It was shared that intelligence is being gathered from across the Trust regarding the proportions that individual therapeutic areas might be receiving around declines to undertake shared care. They were looking at setting up a central point for all issues to be reported into, not just shared care, for example, refusal of follow up bloods etc that will impact with additional workload.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) advised that part of the industrial action involves stopping all new shared but there are a range of actions including an element which is about giving back existing shared care, therefore hospitals need to be aware that they may be served notice from practices if this is escalated. There was no timeline to advise BHNFT of any potential escalation, this was dependent on negotiations with government.

The Associate Medical Director, Medicines Optimisation (BHNFT) recognised the difficult situation, wanting to keep our patients safe and do whatever we can to support our primary care colleagues and protect our patients. Following a request for an update across the ICB footprint, the Programme Director for Medicines Optimisation,

Strategy and Delivery (SY ICB) would follow up with a colleague collating this information to provide this update.

Agreed action: -

- An update across the ICB footprint to be sent to The Associate Medical Director, Medicines Optimisation (BHNFT).

CL

APC 24/152 FORMULARY

24/152.1 Formulary Review Plan

There were no changes to note since last month.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) raised concern around the length of time that has passed since formulary reviews had been undertaken, acknowledging that this has been due to capacity issues from both primary care with the ICB transformation, and secondary care with staffing issues. After discussion, it was agreed that admin reviews would be undertaken to check that links were working and to check that there were no significant changes to the area that needed to be made.

It was suggested that we prioritise sections and bring back a plan to a future meeting about undertaking desk-based admin reviews.

Agreed action: -

- A desk-based admin review plan to be brought back to the Committee.

DC

APC 24/153 NEW PRODUCT APPLICATION LOG

There were no changes to note since last month.

Given that the Committee have not received any new product applications for some time, with applications going through the IMOC, it was suggested and agreed that new product applications be brought and considered by exception and that the log be removed from the agenda. It was agreed to review and consider applications currently on the log.

Agreed action: -

- Review and consider applications currently on the log.

CL

APC 24/154 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

24/154.1 SYICB IMOC Draft Minutes – 7th August 2024

The minutes were shared for information.

24/154.2 SYICB IMOC Verbal Key Points – 4th September 2024

There was no September 2024 IMOC meeting, but the group instead held a timeout/engagement session looking at suggestions about the working of the IMOC and about future ideas how they could potentially solve some of the issues the group were having.

It was acknowledged that a lot of the issues are national issues, for example there is NICE guidance to say medicines are safe and effective and we should include them, but there is no resource following that for implementation and oversight of the use of those

medicines, noting that it takes time to put pathways in place against the 3 month NICE TA rule around having medicines available.

Information from the timeout/engagement session has been shared and APC members can feed into the suggestions/whiteboard should they wish.

The next action is to collate all the information and take it back to the IMOC, with possibly a future engagement event to be arranged to discuss.

The suggestions made about separation of the decision around the traffic lighting; and reviewing the IMOC agenda/decision making format were shared. Work is ongoing.

Agreed action: -

- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to share the link to the timeout session whiteboard with the LMC GP (MM).

CL

24/154.3

IMOC Approved Guidelines (for information)

Links to the following guidelines were shared for information: -

- Updated SY Epilepsy in adults
- Guidance for patients on HRT with unscheduled bleeding
- Interim Position statement: Hybrid Closed Loop (HCL) position statement
- Hybrid Closed Loops FAQ
- Liothyronine (T3) Shared Care Protocol for the treatment of hypothyroidism in selected cohort of adults despite optimal dosage with levothyroxine and where alternative cause of symptoms have been excluded
- Denosumab 60mg/ml injection (Prolia) Shared Care Protocol
- Alimemazine in the treatment of sleep disorders in children Shared Care Protocol
- Shared Care Protocol of Finerenone in patients with CKD and type 2 diabetes

APC 24/155 BARNESLEY APC REPORTING

24/155.1

APC Reporting July 2024

The Lead Pharmacist, SYICB Barnsley (DC) highlighted that within the July 2024 reports, there were several reports relating to the missing TTO section discussed earlier in the meeting.

24/155.2

APC Reporting April-June 2024 – Key Themes

A summary of the number of reports received for April, May and June 2024 were received and noted. It was highlighted that the largest proportion of reports were D1 related.

24/155.3

APC Reporting July 2024 – Interface Issues

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

APC 24/156 NEW NICE TECHNOLOGY APPRAISALS

24/156.1

NICE TAs (December 2023 – July 2024)

There were several NICE TAs still under review, most are under haematology which are delayed as there are no substantive

haematologists at the Trust. The Trust are aware of the delay and have discussed it at the NICE Group and it has been escalated to Jeremy Bannister, Lead of the NICE Group to action and chase.

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

- TA937 Targeted-release budesonide for treating primary IgA nephropathy (NICE TA - December 2023)
- TA981 Voxelotor for treating haemolytic anaemia caused by sickle cell disease (NICE TA – June 2024)
- TA983 Pembrolizumab with trastuzumab and chemotherapy for untreated locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma (NICE TA – June 2024)

24/156.2

NICE TAs August 2024

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

- TA995 Relugolix for treating hormone-sensitive prostate cancer
- TA998 Risankizumab for treating moderately to severely active ulcerative colitis

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

- TA737 (Update) Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer
- TA994 (**Terminated Appraisal**) Enzalutamide for treating non-metastatic prostate cancer after radical prostatectomy or radiotherapy
- TA997 (This TA partially updates TA737) Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced HER2-negative gastric or gastro-oesophageal junction adenocarcinoma

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

- TA991 Abaloparatide for treating osteoporosis after menopause
- TA996 Linzagolix for treating moderate to severe symptoms of uterine fibroids

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

- TA993 Burosumab for treating X-linked hypophosphataemia in adults

24/156.3

Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing to report.

24/156.4

Feedback from SWYPFT NICE Group

There was nothing to report.

APC 24/157

24/157.1

FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)

The group have not met, therefore there was nothing to report. A regional meeting is being set up.

24/157.2

BHNFT

There was nothing relevant to report.

24/157.3

SWYPFT Drug and Therapeutics Committee (D&TC)

There was nothing relevant to report, however, the change of provider from Lloyds Group, and the potential impact with supply of medications to the hospice was shared. NHS England were working with SWYPFT regarding transferring to another provider and the Lead Pharmacist, SWYPFT would keep the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) updated about this change.

PC

24/157.4

Community Pharmacy Feedback

There was nothing new to report other than the known stock shortage issues.

24/157.5

Wound Care Advisory Group

The group have not met, and there were no new products to come to the Committee. It was noted that the group have made significant progress, with real success around harmonising the formulary and the products that are used within the hospital and out in primary care, and this work continues. There was acknowledgement of the work progressed by the new tissue viability nurse, and this would be communicated by email for BHNFT to thank/congratulate colleagues via the Medicines Management Committee.

Agreed action: -

- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to email acknowledgement of work to BHNFT.

CL/AA

APC 24/158 ISSUES FOR ESCALATION TO THE BARNSELY PLACE HEALTH & CARE QUALITY & SAFETY COMMITTEE (21st NOVEMBER 2024)

There were no issues to escalate this month, however it was noted that the issues discussed last month around D1 communication and ICE reporting had been raised at the September 2024 Quality & Safety Committee meeting, and additional information was to be provided, therefore it was expected that an update would need to be provided to them at the November 2024 meeting.

APC 24/159 FORMULARY ACTIONS

24/159.1

SPS New Medicines Newsletter July 2024, RDTC Horizon Scanning Document July 2024 and IMOC Horizon Scanning August 2024

These were deferred to the October 2024 meeting due to the IMOC time away session in September 2024.

24/159.2

TLDL Sub-group list August 2024

- Ceftazidime (including in combination with other drugs) - change ceftazidime injection from formulary green to formulary red. Ceftazidime/Avibactam is already non-formulary red.
- Cefuroxime eye drops and injections - Cefuroxime 5%w/v and PF multidose eye drops are non-formulary red. Cefuroxime for

intracameral injection – formulary red (remove brand names Aprokam and Ximaract)

- Ciprofloxacin eye drops - change from formulary amber-G to formulary red
- Conestat alfa - change from non-formulary to non-formulary red
- Crisantaspace - change from non-formulary to non-formulary red
- Cycloserine - change from non-formulary to non-formulary red
- Oral Combined hormone contraception - change Qlaira® from non-formulary amber-G to 'non-formulary' with the wording: Oral combined hormonal contraception has been assigned a green traffic light classification by SY IMOC and to refer to the formulary for preparations suitable for prescribing in Barnsley. Remove the traffic light classification from the non-formulary entries for the non-formulary combined oral hormonal contraception (Zoely®, Alenini®, Drovelis® and Eloine®) and add the same wording.
- Mycophenolate Amber - add a note to mycophenolate formulary entries: Mycophenolate is red for indications not covered by the Shared Care Guidelines
- Levofloxacin tablets - change from formulary amber-G to formulary green
- Estradiol valerate plusdienogest - refer to oral combined hormonal contraception above
- Aciclovir 3% eye ointment - change from formulary amber-G to formulary green
- Betamethasone plasters - change from non-formulary amber-G to non-formulary green

The following are changes due to the IMOC approved Shared Care guidelines (from the IMOC August 2024 minutes): -

- Denosumab (Prolia®) - already formulary amber. Add link to SY SCG on IMOC website and remove current Denosumab SCG.
- Alimemazine - change alimemazine from non-formulary grey to formulary amber, add the indication and add a link to the SY SCG for Alimemazine in the treatment of sleep disorders in children on the IMOC website. Remove the Alimemazine APC Position Statement (this is under review at SY level).
- Liothyronine - change liothyronine capsules from formulary red to formulary amber. Add a link to SY SCG on IMOC website. Remove the Liothyronine APC Position Statement. Review the need for/update the liothyronine APC Position Statement as appropriate.
- Finerenone - change finerenone from non-formulary red to formulary amber. Add a link to SY SCG on IMOC website.

The formulary changes were approved by the Committee.

APC 24/160 SAFETY UPDATES

24/160.1 MHRA Drug Safety Update (August 2024)

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

Yellow Card Biobank: call to contribute to study of genetic links to side effects

Support this initiative to explore whether there is a genetic basis of side effects associated with direct-acting oral anticoagulants (DOACs) and allopurinol.

24/160.2 IMOC Safety Paper – August 2024

This was received and noted with the following information highlighted: -

Sodium Valproate Pregnancy Prevention Programme

Following a query received around patients with no risk of pregnancy and whether a counter signatory was required, information was sought from the MHRA, and their response (red text) has been added to the relevant South Yorkshire guidance document, the Epilepsy Shared Care Guideline. It was noted there is an action on the Barnsley APC action plan to include this wording in the Shared Care Guideline for The Use of Anticonvulsants as Mood Stabilisers.

Epimax® Ointment and Epimax® Paraffin-Free Ointment: reports of ocular surface toxicity and ocular chemical injury

Information has been added to Scriptswitch regarding this and patients are being contacted. The emollient guidance is in the process of being updated.

Class 2 Medicines Recall: Desitin Pharma UK Ltd, Lamotrigine Desitin 10mg/ml Oral Suspension

There is no further action required with regards to this recall as there has been no prescribing in the last 12 months.

Shortage of Kay-Cee-L® (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup

Information has been shared with the medicines optimisation team regarding this, identifying practices which may have patients that can be reviewed. Information has been added to Scriptswitch.

APC 24/161 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB Sheffield (16th May 2024) and NHS South Yorkshire ICB Doncaster & Bassetlaw (18th July 2024) were received and noted for information.

APC 24/162 ANY OTHER BUSINESS

24/162.1 Fobumix®

It was noted that the Fobumix® license has been extended to include children aged 6 and over. The recently updated asthma guideline would be amended with reference to this.

24/162.2 Rivaroxaban

It was noted that following the Rivaroxaban price reduction, the DOAC position statement would be reviewed/amended in line with this.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) referred to the apixaban price drop, noting that we would need to monitor what pharmacies are being reimbursed for the medicines as opposed to Tariff prices when planning any changes. It was noted that there were no plans to make any changes around edoxaban patients as the market was too unstable.

APC 24/163 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 9th October 2024 at 12.30 pm via MS Teams.

ADOPTED