

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 10th April 2024 via MS Teams**

MEMBERS:

Chris Lawson (Chair)	Strategic Pharmacy Lead (SY ICB, Barnsley)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (Community Pharmacy South Yorkshire)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Kapil Kapur (from APC 24/47)	Consultant Gastroenterologist (BHNFT)

IN ATTENDANCE:

Yvonne Bedford (visitor)	Clinical Pharmacist (SY ICB, Barnsley)
Nicola Brazier	Administration Officer (SY ICB, Barnsley)
Deborah Cooke	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 Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Madhavi Guntamukkala	Medical Director (SY ICB, Barnsley)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Munsif Mufalil	General Practitioner (LMC)

**ACTION
BY**

APC 24/44 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

Yvonne Bedford was welcomed to the meeting, attending as a visitor to observe the meeting as part of her independent prescribing course.

APC 24/45 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Chair invited declarations of interest relevant to the meeting agenda. The Strategic Pharmacy Lead declared that she currently signs a variety of 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 24/46 DRAFT MINUTES OF THE MEETING HELD ON 14th FEBRUARY 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 24/47
24/47.1

MATTERS ARISING AND APC ACTION PLAN

NICE TAs (December 2023)

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

- HST29 Velmanase alfa for treating alpha-mannosidosis
- TA935 Secukinumab for treating moderate to severe hidradenitis suppurativa (*currently not applicable*)
- TA937 Targeted-release budesonide for treating primary IgA nephropathy (*provisionally advised not applicable, TBC at the next APC meeting*)

GT

24/47.2

NICE TAs (January 2024)

The Lead Pharmacist, BHNFT 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 (*provisionally advised applicable, TBC at the next APC meeting*)

GT

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

- HST30 Sebelipase alfa for treating Wolman disease
- TA944 Durvalumab with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer
- TA945 (**terminated Appraisal**) Treosulfan with fludarabine before allogeneic stem cell transplant for people aged 1 month to 17 years with non-malignant diseases
- TA946 Olaparib with bevacizumab for maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer
- TA948 Ivosidenib for treating advanced cholangiocarcinoma with an IDH1 R132 mutation after 1 or more systemic treatments

24/47.3

Action Plan – other

Ikervis (ciclosporin eye drop) amber G guidance

The guidance was awaiting feedback from the specialists. The Lead Pharmacist, BHNFT would assist again with trying to obtain specialist feedback advising that if no specialist response was received, it was agreed to take this as an indication from the service that they are not concerned about changing the classification from red to amber G, and Ikervis (ciclosporin eye drop) would remain classified red.

This would be brought back to the next meeting.

The Lead Pharmacist, SYICB Barnsley added that part of the rationale for adding Ikervis (ciclosporin eye drop) to amber G was that primary care had received requests to prescribe it. It was

acknowledged that this was some time ago, and therefore it was agreed to look at primary care prescribing data and if Barnsley hospital are asking practices to prescribe. This would be brought back to the next meeting.

It was noted that the classification of Ikervis (ciclosporin eye drop) has not yet been considered by the IMOC.

Agreed actions: -

- The Lead Pharmacist, BHNFT to request specialist feedback.
- The Lead Pharmacist, SYICB Barnsley to look at primary care prescribing data and provide an update at the next meeting.

**GT
DC**

24/47.4

Semaglutide Oral Tablets

The Lead Pharmacist, SYICB Barnsley advised that Eclipse data up to the end of December 2023, indicated that prescribing in Barnsley was relatively low. Prescribing did increase in January 2024 to an average of 80 packs that month, which is in line with the alert that it can be used for new initiations. Much of the prescribing is for the lower strength 3mg which suggests it is being used for initiations. As there were no concerns raised from the prescribing data, and with monitoring expected to be pulled into the wider monitoring work because of new agents coming in as well as new pathways of care expected to come in, it was agreed that the action of monitoring this prescribing information would be removed from the action plan.

NB

There was a brief discussion around variation across South Yorkshire about using semaglutide oral tablets for new initiations.

24/47.5

Methenamine and Otigo® ear drops

The Strategic Pharmacy Lead agreed at the September 2023 meeting to provide a 6 month progress update on the usage for methenamine and Otigo® ear drops. The Committee were advised that there has been an improvement and usage data would be presented at the next meeting.

The Committee were advised of additional areas to be reviewed to support antimicrobial stewardship including the use of vaginal oestrogens in the elderly UTI patients, and hydrogen peroxide cream for impetigo. It was agreed to also present this data at the next meeting.

Agreed action: -

- The Strategic Pharmacy Lead to present the above usage data at the next meeting.

CL

24/47.6

SGLT2 inhibitors for heart failure Amber-G guideline

The Lead Pharmacist, BHNFT to bring this to the next meeting.

GT

24/47.7

Metolazone Amber G guideline

The Lead Pharmacist, BHNFT to make a minor amendment and send back to the LMC.

GT

24/47.8	<p><u>Hyperkalaemia Management Guideline (renal association guideline - community version)</u> The guidance is currently out for consultation with GPs and hospital specialists. The revised target date would be confirmed.</p> <p>Post meeting note: the guidance was expected to be presented at the June 2024 APC meeting.</p>	
24/47.9	<p><u>Prescribing Oscillating Positive Expiratory Pressure (OPEP) Devices (prescribing data)</u> The Lead Pharmacist, SYICB Barnsley advised that Eclipse data shows prescribing is for Aerobika® which is in line with the guideline and device approved. On average, currently there are 10-15 packs being issued each month. There were no concerns raised from the prescribing data and it was agreed to close this action on the action plan.</p>	
24/47.10	<p><u>Ticagrelor Audit</u> The Lead Pharmacist, BHNFT advised that due to current workloads, the pharmacy team were unable to undertake a re-audit around the information coming out from discharges that previously gave a lack of clarity to primary care clinicians regarding what to prescribe and the length of treatment.</p> <p>After discussion, it was agreed that a paper would be prepared for the Associate Medical Director to request through the Medicines Management Committee that the audit department at BHNFT undertake this re-audit, highlighting this as an area of interest and priority to the APC.</p> <p>It was agreed to close this action on the action plan and open a new action around the request for the BHNFT audit department to undertake a re-audit.</p> <p>Agreed actions: -</p> <ul style="list-style-type: none"> • A paper to be produced and request progressed through the Medicines Management Committee. • Action log to be updated (close and add new action). 	<p>GT/AA</p> <p>NB</p>
24/47.11	<p><u>Shared Care Protocol for the Prescribing of Oral Antipsychotics in Adults – Annual ECG</u> This action was deferred until raised at the next LMC meeting.</p>	CL
APC 24/48	<p>NHS ENGLAND NOTIFICATIONS/ALERTS The Lead Pharmacist, SYICB Barnsley advised that updated information has since been published in respect of some of the notifications and alerts circulated which were due to be shared at the ‘stepped down’ March APC meeting.</p>	
24/48.1	<p><u>MSN - Lisdexamfetamine (Elvanse®) capsules</u> The Lead Pharmacist, SYICB Barnsley noted that an update on the SPS database (5 April) advised that supply of Lisdexamfetamine (Elvanse®) capsules was returning.</p>	

24/48.2

MSN - Fiasp® FlexTouch® (insulin aspart) 100units/ml solution for injection 3ml pre-filled pens

The Lead Pharmacist, SYICB Barnsley noted this is a long standing out of stock issue and that the pre-filled pens will be out of stock until January 2025. The information states that the cartridges remain available and can support increased demand but that patients should not be initiated on the pre-filled pens during this time. With the cartridges, patients need to be prescribed the appropriate delivery system and needles and counselled appropriately. Information has been sent out to the medicines management team and searches have been set up.

It was noted that the move from prefilled pens to cartridges and reusable pens also supports the sustainability agenda.

24/48.3

NPSA - Shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials

The Lead Pharmacist, SYICB Barnsley advised that an updated alert was issued early March 2024 with an improving position.

Despite this update of an improved position, the Community Pharmacist advised that the issue remains and fulfilling scripts of either strength in primary care was still proving challenging at times.

There was a discussion around prescribing/sourcing unlicensed specials when the licensed product is unavailable and the Lead Pharmacist, BHNFT advised that BHNFT have been advised to order the unlicensed specials and maintain a good stock level in the hospital and are supplying on discharge if patients are on regular nebulisers.

The Lead Pharmacist, BHNFT advised the Committee of some of the actions/processes put in place within the hospital to manage supply, such as stepping down to PRN and stepping up and questioning more, the appropriateness/need of patients being discharged on nebulisers. In terms of the resolution date, the SPS national database suggests end of June 2024.

The Community Pharmacist advised that Sheffield plan to review all their existing patients.

Following discussion around a pathway for escalation if community pharmacy is unable to source stock, it was suggested that virtual wards be considered if patients need escalating to obtain supplies of salbutamol. The Strategic Pharmacy Lead to discuss this with the virtual ward team.

The Strategic Pharmacy Lead referred to patient reviews undertaken several years ago in a small number of practices awaiting nebuliser guidance before wider rollout, and the Lead Pharmacist, SYICB Barnsley advised that following circulation of this alert, some patient reviews were undertaken but the work stepped down when we understood the supply issue had resolved.

It was agreed that the Lead Pharmacist, SYICB Barnsley would look at what could be implemented in primary care in terms of patient reviews.

Agreed actions:

- The Strategic Pharmacy Lead to discuss supply of salbutamol with the virtual ward team.
- The Lead Pharmacist, SYICB Barnsley to consider required action around patient reviews.

CL

DC

24/48.4

MSN/2024/031 Semaglutide, Dulaglutide and Liraglutide pre-filled pens

The Medicines Management Pharmacist, SYICB Barnsley presented the updated MSN, highlighting the summary section around supply of Semaglutide, Dulaglutide, Liraglutide, and Exenatide.

The new information included in the alert around Tirzepatide which is a long-acting, dual glucose-dependent insulinotropic polypeptide (GIP) and GLP-1 receptor agonist was noted. This is classified amber G on the Barnsley formulary and is currently available in the lower strengths. This can also support new patient initiations or any patients who are unable to obtain their existing therapy. It should be prescribed in line with NICE guidance (TA924) for type 2 diabetes, and it was noted that Mounjaro® KwikPen® is a black triangle drug.

The actions required by clinicians were noted.

A link was shared with the agenda to the updated guidance from the Primary Care Diabetes Society (PCDS) and the Association of British Clinical Diabetologists (ABCD) which contains further information and advice on switching patients.

Following a discussion regarding the use of semaglutide tablets, the Strategic Pharmacy Lead to obtain further information outside of the meeting and escalate if necessary.

It was highlighted that tirzepatide, classified amber G was not included in the amber G guideline, and therefore could be an issue if starting treatment and GPs are asked to take over prescribing. It was agreed to address this and seek clarity around amber G supporting guidance at the next IMOC.

The Lead Pharmacist, SYICB Barnsley advised that the amber G template is yet to be signed off by the IMOC, however, the consensus has been that it will be agreed by IMOC on an individual drug basis as to whether a guideline will be developed.

It was agreed that until clarity has been received from the IMOC about guidance being produced, and the timeframe for it, the red traffic light classification would be retained. Feedback would also be obtained from Barnsley GPs via the LMC.

Agreed actions: -

- The Strategic Pharmacy Lead to obtain further information outside of the meeting regarding the use of semaglutide tablets and escalate if necessary.

CL

- The Strategic Pharmacy Lead to seek clarity around amber G supporting guidance at the next IMOC.
- Feedback to be obtained from Barnsley GPs via the LMC.

CL
CL

24/48.5

Shortage of hyoscine butylbromide for injection

The Lead Pharmacist, SWYPFT spoke about the shortage of hyoscine butylbromide (20mg/mL) injection impacting on palliative care and the hospice and presented guidance, prepared by Dr Vedder (Consultant in Palliative Medicine) and colleagues, for using glycopyrronium as an alternative.

It was requested that glycopyrronium injection ampoules 200mcg/ml be added to the Barnsley formulary as second line to use as an alternative antimuscarinic when unable to source Hyoscine Butylbromide (Buscopan) 20mg/ml ampoules. This is also currently considerably cheaper than the other alternative of hyoscine hydrobromide injections.

The Lead Pharmacist, BHNFT advised that glycopyrronium injection ampoules 200mcg/ml were currently on the Barnsley formulary, classified Green, used occasionally in anaesthetics, noting that BHNFT have this in stock.

The Committee approved the request for glycopyrronium injection to be added to the Barnsley formulary as second line to use as an alternative antimuscarinic when unable to source Hyoscine Butylbromide (Buscopan) 20mg/ml ampoules. Wording on the Barnsley formulary would be amended, and this would be incorporated into the on demand specialist drugs service (also known as the palliative care stockist scheme).

Agreed actions: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email.
- Barnsley formulary to be updated and wording amended accordingly.
- Glycopyrronium injection ampoules 200mcg/ml to be incorporated into the on demand specialist drugs service and added to the claim list on PharmOutcomes.

JH

JH

PC
CL

APC 24/49

DRAFT SUPPLEMENTARY PRESCRIBING INFORMATION FOR BUCCAL MIDAZOLAM (BUCCOLAM®)

The Medicines Management Pharmacist presented the prescribing information which has been adapted from the previous amber G guideline to provide additional information to what is in the South Yorkshire Shared Care Guideline for Management of Epilepsy in Children.

It has been updated in line with the NICE Guidance; the 2017 MHRA alert information has been removed as this is no longer relevant; and there is addition of different sections including Precautions for Use, Renal and Hepatic impairment, and Pregnancy and Breastfeeding.

This has been to the specialists and the LMC, and the changes were approved.

The Committee approved the Supplementary Prescribing Information for Buccal Midazolam (Buccolam®).

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, this was approved by the Committee.

APC 24/50 SY ICB POSITION STATEMENT APPROPRIATE USE OF MONITORED DOSAGE SYSTEMS (MDS)
The Medicines Management Pharmacist presented the position statement for information which is now available on the IMOC website with the link hosted on the BEST website.

APC 24/51 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES
24/51.1 Shared Care Documentation Completion
Due to apologies received, this item was deferred to next meeting.

NB

APC 24/52 FORMULARY REVIEWS
24/52.1 Formulary Review Plan
There were no changes to note.

APC 24/53 NEW PRODUCT APPLICATION LOG
Noted for information.

APC 24/54 NEW PRODUCT APPLICATIONS
24/54.1 Para Fricta Bootees and Undergarments
The Strategic Pharmacy Lead deferred this item to the next meeting due to incomplete paperwork.

CL

It was shared that this is a new product and there is significant evidence around the effectiveness of its use, with improved healing time and reduction in the amount of nursing and clinician time required. This information would be brought back and considered with the new product application.

CL

APC 24/55 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

24/55.1 SYICB IMOC Ratified Minutes – 10th January & 7th February 2024
The minutes were shared for information.

24/55.2 SYICB IMOC Draft Minutes – 6th March 2024
The draft minutes were shared for information.

24/55.3 SYICB IMOC Verbal Key Points – 3rd April 2024
The Medicines Management Pharmacist provided an update from the meeting.

24/55.3.1 Azathioprine high strength TLDL
An application was received to traffic light the high strengths (75mg and 100mg tablets) as Grey. This was from a safety perspective and to avoid confusion. This was agreed at the IMOC and it was therefore

suggested that this would be added to the Barnsley formulary as non-formulary grey. The 25mg and 50mg strengths would be amber in line with the shared care guideline. It was also suggested that information would be added to Scriptswitch to only prescribe the 25mg and 50mg and then the total daily dose to be written on all prescriptions and for prescribers to be discouraged from prescribing half tablets.

Due to safety concerns with taking new tablets, and no national patient safety alert, it has been requested that IMOC produce a form of words, like the methotrexate information, to be shared with community pharmacies around dispensing the prescribed tablets.

The Lead Pharmacist, BHNFT had no concerns that this would cause any issues at BHNFT.

24/55.3.2

Doxylamine & Pyridoxine (Xonvea®)

An application was received for Xonvea, for managing nausea and vomiting in pregnancy. The proposal to change it from Grey to Green was approved. This is a first line option (and the only licensed option) in the NICE Clinical Knowledge Summary for managing nausea and vomiting in pregnancy. The cost implications were highlighted. It was agreed that this would be added to the Barnsley formulary as formulary Green. The Committee approved this classification.

Agreed action: -

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

JH

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

24/55.3.3

National Lipid Guidance Update

The IMOC were advised that the guidance has been updated and informed that there will be an electronic pathway which is in development making it easier for clinicians to navigate.

There was an ask for Place to review and comment on the guidance and consider adopting this as a South Yorkshire document. This would be brought back to the IMOC.

The Lead Pharmacist, SYICB Barnsley noted that in Barnsley, some of the drugs have been traffic lighted differently to other South Yorkshire places, e.g., Inclisiran.

APC 24/56

BARNSELY APC REPORTING

Deferred to next meeting.

DC

APC 24/57

NEW NICE TECHNOLOGY APPRAISALS

24/57.1

NICE TAs February 2024

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

- TA950 Nivolumab–relatlimab for untreated unresectable or metastatic melanoma in people 12 years and over
- TA952 Talazoparib for treating HER2-negative advanced breast cancer with germline BRCA mutations

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

GT

- TA949 Belumosudil for treating chronic graft-versus-host disease after 2 or more systemic treatments in people 12 years and over
- TA951 Olaparib with abiraterone for untreated hormone-relapsed metastatic prostate cancer

24/57.2

NICE TAs March 2024

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

- TA878 (Update) Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19
- TA953 (Updates and replaces TA301 and TA613) Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema
- TA956 Etrasimod for treating moderately to severely active ulcerative colitis in people aged 16 and over – *applicable for use at BHNFT for people 18 years and over only (not people aged 16 and 17 years)*

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

- TA960 (**Terminated Appraisal**) Satralizumab for preventing relapses in neuromyelitis optica spectrum disorders
- TA961 (**Terminated Appraisal**) Sebelipase alfa for treating lysosomal acid lipase deficiency that is not Wolman disease
- TA962 Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy
- TA965 (**Terminated Appraisal**) Human alpha1-proteinase inhibitor for treating emphysema

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

GT

- 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
- TA957 Momelotinib for treating myelofibrosis-related splenomegaly or symptoms
- TA958 Ritlecitinib for treating severe alopecia areata in people 12 years and over
- TA959 Daratumumab in combination for treating newly diagnosed systemic amyloid light-chain amyloidosis

24/57.3

Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing relevant to report.

24/57.4

Feedback from SWYPFT NICE Group

There was nothing relevant to report.

APC 24/58
24/58.1

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.

24/58.2

BHNFT

There was nothing relevant to report from the group, however the Lead Pharmacist advised that BHNFT are now using Tinzaparin instead of Dalteparin. It was noted that although the March 2024 APC meeting was stepped down, the Tinzaparin Shared Care Guidelines were approved by members via email, therefore primary care may now start to see patients being referred out if started on long term treatment. There was a request to ensure the Shared Care Guidelines were available on BEST as soon as possible to support any requests for primary care to prescribe.

It was agreed that the formulary status would be updated and the Lead Pharmacist, BHNFT noted that she would be sending a copy of the bridging guideline for upload to BEST.

The Medicines Management Pharmacist advised that the Shared Care Guidelines have been circulated to the MMT and will ensure they are added to the BEST website.

It was agreed that communication about the switch would be sent to primary care via the APC memo and the primary care team bulletin.

Agreed actions: -

- Contact details for the primary care team to be shared with the Lead Pharmacist, BHNFT.
- Communication about the switch to included in the APC memo and primary care team bulletin.
- Shared Care Guidelines to be uploaded to the BEST website.
- Bridging guideline to be sent for upload to the BEST website.

NB
DC
GT
JH
GT

24/58.3

SWYPFT Drug and Therapeutics Committee

There was nothing relevant to report, however the Lead Pharmacist, SWYPFT advised that the draft Sodium Valproate Policy was due to be finalised, and that a copy would be shared when available.

The Strategic Pharmacy Lead and Lead Pharmacist, SWYPFT were meeting to discuss plans around Sodium Valproate for Epilepsy across South Yorkshire, and how that links in with SWYPFT. The Strategic Pharmacy Lead advised of ongoing discussions about potentially undertaking an audit to identify the number of patients that are going to need a review and how many are not currently under the specialist services management, how to do it and coordinate it over South Yorkshire.

The Community Pharmacist shared some feedback about community pharmacy splitting packs of sodium valproate, therefore asking that individual packs or multiples of 30 are prescribed.

24/58.4 Community Pharmacy Feedback
Pharmacy First Launch (end January 2024)
Issue encountered mid-March when pinnacle switched on the Multi-Factor Authentication (MFA) which stopped access to PharmOutcomes until users had enabled the MFA. This will affect all that use pinnacle products i.e., GP practices, COVID sites, NHS mail.

The Community Pharmacist advised lots of activity at the end of January and February, which reduced in March. Feedback is awaited about any plans for a national campaign.

GP Connect

GP practices will start to see information sent from pharmacies going into the workflow rather than via NHS mail. A gradual rollout has started by pharmacy supplier and system supplier. As well as for Pharmacy First, this should start to happen for hypertension and contraception.

24/58.5 Wound Care Advisory Group
There was nothing relevant to report.

APC 24/59 ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (2nd MAY 2024)

The standing updates on IMOC and APC Reporting/D1 issues would be escalated to the Barnsley Place Quality and Safety Committee.

CL

APC 24/60 FORMULARY ACTIONS

24/60.1 SPS New Medicines Newsletter January & February 2024
Received for information.

24/60.2 IMOC Horizon Scanning March 2024

The Medicines Management Pharmacist presented enclosure P1 detailing the traffic light classifications agreed at the March 2024 IMOC meeting. The formulary changes for Barnsley were highlighted as follows: -

Cedazuridine + decitabine - acute myeloid leukaemia - already non-formulary grey

Cytisine - smoking cessation - non-formulary grey

Fezolinetant - moderate to severe vasomotor symptoms associated with menopause - non-formulary grey (NICE TA in development)

Lebrikizumab - moderate-to-severe atopic dermatitis- non-formulary grey (NICE TA in development)

Levomepromazine 6.25mg tablet - formulary green for terminal illness indications

Classification for psychiatry to be determined during amber drug list review when traffic light classifications for antipsychotics considered. (6.25mg tablet is more cost-effective than 6mg tablet. 6mg tablets are an unlicensed special and very expensive)

Ritlectinib - severe alopecia areata in adults and adolescents - non-formulary grey (NICE TA in development)

Selinexor - multiple myeloma - non-formulary grey (NICE TA in development)

IMOC Horizon Scanning April 2024

The Medicines Management Pharmacist presented enclosure P2 detailing the traffic light classifications agreed at the April 2024 IMOC meeting. The formulary changes for Barnsley were highlighted as follows: -

Eculizumab - non-formulary red

Elranatamab - multiple myeloma- non-formulary grey (NICE TA in development)

Evinacumab - homozygous familial hypercholesterolaemia - non-formulary grey (NICE TA in development)

Momelotinib - Treatment of disease-related splenomegaly or symptoms in adults with moderate to severe anaemia who have primary myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis and who are Janus Kinase inhibitor naïve or have been treated with ruxolitinib - non-formulary grey (NICE TA in development)

Respiratory syncytial virus vaccine - already non-formulary grey. To be reviewed on update of green book

Satralizumab - neuromyelitis optica spectrum disorders - non-formulary grey (TA discontinued)

Tirzepatide - weight management indication - non-formulary grey (awaiting NICE TA)

Tremelimumab - advanced or unresectable hepatocellular carcinoma – non-formulary grey (NICE TA in development)

Azathioprine (new formulation) – formulary amber in line with the shared care guidelines, preparations within the documents (to be cross referenced to the high strength discussed at APC 24/55.3.1 which will be non-formulary grey)

Loncastuximab tesirine – formulary red

Nivolumab + relatlimab – non-formulary red

Tocilizumab – already formulary red - COVID 19 indication and in line with positive NICE TAs

I-tryptophan – further discussion to take place at the May 2024 IMOC meeting regarding the traffic light classification.

IMOC meeting minutes

The Medicines Management Pharmacist highlighted the following formulary changes from the IMOC meeting minutes.

February 2024 IMOC minutes

Ezetimibe in children – formulary red (until the amber shared care guideline is available)

March 2024 IMOC minutes

Hydrocortisone oral solution - change from formulary red to formulary amber

Riboflavin - Prevention of migraines - non-formulary grey

Ibandronic acid - breast cancer - formulary amber-G - awaiting SY guidance document

Tinzaparin (Innohep®) for the treatment and prophylaxis of venous thromboembolism – formulary amber

Tinzaparin (Innohep®) for the Treatment and Prophylaxis of Venous Thromboembolism IN PREGNANCY – formulary amber-G

Dalteparin - non-formulary amber

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 formulary changes noted at 24/60.2 to 24/60.4 were approved by the Committee.

24/60.5 TLDL Sub-group list March 2024

The Medicines Management Pharmacist presented enclosure Q noting that there were no formulary changes for Barnsley.

APC 24/61 MHRA DRUG SAFETY UPDATE (FEBRUARY & MARCH 2024)

The updates were noted with the following information from the February 2024 update highlighted relevant to primary care: -

Codeine linctus (codeine oral solutions): reclassification to prescription-only medicine

Advice for healthcare professionals on the reclassification of codeine linctus to a prescription only medicine (POM), following a public consultation.

Pseudoephedrine: very rare risk of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS)

There have been very rare reports of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS) with pseudoephedrine. Patients and caregivers should be advised to be alert to the symptoms for PRES and RCVS, to stop the medication immediately and to seek urgent medical attention if these occur. If someone presents with symptoms of PRES or RCVS, ask about their medication history.

APC 24/62 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

There were no minutes to note.

APC 24/63 ANY OTHER BUSINESS

24/63.1 DOACs

The Lead Pharmacist, BHNFT referred to a Glasgow position statement on the use of DOACS in higher body weight patients (which is outside the license). The position statement would be shared with members for feedback.

Agreed action: -

- The Lead Pharmacist, BHNFT to share the position statement with members.

GT

24/63.2 Tom Bisset – thank you

Tom Bisset informed the Committee that there had been a review of LPC responsibilities and that LPC representation would be predominantly into the SY IMOC, and he would be stepping back from attending local APC meetings, but unclear as to exact date when this would occur. There would be an LPC representative available who would attend on a required basis*.

Tom was sincerely thanked by all members. It was acknowledged that he had been a committee member since 2001 and had for over 22 years made a significant and valuable contribution to the work of the Committee. It was felt that he would be missed.

**Post meeting note: Mr Chris Bland is the named LPC representative who would receive minutes and attend Barnsley APC meetings as required.*

APC 24/64

DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th May 2024 at 12.30 pm via MS Teams.

ADOPTED