

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 14<sup>th</sup> February 2024 via MS Teams**

**MEMBERS:**

Chris Lawson (Chair)	Head of Medicines Optimisation (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 Mehrban Ghani (from 24/31.3 - 24/37.4)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Munsif Mufalil (from 24/31.3 - 24/37.3)	General Practitioner (LMC)

**IN ATTENDANCE:**

Nicola Brazier	Administration Officer (SY ICB, Barnsley)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

**APOLOGIES:**

Deborah Cooke	Lead Pharmacist (SY ICB, Barnsley)
Dr Madhavi Guntamukkala	Medical Director (SY ICB, Barnsley)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Gillian Turrell	Lead Pharmacist (BHNFT)

**ACTION  
BY**

**APC 24/22 QUORACY**

The meeting was quorate from 24/31.3 to 24/37.4, therefore any proposed decisions/approvals before 24/31.3 and after 24/37.4 will be ratified for endorsement either outside of the meeting by email or at the next meeting.

**NB/JH**

**APC 24/23 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**

The Chair invited declarations of interest relevant to the meeting agenda. The Head of Medicines Optimisation 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 to note relevant to the agenda.

It was noted that as BEST and Pharmacy BEST meetings are now using sponsorship to cover the costs of the meetings, APC members that attend those meetings will need to provide an update to their APC declaration of interest, even though the sponsoring companies are not involved in the agenda setting or content.

**Agreed action: -**

- Members that attend BEST or Pharmacy BEST meetings to provide an update to their APC declaration of interest.

**ALL**

**APC 24/24 DRAFT MINUTES OF THE MEETING HELD ON 10<sup>th</sup> JANUARY 2024**

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

**Agreed action: -**

- As the meeting was not quorate for this agenda item, 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 24/25 24/25.1 MATTERS ARISING AND APC ACTION PLAN  
NICE TAs (November 2023)**

- TA934 Foslevodopa–foscarnidopa for treating advanced Parkinson's with motor symptoms

The Medicines Management Pharmacist advised that NICE TA934 was assigned a red traffic light classification at the February IMOC meeting. It was agreed that NICE TA934 would be added to the Barnsley formulary as non-formulary red in line with the IMOC classification, unless advised otherwise by the Lead Pharmacist, BHNFT.

**Agreed actions: -**

- The formulary to be updated should the Lead Pharmacist, BHNFT advise that NICE TA934 is applicable to BHNFT.
- As the meeting was not quorate for this item, approval will be obtained outside the meeting by email.

**GT/JH**

**JH**

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

**24/25.2 Action Plan – other  
BHNFT D1 issues**

The Head of Medicines Optimisation provided an update following meetings that have been held with secondary care colleagues. An initial meeting was held on 30 November 2023, and the action plan would be updated to record this.

A second meeting was held on 31 January 2024, although none of the actions that had been agreed at the November 2023 meeting had been progressed. Actions included progressing the governance process for clinical pharmacists using/accessing the BHNFT IT systems; following up with clinical services IT regarding activity reports for the clinical pharmacists accessing systems; the achievement against national standards around D1s; and there were some actions for the MMT around sharing reports and categorising reports to identify those that were maybe due to clinical system issues as opposed to accuracy issues. The full list of agreed actions would be shared with the Associate Medical Director (Medicines Optimisation), BHNFT.

Another meeting is to be arranged to progress the agreed actions, noting that there was positivity and commitment to progress work, however there was a need to acknowledge that no progress had been made between the November 2024 and January 2024 meetings. An update will be brought back to APC and to the Quality and Patient Engagement Committee (QIPPE).

**Agreed actions: -**

- The action plan to be updated to record the meeting dates.
- The full list of agreed actions to be shared with the Associate Medical Director (Medicines Optimisation), BHNFT.
- An update to be brought back to the April 2024 APC meeting.

**NB  
CL/GT**

**CL**

24/25.3

Ikervis (ciclosporin eye drop) amber G guidance

This was deferred to the next meeting.

**APC 24/26**

**PRESCRIBING OSCILLATING POSITIVE EXPIRATORY PRESSURE (OPEP) DEVICES (BARNSELY) (NEW)**

At the last meeting, clarity was to be sought around the annual review aspect and who should be providing the Aerobika® product. Laura Gill, Senior Respiratory Nurse, BREATHE Service has provided clarity and updated the annual review section with a Barnsley specific follow up. It was confirmed that the BREATHE team will carry out a review for any new contraindications and then respond with authority to re-issue the device. Details were provided of where to send the annual review requests to.

Aerobika® is the preferred device in Barnsley and an amber G traffic light classification was agreed, noting that OPEP devices should only be prescribed following recommendation and patient assessment by a physiotherapist or respiratory specialist nurse specifically trained in the use of the device.

There were no concerns from the LMC, and they were happy to endorse the guidance.

The Committee approved the guidance.

**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 guidance and formulary classification of Aerobika® was approved by the Committee.

**APC 24/27**

**RUBEFACIENTS POSITION STATEMENT (UPDATE)**

The Medicines Management Pharmacist presented the updated statement, which has been updated in line with the NHS England guidance and updated NICE guidance on osteoarthritis (NG226).

Following comments received from the LMC GP (MM) clarifying that this does not apply to the difflam spray rinse, it was confirmed that it does not apply to those for sore throats, and these can be prescribed in line with the self-care guidance. The position statement applies to

the diltiazem cream. It was agreed that the guideline title would be amended to reflect the products it applies to.

The Committee approved the updated Rubefaciants Position Statement.

**Agreed actions: -**

- The Medicines Management Pharmacist to amend the title of the position statement to reflect the products this applies to (creams, ointments, and gels).
- As the meeting was not quorate for this item, approval will be obtained outside the meeting by email.

JH

JH

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

**APC 24/28**

**UPDATED DOAC COMMISSIONING INFORMATION**

The Head of Medicines Optimisation referred to the updated operational note received from NHS England (published 16 January 2024). Back in 2022, NHS England published an operational note recommending Edoxaban first line following the national rebate that had been negotiated.

The updated January 2024 operational note replaces the operational note published in January 2022, now recommending Apixaban as the best value, twice daily and Edoxaban as the best value once daily.

It was noted that primary care undertook a significant amount of work when moving patients over to Edoxaban in line with the January 2022 national operational note, and it was confirmed that in terms of the recommendations made within the January 2024 operational note, the APC recommends the DOAC with the lowest acquisition cost (apixaban) as the first line DOAC for new patients with non-valvular AF. Patients that have previously been switched to Edoxaban should remain on Edoxaban.

It was confirmed that guidance would need to be changed in line with the January 2024 operational note and the wording around the Apixaban and Edoxaban line in therapy, keeping Edoxaban as a once daily first line option. The Medicines Management Pharmacist would update, and bring back to a future APC meeting, the Choice of DOAC for prevention of stroke and systemic embolism in adults with NVAF APC Position Statement, and Edoxaban 1st line for NVAF unless clinical reason not to guidance.

The Community Pharmacist wanted to clarify that patients would not be switched back from Edoxaban to Apixaban and sought commitment that GPs would not be incentivised to switch patients back to Apixaban. The Chair advised that this would be an ICB decision, however advised that as Medicines Value Lead, she would not endorse it.

**Agreed action: -**

- The Medicines Management Pharmacist to update, and bring back to a future APC meeting, the above DOAC mentioned guidance.

JH

**APC 24/29 SY ICB POSITION STATEMENT ON THE PRESCRIBING OF GABAPENTINOIDS (FOR INFORMATION)**

The Medicines Management Pharmacist presented the position statement for information, which has been approved by the IMOC and is available on the IMOC website (a link will be added to the BEST website). There were no concerns raised by LMC members.

The Committee approved the position statement.

**APC 24/30 MEDICINE SUPPLY NOTIFICATION: SUPPLY ISSUES WITH LANTUS® SOLOSTAR® (INSULIN GLARGINE) 100UNITS/ML SOLUTION FOR INJECTION 3ML PRE-FILLED PENS (FOR INFORMATION)**

The Medicines Management Pharmacist presented the MSN for information, highlighting that: -

- Lantus® (insulin glargine) Solostar® 100units/ml solution for injection 3ml pre-filled pens will be in limited supply from the end of January 2024 - resupply dates are to be confirmed.
- Abasaglar® (insulin glargine) KwikPen® 100units/ml solution for injection 3ml pre-filled pens remain available and can support increased demand.
- Lantus® (insulin glargine) 100units/ml solution for injection 10ml vials and 3ml cartridges remain available but cannot support uplifts in demand.

Actions required were highlighted, advising that prescribers should: -

- not initiate new patients on Lantus® SoloStar® 100units/ml pre-filled pens until the supply issue is resolved;
- consider prescribing Abasaglar® KwikPen® 100units/ml pre-filled pens, and follow MHRA advice on minimising the risk of medication errors with use of biosimilar insulin products (see Supporting Information);
- reassure patients they are receiving a biosimilar insulin but in a different pen, signpost them to instructions for use, and advise them to monitor blood glucose more closely after the switch to ensure good control is maintained (see Supporting Information); and
- if the above options are not considered appropriate, seek advice from specialist diabetes teams on management options.

**APC 24/31 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES**

**24/31.1 First draft Inclisiran Amber Guideline (new)**

The Medicines Management Pharmacist presented the guidance, noting endorsement from the LMC.

The Head of Medicines Optimisation had received some feedback from the LMC regarding the inclusion of patient resources from NICE and it was agreed that reference/links to this information would be included in the guideline.

**Agreed action: -**

- Patient resources from NICE to be included in the guidance.

JH/GT

24/31.2

Amber-G Guideline for the use of Tinzaparin in the Treatment and Prophylaxis of Venous Thromboembolism IN PREGNANCY and Shared Care Guideline for the use of Tinzaparin in the Treatment and Prophylaxis of Venous Thromboembolism (new)

The Senior Interface Pharmacist (BHNFT) presented the guidance, noting a change to the expected going 'live' date of early April 2024.

The guidelines have been circulated for comment and responses were shared.

There were a couple of issues raised around 36 week checks and communication, but these were resolved and supported by primary care colleagues. Regarding a pregnancy shared care query, it was confirmed that the obstetricians would be responsible for the tinzaparin dose up to 36 weeks.

There were a number of issues raised by the LMC GP (MM) and clarity would be sought outside of the meeting over email. The updated guidance would be brought back to the next meeting.

The Lead Pharmacist, SWYPFT would be advised who to contact at BHNFT outside of the meeting regarding obtaining a colour coded chart for the wards.

There was a request made by the Community Pharmacist, to note within the document or on Scriptswitch, that GPs when prescribing Tinzaparin, prescribe it in multiples of 10 (safety issue).

**Agreed actions: -**

- The Lead Pharmacist, SWYPFT to contact BHNFT colleagues regarding obtaining a colour coded chart for the ward.
- The Senior Interface Pharmacist to clarify the points raised by the LMC GP (MM) and update the guideline accordingly.
- The Senior Interface Pharmacist to add information to the guideline around prescribing in multiples of 10.
- The updated guideline to be brought back to the next meeting.

PC/TW

TW

TW/JH

TW

24/31.3

Vortioxetine Amber G Guideline (update)

The Lead Pharmacist, SWYPFT presented the updated guideline, with the minor updates noted. As classified amber G, Vortioxetine can be prescribed by primary care clinicians if within their scope of practice and they are happy to prescribe it.

The Chair, BHF CIC, representing the PCNs advised that GPs are being asked by psychiatrists to initiate patients on Vortioxetine.

Reference was made to an email regarding the removal of a sentence within the amber G classification, and it was noted that we have been asked by the IMOC to take a specific action back to consult with the LMCs, obtaining their views regarding this amendment. This was due to the different approaches across South Yorkshire. There was a request from primary care to highlight to the IMOC, the benefits to the secondary care system and to the patients, of GP practices in

Barnsley following amber G guidance, with the MMT having allowed there to be more confidence in amber G over the last 5-6 years.

. The guidance was endorsed by the APC.

**Agreed action:**

- The Head of Medicines Optimisation and Lead Pharmacist, SWYPFT to meet regarding feedback from the IMOC.

**CL/PC**

24/31.4

Pregabalin for GAD Amber G Guideline (update)

The Lead Pharmacist, SWYPFT presented the guideline with minor updates.

There is an updated NICE CKS to accompany the main clinical guideline. From this Appendix A has been modified as while unrelated to this guideline sertraline is named as SSRI of choice for first prescribed product for GAD.

The cautions have been updated to be more in line with the NICE CKS, with more detail on the range of cautions.

The updated amber G template has been used and the pregnancy and breastfeeding information updated.

Feedback had been received from the LMC GP (MM) regarding the risks associated with prescribing pregabalin, and concern around prescribing for primary care clinicians unless within their scope of practice and only if they are happy to prescribe.

It was agreed that additional information would be added to the guideline around the associated risks with prescribing pregabalin.

Subject to the additional information being added, the Committee approved the guidance.

**Agreed action: -**

- The Lead Pharmacist, SWYPFT to update the guidance to include additional information around the associate risks.

**PC**

24/31.5

Acamprosate Amber-G guideline (update)

The Medicines Management Pharmacist presented the guideline which has been updated by Humankind. This has been updated in line with the updated amber G guideline template and has been endorsed by the LMC.

The Committee approved the updated guideline.

**APC 24/32**  
24/32.1

**FORMULARY REVIEWS**

Formulary Review Plan

There were no changes to note.

**APC 24/33**

**NEW PRODUCT APPLICATION LOG**

There were no changes to note.

**APC 24/34 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)**

24/34.1 SYICB IMOC Ratified Minutes – 6<sup>th</sup> December 2023

The minutes were shared for information.

24/34.2 SYICB IMOC Draft Minutes – 10<sup>th</sup> January 2024

The draft minutes were shared for information.

24/34.3 SYICB IMOC Verbal Key Points – 7<sup>th</sup> February 2024

There were discussions around reviewing traffic light classifications, particularly around Co-Enzyme Q10. The committee agreed to defer assigning a traffic light status until the amber G template is approved.

As discussed earlier, there were discussions around the amber G classification with feedback received around the responsibilities section. Amendments would be made to the wording in this section which would be taken back to LMCs and the IMOC. In terms of some of the areas that IMOC would have classified, they deferred the potential amber G classifications until the amber G template is approved.

Safety updates were provided.

24/34.4 Daridorexant NICE TA922

At the January 2024 IMOC meeting, Daridorexant was given a grey classification. The IMOC traffic light list states that a South Yorkshire pathway is in development following publication of the NICE TA. The Barnsley formulary will be updated accordingly with a link to the IMOC traffic light list.

The traffic light classification will be reviewed when the pathway is developed, and the pathway will go to a further IMOC meeting.

24/34.5 Talquetamab

At the January 2024 APC meeting, (IMOC Horizon Scanning), it was noted that Talquetamab would be discussed at the February 2024 IMOC meeting, with a suggested grey classification as the TA was in development. The IMOC accepted the classification therefore Talquetamab would be added to the Barnsley formulary as non-formulary grey.

24/34.6 Finerenone

Finerenone is currently non-formulary red on the Barnsley formulary. The classification was discussed at the February 2024 IMOC meeting, where an amber shared care classification was agreed.

**APC 24/35 BARNSELY APC REPORTING**

24/35.1 APC Reporting December 2023

The Medicines Management Pharmacist presented the enclosure showing reports received directly into the APC reporting mailbox. There were 25 APC reports received for the month of December 2023.



24/35.2

### APC Reporting December 2023 Key Themes

The summary report was presented, showing 52 reports in total, including 25 received directly into the APC reporting mailbox and 27 interface queries received directly to the BHNFT pharmacy team for the month of December 2023.

From the category breakdown, 44 reports were around D1 communication issues, 18 of which were where medication changes were unclear. There were 4 reports relating to other hospital communication issues and other key themes included dispensing errors, 1 prescribing error, a formulary related issue, and a shared care issue.

Details relating to some of the significant issues from APC reports were shared and highlighted. These included D1 communication/ other discharge related (receipt of D1s, duplicate/multiple D1s, medication changes/information unclear or missing), other hospital communication, prescribing and dispensing related errors/omissions, and 3 other issues.

The Head of Medicines Optimisation gave a brief update for primary care colleagues who were not present for the earlier discussion around meetings held with BHNFT around D1 issues. One of the action points to be addressed was in relation to monitoring around the national standards in terms of receipt of D1s i.e., the proportion of D1s that are issued and received by GP practices within 24/48 hours.

There was discussion and patient safety concerns raised around the long standing issues associated with D1s and the safe transfer of information from the hospital to the GP. It was noted that changes to improve inaccuracies and communication have been implemented over the years, but other issues are arising. It was felt that the medical workforce training aspect needed to be addressed. The frustration from primary care colleagues was acknowledged, noting that the monitoring, feedback, and work undertaken across the interface is making a significant difference, and that continuing to work together will help resolve the issues.

It was agreed that D1 issues would be added to the agenda item for discussion at the April 2024 meeting.

**CL**

24/35.3

### APC Reporting December 2023 Interface Issues

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

**APC 24/36**  
24/36.1

### **NEW NICE TECHNOLOGY APPRAISALS**

#### NICE TAs January 2024

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

**GT**

- 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
- 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
- TA948 Ivosidenib for treating advanced cholangiocarcinoma with an IDH1 R132 mutation after 1 or more systemic treatments

24/36.2 Feedback from BHNFT Clinical Guidelines and Policy Group  
There was no update reported.

24/36.3 Feedback from SWYPFT NICE Group  
Sodium Valproate issues and contingency plan were discussed. The Head of Medicines Optimisation and Lead Pharmacist, SWYPFT to discuss outside of the meeting the work being progressed across South Yorkshire.

**CL/PC**

**APC 24/37** **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**  
24/37.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)  
There was nothing relevant to report.

24/37.2 BHNFT  
There was nothing relevant to report.

24/37.3 SWYPFT Drug and Therapeutics Committee  
There was no update reported.

24/37.4 Community Pharmacy Feedback  
Pharmacy First launched on 31 January 2024. This is an extension of the Community Pharmacy Consultation Service which allows referrals from NHS 111 and GPs. The extension, for 7 common conditions, allows pharmacies to make a supply under a PGD. Communication to the public was expected to start in the next few weeks and Barnsley are undertaking a piece of work for the ICB to highlight the service.

There was disappointment noted that the technology planned to be in place before the service was launched was not yet in place.

It was noted that the name of our local minor ailments pharmacy first service needed to change to differentiate between the local and national service.

It was agreed that out of stock issues would be added to the agenda for discussion at the next meeting.

**NB**

24/37.5 Wound Care Advisory Group  
The group have not met.

**APC 24/38** **ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (21<sup>st</sup> MARCH 2024)**  
The standing updates on IMOC and APC Reporting/D1 issues would be escalated to the Barnsley Place Quality and Safety Committee.

**CL**

**APC 24/39**  
24/39.1

## **FORMULARY ACTIONS**

SPS New Medicines Newsletter December 2023

Received for information.

24/39.2

### IMOC Horizon Scanning February 2024

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

- Epcoritamab Monotherapy for the treatment of adults with relapsed or refractory diffuse large B-cell lymphoma after two or more lines of systemic therapy - non-formulary grey
- Hydrocortisone Oral Solution Replacement therapy in adrenal insufficiency in infants, children and adolescents (from 1 month to <18 years old) – to be added to the Efmody SCP for adrenal insufficiency - formulary red until SCP is updated
- Methylphenidate – already formulary amber
- Paracetamol + ibuprofen solution for infusion Use in adults for the short-term symptomatic treatment of acute moderate pain and the reduction of fever, where an intravenous route of administration is considered clinically necessary and/or when other routes of administration are not possible - non-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.*

**APC 24/40**

### **MHRA DRUG SAFETY UPDATE (JANUARY 2024)**

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

Valproate (Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell ▼): new safety and educational materials to support regulatory measures in men and women under 55 years of age

New safety and educational materials have been introduced for men and women and healthcare professionals to reduce the harms from valproate, including the significant risk of serious harm to the baby if taken during pregnancy and the risk of impaired fertility in males. These safety and educational materials support the new regulatory measures announced in the National Patient Safety Alert. Healthcare professionals should review the new measures and materials and integrate them into their clinical practice when referring patients and when prescribing or dispensing valproate. We are also reviewing data highlighted in Drug Safety Update August 2023, which may suggest an increased risk of neurodevelopmental disorders in children whose fathers took valproate in the 3 months before conception. As a precaution we advise male patients who are planning a family within the next year, to discuss treatment options with a healthcare professional.

Fluoroquinolone antibiotics: must now only be prescribed when other commonly recommended antibiotics are inappropriate

Systemic fluoroquinolones must now only be prescribed when other commonly recommended antibiotics are inappropriate. This follows a review by the MHRA which looked at the effectiveness of current measures to reduce the identified risk of disabling and potentially long-lasting or irreversible side effects.

Omega-3-acid ethyl ester medicines (Omacor/Teromeg 1000mg capsules): dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors

Systematic reviews and meta-analyses of randomised controlled trials have highlighted a dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors treated with omega-3-acid ethyl ester medicines compared to placebo.

**APC 24/41 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

The minutes from NHS South Yorkshire ICB Sheffield (16<sup>th</sup> November 2023) were received and noted.

**APC 24/42 ANY OTHER BUSINESS**

24/42.1

Specials Guidance

It was noted that a minor amendment has been made to the guidance in the furosemide section and this has been uploaded to BEST.

**APC 24/43 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 13<sup>th</sup> March 2024 at 12.30 pm via MS Teams.