NHS South Yorkshire Integrated Care Board

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 10th July 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)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Munsif Mufalil	General Practitioner (LMC)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (SY ICB, Barnsley)
Erica Carmody	Lead Pharmacist (SY ICB, Barnsley)
Deborah Cooke	Lead Pharmacist (SY ICB, Barnsley)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Gillian Turrell	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

APOLOGIES:

Chris Bland	Chair (Community Pharmacy South Yorkshire)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Madhavi Guntamukkala	Medical Director (SY ICB, Barnsley)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)

ACTION BY

APC 24/106 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**

APC 24/107 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.

ADOPTED

APC 24/108 DRAFT MINUTES OF THE MEETING HELD ON 12th JUNE 2024

Amendment on page 4, …" The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) would pick up a conversation outside the meeting…" **NB**

Amendment on page 10, the post meeting note relating to the MOS/QIPP changes to be expanded …" *Additional information has been received after the meeting regarding the availability of metformin sachets and further information will be obtained before this section of the formulary is updated and prior to any QIPP work being progressed…"*

Subject to these amendments, the minutes were approved as an accurate record of the meeting.

Agreed actions: -

- Amendments to be made to the minutes as above. **NB**
- 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 24/109 MATTERS ARISING AND APC ACTION PLAN

24/109.1 NICE TAs (December 2023 – March 2024)

The Lead Pharmacist, BHNFT advised that following the provisional decisions around applicability given to NICE TA937, TA947, TA949 and TA954, confirmation was awaited from the NICE Group and specialists. A response has been chased with support from Jeremy Bannister, Associate Medical Director, BHNFT (Chair of NICE Group). No response has been received.

24/109.2 SGLT2 Inhibitors: Dapagliflozin (Forxiga®) and Empagliflozin (Jardiance®) for Heart Failure Amber-G Guideline (update)

As agreed at the last meeting, the Lead Pharmacist, BHNFT, would update the guideline in line with the change of creatinine clearance range, and send the updated guideline to the Lead Pharmacist, SY ICB (DC) and the Medicines Management Pharmacist.

Agreed action: -

- The guideline to be updated in line with the change of creatinine clearance range and shared with MMT colleagues. **GT**

24/109.3 Metolazone (Xaqua®) for Oedema Amber-G Guideline (update)

As agreed at the last meeting, the Lead Pharmacist, BHNFT, would update the guideline to update wording around U&E monitoring and send the updated guideline to the Lead Pharmacist, SY ICB (DC) and the Medicines Management Pharmacist.

Agreed action: -

- The guideline to be updated with wording around U&E monitoring and shared with MMT colleagues. **GT**

ADOPTED

Action Plan – other

24/109.4 Methenamine and Otigo® ear drops

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) presented slides from the monthly Antimicrobial Prescribing and Medicines Optimisation (APMO) Overview report available on the Future NHS platform. A breakdown of data across the different Places is available but it was looked at from a South Yorkshire perspective today. There are key messages around overall antibiotic prescribing, noting that the North is higher than the rest of the country. South Yorkshire is above the national target, but our prescribing of broad spectrum items is low. Data shows that South Yorkshire is doing well around the rates of amoxicillin 5 day courses, but it was noted that different antibiotics are now being looked at in more detail, e.g. doxycycline, flucloxacillin and penicillin V. There are now 5 day packs available for all of these, with penicillin V coming in the next 6-9 months.

It was noted that funding has been secured to target training around AMR (expected September). The MHRA fluoroquinolones alert is under focus now, focussing on audit and following up patients that are exposed to fluoroquinolones and looking at alternatives.

This month we have received the new antimicrobial national action plan, the new 5 year strategy 2024-29. Work has started to look at the gap analysis in terms of what is in the strategy and what is within our current plans. It was agreed to look at AMR in more detail at a future APC meeting, to ensure that members are on board with plans around antibiotics and what potentially might come through to this Committee.

The place in therapy of methenamine, a urinary antiseptic agent, was discussed noting that this can be considered a first line alternative to continuous antibiotic prophylaxis in the management of recurrent UTIs. There was reference made to data from Norway around high use of these agents which shows a reduction in the rates of antibiotics that are prescribed. Methenamine is included in the UTI guidance and new guidance we have and there are resources about using it first line. In terms of use, South Yorkshire is low compared to our respective peer areas and national.

Looking at Otigo® for ear infections in children in terms of the first line approach, South Yorkshire is low compared with our peers. There has been some improvement since we looked at this over a year ago, and Barnsley are doing well compared with South Yorkshire, but South Yorkshire compared with peers is on the low side.

The information presented would be circulated to members.

Agreed actions: -

- Information to be circulated to members. **NB**
- Agenda item to be added at a future meeting. **CL**

24/109.5 Ticagrelor Audit

The Lead Pharmacist, BHNFT confirmed that a paper was produced and submitted to the Clinical Audit Team at BHNFT with a request for the Audit Department to undertake a re-audit.

APPROVED

The Lead Pharmacist, BHNFT to chase a response and feedback at the next meeting regarding a decision. **GT**

24/109.6 Inclisiran Amber SCG - inclusion of patient resources from NICE

It was agreed in a previous meeting that following feedback from the LMC regarding the inclusion of NICE patient resources/decision aids, that reference/links to this information would be included in the guideline. The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) would follow up with Dr Bannon to obtain the links to this information.

Agreed actions: -

- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to follow up with Dr Bannon to obtain the links to the NICE patient resources. **CL**
- The Lead Pharmacist, BHNFT to include the NICE patient resources in the guidance. **GT**

APC 24/110 DRAFT CKD TESTING AND DIAGNOSIS (NEW) (SIMPLIFIED - NICE GUIDELINES NG203)

The Medicines Management Pharmacist presented the guideline, developed by Dr Atcha, with input from consultants at Sheffield and pharmacists within the MMT, noting that positive feedback has been received from the LMC and that the guideline has been presented at a BEST event.

The Medicines Management Pharmacist suggested that a link to the local hypertension guideline be included under BP targets (page 2). **JH**

Subject to this addition, the Committee approved the guideline.

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 Committee approved the guideline.*

APC 24/111 BARNSLEY ASTHMA GUIDELINE 2024 (UPDATE)

The Medicines Management Pharmacist presented the guideline which has been adopted from the Sheffield guideline, with minor amendments made around formulary choices. The new guideline includes under 18 years which locally we have not previously included. It also includes the GINA strategy for asthma in the section for adults and children over 12 years. There are now 2 treatment algorithms for adults and children over 12 years, one is much the same as we had in our existing guideline based on BTS guidance and NICE guidance and the other treatment algorithm now incorporates the GINA strategy, which includes the use of a low dose budesonide/ formoterol as an anti-inflammatory reliever as required for mild asthma with infrequent symptoms, instead of a SABA. The GINA strategy is the preferred approach and evidence is with the budesonide/formoterol DPI 200/6mcg strength. Several but not all budesonide/formoterol dry powder inhalers currently have a licence to be used as a reliever alone without the regular maintenance doses.

ADOPTED

However, they all hold a license for maintenance and reliever therapy (MART); Fobumix® Easyhaler remains the first line budesonide/ formoterol dry powder inhaler for MART therapy or maintenance therapy in adults, Symbicort® 200/6 has a higher acquisition cost and is a second line option.

It was noted that the lower carbon footprint inhalers have been placed at the top of the table. Soprobec® has been added as this is more cost effective than Clenil®, and this has been included in the primary care QIPP plan as endorsed in a previous meeting.

It was noted that LMC members had requested additional time to comment on the guideline therefore further comments may be received.

Although no change was required to the guideline, in terms of implementation of the guideline, feedback was shared around spirometry noting that primary care do not perform FeNO (fractional exhaled nitric oxide) testing as it stands, so would have to refer to secondary care as a reason to refer.

The Committee approved the Barnsley Asthma Guideline, noting that LMC members had been given additional time to comment on the guideline.

Agreed actions: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email. **JH**
- LMC members given additional time to comment on the guideline. **JH**

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

APC 24/112 GUIDELINES FOR THE TREATMENT OF GENERALISED ANXIETY DISORDER AND PANIC DISORDERS IN PRIMARY CARE (UPDATE)

The Medicines Management Pharmacist presented the updated guidance with tracked changes. The main changes are that self-referral to Talking Therapies has been included and there has been removal of propranolol as a treatment for anxiety, as this is not recommended by NICE for GAD or panic disorder.

It was highlighted that there is a note on the guideline to add information to the formulary advising that paroxetine use is restricted and should not be prescribed for GAD.

The LMC were happy with the changes.

The Committee approved the guideline.

Agreed action: -

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

ADOPTED

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

APC 24/113 DANDRUFF POSITION STATEMENT (MINOR REVISION)

The Medicines Management Pharmacist presented the updated position statement with minor revisions including a link update from the Barnsley self-care guidance to the SY ICB self-care guidance. A note has also been added to say that when ketoconazole shampoo is prescribed, it should be prescribed as the more cost-effective brand Nizoral® 2% shampoo 120ml pack size, which is in line with the QIPP plan.

The Committee approved the updated position statement.

Agreed action: -

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

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

APC 24/114 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

There were no guidelines to approve this month.

APC 24/115 FORMULARY

24/115.1 BEST website links from the formulary

The Lead Pharmacist, SY ICB (DC) informed the Committee and apologised to clinicians about an issue with the BEST website, with some links from the formulary to guidelines on the BEST website not working. This was due to background updates on the platform being progressed which has affected the URLs. It was noted that guidelines can be accessed directly on the BEST website.

Members were asked to report any identified issues with links to the MMT so that these can be corrected. Information about the issue would be included in the APC memo.

Agreed action: -

- Information regarding the issues and accessing guidelines on the BEST website to be included in the APC memo. **DC**

24/115.2 Formulary Review Plan

There were no changes to note since last month.

APC 24/116 NEW PRODUCT APPLICATION LOG

There were no changes to note since last month.

It was agreed to review the removal of the NPA log from the agenda. **DC/CL**

APC 24/117 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

24/117.1 SYICB IMOC Ratified Minutes – 1st May 2024

The minutes were shared for information.

ADOPTED

24/117.1.1 Anakinra for treatment of Gout

The Lead Pharmacist, BHNFT referred to 1st May 2024 IMOC minutes around rheumatology teams, except Rotherham, supporting its use, but asked if there was any overarching guidance in place that will be rolled out. Reference to it would also need adding to the formulary if classified red as it is listed for different indications on the formulary.

The Lead Pharmacist, SY ICB (DC) could not recall any discussion at IMOC around guidance, but this could be discussed at the next subgroup meeting,

The Lead Pharmacist, BHNFT advised that Anakinra for treatment of Gout appears to be referenced in NICE guidance therefore additional guidance may not be required but it would be checked if the dosing information was clear in the NICE guidance.

Agreed actions: -

- Formulary status to be checked. **JH**
- The Lead Pharmacist, BHNFT to check if the dosing information was clear in the NICE guidance and discuss with the rheumatologists. **GT**

Post meeting note*: It was agreed at the June 2024 APC meeting that Anakinra for treatment of Gout would be added to the Barnsley formulary as formulary red.*

24/117.2 SYICB IMOC Draft Minutes – 5th June 2024

The draft minutes were shared for information.

24/117.3 SYICB IMOC Verbal Key Points – 3rd July 2024

24/117.3.1 Rimegepant

The IMOC were asked to support a change in the current traffic light classification of rimegepant from red to green for use in the acute treatment of migraines and from red to amber G for preventative use. Positive NICE TAs were in place for both acute treatment and preventative use.

It was noted at the IMOC meeting that the patients who would benefit from use in the acute situation were currently being cared for in the primary care setting and having the option to use this for acute management in primary care would avoid a delay in needing to refer for assessment to prescribe. A green traffic light classification indicates that the drug is considered safe/suitable for initiation in primary care with no ongoing monitoring needed.

The IMOC discussed this at length and a vote was taken. The IMOC noted that two LMC representatives, including Barnsley LMC, were opposed to traffic lighting rimegepant green for acute treatment and amber G for prevention and their concerns were noted. As no other IMOC Committee members objected and quoracy was met following the terms of reference, rimegepant was reclassified green for acute treatment and it was agreed that it would be reclassified Amber G for prevention when an Amber G guideline was available. It was agreed that education and training would be put in place to support prescribers and a supporting fact sheet for acute treatment would be

finalised. It was agreed that the traffic light status would stay red for prevention until the Amber G guideline was in place.

The LMC GP (MM) expressed concern about LMC comments being dismissed. The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) explained that it was the role of IMOC to listen to the views of all members, to take a balanced view across all the providers around the traffic light status of drugs, looking at the evidence base, if the drug is safe to prescribe, if significant monitoring is required, licencing, restrictions around initiation and the benefit to the patients. It was noted that there were clinicians in primary care wanting to prescribe the medication for their patients but holding off because of the red classification. It was noted that even with an IMOC green classification, individual clinicians can continue to exercise their own judgement if they consider prescribing it outside of their scope of practice. The IMOC view is that it is safe to initiate in primary care and can be offered to patients if prescribers feel that they are competent to do so. It was recognised that it is important that we all work collaboratively and are part of the conversation and able to make our points, but the decision was made in line with its safety and benefits. Comparative traffic light classifications elsewhere in the country were also considered during the discussions and the green classification was in line with other places. The IMOC noted that we should be working to reduce inequalities for patients in South Yorkshire accessing medicines.

24/117.3.2 Opioid Prescribing Resource

The South Yorkshire Opioid Prescribing Resource that was discussed in principle at a previous IMOC meeting was presented and endorsed. This has gone out to stakeholders. In Barnsley, the opioid pack used to support the Medicines Optimisation scheme which includes details of searches, would be used alongside the new resource.

APC 24/118 BARNSLEY APC REPORTING

24/118.1 APC Reporting May 2024

The Lead Pharmacist, SYICB Barnsley (DC) presented the report, noting there were 27 reports received via the APC reporting inbox and 24 received via the interface route for the month of May 2024.

The majority of the reports were D1 related, as the Committee has seen in previous months, where medicines information on the D1 is incomplete or missing. There are a number of reports relating to duplicates this month.

There were a couple of reports highlighted including BAPC24/05/07 relating to a prescription for warfarin 5mg tablets which was queried by a community pharmacist. It was noted that historically, some time ago, the decision was taken locally not to prescribe the 5mg strength to minimise the risk of errors with 0.5mg/5mg strengths. In this case, the patient had been on it for some time and was happy to accept the risk. The Lead Pharmacist, SYICB Barnsley (DC) asked the Committee if this should be revisited and a South Yorkshire position agreed, noting that some other Places have advised for exceptional use on an individual patient basis. Feedback was welcomed.

It was agreed to revisit and review this.

Report BAPC24/05/17 was highlighted which was in relation to Freestyle Libre, where on two occasions, primary care has received feedback from the patient that the DSN has advised that Freestyle Libre can be started in primary care via the rep, which is not in line with the Amber G classification and guideline in place. It was acknowledged that when the updated guideline came to the Committee, feedback had been received from the service that they were struggling with capacity, and it was not known if this was related.

This would be followed up outside the meeting in terms of discussions with DSNs.

Another issue was raised, regarding a problem understood to be in relation to rolling out electronic prescribing within the Emergency Department, which has affected the TTO section of the D1 being populated for patients that have been admitted via the Emergency Department between 1st July and today.

We have been informed today that the root cause has been identified and the issue has now been fixed for new patients, however action was required to help obtain the missing information for those patients affected by this issue.

The MMT were advised that clinicians within BHNFT have been asked to complete the TTO section on ICE and send this to primary care in addition to the regular discharge letter but over the last few days, we have had feedback from a number of clinical pharmacists covering at least 6-7 practices where that information has not come through. Team members have contacted the clinical systems team and in a number of cases an ICE D1 has not been completed so there are also a number of cases where team members have been asked to contact the ward, but concern was raised that this was not a robust solution.

The Interface Pharmacist was thanked for his help in trying to find solutions to this issue.

The clinical risk associated with this was recognised and has been picked up by Patient Safety and it was agreed that a meeting would be arranged asap to agree the best course of action to obtain the missing discharge information for the patients affected by this and work will also be undertaken to formalise a SOP for the ICE D1s to agree contingency measures in the event of any similar issues arising in the future.

Following a lengthy discussion as an interim measure, it was agreed that the MMT would be asked to continue to email details of any further issues encountered with BHNFT APC Reporting and Clinical Systems, and the pharmacy team will liaise with the Clinical Systems Team to arrange for some information to be provided (e.g. screen shots of the completed discharge prescription within EPMA in the absence of a complete TTO list being available on ICE).

The LMC GP (MM) recognised the importance of being able to access information on the D1s and on ICE to safely manage patients, inform decisions and avoid readmissions to hospital. Frustration was shared

ADOPTED

around the workload in primary care associated with following up to obtain additional information that is not provided on D1s, which is a long standing problem.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) noted that the BHNFT D1 meetings are still stepped down and agreed to discuss re-establishing these meetings with Dr Enright.

Agreed actions: -

- The decision taken locally not to prescribe the 5mg strength to minimise the risk of errors with 0.5mg/5mg strengths to be reviewed. **DC**
- In relation to Freestyle Libre, this would be followed up outside the meeting in terms of discussions with DSNs. **CL/DC**
- The Lead Pharmacist, BHNFT to facilitate the required patient safety meeting, inviting the Lead Pharmacist, SY ICB Barnsley (EC). **GT**
- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to discuss re-establishing the BHNFT D1 meetings with Dr Enright. **CL**

24/118.2 APC Reporting May 2024 Interface Issues

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

APC 24/119 NEW NICE TECHNOLOGY APPRAISALS

24/119.1 NICE TAs June 2024

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

- TA979 Ivosidenib with azacitidine for untreated acute myeloid leukaemia with an IDH1 R132 mutation (*provisionally advised not applicable)*
- TA980 (**Terminated appraisal**) Nivolumab for adjuvant treatment of completely resected melanoma at high risk of recurrence in people 12 years and over
- TA981 Voxelotor for treating haemolytic anaemia caused by sickle cell disease (*provisionally advised not applicable*)
- TA982 (**Terminated appraisal**) Baricitinib for treating juvenile idiopathic arthritis in people 2 years and over
- TA983 Pembrolizumab with trastuzumab and chemotherapy for untreated locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma (*provisionally advised not applicable*)
- TA984 Tafamidis for treating transthyretin amyloidosis with cardiomyopathy (*provisionally advised not applicable*)

Agreed action: -

- The Lead Pharmacist, BHNFT to confirm the provisional decisions around applicability of NICE TA979, TA981, TA983 and TA984. **GT**

24/119.2 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing relevant to report.

ADOPTED

24/119.3 Feedback from SWYPFT NICE Group

There was no SWYPFT representative present.

APC 24/120 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

24/120.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)

There was nothing relevant to report.

24/120.2 BHNFT

There was nothing relevant to report.

24/120.3 SWYPFT Drug and Therapeutics Committee (D&TC)

There was no SWYPFT representative present.

24/120.4 Community Pharmacy Feedback

There was no community pharmacy representative present.

24/120.5 Wound Care Advisory Group

24/120.5.1 Podiatry Service

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) fed back that there was an issue raised within the hospital, identified after the podiatry service moved over to a new clinical system. The service is now unable to see some of the patient information that they used historically when using the community systems so as a result clinical risk issues have been identified, particularly patients being discharged on IVs and those having to be picked up urgently in primary care. This issue has been escalated to the Chief Nurse.

24/120.5.2 Centralised Wound Care Dressing Ordering in Primary Care

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that information was being reviewed to try and ensure all the remaining prescribing that is going through the GP systems, requests from district nurses and clinicians to GPs to prescribe, is moved over to the ONPOS system. In terms of out of stocks, there are significant stock issues around getting dressings through the prescription route compared with getting them through the direct ordering system, plus there are also costs savings with using the ONPOS system.

APC 24/121 ISSUES FOR ESCALATION TO THE BARNSLEY PLACE QUALITY & SAFETY COMMITTEE (5th SEPTEMBER 2024)

It was agreed to escalate the standing updates on IMOC and APC Reporting to the Barnsley Place Quality and Safety Committee. **CL**

APC 24/122 FORMULARY ACTIONS

24/122.1 SPS New Medicines Newsletter May 2024

Received for information.

24/122.2 RDTC Horizon Scanning Document

Received for information, noting that this will be used alongside the SPS New Medicines Newsletter to ensure all new medicines are captured for the horizon scanning.

24/122.3 IMOC Horizon Scanning July 2024

The Medicines Management Pharmacist presented enclosure M detailing the traffic light classifications agreed at the July 2024 IMOC

ADOPTED

meeting. The formulary changes for Barnsley were highlighted as follows: -

- Bismuth subcitrate potassium, metronidazole, tetracycline hydrochloride 140 mg/125 mg/125 mg capsules (new medicine) – non-formulary grey
- Lamotrigine 10mg/ml oral suspension (new formulation) - already classified by IMOC as amber for epilepsy. Classification of lamotrigine for bipolar disorder will be considered on review of the amber list.
- Primidone 125 mg (new brand) - already classified by IMOC as amber for epilepsy. Classification of primidone for management of essential tremor to be considered in due course.

24/122.4 TLDL Sub-group list June 2024

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

- Bexarotene - change from non-formulary to non-formulary red
- Metyrapone - change from non-formulary to non-formulary red
- Fludroxycortide 0.0125% cream - list as just Fludroxycortide - change from formulary grey to formulary green
- Hydrocortisone oral solution - change from formulary amber to formulary amber-G

From the June 2024 IMOC minutes, the following suggested formulary changes for Barnsley were noted: -

- Finerenone: the Finerenone SCP was approved subject to feedback from Rotherham - change from non-formulary red to formulary amber when the final SCP is received.
- Gonadotrophin releasing hormone (GnRH) analogues: IMOC received the NHS England paper on restrictions of use of puberty-supressing hormones - add a non-formulary grey entry for use of puberty supressing hormones (GnRH analogues) for children and young people under 18 years of age who have gender incongruence or gender dysphoria

The Committee approved the formulary changes.

Agreed action: -

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

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

24/122.5 Rosuvastatin capsules – grey classification (with the exception of patients with swallowing difficulties or NG tube)

The Lead Pharmacist, SYICB Barnsley (DC) advised that it was agreed at the last IMOC meeting that rosuvastatin capsules will have a grey classification, for exceptional use in patients with swallowing difficulties or NG tubes when the capsules may be opened in line with the SPC. This decision will come to the August 2024 APC meeting as part of the formulary actions agenda item, but it was brought early as it links in with work being undertaken as part of the Medicines Optimisation Scheme, reviewing patients on the atorvastatin and simvastatin suspensions highlighted last month as these are

ADOPTED

significantly more expensive than the tablets, so opening the capsules may be an alternative option in some of these patients in addition to the atorvastatin chewable mentioned last month.

It was highlighted that rosuvastin tablets will remain green and that they grey classification related specifically to the capsule formulation.

Approval was sought from the Committee to add appropriate wording to the formulary.

The Committee approved this recommendation and appropriate wording would be added to the formulary.

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 Committee approved the recommendation.*

APC 24/123 MHRA DRUG SAFETY UPDATE (JUNE 2024)

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

Topiramate (Topamax): introduction of new safety measures, including a Pregnancy Prevention Programme

Topiramate is now contraindicated in pregnancy and in women of childbearing potential unless the conditions of a Pregnancy Prevention Programme are fulfilled. This follows a review by the MHRA which concluded that the use of topiramate during pregnancy is associated with significant harm to the unborn child. Harms included a higher risk of congenital malformation, low birth weight and a potential increased risk of intellectual disability, autistic spectrum disorder and attention deficit hyperactivity disorder in children of mothers taking topiramate during pregnancy.

The general advice for healthcare professionals and advice for healthcare professionals to provide to patients was noted.

It was noted that a safety update paper was taken to the IMOC meeting which included information about this alert. It was proposed that a South Yorkshire Task & Finish Group be set up to respond to this alert. The Lead Pharmacist, SYICB Barnsley (DC) noted that it was proposed to table this paper at the APC meeting going forward to raise awareness.

Warfarin: be alert to the risk of drug interactions with tramadol

Taking warfarin and tramadol together can cause harmful drug interactions, which can raise the International Normalised Ratio (INR), and result in severe bruising and bleeding, which in some patients could be fatal.

APC 24/124 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

There were no minutes available.

ADOPTED

APC 24/125 ANY OTHER BUSINESS

24/125.1 Phenytoin for Trigeminal Neuralgia

The Lead Pharmacist, BHNFT had been contacted by the maxillofacial team following a request from a GP practice for a shared care guideline after starting a patient on phenytoin. This was being used for trigeminal neuralgia not for epilepsy and the team have not previously been asked for a shared care guideline even though they initiate it quite often.

It was discussed and agreed that a shared care guideline was not required but it was agreed that the Lead Pharmacist, BHNFT would ask the maxillofacial team to ensure that it is made clear when initiating that this is for use in trigeminal neuralgia.

24/125.2 Camcolit 250 mg

In the absence of a SWYPFT representative, the Lead Pharmacist, BHNFT would contact SWYPFT outside of the meeting following reports that Camcolit 250mg has been discontinued. **GT**

24/125.3 Proposed Traffic Light Classification

The Lead Pharmacist, BHNFT had been contacted by one of the consultant gynaecologists about Ryeqo® (Relugolix, Estradiol and Norethisterone combination), used for fibroids which are classified red on the Barnsley formulary following a NICE TA, asking if the classification could be changed to amber.

The Lead Pharmacist, SY ICB (DC) advised that this proposed traffic light classification change was due to be considered at the next IMOC meeting and that the paper regarding this would be shared with the Lead Pharmacist, BHNFT.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) noted that the result of the GP ballot was awaited (end of July), acknowledging that some actions taken around shared care may be impacted and put on hold, but this would be reviewed once the outcome of the ballot was known in terms of what goes to IMOC.

24/125.4 Warfarin Referrals

The Lead Pharmacist, BHNFT fed back on behalf of one of the cardiologists that in the last week or so multiple referrals to cardiology had been received for them to manage patients who are on warfarin whose time in therapeutic range is low. Although the full details of the referrals were not known, this seemed like an inappropriate referral for a cardiology appointment to manage that or to make an assessment as to whether they can be switched to a DOAC.

Members discussed this and felt that the referral should go straight to the anti-coagulation clinic not the cardiologists, and the request for if patients are appropriate for a switch to a DOAC should come through advice and guidance and not a full referral.

The Lead Pharmacist, BHNFT would obtain further details about these referrals and discuss them with Umar Patel.

ADOPTED

24/125.5 Sheffield Guideline – Creon®

The Lead Pharmacist, BHNFT referenced a document received about the possible supply of Creon® from Sheffield Teaching Hospitals to community pharmacies, asking what information had been sent to community pharmacies around the Creon® shortages and the availability of the unlicensed product. It was understood that the national information had been circulated to community pharmacies.

The Lead Pharmacist, BHNFT noted that SPS advises where the unlicensed product can be obtained from but advised that BHNFT were still receiving reports from patients that community pharmacy cannot get hold of it. The Lead Pharmacist, BHNFT noted that the feasibility of BHNFT supplying community pharmacists would need to be discussed with the BHNFT Operational Team regarding potential impact on workload. The Lead Pharmacist, SYICB (DC) advised that this would be a last line option if community pharmacists could not obtain supplies via the standard route.

It was agreed to pick up this issue outside the meeting with Chris Bland for his view.

Agreed actions: -

- The Lead Pharmacist, SY ICB (EC) to discuss the issue with Chris Bland, and feed back to the Lead Pharmacist, BHFNT — **EC**
- The Lead Pharmacist, SY ICB (DC) to forward a copy of the document to the Lead Pharmacist, SY ICB (EC) and check if Sheffield have finalised it. — **DC**
- The Lead Pharmacist BHNFT would discuss the feasibility of BHNFT supplying community pharmacies and/or patients with the BHNFT Operational team (in exceptional situations of clinical need). — **GT**

The Chair thanked all for attending the meeting and for their contribution, acknowledging the amount of work undertaken by all to help keep patients safe around medicines use.

APC 24/126 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 14th August 2024 at 12.30 pm via MS Teams.

ADOPTED