Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 9th April 2025 via MS Teams

MEMBERS:

Chris Lawson (Chair)	Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB)
Erica Carmody	Medicines Optimisation Senior Pharmacist, Strategy & Delivery Barnsley & Doncaster (SY ICB)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Medicines Optimisation Business Support Officer (SY ICB)
Deborah Cooke	Senior Pharmacist, Strategy and Delivery, Barnsley & Clinical Effectiveness (SY ICB)
Joanne Howlett	Medicines Optimisation Lead Pharmacist, Strategy and Delivery Barnsley (SY ICB)
Gillian Turrell	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

APOLOGIES:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)

ACTION BY

APC 25/61 QUORACY

The meeting was quorate.

APC 25/62 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest relevant to the agenda to note.

APC 25/63 DRAFT MINUTES OF THE MEETING HELD ON 12th MARCH 2025

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

APC 25/64 MATTERS ARISING AND APC ACTION PLAN

25/64.1 NICE TAs (December 2024)

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

- TA1023 Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments

25/64.2 NICE TAs (February 2025)

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

- TA1044 Exagamglogene autotemcel for treating severe sickle cell disease in people 12 years and over

25/64.3 APC Feedback to IMOC

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) deferred this item to the next meeting. Draft feedback has been shared with a colleague for comment and the points raised in the APC meeting have been raised with the Medicines Optimisation Programme Director for Clinical Effectiveness, Quality and Safety who supports the IMOC, and she was very supportive of the points being made.

25/64.4 Gliptin Position Statement

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) had raised the issue about the monitoring of renal function and the additional workload for primary care associated with the sitagliptin versus the linagliptin. The feedback received from the clinical lead was that this was one of the 9 key care processes for diabetes, with renal function monitored on an annual basis. In terms of undertaking the switch work, this is also a quality piece of work and would capture patients that may have not had their renal function monitored in the last 12 months.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) accepted that there are a number of tests carried out by GPs annually, however it was the fact that once you dose patients up you need to monitor and adjust the dose for sitagliptin compared with linagliptin that doesn't require dose adjustment therefore it was the extra work that was the issue and not the renal monitoring as GPs do that as a range of diabetic annual blood checks.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) referred to the discussion at the last meeting about the significant financial benefit in undertaking this piece of work in terms of levels of investment that will contribute to the PDA, and this was acknowledged by the Committee.

25/64.5 Guidance on the Use of Strong Opioids in Barnsley (update)

The MO Lead Pharmacist, SY ICB advised that information on the MHRA alert regarding prolonged release opioids and removal of the indication for relief of post operative pain has now been added in response to the comments received at the last APC meeting, and the guidance has been published on the BEST website.

Action Plan – other

25/64.6 Sheffield Testosterone Shared Care Guideline

Deferred to the next meeting.

25/64.7 Update Optimising Lipid Management for Secondary Prevention of Cardiovascular Disease in Barnsley

The Cardiology Lead, BHNFT has shared the draft guidance with the MO Lead Pharmacist. This will be circulated to the LMC for comment and brought to the next APC meeting. **JH**

25/64.8 Ticagrelor Audit

The Lead Pharmacist, BHNFT has followed up with the clinical audit team and due to staff shortages, this has not been progressed. It was queried with the Committee how wide we needed to look at this now

as Ticagrelor is used in cardiology and stroke, where the directions are different.

The Senior Pharmacist, SY ICB (DC) noted that at a previous meeting, there was a request to obtain some baseline data from one or two practices. Feedback has been obtained from one practice;14 patients had been commenced on it in the last 12 months for MI, 5 commenced for stroke. Out of the MI patients, 2 out of 14 did not have the duration specified either on the D1 or in the post follow up discharge letter. Therefore, whilst the sample size is small, this data would suggest that it's a smaller percentage (14%) than it was historically when this first became an issue a few years ago. APC reporting over the last 12 months includes 2 reports relating to this so low numbers, it was however noted that APC reporting is a snapshot rather than the full picture.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) felt that APC reporting wouldn't reflect the issues and that he hasn't seen anything come through that provides confidence that processes are being following correctly.

Based on the information shared, the consensus was that there was still an issue because of the risk associated with these medicines.

The Lead Pharmacist, BHNFT noted that when the last audit was undertaken, the Trust were on paper drug charts so the mitigation that was put in place has changed now that the Trust uses EPMA. The Lead Pharmacist to check what processes are now in place and look at how usage in stroke changes the data.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) agreed that this should come back to the Committee in 3 months to decide about whether an audit should be undertaken, changing the action on the action plan for the Lead Pharmacist to have internal discussions around what actions can be undertaken now.

Agreed actions: -

- The Lead Pharmacist, BHNFT to check what processes are now in place and look at how usage in stroke changes the data. **GT**
- The action on the action plan to be changed. **NB**

25/64.9 <u>Nebuliser review work across South Yorkshire</u>
The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to discuss with Deborah Leese, SY MO Respiratory Clinical Lead about progressing work across South Yorkshire.

APC 25/65 SIMALVIA® 60MG/300MG CAPSULES (ALVERINE CITRATE 60MG, SIMETICONE 300MG) AND REVIEW OF ANTISPASMODICS ON THE BARNSLEY FORMULARY

The MO Lead Pharmacist, SY ICB advised that IMOC have classified SimAlvia® green therefore the paper was presented to the Committee to consider the formulary position in Barnsley (formulary green or non-formulary green) and included a review of antispasmodics on the Barnsley Formulary.

The tables on pages 1 and 2 show the antispasmodics currently on the Barnsley formulary along with their costs. The cost of SimAlvia® is similar to the hyoscine butylbromide 10mg tablets and the Peppermint oil GR capsules 0.2ml (Mintec®). Mebeverine hydrochloride 135mg standard release tablets is the most cost effective option. The NICE Clinical Knowledge Summary on IBS refers to mebeverine, alverine citrate, peppermint oil, hyoscine butylbromide and dicycloverine hydrochloride but does not specifically mention the alverine and simeticone 60mg/300mg soft capsules (SimAlvia®).

Details on 2 studies have been included on page 3, the first compares on demand treatment with 1 capsule 3 times daily of the SimAlvia®, compared with standard treatments for IBS and this was mainly other antispasmodics. The second study is a randomised double-blind placebo-controlled study looking at the efficacy of the combination product on pain and discomfort in IBS.

Information on the respective formulary status across the different South Yorkshire places and elsewhere in the UK had been included.

The feedback received from the gastroenterologists was that they would like to trial SimAlvia® for their patients, as it's an area of functional bowel disorders where they struggle to get good symptomatic relief (bloating), and especially as it seems to be being used in other parts of South Yorkshire and it would be particularly useful if available for prescription within primary care.

Looking at other products available to purchase, it was noted that the dose of simethicone that is in SimAlvia® cannot be obtained with over the counter (OTC) products.

The following updates on the Barnsley Formulary were suggested: -

- Have hyoscine butylbromide 10mg tablets, mebeverine 135mg tablets and peppermint oil capsules 0.2ml as joint first line options.
- Add SimAlvia® as formulary green, as second or third line in patients with irritable bowel syndrome where symptoms have not responded to initial therapy with mebeverine, peppermint oil capsules or hyoscine butylbromide. However, specialists may prescribe SimAlvia® first line for irritable bowel syndrome where bloating is the primary symptom.
- Add a note to the formulary: *For IBS consider advising OTC product to be purchased in first instance where possible.*
- Remove the Kolanticon® non-formulary entry from the Barnsley Formulary as the product is now discontinued.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) was in support of adding SimAlvia® as formulary green and second/third line in therapy. It was queried whether SimAlvia® has been reviewed by NICE, but the MO Lead

Pharmacist, SY ICB would need to check when the product became available.

The Consultant Gastroenterologist (BHNFT) was also in support, noting that with IBS, one size does not fit all, and patients present with recurrent bloating, abdominal symptoms, therefore if the first line medication doesn't help, this is something we should trial and use more regularly. It was noted that Doncaster seem to have a good response rate for some of these patients.

The Committee approved all the suggested updates to the Barnsley formulary.

Agreed action: -

- The MO Lead Pharmacist, SY ICB to check when SimAlvia® was available to be reviewed by NICE. **JH**

APC 25/66 FREESTYLE LIBRE PROTOCOLS AND CONTRACTS (UPDATED)

The MO Lead Pharmacist, SY ICB presented the updated protocols and contracts which now include Freestyle Libre 2+ (FSL2+). These have been to and approved by the specialists. They have been to the LMC for comment however no comments have yet been received, noting that the full LMC meeting is scheduled for 15th April 2025. The changes were highlighted and include: -

- Update to information regarding real time and flash monitoring
- Addition of information about contacting the company and retaining sensor packaging. In case of a faulty sensor.
- Updates to type 2 patients suitable for FSL2+ in adult guidance.
- Updates to specialist responsibilities to ensure that initiating service prescribe the sensors for the first three months.
- Transfer of patients from FSL2 to FSL2+ may occur within primary care and does not require specialist input.
- Update to patient responsibilities to ensure that their smart phone is compatible (or require a reader), they retain packaging in case of sensor error and information of how to contact Abbott for replacement sensors if a sensor fails.
- Removal of patient selection section as all the information is covered in the guidance.
- Removal of outcome monitoring section as NICE no longer have target outcomes for patients to achieve in terms of prescribing CGMs.

The 'criteria for stopping' section includes the following only:-

- The patient no longer wishes to use the FSL2+
- The FSL2+ is not being worn correctly or for long enough periods of time.
- The patient/carer is unable to use the FSL2+ correctly even with sufficient training.

- Updates to patient selection criteria table. This is information that is helpful to GPs to know the reasons for initiation.
- Removal of transfer from FSL2 to FSL2+ by secondary care form as this is no longer required.

It was noted that the FSL2+ sensors last for 15 days instead of 14 days and there is no increase in cost if worn for 15 days opposed to 14 days. The FSL2+ also works with some pumps and is a real time CGM if used with the app (flash if used with the reader).

The Senior Pharmacist, SY ICB (DC) referred to the 'FreeStyle Libre 2 Sensors Discontinuation' paper circulated late for discussion under any other business, which notes that FreeStyle Libre 2 (FSL2) sensors will be discontinued in August 2025 with stocks predicted to be running low by June 2025. Patients using these sensors will need to be switched to the FreeStyle Libre 2 Plus (FSL2+). This paper was circulated to the MO team a few weeks ago so practices may have been sighted on it, and it will also be circulated with the APC memo. This information will also be circulated to South Yorkshire community pharmacies via their newsletter.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) spoke about reports from patients highlighting a significant failure rate with the sensors, noting that the company will replace the sensors if certain conditions are met, i.e. retaining the packaging. Support is being given to community pharmacies and patients around contacting the company for replacement sensors.

Subject to endorsement from the LMC, the Committee approved the updated Freestyle Libre guidance.

Agreed action: -

- Approval to be obtained from the LMC. **JH**

Post meeting note*: the updated Freestyle Libre guidance was endorsed by the LMC.*

APC 25/67 SY ICB VITAMIN D ADULT GUIDELINES (FOR INFORMATION AND FEEDBACK PRIOR TO CONSIDERATION AT IMOC)

The MO Lead Pharmacist, SY ICB brought the draft South Yorkshire guidelines and the supporting documents for comments and feedback prior to consideration at the May 2025 IMOC meeting.

One of the MO Clinical Pharmacists has been involved in the development of the guidance, and the Barnsley specialists have been consulted. Enclosure E2 is the proposal form and within it, appendix 2 details the difference between the current Barnsley Place based guidelines and the ICB updated version. One of the main changes highlighted was a change in the first line and second line preparations for the treatment and maintenance doses to what we currently have on the Barnsley formulary therefore there would need to be some changes to the formulary.

BHNFT colleagues requested additional time to read through the guidelines and provide feedback. It was agreed that comments would be provided by 23rd April 2025 to meet the submission date for IMOC. The guidelines have been circulated to the LMC for comment. An incorrect job title was noted, and this would be fed back to correct.

Subject to approval from BHNFT and LMC colleagues, the Committee approved the updated guidelines.

Agreed actions: -

- BHNFT and LMC feedback to be provided by the deadline. **GT/KK/MM**
- Incorrect job title to be corrected. **JH**

APC 25/68 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

25/68.1 GLP-1 agonists Amber-G guideline (minor update)

The MO Lead Pharmacist, SY ICB presented the updated guideline, updated to remove stock shortage information as we have had confirmation that all the GLP-1 agonists are now back in stock and freely available. Liraglutide as the brand Victoza® and lixisenatide as the brand Lyxumia® are now discontinued but remain in the guidance for information. The updated guideline has been to the LMC, but no comments received yet.

It was noted for information that some South Yorkshire level work is being carried out looking at the GLP-1 agonist biosimilars, but from feedback received, the GLP-1 agonist biosimilars are not currently available to order from community pharmacies.

The Lead Pharmacist, BHNFT queried what the timescales were for obtaining supplies of the GLP-1 agonist biosimilars in primary care if we were to implement any addition to the formulary and prior to consultants initiating them. The MO Lead Pharmacist, SY ICB agreed to obtain further information.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) queried if any extra information needed to be included about GLP-1 agonists and contraception. The MO Lead Pharmacist, SY ICB agreed to check if further information needed adding to the guideline.

Subject to feedback from the LMC and checking if additional information was required about contraception, the Committee approved the updated guidelines.

Agreed actions: -

- Feedback and approval to be sought from the LMC. **JH/MM**
- Information to be checked about providing any additional advice regarding contraception. **JH**
- Information to be obtained about timescales for obtaining supplies of GLP-1 agonist biosimilars in primary care. **JH**

Post meeting note: *the updated guidelines were approved by the LMC.*

Post meeting note: *Information was added to the Amber-G guideline about GLP-1 agonists and contraception in line with FSRH guidance due to feedback and comments received.*

APC 25/69 FORMULARY

25/69.1 Proposed gliptin formulary changes

The Senior Pharmacist, SY ICB (DC) advised that the position statement that was brought to the last APC meeting was endorsed at the April 2025 IMOC meeting, subject to a few very minor changes.

We are therefore proposing updating the formulary by adding wording to bring us in line with the position statement. The formulary status for sitagliptin would be first line, and linagliptin second line where sitagliptin is not effective or for patients with an eGFR <45ml/min/ 1.73m^2. Alogliptin would be made non-formulary. Vildagliptin and saxagliptin are currently non-formulary, noting very little prescribing of these. Similar wording would be added to the gliptin combination preparations as the position statement notes that gliptin combination preparations are not recommended.

The Committee approved the proposed gliptin formulary changes.

APC 25/70 NEW PRODUCT APPLICATION LOG

The new product application log was received for information.

The process for submitting wound care new product applications is currently being reviewed, therefore a decision will shortly be made regarding whether the 2 outstanding wound care applications will be brought to the Committee for consideration or removed from the log.

APC 25/71 NEW PRODUCT APPLICATIONS

25/71.1 Anthelios Sunscreen

The Senior Pharmacist, SY ICB (DC) presented the new product application, highlighting key points for consideration.

The application proposes adding it to the formulary with a green traffic light classification. The summary supporting this (enclosure H2) has been produced by one of the MO Lead Pharmacists and follows a similar format to other ACBS product applications submitted to the APC, e.g. oral nutritional supplements, accepting that there is less information available for these products not classed at medicinal products, essentially comparing it to other available options, in this case there is just one other available option.

Anthelios, along with Uvistat can be prescribed in line with ACBS criteria. The IMOC has traffic lighted all sun cream preparations as grey, with the exception being for use in ACBS circumstances when the criteria is met.

In terms of comparative cost, when you look at the actual pack size, Anthelios (lotion) it is more cost effective than Uvistat (cream). This will need to remain classified grey, not green as proposed in the new product application but we are proposing that we update the formulary entry in line with the South Yorkshire traffic light list to note that Anthelios and Uvistat can be prescribed in line with ACBS criteria and include reference to the self-care guidelines for other patients.

The Committee approved the new product application for Anthelios Sunscreen with a grey traffic light classification with a note to be added to the formulary that it can be prescribed in line with ACBS criteria.

APC 25/72 SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

25/72.1 SYICB IMOC Ratified Minutes – 5th March 2025
The minutes were received for information.

25/72.2 SYICB IMOC Verbal Key Points – 2nd April 2025
The Senior Pharmacist, SY ICB (DC) and the MO Lead Pharmacist, SY ICB provided an update on key points from the April 2025 meeting.

25/72.2.1 Gliptin Position Statement
Discussed at 25/69.1.

25/72.2.2 Yorkshire and Humber Palliative Care Guideline
Received for information and this has previously been shared with our Palliative Care Consultant and she was in support of it. A link to this will be added to the BEST website.

25/72.2.3 Stock Shortages
There was a national medicines shortage paper, produced by the Royal Pharmaceutical Society that was discussed and from this a patient information leaflet on stock shortages from Community Pharmacy England called 'Where's my medicine'. These were approved by IMOC and are now on the IMOC website. A link to these will be included on the next APC agenda.

IMOC asked that the Community Pharmacy England website on medicines shortages be discussed at Place meetings as it has useful tools to help with stock shortages. This will be added to the next APC agenda.

25/72.2.4 IMOC approved guidelines (for information)
Links to the following guidelines, approved by IMOC were shared with the agenda for information and these are on the IMOC website: -

- Tirzepatide for type 2 diabetes Amber-G guideline
- Interim Position Statement: Hybrid Closed Loop (HCL) position statement
- Interim Position Statement for Tirzepatide for managing weight and obesity. This has been assigned an interim grey traffic light classification by IMOC and is formulary grey on the Barnsley formulary.
  It was noted that this was produced before the NHS England guidance was published, noting that the position statement and traffic light classification will be reviewed by the IMOC following the publication of this.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) referred to the NICE TA which states that GPs can prescribe these drugs for this group of people with a BMI over 40, highlighting that primary care are concerned about the impact this will have if there is no additional funding to carry out this piece of work, which could result in reprioritising work which could then create pressure for the hospital and elsewhere. The ICBs are given funding for it so the funding needs to be moved to those doing the work and as an APC we need to recognise that or else we will

cause pressure and issues in the system by trying to prescribe these drugs because there is only limited capacity available

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that a group is looking at this over South Yorkshire and she would ensure that the points raised were on the agenda of that group and that the group is represented appropriately. The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) would introduce the Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) to the MO Programme Directors supporting this work, for these points to be made.

Agreed action: -

- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to introduce the Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) to the MO Programme Directors supporting this work, for the points of concern to be made. **CL**

APC 25/73 BARNSLEY APC REPORTING

25/73.1 <u>APC Reporting - January & February 2025</u>

The Senior Pharmacist, SY ICB (DC) presented the January and February 2025 reports, noting that 18 reports were received via APC reporting in January 2025, and 8 received in February 2025. It was noted there has been a reduction in the number of reports coming in via this route, with 12 reports received in March 2025 which will be presented at the next APC meeting; however, the interface report numbers are still quite high with more issues (D1 related) going directly to BHNFT.

From the category breakdown, D1 communication or hospital communication related issues form a significant proportion of reports received, with the remainder of reports related to a range of other categories including prescribing errors and shared care related. There were no specific reports to highlight.

An issue was noted following a report to SWYPFT from one of the MO Clinical Pharmacists who was unable to see information including medication changes information on a D1 but when SWYPFT checked, the document was fine and included all the information. The issue has been reported to the EPMA team to see if they can diagnose the issue. Any further instances identified should be reported to the Lead Pharmacist, SWYPFT.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised of discussions with the Barnsley Place Quality & Safety Committee regarding how information is escalated from the APC through to that group. Historically the APC reporting summary document was shared, then following the ICB transformation changes, the group requested a verbal summary, but they are now looking at how we report information into the group, so there may be a greater focus around feedback with more detail being requested. The Senior Pharmacist, SY ICB (DC) noted that due to capacity reasons, a summary report has not been produced for recent meetings, however it is hoped to produce a report for the May or June

meeting, and this could also be fed into the Barnsley Place Quality & Safety Committee.

Following a query about the number of GP practices submitting APC reports, the Senior Pharmacist, SY ICB (DC) advised that reports are submitted by a range of practices, but not all, and often submitted by the MO Clinical Pharmacist or a member of the MO team.

25/73.2 APC Reporting Interface Issues - January & February 2025
Received and noted for information.

APC 25/74 NEW NICE TECHNOLOGY APPRAISALS

25/74.1 NICE TAs March 2025
The Lead Pharmacist, BHNFT advised that the following NICE TAs **were not** applicable for use at BHNFT: -

- TA1047 (**terminated appraisal**) Atezolizumab for untreated advanced or recurrent non-small-cell lung cancer when platinum-doublet chemotherapy is unsuitable
- TA1049 Blinatumomab with chemotherapy for consolidation treatment of Philadelphia-chromosome-negative CD19-positive minimal residual disease-negative B-cell precursor acute lymphoblastic leukaemia

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

- TA1046 Zolbetuximab with chemotherapy for untreated claudin-18.2-positive HER2-negative unresectable advanced gastric or gastro-oesophageal junction adenocarcinoma

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

- TA1045 (Replaces TA834) 12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites
- TA1048 Lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after first-line chemoimmunotherapy when a stem cell transplant is suitable
- TA1050 Fenfluramine for treating seizures associated with Lennox–Gastaut syndrome in people 2 years and over

25/74.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing to report.

25/74.3 Feedback from SWYPFT NICE Group
There was nothing to report.

APC 25/75 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

25/75.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
The group has not officially been stood down but has been replaced with a South Yorkshire Financial Oversight Group. It was agreed to remove QCEPG from the APC agenda. **NB**

25/75.2 BHNFT
There was nothing to report.

25/75.3 SWYPFT Drug and Therapeutics Committee (D&TC)
It was noted that eszopiclone was discussed but the consultants saw little value in using it compared to standard zopiclone which was more cost effective.

This was discussed at the April 2025 IMOC meeting where it was classified grey.

The Lead Pharmacist, SWYPFT noted that having the IMOC updates and horizon scanning information shared was useful to then proactively take them forward through the D&TC.

25/75.4 Community Pharmacy Feedback
There was no representative in attendance therefore nothing to report. It was agreed to formally make a request for any updates to be provided prior to the meeting should community pharmacy not be able to attend the meeting. **NB**

25/75.5 Wound Care Advisory Group
The Group have not met since the last APC meeting, however, the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that the process for submitting wound care new product applications to the APC was currently being reviewed.

It was noted that the governance around wound care products is different in other Place areas across South Yorkshire, however the Programme Director for Medicines Optimisation (Clinical Effectiveness, Quality and Safety) was happy for Barnsley to continue with its process, recognising that this needs to be refined and that we also need to share information and the decisions that we make with other governance groups across the patch and with the IMOC. An update will be brought back to the APC and taken to the IMOC.

APC 25/76 ISSUES FOR ESCALATION TO THE BARNSLEY PLACE QUALITY & SAFETY COMMITTEE (15th MAY 2025)
Acknowledging the update to be provided on APC reporting, there were no additional issues to escalate to the Barnsley Place Quality and Safety Committee.

APC 25/77 FORMULARY ACTIONS

25/77.1 SPS Newsletter- February 2025
Received and noted for information.

25/77.2 RDTC Horizon Scanning Document – February 2025
Received and noted for information.

25/77.3 IMOC Horizon Scanning April 2025
The MO Lead Pharmacist, SY ICB presented enclosure O detailing the traffic light classifications agreed at the April 2025 IMOC meeting, noting the Barnsley formulary status below: -

- Dengue vaccine (now included in Green Book) – the non-formulary grey classification will be removed; this now comes under the existing travel vaccine entry we have on the formulary which is formulary grey
- Eszopiclone – non-formulary grey

- Pregabalin (first modified-release pregabalin product) – there is currently a formulary green entry for pregabalin for neuropathic pain. It was agreed that wording would be added to that entry to say that the capsules (standard release) are more cost effective than the tablets (standard release) and this new MR preparation, which has a higher acquisition cost than standard release formulations would be assigned a non-formulary classification with wording to refer to the formulary entry
- Sulthiame – non-formulary grey (awaiting NICE TA)
- Tarlatamab - non-formulary grey (awaiting NICE TA)
- Aprocitentan - non-formulary grey (awaiting NICE TA)
- Delgocitinib - non-formulary grey (awaiting NICE TA)

The Barnsley formulary changes were approved by the Committee.

APC 25/78 SAFETY UPDATES

25/78.1 MHRA Drug Safety Update (March 2025)

The March 2025 update had not yet been published.

***Post meeting note**: the monthly PDF newsletter has been replaced with a roundup bulletin which will be brought to future APC meetings.*

25/78.2 IMOC Safety Paper (April 2025)

The MO Lead Pharmacist, SY ICB presented the April 2025 IMOC Safety Paper and highlighted the following alerts: -

25/78.2.1 Shortage of Pancreatic enzyme replacement therapy (PERT)

An update on the ICB actions.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that there has been a decision made across South Yorkshire that, in terms of supplies, PERT will be added to the stockist scheme so additional supplies of PERT will be held by some pharmacies via the community pharmacy stockist scheme (in exceptional circumstances).

25/78.2.2 Discontinuation of the Seroxat® brand (paroxetine hydrochloride) 10mg, 20mg and 30mg tablets but generic versions of paroxetine hydrochloride 10mg, 20mg and 30mg tablets are available.

25/78.2.3 Recall for the Boots Paracetamol 500 mg tablets (16s)

The foil blister inside the carton incorrectly states ‘Aspirin 300 mg Dispersible Tablets’. The tablets are confirmed to be Paracetamol 500 mg tablets.

25/78.2.4 The Human Medicines (Amendments Relating to Naloxone and Transfers of Functions) Regulations 2024

Following a consultation by the Department of Health and Social Care (DHSC), the Human Medicines Regulations (2012) (HMR) have been changed to widen access to naloxone. These changes came into force on 2nd December 2024.

25/78.2.5 MHRA Alert: Prolonged-release opioids: Removal of indication for relief of post-operative pain

Discussed at 25/64.5. The local guideline has been updated, and it was noted that this is being looked at by the South Yorkshire Opioid Safety Group.

25/78.2.6 Discontinuation of Promixin® (colistimethate) 1-million unit powder for nebuliser solution unit dose vials

The ICB Strategy and Delivery team will be contacting the practices that have prescribed Promixin recently, to highlight the National Patient Safety Alert and required actions.

APC 25/79 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC) (20th February 2025) were received and noted for information.

APC 25/80 ANY OTHER BUSINESS

25/80.1 Entresto® – SWYPFT process

The Senior Interface Pharmacist (BHNFT) referred to previous meeting discussions about the Entresto® shared care process. It was noted that as well as cardiology at BHNFT, that the heart failure nurses can also initiate Entresto® and they are completing the shared care requests for the patients they have initiated, but not for those initiated by cardiology. The heart failure nurses are waiting to meet with Dr Robson, Cardiology Lead in Heart Failure regarding the shared care process.

The heart failure nurses have raised that there are some patients where there is no scope to increase Entresto® due to either renal function or low BP, therefore asking if they can refer to primary care earlier than the 3 month period.

It was felt if the referral to primary care was clearly communicated, and it was explained why they want primary care to take over and there is no further work for secondary care to do then early referrals may be accepted.

The Senior Interface Pharmacist (BHNFT) therefore asked if the option of early referral because there is no scope for titration could be included in the shared care guideline which was due to be updated. It was agreed to pick this up with the LMC to take this forward and discuss including information in the shared care guideline further when the guidance is reviewed and comes back to the Committee.

The Lead Pharmacist, SWYPFT referred to previous meeting discussions about cardiologists sending the shared care at the same time as initiating Entresto® which isn't appropriate, and that process needs to change. The Lead Pharmacist, SWYPFT agreed to follow up with the heart failure nurses for an update about the meeting with Dr Robson to confirm the plan with the Senior Interface Pharmacist, BHNFT.

Agreed actions: -

- Feedback to be sought from the LMC regarding early shared care referral to primary care. **CL**
- An update to be obtained from the heart failure nurses about the meeting with Dr Robson about the shared care process. **PC**

25/80.2 IMOC Sub-Group

The MO Lead Pharmacist, SY ICB advised that we have been asked by the IMOC subgroup to add a link to the NICE Guidelines, NG133: hypertension in pregnancy, diagnosis and management, to the formulary green entry for aspirin (section 2.9 of the formulary), so that there is information on the formulary about the use of aspirin in preventing preeclampsia in pregnancy.

This was approved by the Committee.

25/80.3 Slõ Milkshake pre-thickened powder ONS

The MO Lead Pharmacist, SY ICB advised that we have been contacted by SWYPFT regarding the Slõ Milkshake pre-thickened powder ONS. This is no longer on the Drug Tariff ACBS list therefore the Barnsley guidance on the prescribing on ONS in dysphasia requires update, which is in progress. It was suggested that whilst the guidance was in the process of being updated, that information regarding this would be added to the holding page of the guidance on BEST.

This was approved by the Committee.

25/80.4 DOACs

The MO Lead Pharmacist, SY ICB advised that it has been highlighted by one of the GPs that QOF boxes for patients over 75 years on DOACs are flagging alerts to book 4 monthly bloods. This is in the NICE Clinical Knowledge Summary, and in the summary of changes, it says that the monitoring guidance for DOACs has been updated from 6 monthly to 4 monthly for people 75 years or older or those who are frail. There are 2 guidelines that this affects, the Amber G guideline for use of DOACs in the treatment and prevention of DVT in PE, and the Anticoagulation for Stroke Prevention in AF, joint primary and secondary care guideline. It was suggested that information around this would be added to the holding page of the guidelines on BEST until the guidelines have been updated.

This was approved by the Committee.

25/80.5 DOAC Position Statement

The Senior Pharmacist, SY ICB (DC) referred to the DOAC position statement that came to the last meeting, that highlights that generic rivaroxaban and generic apixaban are the first line DOACs for non-valvular AF. The position statement currently includes a sentence, that is a historical sentence about patients who have been switched to edoxaban remaining on edoxaban unless there's a specific clinical reason to switch. DOAC QIPP work has been highlighted as one of the areas for significant financial opportunities during 2025/26 across South Yorkshire, and the Committee were asked if that sentence could be removed from the position statement or reworded.

The Lead Pharmacist, SWYPFT had no objection to removing the sentence but noted that there might be a clinical reason for choosing one DOAC over the other and it was acknowledged that we take into consideration factors pertinent to the patient. It was confirmed that edoxaban would remain on the formulary and that this was a focussed piece of work where patients would sensitively be offered a change in DOAC.

The Committee approved the removal of the sentence.

25/80.6 Mike Smith

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) informed members of the very sad news about the passing of Mike Smith. Mike had been a member of the Committee for many years and his contribution to the Committee over the years was acknowledged once again.

APC 25/81 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 14th May 2025 at 12.30 pm via MS Teams.