

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 11th October 2023 via MS Teams**

MEMBERS:

Tom Bisset (Chair)	Community Pharmacist (Community Pharmacy South Yorkshire)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Mehrban Ghani (up to 23/199.3)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Jeroen Maters (up to 23/203.1)	General Practitioner (LMC)
Dr Munsif Mufalil (up to 23/198.2)	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)

IN ATTENDANCE:

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

APOLOGIES:

Dr Madhavi Guntamukkala	Medical Director (SY ICB, Barnsley)
Chris Lawson	Head of Medicines Optimisation (SY ICB, Barnsley)

**ACTION
BY**

APC 23/181 QUORACY

The meeting was quorate.

Patrick Cleary was welcomed to the meeting.

APC 23/182 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Chair invited declarations of interest relevant to the meeting agenda. There were no declarations of interest to note.

APC 23/183 DRAFT MINUTES OF THE MEETING HELD ON 13th SEPTEMBER 2023

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

APC 23/184 MATTERS ARISING AND APC ACTION PLAN

23/184.1 NICE TAs (July 2023)

The Medicines Management Pharmacist (SY ICB, Barnsley) advised that NICE TA906, Rimegepant for preventing migraine, had been classified red by the IMOC, confirming that this would be added as formulary red to the Barnsley formulary.

23/184.2 NICE TAs (August 2023)

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

- TA912 Cipaglucosidase alfa with miglustat for treating late-onset Pompe disease

The Medicines Management Pharmacist (SY ICB, Barnsley) advised that NICE TA912 had been classified red by the IMOC, confirming that this would be added as non-formulary red to the Barnsley formulary.

23/184.3 Action Plan – other
Ikervis (ciclosporin eye drop) amber G guidance
The guidance was awaiting feedback from the specialists. The Lead Pharmacist, BHNFT would assist again with obtaining specialist feedback.

GT

APC 23/185 OSTEOPOROSIS MANAGEMENT IN PRIMARY CARE – SUMMARISED PATHWAY (NEW)

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the new pathway, developed by the BEST website GP Lead, on request to try to reduce secondary care workload due to too many patients being referred to secondary care for osteoporosis management without the basic tests and treatment being commenced. The pathway was presented at the September 2023 APC meeting, noting that since then the P1NP test has been removed following comments from LMC members. No further comments have been received.

As agreed at the last meeting, the draft pathway was circulated to the ortho-geriatricians for comment, but no comments have been received.

The LMC were happy to endorse the pathway.

To make it easier to navigate from a user's point of view, it would be fed back that the introduction of embedded links within this document, and all documents where appropriate, taking the user direct to appropriate websites would be helpful.

The pathway will be presented at the October BEST meeting.

The Committee approved the Osteoporosis Management in Primary Care Summarised Pathway.

Agreed action: -

- Feedback to be provided regarding adding embedded links to appropriate websites.

JH

APC 23/186 HEART FAILURE PATHWAY (NEW)

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the new pathway, developed by the BEST website GP Lead, with input from one of the MMT Clinical Pharmacists. This has been widely circulated for comment.

The LMC endorsed the pathway.

It was raised that some GPs may not be aware that they can directly refer patients to the heart failure diagnostic clinic, however, it was confirmed that the pathway had been presented at the September 2023 BEST event to GPs, providing awareness of the pathway,

acknowledging that the pathway was awaiting final approval and publication on the BEST website.

The Committee approved the Heart Failure Pathway, and it was agreed to extend thanks and appreciation to the BEST website GP Lead for production of a clear and helpful pathway, noting the quality and ease to follow it from a clinical point of view.

Agreed action: -

- The Chair to extend thanks and appreciation to the BEST website GP Lead for producing the pathway.

TB

APC 23/187 BARNSELY EMOLLIENT FORMULARY CHOICES GUIDANCE (NEW)

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the guidance, produced to support the MOS work.

It was highlighted that the first line formulary brand would be changed from the Zeroderma range to the more cost effective Epimax range. Although not included in the guidance, it was noted that the Epimax moisturising cream was to be added between the first and second line choice (page 4). This is an alternative to the Zerocream.

The guidance has been circulated to the dermatologists and endorsed by the LMC.

It was clarified that existing patients will be reviewed, and a switch considered where appropriate and prescribers would be encouraged to follow the guidance in new patients going forward. This work is included in the QIPP paper, presented at 23/192, with work expected to start in December, being mindful of current stock levels in pharmacies. The Community Pharmacist spoke of the physical ability to store the range.

It was also noted that Sheffield use the Epimax range, and this work has been undertaken in Sheffield, noting the ICBs direction of travel is to try and align where it can across South Yorkshire, appreciating that this will take time.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) raised concern with patients returning to the GP practice several weeks following review and switch, with frustration raised that dermatology are not switching to these products. There was an ask to start using the Epimax range for new patients only.

The Lead Pharmacist, (SY ICB, Barnsley) advised that although this work was expected to be started in December, it would be done over a period of months, being mindful of primary care workload. It was noted that the products are virtually the same and that we have not been made aware of any significant issues encountered when Sheffield made these changes. There has also been engagement with the secondary care clinicians. This work was being undertaken to achieve the QIPP targets.

Again, the Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) raised concern on behalf of primary care clinicians, that workload to switch back will come to the MMT and GPs, again questioning why the local experts/department are not on board and prescribing it.

The Lead Pharmacist, SWYPFT echoed that discussions can be challenging when patients want to be switched back, acknowledging that some patients may be open to trying the Epimax range, but would agree with starting this range for new patients only.

The Lead Pharmacist, BHNFT offered to try and engage with the consultants and clinical teams within the hospital, recognising that it has taken a long time to get them using the Zeroderma products. It was noted that BHNFT use a lot of locums within the dermatology team but noted work is ongoing with the outpatient pharmacy team to challenge their prescribing more. The Lead Pharmacist, BHNFT suggested approaching the BHNFT governance meeting, offering to obtain samples and advising them that these products need to be the preferential options and see what engagement she can get. The Associate Medical Director, BHNFT would support her to try and come to a resolution. It was also suggested and agreed to explore getting the GPwSI's on board with prescribing, linking in with them within their GP and Trust roles.

The Lead Pharmacist (SY ICB, Barnsley) confirmed that the pharmacist who had led in the development of this guidance has obtained samples and the samples have been shared with various primary care and secondary care colleagues. It was acknowledged that this is the first Barnsley emollient guidance produced, a step in the direction to get a consistent approach in primary and secondary care.

The Telederm service and their recommendations was discussed, querying if any communication and engagement has been made with consultants from that service about our formulary choices and what we locally recommend. It was agreed to take this back and action.

The LMC GP representative (MM) advised that he had raised issues at the October 2023 LMC meeting such as waiting times and prescribing of products which then increases the workload in primary care due to changes. A meeting is due to take place this month with the Medical Director, BHNFT and these issues will be escalated in that meeting.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) reiterated the concerns and risk with the local department not dealing with patients effectively, and primary care providing a dermatology service with no movement of funding. Examples of these issues are happening regularly.

The Lead Pharmacist, BHNFT referred to the guidance, with clarity required regarding the footnote for the gel products on page 5. The Committee approved the Barnsley Emollient Formulary Choices Guidance.

Agreed actions: -

- Link with GPwSI's regarding prescribing.
- Engagement to be made with the Telederm service.
- The footnote information on page 5 would be checked and clarified.

DC
DC
JH

Post meeting note: a further minor amendment has been made to include Zerobase as an alternative cream for existing patients.

APC 23/188 REVIEW OF COVID-19 MEDICINES AND PRESCRIBING INFORMATION ON BEST

The Medicines Management Pharmacist (SY ICB, Barnsley) presented enclosure F, noting the suggested actions to step down and remove from BEST, some of the COVID-19 medicines and prescribing information developed during the pandemic. There were exceptions, noting that we would continue to review the Prescribing of Sodium-Glucose Cotransporter-2 Inhibitors (SGLT2 inhibitors) and risk of Diabetic Ketoacidosis (including in patients with COVID-19); and suggest that the Electronic Repeat Dispensing (ERD) Implementation during COVID- 19 Pandemic Position Statement is reviewed. It was noted that SWYPFT had confirmed that the lithium and COVID-19 guideline can also be removed from BEST.

The Community Pharmacist advised that the opening hours of the South Yorkshire COVID Prescribing Service had changed to ensure patients were not outside of a treatment window, and that expressions of interest were being sought from Barnsley central pharmacies to dispense medicines through the locally commissioned service.

The Committee approved the suggested actions to step down and remove the COVID-19 medicines and prescribing information from BEST, with assurance that users would be signposted to current information and services to be accessed.

Agreed actions: -

- The COVID-19 medicines and prescribing information would be removed from BEST and the Barnsley formulary.
- Users to be signposted to current information and services to be accessed.

JH
JH

APC 23/189 MEDICATION CHANGES - A GUIDE FOR PATIENTS (UPDATED)

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the medication changes document, noting very minor changes, removing any reference to Barnsley CCG, and updating with SY ICB Barnsley Place.

The Committee approved the update.

APC 23/190 GUIDANCE ON THE MOST APPROPRIATE AND COST-EFFECTIVE PRESCRIBING OF INFANT FORMULA IN PRIMARY CARE (UPDATED)

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the updated guidance, with all tracked changes highlighted.

It was noted that the product list would be re-ordered in order of price; that one discontinued item has been removed; and items that are

temporality unavailable have been highlighted, noting that these will then be first line when back in stock and will therefore remain in the guideline and on the formulary.

The LMC endorsed the updated guidance.

It was discussed and agreed that information would be added to help manage patient expectation regarding ordering/delivery of required medication.

The guidance was approved by the Committee.

Agreed action: -

- Information to be added to help manage patient expectation regarding ordering/delivery of required medication.

JH

APC 23/191 FREESTYLE LIBRE 2 SENSOR

The LMC GP representative (MM) raised concern around the high volume of prescribing of Freestyle Libre 2 Sensors, noting the financial impact as well as the many issues patients are reporting with the unsatisfactory product i.e. not sticking, falling off, not reading, electric shocks. These concerns had been discussed at length with the Head of Medicines Optimisation at the October 2023 LMC meeting, who was to investigate the issue, with possible escalation to the MHRA.

The concerns were echoed by the Chair of Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs), who confirmed this was a regular occurrence each week resulting in significant financial impact with patients presenting early and more frequently at the GP practice, with additional prescriptions issued to replace the faulty/poor quality product.

Agreed action: -

- The Head of Medicines Optimisation to investigate the issue with the product and provide feedback at the next meeting.

CL

APC 23/192 MEDICINES OPTIMISATION SCHEME 2023/24 QIPP

The Lead Pharmacist, (SY ICB, Barnsley) presented the paper, proposing additional QIPP areas to be incorporated into the Medicines Optimisation Scheme 2023-24.

It was noted in the QIPP paper received by the Committee earlier in the year that additional information would be brought to a future APC meeting regarding hypromellose eye drops and emollients. This information was presented alongside additional QIPP areas identified.

23/192.1

Oral glycopyrronium bromide to Assicco®

Oral glycopyrronium bromide currently has a non-formulary status on the Barnsley formulary, which will need reviewing separately. The current annual primary care prescribing costs are in the region of £90k, noting that whilst low in terms of items, this is an expensive item. The formulary up to now has advised that the liquid is more effective than the tablets but prescribing as branded generic Assicco® tablets costs 58% to 70% less than prescribing generically. It is proposed that this is added to the formulary as a cost effective brand

of choice, replacing the wording on the formulary that the 1mg/5ml oral solution is the most cost-effective preparation.

It is also proposed that the traffic light classification (at chemical substance level) is taken to the IMOC Traffic Light List subgroup for discussion and the Barnsley formulary status reviewed and updated in due course.

23/192.2 Circadin® 2mg modified release tablets to generic melatonin 2mg modified release tablets

Currently Circadin® (melatonin MR 2mg tablets) is listed on the formulary and in the shared care guideline as the first line choice for children/adolescents without ADHD or ASD and/or Smith-Magenis syndrome where a prolonged release formulation is required (off label indication).

The generic melatonin MR 2mg tablets have the same licensed indications as Circadin® and use would also be off label but the price has reduced significantly compared to Circadin®.

The Lead Pharmacist, (SY ICB, Barnsley) confirmed engagement with SWYPFT colleagues who agreed that this was a sensible step forward. It is proposed that the formulary and shared care guideline are updated with the recommendation that melatonin 2mg MR tablets should now be prescribed generically.

23/192.3 Hypromellose eye drops

The formulary entry currently states to prescribe hypromellose eye drops generically and that it is more cost effective to prescribe generically. This is now outdated following the removal of the generic from the Drug Tariff as the reimbursement is based on the brand dispensed. It is proposed that the formulary is updated to note that brand prescribing is now recommended and that Aaculose® Hypromellose is the brand of choice in primary care.

23.192.4 Emollient Review

The emollient guidance was discussed at 23/187, but prices are included in this paper.

The Lead Pharmacist, (SY ICB, Barnsley) advised that there has been engagement with the manufacturers of the brands detailed in the QIPP paper and that the team will continue to seek further assurance regarding wholesaler stock availability prior to commencing the work. Considering the emollient review discussion at 23/187, this workstream will be progressed on a staggered basis, reviewing progress, and responding to any feedback.

The Committee approved the proposals within the Medicines Optimisation Scheme 2023/24 QIPP paper.

Agreed action: -

- In addition to sharing via the APC memo, information highlighting the products will be shared separately to community pharmacists via PharmOutcomes.

DC

APC 23/193 DOACS – NATIONAL COMMISSIONING RECOMMENDATIONS AND APIXABAN PATENT UPDATE

It was noted that the October 2023 Drug Tariff price for Apixaban had dropped considerably, however the advice from NHS England is that Edoxaban remains first line at this current time in new patients, but that in existing patients, the DOAC is not changed; not switching to Edoxaban but equally not switching to Apixaban unless there is a clinical reason to do so. There are potentially ongoing issues around the patent which is subject to the legal process. Whilst there is that uncertainty, if there was any change that would potentially impact on pricing and stock availability. A further update is expected imminently.

APC 23/194 MEDICINES SHORTAGES (FOR INFORMATION)

The Lead Pharmacist, (SY ICB, Barnsley) referred to the national patient safety alert (shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets) which included actions for primary and secondary care which should have now been actioned.

The shortage across the range of different products was expected to go on between October and December 2023. The numbers of patients prescribed the different preparations highlighted within the alert have been shared with SWYPFT colleagues. SWYPFT have produced guidance, which was circulated late to members. This includes a FAQ document with advice for primary care clinicians, and patient/carer information. The guidance is currently being finalised by SWYPFT to include their logo and contact details and the final guidance document will be shared for wider circulation.

The Lead Pharmacist, SWYPFT confirmed that Barnsley CAMHS will not be prescribing any of these products for new patients due to the shortage, noting that the shortage extends to other alternatives.

The importance of making early contact with patients to confirm supplies was highlighted, noting that this was one of the actions in the alert (deadline 11th October) and that MMT members have been supporting practices with this.

Patients on guanfacine are at particular risk if unable to obtain a supply as guanfacine should not be stopped abruptly (risk of rebound hypertension). If there are patients identified on guanfacine who are experiencing a disruption in supply, details will be fed back to SWYPFT to support them in prioritising patients for review.

Advice may need to be sought from secondary care if there is need to change preparations that are not like for like.

Printed tokens/scripts were suggested where appropriate to assist patients/carers in sourcing the product from an alternative pharmacy.

It was noted that the primary care Medicines Management Team is continuing to collate information on local pharmacy stocks.

With regards to the risk stratification and decision on prescribing an alternative, it was advised that such queries be directed to the clinical pharmacist(s) working in the GP practice. The Lead Pharmacist, (SY

ICB, Barnsley) to pick up with the GP representative's (AM) clinical pharmacist regarding this.

The notifications circulated; enclosures J1-2 were noted. An Eclipse search found a small number of patients across 4 practices on Disopyramide (Rythmodan®) 100mg capsules. Information has been sent to the Medicines Management Team members who support those practices, along with information relating to Azelaic acid (Skinoren®) 20% cream.

The Lead Pharmacist, BHNFT referred to a shortage of Disopyramide (Rythmodan®) 100mg capsules last year, noting that BHNFT only supplied this to a small number of patients.

Agreed action: -

- The Lead Pharmacist, (SY ICB, Barnsley) to pick up with the GP representative's (AM) clinical pharmacist.

DC

APC 23/195 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

23/195.1 Cabergoline for hyperprolactinaemic disorders Amber-G guideline (update)

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the updated guidance with minor updates. All tracked changes highlighted.

This has been to the specialists, but no comments have been received.

A comment was received from SWYPFT regarding the contraindications for co-administration with anti-psychotic medications, advising that although rare, it can be used for antipsychotic induced hyperprolactinaemia, therefore 'unless initiated under the supervision of psychiatry' will be added.

JH

The LMC endorsed the guideline.

The Committee approved the updated amber G guideline.

23/195.2 Metolazone for Oedema Amber-G guideline (update)

The Lead Pharmacist (BHNFT) presented the updated guideline.

In relation to monitoring and U&Es to be tested 3 days after dose changes, it was fed back that this could be difficult in primary care as communication is unlikely to reach them within 3 days for this check to be undertaken. The Lead Pharmacist, BHNFT to circulate this feedback to the team and bring back their response to the next meeting.

Agreed action: -

- The Lead Pharmacist, BHNFT to seek feedback from the Heart Failure MDT and bring their response back to the next meeting.

GT

23/195.3 SGLT2 inhibitors for heart failure Amber G guideline (update)

The Lead Pharmacist (BHNFT) presented the updated guideline, which has been endorsed by the LMC.

The Committee approved the amber G guideline.

- 23/195.4 GLP-1 agonist Amber-G guideline (update)
The Medicines Management Pharmacist (SY ICB, Barnsley) presented the updated guidance, with all the changes listed in enclosure N2, including the addition of the GLP-1 short supply section and the addition of the oral semaglutide. The guidance has been shared with the diabetes specialists, but no comments have been received. It was noted that a minor update to the contact information needed to be made. The updated guideline has been endorsed by the LMC.

JH

The Committee approved the updated amber G guideline.

APC 23/196 FORMULARY REVIEWS

- 23/196.1 Formulary Review Plan
There were no changes to note.

APC 23/197 NEW PRODUCT APPLICATION LOG

There were no changes to note.

APC 23/198 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

- 23/198.1 SYICB IMOC Draft Minutes, 6th September 2023

The minutes were shared for information.

- 23/198.2 SYICB IMOC Verbal Key Points – 4th October 2023

- 23/198.2.1 Methotrexate Shared Care Protocol

There was discussion around the Methotrexate Shared Care Protocol, and working towards a single protocol across South Yorkshire, however for various reasons it was agreed to review each Place's Methotrexate Shared Care Protocol when due.

It was recognised by Committee members that aligning Place protocols was complex.

- 23/198.2.2 PCSK9 Inhibitors

PCSK9 inhibitors were discussed again, and concerns were raised by all areas, with push back from primary care for various reasons, also noting the impact on primary care budgets if shifting from secondary care to primary care without funding transferring to meet the costs being incurred in primary care.

- 23/198.2.3 Varicella (chicken pox) Vaccine

The IMOC agreed a red traffic light classification for the Varicella (chicken pox) vaccine until commissioning arrangements are developed. There were concerns on how this would affect GP practices.

- 23/198.2.4 Dekas Plus Liquid (vitamin for CF patients)

After a long discussion, the IMOC agreed a green traffic light classification for Dekas Plus Liquid, a vitamin supplement used in patients with cystic fibrosis in patients under the age of 3. More information can be brought to the next APC meeting if required.

DC

23/198.3 South Yorkshire Self-Care Guidance
The Medicines Management Pharmacist (SY ICB, Barnsley) presented the updated guidance. This is based on the Barnsley guidance which has recently been updated, therefore the only change to note is the removal of the Barnsley Place specific information.

The links and information will be added to the holding page on BEST when the link is added to this guidance.

The Committee approved the updates to the guidance.

APC 23/199 BARNSELY APC REPORTING

23/199.1 APC Reporting August 2023

The Lead Pharmacist, (SY ICB, Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 25 APC reports received for the month of August 2023.

23/199.2 APC Reporting August 2023 Key Themes

The summary report was presented, showing 58 reports in total, including 25 received directly into the APC reporting mailbox and 33 interface queries received directly to the BHNFT pharmacy team for the month of August 2023.

From the category breakdown, most reports related to D1 communication issues, with a small number of other reports spread across other themes including prescribing and dispensing errors.

Details relating to some of the significant issues from APC reports were shared and highlighted. These included D1 communication/ other discharge related issues, prescribing/dispensing related issues and 2 reports relating to an issue with tramadol EPS scripts in primary care where the system does not recognise the item as a controlled drug meaning that the scripts have an incorrect expiry date (6 months instead of 28 days). This issue has been picked up by NHS Digital and this is understood to be related to a coding issue and the syncing of GP practice and communication pharmacy system updates. The Community Pharmacist advised he had also escalated the issue of syncing GP practice and community pharmacy system updates to mitigate any future risk of this happening again, particular for controlled drugs.

The Community Pharmacist highlighted an issue following recent instances with drugs documented as 'withheld', and the need to clarify whether the intention was to temporarily withhold medication or stop it permanently. It was requested that the issue be highlighted to the MMT.

Agreed action: -

- The Lead Pharmacist, (SY ICB, Barnsley) to highlight with the MMT the issue discussed with notifications that medication has been 'withheld'.

DC

23/199.3 APC Reporting August 2023 Interface Issues

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

APC 23/200 NEW NICE TECHNOLOGY APPRAISALS

23/200.1 NICE TAs September 2023

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

- TA913 Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy

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

- TA875 (update) Semaglutide for managing overweight and obesity
(Post meeting note: it was agreed in the August 2023 meeting formulary that as this has a positive NICE TA, this could potentially be required to be supplied and therefore it was agreed to add Semaglutide to the formulary, classified red as the 2nd line option with appropriate wording around clinician's decision to prescribe).
- TA914 Pembrolizumab for previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency

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

- HST28 Birch bark extract for treating epidermolysis bullosa

GT

23/200.2 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing relevant to report.

23/200.3 Feedback from SWYPFT NICE Group

There was nothing relevant to report.

APC 23/201 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

23/201.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)

There was nothing relevant to report.

23/201.2 BHNFT

There was nothing relevant to report.

23/201.3 SWYPFT Drug and Therapeutics Committee

There was nothing relevant to report.

23/201.4 Community Pharmacy Feedback

There was nothing relevant to report.

23/201.5 Wound Care Advisory Group

There was nothing relevant to report.

APC 23/202 ISSUES FOR ESCALATION TO THE BARNESLEY PLACE QUALITY & SAFETY COMMITTEE (16th NOVEMBER 2023)

The national patient safety alert (shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets) would be escalated to the

CL

Barnsley Place Quality and Safety Committee, with the standing updates on IMOC and APC Reporting/D1 issues.

APC 23/203 FORMULARY ACTIONS

23/203.1 SPS New Medicines Newsletter August 2023

Received for information.

23/203.2 IMOC Horizon Scanning October 2023

The Medicines Management Pharmacist presented enclosure T detailing the traffic light classifications agreed at the October 2023 IMOC meeting. The formulary changes for Barnsley were highlighted as follows: -

- Dengue vaccine (new medicine) – non-formulary grey
- Riluzole 50mg orodispersible film (new formulation) – amber (IMOC agreed to classify riluzole amber at chemical substance level).
- Desmopressin 360microgram/mL oral solution (new formulation) - it is proposed that desmopressin is classified at chemical substance level by the TLDL sub group in due course rather than the individual preparation

The Committee approved the formulary changes.

23/203.3 TLDL Sub Group Agreed Traffic Light List - October 2023

The Medicines Management Pharmacist presented enclosure U detailing the sub group agreed traffic light list for October 2023. The changes for Barnsley were highlighted as follows:-

- Hyaluronic acid intra-articular injections - not currently classified, to be added as non-formulary grey
- Lutein and antioxidants (all dietary antioxidants and supplements to prevent AMD) - not currently classified (non-formulary) - change to non-formulary grey
- Levofloxacin tablets - change from formulary grey to formulary amber G
- ITULAZAX 12 SQ-Bet - change from non-formulary provisional red to non-formulary grey
- Travel Vaccines - change from formulary green to formulary grey
- Ketoprofen (topical) - not currently classified (non-formulary) - change to non-formulary grey
- Lomitapide - not currently classified - add as non-formulary red
- Loxapine - change from non-formulary provisional red to non-formulary grey

The Medicines Management Pharmacist referred to the SY ICB IMOC Draft Minutes, 6th September 2023, highlighting a change to the Barnsley formulary: -

- Qutenza® Capsaicin Patch – change from non-formulary grey to non-formulary red

The Committee approved the formulary recommendations/changes.

APC 23/204 MHRA DRUG SAFETY UPDATE (SEPTEMBER 2023)

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

Statins: very infrequent reports of myasthenia gravis

Globally, there has been a very small number of reports of new-onset or aggravation of pre-existing myasthenia gravis with atorvastatin, pravastatin, lovastatin, fluvastatin, simvastatin, rosuvastatin and pitavastatin (single-ingredient and fixed-dose combination products). Advise patients taking statins to be alert to new symptoms for myasthenia gravis, or worsening symptoms of pre-existing myasthenia gravis, and to seek medical advice if these occur.

Fluoroquinolone antibiotics: suicidal thoughts and behaviour

Healthcare professionals prescribing fluoroquinolone antibiotics (ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, ofloxacin) are reminded to be alert to the risk of psychiatric reactions, including depression and psychotic reactions, which may potentially lead to thoughts of suicide or suicide attempts. Healthcare professionals are also reminded to advise patients to be alert to these risks.

APC 23/205 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB Sheffield (20th July 2023) and Doncaster & Bassetlaw APC (27th July 2023) were received and noted.

APC 23/206 ANY OTHER BUSINESS

23/206.1

Draft 2024 meeting dates

Received for information and noted.

Agreed action: -

- Meeting invites to be sent out to members.

NB

APC 23/207 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th November 2023 at 12.30 pm via MS Teams.