

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 13th October 2021 via MS Teams**

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Abdul Munzar	General Practitioner (LMC)
Mark Payne	Lead Pharmacist (SWYPFT)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Dr Madhavi Guntamukkala	Medical Director (Barnsley CCG)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Deputy Chief Pharmacist (SWYPFT)
Dr Jeroen Maters	General Practitioner (LMC)

**ACTION
BY**

APC 21/199 QUORACY

The meeting was quorate.

APC 21/200 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Chair invited declarations of interest relevant to the meeting agenda. The Head of Medicines Optimisation declared that she signs a variety of rebate agreements on behalf of the CCG, noting that there is no personal financial gain and all savings from rebates schemes are re-invested into other local health services. The rebates are all in line with PrescQIPP guidance and a full list is available on the website.

APC 21/201 DRAFT MINUTES OF THE MEETING HELD ON 8th SEPTEMBER 2021

Subject to an addition to the attendance list, the minutes were accepted as an accurate record of the meeting.

NB

APC 21/202 MATTERS ARISING AND APC ACTION PLAN

21/202.1

Phyllocontin® Guidance

The Head of Medicines Optimisation fed back from the LMC meeting, advising that the LMC were supportive of progressing a primary care

plan, noting that some members have already undertaken and progressed work in their practice. Primary Care would therefore undertake the remainder of patient reviews and the approach would be agreed outside of this meeting.

The Lead Pharmacist, Barnsley CCG advised that the Lead Pharmacist, BHNFT produced some guidance at the time of alert that went to primary care which advised switching everyone over until patients could be scheduled for treatment review.

Report progress with this work back to the Committee in 4 months.

Agreed actions: -

- MMT to agree approach for completing the patient reviews.
- Progress on this work to be brought back to the Committee in February 2022.

CL/DC
DC

21/202.2

Freestyle Libre

Following discussions at a previous meeting, the Head of Medicines Optimisation had escalated the request from the local specialist diabetes nurses about wanting to widen the criteria around the offer of Freestyle Libre within the pathway. This was discussed with Heads of Medicines Management and other specialist nursing services from across SY&B, but they want to maintain their position as per the guidance.

The Head of Medicines Optimisation advised that she planned to attend the Regional Diabetes Group in November 2021, with a view to agreeing a regional approach.

21/202.3

Knee Pressure Offloading Device (Knee Brace) Action Reliever

Following discussion at the August 2021 meeting, the Lead Pharmacist, SWYPFT was asked to seek feedback from the physio service regarding use of the device. The service advised that they do not use Action Reliever knee braces. These have been added to the formulary with a red traffic light classification.

21/202.4

Dantrolene Amber G Guideline

The Head of Medicines Optimisation advised that having discussed the guideline at the LMC, there was a preference for Dantrolene to be classified amber.

The Senior Interface Pharmacist, BHNFT would be asked to develop an amber shared care guideline, with a request to liaise with Dr Clare Bannon.

JH

Agreed action: -

- The Senior Interface Pharmacist, BHNFT to develop an amber shared care guideline.

LC

21/202.5

Entresto®

The Lead Pharmacist, SWYPFT presented enclosures B1 and B2 as examples of treatment pathways in place in Bradford and Leeds, to possibly consider adopting similar approaches locally, following a

request from the Heart Failure nurses to review the Entresto® amber status following challenges around prescribing.

It was noted at the last meeting that the NICE TA says that treatment should be started by a heart failure specialist with access to the multidisciplinary heart failure team. Dose titration and monitoring should be performed by the most appropriate team member. The heart failure team felt it was unclear from this who would make the decision to initiate shared care and where the request for shared care would need to come from.

It was noted that whilst the Leeds pathway classifies Entresto® amber level 3 (equivalent to shared care), it is also acknowledged that some patient assessments are made via virtual consultant clinics and in this situation if a NMP is not available to issue a prescription in a timely manner, the community heart failure specialist nurse may request that the GP issues the initial prescriptions. The Leeds treatment pathway was presented and noted.

It was noted that locally there was currently one prescriber able to prescribe within the heart failure team, noting a backlog of patients waiting to obtain only a prescription. It was noted that an initial discussion had taken place outside of the APC meeting to look at potential solutions to this.

Issues highlighted around capacity within the heart failure team and access to the consultants for people to be seen, reviewed, and initiated were discussed.

The Lead Pharmacist, BHNFT advised that secondary care had not yet had any input into these discussions. Dr Robson, Heart Failure Lead who is currently prescribing all the Entresto®, is happy for the Lead Pharmacist, BHNFT to represent secondary care and provide input into these discussions with his involvement when required. The Lead Pharmacist, BHNFT has offered interim support as a prescriber until the community nurses are qualified as prescribers, however clarification was required around workload.

It was agreed that discussions need to take place with secondary care to investigate possible provision.

Agreed actions: -

- A meeting to be arranged to discuss/facilitate developing and agreeing a pathway.
- The Head of Medicines Optimisation to approach Dr Matt Dowling to represent primary care at this meeting.

MP/GT

CL

21/202.6

Clomifene and Desmopressin Spray

The Lead Pharmacist, BHNFT fed back that Sheffield do not have an amber G guideline for clomifene and desmopressin spray as these have a green traffic light classification in Sheffield. As an amber G traffic light classification was agreed appropriate for Barnsley, the Senior Interface Pharmacist, BHNFT would be asked to produce amber G guidelines.

Agreed action: -

- The Senior Interface Pharmacist, BHNFT to produce amber G guidance.

LC

21/202.7

NICE TAs (August 2021)

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

- TA720 Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma

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

- TA721 Abiraterone for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer
- TA722 Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement

The Lead Pharmacist, BHNFT **would advise** if the following NICE TA was applicable for use at BHNFT: -

- TA139 (updated from March 2008) Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome

GT

21/202.8

Action Plan - other

Inflammatory Bowel Disease and Autoimmune Hepatitis Shared Care Guideline – re-audit of monitoring

The Lead Pharmacist, Barnsley CCG advised that audit results were brought to the Committee pre-COVID which didn't identify any significant concerns and showed that the majority of patients in Barnsley did have shared care agreements in place, but it had been agreed to re-audit.

Due to workload pressures and considering the initial audit results showing that over 80% of patients had a shared care agreement in place, it was agreed to remove this from the action plan.

NB

APC 21/203 IRON DEFICIENCY ANAEMIA PATHWAY (NEW)

The Lead Pharmacist, BHNFT presented the pathway documents which have been developed by Dr Atcha and Kate Lawson within primary care, with involvement from the Lead Pharmacist and Consultant Gastroenterologist from a secondary care perspective in relation to the inclusion of Ferric Maltol (Feraccru®) iron preparation. The pathway documents have been to the LMC.

The patient journey for iron infusion presented at enclosure C3 was discussed and it was agreed that the wording around inappropriate referrals being rejected and sent back to GPs should be amended slightly to advise GPs why a referral is rejected.

In relation to the treatment algorithm presented at enclosure C1, following discussion around 'FIT test', it was felt that this needed stronger emphasis and should be moved from the 'additional investigations' box to the 'initial other investigations' box.

The Medicines Management Pharmacist advised that the APC had previously agreed that ferric maltol would have a green traffic light

classification provided it was prescribed in line with this guidance. It was therefore agreed that the classification would change to green.

The Committee approved the Iron Deficiency Anaemia Pathway subject to suggested amendments on enclosures C1 and C3.

Agreed action: -

- The Head of Medicines Optimisation to feedback comments to Dr Atcha.

CL

APC 21/204 PALLIATIVE CARE GUIDELINE: MANAGEMENT OF SEIZURES/ EPILEPSY IN PATIENTS UNABLE TO SWALLOW ORAL MEDICATION (UPDATE)

The Medicines Management Pharmacist presented the updated guideline with changes highlighted. Comments from the Senior Pharmacist at SWYPFT have been incorporated.

The Committee approved the guideline.

APC 21/205 KETAMINE GUIDELINE REVIEW (UPDATE)

The Medicines Management Pharmacist presented the guideline with no changes to note.

The Committee approved the guideline.

APC 21/206 TRIAL OF STOPPING YOUR OVERACTIVE BLADDER DRUG PATIENT INFORMATION LEAFLET (NEW)

The Medicines Management Pharmacist presented the leaflet, to be included in the CCG OAB review SOP. Information will also be added to the women's OAB guidance to reference this leaflet. This has been seen by the continence nurse specialist.

Appreciation for production of the guidance was noted.

The Committee approved the patient information leaflet.

APC 21/207 GUIDANCE ON THE USE OF STRONG OPIOIDS IN BARNESLEY (UPDATE)

The Medicines Management Pharmacist presented the guidance, noting a change to the title. The preferred brands have been added and a link to the patient information leaflet on the safe administration and disposal of the opioid patches. The Palliative Care Consultant, Barnsley Hospice has been involved with updating the guidance.

Following discussion around Transdermal (TD) Buprenorphine on page 2 of the guidance, it was agreed that formulary only brands would be included on the list of preparations.

Subject to this change, the Committee approved the guidance.

Agreed action: -

- Formulary only brands to be included on the list of preparations.

JH

APC 21/208 NEEDLES FOR PRE-FILLED AND REUSABLE PENS APC POSITION STATEMENT (NEW)

The Medicines Management Pharmacist presented the guidance which has been to the specialists.

The insulin pen needles costing greater than £5 per 100 needles are in the NHS England guidance on drugs not to be routinely prescribed in primary care, so it was suggested that any insulin pen needles costing more than this are made non-formulary grey and that patients are reviewed and switched to the Barnsley formulary brand of choice (Glucorx Carepoint - first choice, BD Viva – second choice). The forum for injection technique (FIT) UK recommends a 4mm needle as the safest pen needle and information will be included around this on the formulary.

Information has also been included around the use of safety needles in line with the NHS England guidance and it is suggested that Glucorx safety needles are added to the formulary as grey but specifically for the exceptional circumstances outlined within this position statement. The guidance has been shared with SWYPFT colleagues specifically to ask for comments around the safety needles and no comments were received.

Queries have since been received from the neighbourhood nursing team regarding the proposals around the safety needles. The Lead Pharmacist, SWYPFT would discuss the statement with the neighbourhood nursing team to find out what the challenges are.

It was agreed that the guidance would be taken to the next LMC meeting for feedback and comments from the LMC and SWYPFT would be brought back to the next meeting.

Following feedback from the Community Pharmacist, it was agreed that where the patient does not meet the exceptional circumstances criteria and still wishes to use a safety needle, and are advised that they can be purchased over-the-counter (OTC) with the support of the community pharmacist, additional wording was required around approximate purchase price.

Agreed actions: -

- Additional wording around community pharmacy purchase price to be included.
- The guidance to be taken to the next LMC meeting.
- Views around the SWYPFT position to be obtained and brought back to the next meeting.

JH

**JH/CL
MP**

APC 21/209 SAYANA PRESS GUIDANCE (UPDATE)

The Medicines Management Pharmacist presented the updated guidance which has been to the specialists at Spectrum. Minor changes were noted including the removal of the upper age limit of 50 years (to include all women of childbearing potential) in line with the SPC. It was acknowledged that stocks of Sayana® Press are currently low.

The Committee approved the Sayana Press Guidance.

APC 21/210 BARNESLEY CONTINENCE GUIDE (UPDATED)

The Medicines Management Pharmacist presented the updated guidance with changes highlighted. This has been to the specialists.

The Committee approved the guidance.

APC 21/211 CHRONIC CORONARY SYNDROME (PREVIOUSLY KNOWN AS STABLE ANGINA)-MANAGEMENT GUIDELINE (UPDATE)

The Medicines Management Pharmacist presented the updated guidance with tracked changes. This has been to the specialists with no comments received.

The Lead Pharmacist, BHNFT noted that since reviewing this guideline, the formulary review of the cardiovascular section has been completed where it was identified and noted at the APC meeting that the link that relates to the lipid management guideline is out of date, and reference to use the Barnsley lipid algorithm on page 1 (under statin) needs to be amended as this has not been reviewed/updated since 2014. As part of the formulary review, the Lead Pharmacist advised using the Accelerated Access Collaborative updated algorithm which is the national algorithm from NICE.

There was discussion around an expected NICE TA for inclisiran which would need to be considered for inclusion in the guideline when released. The Head of Medicines Optimisation would share information on inclisiran with the Lead Pharmacist, BHNFT.

The Lead Pharmacist, BHNFT advised that inclisiran would likely be classed as a specialist drug for secondary care use only and she was developing a specialist algorithm which will include inclisiran when developed.

Subject to the above changes, the Committee approved the guidance. It was agreed that if the decision is made to include information around inclisiran then the guidance would be brought back to the Committee.

Agreed actions: -

- Link to the lipid management guideline to be updated.
- Amend to advise using the national Accelerated Access Collaborative algorithm.
- Information around inclisiran to be shared with the Lead Pharmacist, BHNFT.
- If the decision is made to include information around inclisiran then the guidance would be brought back to the Committee.

JH
JH
CL
GT

APC 21/212 UPDATED VITAMIN D DEFICIENCY GUIDELINES FOR CHILDREN AND YOUNG ADULTS (UPDATED)

The Medicines Management Pharmacist presented the updated guidance which has been to the paediatricians. The guidance has been updated and a summary of the key changes was presented and noted. An additional 2-page summary guideline has also been produced.

The Committee approved the guideline and additional 2-page summary guideline.

APC 21/213 PRIMARY CARE ANTIMICROBIAL TREATMENT GUIDELINES (UPDATE OF SECTIONS 2.5 AND 2.7)

The Medicines Management Pharmacist presented only relevant sections of the guidance following minor amendments. The changes were highlighted and are in line with NICE guidance and the amendments have been approved by the microbiologists.

An additional change was also highlighted around the prophylactic doses of Nitrofurantoin and Trimethoprim for recurrent UTI in non-pregnant women. The doses on page 27 of the full guidance (not brought to the Committee) are slightly lower than NICE and need to be amended. The specialist has approved this change.

The Committee approved the updates in sections 2.5 and 2.7 and were happy for the additional change to be made on page 27 of the full guidance.

APC 21/214 BARNESLEY ASTHMA GUIDELINES (UPDATE)

The Medicines Management Pharmacist presented the updated guideline with a summary of the changes. This has been to the specialists. Comments around formatting of the inhaler chart to be fed back.

The Committee approved the guidance.

APC 21/215 UPDATED AMBER-G AND SCG TEMPLATES AND PROPOSED PROCESS FOR SENDING SHARED CARE REQUESTS ELECTRONICALLY

The Medicines Management Pharmacist advised that shared care requests were previously sent by post which can result in delays; therefore, the APC were asked to consider changing the process for sending shared care requests electronically which was supported. It was agreed that this process would be produced for consideration by the LMC. The proposed process was presented.

The Head of Medicines Optimisation advised that the change of approach was noted at a previous LMC meeting, however, as the documentation had not discussed by the LMC, it was agreed that the documents would be taken to the next LMC meeting for information.

The Medicines Management Pharmacist referred to the shared care templates presented, noting that information from the SYB collaborative protocol templates has been incorporated. It was suggested that the review date for all prescribing and shared care guidelines would change from 2 years to 3 years. It was agreed that a list of guidelines with changes to current review dates be produced and brought back to the Committee.

As previously discussed, the amber-G header has been changed to make it clear that the drug can be recommended or initiated in secondary care with follow up prescribing and monitoring by primary care clinicians.

The Committee approved the templates, the process and the change of review date to 3 years going forward.

Agreed action: -

- Final documents to be taken to the next LMC meeting for information. **JH/CL**
- A list of guidelines with changes to review dates to be brought back to the Committee. **JH/GT**

APC 21/216 INTEGRATED PHARMACY AND MEDICINES OPTIMISATION (IPMO) PLAN

The Head of Medicines Optimisation presented the transformation plan to raise awareness of work being undertaken over region, advising that she and the Community Pharmacist are members of the Interim Leadership Group which was established 6 months ago.

A more detailed plan has been drafted and is being developed with leads, which includes the establishment of an IPMO leadership group at ICS level. Plans will be shared when received so that the Committee continue to be updated around this area of work. **CL**

APC 21/217 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

21/217.1 Dapagliflozin for HF_rEF Amber-G guideline (new)

The Lead Pharmacist, BHNFT presented the guideline for Dapagliflozin (Forxiga) for Heart Failure with reduced Ejection Fraction (H_rEF). This has been to the LMC with no comments received.

The Committee approved the guideline.

21/217.2 Parkinson's Disease Shared Care Guideline (update)

The Medicines Management Pharmacist presented the final draft of the SYB Parkinson's Disease Shared Care Guideline, with tracked changes highlighted.

The Committee approved the updated guideline.

APC 21/218 FORMULARY REVIEWS

21/218.1 Formulary Review Plan (for information)

The Lead Pharmacist (DC) presented the formulary review plan for information with revised dates having been agreed for the remaining sections.

It was noted that the 'immunological products and vaccines' section will now be reviewed by the Lead Pharmacist, BHNFT.

APC 21/219 NEW PRODUCT APPLICATION LOG

The log was received and noted.

APC21/220 BARNESLEY APC REPORTING

The Lead Pharmacist, Barnsley CCG presented the reports relating to the month of August 2021. There were 13 reports received in August 2021 with varying key themes and 2 significant issues highlighted.

Compared to last year, there were approximately 50 less cumulative APC reports received to date.

The Lead Pharmacist referred to BAPC21/08/03 in relation to FreeStyle Libre. An anonymised copy of the letter sent to the GP practice would be obtained and shared with the Head of Medicines Optimisation.

DC

A venalink incident was noted but it was confirmed to be a Doncaster incident and would not be reported via Barnsley APC reporting.

The Chief Pharmacist, BHNFT suggested an extra-ordinary meeting be arranged to discuss DMS venalink issues. This would be arranged to resolve issues identified in the early stages of DMS prior to putting more patient cohorts through DMS.

Agreed actions: -

- A copy of the FreeStyle Libre letter to be shared with the Head of Medicines Optimisation.
- Extra-ordinary DMS meeting to be arranged to discuss venalink issues identified.

DC

MS/TB

APC 21/221 **NEW NICE TECHNOLOGY APPRAISALS (SEPTEMBER 2021)**
21/221.1 NICE TAs September 2021

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

- TA723 Bimekizumab for treating moderate to severe plaque psoriasis

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

- TA724 Nivolumab with ipilimumab and chemotherapy for untreated metastatic nonsmall-cell lung cancer (**not recommended**)
- TA726 Daratumumab with pomalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (**terminated appraisal**)
- TA727 Isatuximab with carfilzomib and dexamethasone for treating relapsed or refractory multiple myeloma (**terminated appraisal**)
- TA728 Midostaurin for treating advanced systemic mastocytosis
- TA730 Avapritinib for treating unresectable or metastatic gastrointestinal stromal tumours (**terminated appraisal**)
- TA731 Vericiguat for treating chronic heart failure with reduced ejection fraction (**terminated appraisal**)

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

- TA725 Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy
- TA729 Sapropterin for treating hyperphenylalaninaemia in phenylketonuria

GT

21/221.2	<u>Feedback from BHNFT Clinical Guidelines and Policy Group</u> There was nothing relevant to report.	
21/221.3	<u>Feedback from SWYPFT NICE Group</u> There was nothing relevant to report.	
APC 21/222	FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS	
21/222.1	<u>Primary Care Quality & Cost Effective Prescribing Group (QCEPG)</u> There was nothing relevant to report.	
	The Head of Medicines Optimisation and the Lead Pharmacist, SWYPFT to discuss lymphoedema wound care and leg ulcer prescribing outside of the meeting.	CL/MP
21/222.2	<u>BHNFT</u> The Chief Pharmacist provided an update around the Trust reviewing the way the Medicines Management Committee (MMC) functions across the Trust with the establishment of several sub-groups/ operational groups that will feed into the MMC. A further update will be provided at the November 2021 APC.	MS
	To understand structure, plans and arrangements around moving to the ICS, the Head of Medicines Optimisation and Associate Medical Director agreed to meet outside of the meeting.	CL/AA
21/222.3	<u>SWYPFT Drug and Therapeutics Committee</u> There was nothing relevant to report.	
21/222.4	<u>Community Pharmacy Feedback</u> The Community Pharmacist highlighted that the Hypertension Case Finding Service became a national advanced service from 1 st October 2021, and that the Contraceptive Pilot for community pharmacy was expected to start in October 2021.	
	Agreed action: -	
	<ul style="list-style-type: none"> • A summary report on the Hypertension Case Finding Service and the Contraceptive Pilot will be brought to the next meeting. 	TB
21/222.5	<u>Wound Care Advisory Group</u> The Head of Medicines Optimisation advised that the group received an evaluation report around patient self-management of dressings, put in place by SWYPFT. We're now reporting 100% formulary compliance through implementation of ONPOS. It was noted that the lymphoedema service is moving from the hospice to another provider.	
APC 21/223	ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)	
	It was agreed to escalate Entresto®) prescribing for heart failure to the Q&PSC in terms of the work being undertaken around the heart failure pathways.	
APC 21/224	SPS NEW MEDICINES NEWSLETTER (AUGUST 2021)	
	The Committee assigned the following classifications to the products listed below: -	
	<ul style="list-style-type: none"> • Adalimumab biosimilar (Yuflyma®) - non-formulary provisional red 	

- Baloxavir marboxil (Xofluza®) - non-formulary provisional grey
- Beclometasone + formoterol (Luforbec®) - non-formulary provisional grey
- Dapagliflozin (Forxiga®) for chronic kidney disease - non-formulary provisional red
- Empagliflozin (Jardiance®) for chronic heart failure with reduced ejection fraction- non-formulary provisional red (to be reviewed when NICE TA available)
- Herpes zoster vaccine (Shingrix®) – formulary green
- Midazolam (Miprosed®) - non-formulary provisional red
- Ropeginterferon alfa-2b (Besremi®) - non-formulary provisional red
- Sodium oxybate (Xyrem®) - non-formulary provisional red
- Tiotropium (Tiogiva®) - non-formulary provisional grey
- Tralokinumab (Adtralza®) - non-formulary provisional red
- Vericiguat (Verquvo®) - non-formulary provisional red

Management of Low Vitamin D Level in Adults (18yrs and over)

In line with, and following approval of the Vitamin D Guidance for Adults, the following changes to classifications were noted: -

- Plenachol® 20,000IU - non-formulary grey (currently formulary green)
- Strivit D3® 20,000IU - non-formulary grey (currently non-formulary green)

APC 21/225 MHRA DRUG SAFETY UPDATE (SEPTEMBER 2021)

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

Topical corticosteroids: information on the risk of topical steroid withdrawal reactions

Rarely, severe adverse effects can occur on stopping treatment with topical corticosteroids, often after long-term continuous or inappropriate use of moderate to high potency products. To reduce the risks of these events, prescribe the topical corticosteroid of lowest potency needed and ensure patients know how to use it safely and effectively.

COVID-19 vaccines and medicines: updates for August 2021

Recent information relating to COVID-19 vaccines and medicines that has been published since the August 2021 issue of Drug Safety Update, up to 9 September 2021.

APC 21/226 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

The Head of Medicines Optimisation referred to the draft shared care guidelines currently out for consultation (link shared with members). It was noted again that feedback will be provided advising that Barnsley shared care guidelines are developed around therapeutic areas rather than individual guidelines for individual drugs, but that we would use the information within the RMOC guidelines as part of reviewing our guidelines.

APC 21/227 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (15th July 2021) were received and noted.

The Lead Pharmacist, BHNFT referred to Sheffield's decision to classify bempedoic acid as green following the NICE TA, noting this has currently been classified red in Barnsley.

Agreed action: -

- This would be discussed further at the next meeting.

GT

APC 21/228 ANY OTHER BUSINESS

21/228.1 Allergic Rhinitis Guideline

The Medicines Management Pharmacist informed the Committee that some minor changes have been made to the guideline with regards to OTC availability and OTC restrictions. This has been uploaded to the BEST website.

21/228.2 HRT Formulary

The Lead Pharmacist, BHNFT fed back that following review of the HRT section, there are currently no topical preparations on the formulary despite numerous Barnsley patients being on a topical. It wasn't felt that new production applications were required for all the products but suggested that a proposal for changes to the formulary be produced and brought to the Committee.

Agreed action: -

- A proposal for changes to the formulary, with rationale to be produced for consideration by the Committee.

LC

21/228.3 Proposed 2022 meeting dates

The proposed meeting dates were approved, with the June 2022 meeting date taking place on the 3rd Wednesday of the month to fall in line with the LMC meeting schedule.

21/228.4 Slo Milkshakes

The Lead Pharmacist, SWYPFT shared a copy of the poster produced by SWYPFT to highlight the differences between levels 1, 2, 3 and 4 of Slo Milkshakes following reports around confusion with selecting the wrong product due to similar packaging.

It was noted that guidance on thickened drinks has been developed by the CCG dietitian and photos of the products have been added into the draft guidance which will be circulated for consultation.

APC 21/229 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 10th November 2021 at 12.30 pm via MS Teams.