

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 11th March 2026 via MS Teams**

MEMBERS:		
Erica Carmody (Chair)	Medicines Optimisation Senior Pharmacist, Strategy & Delivery Barnsley & Doncaster (SY ICB)	
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)	
Chris Bland (from 26/44 to 26/55.3)	Chair (Community Pharmacy South Yorkshire)	
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)	
Deborah Cooke	Senior Pharmacist, Strategy and Delivery, Barnsley & Clinical Effectiveness (SY ICB)	
Dr Mehrban Ghani (left after 26/55.3)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)	
Joanne Howlett	Medicines Optimisation Lead Pharmacist, Strategy and Delivery Barnsley (SY ICB)	
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)	
Chris Lawson	Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB)	
Dr Munsif Mufalil (from 26/44 to 26/55.3)	General Practitioner (LMC)	
Gillian Turrell	Lead Pharmacist, Medicines Information and Cardiology (BHNFT)	
IN ATTENDANCE:		
Nicola Brazier	Medicines Optimisation Business Support Officer (SY ICB)	
APOLOGIES:		
None		
		ACTION BY
APC 26/40	QUORACY	
	The meeting was quorate.	
APC 26/41	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA	
	There were no declarations of interest relevant to the agenda to note.	
APC 26/42	DRAFT MINUTES OF THE MEETING HELD ON 11th FEBRUARY 2026	
	The minutes were approved as an accurate record of the meeting.	
APC 26/43	MATTERS ARISING AND APC ACTION PLAN	
26/43.1	<u>NICE TAs (September 2025)</u>	
	The Lead Pharmacist, BHNFT advised that the following NICE TA was applicable for use at BHNFT: -	
	<ul style="list-style-type: none"> TA1098 Isatuximab in combination for untreated multiple myeloma when a stem cell transplant is unsuitable 	
26/43.2	<u>NICE TAs (December 2025)</u>	
	The Lead Pharmacist, BHNFT advised that the following NICE TA was applicable for use at BHNFT: -	

	<ul style="list-style-type: none"> TA1113 Glofitamab with gemcitabine and oxaliplatin for treating relapsed or refractory diffuse large B-cell lymphoma 	
	<p>The Lead Pharmacist, BHNFT advised that the following NICE TAs were not applicable for use at BHNFT: -</p> <ul style="list-style-type: none"> TA1114 Talquetamab for treating relapsed and refractory multiple myeloma after 3 or more treatments TA1115 Vutrisiran for treating transthyretin amyloidosis with cardiomyopathy 	
26/43.3	<u>NICE TAs (January 2026)</u>	
	<p>The Lead Pharmacist, BHNFT advised that the following NICE TAs were not applicable for use at BHNFT: -</p> <ul style="list-style-type: none"> TA1121 Acoramidis for treating transthyretin amyloidosis with cardiomyopathy (to confirm) TA1122 Amivantamab with lazertinib for untreated EGFR mutation-positive advanced non-small-cell lung cancer TA1126 Natalizumab (originator and biosimilar) for treating highly active relapsing–remitting multiple sclerosis after disease-modifying therapy 	GT
26/43.4	<u>BHNFT D1</u>	
	The Lead Pharmacist, BHNFT has contacted clinical systems leads to confirm if they are still monitoring incomplete D1s for discharge of patients following a system change. An update will be provided on receipt of a response.	GT
26/43.5	<u>POWERbreathe</u>	
	<p>The PDMO stated at the previous meeting, it was noted that primary care had been receiving prescribing requests for <i>Power Breathe</i> devices originating from BHNFT services.</p> <p>The agreed interim approach from the last meeting was that primary care should continue to prescribe the devices if requested, to avoid any compromise to patient care, until a clearer solution was established.</p> <p>The issue was escalated to the commissioner for clarification and resolution.</p> <p>Following further discussion with the service, the commissioner has reiterated that the devices should be issued by BHNFT, and the service has been reminded of this.</p> <p>Although reminders have been issued, there may still be occasional residual requests coming through.</p> <p>Current advice remains unchanged:</p> <p>Prescribers may choose whether to pick up these requests, but primary care should prescribe if approached directly, so that patients are not disadvantaged.</p> <p>Based on the latest communication from the service, it is expected that few, if any, new requests should now be generated.</p>	
26/43.6	<u>Action Plan – other</u>	
26/43.6.1	<u>Ticagrelor Audit</u>	
	The Lead Pharmacist, BHNFT to discuss with the clinical audit team, therefore this item was deferred to a future meeting.	GT
26/43.6.2	<u>Immunosuppressants - dermatology guidelines</u>	

	The Lead Pharmacist, BHNFT confirmed that the guideline will be shared with the MO team to share with the LMC and bring to the next meeting for approval.	GT
26/43.6.3	<u>Targets Dates</u>	
	All to review upcoming target dates.	ALL
APC 26/44	ANTIMICROBIAL STEWARDSHIP	
	<p>The PDMO advised that three enclosures were provided for the meeting.</p> <p>Two were reports shared for awareness only, with no need for detailed review during the meeting. These reports, including the combined HCAI & AMR monthly report, are available on NHS Futures and are circulated quarterly via the AMR/IPC Steering Group papers. The AMR dashboard (Excel spreadsheet) is also available on NHS Futures within the AMR section.</p> <p>This dashboard is continuously updated as new data arrives from different sources. Older versions are archived periodically. The dashboard provides a comprehensive summary of multiple AMR and IPC data streams and reflects the most up-to-date targets and performance metrics.</p> <p>A brief report was compiled summarising South Yorkshire-specific AMR issues, drawn from the dashboard.</p> <p>South Yorkshire continues to have higher antibiotic items per weighted unit than the England average.</p> <p>Three of the South Yorkshire places remain below the North East & Yorkshire regional mean, Barnsley is just above.</p> <p>The national target of 0.871 items per STAR-PU has not yet been achieved locally.</p> <p>Barnsley shows higher prescribing levels, which correlate with both:</p> <ul style="list-style-type: none"> • Greater deprivation (South Yorkshire is the most deprived ICB; Barnsley the most deprived place within it) • Cold weather trends <p>Although prescribing has reduced since 2019, significant variation remains between places and becomes even more pronounced at practice level.</p> <p>For broad-spectrum antibiotics, performance is good:</p> <ul style="list-style-type: none"> ○ Barnsley has the lowest usage across South Yorkshire and remains below the national 10% target. <p>Percentage of children 0-9 months receiving antibiotic courses in the last 12 months to Oct 25:</p> <p>SY is currently at 30.3%. It was highlighted that approximately one in three patients receiving an antibiotic is a concerning figure.</p> <p>A new national target of 27% has been introduced to address and reduce this rate.</p> <p>Local variation persists, with prescribing levels strongly linked to deprivation.</p> <p>There is a notable range in performance across place areas within South Yorkshire.</p> <p>Work to support improvement includes:</p> <ul style="list-style-type: none"> • Training in primary care aligned to national targets. 	

	<ul style="list-style-type: none"> • Ongoing initiatives aimed at reducing unnecessary antibiotic use. <p>SY improving on length of courses, more work to do. SY prescribes higher proportion of PPIs per 1000pts (and also high doses) increases risk C.Difficile.</p> <p>Hospital prescribing. SY can't get robust blood audit data from the Trusts.</p> <p>Discussion that all prescribers across all formats need to be aware of AMR.</p> <p>Action: To amend report to reflect accurately data shown. To look at obtaining accurate community pharmacy data.</p>	<p>CL CL</p>
APC 26/45	SY ICB ORGANISATIONAL CHANGE	
	<p>PDMO revisited earlier discussions about the significant risks arising from the ongoing ICB consultation and the substantial reductions in commissioning and Medicines Optimisation (MO) staffing. The consultation timeline has been extended, and the final structure is <i>expected</i> to be released shortly.</p> <p>The first round of voluntary redundancy (VR) applications has closed. Current staffing risks within the MO team are significant, with multiple roles uncertain or leaving.</p> <p>There are wide-ranging functions at risk, not just those relating to this committee.</p> <p>The group acknowledged concern that it is difficult to plan without clarity on: Which roles will remain, what capacity each place committee will receive, and which functions may no longer be supported.</p> <p>It was noted that the committee is owned by the place and providers, not imposed by the commissioner, and its purpose is to support local patient benefit.</p> <p>Almost all administrative staff supporting Barnsley locality and wider South Yorkshire are leaving at the end of March, apart from one Band 3 post.</p> <p>Replacement administrative staff within the new structure have not yet been recruited or trained, so capacity will be extremely limited. Use of AI tools (including Copilot) is being explored as a potential way to support administrative gaps.</p> <p>Acknowledgement The meeting expressed gratitude to Nicola for her contribution and service, with thanks recorded from both primary and secondary care representatives.</p>	
	<p>Agreed action: -</p> <ul style="list-style-type: none"> • The April 2026 APC meeting to be stood down but members to meet to discuss future of the Barnsley Place group. • An options appraisal paper will be prepared for the April meeting, to allow members to use their time effectively when agreeing future arrangements. 	<p>CL</p>

APC 26/46	SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES	
26/46.1	<u>DMARDs Shared Care Guideline (minor updates)</u>	
	<p>The MO Lead Pharmacist, SY ICB (JH) provided an update to the minor updates that have been made to the shared care documents in response to the updated BSR (British Society for Rheumatology) guidelines.</p> <p>The updated documents, with tracked changes, have been sent to the LMC for comment, although they were only issued last Wednesday and feedback is still awaited.</p> <ul style="list-style-type: none"> No objections were raised by the group. <p>Agreed Action: The document will proceed for LMC approval outside the meeting.</p>	JH
APC 26/47	FORMULARY	
	<p>Ongoing desktop reviews continue as planned.</p> <ul style="list-style-type: none"> The CNS section is currently undergoing review. <p>Formulary Changes</p> <p>Melatonin Modified Release (MR) 2mg Tablets – Insomnia Pathway Alignment</p> <ul style="list-style-type: none"> The South Yorkshire Insomnia Pathway has been approved by IMOC. The pathway includes use of melatonin MR for specific patient cohorts. A query highlighted that the formulary entry is outdated: Currently listed as Grey (historic classification). Will be updated and removed from Grey to reflect approved use as per the new pathway. <p>Dymista® (fluticasone + azelastine) Nasal Spray</p> <ul style="list-style-type: none"> Now identified as more cost-effective when prescribed generically. Formulary wording will be updated to highlight generic cost-effectiveness. ScriptSwitch will be used to support implementation. <p>Adipine® XL (modified-release nifedipine)</p> <ul style="list-style-type: none"> This once-daily brand has been discontinued. Another once-daily MR nifedipine brand remains on the formulary. Formulary entry will be updated accordingly. <p>Discussion re BBC article on Veozah® (fezolinetant) for menopausal hot flushes and night sweats</p> <ul style="list-style-type: none"> Final draft guidance published today. Currently assigned a grey traffic light classification which will be reviewed by the IMOC when the final NICE TA is published. <p>Action</p> <p>Senior Pharmacist, SY ICB (DC) to take to IMOC subgroup for further discussion.</p> <p><i>Post meeting note: NICE TA1143 has since been published which states that fezolinetant can be used as an option to treat moderate to severe vasomotor symptoms associated with menopause when hormone replacement therapy is unsuitable. This is due to be considered further in the May 2026 IMOC meeting.</i></p>	DC
APC 26/48	NEW PRODUCT APPLICATION LOG	

	The new product application log was received and noted.	
	The applications discussed at the January 2026 APC meeting were approved at the last Wound Care Advisory Group meeting, and the log will be updated accordingly.	NB
APC 26/49	SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)	
26/49.1	<u>SY ICB IMOC Ratified Minutes –7th January 2026 & 4th February 2026</u>	
	The minutes were received for information.	
26/49.2	<u>SY ICB IMOC Verbal Key Points – 4th March 2026</u>	
	<p>The MO Lead Pharmacist, SY ICB (JH) provided an update on key points from the March 2026 meeting.</p> <p>Shared Care Protocol – Sublingual Immunotherapy (SLIT)</p> <ul style="list-style-type: none"> • South Yorkshire Shared Care protocol for adult SLIT updated to include Itulazax (Betula verrucosa) for moderate–severe allergic rhinitis/conjunctivitis caused by birch-group tree pollen. • Although clinically approved, addition placed on the IMOC action plan pending review of local commissioning arrangements. <p>SGLT2 Inhibitors for Heart Failure</p> <ul style="list-style-type: none"> • South Yorkshire guidelines for dapagliflozin and empagliflozin approved and published on the MO website. • These replace the Barnsley AMBER G guideline; traffic light classification on the Barnsley formulary will change from AMBER G to Green. <p>Gabapentinoid Prescribing Guidance</p> <ul style="list-style-type: none"> • Sheffield’s Gabapentin & Pregabalin guidance for non-cancer pain, plus associated PILs, approved for use across South Yorkshire. <p>Tirzepatide (Type 2 Diabetes) – AMBER G Guideline</p> <ul style="list-style-type: none"> • Minor amendments approved; now live on the MO website. Updates include: <ul style="list-style-type: none"> ○ Advice to stop orlistat during tirzepatide treatment. ○ Updated information on acute pancreatitis (MHRA alert aligned). ○ Additional caution regarding diabetic retinopathy, including an appendix with a PCDS flowchart for diabetic eye disease when starting tirzepatide. • Noted that further updates may be needed following the recent NICE NG28 (Type 2 Diabetes) update. <p>Metformin MR / NICE NG28 Alignment</p> <ul style="list-style-type: none"> • Following NG28 updates, IMOC requested that metformin MR be available on all place-based formularies. • Barnsley currently lists MR below standard release; proposal is to position both equally and add a link to NICE guidance. <p>MDS (Monitored Dosage System) Patient Leaflet</p> <ul style="list-style-type: none"> • New leaflet for patients unsuitable for MDS approved, pending minor amendments. <p>South Yorkshire emollients guideline updated:</p> <ul style="list-style-type: none"> • Link refreshed to South Yorkshire Fire & Rescue hazard information. • New link added to recent MHRA alert regarding fatal incidents linked to emollient-soaked clothing. <p>Review Cycle Change</p>	

	<ul style="list-style-type: none"> • IMOC documents will now move to a five-year review cycle, with interim updates triggered by NICE changes or safety alerts. <p>Website & Formulary Updates</p> <ul style="list-style-type: none"> • Links to all IMOC-approved guidelines included on the agenda for information. • Barnsley formulary will be updated accordingly. 	
26/49.3	IMOC Approved Guidelines (for information)	
	<p>Links to the following guidelines on the SY ICB MO website, approved by IMOC were shared with the agenda for information, noting that the Barnsley formulary will be updated accordingly: -</p> <ul style="list-style-type: none"> • SY ICB Tirzepatide information for patients using tirzepatide to support weight loss (2 page version) (NEW) • SY ICB Atogepant for preventing episodic and chronic migraine Amber-G guideline (NEW) • SY ICB Rimegepant for preventing episodic migraine Amber-G guideline (NEW) • Third party ordering PIL (NEW) • SY ICB Adult Asthma Guideline 2026 (NEW) • SY ICB COPD Treatment Guideline 2026 (NEW) • SY ICB Shared Care Protocol for Denosumab 60mg/ml injection (UPDATED) • SY ICB Prescribing of Gluten Free Bread and Flour Mixes in Primary Care Position Statement (UPDATED) 	
APC 26/50	BARNSELY APC REPORTING	
	<p>The Senior Pharmacist, SY ICB (DC) presented the January 2026 APC reports, noting that 9 reports were received during the month of January 2026.</p> <p>Majority of incidents related to D1 issues, including:</p> <ul style="list-style-type: none"> • Incorrect or unexplained medication changes on D1s • Missing D1s or DMS not received • Patients transferred without medication or documentation • Duplicate letters sent to GP practices • All incidents have been escalated to BHNFT Risk Management. <p>Community Pharmacy-Related Incidents:</p> <ul style="list-style-type: none"> • Issues reported with missing or incorrect labels on Venalink trays. • Trays were replaced; pharmacies are conducting internal investigations. <p>Altriplen Confusion (Compact vs Compact Daily):</p> <ul style="list-style-type: none"> • Previously raised under Any Other Business. • Actions taken: <ul style="list-style-type: none"> ○ ScriptSwitch update in progress ○ Issue escalated to the Medicines Safety Group for wider awareness <p>Future of APC Reporting:</p> <ul style="list-style-type: none"> • Concerns raised regarding capacity to continue APC reporting in its current form, due to reduced administrative support. 	
APC 26/51	NEW NICE TECHNOLOGY APPRAISALS	
26/52.1	NICE TAs – February 2026	
	<p>The Lead Pharmacist, BHNFT advised that the following NICE TAs were applicable for use at BHNFT: -</p>	

	<ul style="list-style-type: none"> • TA878 (update) Nirmatrelvir plus ritonavir and tocilizumab for treating COVID-19 • TA1056 (update) Molnupiravir for treating COVID-19 	
	The Lead Pharmacist, BHNFT advised that the following NICE TAs were not applicable for use at BHNFT: -	
	<ul style="list-style-type: none"> • TA1127 Nivolumab with chemotherapy for neoadjuvant treatment then alone for adjuvant treatment of resectable non-small-cell lung cancer • TA1128 (updates and replaces TA937) Targeted-release budesonide for treating primary IgA nephropathy • TA1129 (updates and replaces TA673) Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy • TA1130 Talazoparib with enzalutamide for untreated hormone-relapsed metastatic prostate cancer • TA1131 Obinutuzumab with mycophenolate mofetil for treating lupus nephritis • TA1132 (terminated appraisal) Ruxolitinib for treating moderate to severe chronic graft versus host disease after an allogeneic stem cell transplant in people 28 days to 17 years • TA1133 Belantamab mafodotin with pomalidomide and dexamethasone for previously treated multiple myeloma • TA1135 (terminated appraisal) Baloxavir marboxil for treating and preventing influenza in children 1 to 11 years • TA1136 (updates and replaces TA212) Bevacizumab (originator and biosimilars) with fluoropyrimidine-based chemotherapy for metastatic colorectal cancer • TA1137 (terminated appraisal) Canagliflozin for treating type 2 diabetes in people 10 to 17 years <p><i>Post meeting note: HST34 (updates and replaces HST12) Cerliponase alfa for treating neuronal ceroid lipofuscinosis type 2, is not applicable to BHNFT (not recommended).</i></p>	
	The Lead Pharmacist, BHNFT to advise if the following NICE TAs are applicable for use at BHNFT: -	GT
	<ul style="list-style-type: none"> • TA1134 (updates and replaces TA648) Dupilumab for treating severe chronic rhinosinusitis with nasal polyps <p>JH confirmed formulary RED in line with positive NICE TAs.</p>	
26/52.2	<u>Feedback from BHNFT Clinical Guidelines and Policy Group</u>	
	The group have not met, therefore was nothing to report.	
26/52.3	<u>Feedback from SWYPFT NICE Group</u>	
	There was nothing to report.	
APC 26/53	FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS	
26/53.1	<u>BHNFT</u>	
	There was nothing to report.	

26/53.2	<u>SWYPFT Drug and Therapeutics Committee (D&TC)</u>	
	<p>The meeting was currently in progress, therefore was nothing to report.</p> <p>PGD Development:</p> <ul style="list-style-type: none"> • Work has begun on a Patient Group Direction (PGD) for cytisinicline, initiated by Yorkshire Smoke Free, who wish to explore its use within their service. • This is very early stage development and not yet approved. <p>Service Delivery Model:</p> <ul style="list-style-type: none"> • If progressed, cytisinicline would be supplied via community pharmacies participating in the Yorkshire Smoke Free scheme. • It would not involve GP prescribing, as the service is delivered directly through Yorkshire Smoke Free and designated pharmacies. <p>LMC Position:</p> <ul style="list-style-type: none"> • All South Yorkshire LMCs have rejected the proposal for cytisinicline to be given Green status, meaning it is not commissioned for GP prescribing. • This aligns with policies already in place in Sheffield and Rotherham, where GPs similarly do not prescribe cytisinicline. 	
26/53.3	<u>Community Pharmacy Feedback</u>	
	There was nothing to report.	
26/53.4	<u>Wound Care Advisory Group</u>	
	<p>The Barnsley wound care policy has been approved by SWYT and is nearing completion of governance approval at Barnsley Hospital NHSFT.</p> <p>Once finalised, all Barnsley nurses will use the same standardised policy, with only minor local modifications.</p> <p>A new wound care advice line has been established for all healthcare professionals, specifically for foot wound support.</p> <p>GPs will receive (or may already have received) information on how to access this advice service.</p> <p>The ongoing function and future arrangements for the wound care advisory group will be explored further, and a follow up meeting has been scheduled for April to discuss this.</p>	
APC 26/54	ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (14th MAY 2026)	
	No issues raised, issues from last meeting to be taken to 14 th May as March meeting was stood down	EC
APC 26/55	FORMULARY ACTIONS	
26/55.1	<u>SPS Newsletter January 2026</u>	
	Received and noted for information.	
26/55.2	<u>IMOC Horizon Scanning March 2026</u>	
	<p>The MO Lead Pharmacist, SY ICB (JH) presented enclosure J, advising the traffic light classifications approved at the March 2026 IMOC meeting, noting the formulary status for Barnsley as follows: -</p> <p>Acoramidis (new medicine) – classified red at IMOC – awaiting confirmation from BHNFT regarding applicability</p> <p>Methylphenidate is classified as AMBER at chemical substance level across South Yorkshire.</p> <ul style="list-style-type: none"> • For Barnsley, both methylphenidate and methylphenidate XL are AMBER on the formulary. 	

	<ul style="list-style-type: none"> The formulary position of the new MR chewable formulation can be determined locally at place level. <p>A South Yorkshire guideline and shared care protocol for methylphenidate is in development.</p> <p>Current Barnsley formulary wording:</p> <ul style="list-style-type: none"> First-line: Xenidate® XL Existing patients: May remain on Matoride® XL <p>It was proposed that MO Lead Pharmacist, SY ICB (JH) works with the Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT) to review the formulary entry, considering:</p> <ul style="list-style-type: none"> Inclusion of additional brands such as Equasym® XL Inclusion of the new Tuzulby® MR chewable formulation Ensuring all relevant brands are represented appropriately 	
	The formulary classifications were accepted by the Committee.	
26/55.3	<u>TLDL Sub-Group List February 2026</u>	
	The MO Lead Pharmacist, SY ICB (JH) presented enclosure K, with the formulary changes for Barnsley highlighted in the document: -	
	<ul style="list-style-type: none"> Buprenorphine - Buprenorphine tablets and patches are formulary green. The preferred buprenorphine 7 day patch in Barnsley is Sevodyne® brand. Suggest we remove the formulary grey entry for the Butec®/Butrans®/Panitaz® brands. Calcium Polystyrene Sulfonate - Change polystyrene sulphonate resins (Calcium Resonium) from formulary Amber-G to formulary red. Clobazam - add a non-formulary red entry for Clobazam for anxiety (short term relief) to section 4.1.2 Female stress incontinence products - Intravaginal device and pessaries - add a formulary green entry to section 7.4.2 with the wording: Prescribe on specialist recommendation, in line with NICE guidance. Refer to the Barnsley Continence Guide. 	
	The Barnsley formulary changes were accepted by the Committee.	
APC 26/56	SAFETY UPDATES	
26/56.1	<u>MHRA Safety Roundup (February 2026)</u>	
	<p>The MO Lead Pharmacist, SY ICB (JH) highlighted the following information relating to primary care:</p> <p>Falsified Mounjaro (Tirzepatide) QuickPen 15 mg</p> <ul style="list-style-type: none"> MHRA alert highlights falsified Mounjaro QuickPen 15 mg supplied in the UK via an online pharmacy. Alert includes specific batch number details for identification. <p>Semaglutide – Risk of Non-Arteritic Anterior Ischaemic Optic Neuropathy (NAION)</p> <ul style="list-style-type: none"> Rare cases reported of sudden visual deterioration (typically one eye) associated with semaglutide. The Barnsley GLP-1 agonist guideline has been updated accordingly, and this was previously brought to APC. <p>Chikungunya Vaccine – Updated Restrictions</p> <ul style="list-style-type: none"> Now contraindicated in adults over 60 years (previously 65+). Also contraindicated in patients with hypertension, cardiovascular disease, diabetes, and/or chronic kidney disease. Must be administered at least 30 days before travel. 	

	<p>GLP-1 and Dual GLP-1/GIP Receptor Agonists – Updated Pancreatitis Warnings</p> <ul style="list-style-type: none"> • Strengthened MHRA warnings regarding acute pancreatitis, including fatal cases. • The GLP-1 agonist guideline has been updated to reflect these safety concerns. 	
26/56.2	IMOC Safety Paper (March 2026)	
	<p>The MO Lead Pharmacist, SY ICB presented the March 2026 IMOC Safety Paper, highlighting the following alerts: -</p> <p>Most primary-care-relevant items have already been covered within the MHRA Drug Safety Roundup and the emollient fire-risk guidance. An additional safety alert was noted regarding infections linked to non-sterile, alcohol-free wipes, highlighting an ongoing risk to patients.</p> <p>Healthcare professionals should review and follow the recommendations set out in the National Patient Safety Alert relating to this issue.</p>	
APC 26/57	SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)	
	<p>The minutes from Sheffield APG (15th January 2026) and Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC) (15th January 2026) and were received and noted for information.</p>	
APC 26/58	ANY OTHER BUSINESS	
26/58.1	No AOB	
APC 26/59	DATE AND TIME OF THE NEXT MEETING	
	<p>The time and date of the next meeting was confirmed as Wednesday, 8th April 2026 at 12.30 pm via MS Teams.</p>	