

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 11th June 2025 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)
Dr Kapil Kapur (from 108)	Consultant Gastroenterologist (BHNFT)
Chris Lawson (up to 111.1)	Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB)
Dr Munsif Mufalil (from 106.8 to 120.1)	General Practitioner (LMC)
Matthew Tucker	Advanced Clinical Pharmacist, SWYPFT

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 (from 25/105)	Lead Pharmacist (BHNFT)

APOLOGIES:

Chris Bland	Chair (Community Pharmacy South Yorkshire)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)

		ACTION BY
APC 25/103 QUORACY	The meeting was quorate from 25/106.8 to 25/120.1 therefore any proposed decisions or approvals made whilst the meeting was not quorate will be ratified for endorsement either outside of the meeting by email or at the next meeting.	NB/JH
APC 25/104 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA	There were no declarations of interest relevant to the agenda to note.	
APC 25/105 DRAFT MINUTES OF THE MEETING HELD ON 14th MAY 2025	The minutes were approved as an accurate record of the meeting.	

Agreed action: -

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

NB

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

APC 25/106 MATTERS ARISING AND APC ACTION PLAN

25/106.1 Entresto Shared Care Guideline

At the last meeting, it was agreed that the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) would seek feedback from the LMC about early shared care referral to primary care when secondary care has titrated patients up to the maximum dose. Feedback on this was awaited prior to updating the guideline.

It was confirmed that the LMC were supportive of early shared care referral, only where a patient's condition is stable.

The Lead Pharmacist, BHNFT would liaise with the Cardiology Lead, Henry Frankland to progress with updating the Entresto Shared Care Guideline.

Agreed action:-

- The Cardiology Lead, BHNFT to be asked to progress with updating with the Entresto Shared Care Guideline.

GT

25/106.2 NICE TAs (March 2025)

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

- 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

25/106.3 NICE HSTs/TAs (April 2025)

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

- HST32 Olipudase alfa for treating acid sphingomyelinase deficiency (Niemann–Pick disease) type AB and type B

Post meeting note: *HST32 is not recommended therefore not applicable for use at BHNFT. IMOC has classified grey therefore this will change from non-formulary red to non-formulary grey on the Barnsley formulary)*

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

- HST8 (Update) Burosumab for treating X-linked hypophosphataemia in children and young people

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

- HST33 Leniolisib for treating activated phosphoinositide 3-kinase delta syndrome in people 12 years and over

GT

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

GT

- TA1054 Ruxolitinib for treating acute graft versus host disease that responds inadequately to corticosteroids in people 12 years and over

Action Plan – other

25/106.4 Proposed APC Feedback to IMOC

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that following discussion at the previous 2 LMC meetings, the issues that the Committee were historically concerned about have not yet been resolved despite mitigating actions having been put in place by IMOC, therefore it was agreed and felt important at this time to go ahead with putting the concerns in writing through to the IMOC. The draft proposed feedback would be shared with members before the next APC meeting.

Agreed action: -

- Proposed APC feedback to IMOC to be shared with members before the next APC meeting.

CL

25/106.5 Sheffield Testosterone Shared Care Guideline

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that clarity was still awaited on the shared share and widening it for use by other hospital services. This item was deferred to try to obtain clarity and some resolution for the next APC meeting.

CL

25/106.6 Nebuliser review work across South Yorkshire

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. Item deferred to the next meeting.

CL

25/106.7 BHNFT D1 issues

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that Dominic Bullas and Dr Gupta attended the June LMC meeting and informed the LMC that BHNFT were planning to make changes to the discharge summary. There would be further consultation with the LMC on this.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) raised the medicines related issues associated with the discharge summary and in terms of development, Dominic Bullas would try and change the setup of the discharge summary. This is a new opportunity that has potentially arisen for review of the discharge letter that could resolve some of the medicines related issues that have been reported. A copy of the draft discharge letter will be shared with the MO team, and this can be shared with colleagues who are involved with this work.

CL

A further meeting between the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) and Chief Pharmacist, BHNFT to be arranged.

CL/NB

25/106.8

Sulfasalazine

The Senior Pharmacist, SY ICB (DC) advised that sulfasalazine originally came onto the APC agenda in October 2024 when there was a vast price differential between the enteric coated and the plain tablets and consideration was being given as to whether we needed to incorporate wording into the guideline and potentially undertake switch work.

It was noted that the enteric coated tablets have since moved into Category M of the Drug Tariff and whilst the price of the enteric coated tablets remains higher than the plain tablets, the price of the enteric coated has dropped considerably with potentially further price reductions expected. Sulfasalazine is not currently included in this year's QIPP plans but the respective costs are being monitored by the MO team, therefore it is proposed that the action plan target date is moved on for 3 months and a decision then made as to whether it is removed from the action plan or progressed.

The Associate Medical Director (Medicines Optimisation), BHNFT recalled receiving information to stop prescribing enteric coated tablets and sought clarity about adherence to that. The Senior Pharmacist, SY ICB (DC) advised that this will have been shared around the time a switch was being considered, noting that whilst sulfasalazine plain tablets are not licensed for use in rheumatological conditions, feedback had been received that some other Places were using the plain tablets, so feedback was sought from the rheumatology specialists on using the plain tablets in new patients. The feedback received was positive for this to be trialled. If this is currently happening, it would be reasonable to add wording to the Shared Care Guideline to note that sulfasalazine plain tablets can be considered/prescribed where clinically appropriate in new patients, with the switch work remaining on hold.

The Committee were in support of this approach.

Agreed actions: -

- The Shared Care Guideline to be updated as agreed.
- Action plan target date to be deferred by 3 months to review the price of enteric coated tablets.

**JH
NB**

25/106.9

Target Dates

Members to check upcoming actions and advise if any target dates need revising. The Lead Pharmacist, BHNFT to advise target dates for those yet to be confirmed.

**ALL
GT**

APC 25/107

BARNSELY LIPID MANAGEMENT FOR SECONDARY PREVENTION OF CARDIOVASCULAR DISEASE IN ADULTS GUIDANCE (UPDATE)

The MO Lead Pharmacist, SY ICB presented the updated guidance, with minor amendments to bring the Barnsley guideline in line with the updated NHS AAC Pathway, which was updated in March 2024.

It was noted that the clinicians in Barnsley had wished to keep the Barnsley Lipid Management Pathway in addition to the South Yorkshire IMOC approved Lipid Management Pathway.

A summary of the key changes made from the previous version were provided and include: -

- Updated monitoring requirements in line with the national pathway - to check full lipid profile 2-3 months after commencing the high intensity statin. The Barnsley guideline previously stated 3 months.
- Addition of referral criteria to the secondary care lipid clinic (including conditions treated and exclusions).
- Addition of icosapent ethyl as an option on the secondary prevention pathway for patients with established CVD, receiving statins, raised triglycerides ($>1.7\text{mmol/L}$) and an LDL-C of $1.04\text{-}2.6\text{mmol/L}$.
- Updated treatment thresholds/targets for secondary prevention (previous NICE target was 40% reduction in LDL-C from baseline & JBS3/QOF target of non-HDL less than 2.5mmol/L has now updated to reflect the NICE/QOF target LDL-C of $\leq 2.0\text{ mmol/L}$, or non-HDL-C of $\leq 2.6\text{ mmol/L}$ at least. JBS3 is still included for reference.
- Cost of lipid lowering therapies updated in line with updated Drug Tariff pricing.

There had been no feedback received from the LMC, however the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) fed back that this was discussed at the June LMC meeting, and the LMC were happy with the guideline.

The updated guideline was approved by the Committee.

APC 25/108 MOS QIPP PAPER

The Senior Pharmacist, SY ICB (DC) presented the MOS QIPP paper, noting that this year, some of the priorities detailed within this paper are included in the wider South Yorkshire QIPP plan, therefore in line with other Places across South Yorkshire.

The MO team have undertaken the usual work up in relation to assurance around stock availability. Should the team be made aware of any stock issues, despite all the assurances undertaken, then the decision may be taken to put some of the work on hold as we have done historically, and the team will monitor the situation as the work progresses.

The paper is in 3 sections, and it was presented to the Committee.

Section 1 is workstreams involving local and/or national guidelines and/or formulations/brands previously agreed by the Area Prescribing Committee. For a lot of areas within this section, work has been undertaken historically therefore some of this will be mop up work.

Key proposal areas to highlight include the gliptin work which has been discussed in previous APC meetings with reference to the IMOC position statement which has previously been received by the Committee. There are 2 elements to the work, deprescribing which includes reviewing patients that are on combination GLP1s and gliptins in line with the position statement, which highlights that they both work on the same pathway and there is an increased risk of pancreatitis. There is also a switch element in relation to generic

sitagliptin but because of information that has come to light regarding potential stock issues, the switch work has been paused for the time being and the focus is on the de-prescribing aspect.

Patients on DOACs for non-valvular AF to be reviewed in line with the DOAC position statement, reviewing and switching patients where clinically appropriate.

The Committee were asked to give consideration as to whether the wording on the formulary needed updating for the use of DOACs for other indications. Whilst we're not proposing switching any patients taking DOACs for VTE, it would provide further awareness of the cost change/difference to the haematologists, following feedback that patients are being discharged on edoxaban first line. The Lead Pharmacist, BHNFT advised that the general medicines clinicians generally use rivaroxaban and apixaban in VTE, suggesting these discharges may be for AF patients. The Lead Pharmacist, BHNFT would try and identify the prescriber(s), and it was agreed that more information would be obtained on receipt of any additional reports to be shared with the Lead Pharmacist, BHNFT.

Section 2 of the paper highlights areas where further work will continue in the listed therapeutic areas.

Section 3 is other QIPP work where the brands/preparations/strengths not currently included on the Barnsley formulary, and where a change is proposed, details are included within the paper.

Some of these workstreams involve proposed changes to the strength of the tablet e.g. spironolactone 12.5mg tablet to half a 25mg tablet where clinically appropriate for the patient. There are several workstreams that are centred around this with different drugs.

Venlafaxine MR capsules and tablets have been included within this section. Currently Vencarm® capsules are on the formulary as the cost effective brand for the 225mg strength. It is proposed to add Vencarm® for the other strengths, noting it is more cost effective in primary care to prescribe as the brand. The Lead Pharmacist, SWYPFT has been contacted and he has confirmed that whilst the medication would continue to be prescribed generically in SWYPFT, there would be support in relation to primary care prescribing as the brand.

Sertraline 25mg tablet to half a 50mg tablet. An error on the paper was noted and the proposed formulary change, should read that half a 50mg is more cost effective than prescribing a 25mg tablet.

It was recognised that 25mg is prescribed initially as a sub-therapeutic dose in some instances at SWYPFT to minimise side effects, however the prescribing of the 25mg was expected to be low.

The size of the tablet and the practicalities pointed out by the Advanced Clinical Pharmacist, SWYPFT, including manufacturers with varying size and shaped tablets would be looked at separately, liaising with colleagues for any feedback about switches undertaken.

Sodium picosulfate 5mg/5ml solution has been included which is more cost effective to prescribe as the brand Dulcolax® liquid.

Riluzole is more cost effective to prescribe as riluzole orodispersible (Emlif®).

Formulary changes were also proposed for dorzolomide eye drops, cetirizine liquid, azithromycin, glyceryl trinitrate 400micrograms/dose sublingual spray, fluticasone propionate nasal spray where a particular formulation or brand is more cost effective.

Metformin oral solution and powder sachets have been included. This was included in initial QIPP plans from last year and supported in principle but not progressed. This is now something we're looking to progress and update the wording on the formulary in line with the document. It was also highlighted that the 1g/5ml x 150ml oral solution is less cost effective than the 500mg/5ml oral solution if an oral solution is indicated where the sachets are not appropriate.

Section 4 relates to proposed formulary section reviews. It is intended that further information will be brought back to a future meeting regarding biosimilar insulins and eye drops for dry eye.

It was noted that within the Medicines Optimisation Scheme, this QIPP section is highlighted as one of the areas that will be supported by Medicines Optimisation team staff, and Scriptswitch will continue to be used to highlight these key messages.

Subject to obtaining additional information on sertraline, the Committee approved the proposals and formulary changes in the QIPP MOS paper.

Agreed action: -

- Additional information to be obtained on sertraline as above.

DC

Post meeting note: following correspondence which has taken place outside of the meeting regarding the sertraline 25mg tablet to half a 50mg tablet workstream and discussion in the SYICB Medicines Optimisation Strategy and Delivery meeting it has been agreed that the workstream can be progressed.

APC 25/109 ICB ORGANISATIONAL CHANGE

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) provided an update about the significant cost reductions to be made at the ICB, referring to the consultation, which is planned to launch early July 2025, when a proposed new structure is expected to be published. The ICB must stay within the budget set and there are no options around movement of services out of that budget. We therefore need to look at the delivery aspects/functions within the new budget, which is challenging.

There will be an opportunity during the consultation period (45 days) to feedback points of concern, noting that the MO team have been feeding back concerns through pharmacy leaders to NHS England, but this is a government decision, and they are progressing with the changes. The timeframes are extremely short, noting that after the

consultation ends in August, approximately 50% of staff will have left the organisation by December 2025.

The proposed new structure when published will be shared as part of the consultation with APC members which will give stakeholders the opportunity to feedback and for the Committee to discuss the proposed impact on MO, and future arrangements of the APC.

There was concern raised that feedback to NHS England appeared to have no influence and that they were progressing with the changes irrespective of the potential impact on patient services being highlighted. It was strongly felt that the ICB should prioritise MO, for patient safety and the cost savings, noting the ongoing substantial cost savings achieved by the MO team.

There was concern raised about the potential impact on the continuation of the APC, which works and delivers for Barnsley patients.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) noted that these cuts are significant, and we do not know yet how much MO will be affected. The Model ICB Blueprint has been shared by NHS England, with little detail but suggesting that functions are split into 3 areas, areas that will be delivered by the ICB; areas that will grow; and areas that will potentially transition out to another provider, but how and the timeframe is yet to be determined.

There would be discussions going forward about how the Committee want to function and there will be an opportunity for the Committee to continue, recognising that the APC in Barnsley functions so well because all providers are supportive of it and contribute to it. Going forward, it will mean rather than the ICB and commissioners leading on the process, they become partners to the process so it will require some process change, but this will be up to the providers locally as to how it continues.

APC 25/110 APC TERMS OF REFERENCE

The MO Senior Pharmacist, SY ICB (EC) thanked members that had submitted comments and given feedback. There were some minor amendments to be made to job titles of existing members and these were highlighted. It was planned that the membership would be reviewed in the meeting, however considering the ICB organisation change, and unknown impact on MO and how the APC would function going forward, it was agreed that review of the terms of reference would be deferred until further information was available.

The Senior Pharmacist, SY ICB (DC) noted that the opportunity to review the non-core membership should be taken if making changes to the membership as currently the non-core membership and the core business is not reflective, suggesting that the non-core members should be moved into the core membership.

It was agreed to amend the job titles as highlighted and bring back the updated terms of reference when further information was available about the impact on the Committee which will determine the membership.

Agreed action:-

- The suggested amendments to job titles to be made and further review of the membership to be undertaken when further detail is known about the organisational change.

NB**APC 25/111 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES****25/111.1 Amber Shared Care Guideline for Amiodarone (update)**

The MO Lead Pharmacist, SY ICB presented the updated guidance, with the changes highlighted.

The guidance has been shared with the BHNFT cardiology specialists and the cardiology pharmacist, who were happy with the updates.

As highlighted in the updated guidance, the changes include:-

- 6 monthly face-face review has been added to the monitoring section table for history and examination relating to adverse effects (it was noted that the current SCG on the BEST website does state to conduct the six monthly face to face medication review within the responsibilities of the primary care clinician section, so this is not an addition, but it has been made clearer in the monitoring table)
- Re-referral guidelines via A&G or urgent referral for Amiodarone have been added
- Advice for patient section has been updated as per national guidelines (also recommended by Cardiology Pharmacist at Barnsley hospital)
- Updated in line with the latest Barnsley shared care guideline template which includes responsibilities of patients or carers

There has been no feedback received from the LMC, but this would be provided by the end of the week.

MM

Subject to receipt of LMC feedback and approval, the Committee approved the updated guidance.

APC 25/112 FORMULARY

The Senior Pharmacist, SY ICB (DC) advised that due to staffing and work capacity it had previously been agreed to review the formulary review plan, changing it for less time consuming desk based reviews. With all the organisational changes and various other factors it was not considered an appropriate time to bring a detailed work plan and it was therefore proposed that this was re-visited when we have more information about the organisational changes. The MO team have continued to undertake the routine work to update the formulary after the APC meetings, and it was proposed in the meantime, rather than bringing a full review plan back to the Committee which we may not be able to commit to, that instead specific chapters are selected for a top level review, ensuring that links are up to date etc with any significant changes being brought back to the Committee for approval.

This interim approach to reviewing the formulary chapters until we can commit to a more robust plan was agreed by the Committee.

APC 25/113 NEW PRODUCT APPLICATION LOG

The new product application log was received for information. The two wound care applications listed are being finalised with the wound care advisory group in readiness for consideration by the Committee.

APC 25/114 SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

25/114.1 SYICB IMOC Ratified Minutes – 2nd April 2025 & 7th May 2025

The minutes were received for information.

25/114.2 SYICB IMOC Verbal Key Points – 4th June 2025

The Senior Pharmacist, SY ICB (DC) provided an update on key points from the June 2025 meeting:-

25/114.2.1 Metolazone Amber G Guidance

This was approved subject to minor changes, and members will be aware that we have had an Amber G Metolazone Guideline in place in Barnsley for a number of years. This is now a South Yorkshire guideline, which we have inputted to, therefore it is proposed that this replaces what was the Barnsley guideline.

25/114.2.2 South Yorkshire Primary and Secondary Care Interface Policy

This was brought for information. It is currently available on the IMOC section of the ICB website, and it was understood that Barnsley clinicians have been sighted on it and that some Barnsley LMC members, were involved in the development of it.

25/114.2.3 Covid 19 drugs TLDL application

An application was submitted for the traffic light classifications of Paxlovid® and molnupiravir to change from red to green but this was not supported, and they remain classified as red.

25/114.2.4 Insomnia Pathway

This was received by the IMOC and there was a traffic light application for daridorexant proposing a change from grey to green. A daridorexant prescribing information document was also received. There was a lengthy discussion regarding this, but the traffic light change and supporting documents were not approved at this time. It was agreed that further information would be brought back to a future IMOC meeting.

25/114.3 IMOC approved guidelines (for information)

Links to the following guidelines, approved by IMOC were shared with the agenda for information: -

[Tirzepatide SYICB Position Statement May 2025 V2.pdf](#) (updated May 2025)

South Yorkshire PERT shortage information

This includes guidance for prescribers and community pharmacies on prescribing, dispensing and ordering Pangrol as an alternative to Creon for adults and there is also a patient information leaflet.

Information for patients:

[PERT - Information for Patients V1.0.pdf](#)

New Customer verification Form (NCVF):

[PERT -OPS New Customer Verification Form V12.pdf](#)

Managing PERT Shortages: Creon Alternative (Adults) -Imported
Pangrol guidance: [Pangrol -OPS information V1.pdf](#)

South Yorkshire Vitamin D Documents

It was noted that the Barnsley MO team are in the process of making changes to the formulary in line with this and links to these guidelines will be added to the BEST website and onto the formulary.

Vitamin D Management in Adults (including Pregnancy/
Breastfeeding) - Guidelines on the prevention, diagnosis, and
management of vitamin D deficiency in primary care:

[SYICB Vitamin D Adults Guidelines V1.pdf](#)

SY Vitamin D Patient Information Leaflets:

[SY Vitamin D Patient Information leaflet V1.0.pdf](#)

[SY Pregnancy Breastfeeding Vitamin D Patient Information Leaflet V1.0.pdf](#)

SY Vitamin D Short Version Arabic:

https://syics.co.uk/application/files/2017/4885/7264/SY_Vitamin_D_Short_Version_Arabic_May_25.pdf

SY Vitamin D Short Version English:

https://syics.co.uk/application/files/1517/4885/7202/SY_Vitamin_D_Short_Version_English_May_25.pdf

SY Vitamin D Short Version Punjabi:

https://syics.co.uk/application/files/5917/4885/7331/SY_Vitamin_D_Short_Version_Punjabi_May_25.pdf

SY Vitamin D Short Version Slovak:

https://syics.co.uk/application/files/3117/4885/7396/SY_Vitamin_D_Short_Version_Slovak_May_25.pdf

SY Vitamin D Short Version Somali:

https://syics.co.uk/application/files/3117/4885/7462/SY_Vitamin_D_Short_Version_Somali_May_25.pdf

SY Vitamin D Short Version Urdu:

https://syics.co.uk/application/files/3017/4885/7518/SY_Vitamin_D_Short_Version_Urdu_May_25.pdf

The links to these guidelines are on the BEST website. The South Yorkshire Gliptin Position Statement is linked on the formulary and the Palliative Care Guideline will be added to the formulary in due course.

Post meeting note: - the flow charts are also available as separate documents

[SYICB Vitamin D Adults Management Flow Chart - V1.1.pdf](#)

[SYICB Vitamin D Pregnancy Breastfeeding Management Flow Chart V1.pdf](#)

APC 25/115 BARNSELY APC REPORTING

25/115.1 APC Reporting - April 2025

The Senior Pharmacist, SY ICB (DC) presented the April 2025 reports, and a report (enclosure K) summarising the number of reports received within the last financial year, April 2024 to March 2025. This has been broken down into the number of reports received via the ICB APC reporting mailbox, which is manned by the Barnsley Place MO Team. There were 263 reports received in the last financial year. There is also the interface queries received via the BHNFT interface mailbox, manned by the Interface Pharmacist, noting that we were informed at the last meeting that this is now a

vacant post currently being recruited to. There were 405 reports received via this route, so 668 reports in total in the last financial year.

The report includes a breakdown of the reporting categories and includes the reports from July 2024 to March 2025 as the April to June reports were previously received by the Committee. It was highlighted that when looking at the key themes, they don't necessarily correlate with the number of reports received because the reports often have more than one key theme. Around 68% are related to D1 communication issues, 10% other hospital communication issues and then a range of other reporting categories. It was acknowledged that APC reporting is a snapshot of issues and does not include all reports.

In terms of the approach going forward, after liaising with the Lead Pharmacist, BHNFT, the MO Team have been asked in the interim until a new Interface Pharmacist is appointed, to contact the medical secretaries for advice regarding D1 queries. There was a request for a contact list to be shared with the team to support them with this. It was agreed that any reports with immediate patient safety risk should continue to be sent through to the risk management team at BHNFT including reports relating to formulary/shared care issues which may or may not have implications for patient safety.

The LMC GP (MM) referred to an APC report still awaiting resolution and sought clarity for future planning about how similar issues should be escalated. It was agreed that such issues should be escalated through the APC meetings for BHNFT colleagues to assist with escalating within the Trust.

The Lead Pharmacist, BHNFT agreed to try and collate and provide a point of contact list for the MO team which would include generic secretary email addresses for various clinical teams at BHNFT for D1 enquiries.

Agreed action: -

- A contact list for the MO team to be collated to support the MO Team with D1 queries.

GT

Post meeting note: - *generic email addresses for some of the BHNFT secretaries provided and shared with the MO Team.*

25/115.2

APC Reporting Interface Issues - April 2025
Received and noted for information.

APC 25/116
25/116.1

NEW NICE TECHNOLOGY APPRAISALS
NICE TAs April 2025

The Lead Pharmacist, BHNFT confirmed the provisional 'not applicable' decision, advising that the following NICE TAs **were not** applicable for use at BHNFT: -

- TA1051 Efanesoctocog alfa for treating and preventing bleeding episodes in haemophilia A in people 2 years and over
- TA1053 Cladribine for treating active relapsing forms of multiple sclerosis

The Lead Pharmacist, BHNFT confirmed the provisional 'applicable' decision, advising that the following NICE TA **was** applicable for use at BHNFT: -

- TA1057 Relugolix–estradiol–norethisterone for treating symptoms of endometriosis

25/116.2

NICE TAs May 2025

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

- TA753 (Update) Cenobamate for treating focal onset seizures in epilepsy
- TA878 (Update) Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19

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

- TA1060 Osimertinib with pemetrexed and platinum-based chemotherapy for untreated EGFR mutation-positive advanced non-small-cell lung cancer
- TA1061 (**terminated appraisal**) Omaveloxolone for treating Friedreich's ataxia in people 16 years and over
- TA1063 Capivasertib with fulvestrant for treating hormone receptor-positive HER2-negative advanced breast cancer after endocrine treatment*
- TA1064 Dostarlimab with platinum-based chemotherapy for treating primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency
- TA1065 Nivolumab plus ipilimumab for untreated unresectable or metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency*

* These drugs may be stocked in the hospital if requested by the Weston Park Oncologists.

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

- TA1059 (updates and replaces TA594) Brentuximab vedotin in combination for untreated stage 3 or 4 CD30-positive Hodgkin lymphoma

GT

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

- TA1062 Erdafitinib for treating unresectable or metastatic urothelial cancer with FGFR3 alterations after a PD-1 or PD-L1 inhibitor

GT

25/116.3

Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing to report.

25/116.4

Feedback from SWYPFT NICE Group

There was nothing to report.

APC 25/117
25/117.1

FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS BHNFT

There was nothing to report.

- 25/117.2 SWYPFT Drug and Therapeutics Committee (D&TC)
There was nothing to report.
- 25/117.3 Community Pharmacy Feedback
There was no representative present, and no update provided.
- 25/117.4 Wound Care Advisory Group
The MO Senior Pharmacist, SY ICB (EC) advised that the group met and that they continue to work on an overarching wound care policy. This is expected to be finalised soon, and the policy covers the SWYPFT community nurses as well as the hospital nurses. The wound care formulary that was approved at the last APC meeting, was approved by the Wound Care Advisory Group.

APC 25/118 ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (17th JULY 2025)

It was agreed that enclosure K, the APC reporting report summarising the number of reports received within the last financial year, April 2023 to March 2025 would be shared with Barnsley Place Quality & Safety Committee.

EC

APC 25/119 FORMULARY ACTIONS

- 25/119.1 SPS Newsletter April 2025
Received and noted for information.

- 25/119.2 IMOC Horizon Scanning June 2025
The MO Lead Pharmacist, SY ICB presented enclosure O detailing the traffic light classifications agreed at the June 2025 IMOC meeting, noting the suggested Barnsley formulary status below: -
- Lazertinib – non-formulary grey (NICE TA in development)

The Barnsley formulary change was approved by the Committee.

- 25/119.3 TLDL Sub-Group List May 2025
The MO Lead Pharmacist, SY ICB presented enclosure P noting the following suggested formulary changes for Barnsley: -
- Tadalafil (for Pulmonary Arterial Hypertension) - change from non-formulary to non-formulary red and add indication: Pulmonary Arterial Hypertension
 - Sildenafil (for Pulmonary Arterial Hypertension) - change from non-formulary to non-formulary red and add indication: Pulmonary Arterial Hypertension
 - Elosulfase alfa - add to Barnsley formulary as non-formulary red
 - Elotuzumab - change from non-formulary provisional red to non-formulary grey (add link to terminated appraisal: <https://www.nice.org.uk/guidance/ta434> and add: 'NICE TA434 not applicable to BHNFT')
 - Enfortumab vedotin - change from non-formulary provisional red to non-formulary grey (add link to terminated appraisal: <https://www.nice.org.uk/guidance/ta797> and add: 'NICE TA797 not applicable to BHNFT')
 - Calcipotriol 0.005% / Betamethasone dipropionate 0.05% cream - add Calcipotriol 0.005% / Betamethasone dipropionate

0.05% cream to the formulary as formulary green. Add that the generic calcipotriol/betamethasone cream is the first line calcipotriol/betamethasone preparation as it has the lowest acquisition cost (currently the generic gel/ointment are on the formulary as first line, this will be changed to the cream). It was noted that Wynnzora® appears to be the only cream available and in the Drug Tariff the generic price is based on the Wynnzora® brand.

The Barnsley formulary changes were approved by the Committee.

Post meeting note: *Sildenafil (for Pulmonary Arterial Hypertension) is already formulary red, therefore the suggested change for Barnsley is 'none - already formulary red'.*

APC 25/120

25/120.1

SAFETY UPDATES

MHRA Safety Roundup (May 2025)

The update was noted with the following information highlighted: -

Thiopurines and intrahepatic cholestasis of pregnancy

Intrahepatic cholestasis of pregnancy (ICP) has been rarely reported in patients treated with azathioprine products and is believed to be a risk applicable to all drugs in the thiopurine class (azathioprine, mercaptopurine and tioguanine). Cholestasis of pregnancy associated with thiopurines tends to occur earlier in pregnancy than non drug-induced cholestasis of pregnancy, and elevated bile acid levels may not reduce with ursodeoxycholic acid.

Kaftrio ▼ (Ivacaftor, tezacaftor, elexacaftor): risk of psychological side effects

Psychological side effects such as anxiety, low mood, sleep disturbance, poor concentration, and forgetfulness have been infrequently reported in people with cystic fibrosis treated with Kaftrio. This small increased risk is usually in the first 3 months of treatment.

This product is non-formulary red on the Barnsley formulary.

25/120.2

IMOC Safety Paper (June 2025)

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

25/120.2.1

Shortage of Pancreatic enzyme replacement therapy (PERT)

Comms have now been sent to prescribers and community pharmacies across South Yorkshire.

25/120.2.2

Kaftrio ▼ (Ivacaftor, tezacaftor, elexacaftor): risk of psychological side effects

As above in the MHRA Roundup, noting an action to consider promoting the importance of adding specialist drugs to patient record.

25/120.2.3

Thiopurines and intrahepatic cholestasis of pregnancy

Noted above in the MHRA Roundup.

The MO team have been contacted by one of the BHNFT Rheumatologists to include information about the risk within the DMARD Shared Care Protocol, and the wording has been agreed

with one of the specialists, and this was shared with the Committee for approval. There is a link to the MHRA alert and there is information in the advice to patients and carers section.

The Lead Pharmacist, BHNFT was happy with the suggested wording but added that BHNFT use quite a lot of thiopurines within the gastroenterology shared care therefore it should be included in that guideline as well. The Lead Pharmacist, BHNFT volunteered to circulate the guideline when amended, and when approved, can circulate to ensure obstetrics and gynaecology have sight of it to consider as a potential cause if they see any patients with ICP. The MO Lead Pharmacist, Strategy and Delivery Barnsley (SY ICB) to make the amendment and share with the Lead Pharmacist, BHNFT.

The additional wording to be added to the DMARD Shared Care Protocol was approved by the Committee.

A separate additional minor amendment to the DMARD shared care guideline was noted within the leflunomide section, adding blood pressure and weight monitoring into the routine monitoring and the primary care monitoring section. The additional minor amendment was approved by the Committee.

Regarding the discussion about sulfasalazine at 25/106.8, it was agreed to include the update about the use of plain tablets in new patients at the same time, for the guidance to then be shared with the specialists for approval.

Agreed actions: -

- The guideline to be updated as above and shared with specialists for approval.
- As the meeting was not quorate for this item, approval will be obtained from primary care outside of the meeting by email.

JH/GT

JH/MM

25/120.2.4 Influenza season 2024/25: ending the prescribing and supply of antiviral medicines in primary care
The most recent surveillance data from UK Health Security Agency (UKHSA) indicates that circulation of influenza in the community has returned to baseline levels.

25/120.2.5 MHRA Class 2 Medicines Recall: Mercaptopurine 50mg Tablets
Aspen Pharma Trading Limited is recalling a specific batch of Mercaptopurine 50mg tablets as a precautionary measure due to microbial contamination following a small number of complaints of discoloured tablets within the packs.

APC 25/121 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC) (24th April 2025) and Sheffield Area Prescribing Group (APG) (17th April 2025) were received and noted for information.

APC 25/122 ANY OTHER BUSINESS
None.

APC 25/123 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 9th July 2025 at 12.30 pm via MS Teams.

ADOPTED