

Minutes of the Sussex Area Prescribing Committee

Date:	Tuesday 30th September 2025
Time:	12:00 – 14:00
Venue:	Online MS Teams
Chair:	Stephen Pike (deputising for Micheal Okorie)

Attendees:	
Tejinder Bahra (TB)	Surrey Heartlands Integrated Care System, Medicines Resource Unit (MRU) Lead Pharmacist (Operational)
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust
Russell Brown (RB)	Medical Director, Local Medical Committee (LMC) representative (deputising for Chrissie Clayton) (Joined the meeting 12.10, left at 12.30)
Tak Ho Cheung (Andy) (TC)	Deputy Head of Medicines Governance & Value, NHS Sussex ICB
Gill Ells (GE)	Deputy Director of Medicines Optimisation Governance & Value, NHS Sussex ICB
Amy Herbert (AH)	Head of Medicines Governance and Value, NHS Sussex ICB
Simran Johal (SJ)	Local Pharmaceutical Committee (LPC) representative (Deputising for Mark Donaghy)
Samantha Lippett (SLi)	Principal Pharmacist - Medicines Safety, Quality and Governance, University Hospitals Sussex NHS Foundation Trust
Stephen Lytton (SLy)	Clinical Director, Prescribing Lead / GP representative (13:30 left the meeting)
Irma Murjikneli (IM)	Clinical Director, Prescribing Lead / GP representative
Michael Okorie (MO)	Consultant Physician and Associate Medical Director for Medicines Safety & Prescribing University Hospitals Sussex NHS Foundation Trust (joined the meeting 13.10)
Jonathan Palmer (JPa)	Deputy Chief Pharmacist, Sussex Partnership NHS Foundation Trust (deputising for Helena Bird)
Chirag Patel (CP)	Associate Director of Primary Care Medicines Optimisation, NHS Sussex ICB
Stephen Pike (SP)	Clinical Director Medicines Optimisation, NHS Sussex ICB (Chair, deputising for Michael Okorie)
Jo Piper (JPi)	APC secretariat, Lead Medicines Optimisation Pharmacy Technician, NHS Sussex ICB
Janet Rittman (JR)	Sussex Public Health Representative – Brighton and Hove City Council
Neveen Sorial (NS)	Interim Chief Pharmacy Officer, NHS Sussex ICB
Jane Starr (JS)	Medication Safety Officer, East Sussex Healthcare NHS Trust (Deputising for Simon Badcott)
Kayley Taylor (KT)	Business Support Officer, NHS Sussex ICB
Harriet Vogt (HV)	Patient Safety Partner & Strategic Community Ambassador NHS Sussex ICB
Guests/Presenters:	
Shahram Kashani (SK)	Consultant ophthalmic surgeon, East Sussex Healthcare NHS Trust
Rita Shah (RS)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB
Dan Jenkinson (DJ)	GP Lead, Specialist interest in Type 2 diabetes prevention and management
Pramit Patel (PP)	Head of Medicines Optimisation Service Development and Interfaces of Care, NHS Sussex ICB
Kate Masey (KM)	Prescribing Support Dietitian, First Community Health CiC
Alison Warren (AW)	Lead Specialist Pharmacist, University Hospitals Sussex NHS Foundation Trust/ NHS Sussex ICB
Anna Crown (AC)	Consultant Endocrinologist, University Hospitals Sussex NHS Foundation Trust
Marian Guerges (MG)	Senior Programme Manager - Medicine Optimisation, NHS Sussex ICB (observer)

Minutes taken by:									
Jo Piper APC secretariat, Lead Medicines Optimisation Pharmacy Technician, NHS Sussex ICB									
1. Welcome and apologies	Action for								
<p>1.1 Welcome, apologies, and meeting etiquette The Chair welcomed the committee to the September Sussex Area Prescribing Committee (APC) meeting.</p> <p>Apologies received: Simon Badcott, Mark Donaghy, Mairead O'Malley, Iben Altman, Eileen Callaghan</p>									
<p>1.2 Conflicts of Interest Submitted electronically. Members were reminded to update their annual declarations. Mr Kashani (presenter) declared interests, but this was not relevant to the item they were presenting. No other conflicts were declared, and no action was taken.</p>									
2. Minutes and action log	Action for								
<p>2.1 Minutes of last meeting The minutes of the previous Sussex APC meeting held in July 2025 were previously agreed and ratified virtually via FutureNHS platform. The minutes are available to view on the NHS Sussex website here.</p>									
<p>2.2 Action log The committee was informed that the two outstanding actions are in progress. A record of complete and outstanding actions is available on FutureNHS platform.</p>									
4. Item for approval Standing item (rearranged for attendee availability)									
<p>4.1 Ranibizumab biosimilars for Proliferative Diabetic Retinopathy (PDR) (SK) The committee were asked to approve the use of ranibizumab biosimilars for PDR. They heard that NICE guidance (NG242) on PDR recommends offering anti-VEGF therapy to patients whose PDR remains active despite complete panretinal photocoagulation (PRP). Currently, Sussex ICB only commissions ranibizumab for conditions that have an approved NICE TA and therefore its use for PDR is not included. The committee heard that ranibizumab may benefit patients with PDR by preserving vision and reducing complications. Unlike laser, it avoids retinal damage, but it does require repeat injections. Potential benefits include preventing eye bleeds, avoiding costly vitrectomies, and lowering cataract risk.</p> <p>The committee were made aware of potential cost pressures on the local health economy by expanding the use of ranibizumab for this cohort of patients. Currently ranibizumab has the lowest acquisition cost, making it the most cost-effective option within this class. To further minimise potential costs to the system, it was highlighted that this application recommends commissioning only ranibizumab biosimilars for this indication, rather than the ranibizumab originator (Lucentis).</p> <p>The committee discussed the lack of cost effectiveness and Quality-adjusted life year (QALY) data measuring the value of health outcomes. Concerns were discussed regarding funding availability and equity of access across Sussex. It was agreed that the proposal would be presented to the Sussex Ophthalmology Steering Group in November 2025. This group, comprising commissioners, providers, and consultant representatives from across Sussex, will consider the associated activity and capacity implications prior to resubmission. Further information listed under the decision-making framework will also be required at resubmission.</p> <p>Decision making framework:</p> <table border="1"> <thead> <tr> <th>Criteria</th> <th>Criterion met/not met</th> </tr> </thead> <tbody> <tr> <td>A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):</td> <td>Met</td> </tr> <tr> <td>B. Safety</td> <td>Met</td> </tr> <tr> <td>C. Cost-effectiveness</td> <td>Not met The committee requested</td> </tr> </tbody> </table>	Criteria	Criterion met/not met	A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):	Met	B. Safety	Met	C. Cost-effectiveness	Not met The committee requested	
Criteria	Criterion met/not met								
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):	Met								
B. Safety	Met								
C. Cost-effectiveness	Not met The committee requested								

	information regarding numbers of patients across Sussex, as well as the cost of potential treatment vs savings from surgery and outpatient appointments	
D. Place in treatment pathway	Not met More information was requested regarding the condition and self-limiting / resolution of sight without treatment	
E. Patient orientated outcomes	Met	
F. Equity	Met	
G. Environment	Met	

Voting members arrived at an outcome using the decision-making framework.

Decision: Not approved, based on the applied decision-making framework (A, D). Applicant is invited to resubmit with the required information, to be considered at the next APC meeting in November (or subsequent APC meeting).

ACTION 09/25 – 01

What: To take proposal to the Sussex Ophthalmology Steering Group (including commissioners) and confirm positions of University Hospitals Sussex NHS Foundation Trust as well as other Providers

Who: PP **When:** November 2025

3. Meeting administration business

3.1 APC voting (AH/Chair)

The committee were asked to consider an alternative voting arrangement. This follows on from previous discussions at the secretariat meetings that highlighted the need for clearer processes and greater accountability in how APC decisions are recorded during meetings and in the minutes. Currently, decisions are often reached through majority consensus, without formal voting routinely occurring. The committee heard that the proposal of individual voting via the Teams chat function and to have 70% rather than 50% for approval threshold of applications.

Concerns were raised about the practicality of achieving 70% of total voting members at each meeting. An alternative suggestion was to apply the 70% threshold to those present, while ensuring that deputies are consistently nominated to maintain representation.

The committee acknowledged the need for clarity on the total number of voting members and its impact on quoracy. It was agreed that further consideration is needed to balance governance requirements with operational feasibility.

It was agreed to take the conversation out of the meeting to further progress this and bring back a framework at the next meeting.

Decision: Agreement in principle to adopt 70% threshold with voting documented in the APC meeting chat and minutes, but to work on a proposal to bring to the November APC meeting regarding practical aspects of implementation.

ACTION 09/25 – 02

What: AH to work with RB to further progress a framework to support voting at the APC meetings to present at the November APC meeting.

Who: AH **When:** November 2025

4. Items for approval

Action for

4.2 Type 2 diabetes mellitus algorithm and guidance - update (DJ/RS)

The committee were asked to approve an update to the type 2 diabetes mellitus algorithm and guidance and to remove the type 2 diet and lifestyle advice sheet from

<p>the intranet.</p> <p>Key changes and updates to the algorithm and guidance were shared which included:</p> <ul style="list-style-type: none"> • Added diet/lifestyle info & local service links. • Updated the 'Pathway to remission pathway' provider (Aviva replaces Xyla). • Alignment with NICE guidance: SGLT2 inhibitors in CKD, dapagliflozin as lower-cost first line. • Updated hyperlinks, removed outdated shortage references. • GLP-1 and oral semaglutide evidence updated <p>The committee noted that the NICE guidelines are due to be updated early next year but that these updates are an interim change prior to the update.</p> <p>The committee discussed highlighting dapagliflozin as the preferred first-line SGLT2i (cost saving), requested further clarity around eGFR thresholds within the flowchart and to add wording to prevent GLP-1/tirzepatide being used for weight loss outside of diabetes indication (link to obesity pathway).</p> <p>A request from the committee was raised to note and highlight the 'Sick day rules' for those taking SGLT2i as the local acute Trusts reported that a lot of admitted patients did not stop their SGLT2i medications when they have acute diarrhoea.</p> <p>Decision: Not approved, to resubmit for virtual approval following updates that address the concerns raised in the meeting.</p>	
<p>ACTION 09/25 – 03</p> <p>What: Within the algorithm/guidance to add dapagliflozin as the preferred first line choice SGLT2i, to amend the eGFR ahead of dapagliflozin and empagliflozin in the CKD box. To add clarification regarding prescribing of tirzepatide working with CP and GE.</p> <p>Who: AH with RS When: November 2025</p>	
<p>4.3 SERMOG 02 Outside NICE TA guidance – position statement (PP)</p> <p>The committee were asked to approve the position statement of 'Use of medicine doses and/or dosing schedules (including high-cost drugs (HCDs)) outside the scope of their NICE Technology Appraisal guidance'. This application follows the July 2025 APC meeting where the committee approved the development of a local position statement.</p> <p>The committee heard that while Sussex Formulary is aligned with NICE TA guidance, it is not always clear from NICE TAs which doses or dosing schedules were considered in the appraisal and are therefore covered by NICE recommendations.</p> <p>The use of medicines (including HCDs) at escalated doses or dosing schedules without Sussex APC approval may lead to inequity of access to these medicines. The position statement considers doses or dosing schedules of medicines (including HCDs) that are not appraised in NICE TA guidance as non-formulary and as such much undergo a formal review and receive approval from the Sussex APC prior to being authorised for prescribing or administration.</p> <p>Decision: Approved</p>	
<p>ACTION 09/25 – 04</p> <p>What: To upload the position statement on the intranet linking to the Sussex Formulary</p> <p>Who: APC Secretariate When: November 2025</p>	
<p>4.4 SERMOG 04 Adult ONS (KM/PP) - Briefing template for national/regional policy</p> <p>The committee heard that the current recommendation from SERMOG is that ready-to-serve compact ONS (125ml preparations) is not routinely funded unless it is assessed by a dietitian and the criteria is met. This policy excludes children (18 years old or younger) and also enteral tube feeding and parenteral nutrition. It was noted that the adult Oral Nutritional Supplement (ONS) formulary has been recently reviewed and aligns with this recommendation.</p> <p>The committee were asked to acknowledge the publication of the SERMOG 04 Adult</p>	

<p>ONS policy recommendation, agree to continue using the locally developed guidance in Sussex, and confirm that no further action is required.</p> <p>Decision: Approved</p>					
<p>ACTION 09/25 – 05 What: To upload SERMOG 04 Adult ONS policy guidance to the intranet linking to the formulary Who: APC Secretariate When: November 2025</p>					
<p>4.5 SERMOG 08 Anti-CGRP and botulinum toxin type A migraine prevention pathway – Briefing template for national/regional policy (PP) The committee were asked to acknowledge the publication of the regional HCDs treatment pathway for migraine prophylaxis (SERMOG 08), noting that there are no significant differences between the regional and the existing Sussex pathways. It was proposed that Sussex continue using the locally developed pathway and that no further action is required.</p> <p>Decision: Approved</p>					
<p>4.6 SERMOG 09 High-cost immunomodulator drug pathway for adults with Psoriatic arthritis – Briefing template for national/regional policy (PP) The committee heard that the SERMOG 09 Psoriatic arthritis aligns with the NICE approved biologics and aims to promote equitable management of psoriatic arthritic patients across the region. While Sussex ICB is clinically aligned with this regional policy recommendation, it lacks a local pathway with a formal flow diagram hence this is considered as partially compliant. The committee noted that the local adoption of this policy recommendation is planned to start in January 2026 with the aim of seeking clinical input from rheumatologists/dermatologists across Sussex. The committee agreed to this approach and support the development of a local pathway for adults with psoriatic arthritis.</p> <p>Decision: Approve the development of a local pathway for adults with psoriatic arthritis.</p>					
<p>4.7 Dapagliflozin and empagliflozin in heart failure – formulary colour change application (AW) The committee were asked to approve the colour change of dapagliflozin 5mg and 10mg tablets and empagliflozin 10mg tables for heart failure (HF) from purple (specialist initiation) to green on the Sussex Formulary. It was noted that NICE HF guidelines have recently been updated, removing the requirement for specialist initiation and supporting prescribing across all clinical settings. The committee heard that dapagliflozin and empagliflozin currently have a green formulary status for type 2 diabetes and chronic kidney disease, and changing the colour status of HF indication will improve patient access and promote early intervention, as recommended by the recently published NICE HF guideline. The committee discussed that primary care has experience of prescribing SGLT2i and supported this change, and there were no new safety concerns with this medication. The benefit of approving the colour change include reducing access to the cardiology clinics and opportunity to treat existing HF patients. The committee agreed that dapagliflozin should be the preferred first line choice due to its availability of generic products, with empagliflozin retained as an alternate.</p> <p>Decision making framework:</p> <table border="1" data-bbox="108 1915 1217 2018"> <thead> <tr> <th data-bbox="108 1915 798 1951">Criteria</th> <th data-bbox="798 1915 1217 1951">Criterion met/not met</th> </tr> </thead> <tbody> <tr> <td data-bbox="108 1951 798 2018">A. Evidence to support therapy (Level of evidence, is it placebo controlled, or</td> <td data-bbox="798 1951 1217 2018">Met</td> </tr> </tbody> </table>	Criteria	Criterion met/not met	A. Evidence to support therapy (Level of evidence, is it placebo controlled, or	Met	
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A. Evidence to support therapy (Level of evidence, is it placebo controlled, or	Met				

compared with standard treatment options):		
B. Safety	Met	
C. Cost-effectiveness	Met	
D. Place in treatment pathway	Met	
E. Patient orientated outcomes	Met	
F. Equity	Met	
G. Environment	Met	
<p>Voting members arrived at an outcome using the decision-making framework.</p> <p>Decision: Approved</p>		
<p>ACTION 09/25 – 06 What: To update the formulary colour of dapagliflozin (preferred first-line SGLT2i) and empagliflozin (as second-line SGLT2i) from purple to green. Who: APC Secretariate When: November 2025</p>		
<p>What: To remove dapagliflozin and empagliflozin from the OptimiseRx purple list Who: APC Secretariate When: November 2025</p>		
<p>4.8 Liothyronine Shared Care Protocol - update (AC) The committee were asked to approve the adoption of the locally adapted shared care protocol (SCP) for liothyronine in hypothyroidism which will be in line with the British Thyroid Association/Society for Endocrinologists consensus statement. The committee heard that the Sussex endocrinologists have reviewed the existing SCP and strongly recommended an update is necessary to ensure it is clinically appropriate, evidence based and aligned with national recommendations.</p> <p>The committee discussed and noted</p> <ul style="list-style-type: none"> • Alternative pragmatic dosing options (e.g. 75 micrograms daily, with 25 micrograms alternate days of needed) as safer and simpler for patients. • Shared care aligns with updated monitoring guidance (TSH and free thyroid hormones at stabilisation, then standard monitoring thereafter) • The wording in the SCP to be clarified to avoid confusion, while remaining consistent with national guidance by writing “micrograms” in full <p>Decision: Approved subject to minor amendments to dosing to reflect pragmatic primary care approaches</p>		
<p>ACTION 09/25 – 07 What: To make amendments to the dosing schedule, to note a pragmatic approach in alternate dosing options (e.g. 75 micrograms daily, with 25 micrograms alternate days of needed), to write “micrograms” in full throughout the document Who: APC Secretariate When: November 2025</p>		
<p>ACTION 09/25 – 08 What: To upload the SPC on to intranet/internet linking to the formulary Who: APC Secretariate When: November 2025</p>		
<p>5. Virtually approved items</p>		
<p>5.1 Sussex Chronic Kidney Disease guideline for adults – updated. Virtually approved on 18/08/2025 for noting 5.2 Sussex Chronic Kidney FAQs – updated. Virtually approved on 18/04/2025 for noting 5.3 Metformin 500mg and 1g powder for oral solution – formulary extension. Virtually approved with a GREEN formulary coding on 25/09/2025 for noting 5.4 Drospirenone (Slynd®) 4mg film-coated tablets. Virtually approved with a GREEN formulary coding on 25/09/2025, for noting</p>		

<p>5.5 Sussex progesterone only contraceptive pill (POP) treatment pathway. Virtually approved on 25/09/2025 for noting</p> <p>5.6 Methotrexate Shared Care Protocol – update. For noting only.</p> <p>5.7 Cataplexy Shared Care Protocol – review. Virtually approved on 25/09/2025 for noting</p> <p>5.8 Sussex Continuous Glucose Monitoring (CGM) in Type 2 diabetes - Position statement. For noting only.</p> <p>5.9 Adult Oral Nutritional Supplements (ONS) chapter review. Virtually approved on 25/09/2025 for noting</p>	
<p>6. Standing Items</p>	
<p>6.1 National Institute for Health and Care Excellence (NICE) Technology Appraisals / Highly Specialised Technologies (MO)</p> <p>NICE Technology Appraisals</p> <p>Since July APC meeting, the Sussex APC Secretariat group have dealt with a total of 19 published NICE Technology Appraisals, noted 5 terminations and 3 for noting.</p> <p>These were implemented on time without variation across Sussex.</p> <ul style="list-style-type: none"> • Cenobamate for treating focal onset seizures in epilepsy (TA753). For noting only. • Adagrasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer (terminated appraisal) (TA1076). For noting only. • Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over (TA1077). Virtually approved with a RED formulary coding on 15/08/2025 for noting. • Fruquintinib for previously treated metastatic colorectal cancer (TA1079). Virtually approved with a RED formulary coding on 15/08/2025 for noting. • Mirikizumab for previously treated moderately to severely active Crohn's disease (TA1080). Virtually approved with a RED formulary coding on 31/07/2025 for noting. • Zanubrutinib for treating relapsed or refractory mantle cell lymphoma (TA1081). Virtually approved with a RED formulary coding on 31/07/2025 for noting. • Letemovir for preventing cytomegalovirus infection after a kidney transplant (terminated appraisal) (TA1082). For noting only. • Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma after 1 systemic treatment when a stem cell transplant is unsuitable (terminated appraisal) (TA1083). For noting only. • Idecabtagene vicleucel for treating relapsed or refractory multiple myeloma after 2 to 4 treatments (terminated appraisal) (TA1084). For noting only. • Vanzacaftor-tezacaftor-deutivacaftor for treating cystic fibrosis with 1 or more F508del mutations in the CFTR gene in people 6 years and over (TA1085). Virtually approved with a RED formulary coding on 15/08/2025 for noting. • Ribociclib with an aromatase inhibitor for adjuvant treatment of hormone receptor-positive HER2-negative early breast cancer at high risk of recurrence (TA1086). Virtually approved with a RED formulary coding on 30/09/2025 for noting. • Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over (TA1088). Not recommended. For noting only. • Sacituzumab govitecan for treating hormone receptor-positive HER2-negative metastatic breast cancer after 2 or more treatments (terminated appraisal) (TA1089). For noting only. • Durvalumab with tremelimumab for untreated advanced or unresectable hepatocellular carcinoma (TA1090). Virtually approved with a RED formulary coding on 30/09/2025 for noting. • Tarlatamab for extensive-stage small-cell lung cancer after 2 or more treatments (TA1091). Not recommended. For noting only. • Pembrolizumab with carboplatin and paclitaxel for untreated primary advanced or recurrent endometrial cancer (TA1092). Virtually approved with a RED formulary coding on 30/09/2025 for noting. • Idebenone for treating visual impairment in Leber's hereditary optic neuropathy in people 12 years and over (TA1093). Virtually approved with a RED formulary coding on 30/09/2025 for noting. • Guselkumab for treating moderately to severely active ulcerative colitis (TA1094). Virtually approved with a RED formulary coding on 08/09/2025 for noting. 	

<ul style="list-style-type: none"> Guselkumab for previously treated moderately to severely active Crohn's disease (TA1095). Virtually approved with a RED formulary coding on 08/09/2025 for noting. 	
6.2 Horizon Scanning (MO) No updates	
6.3 Patient Safety & medicines safety alerts (MO) Nothing to report	
6.4 Discontinuations (MO) Nothing to report	
7. Regional updates	Action for
7.1 Nothing to report	
8. Sub-group	
9.1 Formulary and Pathways (Governance) update (AH) The committee heard that there are continuing capacity challenges within the Primary Care (PC) Medicines Optimisation (MO) Team. This has led to the pausing of the formulary chapter reviews from Autumn 2025. It was highlighted that the musculoskeletal system chapter review has been completed. Overall, the key messages were that the formulary chapter reviews have been paused but stakeholders have agreed work outside of the chapter review process should proceed via the APC as per usual processes, and the Chief Medical Officer (CMO) MO team will support where possible in the instance of specific asks to review parts of a chapter.	
9. Any other business	
None	
Date of next meeting	
Date: 25 th November 2025 Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie	
Meeting close.	