

# Minutes of the Sussex Health & Care Partnership Area Prescribing Committee

<b>Date:</b>	<b>Tuesday 25<sup>th</sup> July 2023</b>
<b>Time:</b>	<b>12:00 – 14:00</b>
<b>Venue:</b>	<b>Online MS Teams</b>
<b>Chair:</b>	<b>Michael Okorie</b>

<b>Attendees:</b>	
Iben Altman (IA)	Chief Pharmacist, Sussex Community Foundation Trust
Tejinder Bahra (TB)	Lead Commissioning Pharmacist, Surrey, and Sussex Healthcare NHS Trust–East Surrey Hospital
Eileen Callaghan (EC)	Sussex Director of Medicines Management and Optimisation, NHS Sussex
Mark Donaghy (MD)	Local Pharmaceutical Committee (LPC) representative
Krissie Fowlie (KF)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB– West Sussex (deputising for Neveen Sorial)
Stewart Gaspole (SG)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB – Brighton & Hove
Amy Herbert (AH)	Lead Strategic Pharmacist for Medicines Governance, NHS Sussex ICB
Shirman Lam (SLa)	APC secretariat and link pharmacist, NHS Sussex ICB - East Sussex
Samantha Lippett (SLi)	Assistant Director of Pharmacy, University Hospitals Sussex NHS Foundation Trust East Sussex
Stephen Lytton (SLy)	Prescribing Lead / GP, West Sussex (Interim)
Aggie Morozinska	Senior Medicines Optimisation Pharmacy Technician, NHS Sussex ICB - Brighton and Hove
Irma Murjikelni (IM)	Prescribing Lead / GP, East Sussex (Interim)
Michael Okorie (MO)	Professor of Clinical Pharmacology and Therapeutics; Consultant Physician; Associate Medical Director – Brighton and Sussex Medical School; University Hospitals Sussex
Mairead O'Malley (MOM)	Highly Specialised Pharmacist (Care of the Elderly), University Hospitals Sussex NHS Foundation Trust, NHS Sussex ICB
Stacey Nelson (SN)	Lead Strategic Pharmacist for Quality Improvement, NHS Sussex ICB (deputising for Chirag Patel)
Jonathon Palmer (JP)	Deputy Chief Pharmacist, East Sussex Healthcare NHS Trust
Stephen Pike (SP)	Clinical Programme Lead Medicines Management, Deputy Medical Director NHS Sussex, Clinical Director NHS Sussex – East Sussex
Jo Piper (JPi)	APC secretariat, Lead Medicines Optimisation Pharmacy Technician, NHS Sussex ICB - West Sussex NHS Sussex
Helen Porter (HP)	Chief Pharmacy Officer
Janet Rittman (JR)	Sussex Public Health Representative - Brighton and Hove
David Russell (DR)	APC secretariat and link pharmacist, NHS Sussex ICB – West Sussex
Jenny Shakir (JS)	APC secretariat and link pharmacist, NHS Sussex ICB – Brighton and Hove
Sangeetha Sornalingham (SS)	Medical Director, Local Medical Committee (LMC) representative
<b>Guests/Presenters:</b>	
Ryan Khademi (RK)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB - East Sussex
Pramit Patel (PP)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB– East Sussex
Any Cheung (AC)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB - East Sussex
David Broadbent (DB)	Advanced Community and Home Enteral Feeding Dietitian, University Hospitals Sussex NHS Foundation Trust
Sarah Court (SC)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB - East Sussex
Bradley Porter (BP)	Rotational Pharmacist, University Hospitals Sussex NHS Foundation Trust
Katie Perkins (KP)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB - East Sussex
Ola Blach (OB)	Consultant Urologist, University Hospitals Sussex NHS Foundation Trust
Suzie Venn (SV)	Consultant Urologist, University Hospitals Sussex NHS Foundation Trust
Michal Mensa (MM)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB - West Sussex

Ann Marie Heffernan (AMH)	Specialist Head and Neck Pharmacist, University Hospitals Sussex NHS Foundation Trust
Ed Hughes (EH)	Consultant Ophthalmologist Sussex Eye Hospital University Hospitals Sussex NHS Foundation Trust
Kaurna Askoolum	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB– East Sussex
Colm Cosgrove	Pharmacist (High-Cost Drugs) University Hospitals Sussex NHS Foundation Trust (UHSFT) (observing)
Harriet Kemp	Medicines Optimisation Pharmacy Technician, East Sussex NHS Sussex ICB (observing)
Jowita Maciejewska	Medicines Optimisation Pharmacy Technician, Brighton and Hove NHS Sussex ICB (observing)
Peter Shakir	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (UHSFT) – East/West Sussex (observing)
Rebecca McDowall	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)
Olivia Marriott	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)
Karen Becker	Senior Admin -Personal Assistant to Eileen Callaghan –NHS Sussex Director of Medicines Management and Optimisation, NHS Sussex ICB
Ewan Parker	Administrator for Medicines Optimisation East Sussex, NHS Sussex ICB

<b>Minutes taken by:</b>	
Jo Piper, (APC secretariat) Lead Medicines Optimisation Pharmacy Technician, West Sussex NHS Sussex (JP)	
<b>1. Welcome and apologies</b>	
<b>1.1 Welcome, apologies and meeting etiquette</b>	
The Chair welcomed the committee to the July Sussex Health and Care Partnership APC meeting.	
<b>Apologies received:</b>	
Helena Bird, Neveen Sorial, Chirag Patel, Harriet Vogt, Gill Ells, Judy Busby, Emilia Danielewicz	
The meeting was not Quorate as there was no community ambassador present. The chair agreed that all decisions would be agreed with the community ambassador before submitting minutes for approval	
The meeting was not quorate due to the absence of a Community Ambassador. The committee agreed that the chair would agree all decisions within the draft minutes with a community ambassador before they were circulated for approval.	
<b>Post meeting note MO confirmed that one of the community ambassadors Harriet Vogt has seen and approved the decisions from the draft minutes 02/08/23</b>	
<b>1.2 Conflicts of Interest</b>	
The committee and guests were asked to declare any conflicts of interest using the chat function on Teams pertinent to items on the agenda. A conflict of interest was declared by SLi. SG agreed with MO that mitigation for this conflict would be that SLi would not participate in the decision making part of item 3.3	
<b>2. Minutes and action log</b>	
<b>2.1 Minutes of last meeting</b>	
The minutes of the previous SHCP APC meeting held in May 2023 were previously agreed and ratified virtually, as an accurate record of decisions and actions. The minutes are available to view on the NHS Futures platform, and the NHS Sussex intranet <a href="#">here</a>	
<b>2.2 Action log</b>	
<b>Action</b>	<b>Update</b>
<b>05/23 – 01</b> To share the APC concerns following the PETRUSHKA trial and how patients are managed with regard to their medication	Completed 25.07.2023 UPDATE: Further discussion with the PETRUSHKA trial manager, who confirms that it is a clinical decision by the GP at the end of the trial as to whether to continue the antidepressant or discontinue/switch. The issue has been raised by other ICBs and the PETRUSHKS study team are updating their supporting

	information to clarify this. Guidance on tapering doses on discontinuation and clinical support if required is also available to support GPs. Likely numbers of patients participating will be approximately only 30 patients across Sussex as this is a national study. Three Sussex practices have expressed an interest and may have up to 10 patients in the study.	
<b>05/23 – 02</b> To add solifenacin (Vesicare®) 1mg/1ml oral suspension sugar free to the Sussex Partner formulary with a <b>GREEN</b> colour coding	Completed	
<b>05/23 – 03</b> To add an OptimiseRx message for solifenacin (Vesicare®) first-line in swallowing difficulties only	Completed	
<b>05/23 – 04</b> To update the 'Management of overactive bladder in men and women's pathway	Completed	
<b>05/23 – 05</b> To upload the Management of overactive bladder in men and women' on to the intranet	Completed	
<b>05/23 – 06</b> To edit the formulary for those previously approved SCP to note 'Prescribing should be undertaken in accordance with the Sussex Partner Formulary' to all the previously approved Shared Care Protocols.	Completed	
<b>05/23 – 07</b> As part of the CNS formulary clinical chapter review to include those medicines listed within the National Shared Care Protocols	Completed	
<b>05/23 - 08</b> To add oral semaglutide tablet to the Sussex Partner formulary with a <b>GREEN</b> colour coding as second-line to injectable semaglutide in those patients who are: <ul style="list-style-type: none"> <li>• unable to tolerate the injectable preparation of GLP-1, or</li> <li>• psychologically unable to inject, or</li> <li>• unable to self-administer an injection due to physical disability or dexterity problems</li> </ul>	Completed	
<b>05/23 – 09</b> To amend the Type 2 diabetes treatment algorithm to include oral semaglutide tablet at the same step as GLP-1 TA injections for those unable to inject as second line to subcutaneous GLP-1	Paused: due to the national shortages	
<b>05/23 – 10</b> To present a paper to APC when the commercial availability date of Wegovy® is confirmed, liaising with planned care for the implementation plan	Started: Not commercially available 19 July 23 - will keep as an open action and bring to APC when there is commercial availability of Wegovy®.	
<b>05/23 – 11</b> To provide an update on FUTURES NHS platform following the Medicines Optimisation Programme Board meeting in June on a timeline for stakeholder engagement and implementation plans for the remaining RMOC SPCs.	Verbal update given at meeting	
<b>05/23 – 12</b> An make an amendment to the wording of the purple formulary definition	Completed	
<b>05/23 – 13</b> To update the Sussex Partner Formulary with the approved definition	Completed	
<b>3. Items for approval</b>		Action for
<b>3.1 Bimatoprost 300mcg/ml eye drops preservative free (multidose container) formulary extension application (RK)</b> The committee was asked to approve the addition of bimatoprost 300mcg/ml eye drops preservative free (multidose container) with a PURPLE formulary coding, annotating the		

formulary with 'Preferred choice for newly initiated patients. Including a note on the formulary to highlight the extended shelf life of bimatoprost eye drops (Bimi®).  
 Currently the only preservative eye drops available on the Sussex Partner Formulary are unit dose vials (UDVs). Additional preservative free formulation is now available that use multidose containers which are more cost effective, are environmentally friendly due to using less plastic than the UDVs and are preferred by patients and prescribers as they're less likely to cause adverse effects due to the preservatives.

12.19 Orla Blach joined the meeting

RK left the meeting and voting members moved to make a decision.

**Decision making framework:**

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	Yes, there is evidence to supports the indication.
B. Safety	There were no safety concerns noted
C. Cost-effectiveness	Yes, this is a cost-effective option
D. Place in treatment pathway	Yes there is a place in the treatment pathway
E. Patient orientated outcomes	There is data to support
F. Equity	Yes, by approving this it will offer more choice Sussex wide
G. Environment	No environmental impact noted

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

**Decision:** Approved bimatoprost PF eye drops with a **PURPLE** formulary coding

**ACTION 07/23 – 01** To add brimatoprost 300mcg/ml eye drops preservative free (multidose container) to the formulary with a **PURPLE** formulary coding. Annotate formulary with this is the preferred choice for newly initiated patients and the extended shelf life of the brand Bimi®.  
**ACTION 07/23 – 02** To add brimatoprost 300mcg/ml eye drops preservative free (multidose container) to the OptimiseRx 'purple list'

MD

JP

**3.2 Adalimumab/ranibizumab formulary extension applications (PP/JS)**

**Adalimumab**

The committee was presented with an application requesting the addition of newer adalimumab biosimilar brands to the Sussex Partner Formulary with a RED (Initiation and continuation by a specialist only) formulary coding in line with the national procurement framework within their licensed indications.

The Commercial Medicines Unit of NHSE has recently awarded a national framework agreement to cover the supply of adalimumab injection from April 2024 to 31 August 2024. The framework offers additional brands of adalimumab biosimilars (Yuflyma®, Idacio®, Hyrimoz®) not previously available to Sussex providers, following a national procurement exercise. These newer brands of adalimumab biosimilar are recommended to be added to the local formulary to align with the national framework and allow Provider Trusts to prescribe the cost-effective option.

**Ranibizumab**

The committee were also asked to approve the addition of ranibizumab biosimilar (Byooviz®, Ximluci®) for addition to the Sussex Partner Formulary with a RED (Initiation and continuation by a specialist only) formulary coding for all indications as in place of reference ranibizumab (Lucentis) in line with commissioning recommendations following the national procurement for medical retinal vascular medicines.

This newer brand of ranibizumab biosimilar is recommended to be added to the local formulary to align with the national framework and allow Provider Trusts to prescribe the cost effective option.

12.19 Irma Murjikneli joined the meeting

PP left the meeting and voting members moved to make a decision.

**Decision making framework:**

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	Yes, there is evidence to support this indication
B. Safety	Safety has not been highlighted as an issue
C. Cost-effectiveness	Yes, the framework allows providers to procure and administer more cost-effective brands
D. Place in treatment pathway	Yes, there is a clear place in the treatment pathway
E. Patient orientated outcomes	It is well established in terms of clinical effectiveness
F. Equity	No issues noted
G. Environment	No environmental impact noted

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

**Decision:** Approved adalimumab and ranibizumab with a **RED** formulary coding

**ACTION 07/23 – 03** To add adalimumab biosilimars brands - Yuflyma®, Idacio®, Hyrimoz® and the ranibizumab biosilimar brand – Byooviz®, Ximluci® brands to the formulary with a **RED** formulary coding

**ACTION 07/23 – 04** To add the Yuflyma®, Idacio®, Hyrimoz® Byooviz® Ximluci® brands to the OpmptimiseRx ‘red list’

MD  
JP

**3.3 Clarification of supply route for fidaxomicin in the community during out of hours periods summary report (KP)**

The committee had requested at the March APC meeting an update and reassurance on the access and supply of fidaxomicin during weekends and bank holiday weekends. The committee was asked to support the communications to community pharmacies outlining the ordering and supply process as well as information to support those patients whose symptoms worsen to seek clinical assessment.

12.23 Helen Porter joined the meeting

The committee heard that since the March APC meeting the Sussex ICB AMS workstream reached out to all Trusts in Sussex to ask if there had been any issues flagged regarding patients not able to access fidaxomicin in the community, as well as linking in with some community pharmacies for their feedback .

12.26 Michal Mensa joined the meeting

12.27 Bradley Porter joined the meeting

It was reported to date that there have been no incidents relating to supply issues, nor requests to supply fidaxomicin against a FP10 prescription.

12.29 Eileen Callaghan joined the meeting

Concerns were raised that in the absence of fulfilling a prescription the patient may feel they are deteriorating and contact their GP practice or 111 or they present at the emergency department. It was noted that there may be an impact to the healthcare system if patients are worried about the delay in obtaining their medication during a weekend or over a bank holiday weekend. The committee agreed the pathway should be approved in the interim but felt further engagement was required, and requested a review of the pathway in 6 months.

**Decision:** Approved but to review the pathway in 6 months.

**ACTION 07/23 – 05** To review the supply of fidaxomicin in the community in 6 months and share the results with the APC in the instance of issues with current processes are highlighted to the ICB Medicines Optimisation team. Provider colleagues are encouraged to share any issues encountered with Kristina Fowlie or Katie Perkins. The action will be considered closed if no issues are highlighted within the next 6 months

SLa

### 3.4 Methenamine Hippurate 1g tablets new medicine application (KP/OB)

An application was presented to the committee to consider an interim GREEN (suitable for prescribing in any care setting) formulary coding. This application is ahead of any future revision of NICE guidelines (NG112) being updated with the place in the pathway being for adult women without a catheter, with recurrent UTI in who advice, self-care (including over the counter treatments), and vaginal oestrogen have failed, for up to 6 months.

12.52 David Broadbent joined the meeting

The committee heard that the use of methenamine hippurate would be in place of long-term antibiotic prophylaxis which would support the reduction the potential increases in antibiotic resistance and increases in healthcare associated infections such as Clostridioides difficile. A pathway is in development, and this would support primary care prescribers in initiating methenamine hippurate.

The committee noted that our neighbouring ICB is in the process of putting together an application to their APC to consider which was proposing a different formulary coding. The committee felt further engagement with Surrey Heartlands APC to work together would support patient equity particularly on borders of Surrey and Sussex.

KP/OB left the meeting and voting members moved to make a decision.

It was agreed that the formulary status be reviewed once the NICE Guideline is published.

#### Decision making framework:

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	It is a non-inferior medication to the standard of care.
B. Safety	No safety concerns noted
C. Cost-effectiveness	There could be a cost pressure and cost effectiveness could not be appraised
D. Place in treatment pathway	The treatment pathway is in development but not currently available.
E. Patient orientated outcomes	Clarification required regarding its place in the treatment pathway and associated patient oriented outcomes

F. Equity	There may be issues for those living on the Surrey/Sussex border regarding potential differing formulary coding
G. Environment	Treatment potentially reduces the use of antimicrobial therapies and their environmental impact but this was deemed minimal.

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

**Decision:** Not approved based on the applied decision making framework (C,D,E,F)

**ACTION 07/23 – 06** To bring the application back to the APC along with the treatment pathway working in partnership with Surrey Heartlands **APC and local providers**

KP

### 3.5 Luforbec Multi Dose Inhaler (MDI) formulary extension (MM)

The committee were presented with an application for Luforbec MDI to be approved with a green formulary coding for the management of asthma and COPD. Following a UK patent expiry, Lufirbec MDI became the first branded generic alternative for the originator Fostair MDI and was proposed for new patients only. The committee heard that Luforbec MDI will look and act the same as the originator and have the same features so no new inhaler training is required. The committee raise concerns that further engagement with the specialists is needed due to differing opinions, especially with UHS. Concerns were also raised regarding patients being switched between branded generics which may cause confusion. This area already has many options available, and the clinical risk attributed to adding another formulation without a full chapter review was seen as being too high. The committee agreed that a clinical chapter review of the respiratory inhalers would be helpful so that there is a coordinated approach to inhalers across the system.

MM left the meeting and voting members moved to make a decision.

#### Decision making framework:

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	Yes, there is evidence to support this application
B. Safety	No new safety concerns
C. Cost-effectiveness	Cost effectiveness could not be shown as savings are only attributed to switching patients which was not an agreed action.
D. Place in treatment pathway	This could not be agreed as there was no unified decision across Sussex (UHS did not fully support the application). Adding a further choice may unnecessarily complicate the clinical pathway.
E. Patient orientated outcomes	This would be no different to Fostair® MDI

F. Equity	There is already a similar product on the formulary, which is available, no equity concerns raised
G. Environment	The product would have a negative impact on the environment although the company has suggested this is offset

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

**Decision:** Not approved based on the applied decision making framework (C,D)

**3.6 Fortisip Plant based 1.5kcal formulary extension application (DB)**

The committee were presented with an application asking for Fortisip PlantBased 1.5kcal to be considered with a GREEN (suitable for prescribing in any care setting) formulary coding as a second line option to existing products, for those who follow a plant-based diet. This product is the only plant based oral nutritional supplement (ONS) available on the market that is a ready to drink supplement. Currently there is a plant based ONS product on the formulary that is a powdered product, Aymes Actisolve smoothie; this is the first line treatment. The committee heard that there is currently an unmet need as there is no ready to serve nutritionally complete plant-based product for second line treatment.

DB left the meeting and voting members moved to make a decision.

**Decision making framework:**

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	Yes, there is evidence to support this application
B. Safety	No safety concerns noted
C. Cost-effectiveness	No concerns raised
D. Place in treatment pathway	Yes, there is a place on the treatment pathway
E. Patient orientated outcomes	Yes, for an unmet need
F. Equity	If not approved, it could potentially exclude those who are vegan or have intolerances
G. Environment	No environmental considerations noted

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

**Decision:** Approved Fortisip Plant based 1.5kcal with a **GREEN** formulary coding.

**ACTION 07/23 – 07** To add Fortisip Plant based 1.5kcal to the formulary with a **GREEN** formulary coding

MD

**3.7 Bromfenac eye drops new medicine application (BP/EH/A-MH)**

The committee were asked to approve bromfenac eye drops with a PURPLE (Specialist initiation WITHOUT Shared Care Protocols) formulary coding with a recommended place in therapy alongside ketorolac eye drops for use for post-operative ocular inflammation following cataract

extraction and off licence for treatment of inflammation associated with uveitis and cystoid macular oedema.

The committee heard that there have previously been intermittent supply issues with ketorolac eye drops causing access issues for patients needing supply of NSAID eye drops. The addition of bromfenac eye drops offers an additional product with the benefit of a twice daily dosing regimen compared with ketorolac eye drops which is four times daily.

13.25 Ed Hughes and Sarah Leroux joined the meeting

It was noted that there are currently no licensed preparations on the formulary to treat the other inflammatory conditions so this application would offer the same 'off-label' treatment.

13.26 Sarah Court joined the meeting

13.26 Jonathon Palmer left the meeting

BP/EH/A-MH left the meeting and voting members moved to make a decision.

**Decision making framework:**

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	There is evidence to support this application
B. Safety	No safety concerns noted
C. Cost-effectiveness	Potential cost saving identified
D. Place in treatment pathway	There is a clear place in treatment pathway
E. Patient orientated outcomes	Similar to current formulary product, though noted that adherence could be better
F. Equity	No issues noted
G. Environment	No issues noted

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

**Decision:** Approved bromfenac eye drops with a **PURPLE** (Specialist initiation WITHOUT Shared Care Protocols) formulary coding.

**ACTION 07/23 – 08** To add Bromfenac eye drops to the formulary with a **PURPLE** (Specialist initiation WITHOUT Shared Care Protocol) formulary coding

**ACTION 07/23 – 09** To add Bromfenac eye drops to the OptimiseRx purple drugs list

MD

JP

**3.8 Bijuve® (Estradiol/Progesterone) 1mg/100mg soft capsules new medicine application (SL)**

The committee was asked to approve the addition of Bijuve® 1mg/100mg soft capsule to the Sussex Partner Formulary with a GREEN formulary colour code.

The committee heard that all the combined continuous oral HRT products on our current formulary are synthetic, while Bijuve® (estradiol 1mg/progesterone 100mg) is the first approved oral continuous body-identical estradiol-progesterone formulation in a single capsule. The British Menopause Society consensus statement on bio-identical HRT suggests that use of regulated body identical hormones are associated with lower risks of breast cancer, heart disease, heart attack, and stroke compared to synthetic versions.

The presenter explained that Bijuve® will also offer more choice and variation for patients as evidence has suggested that micronised progesterone, a body-identical hormone, may be better tolerated and associated with fewer risks than currently available synthetic hormones.

SL left the meeting and voting members moved to make a decision.

**Decision making framework:**

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	Yes, there is evidence to support this application
B. Safety	Possible safety advantages
C. Cost-effectiveness	This is more expensive the current preps but not first line
D. Place in treatment pathway	Proposed second line
E. Patient orientated outcomes	Positive comparison to current formulary options
F. Equity	Increased choice for patients if approved
G. Environment	None noted

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

**Decision:** Approved Bijuve® (estradiol/progesterone) 1mg/100mg soft capsules with a **GREEN** formulary coding.

**ACTION 07/23 – 10** To add Bijuve® (estradiol/progesterone) 1mg/100mg soft capsules to the formulary with a **GREEN** formulary coding.

MD

**4. Standing Items**

**4.1 NICE Technology Appraisals / Highly Specialised Technologies / NICE guidance (JP)**

**NICE Technology Appraisals**

The committee was updated, that since the last SHCP APC meeting in May '23 the Sussex APC Secretariat group have dealt with a total of 18 published NICE Technology Appraisals and noted 4 terminations.  
All recommendations regarding formulary positioning and formulary colour coding of medicines were made by the APC secretariat group. These were implemented on time without variation across Sussex.

**NICE GUIDANCE**

The Secretariat reported that they have dealt with a total of one new NICE guideline and two updated NICE guidelines. All of which have been reviewed by the ICB therapeutic leads and have confirmed all local prescribing positions are compliant.  
There have been no Blueteq forms approved since the last APC.

**Decision:** No variation was reported between the local place bases, with positions noted.  
**Post meeting note. NICE TA902 Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction** - following an amendment made by NICE which now highlights that providers are NHS hospital trusts and primary care the APC have virtually approved TA902 with a PURPLE formulary coding. This is in line with our previous purple coding decision for TA679 (dapagliflozin for treating chronic heart failure with reduced ejection fraction) 05/09/2023

**POST MEETING ACTIONS**

**ACTION 07/23 – 12** To update the Sussex Partner Formulary - to add dapagliflozin 'for treating chronic heart failure with preserved or mildly reduced ejection fraction' under the purple coding.  
**ACTION 07/23 – 13** To add Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction to the OptimiseRx purple list

MD

JP

13.40 Jonathon Palmer joined the meeting

<b>4.2 Horizon Scanning (Chair)</b> Nothing to report	
<b>4.3 Patient Safety &amp; medicines safety alerts (Chair)</b> Nothing to report	
<b>4.4 Discontinuations (Chair)</b> Discontinuations were noted for information and removed from formulary. <b>February 2023</b> Ikorel® (Nicorandil 10mg tablets) <b>March 2023</b> Lanoxin® PG (digoxin) 50micrograms/ml elixir <b>July 2023</b> Miochol-E 20mg powder and solvent for solution for intraocular irrigation vials	
<b>5. RMOc</b>	
<b>5.1 Latest RMOc update (SP)</b> HP gave a brief update to share that there is a process underway at the moment looking at all the regional medicines optimisation structures. A draft paper has been produced.	
<b>6. Sub-group</b>	
<b>6.1 Melatonin Task &amp; Finish update report (DR)</b> The T&F group have continued to meet every 2 weeks developing supporting documents to form patient information leaflet, a melatonin commissioning statement and a melatonin information sheet. The group are currently starting to put together an APC application. It was noted that there is engagement to bring in the neurodevelopmental pathway work as well as the neurodiversity pathway work to pick up patients with lived experiences.	
<b>6.2 Shared Care Protocol (SCP) update (AH)</b> SCP implementation plan for remaining national SCPs taken to ICS Medicines Optimisation Programme Board, with approval given to the below plan. <div style="text-align: center; margin: 20px 0;"> <pre> graph TD     A["Draft locally badged SCPs for national SCPs requiring local implementation Two weeks"] --&gt; B["Identify all stakeholders to send V1 to of each SCP to for feedback and identify barriers to implementation Six weeks"]     B --&gt; C["Produce V2 of the SCP and send out to stakeholders / develop implementation plan Three weeks"]     C --&gt; D["Final version V3 of each SCP produced / final agreement of implementation plan Three weeks"]     D --&gt; E["Present SCP to Area Prescribing Committee, seeking document and implementation plan approval"]     E --&gt; F["Lead on SCP implementation"]           </pre> </div> <ul style="list-style-type: none"> <li>Partner stakeholders have provided lists of stakeholders to engage with and implementation leads within their organisations.</li> </ul>	

<ul style="list-style-type: none"> <li>• Some SCPs can be worked on concurrently, where stakeholder groups are the same.</li> <li>• The aim is priority SCPs will be worked up by the end of Q2 2023 – amiodarone / dronedarone / hydroxychloroquine.</li> <li>• Remaining SCPs to be worked up by the end of Q3 2023.</li> <li>• Met with ICB MO therapeutic leads last week to summarise the plan – they will be in touch with stakeholder groups imminently for priority SCPs.</li> </ul>	
<p><b>6.3 Formulary alignment T&amp;F group (AH)</b> Formulary clinical chapter review update;</p> <ul style="list-style-type: none"> <li>• Core working group meeting every other week.</li> <li>• Guidance drafted and has been piloted – final edits being made following feedback.</li> <li>• Can obtain near enough full export from formulary platform provider for each chapter – forms a helpful foundation for working groups to start from.</li> <li>• Paperwork to aid APC consideration and approval process drafted and piloted.</li> <li>• Launch with ICB MO therapeutic leads will be put in the diary for a few weeks' time and then they will reach out to stakeholders to begin the review process.</li> <li>• ICB MO Therapeutic leads have been asked to identify priority areas for review, which can be expedited.</li> </ul> <p>13.53 Karuna Askoolum joined the meeting</p>	
<p><b>7. Any other business</b></p>	Action for
<p><b>7.1 Alignment of (four) insulin products in response to the national GPL1 receptor agonist shortage summary report (KA)</b> The committee was asked to approve the recommendation of aligning four insulin products (Humulin I KwikPen®, Humulin M3 KwikPen®, Toujeo 300 units/mL SoloStar® and Abasaglar KwikPen®) across Sussex to a GREEN formulary status in response to the national recommendations associated with the GLP-1 receptor agonist shortage. This will ensure all primary care clinicians (where trained and competent to do so) across Sussex can prescribe these when clinically appropriate for those patients having difficulty accessing GLP-1 TAs during the period of the national shortage. 13.55 Tejinder Bahra left the meeting The committee were requested to approve updating of the Sussex Partner Formulary ahead of formal ratification of the minutes as implementation of this change is required by the end of July 2023.  Decision: Approved Humulin I KwikPen®, Humulin M3 KwikPen®, Toujeo 300 units/mL SoloStar® and Abasaglar KwikPen® with a GREEN formulary coding, with the formulary annotated with 'Primary care clinicians (where trained and competent to do so) across Sussex can prescribe these when clinically appropriate for those patients having difficulty accessing GLP-1'.</p> <div data-bbox="97 1585 1369 1727" style="border: 1px solid blue; border-radius: 15px; padding: 10px;"> <p><b>ACTION 07/23 – 11</b> To add Humulin I KwikPen®, Humulin M3 KwikPen®, Toujeo 300 units/mL SoloStar® and Abasaglar KwikPen® to the formulary with a <b>GREEN</b> formulary coding</p> </div>	MD
<p><b>Date of next meeting</b></p>	
<p><b>Date:</b> September 26th 2023 <b>Time:</b> 12:00 to 14:00 <b>Venue:</b> Online MS Teams <b>Chair:</b> Michael Okorie</p>	
<p><b>Meeting close.</b></p>	