

Minutes of the Sussex Health & Care Partnership Area Prescribing Committee

Date:	Tuesday 24th September 2024
Time:	12:00 – 14:00
Venue:	Online MS Teams
Chair:	Michael Okorie

Attendees:	
Iben Altman (IA)	Chief Pharmacist, Sussex Community NHS Foundation Trust
Tejinder Bahra (TB)	Surrey Heartlands Integrated Care System, Medicines Resource Unit (MRU) Lead Pharmacist (Operational) (12:29 left the meeting)
Raquel Barsoum (RB)	APC secretariat and link pharmacist, Senior Medicines Optimisation Pharmacist, NHS Sussex ICB, Brighton and Hove
Judy Busby (JBU)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust
Eileen Callaghan (EC)	Sussex Director of Medicines Management and Optimisation, NHS Sussex ICB
Russell Brown (RBr)	Medical Director, Local Medical Committee (LMC) representative (deputising for Chrissie Clayton)
Emilia Danielewicz (ED)	APC secretariat, Medicines Optimisation Pharmacy Technician, NHS Sussex ICB, Brighton and Hove
Matthew Dell (MDe)	APC secretariat, Senior Medicines Optimisation Pharmacy Technician, NHS Sussex ICB, West Sussex
Mark Donaghy (MD)	Local Pharmaceutical Committee (LPC) representative
Stewart Gaspole (SG)	APC secretariat, Lead Medicines Optimisation Pharmacist, NHS Sussex ICB, Brighton & Hove
Amy Herbert (AH)	Head of Medicines Governance and Value, NHS Sussex ICB (deputising for Gill Eills)
Shirman Lam (SL)	APC secretariat and link pharmacist, Senior Medicines Optimisation Pharmacist, NHS Sussex ICB, East Sussex
Samantha Lippett (SLi)	Assistant Director of Pharmacy, University Hospitals Sussex NHS Foundation Trust
Stephen Lytton (SLy)	Prescribing Lead / GP, West Sussex (Interim) (left the meeting 13.00)
Irma Murjikneli (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 (MM)	Highly Specialised Pharmacist (Care of the Elderly), University Hospitals Sussex NHS Foundation Trust
Chirag Patel (CP)	Associate Director of Medicines Optimisation, Brighton & Hove, NHS Sussex ICB
Pramit Patel (PP)	Deputy Head of Medicines Governance & Value
Stephen Pike (SP)	Clinical Programme Lead Medicines Management, Deputy Medical Director NHS Sussex, Clinical Director NHS Sussex ICB – East Sussex
Jo Piper (JP)	APC secretariat, Lead Medicines Optimisation Pharmacy Technician, NHS Sussex ICB
Dave Russell (DR)	APC secretariat and link pharmacist, Senior Medicines Optimisation Pharmacist, NHS Sussex ICB, West Sussex
Jane Starr (JS)	Pharmacist, East Sussex Healthcare NHS Trust (deputising for Simon Badcott) (13:10 left the meeting)
Jade Tomes (JT)	Lead Strategic Pharmacy Technician – Medicines Governance and Value, NHS Sussex ICB
Harriet Vogt (HV)	Community Ambassador NHS Sussex ICB
Guests/Presenters:	
David Lipscombe (DL)	Consultant in Diabetes, DCFY, Sussex Community Foundation Trust (SCFT), Clinical; Director Diabetes NHS Sussex (12:08 left the meeting)
Ali Chakera (AC)	Consultant in diabetes and endocrinology, University Hospitals Sussex NHS Foundation Trust (13:41 left the meeting)

Dan Jenkinson (DJ)	GP Lead, Specialist interest in Type 2 diabetes prevention and management (13:04 left the meeting)
Karuna Askoolum (KA)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB
Carole Davidson (CD)	Advanced Paediatric Dietitian, Royal Alexandra Children's Hospital University Hospital Sussex, Brighton (12:34 left the meeting)
Gail Bright (GB)	Paediatric Prescribing Support Dietitian (East Sussex), NHS Sussex and East Sussex Healthcare NHS Trust (12:34 left the meeting)
Sephanie Butler (SB)	Lead Specialist Pharmacist Rheumatology, University Hospitals Sussex NHS Foundation Trust (12:56 left the meeting)
Rachel Flynn (RF)	Highly Specialised Pharmacist (renal) University Hospitals Sussex NHS Foundation Trust (East) (13:20 left the meeting)
Alison Warren (AW)	Lead Specialist Pharmacist, University Hospitals Sussex NHS Foundation Trust/ NHS Sussex ICB (13:20 left the meeting)
Joseph Cairns (JC)	Consultant in Renal Medicine, University Hospitals Sussex NHS Foundation Trust
Vikesh Gudka (VG)	Clinical Commissioning Pharmacist, Deputy SRO Sussex Covid Medicines Delivery Unit, University Hospitals Sussex NHS Foundation Trust (13:33 left the meeting)
Deborah Williams (DW)	Consultant in Sexual Health, University Hospitals Sussex NHS Foundation Trust
Rachel Bell	Medicines Optimisation Pharmacy Technician, NHS Sussex ICB, East Sussex (observing)
Elizabeth Smith	Medicines Optimisation Pharmacy Technician, NHS Sussex ICB, West Sussex (observing)
Samuel Mynett	Pharmacy Technician, Foundry Healthcare PCN (observing)
Abeer Aamir	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (observing)
Mohamed Ahmed	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (observing)
Faqiha Asad	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (observing)
Jessica Harley	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (observing)
Simna Sabu	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)
Eliza Walton	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)
Thomas Schrikker	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)

Minutes taken by:	
Aggie Morozinska (AM) - APC secretariat, Senior Medicines Optimisation Pharmacy Technician, NHS Sussex ICB, Brighton and Hove	
1. Welcome and apologies	Action for
1.1 Welcome, apologies, and meeting etiquette The Chair welcomed the committee to the September Sussex Health and Care Partnership APC meeting. Apologies received: Simon Badcott, Gill Ells, Jonathon Palmer. Neveen Sorial	
1.2 Conflicts of Interest Submitted electronically. No conflicts were declared, and no action was taken. The Chair declared that himself and Dr David Lipscombe (DL) one of the presenters are professional colleagues at Brighton and Sussex Medical School. The Chair elected not to take part in decision making for Dexcom ONE+.	
2. Minutes and action log	Action for
2.1 Minutes of last meeting The minutes of the previous SHCP APC meeting held in July 2024 were previously agreed and ratified virtually. The minutes are available to view on the NHS Sussex website here .	
2.2 Action log	

The committee was informed that all relevant actions had been completed and that a record of this is available on FuturesNHS.																	
3. Meeting administration business																	
3.1 Nothing noted.																	
4. Items for approval	Action for																
<p>4.1 Dexcom One + new medicines application (DL)</p> <p>The committee were asked to approve the addition of Dexcom ONE+ to the Sussex Partner Formulary with a purple (specialist initiation) formulary coding for patients living with Type 1 diabetes.</p> <p>The committee heard that Dexcom ONE+ is a replacement product for the Dexcom ONE which is being phased out and will cease to be available in May 2025 and is more cost effective. Patients will be offered to change from Dexcom ONE to Dexcom ONE+ at their next routine appointment.</p> <p>The committee expressed concerns regarding stock issues and wanted to gain assurance from the manufacturer about continuity of supply.</p> <p>Decision making framework:</p> <table border="1" data-bbox="108 862 1217 1303"> <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>Met.</td> </tr> <tr> <td>D. Place in treatment pathway</td> <td>Met.</td> </tr> <tr> <td>E. Patient orientated outcomes</td> <td>Met.</td> </tr> <tr> <td>F. Equity</td> <td>Met.</td> </tr> <tr> <td>G. Environment</td> <td>Met.</td> </tr> </tbody> </table> <p>Voting members arrived at an outcome using the decision-making framework.</p> <p>Post meeting note: Clarification on number of sensors to be supplied on initiation was sought and received from the authors.</p> <p>Decision: Approved to be added to the Sussex Partnership Formulary with a PURPLE (specialist initiation with supply of two sensors) formulary coding for patients living with Type 1 diabetes. DL to write to manufacturer to ensure supply chain is maintained.</p>	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	Met.	D. Place in treatment pathway	Met.	E. Patient orientated outcomes	Met.	F. Equity	Met.	G. Environment	Met.	
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	Met.																
D. Place in treatment pathway	Met.																
E. Patient orientated outcomes	Met.																
F. Equity	Met.																
G. Environment	Met.																
<p>ACTION 09/24 – 01</p> <p>What: To add Dexcom ONE+ to the Sussex Partner Formulary with a PURPLE (specialist initiation with supply of wo sensors) formulary coding for patients living with Type 1 diabetes. To add a message to the Dexcom ONE formulary listing for new initiations to prescribe Dexcom ONE + due to being phased out and will cease to be available in May 2025 and patients currently prescribed Dexcom ONE to be offered to change to Dexcom ONE+ at their next routine appointment.</p> <p>Who: Matt Dell When: 05.11.2024</p>	MD																
<p>ACTION 09/24 – 02</p> <p>What: To link in with the OptimiseRx team for the addition of Dexcom ONE+ for patients living with Type 1 diabetes to the PURPLE (specialist initiation with supply of two sensors) OptimiseRx</p>	MD																

list. To add a message to the Dexcom ONE message for new initiations to prescribe Dexcom ONE + due to being phased out and will cease to be available in May 2025.

Who: Matt Dell **When:** 05.11.2024

ACTION 09/24 – 03

What: To write to manufacturer to ensure supply chain is maintained.

Who: David Lipscombe **When:** 05.11.2024

DL

4.2 Nutriprem human milk fortifier new medicine application (CD)

The committee were asked to approve Nutriprem Human Milk Fortifier to the Sussex Partner Formulary with a purple formulary coding with two week's supply to be used for premature infants who are breast fed but require additional nutrients for weight gain and growth.

The committee learned that breast milk fortifier (BMF) is used routinely on neonatal units and Nutriprem BMF has recently become available for prescription in the community following Advisory Committee on Borderline Substances (ACBS) approval. While breastfeeding is the goal for the preterm infant on discharge, they may not have fully developed their oral motor skills adequately to allow them to up-regulate the volume of breast milk required to support optimal growth. The addition of BMF would allow nutrient supplementation to be given to support growth, whilst preserving breastfeeding.

The committee expressed the need to apply a maximum allowance for GPs to prescribe, to review those prescription regularly and questioned the amount of BMF required. The committee heard that the amount/volume of BMF required depends on the baby's needs. The prescriptions shouldn't be prescribed after six months corrected age as per guidance. The presenter agreed that prescriptions for BMF should be monitored and stopped for babies over 10 months old. The committee questioned the dietitians review process and wanted to know how often the babies would be reviewed by the neonatal dietitians and learned that first follow up would be two weeks from hospital discharge. The community outreach nurses team will see these babies twice a week initially, and then once a week, and then once a month unless there would be a need for them to be seen in clinic before that. The babies would also have a dietitian review in the neonatal clinic six weeks post discharge in the Brighton and Hove, Worthing and Chichester areas where all babies are followed up and have access to a drop-in clinic.

The committee raised concerns regarding the variation in care in treatment pathway, equity and patient's care for preterm babies' reviews within the East Sussex area due to their pathway currently in place where babies are followed up by the specialist neonatal nurses who then refer to a dietician if there's a problem. The committee discussed the patients access to this preparation but felt this variation in the pathway wouldn't impact the access to this product.

Decision making framework:

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	Met.
D. Place in treatment pathway	Not met. The committee decided this was not a barrier to approval.
E. Patient orientated outcomes	Met.
F. Equity	Not met. The committee decided this was not a barrier to approval.
G. Environment	Met.

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

<p>Decision: Approved to add to Sussex Partnership Formulary with a PURPLE formulary coding (specialist initiation with two week's supply), to be used for premature infants who are breast fed but require additional nutrients for weight gain and growth, with a message of maximum total treatment time of 10 months. The committee supports the work being done on an equitable treatment pathway for East Sussex Patients.</p>																	
<p>ACTION 09/24 – 04 What: To add Nutriprem Human Milk Fortifier to the Sussex Partner Formulary with a PURPLE (specialist initiation with two week's supply) formulary coding to be used for premature infants who are breast fed but require additional nutrients for weight gain and growth, with a message of maximum total treatment time of 10 months. Who: Matt Dell When: 05.11.2024</p>	MD																
<p>ACTION 09/24 – 05 What: To link in with the OptimiseRx team for the addition of Human Milk Fortifier for premature infants who are breast fed but require additional nutrients for weight gain and growth, with a message of maximum total treatment time of 10 months to the PURPLE (specialist initiation with two week's supply) OptimiseRx list. Who: Matt Dell When: 05.11.2024</p>	MD																
<p>4.3 Nifedipine immediate release (IR) colour status change application (SB) The committee were asked to approve a change in formulary coding for nifedipine 5mg and 10mg IR capsules on the Sussex Partner Formulary from red to green status when used for the treatment of Raynaud's phenomenon. The committee heard that nifedipine IR 5mg and 10mg capsules are the only licensed products available for the treatment of Raynaud's phenomenon. It is currently not available for prescribing in primary care as it is classified as specialist only medication. Local clinical experience has shown that some patients (very small cohort) respond to/tolerate immediate release formulations better than modified release (MR) formulations. The committee acknowledged that nifedipine immediate release is licenced and the modified release in Raynaud's disease is an off-label use of a licenced drug. The committee discussed concerns around costs (about ten times more expensive than MR) and safety (risk of cardiovascular events) when prescribing nifedipine immediate release formulation. The committee concluded that it will only be a small group of patients who will be under rheumatologist care and agreed to a purple formulary status (specialist recommendation without supply) rather than green (non-specialist drug).</p> <p>Decision making framework:</p> <table border="1" data-bbox="108 1444 1216 1886"> <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>Met.</td> </tr> <tr> <td>D. Place in treatment pathway</td> <td>Met.</td> </tr> <tr> <td>E. Patient orientated outcomes</td> <td>Met.</td> </tr> <tr> <td>F. Equity</td> <td>Met.</td> </tr> <tr> <td>G. Environment</td> <td>Met.</td> </tr> </tbody> </table> <p>Voting members arrived at an outcome using the decision-making framework.</p> <p>Decision: Approved as PURPLE (recommendation without supply) for Raynaud's syndrome with an information box stating second line to MR if MR is clinically inappropriate or not tolerated.</p>		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	Met.	D. Place in treatment pathway	Met.	E. Patient orientated outcomes	Met.	F. Equity	Met.	G. Environment	Met.
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	Met.																
D. Place in treatment pathway	Met.																
E. Patient orientated outcomes	Met.																
F. Equity	Met.																
G. Environment	Met.																

<p>ACTION 09/24 – 06 What: To change nifedipine immediate release (IR) formulary colour coding from RED to PURPLE (recommendation without supply) for Raynaud’s syndrome with an information box stating second line to MR if MR is clinically inappropriate or not tolerated. Who: Matt Dell When: 05.11.2024</p>	MD
<p>ACTION 09/24 – 07 What: To link in with the OptimiseRx team for the addition of nifedipine immediate release (IR) for Raynaud’s syndrome to the PURPLE (recommendation without supply) OptimiseRx list. Who: Matt Dell When: 05.11.2024</p>	MD
<p>4.4 Type 2 Diabetes Treatment Algorithm (updated) (DJ) The committee were asked to approve the updated guidelines on Sussex ICB intranet that reflect latest recommendations and medication choices for treating type 2 diabetes and reducing impact of complications. The committee heard that the type 2 diabetes treatment algorithm on the Sussex Health and Care Partnership intranet was updated as some new uses for medication have been proposed since the guideline was published, and a new medication tirzepatide has been introduced, along with oral semaglutide which was approved by the May 2023 Sussex APC. There have been changes to the pricing of some drugs and changes to the provider Pathway to Remission of type 2 diabetes. The only new drugs added to the guideline are tirzepatide and oral semaglutide (Rybelsus) and these were already approved and available on the formulary. The rest of the medication changes were due to updates to their licenses / NICE recommendations updated, where relevant. The committee raised no concerns and approved the updated guideline. Decision: Approved</p>	
<p>ACTION 09/24 – 08 What: To replace the existing ‘Type 2 Diabetes Treatment Algorithm’ on the intranet with the new updated pathway. Who: Aggie Morozinska When: 05.11.2024</p>	AM
<p>ACTION 09/24 – 09 What: To link the ‘Type 2 Diabetes Treatment Algorithm’ to the Sussex Partner Formulary. Who: Matt Dell When: 05.11.2024</p>	MD
<p>4.5 a, b, c Chronic Kidney Disease (CKD) guideline, CKD Frequently Asked Questions document and Finerenone colour status change application (RF) The committee was asked to: a. Approve this CKD pathway update which will replace existing pathway on the SHCP formulary. b. Approve the frequently asked questions (FAQ) document on CKD on the SHCP formulary. c. Approve the colour change of finerenone from purple to green in line with the colour change application The committee heard that the existing pathway was reviewed in line with the updated NICE guidance and updated to reflect current NICE recommendations, including a reclassification of finerenone from purple to green to mirror the classification of empagliflozin and dapagliflozin. A frequently asked questions document (FAQ) was produced to support general practice. This addresses common questions that are asked of the specialist renal and diabetes teams in Sussex in managing patients with CKD. The committee learned that since the previous CKD guideline was published there have been two further NICE approvals for medicines within this pathway empagliflozin for treating chronic kidney disease (currently GREEN) and finerenone for treating chronic kidney disease in type 2 diabetes (currently PURPLE).</p>	

The committee acknowledged that finerenone is a new drug and GPs might not be confident with its prescribing but didn't raise any concerns with changing its formulary colour status. The committee questioned any training or education sessions provided to colleagues in primary care around finerenone prescribing. The committee learned that apart from the FAQ the renal consultants delivered a CKD presentation in Sussex GP meeting. The session was recorded and will be available on the NHS Sussex website. The renal team have advice and guidance in place, and assured they will be happy to provide any more training or support to individuals, if needed.

Committee raised no further concerns.

Decision a: Chronic Kidney Disease (CKD) guideline - Approved

Decision b: CKD Frequently Asked Questions document - Approved

Decision making framework c: Finerenone colour status change application

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	Met.
D. Place in treatment pathway	Met.
E. Patient orientated outcomes	Met.
F. Equity	Met.
G. Environment	Met.

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

Decision: - Approved in line with recommendation (change from PURPLE to GREEN). A link to be added from the formulary entry to the CKD section of the website.

ACTION 09/24 – 10

What: To replace the existing 'Chronic kidney disease (CKD) guideline' on the intranet with the new updated pathway.

Who: Aggie Morozinska **When:** 05.11.2024

AM

ACTION 09/24 – 11

What: To link the 'Chronic kidney disease (CKD) guideline' to the Sussex Partner Formulary.

Who: Matt Dell **When:** 05.11.2024

MD

ACTION 09/24 – 12

What: To upload the 'CKD Frequently Asked Questions document' on intranet.

Who: Aggie Morozinska **When:** 05.11.2024

AM

ACTION 09/24 – 13

What: To link the 'CKD Frequently Asked Questions document' to the Sussex Partner Formulary.

Who: Matt Dell **When:** 05.11.2024

MD

ACTION 09/24 – 14

What: To change finerenone formulary colour coding from PURPLE to GREEN

Who: Matt Dell **When:** 05.11.2024

MD

ACTION 09/24 – 15

What: To link in with the OptimiseRx team to remove finerenone from the PURPLE OptimiseRx list.

Who: Matt Dell **When:** 05.11.2024

MD

4.6 Ivermectin new medicine application (VG)

The committee was asked to approve the addition of ivermectin 3mg tablets to the Sussex Formulary as GREEN for scabies. To be used 3rd line (if topical treatments have failed or unavailable).

The committee heard that due to increasing prevalence of scabies and resistance to 1st and 2nd line therapies, there is an increasing demand to treat scabies with ivermectin as per recent British Association of Dermatology (BAD) guidance. There were supply issues for several topical treatments and this proposal is for ivermectin to be used as a 3rd line treatment, if topical treatments have failed or are unavailable. The committee noted that the current treatment pathway requires GPs to refer patients (including whole families in some cases) to secondary care mainly via Dermatology and Sexual Health departments for a prescription of ivermectin. This is causing extra activity within secondary care departments, resulting in delays in scabies patients being assessed and acquiring appropriate treatment. The committee was made aware that now there is a licensed formulation of ivermectin 3mg tablets which is available via normal community pharmacy supply chain. Availability of this treatment for GP prescribing will enable timely treatment of appropriate cases within the community ensuring that patient outcomes and experience is improved, reducing spread and subsequent outbreaks. The committee had no concerns and approved the application.

Decision making framework:

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	Met.
D. Place in treatment pathway	Met.
E. Patient orientated outcomes	Met.
F. Equity	Met.
G. Environment	Met.

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

Decision: Approved in line with the application recommendation (GREEN for scabies) with an information box stating 3rd line if topical treatments have failed or are unavailable.

ACTION 09/24 – 16

What: To add ivermectin 3mg tablets to the Sussex Partner Formulary with a **GREEN** formulary coding for scabies with an information box stating 3rd line if topical treatments have failed or are unavailable.

Who: Matt Dell **When:** 05.11.2024

MD

ACTION 09/24 – 17

What: To link in with the OptimiseRx team to add the message to ivermectin 3mg tablets for scabies with an information box stating 3rd line if topical treatments have failed or are unavailable.

Who: Matt Dell **When:** 05.11.2024

MD

4.7 FreeStyle Libre 2 Plus Continuous Glucose Sensor new medicine application (AC)

The committee was asked to approve the addition of Freestyle Libre 2 Plus (aka Libre 2 Plus) to the Sussex Partner Formulary with a PURPLE (specialist recommendation, with no initial supply) colour coding for patients living with Type 1 diabetes as part of their hybrid closed loop (HCL) pump system.

The committee heard that the Libre 2 Plus sensor represents an alternative sensor device approved for HCL pump systems. The Libre 2 Plus sensor is more cost-effective with comparable clinical effectiveness to alternative procured sensors (Dexcom G6). The Libre 2 Plus is a sensor that most people living with Type 1 diabetes are already familiar with. Approval for inclusion on the Sussex Partner Formulary gives those patients using the Omnipod 5 HCL pump system a choice of sensor which best suits their needs.

The committee identified environmental considerations around stock supply and availability. The committee pointed out that Freestyle Libre 2 Plus is not stocked in any current wholesaler and supplies are restricted and need to be obtained directly via manufacturer which adds to the number of daily deliveries to the pharmacies and increases carbon footprint. The committee proposed a letter to Professor Partha Kar National Specialty Advisor, Diabetes with NHS England to review Freestyle Libre supply routes and patient access.

The committee had no further concerns.

Decision making framework:

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	Met.
D. Place in treatment pathway	Met.
E. Patient orientated outcomes	Met.
F. Equity	Met.
G. Environment	Not met. The committee decided this was not a barrier to approval.

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

Decision: Approved in line with the recommendation (PURPLE recommendation without supply). Chair to write to Partha Kar regarding environmental impact of supply chain restrictions and patient impact of supply quotas and shortages.

ACTION 09/24 – 18

What: To add Freestyle Libre 2 Plus to the Sussex Partner Formulary with a **PURPLE** (recommendation without supply) formulary coding for patients living with Type 1 diabetes

POST MEETING NOTE 11/10/2024

To update the above action to state – ‘for patients living with Type 1 diabetes **as part of their hybrid closed loop pump system**’.

Who: Matt Dell **When:** 05.11.2024

MD

ACTION 09/24 – 19

What: To link in with the OptimiseRx team for the addition of Freestyle Libre 2 Plus for patients living with Type 1 diabetes to the **PURPLE** (recommendation without supply) OptimiseRx list.

POST MEETING NOTE 11/10/2024

To update the above action to state – ‘for patients living with Type 1 diabetes **as part of their hybrid closed loop pump system**’.

Who: Matt Dell **When:** 05.11.2024

MD

ACTION 09/24 – 20

What: The Chair to write to Partha Kar regarding environmental impact of supply chain restrictions and patient impact of supply quotas and shortages.

MO

Who: Micheal Okorie When: 05.11.2024	
5. Virtually approved items	
5.1 Valproate Shared Care Protocol (updated) Virtually approved on the 09/09/2024 for noting	
5.2 Mycophenolate and Mycophenolic acid Shared Care Protocol and Mycophenolic acid formulary colour change application Virtually approved 20/09/2024 for noting	
5.3 Riluzole Shared Care Protocol and Emylif® formulary extension Virtually approved 20/09/2024 for noting	
5.4 Sativex Shared Care Protocol Virtually approved 20/09/2024 for noting	
5.5 Vitamin D management guidelines and colecalciferol formulary extension Virtually approved 20/09/2024 for noting	
6. Standing Items	
<p>6.1 NICE Technology Appraisals / Highly Specialised Technologies / NICE guidance (ED) NICE Technology Appraisals</p> <p>Since the last SHCP APC meeting in July 2024 the Sussex APC Secretariat group have dealt with a total of 15 published NICE Technology Appraisals and noted 2 terminations. There are ongoing discussions with the providers regarding most appropriate colour coding for Linzagolix (NICE TA996) which will be agreed and implemented by day 90. 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.</p> <p>NICE GUIDANCE</p> <p>The Secretariat have dealt with a total of 2 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 2 Blueteq form drafted since the last APC which are available to view on Futures NHS under 'Blueteq Forms'.</p> <p>No variation was reported between the local place bases, with positions noted. The Sussex Partner Formulary and OptimiseRx have been updated to reflect the approved formulary codings.</p>	
<p>6.2 Horizon Scanning (Chair)</p> <p>No updates</p>	
<p>6.3 Patient Safety & medicines safety alerts (Chair)</p> <p>The Chair noted and asked Committee members to share within their organisation a recent Drug Safety Update</p> <p>SL flagged the sodium valproate prescribing update from 5th September 2024 around additional requirements for men and highlighted that the Medicine Safety group are preparing FAQs for prescribers and gathering data around patient numbers.</p>	
<p>6.4 Discontinuations (Chair)</p> <p>Discontinuations were noted:</p> <p>Hyrimoz (adalimumab) 40mg/0.8ml and 40mg/0.4ml solution for injection pre-filled pens AND Hyrimoz (adalimumab) 40mg/0.8ml solution for injection pre-filled syringes (21/05/24)</p> <p>Interferon beta-1b 300microgram powder and solvent for solution for injection vials (24/05/2024)</p> <p>Somatropin (NutropinAq) 10mg/2ml solution for injection cartridges and Somatropin (Humatrope) 6mg, 12mg and 24mg powder and solvent for solution for injection cartridges (06/04/2024)</p> <p>Tacalcitol topical preparations (01/07/2024)</p>	

Nortriptyline oral solution sugar-free (28/05/2024) Menopur (menotropin)150IU solution for injection vials (10/07/2024)	
7. RMOB	Action for
7.1 Latest RMOB update (SP) No updates.	
8. Sub-group	
9.1 Shared Care Protocol (SCP) and formulary chapter reviews update (AH) The committee heard that the working group is progressing well. There are two more SCPs coming in November 2024 which will finalise the adoption of national shared care protocols in Sussex. The group attended meetings with the neighbouring ICBs (Hampshire and Isle of Wright) to make sure there were no issues or concerns. AH provided update regarding the formulary chapter review. The first papers to come to the next APC meeting will be Central Nervous System (CNS) chapter. There were no concerns raised regarding progress. The committee was informed that due to increased workload across the system the process might need changing to utilise capacity and free up colleague's time when necessary.	
9. Any other business	
F2F meeting date - TBC	
Date of next meeting	
Date: 26 th November 2024 Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie	
Meeting close.	