

Minutes of the Sussex Area Prescribing Committee

Date:	Tuesday 25th November 2025
Time:	12:00 – 14:20
Venue:	Online MS Teams
Chair:	Micheal Okorie

Attendees:

Amy Herbert (AH)	Head of Medicines Governance and Value, NHS Sussex ICB
Chirag Patel (CP)	Associate Director of Primary Care Medicines Optimisation, NHS Sussex ICB
Harriet Vogt (HV)	Patient Safety Partner & Strategic Community Ambassador NHS Sussex ICB
Iben Altman (IA)	Chief Pharmacist, Sussex Community NHS Foundation Trust (13:28 left the meeting)
Irma Murjikneli (IM)	Clinical Director, Prescribing Lead / GP representative
Janet Rittman (JR)	Sussex Public Health Representative – Brighton and Hove City Council
Jane Starr (JS)	Medication Safety Officer, East Sussex Healthcare NHS Trust (Deputising for Simon Badcott) (13:49 left the meeting)
Jonathan Palmer (JPa)	Deputy Chief Pharmacist, Sussex Partnership NHS Foundation Trust (deputising for Helena Bird) (13:28 left the meeting)
Kayley Taylor (KT)	Business Support Officer, NHS Sussex ICB
Marian Guerges (MG)	Senior Programme Manager - Medicine Optimisation, NHS Sussex ICB
Michael Okorie (MO)	Consultant Physician and Associate Medical Director for Medicines Safety & Prescribing University Hospitals Sussex NHS Foundation Trust
Neveen Sorial (NS)	Interim Chief Pharmacy Officer, NHS Sussex ICB
Russell Brown (RB)	Medical Director, Local Medical Committee (LMC) representative (deputising for Chrissie Clayton) (Joined the meeting 12.10, left at 12.30)
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)
Stephen Pike (SP)	Clinical Director Medicines Optimisation, NHS Sussex ICB (Chair, deputising for Michael Okorie)
Tak Ho Cheung (Andy) (TC)	Deputy Head of Medicines Governance & Value, NHS Sussex ICB

Guests/Presenters:

Bikram Raychaudhuri (BR)	GP, Clinical Director for Mental Health, Population Health Management (Prevention), NHS Sussex
Holly Yandall (HY)	Public Health Lead for Tobacco Control, West Sussex County Council
Laura Russell (LR)	Nurse Consultant Tissue Viability (Ambulatory Lead), Pioneer Wound Healing and Lymphoedema Centre
Nicola Blake (NB)	Health Improvement Principal (Health Behaviours and Health Checks), Public Health, East Sussex County Council
Pramit Patel (PP)	Head of Medicines Optimisation Service Development and Interfaces of Care, NHS Sussex ICB
Susan Martin (SM)	Tissue Viability Nurse (TVN) Specialist, Sussex Community NHS Foundation Trust
Teresa Rocha (TR)	Nurse Consultant Tissue Viability (Ambulatory Lead), Pioneer Wound Healing and Lymphoedema Centre

Minutes taken by:	
Marian Guerges, Senior Programme Manager - Medicine Optimisation, NHS Sussex ICB (Observer)	
1. Welcome and apologies	
1.1 Welcome, apologies, and meeting etiquette	
<p>The Chair welcomed the committee to the November Sussex Area Prescribing Committee (APC) meeting.</p> <ul style="list-style-type: none"> • Apologies received: Colin Brown (presenter), Judy Busby, Mark Donaghy, Simon Badcott (Jane Starr deputises for Simon), Tejinder Bahra 	
1.2 Conflicts of Interest	
<p>Submitted electronically. Members were reminded to update their annual declarations. No conflicts were declared, and no action was taken.</p> <p>JR declared that she is involved in stop smoking commissioning within her role in Brighton and Hove Public Health. SL also declared that he was involved in tobacco dependency work. JR and SL left the meeting when voting for the relevant items. The Chair acknowledged these declarations and confirmed that no action is required.</p>	
2. Minutes and action log	
2.1 Minutes of last meeting	
<p>The minutes of the previous Sussex APC meeting held in September 2025 were previously agreed and ratified virtually via FutureNHS platform. The minutes are available to view on the NHS Sussex website here.</p>	
2.2 Action log	
<p>The committee was informed that the five outstanding actions are in progress. A record of complete and outstanding actions is available on FutureNHS platform.</p>	
3. Meeting administration business	
3.1 APC Voting framework proposal (AH/Chair)	
<p>A new APC voting framework proposal was presented to the committee. The committee reviewed the existing terms of reference on quorum and membership and heard the following proposals:</p> <ul style="list-style-type: none"> • Each member organisation is entitled to one vote; any organisation with multiple representatives is required to agree a collective position prior to voting. • A meeting is quorate when 8 voting members are present, and this must include the Chair / Vice Chair, a medical doctor, a pharmacist, a representative from primary care, and a representative from secondary care. • A proposal passes if supported by 70% of voting members present and eligible to vote. The Chair does not normally vote but may cast a deciding vote in the event of a tie. • Abstentions do not count towards the numerator or denominator. <p>Further clarification was provided to the committee in related to the definition of 'medical doctor' and 'representatives from primary and secondary care', with feedback that the terms are intentionally broad to allow flexibility and pragmatism. The committee recognised the difficulties faced by representatives of the same organisation in making a collective position when internal discussion may not be possible during the meeting. The committee valued the contributions of the patient representatives and agreed to review the quorum requirements once the number of patient and community ambassadors has increased to ensure consistent attendance. The committee also confirmed that consensus remains the preferred approach, with the formal voting mechanism serving as an alternative option when consensus cannot be reached.</p> <p>Decision: Approved</p>	
ACTION 11/25 – 01	
What: Upload the APC Voting Framework presentation to the FutureNHS platform.	
Who: APC Secretariate	When: January 2026

ACTION 11/25 – 02**What:** Implement anonymous voting for APC decisions where consensus is not reached.**Who:** APC Secretariate**When:** January 2026**ACTION 11/25 – 03****What:** Update the APC Terms of Reference (ToR) to reflect the new voting arrangements, including anonymous voting, organisational voting structure, and quorum clarifications.**Who:** AH and TC**When:** January 2026**4. Item for approval Standing item****4.1 Copper Dressing – New Medicine Application (SM)**

The committee was asked to approve the copper dressing as a **PURPLE** drug on the Sussex Formulary. The committee heard that the use of copper dressing is supported by updated NICE guidance, and a local evaluation also showed positive outcomes in hard-to-heal wounds. The dressing is intended to be used as an alternative for patients who cannot tolerate silver, honey, or iodine products.

The committee inquired about the patient cohort and cost comparison with the existing products. The presenter explained that the number of eligible patients is expected to be small and that copper dressings are slightly less expensive than silver products. The presenter also noted that the use of copper dressings will be restricted and closely monitored through the Online Non Prescription Ordering Service (ONPOS) ordering system, with supplies issued only under TVN authorisation, in line with the **PURPLE** formulary coding.

Although some evidence supports the application and it appears cost-neutral, the position of the copper dressing within the treatment pathway is not clearly outlined in the written application which may result into uncontrolled expansion of use. The committee agreed that a clear treatment pathway with input from stakeholders across Sussex is required before the approval of this product. The presenter was also advised to liaise with Surrey colleagues to explore possible alignment of its use across both regions.

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):	Partially met Some evidence was present to support therapy.
B. Safety	Met
C. Cost-effectiveness	Met Described as cost neutral; prescribing levels would be monitored, and usage creep needs to be avoided.
D. Place in treatment pathway	Not met
E. Patient orientated outcomes	Met
F. Equity	Met NB. Advised Surrey alignment would be optimal.
G. Environment	Met

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

Decision: Not approved, based on the applied decision-making framework (D). Applicant is invited to resubmit with the required information placing treatment within a clear pathway, to be considered at the next APC meeting in January 2026 (or subsequent APC meeting).

4.2 Debrichem dressing - New Medicine Application (LR and TR)

The committee was asked to approve the Debrichem dressing as a **PURPLE** drug on the Sussex Formulary. The committee heard that Debrichem dressing is a single application of debriding agent for chronic wounds, primarily used in specialist wound healing centres, with evidence from a local non-comparative evaluation and references to additional randomised controlled trials (RCTs).

The committee raised concerns on the quality of the evidence provided in the application, noting that it was limited to one single-centre study with no other robust RCTs provided. The committee also noted a

commercial advertisement appears on the submitted study. The committee requested more comprehensive evidence, including clarification on safety, national usage and cost-effectiveness, before considering approval. The committee also questioned the rationale for coding the product as **PURPLE** rather than **RED**, given its single-use application in specialist settings and the requirement for appropriate oversight.

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):	Not met Evidence was limited, single-centre, and not sufficiently robust.
B. Safety	Not met No significant safety concerns were identified, but due to limited evidence and early-stage use of the product, the committee could not make an informed judgement. Additional data required.
C. Cost-effectiveness	Not met Cost-effectiveness could not be established. Product is new, relatively costly, and lacks comparative data. Committee requested information on national use and whether it is regarded as cost-effective elsewhere.
D. Place in treatment pathway	Met
E. Patient orientated outcomes	Not met Positive outcomes were described but based on limited evidence. The committee requires broader data to assess clinical benefit.
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, B, C and E. Applicant is invited to resubmit with the required information, to be considered at the next APC meeting in January 2026 (or subsequent APC meeting).

4.3 NHS Sussex wet age-related macular degeneration (wet-AMD) high-cost drugs (HCDs) pathway (PP)

The committee was asked to approve the locally developed Sussex wet-AMD HCDs pathway. The committee heard that NHS England published a national wet-AMD commissioning pathway in late summer, and that current use of high-cost anti-VEGF treatments varies significantly between Sussex provider trusts. To address this variation, a local task and finish group was established to align first-line treatment choices and to adapt the national guidance into a concise, clinically focused local pathway. The committee was informed that the local pathway aims to simplify the national guidance, which contains extensive non-clinical information, into a concise clinical pathway for specialist clinicians to follow easily. The proposed pathway focuses on patients meeting NICE TA criteria, while separate consideration is being given to patients who do not meet these criteria but may still benefit from early intervention. This will be addressed via a standalone policy and business case, to be reviewed by the Sussex Ophthalmology Steering Group before submission to the Sussex APC. The committee also noted that the local pathway recommends aflibercept as the first-line biosimilar choice, reflecting its clinical superiority and alignment to NHS England guidance, while the national pathway includes two biosimilar options.

The committee members supported this application and emphasised the significant potential cost savings associated with aligning first-line use to a biosimilar anti-VEGF, estimated at approximately £6 million, and welcomed the consistency this would bring across Sussex.

The committee was also noted that a small number of legacy patients may fall outside the pathway due to clinical consideration, and such cases will be managed individually rather than a standardised

approach. The committee agreed that the pathway represented an important step in establishing a consistent and sustainable approach to ophthalmology prescribing across Sussex.

Decision: Approved

ACTION 11/25 – 04

What: Upload the approved Sussex wet-AMD pathway to the Sussex Formulary (under 11.6.1 macular degeneration) and intranet

Who: APC Secretariate

When: January 2026

4.4 NHS Sussex Guidance – Management of Free of Charge (FOC) / Manufacturer Discounted Medicines Schemes (PP)

The committee was asked to approve the local guidance on management of FOC / manufacturer discounted medicines schemes. The committee heard that the local guidance streamlines the governance process by outlining responsibilities and approval pathways, ensuring that FOC schemes are only used to meet unmet clinical needs and are subject to approved by the provider based local medicines governance/optimisation group. Any approved or rejected schemes are expected to be submitted to the Sussex APC for noting, in line with national requirements.

The committee expressed support for the guidance, acknowledging its consistency with existing local processes. Patient representatives noted historical examples where FOC schemes had provided significant clinical benefits, particularly in oncology and cystic fibrosis.

Decision: Approved

ACTION 11/25 – 05

What: Upload the approved Sussex FOC guidance to Sussex Formulary under position statement

Who: APC Secretariat

When: January 2026

ACTION 11/25 – 06

What: Create the FOC application template as a standalone document and share it with providers

Who: PP/APC Secretariat

When: January 2026

4.5 Cytisinicline – New Medicines Application (BR, HY and NB)

The committee was asked to approve the addition of cytisinicline to the Sussex Formulary with a **RED** formulary coding. The committee heard that cytisinicline would provide an additional pharmacological option for patients who are unresponsive to, or unwilling to use, nicotine replacement therapies (NRT) or vaping products, particularly in light of the previous long-term shortage of varenicline. The proposal of **RED** formulary coding ensure that prescribing is restricted to the local authority commissioned stop smoking services, which provides essential wrap-around behavioural support.

The committee raised queries regarding the safety profile of cytisinicline. The presenter confirmed that robust clinical studies and local pilot data demonstrate no significant increase in adverse psychiatric events, including suicidal ideation, compared to placebo, and that perceived side effects are often attributable to nicotine withdrawal rather than the medication itself.

The committee also noted that stop smoking services are commissioned by local authority (LA) through different delivery models, including GP prescribing via Local Commissioning Services (LCS) funded by LAs. While the committee supports this application, clarification is sought on the funding route to ensure that prescribing costs are covered by local authority rather than primary care budgets prior to final approval.

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 – but further clarification is needed regarding funding route of supplying cytisinicline via LA-commissioned LCS
E. Patient orientated outcomes	Met

F. Equity	Met
G. Environment	Met

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

Decision: Provisionally approved, subject to receipt of written clarification regarding funding route of supplying cytisinicline via LA-commissioned LCS, to allow completion of the decision via virtual approval route.

ACTION 11/25 – 07

What: Applicant to submit a written clarification regarding the funding arrangement of supplying cytisinicline via Local authority-commissioned Locally Commissioned Service via virtual approval
Who: Applicant **When:** January 2026

ACTION 11/25 – 08

What: Once approved following receipt of requested information, to add cytisinicline on the Sussex Formulary with a **RED** formulary coding and an information box as stated on the application.
Who: APC Secretariat **When:** January 2026

ACTION 11/25 – 09

What: Once approved following receipt of requested information, to add an OptimiseRx message reflecting the **RED** formulary coding of cytisinicline.
Who: APC Secretariat **When:** January 2026

4.6 Bupropion and Varenicline – Medicine Colour Status Change Application (BR, HY and NB)

The committee was asked to approve the colour change application of bupropion and varenicline from **GREEN** to **RED** formulary coding. The committee heard that the purpose of this application is to ensure consistency across the smoking cessation pathway by aligning the existing pharmacological options with the new cytisinicline application.

The committee noted that this reclassification supports non-commissioned GPs to decline inappropriate request and refer patients to the appropriate stop smoking services, while GPs who are commissioned by LA to provide the service can continue to prescribe under the **RED** status as "specialists" within the specific pathway.

Decision: Approved

ACTION 11/25 – 10

What: To update the formulary coding of bupropion and varenicline for smoking cessation from **GREEN** to **RED** on the Sussex Formulary; To update the information box for bupropion and varenicline as per the recommendation in the summary report
Who: APC Secretariat **When:** January 2026

ACTION 11/25 – 11

What: OptimiseRx – to update the formulary coding of bupropion and varenicline for smoking cessation from **GREEN** to **RED**
Who: APC Secretariat **When:** January 2026

4.7 Nicotine 15mg Inhaler – Formulary extension application

The committee was asked to approve the formulary extension of nicotine 15mg inhaler due to the discontinuation of the 10mg strength. The committee noted that this forms part of a formulation review of NRT products, aiming to remove the discontinued NRT products and replace them with the alternative products that are available on the market. The discontinued products included nicotine 10mg inhaler, nicotine 5mg/16 hours transdermal patches and nicotine 1.5mg lozenges sugar free.

Decision: Approved

ACTION 11/25 – 12

What: To replace the nicotine 10mg inhaler with 15mg inhaler on the formulary
Who: APC Secretariat **When:** January 2026

ACTION 11/25 – 13

What: To remove nicotine 5mg/16 hours transdermal patches and nicotine 1.5mg lozenges sugar free

from the formulary Who: APC Secretariat When: January 2026
ACTION 11/25 – 14 What: To update the information box for nicotine as per the recommendation in the summary report Who: APC Secretariat When: January 2026
5. Virtually approved items
The committee noted the following applications have been submitted via virtual approval since the previous meeting: 5.1 Afibercept biosimilar (Afqlir®) formulary extension with a RED formulary coding – virtually approved on 13/11/2025 for noting 5.2 Betula verrucosa medicine colour status change application – virtual approval process in progress 5.3 Lipid lowering therapy secondary prevention pathway – virtual approval process in progress 5.4 Sussex wide COPD guidelines – virtually approved on 19/11/2025 for noting 5.5 Retrospective approval of wound care product – virtual approval process in progress
6. Standing Items
6.1 National Institute for Health and Care Excellence (NICE) Technology Appraisals / Highly Specialised Technologies (MO) Since September APC meeting, the Sussex APC Secretariat group have dealt with a total of 15 published NICE Technology Appraisals, noted 4 terminations and 0 Highly Specialised Technologies Guidance. 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. <ol style="list-style-type: none"> TA1087 – Betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen. Virtually approved to maintain with a RED formulary coding on 13/10/2025 for noting. TA1098 – Isatuximab in combination for untreated multiple myeloma when a stem cell transplant is unsuitable. Virtually approved with a RED formulary coding on 11/11/2025 for noting. TA1097 – Enfortumab vedotin with pembrolizumab for untreated unresectable or metastatic urothelial cancer when platinum-based chemotherapy is suitable. Virtually approved with a RED formulary coding on 11/11/2025 for noting. TA1096 – Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis. Virtually approved with a RED formulary coding on 11/11/2025 for noting. TA1026 – Tirzepatide for managing overweight and obesity. Virtually approved on 11/11/2025 for noting. TA924 – Tirzepatide for treating type 2 diabetes. Virtually approved on 11/11/2025 for noting. TA1102 – Iptacopan for treating complement 3 glomerulopathy (terminated appraisal). For noting. TA1104 – Sarilumab for treating polyarticular or oligoarticular juvenile idiopathic arthritis in people 2 to 17 years (terminated appraisal). For noting. TA 1105 – Clascoterone for treating acne vulgaris in people 12 years and over (terminated appraisal). For noting. TA1103 – Lorlatinib for ALK-positive advanced non-small-cell lung cancer that has not been treated with an ALK inhibitor. For noting. TA1074 – Sparsentan for treating primary IgA nephropathy. For noting. TA937 – Targeted-release budesonide for treating primary IgA nephropathy. For noting. TA1101 – Garadacimab for preventing recurrent attacks of hereditary angioedema in people 12 years and over. Virtually approved with a RED formulary coding on 11/11/2025 for noting. TA1099 – Durvalumab for treating limited-stage small-cell lung cancer after platinum-based chemoradiotherapy. Virtually approved with a RED formulary coding on 11/11/2025 for noting. TA1100 – Mirabegron for treating neurogenic detrusor overactivity in people 3 to 17 years (terminated appraisal). For noting.
6.2 Horizon Scanning (MO) No updates.
6.3 Patient Safety & Medicines Safety Alerts The committee noted that there is a recently published national patient alert related to the harm from incorrect recording of penicillin allergy as penicillamine allergy.
6.4 Discontinuations The committee noted the list of product discontinuations circulated with the papers. No formulary changes requiring APC discussion were identified.
7. South East Regional Medicines Optimisation Group SERMOG)
An update on SERMOG was provided to the committee, confirming that several workstreams continue to progress, including the inflammatory bowel disease (IBD) pathway. The committee noted that ongoing

uncertainty within the ICBs across South East region may result in a pause or revision of certain SERMOG activities.

The committee acknowledged that both Sussex and Surrey participate in SERMOG as non-voting members, and therefore must adapt its recommendations using local data to inform implementation. It was further noted that SERMOG is expected to continue in its current format for the time being. However, a review of its future feasibility is anticipated in the new financial year, particularly in light of expected changes to Commissioning Support Unit (CSU) commissioning arrangements.

8. Subgroup reports

8.1 Formulary and pathways (governance) update

The committee was presented with the medicines governance update on formulary and pathways. The committee heard that the Sussex Formulary chapter review has paused but the APC secretariat continues to welcome and support any applications. The presentation also outlined the progress and challenges related to formulary alignment and APC scoping across Sussex and Surrey, and partner colleagues are encouraged to participate into the alignment process.

The Committee also received an update on the previously approved Nausea and Vomiting of Pregnancy (NVP) and Hyperemesis Gravidarum (HG) pathway. Early outcomes indicate a positive impact, with a significant reduction in both length of stay and patient interactions within secondary care. Additional updates were provided on other pathways in development, including endometriosis, attention-deficit hyperactivity disorder (ADHD), and smoking cessation.

9. Any other business

The Committee observed that presenters for forthcoming agenda items had been admitted to the virtual meeting room while the committee was still undertaking confidential discussion on the preceding application. The Committee acknowledged that this practice may affect perceived transparency and could create an unintended conflict-of-interest risk. The Committee agreed that applicants should only be admitted once the committee is ready to commence their item, and the Secretariat confirmed that this change can be implemented accordingly.

The committee noted the recent retirement of Gill Ells from her role as Deputy Director of Medicines Optimisation (Governance and Value). The committee agreed that a formal message of appreciation should be recorded in recognition of her significant contributions to the Sussex APC committee and SERMOG over many years. The committee also took the opportunity to express its thanks to former APC secretariat members—Jo Piper, Aggie Morozinska, Emilia Danielewicz, Matt Dell and Dave Russell—for their valuable contributions to the operation of the APC. In addition, the committee welcomed Zen Dzisiewska-Smith and Marian Guerges as new members of the APC secretariat team.

Action 11/25 – 15

What: Implement a revised process to ensure applicants are not admitted to the meeting until the committee is ready for their item.

Who: APC Secretariat

When: January 2026

Date of next meeting

Date: 27th Jan 2026

Time: 12:00 to 14:00

Venue: Online MS Teams

Chair: Michael Okorie

Meeting close.