

Minutes of the Sussex Health & Care Partnership Area Prescribing Committee

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| Date: | Tuesday 26th March 2024 |
| Time: | 12:00 – 14:00 |
| Venue: | Online MS Teams |
| Chair: | Michael Okorie |

| Attendees: | |
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| Iben Altman (IA) | Chief Pharmacist, Sussex Community NHS Foundation Trust (13:04 joined the meeting) |
| Jane Starr (JS) | Pharmacist, East Sussex Healthcare NHS Trust (deputising for Simon Badcott) |
| Neveen Sorial (NS) | Associate Director for Medicines Optimisation, (West Sussex) NHS Sussex ICB |
| Raquel Barsoum (RB) | APC secretariat and link pharmacist, NHS Sussex ICB, Brighton and Hove |
| Helen Porter (HP) | Chief Pharmacy Officer, NHS Sussex ICB |
| Judy Busby (JBU) | Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust |
| Eileen Callaghan (EC) | Sussex Director of Medicines Management and Optimisation, NHS Sussex ICB |
| Emilia Danielewicz (ED) | 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 |
| Gill Ells (GE) | Associate Director of Medicines Optimisation, East Sussex, NHS Sussex ICB |
| Stewart Gaspole (SG) | Lead Medicines Optimisation Pharmacist, NHS Sussex ICB, Brighton & Hove |
| Amy Herbert (AH) | Lead Strategic Pharmacist for Medicines Governance, NHS Sussex ICB |
| 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) |
| Aggie Morozinska (AM) | Senior Medicines Optimisation Pharmacy Technician, NHS Sussex ICB, Brighton and Hove |
| Tejinder Bahra (TB) | Surrey Heartlands Integrated Care System, Medicines Resource Unit (MRU) Lead Pharmacist (Operational) |
| 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 |
| Stephen Pike (SP) | Clinical Programme Lead Medicines Management, Deputy Medical Director NHS Sussex, Clinical Director NHS Sussex ICB – East Sussex (Left the meeting at 14.10) |
| Shirman Lam (SL) | Senior Medicines Optimisation Pharmacist, NHS Sussex ICB |
| Jade Tomes (JT) | Lead Strategic Pharmacy Technician – Medicines Governance, NHS Sussex ICB |
| Harriet Vogt (HV) | Community Ambassador NHS Sussex ICB |
| Guests/Presenters: | |
| Karuna Askoolum (KAs) | Lead Medicines Optimisation Pharmacist (East), NHS Sussex ICB (Joined the meeting at 12:06 and left 12:33. Re-joined the meeting at 12:40 and left 12:56) |
| Kat Allen (KA) | Consultant Clinical Psychologist, Clinical Lead Sussex Gender Service Pilot (12:25 joined the meeting and 12:33 left the meeting) |
| Ellen Mortimer Roome (EMR) | GP in Sussex Gender Service Pilot, Sussex Partnership NHS Foundation Trust (12:25 joined the meeting and 12:33 left the meeting) |
| Jeban Ganesalingam (JG) | Honorary Specialist Registrar Neurology, University Hospitals Sussex NHS Foundation Trust (13:15 joined meeting and 13:44 left the meeting) |
| Olga Tanda (OT) | Lead Neurology Pharmacist, East Sussex Healthcare NHS Trust (13:23 joined meeting and 13:44 left the meeting) |
| Monique Gallinetti (MG) | Trainee Pharmacist, Sussex Community NHS Foundation Trust |
| Benjamin Rouse (BR) | Trainee Pharmacy Technician |
| Eloise Richards (ER) | Trainee Pharmacy Technician |

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| Minutes taken by: | | |
| Aggie Morozinska, (APC secretariat) Senior Medicines Optimisation Pharmacy Technician, NHS Sussex ICB (AM) | | |
| 1. Welcome and apologies | | Action for |
| 1.1 Welcome, apologies, and meeting etiquette The Chair welcomed the committee to the January Sussex Health and Care Partnership APC meeting. Apologies received: Simon Badcott, Helena Bird, Mark Donaghy, Irma Murjikneli, Janet Rittman | | |
| 1.2 Conflicts of Interest Submitted electronically. No conflicts were declared, and no action was taken. | | |
| 2. Minutes and action log | | Action for |
| 2.1 Minutes of last meeting The minutes of the previous SHCP APC meeting held in January 2024 were previously agreed and ratified virtually. The minutes are available to view on the NHS Sussex website here . | | |
| 2.3 Action log The committee was informed that all relevant actions had been completed and that a record of this is available on FuturesNHS. | | |
| Open actions from previous APC meetings | Update | |
| 01/24 – 07 What: To add OptimiseRx messages for both Admelog® and Semglee® “Biosimilar insulin Admelog® / Semglee® are the preferred first line choice for insulin. Who: Shirman Lam When: 26.03.2024 | Open - Messages to be added when LCS launches. Expected 1st July. | SL |
| 01/24 – 10 What: To upload both the dronedarone and amiodarone SPCs on to the intranet and the internet. Who: Aggie Morozinska When: 08.04.2024 | Open - These will be uploaded on 8th April 2024 as requested by the author | AM |
| 01/24 – 11 What: Dronedarone and amiodarone SPCs - to update the Sussex Partner formulary with an AMBER formulary coding and link to the internet. Who: Matt Dell When: 08.04.2024 | Open - Formulary will be updated on 8th April 2024 as requested by the author. | MD |
| 01/24 – 12 What: To add both the dronedarone and amiodarone to the OptimiseRx AMBER list. Who: Jo Piper When: 08.04.2024 | Open - OptimiseRx will be updated on 8th April 2024 as requested by the author. | JPi |
| 01/24 – 17 What: To add melatonin 2mg MR tablets, melatonin (Adaflex®) 1mg, 2mg, 3mg, 4mg and 5mg IR tabs, melatonin (Slenyto®) melatonin 1mg and 5mg MR tabs, melatonin liquid 1mg/mL to OptimiseRx messages Who: Jo Piper When: 26.03.2024 | Open - email sent to OptimiseRx working group on 19.03.2024 to update the messages and provide update when complete. | JPi |
| 01/24 - 19 What: To include escalation of ongoing specialist support for children with autism concerns via the quarterly APC report to the NHS Sussex Commissioning Group. Who: Gill Ells / Amy Herbert When: 26.03.2024 | Open - This will be included in the June APC paper to Commissioning Group and follow on from discussions with the planned care team. | GE/AH |
| 05/23 - 09 To amend the Type 2 diabetes treatment algorithm to include oral semaglutide tablet at the same step as GLP-1 TA injections | Open - Shortages still on-going - action to be reviewed at the May APC | JPi |

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| for those unable to inject as second line to subcutaneous GLP-1 Who: Jo Piper When: 28.05.2024 | | |
| 11/23 – 28 What: To align the insulins on the Sussex Partner formulary (appendix 1), and to include on the formulary the caveat /proposed wording within the Inulin paper application. Who: Matt Dell When: 17.01.2024 | Open - Action to be undertaken when LCS goes live | JPi |
| 11/23 – 32 What: To add the list of biosimilar insulin as preferred/first line for new routine initiations to OptimiseRx messages. To update the OptimiseRx in line with appendix 1). Who: Jo Piper When: 17.01.2024 | Open - Action to be undertaken when LCS goes live | JPi |
| 3. Meeting administration business | | |
| 3.1 Nothing noted. | | |
| 4. Items for approval | | Action for |
| 4.1 Actinic Keratosis preferred options pathway flowchart. The committee pointed out a spelling mistake which was amended by Stewart Glaspole during the meeting. Decision: Approved virtually on 12/03/2024. | | |
| ACTION 03/24 – 01 What: To link the Primary Care Dermatology Society (PCDS) pathway flowchart to the Sussex Partnership Formulary Who: Matt Dell When: 21.04.2024 | | MD |
| ACTION 03/24 – 02 What: To upload the PCDS pathway to the intranet Who: Aggie Morozinska When: 21.04.2024 | | AM |
| 4.2 DOAC pathway Decision: Approved virtually on 07/03/2024 | | |
| ACTION 03/24 – 03 What: To upload/replace the updated 'Sussex DOAC Selection pathway and FAQ' to the intranet. Who: Aggie Morozinska When: 26.03.2024 | | AM |
| ACTION 03/24 – 04 What: Remove 'Update on the national DOAC procurement framework and Sussex AF DOAC pathway and guidance' from intranet. Who: Aggie Morozinska When: 26.03.2024 | | AM |
| ACTION 03/24 – 05 What: Remove 'Latest national DOAC commissioning recommendations for AF from intranet. Who: Aggie Morozinska When: 26.03.2024 | | AM |
| ACTION 03/24 – 06 What: Update the Sussex partner formulary to annotate apixaban as a 'first line' DOAC and remove any legacy notes around the preferential use of edoxaban. Who: Matt Dell When: 26.03.2024 | | MD |
| ACTION 03/24 – 07 What: Link the Sussex partner formulary to updated 'Sussex DOAC Selection pathway and FAQ' sussexformulary.nhs.uk/therapeutic-sections/2-cardiovascular-system/23-blood-clots/232-thromboembolism/ Who: Matt Dell When: 26.03.2024 | | MD |
| ACTION 03/24 – 08 | | JPi |

What: To add OptimiseRx messages to specify apixaban as a 'first line' DOAC as preferred/first line.

Who: Jo Piper **When:** 26.03.2024

4.3 Adjunct drugs in Sussex Gender Service (outside collaborative care agreement (CCA)) (KA) (EMR)

The committee were asked to approve the Sussex Gender Service (SGS) Menstrual Suppression Prescribing Guidance, and updated feminising and masculinising prescribing and monitoring guidelines. Updates to the SGS prescribing guidance will enhance/widen the therapies available to transgender, non-binary, and intersex (TNBI) individuals who have a Collaborative Care Agreement (CCA) in place to support primary care sited care.

The committee heard that the SGS pilot and other national Gender Identity Clinics (GICs) recognise that care of TNBI individuals is evolving. The treatment of TNBI individuals often requires adjunct therapies to support their gender affirmation, and these are prescribed in addition to 'traditional' hormonal therapy. SGS specialists identified that the Nottingham Centre for Transgender Health (NCTH) prescribing guidelines are missing reference to adjunct therapies. SGS specialists discussed the clinical appropriateness and benefits of adjunct therapy for TNBI individuals with the clinical supervising lead at NCTH, who agreed with the proposed updates to the SGS prescribing guidelines.

To implement the proposed update to guidance documents it is recognised that formulary updates would be required, and the committee were asked to:

- Approve the addition of a **PURPLE** (with information pack) formulary status for GnRH products on the formulary for gender-affirming menstrual suppression where a GP has agreed to work under the SGS CCA.
- Approve the addition of a **PURPLE** (with information pack) formulary status for 5 α -reductase inhibitors on the formulary for gender incongruence where a GP has agreed to work under the SGS CCA.
- Approve the addition of a **PURPLE** (specialist recommendation+) formulary status for combined oral contraceptive pills (COCP) ethinylestradiol/desogestrel 20mcg/150mcg and ethinylestradiol/gestodene 20mcg/75mcg for menstrual suppression in gender incongruence.
- Approve the addition of a **PURPLE** (specialist recommendation+) formulary status for progestogens for menstrual suppression in gender incongruence.

The committee raised no concerns in a position of approval of all proposals but sought clarity on the typical order of use of adjunct therapies. SGS specialists agreed to work with the ICB Medicines Optimisation team to develop a message that can be added to the Sussex Partner Formulary, articulating the typical approach to trialling different adjunct medications.

Decision:

- **Appendix 1: Menstrual suppression guidance**
- **Appendix 2: Feminising guidance update**
- **Appendix 3: Masculinising guidance update**

Approved – Add information to the formulary regarding general approach to order of treatment choices.

Decision making framework for Appendix 4a: GnRH analogues.

| Criteria | Decision |
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| A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options): | There is evidence to support the indication. |

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| B. Safety | There were no safety concerns noted. |
| C. Cost-effectiveness | No concerns noted. |
| D. Place in treatment pathway | There is a place in the treatment pathway. |
| E. Patient orientated outcomes | There is published evidence. |
| F. Equity | This would be available Sussex wide. |
| G. Environment | No environmental concerns noted. |

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

Decision: Approved with a **PURPLE** (specialist recommendation) formulary coding.

Decision making framework for Appendix 4b: 5α-reductase.

| Criteria | Decision |
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| A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options): | There is evidence to support the indication. |
| B. Safety | There were no safety concerns noted. |
| C. Cost-effectiveness | No concerns noted. |
| D. Place in treatment pathway | There is a place in the treatment pathway. |
| E. Patient orientated outcomes | There is published evidence. |
| F. Equity | This would be available Sussex wide. |
| G. Environment | No environmental concerns noted. |

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

Decision: Approved with a **PURPLE** (specialist recommendation) formulary coding

Decision making framework for Appendix 4c: Combined Oral Contraceptive Pills.

| Criteria | Decision |
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| A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options): | There is evidence to support the indication. |
| B. Safety | There were no safety concerns noted. |
| C. Cost-effectiveness | No concerns noted. |
| D. Place in treatment pathway | There is a place in the treatment pathway. |
| E. Patient orientated outcomes | There is published evidence. |

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| F. Equity | This would be available Sussex wide. |
| G. Environment | No environmental concerns noted. |

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

Decision: Approved with a **PURPLE** (specialist recommendation) formulary coding

Decision making framework for Appendix 4d: Progestogens.

| Criteria | Decision |
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| A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options): | There is evidence to support the indication. |
| B. Safety | There were no safety concerns noted. |
| C. Cost-effectiveness | No concerns noted. |
| D. Place in treatment pathway | There is a place in the treatment pathway. |
| E. Patient orientated outcomes | There is published evidence. |
| F. Equity | This would be available Sussex wide. |
| G. Environment | No environmental concerns noted. |

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

Decision: Approved with a **PURPLE** (specialist recommendation) formulary coding.

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| ACTION 03/24 – 09 What: To add the treatments choices on the Sussex Partner Formulary Who: Matt Dell When: 21.04.2024 | MD |
| ACTION 03/24 – 10 What: To specify the order of treatment choices on the Sussex Partner Formulary Who: Shirman Lam (supported by Karuna Askoolum) When: 21.04.2024 | SL |
| ACTION 03/24 – 11 What: To upload the Menstrual suppression guidance (appendix 1), Feminising guidance update (appendix 2), Masculinising guidance update (appendix 3) to the intranet, to both the intranet and the internet. Who: Aggie Morozinska When: 21.04.2024 | AM |
| ACTION 03/24 – 12 What: To link the Menstrual suppression guidance (appendix 1), Feminising guidance update (appendix 2), Masculinising guidance update (appendix 3) the to the Sussex Partner Formulary. Who: Matt Dell When: 21.04.2024 | MD |
| ACTION 03/24 – 13 What: To add the additional GnRH products to the Sussex Partner Formulary with a PURPLE (specialist recommendation) formulary coding (with information pack*) for gender-affirming menstrual suppression where a GP has agreed to work under the Sussex Gender Service (SGS) collaborative care agreement (CCA) (Appendix 4a). *Information pack = engagement letter for GP and CCA. Who: Matt Dell When: 21.04.2024 | MD |

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| <p>ACTION 03/24 – 14 What: To add the additional 5α-reductase inhibitors to the Sussex Partner Formulary with a PURPLE (specialist recommendation) formulary coding (with information pack*) for gender dysphoria where a GP has agreed to work under the SGS CCA (Appendix 4b). *Information pack = engagement letter for GP and CCA. Who: Matt Dell When: 21.04.2024</p> | MD |
| <p>ACTION 03/24 – 15 What: To add the additional combined oral contraceptive pills (COCP) ethinylestradiol/desogestrel 20mcg/150mcg and ethinylestradiol/gestodene 20mcg/75mcg to the Sussex Partner Formulary with a PURPLE (specialist recommendation) formulary coding for menstrual suppression in gender dysphoria patients (Appendix 4c). Who: Matt Dell When: 21.04.2024</p> | MD |
| <p>ACTION 03/24 – 16 What: To add the additional progestogens to the Sussex Partner Formulary with a PURPLE (specialist recommendation) formulary coding for menstrual suppression in gender dysphoria patients (Appendix 4d). Who: Matt Dell When: 21.04.2024</p> | MD |
| <p>4.4 National ciclosporin SCP (KAs) The committee was asked to approve the local adoption of the national ciclosporin shared care protocol (SCP) and replace the current SCP with the approved documentation. The committee heard that currently there is no standardised SCP in use for ciclosporin in Sussex; several different protocols exist. National SCPs were published by NHS England in July 2022. Variation within the current system arose between previous CCG positions, and there is now a need to align our position to a Sussex-wide one, to avoid transfer of care issues and reduce unwarranted variation. To support specialist provider and GP workload, a phased introduction timetable was presented:</p> <ol style="list-style-type: none"> 1. From May 2024 all new patients will be initiated on the approved national SCP. 2. From May 2024, all patients on legacy SCPs under active specialist care will be transferred by the provider to the agreed national SCPs at their next annual review. 3. For any patients not under active specialist care, or not under an active SCP, providers have agreed to move these patients onto the agreed national SCPs if they receive a referral back into the service via the normal route with legacy arrangements continuing until the national SCP is implemented. <p>The committee raised concerns around the breastfeeding advice included in the SCP. It was noted the breastfeeding information in the SCP remained the same as the document that has been through a national consultation process. The committee agreed to the proposal, but supplementary information regarding breastfeeding will be added to the frequently asked question (FAQ) document associated with the shared care.</p> <p>Decision: Approved</p> | |
| <p>ACTION 03/24 – 17 What: To upload the ciclosporin SPCs on to the intranet and the internet. Who: Aggie Morozinska When: 21.04.2024</p> | AM |
| <p>ACTION 03/24 – 18 What: Ciclosporin SPCs - to update the Sussex Partner formulary with an AMBER formulary coding and link to the internet. Who: Matt Dell When: 21.04.2024</p> | MD |
| <p>ACTION 03/24 – 19 What: To add both the Ciclosporin to the OptimiseRx AMBER list. Who: Jo Piper When: 21.04.2024</p> | JPi |
| <p>ACTION 03/24 – 20 What: To add a link to breastfeeding information to the FAQ document hosted on shared care protocol page and upload new version. Who: Aggie Morozinska (supported by Stewart Glaspole) When: 21.04.2024</p> | AM |

4.5 Colour change application for rimegepant for prevention of migraine (JB) (OT)

The committee was asked to approve a change of Sussex Partner Formulary status for rimegepant when used for the prevention of episodic migraine from **RED** to **GREEN**. In September 2023, the committee approved rimegepant with a **RED** formulary status for the prevention of episodic migraine, with an intention to review the colour status. This initial recommendation was mainly due to inexperience of primary care clinicians prescribing this medication. However, rimegepant was subsequently approved with a **GREEN** formulary status for use in accordance with NICE TA919 to treat acute migraines. The committee heard that Primary Care clinicians, have therefore gained experience prescribing rimegepant, but available prescribing data shows there to have been very little primary care prescribing of rimegepant in Sussex to-date. Specialists noted a **GREEN** formulary status for rimegepant when used for prevention of episodic migraine would provide parity with other preventative migraine medications used in primary care.

Current specialist service capacity challenges mean that a **RED** formulary status for rimegepant for prevention of episodic migraine may lead to unnecessary delay in potentially effective management of migraines for people living in Sussex, and a lack of appointment availability for people requiring specialist headache support. Allowing access to rimegepant in Primary Care for people with episodic migraine will allow specialist services to focus on the management of people with more complex headache conditions, e.g., chronic migraine.

There is an advice and guidance service available to GPs that was launched last year with a new headache referral form. It is to aid diagnosis of migraine and prescribers are encouraged to use it to refer to a specialist if they do not feel confident in a patient's management. It was proposed that specialist teams (either specialist nurse, neurology pharmacist, or neurologists) will provide an educational session for primary care, as well as providing written educational material (i.e., patient information leaflet) if requested to support the prescribing of this medication.

The committee discussed concerns regarding a clear place in the headache treatment pathway, with the item presented for consideration ahead of a headache pathway for APC consideration. The committee felt it was inappropriate to change the status of rimegepant for episodic migraine without the accompanying pathway, and that prescribers in Primary Care lack the relevant confidence and experience to prescribe rimegepant for prevention of episodic migraine.

APC members raised concerns regarding the use of rimegepant as a migraine preventative agent following on from potential increased frequency of use of rimegepant for migraine treatment, i.e., that approving this formulary status change may result in deviation from available NICE guidance. This would present a potential inequity between patients already receiving rimegepant for migraine treatment and those being managed according to NICE migraine prevention guidance, and result in a potential cost pressure. A local pathway with clear mitigation for this happening would need to be presented to the APC prior to a change from a **RED** formulary status to a **GREEN** one for rimegepant for prevention of episodic migraine.

The NICE TA 906 recommends that preventative migraine treatment with rimegepant should be started in secondary care. The committee suggested a **PURPLE**, specialist initiated, formulary status may be more appropriate.

The committee concluded that the proposed colour change is a significant change that may result in deviation from current NICE guidance, unwarranted variation, and a cost pressure. A clear treatment pathway would be required before a change could be considered.

| Decision making framework: | |
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| Criteria | Decision |
| A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options): | There is evidence to support the use of rimegepant for episodic migraine, but approving this formulary status change request may result in deviation from NICE guidance. |
| B. Safety | There were no safety concerns noted. |
| C. Cost-effectiveness | No concerns noted if used in line with NICE TA 906 and a clear pathway that ensure NICE guidance is adhered to is presented. |
| D. Place in treatment pathway | The requested place in the treatment pathway seems to be contrary to NICE TA 906. |
| E. Patient orientated outcomes | There is published evidence in line with NICE TA 906, but this TA notes specialist initiation is required. |
| F. Equity | This is available Sussex wide, but approving the formulary status change request without a clear pathway that aligns to NICE guidance could introduce unwarranted variation. |
| G. Environment | No environmental concerns noted. |
| Voting members arrived at an outcome using the decision-making framework. | |
| Decision: Not approved, with invitation to resubmit – Place in treatment pathway not in line with NICE TA 906 and requires local pathway approval before a colour change can be considered. | |
| ACTION 03/24 – 21 What: After the decision was communicated, invite author to resubmit application with local migraine prevention pathway, noting NICE TA 906 states initiation of rimegepant for episodic migraine should be by a specialist. Who: Aggie Morozinska When: After outcomes decision communicated | |
| 5. Standing Items | |
| 5.1 NICE Technology Appraisals / Highly Specialised Technologies / NICE guidance (ED) NICE Technology Appraisals Since the last SHCP APC meeting in January 2024 the Sussex APC Secretariat group have dealt with a total of 8 published NICE Technology Appraisals, noted 1 termination and 1 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. | |
| NICE GUIDANCE | |

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| <p>The Secretariat have dealt with a total of 6 NICE guidelines, 6 of which were 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 1 Blueteq form drafted since the last APC which is available to view on Futures NHS under 'Blueteq Forms'.</p> <p>No variation was reported between the local place bases, with positions noted.</p> | |
| <p>5.2 Horizon Scanning (Chair) No updates</p> | |
| <p>5.3 Patient Safety & medicines safety alerts (Chair) The Chair noted and asked Committee members to share within their organisation a recent Drug Safety Update Codeine linctus (codeine oral solutions): reclassification to prescription-only medicine.</p> | |
| <p>5.4 Discontinuations (Chair) Discontinuations were noted.</p> <p>Mizolastine 10mg modified-release tablets. Co-magaldrox (Maalox and Maalox Plus) oral suspensions sugar free</p> | |
| <p>6. RMOG</p> | <p>Action for</p> |
| <p>6.1 Latest RMOG update (SP) No updates.</p> | |
| <p>7. Sub-group</p> | |
| <p>7.1 Shared Care Protocol (SCP) update (AH) The groups completed the implementation proposal, and it is working well.</p> <p>The SCP paperwork was amended (i.e. appendices were separated for better use and access to clinical systems) and is available online. There is an interest in adoption of the nationally developed hydroxycarbamide SCP locally. This will be explored further, looking at patient numbers, speaking to practices and stakeholders, with possibility to propose it to the drug monitoring Locally Commissioned Service group (LCS).</p> <p>There are some challenges in the East Sussex around the retinal monitoring required when hydroxychloroquine is prescribed; the working group is trying to arrange meetings to achieve a resolution.</p> | |
| <p>7.2 Formulary alignment T&F group (AH) The formulary chapter review will start in the new financial year (April 2024). The first therapeutic areas to be reviewed are Central Nervous System (CNS), Respiratory and Palliative. The Medicine Optimisation Team (MOT) was briefed, and the therapeutic leads will mobilise resources and support the working groups. The Sussex Partner Formulary chapter review prioritisation and implementation plan was shared with the committee during the meeting. The committee heard that pregnancy specialist colleagues expressed an interest to improve our formulary regarding prescribing for pregnant people and the MOT will be linking in with them. The T&F group also want to work together with paediatric teams across Sussex to improve the formulary.</p> <p>The committee wanted to clarify the formulary alignment process and what that means for individuals in this group and wider teams, who might want to make a request for an item to go onto formulary whilst the chapters are being reviewed. The Formulary Alignment T&F group is</p> | |

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| <p>drafting a paper regarding how an application would be considered outside of the chapter review process and once finalised will be presented to the committee for approval.</p> <p>The group will engage and work closely with the provider organisations leads and the stakeholder's representation throughout the chapter review process. The T&F group drafted a standard operating procedure (SOP) that went to Medicine Optimisation Board. The SOP articulates the process and outlines the stakeholder representative's roles and responsibilities.</p> <p>It was flagged to the committee that the Sustanon injection SCP used in East Sussex was omitted in the formulary alignment mapping process. The current formulary notes state that GPs can use Sustanon but only for 2 indications; Gender dysphoria and testosterone deficiency in men, use in all other indications is RED. However, a Sustanon SCP is hosted on our intranet pages which allows it to be used, for Far East practices, in another indication -Boys with Constitutional Delay of Growth and Puberty (CDGP). The indication covered by the SCP not being listed on the formulary is causing confusion among clinicians and GP refusal of SCP requests. The SCP will be added to the formulary for use in East Sussex currently, and considered for use across Sussex as part of the chapter review process.</p> | |
| <p>ACTION 03/24 – 22 What: To update the formulary and link SCP to be available for use in East Sussex. Who: Matt Dell When: 21.04.2024</p> | MD |
| <p>ACTION 03/24 – 23 What: To upload the SCP to intranet and internet for use in East Sussex. Who: Aggie Morozinska When: 21.04.2024</p> | AM |
| <p>ACTION 03/24 – 24 What: To add Sustanon as AMBER drug list OptimiseRx messages in East Sussex. Who: Jo Piper When: 21.04.2024</p> | JPi |
| <p>8. Any other business</p> | |
| <p>The committee was made aware about the pancreatic enzyme shortages and no availability of rescue packs in Sussex. National guidance regarding the shortages and alternatives is on the way. A Sussex wide process should be in place for when the national guidance goes live to make sure rapid and smooth application process. The committee heard that the secondary care is aware of the ongoing shortages and the manufacturers prioritise the supply of these medicines to hospitals. The secondary care colleagues have a guidance in place regarding these shortages. The committee was advised that there is a process available which allows rapid adjustments to the formulary to be made in times of need via the chair and/or the virtual approval system.</p> <p>On the 12th of March 2024 an NHS England guidance was announced. It states that puberty suppressing hormones (PSH) will not be available as a routine commissioning treatment option for treatment of children and young people who have gender incongruence/gender dysphoria. The committee agreed that the NHSE guidance link should be added to the formulary to ensure no new initiations and appropriate prescribing.</p> <p>The committee proposed an annual face-to-face meeting and discussed agenda ideas.</p> | |
| <p>ACTION 03/24 – 25 What: To add NHSE puberty suppressing hormones guidance link to the Sussex Partner Formulary. Who: Amy Herbert When: 21.04.2024</p> | AH |
| <p>Date of next meeting</p> | |
| <p>Date: 28th May 2024 Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie</p> | |
| <p>Meeting close.</p> | |