

Minutes of the Sussex Health & Care Partnership Area Prescribing Committee

Date:	Tuesday 26th September
Time:	12:00 – 14:00
Venue:	Online MS Teams
Chair:	Stephen Pike (Stepped in with thanks as the Chair gave urgent apologies due to clinical commitments)

Attendees:	
Iben Altman (IA)	Chief Pharmacist, Sussex Community NHS Foundation Trust
Simon Badcott (SB)	Chief Pharmacist, East Sussex Healthcare NHS Trust (deputising for Jonathon Palmer)
Tejinder Bahra (TB)	Lead Commissioning Pharmacist, Surrey, and Sussex Healthcare NHS Trust–East Surrey Hospital (left the meeting 14.04)
Ashleigh Bradley (AB)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB– West Sussex (deputising for Neveen Sorial)
Eileen Callaghan (EC)	Sussex Director of Medicines Management and Optimisation, NHS Sussex ICB (left the meeting 14.20)
Matthew Dell (MDe)	APC secretariat, Senior Medicines Optimisation Pharmacy Technician, NHS Sussex ICB, West Sussex
Mark Donaghy (MD)	Local Pharmaceutical Committee (LPC) representative
Stewart Glaspole (SG)	Lead Medicines Optimisation Pharmacist, NHS Sussex – Brighton & Hove
Amy Herbert (AH)	Lead Strategic Pharmacist for Medicines Governance, NHS Sussex ICB (deputising for Gill Ells)
Shirman Lam (SLa)	APC secretariat and link pharmacist –NHS Sussex ICB - East Sussex
Samantha Lippett (SLi)	Assistant Director of Pharmacy, University Hospitals Sussex NHS Foundation Trust East Sussex
Stephen Lytton (SLy)	Prescribing Lead / GP, West Sussex (Interim)
Irma Murjikneli (IM)	Prescribing Lead / GP, East Sussex (Interim)
Stacey Nelson	Lead Strategic Pharmacist for Quality Improvement, NHS Sussex ICB (deputising for Chirag Patel)
Stephen Pike (SP)	Clinical Programme Lead Medicines Management, Deputy Medical Director NHS Sussex, Clinical Director NHS Sussex – East Sussex
Jo Piper (JPi)	APC secretariat, Lead Medicines Optimisation Pharmacy Technician, NHS Sussex ICB - West Sussex
Helen Porter (HP)	Chief Pharmacy Officer (left the meeting 13.02)
Janet Rittman (JR)	Sussex Public Health Representative - Brighton and Hove (left the meeting 14.10)
David Russell (DR)	APC secretariat and link pharmacist, NHS Sussex – West Sussex
Jenny Shakir (JS)	APC secretariat and link pharmacist, NHS Sussex - Brighton and Hove
Sangeetha Sornalingham (SS)	Medical Director, Local Medical Committee (LMC) representative
Harriet Vogt (HV)	Community Ambassador NHS Sussex
Guests/Presenters:	
Rita Shah (RS)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB – Brighton and Hove
Andy Cheung (AC)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB – East Sussex
Pramit Patel (PP)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB – East Sussex
Katherine Regan (KR)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB – West Sussex
Julie Sadler (JS)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB – West Sussex
Susan Martin (SM)	Tissue Viability Nurse, Sussex Community NHS Foundation Trust
Sally Jenkins (SJ)	Tissue Viability Nurse, Sussex Community NHS Foundation Trust
Kulsuma Begum (KB)	Medicines Optimisation Pharmacy Technician, NHS Sussex ICB – Brighton and Hove (observing)
Nicola Hawkins (NH)	Medicines Optimisation Pharmacy Technician, NHS Sussex ICB – West Sussex (observing)
Karin Miller (KM)	Cross Sector Pre-registration Trainee Pharmacy Technician, East Sussex Healthcare NHS Trust (observing)

Helen Baldwin (HB)	Cross Sector Pre-registration Trainee Pharmacy Technician, East Sussex Healthcare NHS Trust (observing)
Ewan Parker (EP)	Administrator for Medicines Optimisation East Sussex, NHS Sussex

Minutes taken by:													
Jo Piper, (APC secretariat) Lead Medicines Optimisation Pharmacy Technician, NHS Sussex ICB (JP)													
1. Welcome and apologies	Action for												
<p>1.1 Welcome, apologies and meeting etiquette</p> <p>The Chair welcomed the committee to the September Sussex Health and Care Partnership APC meeting.</p> <p>Apologies received: Helena Bird, Neveen Sorial, Judy Busby, Agnieszka Morozinska, Emilia Danielewicz, Chirag Patel, Gill Ells, Jonathon Palmer, Mairead O'Malley, Michael Okorie.</p>													
<p>1.2 Conflicts of Interest</p> <p>The committee and guests were asked to declare any conflicts of interests using the chat function on Teams pertinent to items on the agenda. No conflicts were declared, and no action was taken.</p>													
2. Minutes and action log	Action for												
<p>2.1 Minutes of last meeting</p> <p>The minutes of the previous SHCP APC meeting held in July 2023 were previously agreed and ratified virtually, though an inconsistency surrounding an abbreviation of an attendee's name at the meeting was highlighted and it was agreed this should be corrected. The updated minutes are available to view on the NHS Futures platform, and the NHS Sussex intranet here.</p>													
<p>ACTION 09/23 – 01 To amend the July minutes at section 1.3 Conflicts of Interest of an abbreviation of SL to update this to SLi</p>	JP												
<p>2.2 Action log</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Update</th> </tr> </thead> <tbody> <tr> <td>07/23 – 01 To add brimatoprost 300mcg/ml eye drops preservative free (multidose container) to the formulary with a PURPLE formulary coding. Annotate formulary with this is the preferred choice for newly initiated patients and the extended shelf life of the brand Bimi®</td> <td>Completed</td> </tr> <tr> <td>07/23 – 02 To add brimatoprost 300mcg/ml eye drops preservative free (multidose container) to the OptimiseRx 'purple list'</td> <td>Completed</td> </tr> <tr> <td>07/23 – 03 To add adalimumab biosimilars brands - Yuflyma®, Idacio®, Hyrimoz® and the ranibizumab biosimilar brands – Byooviz® and Ximluci® brands to the formulary with a RED formulary coding.</td> <td>Completed</td> </tr> <tr> <td>07/23 – 04 To add the Yuflyma®, Idacio®, Hyrimoz® Byooviz® Ximluci® brands to the OptimiseRx 'red list'.</td> <td>Completed</td> </tr> <tr> <td>07/23 – 05 To review the supply of fidaxomicin in the community in 6 months and share the results with the APC in the instance of issues with current processes are highlighted to the ICB Medicines Optimisation team. Provider colleagues are encouraged to share any issues encountered with KK or KP. The action will be considered closed if</td> <td>Started To update the action for greater clarity - a. KF to capture and report any fidaxomicin supply issues to the APC at the January 2024 meeting. b. KF to bring primary care fidaxomicin prescribing data to the</td> </tr> </tbody> </table>	Action	Update	07/23 – 01 To add brimatoprost 300mcg/ml eye drops preservative free (multidose container) to the formulary with a PURPLE formulary coding. Annotate formulary with this is the preferred choice for newly initiated patients and the extended shelf life of the brand Bimi®	Completed	07/23 – 02 To add brimatoprost 300mcg/ml eye drops preservative free (multidose container) to the OptimiseRx 'purple list'	Completed	07/23 – 03 To add adalimumab biosimilars brands - Yuflyma®, Idacio®, Hyrimoz® and the ranibizumab biosimilar brands – Byooviz® and Ximluci® brands to the formulary with a RED formulary coding.	Completed	07/23 – 04 To add the Yuflyma®, Idacio®, Hyrimoz® Byooviz® Ximluci® brands to the OptimiseRx 'red list'.	Completed	07/23 – 05 To review the supply of fidaxomicin in the community in 6 months and share the results with the APC in the instance of issues with current processes are highlighted to the ICB Medicines Optimisation team. Provider colleagues are encouraged to share any issues encountered with KK or KP. The action will be considered closed if	Started To update the action for greater clarity - a. KF to capture and report any fidaxomicin supply issues to the APC at the January 2024 meeting. b. KF to bring primary care fidaxomicin prescribing data to the	
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no issues are highlighted within the next 6 months	January APC. c. KP to share the pathway with the LPC for dissemination to all Sussex community pharmacies. If no issues are raised this action will be closed January 2024. No issues to reported at the September 2023 APC meeting.	
07/23 – 06 To bring the Methenamine Hippurate 1g tablets application back to the APC along with the treatment pathway working in partnership with Surrey Heartlands APC and local providers.	Started – action due 31.10.2023 The ICB MOT are currently working on bringing the paper back with the pathway as requested. We are also continuing to work with Surrey Heartlands as requested and have been informed that their own application has now been accepted (minutes still to be published). Aiming for November APC	
07/23 – 07 To add Fortisip Plant based 1.5kcal to the formulary with a GREEN formulary coding.	Completed	
07/23 - 08 To add Bromfenac eye drops to the formulary with a PURPLE (Specialist initiation WITHOUT Shared Care Protocol) formulary coding.	Completed	
07/23 – 09 To add Bromfenac eye drops to the OptimiseRx purple drugs list.	Completed	
07/23 – 10 To add Bijuve® (estradiol/progesterone) 1mg/100mg soft capsules to the formulary with a GREEN formulary coding.	Completed	
07/23 – 11 To add Humulin I KwikPen®, Humulin M3 KwikPen®, Toujeo 300 units/mL SoloStar® and Abasaglar KwikPen® to the formulary with a GREEN formulary coding.	Completed	
07/23 – 12 To update the Sussex Partner Formulary - to add dapagliflozin 'for treating chronic heart failure with preserved or mildly reduced ejection fraction' under the purple coding.	Completed	
07/23 – 13 To add Dapagliflozin 'for treating chronic heart failure with preserved or mildly reduced ejection fraction' to the OptimiseRx purple list	Completed	
Update from open actions from previous APC meetings		
Action	Update	
05/12 – 10 To present a paper to APC when the commercial availability date of Wegovy® is confirmed, liaising with planned care for the implementation plan	Complete POST MEETING NOTE 11.10.2023 The updated NICE TA for Wegovy details a Patient Access Scheme, available to providing specialist centres. The updated Wegovy TA has been included in the current TA approvals document with a red formulary status, and so no further action is required. AH will provide a brief update at the November APC meeting regarding patient access route / service procurement.	

<p>09/22 – 08 To bring audit data back to the APC in 12 months' time to compare Dexcom ONE in relation to other devices on its clinical benefit. To liaise with DL to obtain the data.</p>	<p>Started The ICB MOT are looking at the data and will bring this to the next APC meeting. It was highlighted that the data may look different to what was originally requested due to the difficulty of collecting data within the Trust.</p>		
<p>3. Meeting administration business</p>			
<p>3.1 Not recommended medicines to be included within the 'Not recommended' list on the Sussex Partner Formulary (SG)</p>			
<p>The committee were asked to approve the inclusion of the medicines listed below which have received a 'not approved' status at previous APC meetings on the 'Not recommended' list retrospectively. The committee heard that this list is available to view on the Sussex Partner Formulary. The medicines are:</p>			
<p>Trixeo® pMDI (July 2022 APC)</p>			
<p>Ustekinumab - escalation of dosing frequency to every 4-6 weeks. (Sept 2022 APC)</p>			
<p>Dexamfetamine 5mg/5ml sugar free oral solution (May 2023 APC)</p>			
<p>Methylphenidate - Delmosart® prolonged release tablets, Ritalin® XL capsules all strengths. (May 2023 APC)</p>			
<p>Methenamine Hippurate 1g tablets. (July 2023 APC)</p>			
<p>Luforbec® MDI (July 2023 APC)</p>			
<p>The committee discussed how the system should be managing medicines within primary and secondary care that are impacted when there is a change in the responsible commissioner. Ustekinumab was given as an example if the frequency was increased which was outside of NICE guidance and a patient was initiated by a specialist outside of the Sussex healthcare system. The committee agreed that a system wide clarification and agreement should be sought from the ICS MO Board.</p>			
<p>Approved - for Trixeo® pMDI, Ustekinumab - escalation of dosing frequency to every 4-6 weeks, Dexamfetamine 5mg/5ml sugar free oral solution, Methylphenidate - Delmosart® prolonged release tablets, Ritalin® XL capsules all strengths, Methenamine Hippurate 1g tablets and Luforbec® MDI to be added to the 'not recommended' list on the Sussex Partner formulary.</p>			
<div style="border: 2px solid #0070C0; border-radius: 25px; padding: 10px;"> <p>ACTION 09/23 – 02 To take a paper to the ICS MO Board to agree a Sussex wide position for management of prescribing outside of an agreed Sussex formulary position when a patient moves into area</p> <p>ACTION 09/23 – 03 GE to report back to the APC by the January 2024 APC meeting.</p> <p>ACTION 09/23 – 04 Trixeo® pMDI, Ustekinumab - escalation of dosing frequency to every 4-6 weeks, Dexamfetamine 5mg/5ml sugar free oral solution, Methylphenidate - Delmosart® prolonged release tablets, Ritalin® XL capsules all strengths, Methenamine Hippurate 1g tablets and Luforbec® MDI to be added to the 'not recommended' list on the Sussex Partner formulary.</p> <p>ACTION 09/23 – 05 To add Trixeo® pMDI, Ustekinumab - escalation of dosing frequency to every 4-6 weeks, Dexamfetamine 5mg/5ml sugar free oral solution, Methylphenidate - Delmosart® prolonged release tablets, Ritalin® XL capsules all strengths, Methenamine Hippurate 1g tablets and Luforbec® MDI to OptimiseRx 'not recommended' list.</p> </div>			<p>GE</p> <p>GE</p> <p>MD</p> <p>JP</p>

4. Items for approval	Action for
<p>4.1 Adopt the NHS Commissioning recommendations for blood glucose, ketone meters, test strips and lancets with caveats noted in application (RS)</p> <p>The committee heard that the previously approved SHCP APC guidelines regarding provision of test strips, meters, lancets and pen needles are now not in line with nationally published NHSE guidance. Our local guidelines have now been reviewed in line with the published NHSE guidance and a set of recommendations have been made which takes national recommendations into account in line with local stakeholder engagement and local needs.</p> <p>The committee were asked to adopt the NHSE commissioning recommendations for blood glucose and ketone meters, test strips and lancet, and to approve the recommended test strips and lancets that are in the Drug Tariff with a GREEN formulary coding removing those meters, test strips and lancets that are outside of the NHSE recommendations except for Fastclix. To include a note on to the formulary highlighting that those who are using an insulin pump that requires a specific meter and test strips not on the NHSE recommended list, should be allowed to receive these. The OptimiseRx platform to be updated and additional messages to support these changes.</p> <p>The committee highlighted a concern that there could be a potential increase in unremunerated primary care workload due to implementation of the updated guidance. It was noted that this work could be undertaken as part of the current Medicines Optimisation Incentive Scheme under the Cost Containment Plan domain which has an element of remuneration involved. Otherwise, it could be undertaken as part of the annual diabetes review. The ICB Medicines Optimisation Team would be able to offer help in identifying suitable patients for switching, though the switching would need to be undertaken face to face by their Healthcare Professional.</p> <p>RS left the meeting and voting members moved to make a decision.</p> <p>Decision: Approved</p> <div style="border: 2px solid blue; border-radius: 25px; padding: 10px; margin-top: 10px;"> <p>ACTION 09/23 – 06 To add the link to the 'NHSE commissioning recommendations for blood glucose and ketone meters, test strips and lancets' to the Sussex Partner formulary</p> <p>ACTION 09/23 – 07 To add beside the entry for the NHSE commissioning recommendations on the Sussex Partner formulary, the following note: "Where a patient is on an insulin pump that requires a specific meter and test strips not on NHSE recommended list, these should continue, and reason documented".</p> <p>ACTION 09/23 – 08 To add the recommended test strips and lancets that are on the Drug Tariff on to the Sussex Partner formulary coded GREEN</p> <p>ACTION 09/23 – 09 To remove the current meters, test strips and lancets on the Sussex Partner Formulary that are outside of NHSE recommendations, except for Fastclix.</p> <p>ACTION 09/23 – 10 Addition of specific Optimise Rx messages for Glucozen and GlucoRx Safety lancets; KEYA smart; GlucoMen Aero, Aviva, Freestyle Lite, Guide, Contour Next, Mobile, Performa, Contour and Contour TS test strips, Wave Sense Jazz and GlucoRx Nexus and Freestyle Optium and Freestyle Optium b-ketone as per the application.</p> <p>ACTION 09/23 – 11 The ICB MOT Therapeutic lead to develop a prescribing newsletter article which the ICB Medicines Optimisation team will highlight to practices by November 2023 APC</p> </div>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>MD</p> <p>MD</p> <p>MD</p> <p>MD</p> <p>JP</p> <p>RS</p>

4.2 Bibecfo 100/6 MDI and Bibecfo 200/6 MDI Metered Dose Inhaler (MDI) formulary extension application (FP)

The committee were presented with a formulary extension application for Bibecfo MDI which is a branded generic and comes in two strengths (one for asthma and one for COPD). It is clinically equivalent to Fostair MDI and is a more cost-effective device and patient experience is the same.

Bibecfo MDI is a lower carbon inhaler than Fostair MDI making it better for the environment which is a priority area for NHS Sussex.

The committee raised a concern regarding branded generic medicines being included on to the formulary due to the potential impact on the Drug Tariff pricing.

The approach to managing the introduction of Bibecfo MDI on to the formulary was discussed. Concerns were raised regarding future pricing of similar products in future and suggested a cautious approach before considering any official wholesale switching programme. It was noted that the patient experience in any potential switch programme is important and full consideration should be given if a switch programme is considered.

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

Decision making framework:

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	There is evidence to support the indications.
A. Safety	There were no safety concerns noted
B. Cost-effectiveness	This is a cost effective branded generic inhaler
C. Place in treatment pathway	The treatment pathway is already established along with national guidance
D. Patient orientated outcomes	This is supported by published evidence
E. Equity	There were no equity concerns noted
F. Environment	This is a lower carbon inhaler compared with the current treatment available

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

Decision: Approved **GREEN**.

ACTION 09/23 – 12 To add Bibecfo 100/6 MDI and Bibecfo 200/6 MDI as First line (above Fostair MDI) to the Sussex Partner formulary with a **GREEN** formulary coding for new patients only

ACTION 09/23 – 13 DR to discuss the feasibility of a primary care switching program with the ICB MOT and report back to the APC at the January meeting.

MD

DR

4.3 Tostran® gel and Testogel® sachet for low libido in postmenopausal women new medicine application (AC)

A new medicines application for both Tostran® gel and Testogel® sachets was presented to the committee to consider a PURPLE (specialist recommended) formulary coding for

the treatment of low libido in postmenopausal women. The application also included a request to approve a GP and patient information sheet for Tostran® and Testogel® prescribing in this indication.

The committee heard that the use of Tostran® for low sexual desire in postmenopausal women already has a place-based formulary colour coding on the Sussex Partner Formulary (Green in Brighton & Hove, Purple in Crawley, Horsham & Mid-Sussex area, non-formulary in East Sussex and Coastal West Sussex). There are no other treatments available for women in ES and CWS, if HRT alone is not effective. This variation of prescribing status across Sussex brings inequality to patients as well as creates increased workload within primary care and may delay patients from receiving their treatment. Both NICE guideline (NG23) and the British Menopause Society (BMS) recommends considering testosterone supplementation for menopausal women with low sexual desire if HRT alone is not effective though it was highlighted that this treatment is 'off-label'.

The committee noted that the application highlighted that during the stakeholder engagement only Brighton and Hove have an NHS funded menopause clinic within Sussex. This may cause inequity of access across Sussex. It was highlighted that the menopause working group is coming together next year to review the current pathway, and a local Women's Healthcare Strategy is being developed.

The Patient Information Leaflet was discussed, and it was confirmed that this has been approved but the ICB readers group.

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

Decision making framework:

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	There is some evidence to support therapy but only in the group this application refers to
B. Safety	No safety concerns were noted although it was highlighted that monitoring testosterone levels is recommended
C. Cost-effectiveness	This is a cost-effective treatment
D. Place in treatment pathway	Inequity was highlighted as there is no consistent Sussex wide pathway
E. Patient orientated outcomes	Supported by published evidenced
F. Equity	There is current inequity of coding within Sussex, which this application reduces
G. Environment	No environmental issues noted

The committee confirmed that if a patient has previously been initiated on testosterone treatment and has documented benefit they would continue with treatment and be monitored as a default position if already started on treatment.

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

Decision: Approved **PURPLE** (specialist recommended)

<p>ACTION 09/23 – 14 To add Tostran® gel and Testogel® sachet to the Sussex Partner formulary with a PURPLE (specialist recommended) formulary coding for low libido in post-menopausal women. All other indications that are not already listed on the Sussex Partner Formulary to be coded RED</p> <p>ACTION 09/23 – 15 AH escalate the inequality of Testosterone in post-menopausal women with lo libido to Exco Commissioning Group</p> <p>ACTION 09/23 – 16 AH to lead a discussion at the November APC discussing the current status of menopause services within Sussex</p> <p>POST MEETING NOTE 11.10.2023 Queries have been raised since the meeting regarding access in the context of current menopause service inequity. The issue will be discussed at the November APC meeting.</p>	MD AH AH												
<p>4.4 Rimegepant 75mg oral lyophilisate ▼ change in formulary coding application NICE TA906 (PP)</p> <p>The committee heard that there are several injectable drugs currently available at this place in the treatment pathway. These are all high-cost drugs with a RED colour classification on the Sussex Partner Formulary and are only available via homecare from secondary care. Rimegepant is an oral medicine that can be prescribed in primary care once efficacy is shown after an initial 12-week treatment for the prophylaxis of migraine. It was noted that there should be an annual review.</p> <p>The committee discussed the tertiary specialist migraine service available within Sussex who would support this treatment and who would prefer to retain prescribing and be responsible for the first 12 months of patient use whilst gaining experience of this new medicine. Whilst gaining the experience they will have a better understanding particularly in those with stabilised ischemic heart disease if it can be safety transferred back to the GP recognising the initial 12 weeks period.</p> <p>It was explained that neurology services at ESHT had been contacted and that neurologists based there were happy with the initial proposed PURPLE coding (with prescribing handed to GP at 12 weeks if treatment had proven effective). It was explained that a PURPLE position would not prevent tertiary specialists retaining their prescribing and monitoring of the medicines for however long they wanted.</p> <p>PP left the meeting and voting members moved to make a decision.</p> <p>Decision making framework:</p> <table border="1" data-bbox="119 1556 1225 2004"> <thead> <tr> <th>Criteria</th> <th>Decision</th> </tr> </thead> <tbody> <tr> <td>A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):</td> <td>There is evidence as noted in NICE TA906</td> </tr> <tr> <td>B. Safety</td> <td>There is a good safety profile</td> </tr> <tr> <td>C. Cost-effectiveness</td> <td>This is a cost-effective treatment which has been approved by NICE under a TA</td> </tr> <tr> <td>D. Place in treatment pathway</td> <td>The treatment pathway is set out within the NICE TA906</td> </tr> <tr> <td>E. Patient orientated outcomes</td> <td>This is within the NICE TA906</td> </tr> </tbody> </table>	Criteria	Decision	A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	There is evidence as noted in NICE TA906	B. Safety	There is a good safety profile	C. Cost-effectiveness	This is a cost-effective treatment which has been approved by NICE under a TA	D. Place in treatment pathway	The treatment pathway is set out within the NICE TA906	E. Patient orientated outcomes	This is within the NICE TA906	
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D. Place in treatment pathway	The treatment pathway is set out within the NICE TA906												
E. Patient orientated outcomes	This is within the NICE TA906												

F. Equity	There will be equity implementing in line with NICE TA906		
G. Environment	Nothing noted by the committee		
Voting members arrived at an outcome using the decision-making framework.			
Decision: Approved RED			
<p>ACTION 09/23 – 17 To add Rimegepant 75mg oral lyophilisate ▼ to the Sussex Partner formulary with a RED formulary coding</p> <p>ACTION 09/23 – 18 To invite the UHS specialists to re-submit a re-coding application back to the APC in 12 months' time to reconsider a purple coding (specialist initiation) with 12 weeks supply</p> <p>ACTION 09/23 – 19 The UHS specialists to bring back their experience of using Rimegepant 75mg oral lyophilisate ▼ to the APC meeting in 12 months' time to share the past 12 months experience of prescribing</p>			MD SLi SLi
4.5 Wound care formulary chapter review (KR)			
<p>The committee heard about the work to bring together a community and primary care wound care pathway across Sussex. This work supports the national wound care programme. Integral to this work is establishing an updated formulary which will then lead to considering and implementing an equitable supply route for wound care products across Sussex. The Sussex wound care formulary has previously been aligned Sussex wide in April 2023 although hasn't undergone a clinical review for some time. A formulary wound care review group consisting of community and primary care wound care experts across Sussex and covering tissue viability, lymphedema and podiatry. The updated formulary includes community and primary care but does not include secondary care due to the specification for the products differ due to the different types of wounds and duration of dressings being left in place.</p> <p>The committee raised a concern that comments shared via the Futures platform are now not available to view. It was agreed by committee that the comments were made from the perspective of secondary care and have minimal impact on decision making for this application which is intended for prescribing in primary care. The committee decided to make a decision despite this issue.</p> <p>KR left the meeting. Voting members arrived at an outcome.</p>			
Decision: Approved			
<p>ACTION 09/23 – 20 The author to review the comments missing from the Futures platform. If any changes to the formulary are required, an application will need to be submitted to the November APC meeting.</p>			SL
POST MEETING NOTE 03.10.2023			
Comments were reviewed and comments provided by the author. No amendments were deemed necessary.			
5. Virtually approved items			Action for
5.1 NICE TA902 – dapagliflozin			
Following an amendment made by NICE which now highlights that providers are NHS			

<p>hospital trusts and primary care the APC have virtually approved TA902 with a PURPLE formulary coding. This is in line with our previous purple coding decision for TA679 (dapagliflozin for treating chronic heart failure with reduced ejection fraction). (virtually approved 30.08.2023).</p>	
<p>6. Standing Items</p>	
<p>6.1 NICE Technology Appraisals / Highly Specialised Technologies / NICE guidance update – approved virtually. NICE Technology Appraisals Since the last SHCP APC meeting in July '23 the Sussex APC Secretariat group have dealt with a total of 4 published NICE Technology Appraisals and noted 1 termination.</p> <p>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 The Secretariat have dealt with a total of 7 new 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.</p> <p>There have been no Blueteq forms drafted since the last APC.</p> <p>No variation was reported between the local place bases, with positions noted.</p>	
<p>6.2 Horizon Scanning (DR) Two NICE TAs that will be published in October were highlighted to the committee. Rimegepant for treating acute migraine will be published on the 18th October. Discussions are ongoing with the neurology teams within ESHT and UHS who have offered to support the development of a pathway to guide prescribers. Daridorexant for treating long-term insomnia is being published on the 18th October as a treatment option for insomnia to be prescribed in primary care.</p>	
<p>6.3 Patient Safety & medicines safety alerts (Chair) Nothing noted</p>	
<p>6.4 Discontinuations (Chair) Discontinuations were noted. March 2023 - Ketovite tablets May 2023 - Nutrison MCT 500ml September 2023 - Nutrison MCT 1000ml</p>	
<p>7. RMOG</p>	
<p>7.1 Latest RMOG update (SP) Nothing noted</p>	<p>Action for</p>
<p>8. Sub-group</p>	
<p>8.1 Melatonin T&F update report (DR) A draft APC submission paper is being worked on which includes a commissioning statement and information sheet and a patient information leaflet. Once these are ready, they will be shared with the members of the T& F group to again consensus prior to presenting these at an APC meeting.</p>	
<p>8.2 Shared Care Protocol (SCP) update (AH) The ICB Medicines Optimisation team therapeutic leads have been briefed following the MO Board approval of national SCP implementation plan. Working groups convened for priority national SCPs for local implementation (amiodarone / dronedarone / hydroxychloroquine).</p>	

<p>The key activities for the next period include:</p> <ul style="list-style-type: none"> • Convene working groups for national SCPs not yet adopted. <p>Key milestone - To present priority SCPs and implementation plans to APC.</p>	
<p>8.3 Formulary alignment T&F group (AH) The formulary chapter review SOP has been developed, and the launch presentation has been developed. Requests for formulary items frequently implicated in patient complaints / MP enquiries / queries / service provision issues to be expedited for review and presentations to the APC by the end of 2023/2024. The key activities for the next period include:</p> <ul style="list-style-type: none"> • Develop clinical chapter review progress tracker. • Launch formulary clinical chapter review SOP • Prioritise chapters for review, with system-wide consultation. <p>Key milestones To take a paper to the MO Board in November 2023 recommending system-wide commitment to engage with proposed formulary chapter review process.</p>	
<p>9. Any other business</p>	
<p>Nothing noted.</p>	
<p>Date of next meeting</p>	
<p>Date: November 28th 2023 Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie</p>	
<p>Meeting closed 14.30.</p>	