Minutes of the Sussex Area Prescribing Committee

Date:	Tuesday, 31st March 2026
Time:	12:00 – 14:00
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
Iben Altman (IA)	Chief Pharmacist, Sussex Community NHS Foundation Trust (SCFT)
Irma Murjikneli (IM)	Clinical Director, Prescribing Lead / GP representative
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Jonathon Palmer (JPa)	Deputy Chief Pharmacist, Sussex Partnership NHS Trust (SPFT)
Jo Pendlebury (JPe)	Clinical Lead Pharmacist, Princess Royal Hospital, University Hospitals Sussex NHS Foundation Trust (UHSx) (deputise for Samantha Lippett)
Mairead O'Malley (MO'M)	Trust Clinical Pharmacy Lead, University Hospitals Sussex NHS Foundation Trust (UHSx)
Mark Donaghy (MD)	Local Pharmaceutical Committee (LPC) representative
Michael Okorie (MOk)	Consultant Physician and Associate Medical Director for Medicines Safety & Prescribing, University Hospitals Sussex NHS Foundation Trust (UHSx) (the Chair)
Neveen Sorial (NS)	Interim Chief Pharmacy Officer, NHS Sussex ICB
Simon Badcott (SD)	Chief Pharmacist, Associate Director of Professions, Core Services Division, East Sussex Healthcare NHS Trust (ESHT)
Stephen Lytton (SLy)	Clinical Director, Prescribing Lead / GP representative (13:30 left the meeting)
Tak Ho Cheung (Andy) (TC)	Deputy Head of Medicines Governance & Value, NHS Sussex ICB
Zenobia Dzisiewska-Smith (ZDS)	Lead Pharmacy Technician Medicines Optimisation, Strategy and Interface, NHS Sussex ICB (left the meeting at 12:29)
Guests/Presenters:	
Elle Mortimer Roome (EMR)	GP, Gender Clinician, Sussex Gender Service
Kat Allen (KA)	Consultant Clinical Psychologist, Clinical Lead, Sussex Gender Service Pilot
Pramit Patel (PP)	Head of Medicines Optimisation Service Development and Interfaces of Care, NHS Sussex ICB

Minutes taken by:

Andy Cheung, Deputy Head of Medicines Governance and Value, NHS Sussex

1.Welcome and apologies

1.1 Welcome, apologies, and meeting etiquette

The Chair welcomed the committee to the January Sussex Area Prescribing Committee (APC) meeting.

- **Apologies received:** Janet Rittman (Public Health), Russel Brown (LMC), Samantha Lippett (UHSx), Stephen Pike (Sussex ICB), Tejinder Bahra (Surrey ICB)
- Jo Pendlebury deputised for Samantha Lippett.

1.2 Conflicts of Interest

Submitted electronically. Members were reminded to update their annual declarations. MOk (the Chair) declared his interest in Pfizer, while Nafarelin (Synarel®) being one of the new medicine applications is

manufactured by that company. The committee acknowledged this declaration and confirmed that no action is required.

2. Minutes and action log

2.1 Minutes of last meeting

The minutes of the previous Sussex APC meeting held in January 2026 were previously agreed and ratified virtually via FutureNHS platform. The minutes are available to view on the NHS Sussex website here.

2.2 Action log

The committee was informed that the four outstanding actions are in progress. A record of complete and outstanding actions is available on FutureNHS platform.

3. Meeting administration business

Nothing to report

4. Item for approval Standing item

4.1 Surrey and Sussex Interface Prescribing Policy (PP)

The committee was asked to approve the Surrey and Sussex Interface Prescribing Policy (IPP). The committee heard that Sussex ICB currently operates under a local provider agreement, while Surrey Heartlands ICB uses a formal IPP. In preparation for the merger of the two ICBs in April 2026, works have been undertaken to align prescribing practice across the new ICB geography. The two place-based documents show high similarity in scope and content, and the minor differences have been aligned. As this document is now considered as a formal policy, an Equality and Health Inequalities Impact Assessment (EHIA) and a Quality Impact Assessment (QIA) have been completed.

The committee noted the existing variation in discharge supplies between Sussex providers and the need for further alignment with Surrey. The committee also acknowledged the NHSE Getting It Right First Time (FIRFT) recommendation of a 28-day supply and the concern on practical implementation of the agreed practice when the local agreement is now converted to a formal policy.

The committee was reassured that the policy introduces no substantive operational changes and primarily formalises the existing local agreement into a policy framework, including current blister-pack arrangement. While the committee stressed the importance of addressing variation in discharge supplies between providers, it was also highlighted that any harmonisation would require contractual consideration due to cost implications. The committee agreed that supply-quantity alignment should be addressed through the established Sussex Transfer of Care Pharmacy Group and that any future changes will require system-level approval in the new ICB structure.

Decision: Approved

ACTION 03/26 – 01

What: Upload the approved Surrey and Sussex Interface Prescribing Policy (IPP) to the Sussex Formulary and intranet.

Who: APC Secretariate **When:** June 2026

4.2 Oestradiol and Adjunct Medication Prescribing and Monitoring Guidelines for Primary Care (EMR, KA)

4.3 Testosterone and Adjunct Medication Prescribing and Monitoring Guidelines for Primary Care (EMR, KA)

The committee was asked by the Sussex Gender Service (SGS) to approve the updated of the Prescribing and Monitoring Guidelines for Primary Care for oestradiol, testosterone and their adjunct medication. The committee heard that the updated guidance forms part of a broader prescribing offer aimed at improving clarity, consistency and safety for primary care colleagues. Accompanying documents included an updated information cover letter for primary care (submitted via virtual approval) and a Collaborative Care Agreement (CCA) that defines roles, responsibilities, expectations around phlebotomy and prescribing, and provides ongoing access to specialist advice.

The committee noted the usefulness of the updated pack and existing advice and guidance (A&G) routes. No concerns were raised regarding the clinical content or practical implementation of either set of guidelines, and slight regional differences in hormone monitoring ranges (e.g. Nottingham and Tavistock) were acknowledged but not considered problematic.

The committee note the request of minor amendments to reference ranges based on late endocrinology advice that the oestradiol target range has been broadened from 400–600 pmol/L to 350–750 pmol/L, and the Nebido testosterone monitoring range widened from 10–12 nmol/L to 10–18 nmol/L, which have

not been reflected on the version uploaded to Futures. The committee agreed that these amendments can be incorporated into final version upon approval.

Decision: Approved

ACTION 03/26 – 02
What: Upload the approved 'Oestradiol and Adjunct Medication Prescribing and Monitoring Guidelines for Primary Care' and 'Testosterone and Adjunct Medication Prescribing and Monitoring Guidelines for Primary Care' to the Sussex Formulary and intranet.
Who: APC Secretariat **When:** June 2026

4.4 New Medicine Application – Estriol and vaginal estradiol for vulvovaginal atrophy secondary to gender-affirming testosterone therapy (EMR, KA)
The committee was asked to approve the new medicine application of estriol vaginal cream, gel and pessaries and estradiol vaginal pessaries and vaginal tablets as **GREEN** drugs for vulvovaginal atrophy secondary to gender-affirming testosterone therapy, as requested by SGS. The committee heard that SGS currently follows Nottingham Centre for Transgender Health (NCTH) prescribing guidelines as the pilot model which include the use of estriol and vaginal estradiol for the above indication. The addition of gel, cream and pessary estriol medications and estradiol pessaries provides further options for patients should they develop an intolerance to one form of the medication options, or if there is a reduction in supply.

Decision making framework:

Criteria	Criterion met/not met
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):	Met
B. Safety	Met
C. Cost-effectiveness	Met
D. Place in treatment pathway	Met
E. Patient orientated outcomes	Met
F. Equity	Met
G. Environment	Met

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

Decision: Approved

ACTION 03/26 – 03
What: Add estriol and vaginal estradiol on the Sussex Formulary (under 6.8.3b Sussex Gender Service Collaborative Care Agreement (CCA)) with a **GREEN** formulary coding and an information box stating this **GREEN** formulary coding refer to 'treatment of vulvovaginal atrophy secondary to gender-affirming testosterone hormone therapy for patients assigned female at birth'.
Who: APC Secretariat **When:** June 2026

ACTION 03/26 – 04
What: Add an OptimiseRx message reflecting the **GREEN** formulary coding of estriol and vaginal estradiol for vulvovaginal atrophy secondary to gender-affirming testosterone therapy
Who: APC Secretariat **When:** June 2026

4.5 New Medicine Application – Cyproterone for gender dysphoria (EMR, KA)
4.6 New Medicine Application – Nafarelin for gender dysphoria (EMR, KA)
The committee was asked to approve the new medicine application of cyproterone and nafarelin as a **PURPLE** drug for the following indications as part of the SGS formulary update:

- Cyproterone – Anti-androgen adjunct for feminising gender-affirming hormone therapy for transgender females / non-binary patients assigned male at birth.

- Nafarelin – Adjunct for gender-affirming hormone therapy for transgender females / non-binary patients assigned male at birth, or transgender males / non-binary patients assigned female at birth; Gender-affirming menstrual suppression

The committee heard that SGS currently follows NCTH prescribing guidelines as the pilot model which include the use of cyproterone and nafarelin for the above indication. The addition of cyproterone and nafarelin to the formulary will provide additional prescribing options when patient is intolerant to the existing treatment options or in the event of a supply shortage.
The committee was also advised that the proposed **PURPLE** formulary coding indicates that a specialist recommendation, together with an engagement letter and the CCA, will be issued before any request is made for GPs to assume prescribing responsibilities. Concerns were raised regarding the actual practice in GP prescribing, particularly around monitoring requirements, initiation pathways, and the variability of real-world experiences when patients request bridging therapy. Clarification was provided that SGS conducts regular follow-up and ongoing dose titration, with GPs primarily responsible for issuing prescriptions and undertaking blood tests as advised. The committee acknowledged wider system pressures, the appropriateness of SGS oversight, and the presence of current support mechanisms for primary care. However, the committee agreed it would be necessary to monitor the prescribing support functions in practice and to revisit the position if operational issues arise.

Decision making framework for cyproterone:

Criteria	Criterion met/not met
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):	Met
B. Safety	Met
C. Cost-effectiveness	Met
D. Place in treatment pathway	Met
E. Patient orientated outcomes	Met
F. Equity	Met
G. Environment	Met

Decision making framework for nafarelin:

Criteria	Criterion met/not met
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):	Met
B. Safety	Met
C. Cost-effectiveness	Met
D. Place in treatment pathway	Met
E. Patient orientated outcomes	Met
F. Equity	Met
G. Environment	Met

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

Decision: Approved

ACTION 03/26 – 05
What: Add cyproterone on the Sussex Formulary (under 6.8.3b Sussex Gender Service Collaborative Care Agreement (CCA)) with a **PURPLE** formulary coding and an information box stating this **PURPLE** formulary coding refer to 'an adjunct to gender-affirming feminising hormone therapy for patients assigned male at birth'.
Who: APC Secretariat **When:** June 2026

ACTION 03/26 – 06
What: Add an OptimiseRx message reflecting the **PURPLE** formulary coding of cyproterone as an adjunct to gender-affirming feminising hormone therapy for patients assigned male at birth
Who: APC Secretariat **When:** June 2026

ACTION 03/26 – 07
What: Add nafarelin on the Sussex Formulary (under 6.8.3b Sussex Gender Service Collaborative Care Agreement (CCA)) with a **PURPLE** formulary coding and an information box stating this **PURPLE** formulary coding refer to 'adjunct for gender-affirming hormone therapy for transgender females / non-binary patients assigned male at birth', 'adjunct for gender-affirming hormone therapy for transgender males / non-binary patients assigned female at birth' and 'gender-affirming menstrual suppression'.
Who: APC Secretariat **When:** June 2026

ACTION 03/26 – 08
What: Add an OptimiseRx message reflecting the **PURPLE** formulary coding of nafarelin for the indications as listed above.
Who: APC Secretariat **When:** June 2026

5. Virtually approved items

The committee noted the following applications have been submitted via virtual approval since the previous meeting:

5.1 Care without Carbon Oral Nutrition Supplements (ONS) documents – Virtually approved on 04/02/2026, for noting
5.2 Manufacturer updates to formulary products in "Appendix 1 Borderline substances" – For noting
5.3 Minor update on High-cost drug (HCD) JIA position statement – For noting
5.4 Minor update on Adult ONS FAQ – For noting
5.5 Minor update on Adult ONS prescribing guidance – For noting
5.6 Dapagliflozin patient information leaflet (PIL) – Virtually approved on 16/02/2026, for noting
5.7 Sussex HCD Rheumatoid Arthritis (RA) pathway – Virtually approved on 17/02/2026, for noting
5.8 ENT Diagnostic and Treatment Pathways for General Practice – Virtually approved on 18/02/2026, for noting
5.9 Hypertensive disorders in pregnancy treatment pathway – Virtually approved on 18/02/2026, for noting
5.10 Written clarification on the funding arrangement of cytisinicline via LA-commissioned local commissioning service (LCS)
5.11 Choice of Preferred Biosimilar Brands of Denosumab 60mg pre-filled syringe (PFS) – Virtually approved on 03/03/2026, for noting
5.12 Sitagliptin first line DPP-4 inhibitor application – Virtually approved on 09/03/2026, for noting
5.13 Sterile Dressing Pack Guidance in Primary and Community Care – Virtually approved on 09/03/2026, for noting
5.14 Psoriatic Arthritis HCDs Treatment Pathway – Virtually approved on 25/03/2026, for noting
5.15 Sussex Gender Service (SGS) cover letter for primary care teams – Virtually approved on 08/04/2026, for noting
5.16 Oestrogen hormone medication information and consent form – Virtually approved on 08/04/2026, for noting
5.17 Testosterone hormone medication information and consent form – Virtually approved on 08/04/2026, for noting
5.18 Lenzetto® spray new medicines application – Virtually approved as a **PURPLE** drug for gender dysphoria on 08/04/2026, for noting
5.19 Testovan® pump formulary extension application – Virtually approved as a **PURPLE** drug for gender dysphoria on 08/04/2026, for noting
5.20 Cyanocobalamin 50mcg Medicine Colour Change Application – Not approved, for noting
5.21 Cyanocobalamin 1mg Formulary Extension Application – Not approved, for noting
5.22 Vitamin B12 deficiency guidelines flowchart – Not approved, for noting
5.23 Ferric Maltol Medicine Colour Status Change Application – Not approved, for noting
5.24 Cinacalcet Medicine Colour Status Change Application – Not approved, for noting
5.25 Cinacalcet Medicine Information Sheet – Not approved, for noting
5.26 Lanthanum Medicine Colour Status Change Application – Not approved, for noting
5.27 Lanthanum Medicine Information Sheet – Not approved, for noting
5.28 Sevelamer Medicine Colour Status Change Application – Not approved, for noting

5.29 Sevelamer Medicine Information Sheet – Not approved, for noting

6.Standing Items

6.1 National Institute for Health and Care Excellence (NICE) Technology Appraisals / Highly Specialised Technologies (MO)

Since the January APC meeting, the Sussex APC Secretariat group have dealt with a total of 16 published NICE Technology Appraisals, noted 8 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.

1. NICE TA1126 – Natalizumab (originator and biosimilar) for treating highly active relapsing–remitting multiple sclerosis after disease-modifying therapy. Virtually approved with a **RED** formulary coding on 26/02/2026 for noting.
2. NICE TA1124 – Concizumab for treating haemophilia A or B in people 12 years and over with factor inhibitors (terminated appraisal). For noting.
3. NICE TA1125 – Pembrolizumab with pemetrexed and platinum-based chemotherapy for untreated unresectable advanced malignant pleural mesothelioma (terminated appraisal). For noting.
4. NICE TA972 – Sirolimus for treating facial angiofibroma caused by tuberous sclerosis complex in people 6 years and over (terminated appraisal). For noting.
5. NICE TA1123 – Depemokimab for treating chronic rhinosinusitis with nasal polyps in adults (terminated appraisal). For noting.
6. NICE TA1122 – Amivantamab with lazertinib for untreated EGFR mutation-positive advanced non-small-cell lung cancer. Virtually approved with a **RED** formulary coding on 26/02/2026 for noting.
7. NICE TA1118 – Entrectinib for treating NTRK fusion-positive solid tumours in people 12 years and over (terminated appraisal). For noting.
8. NICE TA1119 – Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia. Virtually approved with a **RED** formulary coding on 26/02/2026 for noting.
9. NICE TA1121 – Acoramidis for treating transthyretin amyloidosis with cardiomyopathy. Virtually approved with a **RED** formulary coding on 28/01/2026 for noting.
10. NICE TA1120 – Avelumab with axitinib for untreated advanced renal cell carcinoma. Virtually approved with a **RED** formulary coding on 28/01/2026 for noting.
11. NICE TA1056 – Molnupiravir for treating COVID-19. For noting.
12. NICE TA878 – Nirmatrelvir plus ritonavir and tocilizumab for treating COVID-19. For noting.
13. NICE TA1136 – Bevacizumab (originator and biosimilars) with fluoropyrimidine-based chemotherapy for metastatic colorectal cancer. For noting.
14. NICE TA242 – Cetuximab, bevacizumab and panitumumab for the treatment of metastatic colorectal cancer after first-line chemotherapy. For noting.
15. NICE TA1137 – Canagliflozin for treating type 2 diabetes in people 10 to 17 years (terminated appraisal). For noting.
16. NICE TA1135 – Baloxavir marboxil for treating and preventing influenza in children 1 to 11 years (terminated appraisal). For noting.
17. NICE TA1133 – Belantamab mafodotin with pomalidomide and dexamethasone for previously treated multiple myeloma. Virtually approved with a **RED** formulary coding on 18/03/2026 for noting.
18. NICE TA1134 – Dupilumab for treating severe chronic rhinosinusitis with nasal polyps. Virtually approved with a **RED** formulary coding on 18/03/2026 for noting.
19. NICE TA1132 – Ruxolitinib for treating moderate to severe chronic graft versus host disease after an allogeneic stem cell transplant in people 28 days to 17 years (terminated appraisal). For noting.
20. NICE TA1129 – Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy. For noting.
21. NICE TA1131 – Obinutuzumab with mycophenolate mofetil for treating lupus nephritis. Virtually approved with a **RED** formulary coding on 18/03/2026 for noting.
22. NICE TA1130 – Talazoparib with enzalutamide for untreated hormone-relapsed metastatic prostate cancer. Virtually approved with a **RED** formulary coding on 18/03/2026 for noting.
23. NICE TA1128 – Targeted-release budesonide for treating primary IgA nephropathy. For noting.
24. NICE TA1127 – Nivolumab with chemotherapy for neoadjuvant treatment then alone for adjuvant treatment of resectable non-small-cell lung cancer. Virtually approved with a **RED** formulary coding on 19/02/2026 for noting.

6.2 Horizon Scanning (PP)

Nothing to report.

6.3 Patient Safety & Medicines Safety Alerts

Nothing to report.

6.4 Discontinuations

Nothing to report.

7. South East Regional Medicines Optimisation Group (SERMOG)

7.1 Latest SERMOG update (TC)

The committee noted that the SERMOG has paused publication of new guidance until further notice. Most SERMOG policy recommendations have already been adopted and approved by the APC. Only a small number of items remain outstanding which will require approval at the joint Surrey and Sussex APC once it is established.

8. Subgroup reports

8.1 Formulary and pathways (governance) update (AH)

The committee was provided on the progress of Single National Formulary (SNF) development. The committee discussed the implementation of the SNF, noting strong local and national support for the proposed structure, with most categories aligning with existing local frameworks. Concerns were raised that adopting a national formulary could reduce reliance on the local formulary, which remains important for incorporating Sussex-specific guidance. The committee also raised about integration with NICE guidance, clinical pathways, colour coding for drugs with multiple indications (including licensed and unlicensed uses), and alignment between primary and secondary care.

The committee emphasised the need for a user-friendly format that translates national guidance effectively, supports parity of NICE guidance implementation, and accommodates local variations where necessary. AH confirmed that she would continue to raise these points at the national meetings and updates will be reported from future national meetings.

9. Any other business

The committee noted that this meeting represents the final standalone Sussex APC. Plans for the first joint Surrey and Sussex APC are being developed and feedback from the committee on processes and proposed terms of reference for the new joint committee will be welcomed. The committee expressed gratitude to all members for their contributions over the years, particularly highlighting the efforts of long-serving members and the Secretariat in maintaining robust governance and efficient processes.

Date of next meeting

To be confirmed.

Meeting close.