

Minutes of the Sussex Health & Care Partnership Area Prescribing Committee

Date:	Tuesday 30th January 2024
Time:	12:00 – 14:00
Venue:	Online MS Teams
Chair:	Michael Okorie

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)
Jade Baker (JBa)	Lead Strategic Pharmacist, Practice Integration and Engagement, NHS Sussex ICB, West Sussex (deputising for Neveen Sorial)
Raquel Barsoum (RB)	APC secretariat and link pharmacist, NHS Sussex ICB, Brighton and Hove
Helena Bird (HB)	Chief Pharmacist, Sussex Partnership NHS Foundation Trust (joined the meeting 12.05)
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	Medicines Optimisation Pharmacy Technician, NHS Sussex ICB, Brighton and Hove
Matthew Dell (MDe)	APC secretariat, Senior Medicines Optimisation Pharmacy Technician, NHS Sussex ICB, West Sussex
Mark Donaghy (MD)	Local Pharmaceutical Committee (LPC) representative
Gill Ells (GE)	Associate Director of Medicines Optimisation, East Sussex, NHS Sussex ICB
Stewart Glaspole (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
Irma Murjikneli (IM)	Prescribing Lead / GP, East Sussex (Interim)
Michael Okorie (MO)	Professor of Clinical Pharmacology and Therapeutics; Consultant Physician; Associate Medical Director – Brighton and Sussex Medical School; University Hospitals Sussex
Mairead O'Malley (MM)	Highly Specialised Pharmacist (Care of the Elderly), University Hospitals Sussex NHS Foundation Trust
Jonathon Palmer (JP)	Deputy Chief Pharmacist, East Sussex Healthcare NHS 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)
Janet Rittman (JR)	Sussex Public Health Representative - Brighton and Hove (Left the meeting at 14.02)
Jade Tomes (JT)	Lead Strategic Pharmacy Technician – Medicines Governance, NHS Sussex ICB
Harriet Vogt (HV)	Community Ambassador NHS Sussex ICB
Guests/Presenters:	
Katherine Regan (KR)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB – West Sussex
Begoña Hernandez Roca (BHR)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB – West Sussex
Chathanath Binodh (CB)	Primary Care Clinical Lead Diabetes Sussex ICS
Alison Warren (AW)	Lead Specialist Consultant Pharmacist for cardiology, University Hospitals Sussex NHS Foundation Trust/ NHS Sussex ICB
Chrysanthos Poullikas (CP)	Consultant Paediatrician, East Sussex Healthcare NHS Trust
Louise Makuvise	Medicines Optimisation Pharmacy Technician, NHS Sussex ICB (observing)

Zenobia Dzisiewska-Smith	Lead Medicines Optimisation Technician, NHS Sussex ICB – West Sussex (observing)
Karen Becker	Administrator for Medicines Optimisation East Sussex, NHS Sussex

Minutes taken by:	
Jo Piper, (APC secretariat) Lead Medicines Optimisation Pharmacy Technician, NHS Sussex ICB (JPi)	
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: Neveen Sorial, Tejinder Bahra, Helen Porter, Shirman Lam, Dave Russell	
1.2 Conflicts of Interest The was done 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 November 2023 were previously agreed and ratified virtually. The minutes are available to view on the NHS Sussex website here .	
2.3 Action log	
Action	Update
11/23 – 01 What: To update the Sussex Partner Formulary with a GREEN formulary coding for Tostran® gel and Testogel® sachet for low libido in postmenopausal in women, with the recommendation for GPs to follow the British Menopause Society Guidance Who: Matt Dell When: 17.01.2024	Completed
11/23 – 02 What: To add dorzolamide 20mg/ml / timolol 5mg/ml eye drops preservative free (multidose bottle) to the Sussex Partner Formulary with the PURPLE colour coding, also to add the caveat: “This is the preferred choice for newly initiated patient.”, “Do not recommend the Cosopt iMulti as it is not cost-effective” and to add to the ‘Not recommended Items’ list, Who: Matt Dell When: 17.01.2024	Completed
11/23 – 03 What: To add dorzolamide 20mg/ml / timolol 5mg/ml eye drops preservative free (multidose bottle) to OptimiseRx PURPLE drug list. Add Cosopt iMulti to the OptimiseRx ‘not recommended list’. Who: Jo Piper When: 17.01.2024	Completed
11/23 – 04 What: To amend the formulary coding of somatrogon pre-filled disposable devices to PURPLE (Specialist to prescribe initial 3-months supply), and to	Completed

link to the patient information leaflet. To note on the formulary that this is administered once weekly. Who: Matt Dell When: 17.01.2024		
11/23 – 05 What: To remove the BlueTeg form for somatrogen when the formulary has been updated. Who: Aggie Morozinska When: 17.01.2024	Completed	
11/23 – 06 What: To align the formulary coding of Somatropin to PURPLE (Specialist to prescribe initial 3 months), and to link to the patient information leaflet. Who: Matt Dell When: 17.01.2024	Completed	
11/23 – 07 What: To upload the somatrogen and somatropin patient information leaflet to the Shared Care section on the Sussex ICB internet. Who: Aggie Morozinska When: 17.01.2024	Completed	
11/23 – 08 What: To add somatrogen to OptimiseRx PURPLE drug list Who: Jo Piper When: 17.01.2024	Completed	
11/23 – 09 What: To update the Sussex Partner Formulary from a mixed coding to AMBER coding for methotrexate SC. To link the SCPs to the Sussex Partner Formulary. Who: Matt Dell When: 17.01.2024	Completed	
11/23 – 10 What: To remove the legacy MXT, LFL and HCQ SCPs from the internet and upload the approved MXT, LFL and HCQ SCPs linking them to the Sussex Partner Formulary. Who: Aggie Morozinska When: 17.01.2024	Completed	
11/23 – 11 What: To add the methotrexate SC all strengths to the AMBER OptimiseRx list. Who: Jo Piper When: 17.01.2024	Completed	
11/23 – 12 What: To upload the engagement/information letter to GP (appendix 3), 'Initiating feminising hormone treatment' prescribing guidance (appendix 4), 'Initiating masculinising hormone treatment' guidance (appendix 5) to the intranet, and the collaborative care agreement (appendix 6) to both the intranet and the internet. Who: Aggie Morozinska When: 17.01.2024	Completed	
11/23 – 13 What: Sussex Gender Service- to link the Sussex Gender Service 'Initiating feminising hormone treatment' prescribing guidance (Appendix 4), the 'Initiating masculinising hormone treatment' guidance (appendix 5) and the	Open – Formulary currently being updated and will be completed in the coming weeks. 19.02.2024 Post meeting note – this action has now been completed	

<p>Sussex Gender Service Collaborative Care Agreement hormone treatment for transgender adults (Appendix 6) to the Sussex Partner Formulary Who: Matt Dell When: 17.01.2024</p>		
<p>11/23 – 14 What: Sussex Gender Service - to add Oestrogen (Estradot®) patch to the Sussex Partner Formulary with a PURPLE formulary coding and link to the information pack containing both the cover letter to GPs (appendix 3) and collaborative care agreement (appendix 6) for gender dysphoria where a GP has agreed to work under the CCA. Who: Matt Dell When: 17/11/2024</p>	<p>Open - Formulary currently being updated and will be completed in the coming weeks. 19.02.2024 Post meeting note – this action has now been completed</p>	
<p>11/23 – 15 What: Sussex Gender Service - to add Estradiol (Oestrogel pump) to the Sussex Partner Formulary with a PURPLE formulary coding and link to the information pack containing both the cover letter for GPs (appendix 3) and collaborative care agreement (appendix 6) for gender dysphoria where a GP has agreed to work under the CCA. Who: Matt Dell When: 17/01/2024</p>	<p>Open - Formulary currently being updated and will be completed in the coming weeks. 19.02.2024 Post meeting note – this action has now been completed</p>	
<p>11/23 – 16 What: Sussex Gender Service - to add Testogel pump to the Sussex Partner Formulary with a PURPLE formulary coding and link to the information pack containing the cover letter for GPs (appendix 3) and collaborative care agreement (appendix 6) for gender dysphoria where a GP has agreed to work under a CCA. Who: Matt Dell When: 17/01/2024</p>	<p>Open - Formulary currently being updated and will be completed in the coming weeks. 19.02.2024 Post meeting note – this action has now been completed</p>	
<p>11/23 – 17 What: Sussex Gender Service to add a PURPLE formulary coding and link to the collaborative care agreement (appendix 6) for products already on the formulary for gender dysphoria (products listed in Appendix 7 – comparison table for hormone therapy medications in NCTH and Tavistock guidelines) where a GP has agreed to work under the CCA Who: Matt Dell When: 17.01.2024</p>	<p>Open - Formulary currently being updated and will be completed in the coming weeks. 19.02.2024 Post meeting note – this action has now been completed</p>	
<p>11/23 – 18 What: Both the 'Information and consent' forms (appendix 1 and 2) to be amended to use the phrase 'off label' rather than 'off licence'. Who: Shirman Lam When: 17.01.2024</p>	<p>Completed</p>	
<p>11/23 – 19 What: Within the guidance remove the link to the Parkinson's calculator but to refer to the Parkinson's calculator. To email the updated guidance to the APC Secretariat.</p>	<p>Completed</p>	

Who: Raquel Barsoum When: 17/01/2024		
11/23 – 20 What: To change the Oxycodone 10mg/1ml, 20mg/2ml, and 50mg/ml injections formulary colour status from PURPLE to GREEN for palliative care. Who: Matt Dell When: 17/01/2024	Completed	
11/23 – 21 What: To change Haloperidol 5mg/ml injection formulary colour status from PURPLE to GREEN for palliative care. Who: Matt Dell When: 17/01/2024	Completed	
11/23 – 22 What: To change levomepromazine injection formulary colour status from PURPLE to GREEN for palliative care. Who: Matt Dell When: 17/01/2024	Completed	
11/23 – 23 What: To upload the 'Pan Sussex guidance for symptom management of adult palliative care patients and those in the last few days of life' and the 'Pan Sussex Opioid Conversion guide' to the intranet. Who: Aggie Morozinska When: 17/01/2024	Completed	
11/23 – 24 What: To link the 'Pan Sussex guidance for symptom management of adult palliative care patients and those in the last few days of life' and the Pan Sussex opioid conversion guide' to the Sussex Partner Formulary. Who: Matt Dell When: 17/01/2024	Completed	
11/23 – 25 What: To remove levomepromazine injection, haloperidol injection and oxycodone injections for palliative care from the purple list on OptimiseRx and to add specific messages. Who: Jo Piper When: 17.01.2024	Completed	
11/23 – 26 What: Dementia medication place in pathway - To resubmit application with a clarification of place in pathway including appropriate escalation. Who: Dave Russell When: 29.12.2023	Open - this is ongoing and will be brought back to March 2024 APC for consideration before the launch of the LCS	
11/23 – 27 What: Dementia medication - To produce a drug table to support appropriate prescribing/switching. Who: Dave Russell When: 29.12.2023	Open - this is ongoing and will be brought back to March 2024 APC for consideration before the launch of the LCS	
11/23 – 28 What: To align the insulins on the Sussex Partner formular (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	
11/23 – 29 What: To change pen devices colour coding on the Sussex Partner	Completed	

Formulary to GREEN and remove product names from the formulary. Who: Matt Dell When: 17/01/2024		
11/23 – 30 What: To add the note to Hypurin products as not for routine new initiations on the Sussex Partner Formulary. Who: Matt Dell When: 17/01/2024	Completed	
11/23 – 31 What: To add the list of biosimilar insulins as preferred/first line for new routine initiations where appropriate on the Sussex Partner Formulary. Who: Matt Dell When: 17/01/2024	Completed	
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	
Open actions from previous APC meetings		
Action	Update	
07/23 – 05 Fidaxomicin - to review the supply in the community in 6 months' time. If no issues this action will be considered. closed	Open - a review will be undertaken (similar to the one 6-months ago) and if any issues are identified, then these will be reported to the March meeting.	
07/23 – 06 Methenamine Hippurate -to bring the application back to the APC along with the treatment pathway working in partnership with Surrey Heartlands APC and local providers.	Open - to identify a patient cohort and include a cost pressure estimate for consideration prior to the published NICE Guidance update.	
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 for those unable to inject as second line to subcutaneous GLP-1.	Open - shortages still on-going, will be updated at the March APC meeting.	
09/23 – 02 What: 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. Who: Gill Ells When: Feb 2024	Open	
09/23 – 03 What: To report back to the APC from the ICS MO Board regarding a Sussex wide position for management of prescribing outside of an agreed Sussex formulary position when a patient moves into area. Who: Gill Ells When: March 2024 APC	Open	
09/23 – 18 What: 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. Who: Sam Lippett When: September 2024	Open	
09/23 – 19 What: The UHS specialists to bring back their experience of using	Open	

Rimegepant 75mg oral lyophilisate to the APC meeting in 12 months' time to share the past 12 months experience of prescribing. Who: Sam Lippett When: September 2024		
---	--	--

3. Meeting administration business		
---	--	--

3.1 Nothing noted	
-------------------	--

4. Items for approval	Action for
------------------------------	-------------------

4.1 Primary Care Dermatology Society (PCDS) treatment pathway for Actinic Keratosis (AK), Tirbanibulin 10mg/g (Klisyri®) ointment new medicine application and Imiquimod 3.75% (Zyclara®) cream formulary extension (KR)

The committee heard that PCDS AK pathway had previously been updated and provides equality of care across Sussex. It also provides primary care prescribers with a clear pathway which supports unnecessary referrals to dermatologists and averts inequality of care across Sussex.

There are two established medications within the PCDS AK pathway that aren't available on the Sussex Partner formulary, and in order for primary care prescribers to have access to these the committee was asked to consider the applications.

It was highlighted that both of these medications require to be prescribed by the brand name to reduce confusion and prevent any safety issues due to other strengths of these medicines that are already on the formulary.

It was noted that within the PCDS treatment pathway that highlighting the choice of medications in a step wise approach would be useful for primary care prescribers.

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

Decision making framework for Tirbanibulin 10mg/g (Klisyri®) ointment:

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 indication
B. Safety	There were no safety concerns noted
C. Cost-effectiveness	More expensive than alternative product, but treatment course shorter which could be an advantage if one course of treatment. If two courses required or a referral into secondary care specialists, then cost-effectiveness is reduced.
D. Place in treatment pathway	Clarification required, the treatment pathway is not clear for primary care prescribers regarding 1 st and 2 nd line choices
E. Patient orientated outcomes	This is supported by published evidence
F. Equity	This is a Sussex wide issue so no inequity. An increase in choice could increase equity
G. Environment	There were no significant individual considerations

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

Decision: Not approved, its place in the treatment pathway to be clarified.

Decision making framework for Imiquimod 3.75% (Zyclara®) cream:

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 indication
A. Safety	There were no safety concerns noted
B. Cost-effectiveness	No issues noted
C. Place in treatment pathway	Clarification required, the treatment pathway is not clear for primary care prescribers regarding 1 st and 2 nd line choices
D. Patient orientated outcomes	This is supported by published evidence
E. Equity	There were no issues noted, and may have advantages
F. Environment	There were no concerns noted

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

Decision: Not approved, place in pathway to be clarified.

Decision: Primary Care Dermatology Society (PCDS) treatment pathway for Actinic Keratosis (AK) – Not approved

ACTION 01/24 - 01

What: Katherine Regan to clarify the place in the treatment pathway for Tirbanibulin and update the treatment pathway to include 1st and 2nd line choices. For resubmission and to approve virtually via Futures.

Who: Shirman Lam **When:** 12.03.2024

ACTION 01/24 - 02

What: Katherine Regan to clarify the place in the treatment pathway for Imiquimod and update the treatment pathway to include 1st and 2nd line choices. For resubmission and to approve virtually via Futures.

Who: Shirman Lam **When:** 12.03.2024

ACTION 01/24 - 03

What: Katherine Regan to update the PCDS treatment pathway to include a stepwise approach for both Tirbanibulin and Imiquimod. For resubmission and to approve virtually via Futures.

Who: Shirman Lam **When:** 12.03.2024

SL

SL

SL

4.2 Alignment of remaining three insulin products (Lyumjev® – new medicines application, Admelog® – formulary extension and Semglee® – formulary extension) on the Sussex Partner Formulary (BH-R)

The committee heard that following the approval of the alignment insulins paper that was presented at the November 2023 APC meeting the committee were asked to

approve the alignment of the three remaining insulin products. This alignment would support the delivery of the Sussex wide diabetes care Locally Commissioned Service (LCS). These insulins required a more detailed application due to their historic single local place-based formulary position.

The addition of Admelog® and Semglee® to the Sussex Partner formulary would increase the number of biosimilar options available for clinicians to prescribe if appropriate and support compliance with NHS England recommendations to prescribe biosimilar insulins where these are available.

The addition of Lyumjev® to the formulary provides an alternative option for clinicians/patients where other rapid and ultra-rapid acting insulin analogues; have achieved poor clinical outcomes (i.e., failed to achieve required glycaemic control), experience stock shortages or where patients demonstrate allergy/non-compliance. The committee noted an omission within the application for a Lumjev® pen device called Tempo® pen, and within the application it was noted that there is a higher strength pen available. The committee requested this higher strength insulin pen be highlighted as currently the application is incorrect.

BH-R left the meeting and voting members moved to make a decision.

Decision making framework for Admelog®:

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 indications
B. Safety	There were no safety concerns noted
C. Cost-effectiveness	This is a cost-effective biosimilar insulin
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 **GREEN** formulary coding

Decision making framework for Semglee®:

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or	There is evidence to support the indications

compared with standard treatment options):	
B. Safety	There were no safety concerns noted
C. Cost-effectiveness	This is a cost-effective biosimilar insulin
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 **GREEN** formulary coding

Decision making framework for Lumjev®

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 indications
B. Safety	Safety concern noted as there are two strengths available and should be prescribed by brand name, strength and device. This is mitigated by a 'Purple' formulary coding
C. Cost-effectiveness	This is a cost-effective option
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** formulary coding

ACTION 01/24 – 04

What: To add Admelog® and Semglee® to the formulary with a **GREEN** formulary coding and to include the caveat *“Only for initiation by prescribers in primary care working under the diabetes care Locally Commissioned Service (LCS) agreement. Please refer to information found on the level of competences page within the type 2 diabetes LCS, and ensure prescribing is in accordance with the LCS documented place in therapy”*.

To also to annotate the formulary with *“Biosimilar insulins are the preferred/first line for routine new initiations where appropriate”*.

Who: Matt Dell **When:** 12.03.2024

ACTION 01/24 – 05

MDe

	<p>MDe</p> <p>SL</p> <p>JPi</p>
<p>4.3 Amiodarone and Dronedarone Shared Care Protocol (AW)</p> <p>The committee were asked to approve the local adoption of the national amiodarone and dronedarone Shared Care Protocols (SCPs) to ensure safe and effective prescribing of these medicines in Sussex. Historically, only one area within Sussex has dronedarone currently has a local SCP in place.</p> <p>The committee heard that both medications are high risk and require monitoring at the time of initiation and ongoing monitoring to ensure safe prescribing.</p> <p>It was noted that historically, there has been a high prescribing of amiodarone and dronedarone, compared with the national average, within Sussex.</p> <p>A phased approach was explained which supports the management these to reduce the impact on the cardiologists potentially utilising the support from the ICB Medicines Optimisation Team as well as by referring into the specialist teams for their local 'advice and guidance'. It was highlighted that these medicines are included in the NHSE Low Priority Prescribing and will form part of the Medicines Optimisation Incentive scheme for 2024/25.</p> <p>The committee highlighted that the appendices (letters to the GPs and also to specialists) aligned to both SPCs could be streamlined to support the potential number of patients being referred into the specialist service.</p> <p>Decision: Approved dronedarone and amiodarone Shared Care Protocols subject to simplifying the processes of documentation with useability changes to appendices.</p>	

ACTION 01/24 – 08

What: To add in the 'drop down' boxes to the appendices of both dronedarone and amiodarone SPCs and pre-populate as many fields as possible. To separate out appendices 1 and 2.

Who: Aggie Morozinska **When:** 12.0.2024

	<p>AM</p> <p>SL</p> <p>AM</p> <p>MDe</p> <p>JPi</p>
<p>4.4 Melatonin prescribing pathway (AH / SG)</p> <p>The committee were presented with recommendations made by the melatonin prescribing pathway task and finish (T&F) group), which was tasked with making evidence-based, high-quality, cost-effective melatonin prescribing recommendations to reduce unwarranted prescribing variation across Sussex, improve health outcomes, and reduce service pressures. The group convened in July 2022, with stakeholder representation from University Hospital Sussex, East Sussex Healthcare NHS Trust, Queen Victoria Hospital, Sussex Community NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, GPs, and the Integrated Care Board Medicines Optimisation team. An NHS Sussex melatonin prescribing position statement, prescribing information sheet, and patient / carer information leaflet have been developed to support implementation of recommendations made by the T&F group.</p> <p>The committee heard that non-pharmacological management of sleep conditions, e.g., sleep hygiene and behavioural support, are safer and more effective than pharmacological treatment and should be utilised wherever possible. Evidence for use of melatonin is not strong for any indication, but there are some patients who benefit from use in the context of a holistic approach to sleep disorder management. The committee heard that NHS Sussex is a high outlying prescriber of melatonin and other medications used in the treatment of sleep conditions, and that melatonin prescribing varies significantly across Sussex.</p> <p>The T&F group recommendations presented the proposed indications that melatonin be made available for in Sussex. This was supported by an evidence review and assessment of National Institute for Health and Care Excellence (NICE) recommendations, application of the Scottish Intercollegiate Guidelines Network grading system, and consensus opinion.</p> <p>The committee were also presented with four melatonin products recommended by the T&F group for inclusion on the Sussex Partner Formulary. It was proposed that a hierarchy of use was applied for all indications supported by the TF group, presenting a simplified cost-effective approach to prescribing melatonin that includes various formulations to cater for varied patient needs. The committee heard that no supply</p>	

issues have been identified with the proposed products. Most indications the T&F melatonin have recommended melatonin be made available for in Sussex are “off-label” which means they fall outside of product licensing for the products. The committee heard that adhering to licensed product prescribing where possible creates a complex prescribing scenario for clinicians, given the number of indications that melatonin will potentially be available for in Sussex, and that local clinicians are in many instances already taking the decision to prescribe a melatonin product off-label despite a licensed product being available. T&F group members agreed that off-label prescribing, even when there is a licensed product available for some patient cohorts, is low risk and does not represent a change from current practice locally. However, availability of proposed products on the Sussex Partner Formulary means clinicians can prescribe as per licensing details if that is clinically appropriate.

Concerns were raised by the SPfT representative that SPfT specialists had not been fully represented on the T&F group due to people leaving the group as a result of changing roles and not being replaced. The committee heard that stakeholder engagement had been extensive and inclusive through the task and finish group and at other fora where the T&F group work was shared. However, it was agreed that the secretariat would pick up these concerns with SPfT outside of the meeting and feed back to the committee as appropriate.

The committee heard about concerns over a lack of sleep service in some parts of Sussex leading to potential gaps for some patients accessing services with neurodevelopmental disorders in certain ages in parts of Sussex. An exercise led by NHS Sussex ICB planned care team is currently underway, scoping current sleep service pathways, identifying local population needs, and developing service provision proposals as appropriate.

It was noted that for new initiations, the new prescribing arrangements require a minimum three-month trial period where melatonin should be prescribed by the specialist before prescribing gets passed to primary care. The committee noted these changes and the potential cost pressures for service providers.

The committee raised a concern around use of melatonin in the ADHD cohort prescribed stimulants and how the British Association for Psychopharmacology (BAP) guidelines did not reference use in this patient cohort. It was explained that within the task and finish group there was strong clinical support for use in this cohort, which is reflected in the proposed AMBER formulary coding.

This pathway presents an opportunity to improve patient experience, prescribing quality and promote safer and have a more effective approach to management of sleep disorders.

The committee recognised the amount of work and time freely given by all task and finish group members and stakeholders involved and thanked them for their contribution.

Decision making framework for: generic melatonin 2 mg modified release tablets, Adaflex® immediate release tablets 1mg, 2mg, 3mg, 4mg, and 5mg
Slenyto® melatonin, modified release tablets 1mg and 5mg, and
licensed melatonin liquid 1 mg/ml

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):	The available evidence to support level of therapy was discussed and considered in the Task & Finish group.
B. Safety	Safety concerns were discussed and considered,

	the application covers safety aspects of melatonin, known safety concerns were highlighted.
C. Cost-effectiveness	This was discussed and considered within the application
D. Place in treatment pathway	This is within the commissioning statement
E. Patient orientated outcomes	Level 2 evidence was considered
F. Equity	A range of immediate and modified release preparations, and the ability for a licensed crushing of tablets and availability of a liquid (in exceptional circumstances) are offered within the melatonin prescribing pathway
G. Environment	No environmental concerns were noted

Decision: Approved

Supported melatonin indications and access routes.

- Short-term use in over 55-year-olds (up to 13 weeks) (**GREEN**).
- Sleep problems in 2 – 18-year-olds with autistic spectrum disorder / Smith-Magenis syndrome (**PURPLE**).
- Use in challenging behaviour and learning disabilities in children and adults (**PURPLE**).
- Use in cerebral palsy in under 25-year-olds (**PURPLE**).
- Use in Parkinson's disease in adults (**PURPLE**).
- Sleep problems in epilepsy in under 18-year-olds (**PURPLE**).
- Sleep onset insomnia in under 18-year-olds (**PURPLE**).
- Rapid eye movement behaviour disorders in children and adults (**PURPLE**).
- Circadian rhythm disorders in children and adults (**PURPLE**).
- Sleep problems in 6 – 17-year-olds with attention deficit hyperactivity disorder (ADHD) (**PURPLE** without stimulant)

The Sussex melatonin medicine information sheet, and the Sussex melatonin patient information leaflet

Decision: Approved

Supported melatonin indications and access routes.

- Sleep problems in 6 – 17-year-olds with attention deficit hyperactivity disorder (ADHD) (**AMBER** with stimulant).

Decision: Not approved, due to requested engagement with Sarah Jonas (Consultant Child and Adolescent Psychiatrist QI Lead Sussex CAMHS, Sussex Partnership NHS Foundation Trust).

ACTION 01/24 - 13

What: Helena Bird to engage with Sarah Jonas regarding prescribing in ADHD both with a stimulant and melatonin and report back to Amy Herbert.

Who: Amy Herbert

When: 12.03.2024

ACTION 01/24 – 14

What: To add melatonin 2mg modified release (MR) tablets, melatonin

(Add fl @) 1 2 3 4 d 5 i d i t l t b l t

AH

MDe

AM

ACTION 01/24 – 16

What: To link both the Sussex melatonin medicine information sheet, and the Sussex melatonin patient information leaflet to the Sussex Partner formulary.

Who: Matt Dell **When:** 12.03.2024

MDe

ACTION 01/24 – 17

What: To add melatonin 2mg modified release (MR) tablets, melatonin (Adaflex®) 1mg, 2mg, 3mg, 4mg, and 5mg immediate release tablets, melatonin (Slenyto®) melatonin 1mg and 5mg MR tablets, and melatonin liquid 1mg/mL and for use in the listed indications below to OptimiseRx messages.

JPi

- Short-term use in over 55-year-olds (up to 13 weeks) (**GREEN**).
- Sleep problems in 2 – 18-year-olds with autistic spectrum disorder / Smith-Magenis syndrome (**PURPLE**).
- Use in challenging behaviour and learning disabilities in children and

Post meeting note

On 5 February 2024 a meeting was held to progress discussions in the APC meeting regarding implementing a **PURPLE** formulary status for melatonin use in children with autism in the context of concerns about access to specialist support for this cohort beyond autism diagnosis, and re-consideration of use of melatonin in children with ADHD who are prescribed a stimulant. The meeting was attended by Helen Porter, Helena Bird, James Atkinson, Sarah Jonas, Gill Ells, and Amy Herbert. Actions agreed at the meeting were:

ACTION 01/24 - 18

What: To discuss service provision of ongoing specialist support for children with autism with the NHS Sussex ICB planned care team. *This information will be incorporated into the planned care sleep pathways scoping and population needs report for presentation to the NHS Sussex Commissioning Group for their consideration as appropriate*

Who: Amy Herbert **When:** 23.03.2024

AH

ACTION 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:** 23.03.2024

ACTION 01/24 - 20

What: To consider bringing back an updated application for the use of melatonin in children with ADHD who are prescribed a stimulant for committee consideration - Helena Bird to discuss with Graham Brown in April 2024.

Who: Helena Bird **When:** 23.04.2024

AH

AH

5. Standing Items	
<p>5.1 NICE Technology Appraisals / Highly Specialised Technologies / NICE guidance (MDe) NICE Technology Appraisals Since the last SHCP APC meeting in November '23 the Sussex APC Secretariat group have dealt with a total of 9 published NICE Technology Appraisals, noted 6 termination and 1 Highly Specialised Technology Guidance.</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 8 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 4 Blueteq forms drafted since the last APC which are available to view on NHS Futures 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 published 22 January 2024 regarding Fluoroquinolone antibiotic: must now only be prescribed when other commonly recommended antibiotics are inappropriate.</p>	
<p>5.4 Discontinuations (Chair)</p> <p>Discontinuations were noted.</p> <p>Hydrogen Peroxide 3%, 6% and 9% solution (12/12/2023)</p> <p>Ethinylestradiol tablets (14/12/2023)</p> <p>Testosterone 50mg/5g transdermal gel unit dose tube (22/12/2023)</p> <p>Diamorphine 500mg powder for solution for injection ampoules (15/01/2024)</p>	
6. RMOc	Action for
<p>6.1 Latest RMOc update (SP) The committee were updated, the re-organisation of RMOc is underway and the regional teams renamed, so our local team will be called Southeast Regional Medicines Optimisation Group.</p>	
7. Sub-group	
<p>7.1 Shared Care Protocol (SCP) update (AH) The ICS MO Board, approved the overall implementation plan at its meeting in November 2023.</p>	
<p>7.2 Formulary alignment T&F group (AH) The key actions completed since the November 2023 APC are the SOPs and FAQs for the chapter review teams have been developed along with a standardised way to present these to the APC. A chapter review MS Teams channel is now live, with access for all stakeholders. The chapter prioritisation and review implementation plan</p>	

(incl. SOP) paper was taken to and approved at the ICS MO Board.	
8. Any other business	
Nothing noted.	
Date of next meeting	
Date: March 26 th 2024 Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie	
Meeting close.	