

Meeting notes

Meeting	Drugs and Therapeutics Committee (DTC)	
Date and time	Friday 5th September 2025; 08:15 – 10:00	
In attendance	Presenters 8:30 Veronica Davis (VD) 8:30 Emily Zinser (EZ) 9:40 Marta Wojcik (MW)	Agenda item 2.4 2.5 4.1
Apologies	Huriyah Moden (HM) Tomi Shitta (TS) Natalia Cartledge (NC)	
Attendees	Justin Kirk-Bayley (JKB) Feroz Mohabuth (FM) Anniela Etheridge (AE) Tim Dowdall (TD) Gillian Coyle (GC) Darren Watts (DW)	Veronica Davis (VD) Tamsin Enticknap-Green (TEG) Sally Seymour (SS) Catrin Watkinson (CW) Stephen Cookson (SC) Tracy Labinjo (TL)

Summary of meeting outcomes

For a full list of APC outcomes please refer to APC minutes

Decision type	Drug	Indication / Place in Therapy	Decision
APC (July 25)	Isoprenaline Injection	Acute hypotension and shock	Approved: Red Drug
APC (July 25)	Dobutamine Injection	Acute hypotension and shock	Approved: Red Drug
APC (July 25)	Dopamine Injection	Acute hypotension and shock	Approved: Red Drug, but not at RSFT
APC (July 25)	Metaraminol Intravenous Infusion and Injection	Acute hypotension and shock	Approved: Red Drug
APC (July 25)	Noradrenaline / norepinephrine Injection	Acute hypotension and shock	Approved: Red Drug
APC (July 25)	Phenylephrine Injection	Acute hypotension and shock	Approved: Red Drug
APC (July 25)	Vasopressin Injection	Acute hypotension and shock	Approved: Red Drug
APC (July 25)	Methylene Blue injection	Acute hypotension and shock	Approved: Red Drug
APC (July 25)	Angiotensin II Injection	Acute hypotension and shock	Approved: Red Drug
APC (July 25)	Atomoxetine capsules, oral solution	Adult ADHD	Approved: Amber drug
APC (July 25)	Dexamfetamine tablets, oral solution	Adult ADHD	Approved: Amber drug

APC (July 25)	Lisdexamfetamine capsules	Adult ADHD	Approved: Amber drug
APC (July 25)	Methylphenidate tablets, MR tablets, MR capsules, oral solution	Adult ADHD	Approved: Amber drug
APC (July 25)	Guanfacine MR tablets	Adult ADHD	Approved: Shared care agreement pending
APC (July 25)	Promazine (tablets and oral solution)	Anti-Psychotics	NON -FORMULARY
APC (July 25)	Risperidone orodispersible tablets	Anti-Psychotics	Approved: Red drug
APC (July 25)	Quetiapine Modified Release (MR) tablets	Anti-Psychotics	Approved: Red drug
APC (July 25)	Chlorpromazine intramuscular injection and suppositories	Anti-Psychotics	NON -FORMULARY
APC (July 25)	Chlorpromazine tablets and oral solution	Anxiety-Short term	Approved: Blue (with specialist initiation) for a minimum of 3 months prior to transfer of care.
APC (July 25)	Oral antipsychotics	Mania	Approved: Blue (with specialist initiation) for a minimum of 3 months prior to transfer of care.
APC (July 25)	Paediatric oral nutritional supplements	Borderline Substances	Approved: Blue (on advice from specialist)
APC (July 25)	Enteral feeds with ACBS approval	Borderline Substances	Approved: Blue (on advice from specialist)
APC (July 25)	Enteral feeds without ACBS approval	Borderline Substances	Approved: Red drug
APC (July 25)	Calcium acetate for hyperphosphatemia secondary to pemigatinib	Micronutrients	Awaiting completion of the renal chapter
APC (July 25)	Slow sodium tablets	Micronutrients	Approved: Green drug


APC (July 25)	Phosphate Sandoz (effervescent phosphate)	Micronutrients	Approved: Green drug
APC (July 25)	LABiNiC Probiotic Drops	Micronutrients	Approved: Red drug
NICE TA (July and Aug 25)	Cenobamate	Focal onset seizures in epilepsy	NON-FORMULARY for children and young people. Approved BLUE (with specialist prescriber initiation) for adults with at least 12 weeks prescribing by the specialist
NICE TA (July 25)	Somapacitan	Growth hormone deficiency in people 3 to 17 years	Approved: Amber drug with at least three months specialist prescribing for ages 3 to 17 NON-FORMULARY for those initiated over the age of 18
NICE TA (July 25)	Relugolix-estradiol-norethisterone tablets	Endometriosis	Approved: BLUE (with specialist initiation)
APC (Aug 25)	Tirzepatide Injection	Obesity and weight management Surrey Weight Management Service (SWMS)	Change in status from Amber to Blue drug for SWM service only
APC (Aug 25)	Topical Erythromycin	Acne	NON-FORMULARY
APC (Aug 25)	Glycopyrronium oral solution (1mg/5ml) Off label	Hyperhidrosis	Approved: BLUE (with specialist initiation) minimum 1 month prescribing prior to transfer of care
APC (Aug 25)	Glycopyrronium tablets	Hyperhidrosis	NON –FORMULARY
APC (Aug 25)	Glycopyrronium oral solution (400mcg/1ml) Off label	Hyperhidrosis	NON –FORMULARY
APC (Aug 25)	Amorolfine Nail lacquer	Fungal infection	Approved: Green Drug

APC (Aug 25)	Clotrimazole Cream, Powder, Solution, Pessary, Spray	Fungal infection	Approved: Green Drug
APC (Aug 25)	Undecylenic acid with zinc undecanoate (Mycota®) Powder	Fungal infection	NON-FORMULARY
APC (Aug 25)	Aluminium chloride solution	Hyperhidrosis	Approved: Green Drug
APC (Aug 25)	Fluvoxamine tablets	Depression, Obsessive Compulsive Disorder & Social Anxiety Disorder	Approved: Green Drug
APC (Aug 25)	Venlafaxine tablets, MR capsules, MR tablets	Depression, Generalised Anxiety Disorder, Panic Disorder & Social Anxiety Disorder	Approved: Green Drug
APC (Aug 25)	Dosulepin hydrochloride capsules & tablets	Depression	NON-FORMULARY (new initiations) Attempt to deprescribe for those patients that have been stabilised on treatment.
APC (Aug 25)	Trazodone capsules, oral solution	Depression and Generalised Anxiety Disorder	Approved: BLUE (with specialist initiation) 3 months prescribing by specialists prior to transfer of care
APC (Aug 25)	Bupropion tablets	Depression	Approved: Red drug
APC (Aug 25)	Fluoxetine tablets	All indications	NON-FORMULARY
APC (Aug 25)	Pregabalin capsules and oral solution	Generalised Anxiety Disorder	Approved : Green Drug
APC (Aug 25)	Clomipramine capsules	Obsessive Compulsive Disorder	Approved: Green drug
APC (Aug 25)	Propranolol	Anxiety	NON-FORMULARY

DTC (Sept 25)	Healthy Start Vitamins	Alternative multivitamin drops for pre-term infants and neonates due to supply issues of licensed multivitamins, Abidec and Dalivit.	Approved: Status awaiting ICB
DTC (Sept 25)	Nirsevimab (Beyfortus®) Injection	Immunisation during the Respiratory Syncytial Virus (RSV) season for eligible high-risk infants, very and extremely pre-term infants as defined in The Green Book.	Approved: Red Drug
DTC (Sept 25)	Icatibant Injection	Bradykinin-mediated angioedema with normal C1-esterase inhibitor	Approved: Red drug
DTC (Sept 25)	Fluorescein 10% injection	Ophthalmology	Approved: Red drug
DTC (Sept 25)	Acetic acid 5% solution	Colposcopy	Approved: Red drug
DTC (Sept 25)	Lidocaine HCl 2% w/v and Adrenaline (Epinephrine) tartrate 1/80,000 w/v base. (Lignospan Special) SOLUTION FOR INJECTION)	Colposcopy	Approved: Red drug
DTC (Sept 25)	Aqueous Iodine Oral Solution BP (Lugol's) Iodine Solution	Colposcopy	Approved: Red drug
DTC (Sept 25)	Monsel's Solution	Colposcopy	Approved: Red drug
DTC (Sept 25)	Silver nitrate caustic APPLICATORS (75% Silver Nitrate, 25% Potassium Nitrate)	Colposcopy	Approved: Red drug

DTC (Sept 25)	PRILOCAINE 3% AND FELYPRESSIN (CITANEST with Octapressin) Solution for Injection 0.066units/2.2mL cartridge Administration (off- label use)	Colposcopy	Approved: Red drug
DTC (Sept 25)	Scandonest 3% Plain: Mepivacaine Hydrochloride 66mg/2.2ml solution supplied in pre filled 2.2ml cartridges	Colposcopy	Approved: Red drug


Decision type	Document	Decision	Further actions
Ratification	PGD Policy Review	Approved	
Ratification	DTC ToR Review	Approved	Subject to amendments
Ratification	Medicines Management Policy	Approved	
Approval	Written instruction to administer inactivated influenza vaccine (IIV)	Approved	

Number	Item	
1 – Committee meeting		
1.1	Welcome, introduction and apologies	Attendees were welcomed as above. Apologies received from HM, TS and NC.
1.2	Declarations of interest for items on this agenda	There were no declarations of interest.
1.3	Minutes of the previous meeting:	VD shared a summary of the minutes from July 2025 DTC meeting It was noted that Andy Carne’s surname had been misspelled as ‘Khan’. This has now been corrected. No further issues raised. Minutes of the previous meeting were agreed as a true and accurate record.
1.4	Action log	 DTC Action log (master).xlsx The action log was reviewed and updated. It was agreed to remove items 1.4 and 1.6 from the action log, as it will now be covered through regular updates. See action log for full details.



		<p>The group expressed no objections, and the update was agreed. The revised document will be submitted to JKB for sign-off.</p>
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ACTION:
TEG to update the local protocol to include ODPs and submit the updated document to JKB for signature.

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2.1	NICE TA tracker, summary and update	<p>AE presented. The following NICE TAs have been added and noted. Item highlighted in blue is terminated.</p> <table border="1" data-bbox="560 151 2072 1372"> <thead> <tr> <th>TA</th> <th>Indication</th> <th>Recommendation</th> </tr> </thead> <tbody> <tr> <td>TA1077</td> <td>Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over</td> <td>Recommended</td> </tr> <tr> <td>TA 1076</td> <td>Adagrasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer</td> <td>Terminated</td> </tr> <tr> <td>TA1075</td> <td>Dapagliflozin for treating chronic kidney disease</td> <td>Recommended</td> </tr> <tr> <td>TA1080</td> <td>Mirikizumab for previously treated moderately to severely active Crohn's disease</td> <td>Recommended</td> </tr> <tr> <td>TA1081</td> <td>Zanubrutinib for treating relapsed or refractory mantle cell lymphoma</td> <td>Recommended</td> </tr> <tr> <td>TA1079</td> <td>Fruquintinib for previously treated metastatic colorectal cancer</td> <td>Recommended</td> </tr> <tr> <td>TA1084</td> <td>Idecabtagene vicleucel for treating relapsed or refractory multiple myeloma after 2 to 4 treatments</td> <td>Terminated</td> </tr> <tr> <td>TA1083</td> <td>Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma after 1 systemic treatment when a stem cell transplant is unsuitable</td> <td>Terminated</td> </tr> <tr> <td>TA1082</td> <td>Letermovir for preventing cytomegalovirus infection after a kidney transplant</td> <td>Terminated</td> </tr> <tr> <td>TA753</td> <td>Cenobamate for treating focal onset seizures in epilepsy</td> <td>Recommended</td> </tr> <tr> <td>TA1085</td> <td>Vanzacaftor-tezacaftor-deutivacaftor for treating cystic fibrosis with 1 or more F508del mutations in the CFTR gene in people 6 years and over</td> <td>Recommended</td> </tr> <tr> <td>TA1087</td> <td>Betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen</td> <td>Recommended</td> </tr> <tr> <td>TA1086</td> <td>Ribociclib with an aromatase inhibitor for adjuvant treatment of hormone receptor-positive HER2-negative early breast cancer at high risk of recurrence</td> <td>Recommended</td> </tr> <tr> <td>TA1088</td> <td>Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over</td> <td>Not Recommended</td> </tr> <tr> <td>TA1089</td> <td>Sacituzumab govitecan for treating hormone receptor-positive HER2-negative metastatic breast cancer after 2 or more treatments</td> <td>Terminated</td> </tr> <tr> <td>TA1090</td> <td>Durvalumab with tremelimumab for untreated advanced or unresectable hepatocellular carcinoma</td> <td>Recommended</td> </tr> <tr> <td>TA1091</td> <td>Tarlatamab for extensive-stage small-cell lung cancer after 2 or more treatments</td> <td>Not Recommended</td> </tr> </tbody> </table>	TA	Indication	Recommendation	TA1077	Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over	Recommended	TA 1076	Adagrasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer	Terminated	TA1075	Dapagliflozin for treating chronic kidney disease	Recommended	TA1080	Mirikizumab for previously treated moderately to severely active Crohn's disease	Recommended	TA1081	Zanubrutinib for treating relapsed or refractory mantle cell lymphoma	Recommended	TA1079	Fruquintinib for previously treated metastatic colorectal cancer	Recommended	TA1084	Idecabtagene vicleucel for treating relapsed or refractory multiple myeloma after 2 to 4 treatments	Terminated	TA1083	Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma after 1 systemic treatment when a stem cell transplant is unsuitable	Terminated	TA1082	Letermovir for preventing cytomegalovirus infection after a kidney transplant	Terminated	TA753	Cenobamate for treating focal onset seizures in epilepsy	Recommended	TA1085	Vanzacaftor-tezacaftor-deutivacaftor for treating cystic fibrosis with 1 or more F508del mutations in the CFTR gene in people 6 years and over	Recommended	TA1087	Betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen	Recommended	TA1086	Ribociclib with an aromatase inhibitor for adjuvant treatment of hormone receptor-positive HER2-negative early breast cancer at high risk of recurrence	Recommended	TA1088	Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over	Not Recommended	TA1089	Sacituzumab govitecan for treating hormone receptor-positive HER2-negative metastatic breast cancer after 2 or more treatments	Terminated	TA1090	Durvalumab with tremelimumab for untreated advanced or unresectable hepatocellular carcinoma	Recommended	TA1091	Tarlatamab for extensive-stage small-cell lung cancer after 2 or more treatments	Not Recommended
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2.2	<p>Specialist Commissioning circulars and Highly Specialised Technologies</p>	<p>AE presented. The following specialised commissioning updates have been added and noted. See attached for additional notes and further info.</p> <p> NATIONAL GUIDANCE MASTER S</p> <table border="1"> <tr> <td data-bbox="555 895 745 978">SSC2849</td> <td data-bbox="745 895 1570 978">Notification of a change in data entry for one existing Specialised Services Quality Dashboard (SSQD): Oncology</td> <td data-bbox="1570 895 2181 978">Oncology</td> </tr> <tr> <td data-bbox="555 978 745 1112">SSC2847</td> <td data-bbox="745 978 1570 1112">NICE Technology Appraisal Final Draft Guidance: Zanubrutinib for treating relapsed or refractory mantle cell lymphoma.</td> <td data-bbox="1570 978 2181 1112">Oncology</td> </tr> <tr> <td data-bbox="555 1112 745 1195">SSC2851</td> <td data-bbox="745 1112 1570 1195">NICE Technology Appraisal Guidance - Cladribine for treating active relapsing forms of multiple sclerosis [TA1053].docx.</td> <td data-bbox="1570 1112 2181 1195">NHSE - RSFT do not use cladribine locally for MS (Shared Care with SGH)</td> </tr> <tr> <td data-bbox="555 1195 745 1278">SSC2850</td> <td data-bbox="745 1195 1570 1278">NICE Technology Appraisal Final Draft Guidance Fruquintinib for previously treated metastatic colorectal cancer.</td> <td data-bbox="1570 1195 2181 1278">Oncology</td> </tr> </table>	SSC2849	Notification of a change in data entry for one existing Specialised Services Quality Dashboard (SSQD): Oncology	Oncology	SSC2847	NICE Technology Appraisal Final Draft Guidance: Zanubrutinib for treating relapsed or refractory mantle cell lymphoma.	Oncology	SSC2851	NICE Technology Appraisal Guidance - Cladribine for treating active relapsing forms of multiple sclerosis [TA1053].docx.	NHSE - RSFT do not use cladribine locally for MS (Shared Care with SGH)	SSC2850	NICE Technology Appraisal Final Draft Guidance Fruquintinib for previously treated metastatic colorectal cancer.	Oncology			
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		SSC2848	Specialised Commissioning Update Future NICE Appraisals, published in June 2025, which are due to be commissioned in September 2025, with the following exception, TA1071: Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer, which will be routinely commissioned from 19 July 2025	Noting
		SSC2854	Nirsevimab passive immunisation against Respiratory Syncytial Virus (RSV) in at risk infants for upcoming 2025/26 RSV Season.docx.	Womens and Childrens. Submission to DTC Sept 25
		SSC2858	NICE Technology Appraisal Final Draft Guidance: Ribociclib with an aromatase inhibitor for adjuvant treatment of hormone receptor-positive HER2-negative early breast cancer at high risk of recurrence	Oncology
		SSC2862	NICE Technology Appraisal Final Draft Guidance: Durvalumab with tremelimumab for untreated advanced or unresectable hepatocellular carcinoma	Oncology
		SSC2864	Specialised Commissioning Update - NICE Appraisals published in July 2025 which are due to be commissioned in October 2025.	Noting
		SSC2870	NICE Technology Appraisal Final Draft Guidance - Pembrolizumab with carboplatin and paclitaxel for untreated primary advanced or recurrent endometrial cancer.	Oncology
		SSC2867	Icatibant for treatment of moderate to severe acute swellings due to bradykinin-mediated angioedema with normal C1 inhibitor (adults) [2315].	Immunology. Submission to DTC September 25

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2.3	APC update	 <p>July Aug 2025 APC Webinar.pptx</p> <p>TD presented, a summary of decisions can be found in the July and August slide presentations.</p>						
2.4	Nirsevimab (Beyfortus®): First line immunisation during the Respiratory Syncytial Virus (RSV) season for eligible high-risk infants, very and extremely pre-term infants as defined in The Green Book.	 <p>2.4 Short Form DTC - Nirsevimab Final.doc</p> <p>Veronica Davis presented an update on the implementation of the RSV immunisation programme, now using Nirsevimab instead of Palivizumab. Key points:</p> <p><u>Guidance Changes:</u> National guidelines now recommend Nirsevimab, which provides six months' protection with a single dose. It replaces the need for multiple Palivizumab doses (5–7) and is endorsed by the Green Book.</p>						

Eligibility Criteria Expanded: Now includes babies born before 32 weeks' gestation, increasing the eligible cohort and associated costs.

Local Impact:

- 12 babies identified this year; currently 10 eligible for immunisation (2 deceased).
- First immunisation clinic planned for 18 September.
- Expectation is 20-25 babies will require immunisation this season.
- Dosing is weight-based; most identified babies require the 100mg dose.

NICU Discharge Concerns:

- Uncertainty remains about who administers the vaccine (NICU vs SCBU) upon discharge.
- If SCBU is responsible, this may increase costs and operational pressure on the trust.

Funding & Cost Implications:

- The immunisation is funded through block contracts, with no additional reimbursement.
- Last year's cost was approximately £22,500; this year, costs are expected to double.
- Any off-guideline immunisations will require submission via a pink form to ensure oversight due to cost impact.

Leftover Stock: Small amount of Palivizumab from the previous year remain, but cannot be used under the new national guidance.

Eligibility Clarity:

- Queries remain around eligibility e.g. for babies with chronic lung or heart conditions born after 34 weeks.
- Trusts may receive pink forms for exceptional cases that fall outside national criteria.
- Assurance provided that clinicians (e.g., Dr Hardo) are aware of and following eligibility guidelines.

There was agreement to streamline documentation. Instead of full short forms for national guidance items, future submissions may reference commissioning policy, focusing on cost and implementation only.

Approved.



2.5 Icatibant DTC
 short form Final.doc

Emily Zinser presented an application to add Icatibant to the formulary as a Red Drug for the treatment of bradykinin-mediated angioedema with normal C1 esterase inhibitor levels, in line with recent NHS England guidance (NHSEC CP2315).

The condition is not responsive to standard treatments (e.g., antihistamines, steroids, and adrenaline) and may lead to life-threatening airway compromise or severe abdominal symptoms. Although off-label, NHS England has confirmed reimbursement for use in this indication.

Eligibility criteria include:

- HAE-nC1-INH (Hereditary Angioedema with normal C1 inhibitor), with or without confirmed genetic mutations; OR
 - Bradykinin-mediated angioedema with normal C1 inhibitor, without family history or confirmed mutations, including cases involving F12, PLG, or ANGPT1 genes.
- AND
- The patient has been reviewed in a Multidisciplinary Team (MDT) meeting with relevant specialists, and there is agreement to proceed with treatment.
 - Self-administration should be considered, if clinically appropriate.
 - Diagnosis must be confirmed by an immunologist or allergist within a commissioned specialised immunology or allergy centre.

Usage:

Patients will be supplied with a minimum of two doses (approx. £104 per dose) for self-administration, with monitoring recommended for attacks involving the airway or face.

Tolerability:

The most common adverse effect is localised injection site pain/stinging; systemic side effects are rare.

2.5

**Icatibant for
 Bradykinin-mediated
 angioedema with
 normal C1-esterase
 inhibitor**

		<p>The proposal is for inclusion as a Red Drug due to specialist initiation and monitoring requirements. The current estimated patient cohort is small (1–2 patients).</p> <p>APPROVED: Icatibant to be added to the formulary as Red Drug.</p>
<p>2.6</p>	<p>Joint formulary queries</p>	<p>VD raised several formulary queries, with the agreed solutions outlined below:</p> <p>❖ Issue: Paediatric Formulary Gap VD raised that a pink form had been requested for a paediatric patient (Tolterodine) even though the drug was on the formulary for adults. The consultant questioned this, considering it unnecessary, and VD highlighted a broader issue with how children’s prescribing is handled, particularly when the local formulary refers only to adult use. She also expressed concern about the lack of clear guidance for outpatient staff, making it difficult to know when pink forms are required for children’s prescribing. VD acknowledged that while a medicine may be in the BNFC or have national guidance, GPs have individual discretion based on liability, adding further inconsistency.</p> <p>DW confirmed that an ICB-wide meeting had taken place recognising the lack of paediatric coverage in the joint formulary and that this creates challenges, especially in terms of shared care expectations with GPs.</p> <p>Solution: It was AGREED that:</p> <ul style="list-style-type: none"> • If a drug is not explicitly listed for children in the local formulary BUT is included in the BNFC or supported by national guidance, then a pink form will not be required. • If the drug is not on the formulary at all and lacks supporting guidance, a pink form should be requested. <p>❖ Issue: Supportive treatment in SACT protocols VD raised a question regarding whether drugs used exclusively within SACT protocols, such as Sevelamer, require separate approval or if inclusion within a SACT protocol is sufficient for red drug formulary listing. VD emphasised the need to consider GP involvement, stating that if a drug has any impact on primary care prescribing, it would need to go through the APC separately. She noted the importance of knowing which trusts the protocol applies (e.g., RSCH, SACH, Ashford & St Peter’s) to ensure correct formulary entries and approvals.</p>

Solution:

It was **AGREED** that:

- If the drug is part of a SACT protocol and not used in isolation, then separate approval is not necessary.
- If the drug does not affect primary care, there is no need for APC consideration.
- The drugs are captured during formulary review, and the formulary can specify their use within the relevant protocol.
- VD will ensure the formulary entries for such drugs clearly show which Trusts are included in the protocol.

❖ **Issue: Status of drugs**

VD raised that all approved emollients are now classed as green. This creates formulary management challenges, especially regarding hospital stock and prescribing practices. There was confusion about whether the hospital should limit to a small selection or mirror the wider formulary. Originally, a limited range was kept in stock, but this caused availability issues, particularly in oncology where product shortages and variation in patient use led to inefficiencies. VD mentioned there are also individual preferences (e.g., paediatric consultant prefers pumps over pot packaging to reduce infection risks). JKB highlighted the cost and logistics implications of stocking too many products that might expire or be underused.

Solution:

It was **AGREED** that:

- If emollients are green-listed for GPs, they should also be green for hospital use. Preferred options should be used routinely, but no pink forms should be required if a patient is already on an alternative green-listed emollient.
- The Trust would not stock products that are not on the procurement system or haven't been previously used.

ACTION:




VD to follow up with Tomi to ensure efficient stockholding and avoid excessive accumulation of low-use items.

❖ **Issue: Colposcopy drug list omitted from formulary**

VD noted that the colposcopy drug list was missed during the formulary process, as it wasn't included in any existing formulary and therefore wasn't picked up for review.

Solution and Action:



VD to add the list to joint formulary.

		<p>❖ Issue: Fluorescein 10% injection not on formulary VD raised that fluorescein, used widely in ophthalmology (including at SASH and ASPH, where ASPH uses approx. 70 per year), is not listed on any acute trust's formulary, despite being routinely used for fluorescein angiography. JKB noted he had previously submitted a formulary application for fluorescein, but for a different indication (hippocampal functional assessment) rather than ophthalmology.</p> <p>Solution and Action: VD to add Fluorescein to the formulary under Ophthalmology, reflecting its routine use in clinical practice.</p>
<p>2.7</p>	<p>Paracetamol in patients below 50kg weight. EPMA changes</p>	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  7.1 MSO August 2025 update (2).pptx </div> <div style="text-align: center;">  New Alert Request - Paracetamol dosing - </div> <div style="text-align: center;">  Paracetamol Position Statement_Mar 2022. </div> </div> <p>FM highlighted several incidents of paracetamol overdose occurred in patients weighing less than 50kg, including one fatality at Bedford hospital. The problem stems from inaccurate or missing weight documentation and inappropriate prescribing of standard 1g doses in underweight patients. Safety alerts have been issued nationally, recommending system safeguards in Millennium. The use of sentences filtered by weight has already been implemented but the filter can be removed at the point of prescribing. FM stated that alert fatigue is a key concern, clinicians are overloaded with alerts. He also mentioned that nurses often estimate weights, which undermines the reliability of any rule based on weight.</p> <p>JKB raised that weight is not always carried over between systems, particularly affecting anaesthetists who are often first prescribers. VD and SC agreed that while estimated weights are a problem, obtaining accurate weights can be unrealistic in practice due to operational challenges. DW expressed concern that dose reductions made for weight might be missed in discharge summaries. FM agreed to look at the addition of warnings on the discharge summaries not to increase the dose. GC asked whether prescribers could still override filtered order sets in Millennium, FM confirmed that order sentences can be unfiltered, meaning a prescriber could still select inappropriate doses.</p> <p>VD mentioned Hepatology guidance, which may recommend maintaining 1g doses but adjusting frequency, not necessarily reducing the dose. JKB and FM agreed they could apply a specific dose if circumstances dictated.</p>

FM proposed creating the paracetamol dosing alert rule with the suggested alert criteria:



- Patient is less than 50kg and prescribed more than 500mg dose of Paracetamol
- Patient is prescribed more than 1g dose

APPROVED the implementation of a new paracetamol alert within the Millennium ePMA system.

Number	Item	Meeting notes
3 – Document Ratification		
3.1	PGD Policy Review	 <p>3.1 PGD Policy Aug 2025 Final.docx</p> <p>VD Highlighted that the only new content added appears to be on Page 10, Section 5.1.1. Explained this addition provides clarity on when an SOP is used vs when a PGD is needed, based on:</p> <ul style="list-style-type: none"> • Whether the medicine is GSL or P status. • Whether the medicine is being administered or supplied. <p>TEG confirmed and explained the original PGD policy did not include the SOP process. Noted that the SOP content is now properly embedded in the current version of the policy.</p> <p>APPROVED.</p>
3.2	DTC TOR Review	 <p>3.2 DTC TOR 2025 Review.docx</p> <p>VD introduced the updated DTC Terms of Reference, noting:</p> <ul style="list-style-type: none"> • Only minor tracked changes were made. • The Quality Assurance report frequency changed from monthly to bimonthly. • Kate Witt was being replaced. TEG will forward details of the replacement. <p>TEG noted the committee DTC feeds into is now called the 'Quality and People Committee', not just the Quality Committee.</p>

		<p>SC raised concern about the Terms of Reference stating that the Chair and Deputy Chair must be consultants. He said that roles could be filled by non-consultants. JKB and VD agreed and confirmed quoracy requires two consultants at a meeting, but chairing can be done by others.</p> <p>VD emphasised the importance of consultant input to avoid the perception of it becoming a pharmacy-only meeting.</p> <p>TD suggested updating representation from 'Guildford and Waverley Place' to 'Primary Care Representative' as the existing locality name will soon no longer exist.</p> <p>AE asked whether a lay member should be listed. VD confirmed Kathy is the lay member but acknowledged she was not listed and should be added to the membership.</p> <p>SC raised that there has been a mistaken suggestion that DTC provides funding. VD asked whether a minimum cost threshold could exempt low-cost items for pink form approval. JKB said this would risk missing clinically inappropriate items due to low cost. AE added, items like Bosentan, while cheap, are high-cost items with specific commissioning routes. VD agreed to keep the current process in place.</p> <p>JKB noted medical gases are missing from the ToR, suggested this should be added and feed into DTC with a summary report three times a year.</p> <p>APPROVED, subject to the above amendments.</p>
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Number	Item	Meeting notes
4 – Sub-committee reports		
4.1	Pharmacy Business and Transformation	<p>MW presented a proposed structure for a monthly report to the DTC meeting covering:</p> <ul style="list-style-type: none"> • Total CIP saving year-to-date: 368K • Off contract purchase: 19K • Medicines Shortage Notification (MSN): Cost pressures requiring more expensive alternatives

		<ul style="list-style-type: none"> • Pink Forms – Non formulary prescribing <p>MW asked if this format should content would be sufficient going forward for a monthly meeting. All agreed.</p> <p>VD confirmed she already collates pink form data bimonthly for reporting. She acknowledged there had been fewer pink forms recently, uncertain if due to improved controls or people bypassing the system.</p>
4.2	Medicines Safety: Medicines Management Policy Update	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>DTC feedback August 2025 MSG.pptx</p> </div> <div style="text-align: center;">  <p>Medicines Management Policy V</p> </div> </div> <p>VD introduced the topic, stating that the Medicines Management Policy has been circulated with some updates. The group had no comments or issues. Paracetamol discussed as above</p> <p>RATIFIED.</p>
4.3	SACT Working Party	<p>SS reported on a meeting held at the end August, chaired by Dr. Hassan, who is now in post. Key points raised:</p> <ul style="list-style-type: none"> • Debate around when and how often pregnancy tests should be performed for patients on SACT. • Concern raised that a pregnancy test is only valid at the moment it is taken, making testing before each treatment cycle potentially impractical. • There was interest in aligning practice with radiotherapy protocols. • No final decision yet, the group plans to make a decision in September. • It was agreed that testing for hepatitis and HIV should be done uniformly before starting treatment. <p>Sally to report further updates after the September decision.</p>
4.4	Antimicrobial Steering Group	<p>None discussed.</p>

4.5	EPMA updates	FM provided a brief ePMA update, stating the team is currently in the middle of a software upgrade. Explained that due to this, the department is in a change freeze, therefore no other changes or development work is being carried out. The team's sole focus is on testing the new software, which is due to go live in two weeks. FM confirmed he would give a more meaningful ePMA update at the next DTC meeting including the work stream.
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Number	Item	Meeting notes
5 – Any other business		
5.1	Requirement for Short Forms for National Guidance	<p>VD raised the question of whether short forms are required for drugs introduced under national guidance, such as Icatibant and Nirsevimab, noting the need for consistency in approach. While these are nationally mandated, they may have local implementation or cost implications.</p> <p>JKB suggested they be treated similarly to NICE TAs, which are typically reviewed for local impact. AE noted that while oncology drugs follow a clear process, non-oncology NHSE-mandated drugs lack a formal mechanism for local review, especially where block payments or logistical factors are involved (e.g. Nirsevimab).</p> <p>It was agreed that, despite some duplication of effort, short forms may still be appropriate where national guidance has local implications, particularly to support planning and consistency, however these could concentrate on local implementation implications.</p>
5.2	Delays in Aspirin PGD	<p>TD raised a query about progress on supporting midwives to prescribe under Patient Group Directions, an issue first raised months ago at the Clinical Interface meeting. He asked if there had been any update on developing PGDs for the maternity pathway.</p> <p>CW responded, stating that while there have been extensive discussions, particularly around antibiotic related PGDs, challenges remain. Further discussions are planned at the ASG meeting once Luma Abdulrazzaq returns from leave.</p>

DW added that the initial interface meeting had focused on PGDs for aspirin, folic acid, and iron which were assumed to be nearly ready. However, they have not yet progressed, and general practice is facing pushback, especially where responsibility lies with the trust. He also raised concerns about GPs being asked to treat patients from midwife led clinics without clinical context, highlighting issues with delayed communication.

JKB confirmed that Karen is actively working with Tamsin to progress the PGDs and is aware of the need for more prescribers. He noted that the antibiotic related PGDs require robust discussion, which is expected at the upcoming ASG meeting.

CW noted that the Aspirin PGD was nearly complete but required amendment due to an added indication. She confirmed it remains a priority, with ongoing meetings involving Karen and the pharmacy team.