

Surrey Heartlands Integrated Care System Area Prescribing Committee (APC)



MINUTES

Date	3 rd December 2025	Time	1430 -1622
Venue	Microsoft teams invitation		

Name (Initials)	Role	Attendance /apologies												
		Jan Virtual	Feb	Mar	Apr	May	May 14th	Jun	Jul	Aug	Sep	Oct	Nov	Dec
APC voting members														
Dr Stephen Cookson (SC)	RSFT – Consultant Cardiologist (Chair)		√	√	A	√	√	√ left at 1512	√	√	√	√	√	√
Sarah Watkin (SWa)	Head of Medicines Resource Unit – Surrey Heartlands Integrated Care Board (Deputy Chair)		√	√	√	A	√	√	A	√	√	√	√	√
Linda Honey (LH)	Director of Pharmacy - Surrey Heartlands Integrated Care System		√ (left at 4pm)	√	A	√	√	√	√	√	√	√ (left meeting from agenda item 10-15)	√	√
Sarah Flack	Primary Care Pharmacist, Surrey Downs Place representative								√ (from 3pm)	X	X	X	X	X
Tara Bahri	Deputy Chief Pharmacist Out of Hospital, Surrey Downs Place		√	√	√	√	√	A	A	√	√	√	√	√
Tim Dowdall	Deputy Chief Pharmacist Out of Hospital - Guildford & Waverley		√	√	√	√	√	A	√	√ (left at 1622)	√	A	√	X
Lis Stanford	Deputy Chief Pharmacist Out of Hospital – North-West Surrey		A	√	√	√	√	√	√	√	√	√	√	√
Monika Cunjamalay	Deputy Chief Pharmacist Out of Hospital – East Surrey		√	A	√	√	A	√	√	√	A	√	A	√
Nikki Smith (NS)	Head of Medicines Safety / Patient Safety Specialist		√	√	√ (left at 15:43)	√	√	√	√	√	√	√	√	√
Veronica Davis	RSFT – Formulary Pharmacist		√	√	√	√	√	√	A	√	√	√	√	√
Tomi Shitta	Chief Pharmacist – Royal Surrey NHS Foundation Trust												√	X
Jemma Hives	Clinical Lead Pharmacist - ASPH		√	X	X	X	A	X	X	X	x	X	X	X

Asad Qureshi	Formulary Pharmacist - ASPH		A	√	√	√	√	√	√	X	√	√	√	√
Nicky Leitch (NL)	SASH – Formulary Development Pharmacist		√	√	√	√	√	A	√	A	√	√	√	√
Amy Fox or Kanwal Sheikh	ESHUT – Formulary and Medicines Optimisation Pharmacist		√	X	√	X	X	√	√	√	√	√	√	√
Alison Marshall (AM)	SABPFT - Formulary Pharmacist		√	√	√	A	A	√	√	√	√	√	√	√
Simon Whitfield	Chief Pharmacist – Surrey & Borders Partnership NHS Foundation Trust		A	X	X	X	√	√ left at 4pm	√	X	√ (left at 1450)	√	√	√
	CSH - Lead Pharmacist		√	X	√	√	X	√	√	√	√	√	√	√
Temitope Odetunde (TO)	FCH&C - Lead Pharmacist		X	√	X	X	X	X	X	√	X	X	X	X
Dr Anthony Parsons	ASPH Specialty Lead for Intensive Care Medicine													√
Dr James Clark (JC)	SASH – Consultant Endocrinology & Diabetes Mellitus		X	X	√	√	√	√	√	√	√ (from 1517)	√	√	√
	ESHUT - Medical Director / Chair of DTC or nominated Consultant		X	X	X	X	X	X	X	X	X	X	X	X
Dr Raja Badrakalimuthu	SABPFT – Chair of Medicines Optimisation Committee		√ (left at 3.23pm)	√	√	√	X	X	√	X	√	√ (from 1525)	√ (until 1500)	√
	GP prescribing Lead (SD place) vacant position from July 2025		√	√	√	√	√	√	X	X	X	X	X	X
Dr Darren Watts	GP prescribing Lead (Guildford & Waverley place)		√	√	√	√	√	√	√	√	√	√	√	√
Dr Rebecca Rogers	GP prescribing Lead (North-West Surrey place)		√	√	√	√	√	√	√	√	√	A	√	√
Dr Claire Badawi	GP prescribing Lead (East Surrey place)		√	X	√	√	A	√	√	√	√	√	√	A
Sunita Duggal (SD)	Multiprofessional prescribing representative – Advanced Nurse Practitioner		√	√	√	√	√	X	√	A	A	√	√	√
Julia Powell (JP)	Chief Executive, Community Pharmacy Surrey & Sussex, on behalf of Sussex and Surrey Local		√	√	√	√	A	A	A	√	√	√	A	√

	Pharmaceutical Committees													
Dr Janice Kirby-Smith (JK-S)	Patient representative		√	√	√	√	A	√	√	√	√	√	√	√
Mohamed Kharbouch	Patient representative		√	√	√	√	X	A	√	√	√	√	√	√
Shani Corb (SC)	Chief Pharmacist - SECAMB		A	A	A	A	A	A	A	A	A	A	A	A
Andy Law (AL)	Surrey Heartlands ICS finance representative		X	X	X	X	X	X	X	X	X	X	X	X
Dr Ruchika Gupta (RG)	Surrey Heartlands ICS Clinical Director for Long Term Planning Delivery		√	√	A	A	X	√ from 1544	√	A	√ from 1515	X	A	A
Richard Barnett (RB)	Surrey Heartlands ICS quality directorate representative		√	√	√	√	X	√	√	√	A	√	A	√
Dr Andreas Pitsiaeli	LMC representative								A	√	A	√	√	√
Liz Saunders (LS)	Surrey County Council - Public Health Consultant		X	X	X	X	X	X	X	X	X	X	X	X
Non-voting members														
Catrin Thomas (CT)	Medicines Management Pharmacist Kingston Hospital NHS Foundation Trust		X	X	X	X	X	X	X	X	X	X	X	X
Judith Foy (JF)	Chief Pharmacist, Kingston Hospital NHS Foundation Trust		A	A	A	X	X	X	A	X	X	X	A	X
TakHo Cheung or Amy Herbert	Medicines Governance and Value Pharmacy Representative - NHS Sussex ICB		X	X	X	X	X	X	X	√ from 1504	A	√	√	√
Phillipa Blatchford (PB)	Principal pharmacist Commissioning (Croydon) – Interim professional secretariat of SWL IMOC		X	X	√	√	X	X	X	X	A	√	X	X
	Representative from QVFH		X	X	X	X	X	X	X	X	X	X	X	X
Gillian Ells (GE)	Acute/Interface Specialist Pharmacist NHS Sussex Commissioners		X	X	X	X	X	X	X	X	X	X	X	X
Mohammed Asghar (MA)	Formulary Pharmacist Frimley Park Hospital NHS Foundation Trust		X	X	X	X	X	X	X	X	X	X	X	X
	Public Health Consultant, West Sussex County Council		X	X	X	X	X	X	X	X	X	X	X	X

	Pharmacy Lead Practice Plus Group		x	x	x		x	x	x	x	x	x	x	x
	Surrey Heartlands Clinical Academy Representative		x	x	x	x	x	x	x	x	x	x	x	x
Clare Johns (CJ)	Lead Pharmacy Technician – Medicines Resource Unit (MRU) – NHS Surrey Heartlands APC Secretariat		√	√	√	√	√	√	√	√	√	√	√	√
Carina Joanes (CJo)	Lead Pharmacist - MRU (Clinical)		√	√										
Tejinder Bahra (TB)	Lead Pharmacist (MRU) Operational		√	√	√	√	x	√	√	√	A	√	√	A
Georgina Randall (GR)	Senior Pharmacy Technician - MRU		√	√	√	√	x	√	√	√	√	√	A	√
In attendance														
Rachel Claridge	Lead Pharmacy Technician – Primary Care – Surrey Heartlands (for JF papers only)	x	√	√	√	√	√	x	√	x	√	√	√	√
Jayesh Shah	Lead Pharmacist (Mental Health – Surrey Heartlands ICB)								√	√	√	x	√	√
Grainne Conway	Lead Antimicrobial Specialist Pharmacist – Surrey Heartlands													√
Amy Scott	Primary Care Pharmacist – Guildford & Waverley													√
Helen Garrood	Lead Cardiovascular Specialist Pharmacist – Surrey Heartlands													√

Item No.	Discussions and New Actions
1	<p>Introduction The Chair welcomed members, new members, presenters and all observers to the APC</p> <p>The Chair and the APC members thanked Dr Richard Barnett for his contributions to APC as he steps down from his role and leaves the ICB at the end of December.</p>
2	<p>Quorum The Chair noted that the meeting was quorate.</p>
3	<p>Declarations of Interest Members were asked if there were any declarations of interest for the agenda items that had not already been declared. None were declared</p>
4	<p>Minutes from previous meeting The final minutes from the APC held in November 2025 were noted by the members.</p>
5	<p>Action log No outstanding actions to discuss</p>
6	<p>Medicines safety highlight report Head of Medicines Safety shared a highlight report with the members, prior to the meeting. Points to note were as follows:</p> <ul style="list-style-type: none"> • Communication around the waste campaign and media interest with local radio and television interviews. • Communication and activities around Medicines Safety Week in November. • The medicines safety leads have been working with the data team and information has been sent to GP practices on the risks of co-prescribing Angiotensin Converting Enzyme (ACE) inhibitors and Angiotensin II receptor Blockers (ARBs).
7	<p>NICE Guidance The APC noted the NICE guidance published since the last APC.</p>
8	<p>Urgent AOB: None to note</p>
9	<p>Horizon scanning and formulary updates – Formulary management A standing agenda item for the APC will be to update members minor formulary amendments including recent new formulations that maybe considered more cost effective than current agreed formulations on the Joint Formulary (JF).</p> <p>Formulary amendments: The formulary amendments were agreed as proposed</p> <p>Fluvastatin capsules and MR tablets for use in Lipid Modification</p> <ul style="list-style-type: none"> • It was noted that the current JF refers to fluvastatin tablets rather than capsules. It has been highlighted that the MR tablets are significantly more expensive than the capsules and so the proposal is to make the capsules as the preferred option with the MR tablets only to be used where a capsules or twice daily dosing is not suitable. PAD narrative was agreed as follows: <ul style="list-style-type: none"> • Fluvastatin capsules Green (see narrative) “doses of 80mg may be achieved by taking a 40mg capsule twice per day” • Fluvastatin MR tablets Green (see narrative) “to prescribe as 40mg capsules (one capsule twice per day) unless a capsule or twice-daily dosing is not suitable” <p>Atropine 1% eye drops</p>

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	<ul style="list-style-type: none"> PAD narrative currently highlights the very high cost of the eye drops, but the cost has dropped and so it was proposed that the PAD narrative be amended to remove the reference to the price. This was agreed by the APC members. <p>Holding statements: Holding statements were agreed as proposed for EURneffy® and Zurzuvae®</p> <p>Discontinuations: The proposed amendments to the JF were agreed as proposed for Ogluo®, Bydureon® and Striverdi Respimat® with the following discussion regarding:</p> <p>Semaglutide (Rybelsus®) use in Diabetes.</p> <ul style="list-style-type: none"> Narrative on the PAD currently notes that the oral formulations of semaglutide are not a preferred route of administration because of their poor bioavailability. However, new lower strengths of semaglutide are now available and the bioavailability is improved. The ask for APC was to consider amendment of the PAD narrative, however, NICE are expected to publish guidance on Type 2 Diabetes in the new year, so any amendments to the narrative can be considered when that NICE guidance is implemented. <p>Addition to Formulary: Sertraline liquids</p> <ul style="list-style-type: none"> Two liquid formulations are available: <ul style="list-style-type: none"> Sertraline 100mg/5ml is a concentrate that requires dilution. A PIL is available to support individuals and their families/carers with the directions for dilution. It was agreed that this would be the preferred product because the cost is lower than the alternative. The proposed narrative was agreed as follows: <ul style="list-style-type: none"> Reserve for patients who require a liquid formulation where an alternative SSRI liquid (citalopram drops, escitalopram drops or fluoxetine liquid) are not suitable. Note – Dose must be diluted with 120mL of water, ginger ale, lemon/lime soda, lemonade or orange juice. Sertraline 50mg/5ml oral suspension is more costly than the concentrate and should be reserved for individuals that are unable to manage the dilution. PAD narrative was agreed as follows: <ul style="list-style-type: none"> Reserve for patients who require a liquid formulation only where: <ul style="list-style-type: none"> an alternative SSRI liquid (citalopram drops, escitalopram drops or fluoxetine liquid) are not suitable AND the patient is unable to manage the dilution of sertraline 100mg/5ml concentrate oral solution" <p>ACTION</p> <ul style="list-style-type: none"> Upload decisions to JF (PAD admin)
10	<p>Joint Formulary – Anaesthetics</p> <p>The lead presented the chapter review to the APC members and the traffic light statuses that were agreed as proposed.</p> <p>One point to note is that Mivacurium is being discontinued in May 2026 and advice is being issued to acute trusts in relation the management of this discontinuation.</p> <p>ACTION</p> <ul style="list-style-type: none"> Upload decisions to JF (PAD admin)
11	<p>Joint formulary – Antifungals and Anthelmintics</p>

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	<p>The lead presented the chapter review to the APC members and the traffic light statuses that were agreed as proposed with the following discussion regarding</p> <p>Econazole cream for fungal skin infections</p> <ul style="list-style-type: none"> Proposed and agreed to add to the JF as GREEN, with a note to highlight consideration for self-care and availability OTC if appropriate. <p>Itraconazole capsules / oral suspension</p> <ul style="list-style-type: none"> APC members agreed a GREEN traffic light status. <p>ACTION</p> <ul style="list-style-type: none"> Upload decisions to JF (PAD admin)
12	<p>Joint Formulary – Mental Health Chapters</p> <p>The lead presented the chapter reviews to the APC members and the traffic light statuses that were agreed as proposed with the following discussion regarding</p> <p>Children and young People with ADHD Atomoxetine, dexamfetamine, guanfacine, lisdexamfetamine & methylphenidate</p> <p>Cohort 1 - Stable patients where open-access discharge has been accepted by GP practice under the LCS from SABPFT.</p> <ul style="list-style-type: none"> Agreed by APC as BLUE (with specialist team initiation) and the treatment is stabilised, prior to transfer of care. It was highlighted that where a GP practice has not signed up to the LCS or a patient does not meet the criteria in the LCS, those patients will remain under shared care and there are non-LCS shared care documents available <p>Cohort 2 - Children and young people who have ADHD and are currently receiving specialist treatment for other mental health or neurological comorbidities.</p> <ul style="list-style-type: none"> These are easily stabilised with small changes but are perhaps seen more frequently by specialist services. Agreed as AMBER shared care. It was noted that all children and young people will start on treatment within Cohort 2 and then move across the cohorts depending on the stability of their ADHD. <p>Cohort 3 - Complex patients remaining within the specialist service</p> <ul style="list-style-type: none"> Described within the LCS but no LCS payments are made to practices for patients within this cohort. Patients with Cohort 3 are very complex patients and their care will remain with the specialist service. Agreed as RED traffic light status <p>The members stressed that the PAD narrative needs to be very clear for prescribers in primary care. Noting that referring to the different cohorts as 1,2 & 3 could be very confusing.</p> <p>.....</p> <p>Dementia</p> <p>The lead highlighted to members that an AMBER traffic light status was previously agreed for patients who were not suitable for discharge to primary care. However, it was noted that there are some patients who will continue to require monitoring of their condition from the specialist team because of their significant behavioural problems but a shared care agreement would not be appropriate for that patient cohort.</p>

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	<p>The specialist team highlighted that from a safety perspective it is safer to ensure patients with dementia, receive their medication from one source rather than divided between their GP and the specialist service.</p> <ul style="list-style-type: none"> • APC agreed the traffic light statuses as proposed in the paper • Point of prescribing (OptimiseRx) messages for primary care prescribers • It was agreed that where the liquid or orodispersible tablets formulations are more costly than the solid dose formulations, the Optimise Rx messages will highlight that these preparations should be reserved for patients with swallowing difficulties. <p>Rivastigmine patches</p> <p>It was noted that there are two different rivastigmine patches (daily & twice weekly) available. Both are described in terms of milligrams per 24 hours and there is a safety concern regarding incorrect patches being prescribed and dispensed. There is also an MHRA alert from 2014 which highlights the risks of medication errors with rivastigmine patches.</p> <p>The current cost-effective brands are</p> <ul style="list-style-type: none"> ○ Alzest® for daily patches ○ Zeyzelf® for twice weekly patches <p>It was proposed, with optimise RX messaging to support this, that the twice weekly patches would be used as an option where use of once-daily patches is challenging. Members noted following discussion with the specialists on the call, that different once daily brands are interchangeable which will help to support prescribers if there are any supply issues with the preferred brands.</p> <p>In principle the APC members agreed to prescribe by brand to ensure that the correct product is prescribed and dispensed although this advice is not available from SPS.</p> <p>The members from the acute trusts were mindful of their procurement routes and the potential for contract pricing and so it was agreed that there would be some discussions outside the APC about the preferred brands. The outcome of those discussions will be brought as a matters arising to APC in January 2026.</p> <p>.....</p> <p>Mania & Hypomania</p> <p>The lead presented the chapter review to the APC members and the traffic light statuses that were agreed as proposed.</p> <p>.....</p> <p>Substance Misuse</p> <p>The lead presented the chapter review to the APC members and the traffic light statuses that were agreed as proposed with the following discussion regarding</p> <p>Naloxone</p> <ul style="list-style-type: none"> • The use of naloxone has previously been discussed at the APC as part of the poisons chapter review. Naloxone is readily available from community pharmacy with information on access available from the Healthy Surrey website. • There is currently a RED traffic light status on PAD with signposting to the Healthy Surrey website. Primary Care prescribers on the call noted that they would not prescribe naloxone. <p>It was agreed that the traffic light status for naloxone would remain as previously agreed at the APC</p> <p>ACTION</p> <ul style="list-style-type: none"> • Upload decisions to JF (PAD admin)
13	Buspirone for Generalised Anxiety Disorder

Item No.	Discussions and New Actions
	<p>The lead author presented an evidence review for the use of buspirone for this indication. Previous discussions with primary care colleagues had included a request to provide information on stopping treatment and this has now been included in a BLUE information sheet that was also shared with the APC members for consideration.</p> <p>Also discussed previously was the definition of short-term treatment, which has now been defined by the specialist team as being up to a year to treat the patient's mental health condition.</p> <p>The proposal is to use buspirone as a second line treatment option. This recommendation is in line with the Maudsley guidelines and the British Association of Psychopharmacology guidelines on anxiety.</p> <p>A BLUE (on specialist team recommendation) was proposed and agreed by the APC members. The information sheet was also agreed as presented.</p> <div data-bbox="225 680 1544 952" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed to add buspirone to formulary for the treatment of generalised anxiety disorder</p> <p>Buspirone for this indication will be given a BLUE (on specialist team recommendation).</p> <p>The associated BLUE information sheet will be uploaded to PAD to support prescribers in primary care.</p> </div> <p>ACTION</p> <ul style="list-style-type: none"> • Upload to decision and supporting documents to PAD/JF (PAD admin)
14	<p>Primary Care Oral Anticoagulation Monitoring Service Guidelines (Warfarin and Vitamin K Antagonists)</p> <p>The leads presented a comprehensive document required due to the decrease in numbers of patients being managed in primary care and consequently the clinician experience. The lead acknowledged the support received from the consultees and stakeholder engagement.</p> <p>The APC were asked to approve the reviewed guidance as presented for upload to the PAD and to agree to remove documents that were either duplicated in the reviewed guidance or were already available in NICE guidance.</p> <p>The guidance was agreed with a request to signpost the prescriber to APPENDIX 8 in relation to the Patient Self-Testing agreement. The lead authors agreed that they would signpost prescribers at the beginning of the guidance with the contents page, prior to PAD upload.</p> <div data-bbox="225 1541 1544 1644" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed the updated Primary Care Oral Anticoagulation Monitoring Service Guidelines</p> </div> <p>ACTION</p> <ul style="list-style-type: none"> • Upload to PAD and remove old guidance & associated documentation (PAD admin)

Item No.	Discussions and New Actions
15	<p>Methenamine Hippurate use in UTIs – Change in traffic light status</p> <p>The APC members were asked to agree to a change in traffic light status for methenamine hippurate for the prevention of recurrent UTIs in women (over the age of 16) who are not pregnant, as an alternative to avoid use of antibiotics if recurrent UTI have not been adequately improved by vaginal oestrogen or single - dose antibiotics.</p> <p>This is in line with recommendations made in the update to NICE guidance NG112 (Urinary tract infection (recurrent): antimicrobial prescribing). The proposal is to change the traffic light status for this cohort, from BLUE (on specialist team recommendation) to GREEN. This will keep us in line with current NICE guidelines and align us with other ICBs across the country. Notably Sussex ICB has recently changed their formulary status to align with NICE.</p> <p>It was noted that the BLUE (on specialist team recommendation) will still apply to other patient cohorts This includes anyone with:</p> <ul style="list-style-type: none"> ○ recurrent UTI of unknown cause ○ recurrent UTI and suspected cancer ○ recurrent upper UTI ○ recurrent lower UTI in men, trans women and non-binary people with a male genitourinary system, who are aged 16 and over ○ pregnant women, and pregnant trans men and non-binary people ○ children and young people. <p>The APC members agreed with the proposed traffic light status as presented</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed to a change in traffic light status for methenamine hippurate in the treatment of UTIs as follows:</p> <p>GREEN traffic light status:</p> <ul style="list-style-type: none"> ● In women (over the age of 16) who are not pregnant, as an alternative to avoid use of antibiotics if recurrent UTI has not been adequately improved by; vaginal oestrogen or single - dose antibiotics <p>BLUE (on specialist team recommendation) will still apply (agreed in September 2023) as a prophylaxis and treatment option for recurrent UTIs in men and women, outside of the cohort above.</p> </div> <p>ACTION</p> <ul style="list-style-type: none"> ● Upload to decision and supporting documents to PAD/JF (PAD admin)
16	<p>Audit of Outpatient Communication Standards – REPORT</p> <p>The APC members were presented with a report of results received from an audit at practice level, to assess compliance of outpatient clinic correspondences from local hospitals, against the Interface Prescribing Policy.</p> <p>From the sample size at each practice (10 patients over a given 3-month period), the data did not appear to pick up communications from SABPFT. The leads agreed to consider the reasons for this outside the APC.</p> <p>The members noted the information received was very interesting and agreed that trust Drugs & Therapeutics Committees should consider actions needed to address, from a safety perspective, the areas of low compliance. Feedback on processes that are put in place to ensure compliance with the IPP, should be brought back to the APC.</p> <p>ACTION</p> <ul style="list-style-type: none"> ● Discuss report at local DTCs (Formulary Pharmacists)

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17	<p>Growth Hormone – Adults Shared Care review</p> <p>The lead author presented a review of the adult growth hormone shared care which has been reviewed and agreed by the local endocrinology teams.</p> <p>The APC members agreed with the updated document for use locally. The reviewed shared care will replace the out-of-date document currently on the PAD.</p> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed the updated shared care for the treatment of growth failure.</p> <p>ACTION Upload shared care PAD and remove old shared care (PAD admin)</p>
18	<p>Wet AMD commissioning guidance – update</p> <p>The APC members were presented with a reviewed Wet AMD national commissioning guidance which has been updated (within minimal changes) by the national team.</p> <p>The updated commissioning guidance will be uploaded to the PAD for access by the Ophthalmology teams. It was noted that there is no impact on the Blueteq forms already in place.</p> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed the updated wet AMD national commissioning guidance</p> <p>ACTION</p> <ul style="list-style-type: none"> Upload to PAD and remove old guidance (PAD admin)
19	<p>Diabetic Macular Oedema (DMO) commissioning guidance</p> <p>The APC members were presented with the NHS England national commissioning guidance and pathway for DMO. The guidance had wide consultation with local stakeholders and the local specialists were in agreement to adopt the pathway. The lead presented a comparison between the local DMO pathway and the national pathway and asked the APC to agree:</p> <ul style="list-style-type: none"> a NON-FORMULARY traffic light status for off label bevacizumab (Avastin®) which had been previously agreed for use in patients outside NICE guidance (Central Retinal Thickness <400microns). <p>The DMO commissioning guidance encourages a biosimilar first approach and for patients that do not meet NICE guidance it recommends biosimilar ranibizumab or biosimilar aflibercept.</p> <p>The APC members agreed to adopt the guidance as presented and the proposed non-formulary traffic light status for bevacizumab (Avastin®) Blueteq forms will be updated to reflect the new adopted commissioning guidance</p> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed to adopt the DMO national commissioning guidance.</p> <p>Bevacizumab (Avastin®) – historical local decision (APC 2010)</p> <ul style="list-style-type: none"> A NON-FORMULARY traffic light status for use in DMO was agreed in patients outside NICE guidance (Central Retinal Thickness <400 microns).

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	<p>ACTION</p> <ul style="list-style-type: none"> • Upload to PAD and remove old pathway (PAD admin)
20	<p>Retinal Vein Occlusion (RVO) commissioning guidance</p> <p>The APC members were presented with the NHS England national commissioning guidance and pathway for RVO. The guidance had wide consultation with local stakeholders and the local specialists, and the APC members agreed to adopt the pathway.</p> <p>Blueteq forms will be updated to reflect the new adopted commissioning guidance</p> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed to adopt the RVO national commissioning guidance.</p> <p>ACTION</p> <ul style="list-style-type: none"> • Upload to PAD and remove old pathway (PAD admin)
21	<p>Precocious Puberty – Shared Care Review</p> <p>The lead presented a review of the precocious puberty shared care document. The review included the addition of leuprorelin to the shared care, alongside triptorelin. Local paediatricians had been consulted and their comments on the content of the shared care were noted by the members. The APC were informed that both leuprorelin and triptorelin are included in the drug administration Locally Commissioned Service (LCS), and so practices are able to claim for administration when treating patients with this condition.</p> <p>In reviewing the shared care, a Patient Information Leaflet was developed to support children and their families, and this was also presented to the APC for agreement. This PIL will be uploaded to PAD for use by trusts and practices if appropriate.</p> <p>The APC members agreed with the documents as presented</p> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed the updated shared care for the treatment of Precocious Puberty and the PIL to support children and their families</p> <p>ACTION</p> <ul style="list-style-type: none"> • Upload shared care and PIL to PAD and remove the previous shared care (PAD admin)
22	<p>AOB</p> <p>Updated Surrey Heartlands Pancreatic Enzyme Replacement Therapy (PERT) Shortage information and local actions</p> <ul style="list-style-type: none"> • APC members noted an updated PERT shortage information sheet which will be uploaded to the PAD for information by PAD admin <p>ACTION</p> <ul style="list-style-type: none"> • Upload to PAD and remove old information (PAD admin)

Item No.	Discussions and New Actions
Future meeting dates: (2.30pm to 5pm) via Microsoft teams calls	
<ul style="list-style-type: none"> • Wednesday 7th January 2026 	
Signed and agreed by:	
Date: DD MMM YYYY	
Chair Name, Chair Title (Chair)	
Minutes agreed for publication by:	
Date: DD MMM YYYY	
Exec Lead name, Exec Lead Title (Exec Lead)	