



Simon Whitfield (SWh)	Chief Pharmacist – Surrey & Borders Partnership NHS Foundation Trust	√	√											
	CSH - Lead Pharmacist	√	√											
Temitope Odetunde (TO)	FCH&C - Lead Pharmacist	X	X											
Dr Anthony Parsons	ASPH Specialty Lead for Intensive Care Medicine	A	√											
Dr James Clark (JC)	SASH – Consultant Endocrinology & Diabetes Mellitus	√	√											
Vacant position	ESHUT - Medical Director / Chair of DTC or nominated Consultant	X	X											
Dr Raja Badrakalimuthu	SABPFT – Chair of Medicines Optimisation Committee	√ (left 15 1530)	X											
Vacant position	GP prescribing Lead (SD place) vacant position from July 2025	X	X											
Dr Darren Watts	GP prescribing Lead (Guildford & Waverley place)	√	√											
Dr Rebecca Rogers	GP prescribing Lead (North-West Surrey place)	√	√											
Dr Claire Badawi	GP prescribing Lead (East Surrey place)	√	√											
Sunita Duggal (SD)	Multiprofessional prescribing representative – Advanced Nurse Practitioner	A	√											
Julia Powell (JP)	Chief Executive, Community Pharmacy Surrey & Sussex, on behalf of Sussex and Surrey Local Pharmaceutical Committees	√	√											
Dr Janice Kirby- Smith (JK-S)	Patient representative	√	√											
Mohamed Kharbouch	Patient representative	A	X											
Shani Corb (SC)	Chief Pharmacist - SECAMB	A	A											
Andy Law (AL)	Surrey Heartlands ICS finance representative	X	X											

Dr Ruchika Gupta (RG)	Surrey Heartlands ICS Clinical Director for Long Term Planning Delivery	A	X										
Vacant position	Surrey Heartlands ICS quality directorate representative	X	X										
Dr Andreas Pitsiaeli	LMC representative	√	A										
Liz Saunders (LS)	Surrey County Council - Public Health Consultant	X	X										
<b>Non-voting members</b>													
Catrin Thomas (CT)	Medicines Management Pharmacist Kingston Hospital NHS Foundation Trust	X	X										
Judith Foy (JF)	Chief Pharmacist, Kingston Hospital NHS Foundation Trust	A	X										
TakHo Cheung or Amy Herbert	Medicines Governance and Value Pharmacy Representative - NHS Sussex ICB	A	√										
Phillipa Blatchford (PB)	Principal pharmacist Commissioning (Croydon) – Interim professional secretariat of SWL IMOC	X	√										
	Representative from QVFH	X	X										
Mohammed Asghar (MA)	Formulary Pharmacist Frimley Park Hospital NHS Foundation Trust	X	X										
	Public Health Consultant, West Sussex County Council	X	X										
	Pharmacy Lead Practice Plus Group	X	X										
	Surrey Heartlands Clinical Academy Representative	X	X										
Clare Johns (CJ)	Lead Pharmacy Technician – Medicines Resource Unit (MRU) – NHS Surrey Heartlands APC Secretariat	√	√										
Tejinder Bahra (TB)	Lead Pharmacist (MRU) Operational	√	√										
Georgina Randall (GR)	Senior Pharmacy Technician - MRU	A	√										

In attendance													
Rachel Claridge	Lead Pharmacy Technician – Primary Care – Surrey Heartlands (for JF papers only)	√	√										
Jayesh Shah	Lead Pharmacist (Mental Health – Surrey Heartlands ICB)	√	√										
Pegah Kamranpour	Senior Clinical Pharmacist – Surrey & Sussex Healthcare NHS Trust (Observing)		√										
Shima Jadav	Pharmacist – North West Surrey (Observing)		√										

Item No.	Discussions and New Actions
1	<p><b>Introduction</b> The Chair welcomed members, new members, presenters and all observers to the APC</p>
2	<p><b>Quorum</b> The Chair noted that the meeting was quorate.</p>
3	<p><b>Declarations of Interest</b> 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><b>Minutes from previous meeting &amp; matters arising</b> The final minutes from the APC held in January 2026 were noted by the members.</p> <p><b>Matters Arising</b> Ikervis® &amp; Verkazia®</p> <ul style="list-style-type: none"> <li>The lead author confirmed with the manufacturer of the two products, (Santen UK Limited) that there were no anticipated supply issues or pending license reviews for the ciclosporin unit dose eye drops. The PAD/JF has already been updated to reflect the decision made at the APC.</li> </ul>
5	<p><b>Action log</b> <b>Commissioning of local ADHD service</b> The members were asked to note a set of slides that had been prepared, which provided information on the outcomes of a 'deep dive' session on current commissioning progress about ADHD and Autism services for Surrey Heartlands patients. The APC members will be kept informed with progress as the discussions continue.</p>
6	<p><b>Medicines safety highlight report</b> 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"> <li>Controlled drug resources have been updated and are now available on the PAD for reference.</li> <li>National Patient Safety Alert (NPSA) – Harm from incorrect recording of penicillin allergy as penicillamine allergy (November 2025). The medicines safety team have sent advice and searches to GP practices and the team are collating responses.</li> </ul>
7	<p><b>NICE Guidance</b> The APC noted the NICE guidance published since the last APC and agreed to add the proposed holding statements to the drug profiles on the Joint Formulary for the NICE terminated appraisals.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li><b>Add holding statements to profiles on JF as proposed (PAD admin)</b></li> </ul>
8	<p><b>Urgent AOB:</b> None to note</p>
9	<p><b>Horizon scanning and formulary updates – Formulary management</b> A standing agenda item for the APC is to update members on minor formulary amendments including new formulations that maybe considered more cost effective than currently agreed formulations on the Joint Formulary (JF).</p> <p><b>Holding statements:</b> Holding statement for estradiol with drospirenone (Angeliq®) was agreed as proposed</p> <p><b>Discontinuations:</b></p>

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	<p>The proposed amendments to the JF/PAD were agreed with removal of the profiles for sotrovimab (Xevudy®) and ethinylestradiol/etonogestrel (Syreniring®) as these products have been or are in the process of being discontinued</p> <p><b>Additions to the Joint Formulary</b> The proposed amendments to the JF/PAD were agreed as follows:</p> <p><b>Aflibercept biosimilars</b></p> <ul style="list-style-type: none"> <li>• Three new biosimilars (Afqlir®, eydenzelt® &amp; mynzepli®) have been added to the JF</li> </ul> <p><b>Golimumab biosimilars</b></p> <ul style="list-style-type: none"> <li>• A new biosimilar (Gobivaz®) has been added to the JF</li> </ul> <p><b>Rosuvastatin orodispersible tablets (Enebium®) -5mg &amp; 10mg</b></p> <ul style="list-style-type: none"> <li>• <b>GREEN</b> traffic light status for orodispersible tablets</li> <li>• To be reserved for use in patients who cannot swallow tablets. Orodispersible tablets should be used in preference to unlicensed liquid formulations. Not suitable for administration via feeding tube.</li> </ul> <p><b>Atorvastatin chewable tablets 10mg &amp; 20mg (Lipitor®)</b></p> <ul style="list-style-type: none"> <li>• <b>GREEN</b> traffic light status for chewable tablets</li> <li>• To be reserved for use in patients who cannot swallow tablets. Chewable tablets should be used in preference to atorvastatin oral suspension. Not suitable for administration via feeding tube.</li> </ul> <p><b>Olanzapine oral lyophilisates (Zyprexa Velotabs®)</b></p> <ul style="list-style-type: none"> <li>• <b>NON-FORMULARY</b> traffic light status</li> <li>• Oral lyophilisates are considerably more expensive than orodispersible tablets. Orodispersible tablets should be used in preference to oral lyophilisates.</li> </ul> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>• <b>Upload decisions to JF (PAD admin)</b></li> </ul>
10	<p><b>Joint Formulary – Oncology</b> The lead presented the chapter review to the APC members and the traffic light statuses that were agreed as follows:</p> <p><b>Malignancy SACT drugs</b> These treatments were all given a <b>RED</b> traffic light status as proposed. It was noted that these drugs will not be added to the Joint Formulary individually but there will be one profile page, signposting to the Systemic Anti-Cancer Therapy (SACT) protocols, with the following narrative</p> <ul style="list-style-type: none"> <li>• <i>Cancer Drugs (Oncology and Haematology) to be prescribed as per Royal Surrey SACT Protocols and Policies: <a href="#">SACT Protocols and Policies   Royal Surrey NHS Foundation Trust</a>. Each trust will use these drugs in accordance with locally agreed commissioned services.</i></li> <li>• <i>Primary care will not be expected to prescribe treatments for cancer (except for specific drugs and indications that have been awarded a Blue traffic light status on the formulary e.g. LHRH analogues in breast/prostate cancer). All queries should be referred back to the appropriate trust.</i></li> </ul> <p><b>Supplementary SACT drugs</b> These drugs will be given individual profile pages on the Joint Formulary and the <b>RED</b> traffic light statuses were agreed. The lead proposed a <b>BLUE (with specialist team recommendation)</b> traffic light status, for dexamethasone tablets for appetite stimulation and this was also approved.</p> <p><b>ACTION</b></p>

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	<ul style="list-style-type: none"> <li>• <b>Upload decisions to JF (PAD admin)</b></li> </ul>
11	<p><b>Denosumab biosimilar implementation in Primary Care</b>  The APC members were presented with a proposal to discuss the implementation of the denosumab biosimilars for use in primary care across Surrey Heartlands. Multiple biosimilar preparations are now available and so the APC are being asked to choose a 1<sup>st</sup> and 2<sup>nd</sup> line preferred option.</p> <p><b>Preferred denosumab biosimilar brands in Surrey Heartlands</b>  All the biosimilar brands that are being offered have different list prices and some have rebates available for the ICB or are offering discounts to practices who by directly so that they can claim under personally administered items. The lead presented the suggested preferred biosimilar products for consideration and explained the payment arrangements for each one. The APC agreed that the following products should be the preferred biosimilar brands. It was noted that the lead is awaiting confirmation of pricing for GPs/dispensing doctors and potential rebates.</p> <ul style="list-style-type: none"> <li>• Jubbonti® (Sandoz) OR Stoboclo® (Celltrion)</li> </ul> <p>Any rebate proposal would need to be considered at the Medicines Optimisation Board and so this agreement would be pending that MOB decision.</p> <p>It was also noted that Zadenvi® (Zentiva) has been agreed as the preferred option in the local hospitals, due to the local secondary care contract.</p> <p><b>Switch programme</b>  There was consideration given for patients that are discharged from hospital having been initiated on another denosumab biosimilar (potentially Zadenvi® locally) or Prolia® the originator product, and it was agreed that these patients would be switched to the preferred locally agreed products by the Surrey Heartlands GP practices. Educational materials would be provided to support healthcare staff and SOPs would be available to support switching to the preferred products.</p> <p><b>Support materials</b>  The Medicines Optimisation team will also produce a PIL/AccurRX message advising that any Prolia® prescribed, will be changed to an alternative biosimilar. This would be sent to patients along with a locally adapted SPS information leaflet that will be added to the PAD for information.</p> <p><b>Locally Commissioned Service</b>  The LCS will also be amended to reflect that GP practices should use one of the preferred biosimilars in order to be eligible for payment under the LCS.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the following preferred denosumab biosimilar brands <b>in primary care</b> for use in the treatment of osteoporosis in Postmenopausal Women and Men at Increased Risk of Fractures. The preferred products in Surrey Heartlands are:</p> <ul style="list-style-type: none"> <li>• Jubbonti® (Sandoz) OR Stoboclo® (Celltrion)</li> </ul> <p>NOTE that this decision is pending a rebate agreement that would need consideration at the MOB</p> </div> <p><b>ACTION:</b></p>

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	<ul style="list-style-type: none"> <li>• Upload decisions to PAD post discussion of rebate(s) by MOB (PAD admin)</li> <li>• Add locally adapted SPS information sheet to PAD (PAD admin)</li> </ul>
12	<p><b>Interface Prescribing Policy – Alignment with Sussex</b></p> <p>The Interface Prescribing Policy was agreed in March 2025 with a 3-year review date subject to significant change requiring amendment. Sussex does not have a formal policy but has a local agreement so it is intended to have a joint policy once the new organisation is formed in April 2026. The document presented had been changed to support the alignment with Sussex.</p> <p>It was noted that the Equality and Health Impact Assessment (EHIA) and the Quality Impact Assessment (QIA) are in the process of being completed.</p> <p>The APC members agreed the updated policy for ratification at the Medicines Optimisation Board</p> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>• To agree to recommend the updated policy for ratification by Medicines Optimisation Board</li> <li>• To note EHIA &amp; QIA are still being progressed with patient experience team</li> </ul>
13	<p><b>Items not to be routinely prescribed in primary care policy guidance: Category 1</b></p> <p>The NHS England ‘Items which should not routinely be prescribed in primary care: policy guidance’ was last updated in August 2025. The guidance is split into category 1 &amp; category 2 guidance.</p> <p><b>Category 1:</b> Items where no prescribing is appropriate (that is, no exceptions apply). Items where no prescribing is appropriate because there are significant safety concerns or there is no evidence of clinical effectiveness for all patient populations. The recommendations within the guidance are that these treatments should not be initiated in primary care and should be deprescribed in patients currently prescribed these treatments.</p> <p>The recommendations apply to:</p> <ul style="list-style-type: none"> <li>• co-proxamol</li> <li>• glucosamine and chondroitin</li> <li>• herbal treatments and other natural products</li> <li>• homeopathy</li> <li>• minocycline for acne</li> <li>• omega-3 fatty acid compounds (excluding icosapent ethyl)</li> <li>• silk garments.</li> </ul> <p>It was noted that all these items currently have a NON-Formulary status except for silk garments. The lead proposed a NON-FORMULARY traffic light status for silk garments due to the limited evidence supporting the efficacy of silk clothing for the relief of eczema in line with the NHS England guidance.</p> <p>The lead also proposed a number of deletions of outdated documents on the PAD which were agreed by the APC.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed a NON-FORMULARY traffic light status for silk garments/clothing in line with <a href="#">NHS England » Items which should not routinely be prescribed in primary care: policy guidance</a></p> </div>

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	<p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• Add to PAD/JF for reference (PAD admin)</li> <li>• Remove outdated documents as proposed (PAD admin)</li> <li>• Add links to updated guidance to PAD profiles as proposed (PAD admin)</li> </ul>
14	<p><b>Palliative Care Community Pharmacy Access Scheme – Addition of parecoxib</b></p> <p>On 31<sup>st</sup> March 2026, the Community Pharmacy Locally Commissioned Service (LCS) for the on - demand availability of drugs for palliative care within Surrey Heartlands ICB is due to expire. The Medicines Optimisation Board at their meeting in December 2025 agreed to recommission the LCS, with the addition of community pharmacies in Surrey Heath &amp; Farnham, for a further 2 years.</p> <p>The palliative care specialists were consulted about the treatments used in palliative care and they confirmed that parecoxib injection is used in preference to diclofenac injection because of the reduced side effect profile.</p> <p>Parecoxib injection is on the Joint Formulary as  <b>RED</b> – Use in palliative care intractable cancer pain  <b>RED</b> – Perioperative analgesia.</p> <p>The APC members were asked to consider a change in traffic light status for parecoxib injection from RED to <b>Blue (with initiation by the palliative care specialist teams)</b>, for short term use, with transfer of care after stabilisation, for those patients being treated in palliative care.</p> <p>Taking all the comments received during the consultation, the APC members agreed with the proposed change. The RED status will continue for those patients being treated with parecoxib injection for perioperative analgesia.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed a change in traffic light status for parecoxib injection from <b>RED</b> to <b>BLUE (with initiation by the palliative care specialist teams)</b>, for short term use, with transfer of care after stabilisation, for those patients being treated in palliative care.</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• Add to PAD/JF for reference (PAD admin)</li> </ul>
15	<p><b>Delgocitinib for the treatment of Chronic Hand Eczema (CHE) (NICE TA1107)</b></p> <p>The APC members were presented with a briefing paper to consider the implementation of the NICE technology appraisal for delgocitinib in the treatment of CHE.</p> <p>The members noted that delgocitinib is a topical treatment option positioned at 2<sup>nd</sup> line after topical corticosteroids (with or without calcineurin inhibitors) have not worked or are not suitable.</p> <p>The manufacturer has provided a discount to secondary care but are in the process of developing a primary care rebate.</p> <p>The members considered the comments received from the local dermatology teams and a RED status was proposed whilst the teams gain some experience of using delgocitinib in this patient cohort. It was noted that delgocitinib is not a treatment that is excluded from the national tariff (PbRe) and so Blueteq forms will not be required to be completed.</p> <p>Also noted was that delgocitinib contains cetostearyl alcohol and could be a fire hazard. The PAD narrative will include a warning advising patients not to smoke or go near naked flames because of the risk of severe burns.</p>

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	<p>The RED traffic light status was agreed by the APC members as proposed</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed that delgocitinib for the treatment of Chronic Hand Eczema (CHE) is implemented in line with NICE TA1107.</p> <p>A <b>RED</b> traffic light status for delgocitinib for CHE was agreed.</p> <p><b>FIRE HAZARD-</b>: product contains cetostearyl alcohol. Advise patients not to smoke or go near naked flames because of risk of severe burns</p> <p>Prescribing should be initiated and continued by a specialist clinician. If the patient has already been initiated on this medicine by a specialist clinician, please ensure this is recorded as a 'Hospital Only Drug' in the patient's medication list, in order to be alert to potential side-effects and interactions with other medicines prescribed in primary care</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Add to PAD/JF for reference (PAD admin)</b></li> </ul>
16	<p><b>Entacapone and Opicapone – Change in traffic light status</b></p> <p>The lead proposed a change in traffic light status from <b>BLUE (with specialist team initiation)</b> to <b>BLUE (on specialist recommendation)</b> for these two treatment options used in the treatment of Parkinson's disease.</p> <p>The change has been requested by the Parkinson's Disease specialist teams to reduce treatment interruptions to patient care, avoid delays due to postal/paper processes, and maintain disease progression monitoring within secondary care. The neurologists have confirmed that the clinic letters to primary care clinicians will be clear and will also include any dose adjustments required for levodopa if indicated.</p> <p>Entacapone will remain the preferred Catechol-O-methyltransferase (COMT) inhibitor treatment option in Surrey Heartlands with opicapone as a 2<sup>nd</sup> line choice.</p> <p>The APC members agreed with the proposed change in traffic light status for these two treatments</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed a change in traffic light status for entacapone &amp; opicapone from <b>BLUE (with specialist team initiation)</b> to <b>BLUE (on specialist team recommendation)</b> used in the treatment of Parkinson's disease.</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Add to PAD/JF for reference (PAD admin)</b></li> </ul>

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17	<p><b>Tolcapone - Shared Care Review</b></p> <p>The lead presented a reviewed shared care protocol that had been reviewed and updated using the national shared care documentation, agreed previously by the APC.</p> <p>The review aligns the shared care with the current SmPC, BNF, MHRA and NICE guidance, with no change to commissioning status or scope of use.</p> <p>The APC members agreed with the review as proposed and the shared care will be added to the PAD to replace the outdated version.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee have agreed the updated <b>AMBER</b> shared care document for tolcapone use in the treatment of Parkinson's Disease</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Add reviewed shared care to PAD/JF for reference (PAD admin)</b></li> <li>• <b>Remove outdated shared care document (PAD admin)</b></li> </ul>
18	<p><b>Metformin – Polycystic ovary Syndrome (PCOS)</b></p> <p>The lead presented a proposal to consider the traffic light status for metformin in Polycystic Ovary Syndrome (PCOS) in children and adolescents, and in adults.</p> <p>The Joint Formulary does not currently have a traffic light status for metformin in PCOS but NICE Clinical Knowledge Summaries (CKS) does support its use.</p> <p>The proposed traffic light status is</p> <p><b>Adults:</b> Metformin is <b>GREEN</b> for use in PCOS.</p> <p><b>For children and adolescents:</b> Metformin is <b>BLUE (with specialist team initiation)</b> and prescribing for a minimum of 3 months before request to transfer to primary care for use in PCOS.</p> <p>The APC members agreed with the proposals as presented and noted that in all age groups immediate release preparations are considered as first-line. Prescribers will also be asked to prescribe in multiples of 500mg because the 1000mg (1g) immediate release (IR) tablets are disproportionately expensive in primary care than the equivalent 500mg IR tablets</p> <p>Prolonged release preparations used only to reduce gastrointestinal side effects.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed that metformin for the treatment of Polycystic Ovary Syndrome (PCOS) will be given the following traffic light statuses</p> <p><b>Adults:</b> Metformin is <b>GREEN</b> for use in PCOS.</p> <p><b>For children and adolescents:</b> Metformin is <b>BLUE (with specialist team initiation)</b> and prescribing for a minimum of 3 months before request to transfer to primary care for use in PCOS.</p> </div>

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	<p>In all age groups immediate release preparations are considered as first-line. Prescribers will also be asked to prescribe in multiples of 500mg because the 1000mg (1g) immediate release (IR) tablets are disproportionately expensive in primary care than the equivalent 500mg IR tablets</p> <p>Prolonged release preparations used only to reduce gastrointestinal side effects.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Add to PAD/JF for reference (PAD admin)</b></li> </ul>
19	<p><b>Joint formulary – Nicotine replacement therapy (NRT)</b></p> <p>The lead presented the chapter review to the APC members and the traffic light statuses that were agreed as proposed.</p> <p>The leads had also developed a nicotine replacement therapy prescribing guidance to support cost effective prescribing and use of NRT.</p> <p>It was agreed that NRT products should be available in all care settings to support smoking cessation, therefore most NRT products are proposed as GREEN traffic light status, with an indication of which are cost-effective choices. A small number of NRT products are not in use in Surrey and so are proposed as non-formulary.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Add NRT products to PAD/JF for reference (PAD admin)</b></li> <li>• <b>Upload NRT prescribing guidance to PAD (PAD admin)</b></li> </ul>
20	<p><b>Paediatric garment use in atopic eczema</b></p> <p>The lead author presented a paper requesting consideration for the traffic light status of whole-body dry bandages (including tubular bandages and garments) and silk clothing in children and silk garments in adults with atopic eczema. It was noted that there is currently no entry on the Joint formulary for these items, which is causing confusion for prescribers across the interface.</p> <p><b>Dry bandages and medicated dressings (including wet wrap therapy) in children</b></p> <p>Use is recommended in the NICE Clinical Guideline (CG57): Atopic eczema in under 12s: diagnosis and management. The local specialists using these dressings proposed a <b>BLUE (on specialist team recommendation)</b> traffic light status and this was agreed by the APC members.</p> <p>Following consultation, it was agreed with the specialists that Comfast Easywrap is the most cost-effective choice in the Drug Tariff (accessed Dec 2025) and is agreed as the preferred product.</p> <p><b>Silk clothing in children</b></p> <p>This is not recommended in the NICE Clinical Guideline (CG57): Atopic eczema in under 12s: diagnosis and management. The local specialists agreed that a NON-FORMULARY status should be proposed, and this was agreed by the APC members.</p>

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	<p><b>Silk garments in adults</b></p> <p>This is not recommended as per the NHS England guidance: Items that should not routinely be prescribed in primary care: policy guidance. A NON-FORMULARY traffic light status was agreed for these garments earlier in the agenda</p> <div style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed the following traffic light statuses</p> <p><b>Dry bandages and medicated dressings (including wet wrap therapy) in children</b></p> <ul style="list-style-type: none"> <li>• <b>BLUE (on specialist team recommendation)</b> traffic light status</li> <li>• Comfast Easywrap is agreed as the preferred product.</li> </ul> <p><b>Silk clothing in children</b></p> <ul style="list-style-type: none"> <li>• NON-FORMULARY traffic light status</li> </ul> <p><b>Silk garments in adults</b></p> <ul style="list-style-type: none"> <li>• NON-FORMULARY traffic light status</li> </ul> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Add to PAD/JF for reference (PAD admin)</b></li> </ul>
21	<p><b>SERMOG -11 Rheumatoid Arthritis</b></p> <p>The members were presented with the regional high-cost drugs pathway for rheumatoid arthritis (RA). The regional pathway has had extensive consultation with all stakeholders and rheumatology specialist teams and has been developed using original pathways from across the region.</p> <p>The key differences to the Surrey Heartlands ICB pathway are that there are</p> <ul style="list-style-type: none"> <li>• The use of licensed preparations outside of NICE TA recommendation following a review of licensing trial information.</li> <li>• Use of off-label monotherapy (without methotrexate)</li> <li>• Use of off-label rituximab as a first line treatment option in patients with severe RA who are unable to have TNF-alpha inhibitors, or patients with a prior history of malignancy, or those who have rheumatoid arthritis associated interstitial lung disease (RA-ILD).</li> </ul> <p>The APC members agreed the pathway as presented and the pathway will be added to the PAD/JF for reference. It was noted that the Blueteq forms will also be reviewed for use by the specialist teams.</p> <div style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartland Integrated Care System Area Prescribing Committee have agreed the SERMOG -11 Rheumatoid Arthritis high-cost drugs pathway.</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Add to PAD/JF for reference (PAD admin)</b></li> <li>• <b>Review Blueteq forms (MRU)</b></li> </ul>
AOB	<p><b>Removal of documents from PAD</b></p> <p>The MRU presented a number of documents for removal from the PAD. These documents have either been superseded or are no longer required because the information is readily available elsewhere. The APC agreed to the removal of the documents as proposed</p> <p><b>ACTION:</b></p>

Item No.	Discussions and New Actions
	<ul style="list-style-type: none"> <li>• <b>Amend PAD/JF as agreed (PAD admin)</b></li> </ul> <p><b>Request to extend the expiry date (12 months) of the national shared care documents until alignment with Sussex ICB has taken place</b></p> <p>The MRU proposed that the expiry date of the national shared care documents previously considered and agreed at the APC, is extended for a further 12 months to allow for the new organisation to form in April 2026. The shared care documents could then be reviewed in Surrey &amp; Sussex ICB.</p> <p>The APC members agreed with this proposal</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Extend the expiry dates of the shared care as proposed (PAD admin)</b></li> </ul>
<p><b>Future meeting dates: (2.30pm to 5pm) via Microsoft teams calls</b></p> <ul style="list-style-type: none"> <li>• Wednesday 4<sup>th</sup> March 2026</li> </ul>	
<p><b>Signed and agreed by:</b>  <b>Date: DD MMM YYYY</b>  <b>Chair Name, Chair Title (Chair)</b></p>	
<p><b>Minutes agreed for publication by:</b></p> <p><b>Date: DD MMM YYYY</b>  <b>Exec Lead name, Exec Lead Title (Exec Lead)</b></p>	