



Simon Whitfield (SWh)	Chief Pharmacist – Surrey & Borders Partnership NHS Foundation Trust	√												
Carolyn Adamson	CSH - Lead Pharmacist	√												
Temitope Odetunde (TO)	FCH&C - Lead Pharmacist	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												
Dr Raja Badrakalimuthu	SABPFT – Chair of Medicines Optimisation Committee	√ (left 15 1530)												
Vacant position	GP prescribing Lead (SD place) vacant position from July 2025	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												
Shani Corb (SC)	Chief Pharmacist - SECAMB	A												
Andy Law (AL)	Surrey Heartlands ICS finance representative	X												

Dr Ruchika Gupta (RG)	Surrey Heartlands ICS Clinical Director for Long Term Planning Delivery	A												
Vacant position	Surrey Heartlands ICS quality directorate representative	X												
Dr Andreas Pitsiaeli	LMC representative	√												
Liz Saunders (LS)	Surrey County Council - Public Health Consultant	X												
<b>Non-voting members</b>														
Catrin Thomas (CT)	Medicines Management Pharmacist Kingston Hospital NHS Foundation Trust	X												
Judith Foy (JF)	Chief Pharmacist, Kingston Hospital NHS Foundation Trust	A												
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												
Mohammed Asghar (MA)	Formulary Pharmacist Frimley Park Hospital NHS Foundation Trust	X												
	Public Health Consultant, West Sussex County Council	X												
	Pharmacy Lead Practice Plus Group	X												
	Surrey Heartlands Clinical Academy Representative	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)	√											

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 APC secretary did not have a quorate response from the APC membership to check the accuracy of the APC minutes from December 2025 and so the final draft minutes needed to be ratified by the members at the meeting. These were all agreed as presented.</p> <p><b>Matters Arising</b> <b>Melatonin services- clarity for prescribers on PAD</b> The APC members were asked to support the recommendation to amend PAD narrative on the melatonin Joint Formulary profiles for Children and Young People (with neurodevelopmental disorders and ADHD). Mindworks Surrey is the children and young people’s Emotional Wellbeing, Mental Health and Learning Disability service, and there are inappropriate referrals being made to that service to receive melatonin. It was agreed that there is a need to provide clarity on the PAD, but it was noted that there are other services that provide melatonin for sleep disorders and so the PAD narrative would need to apply to all services and not just Surrey &amp; Borders Partnership (SABPFT). The leads at SABPFT have agreed to work with the primary care lead GPs, to agree an appropriate PAD narrative to provide the clarification needed for prescribers. <b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Agree appropriate PAD narrative (SW &amp; GP leads)</b></li> </ul>
5	<p><b>Action log</b> The members were informed of updates to the following actions: <b>ADHD in adults shared care</b></p> <ul style="list-style-type: none"> <li>• There is a meeting next week to progress this piece of work and so an update will be provided after that meeting</li> </ul> <p><b>Action to remain open</b></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>• National Patient Safety Alert (NPSA) - harm from incorrect recording of penicillin allergy as penicillamine allergy (Published November 2025)</li> <li>• Coordination of a response from the ICS is underway and there is a data collection process taking place currently.</li> <li>• The safety team are working with EMIS about similar drug warnings for inhaled corticosteroids which has come from incident reporting and the local prescribing scheme. Once the GP practices EMIS systems have been updated, the similar drug warning will then be displayed when trying to prescribe multiple inhaled corticosteroids. This will also impact nationally.</li> </ul>
7	<p><b>NICE Guidance</b> The APC noted the NICE guidance published since the last APC – all NHS England commissioned</p>

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8	<b>Urgent AOB:</b> None to note
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>  A holding statement for apomorphine sublingual (Kynmobi®) has been added to the PAD and it was highlighted that this is on the APC workplan for consideration at a future meeting</p> <p><b>Formulary amendments:</b>  Hydrocortisone 0.5% cream has significantly increased in price and will be added to the list of <b>NON-FORMULARY</b> hydrocortisone preparations on the Joint Formulary.</p> <p><b>Discontinuations:</b>  The proposed removal from the JF were agreed as proposed for Locoid® Ointment, Tresiba® FlexTouch and Fiasp® FlexTouch pre-filled insulin pens. These preparations have been discontinued by their respective manufacturers.  It was noted that mivacurium chloride injection is due to be discontinued by the manufacturer in May 2026. A RED traffic light status was agreed at the December 2025 APC but trusts will be working to ensure they have suitable alternatives in place prior to the discontinuation.</p> <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 – Antiprotozoals</b>  The lead presented an amended chapter review to the APC members and the traffic light statuses that were agreed as proposed on screen at the meeting.</p> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>• <b>Upload decisions to JF (PAD admin)</b></li> </ul>
11	<p><b>Cariprazine for the treatment of Schizophrenia in adults</b>  The APC members were presented with an evidence review for cariprazine as a treatment option where a patient’s schizophrenia is not controlled and when other antipsychotic treatments have not been effective.  It was highlighted that women of child-bearing potential, and taking cariprazine, should also be prescribed highly effective contraception during treatment and for 10 weeks after treatment is stopped.  The lead author and specialists proposed a <b>BLUE (with specialist team initiation)</b> with the specialists prescribing for at least 1 month to ensure stabilisation of treatment and that symptoms are not interfering with their daily life, prior to transfer of care to GP colleagues. It was noted that only when a patient is stabilised, would treatment be transferred. The leads highlighted that if stability of dosing or mental state had not been achieved within 4 months, there would be consideration for a switch to another treatment option.</p> <p>Some members noted the long half-life for cariprazine during consultation which could mean that it could take several weeks before symptoms are managed when the dose is being titrated after initiation. The members considered that it would make more sense to transfer care at that point.</p> <p>The leads highlighted that the patients will be monitored closely following initiation by a care coordinator, as would be the case with all antipsychotic medications. If the care co-ordinator</p>

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	<p>highlighted any clinical concerns, the patient would be referred to medical team at SABPFT for further assessment. Any baseline test results would be communicated to the primary care prescriber at transfer of care.</p> <p>Taking all of the above factors into consideration, the APC members agreed the proposed <b>BLUE (with specialist team initiation)</b> traffic light status. However, prescribing of cariprazine can be transferred to primary care after a minimum of 3 months AND after monitoring for treatment efficacy has been completed and the patient has been stable, defined such that symptoms are not interfering with daily life for at least 1 month.</p> <div data-bbox="225 577 1487 853" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed to add cariprazine for the treatment of schizophrenia in adults to the Joint Formulary.</p> <p>Cariprazine for this indication will be given a <b>BLUE (with specialist team initiation)</b> traffic light status. Prescribing of cariprazine can be transferred to primary care after a minimum of 3 months AND after monitoring for treatment efficacy has been completed and the patient has been stable, defined such that symptoms are not interfering with daily life for at least 1 month.</p> </div> <p>The APC members also highlighted the need for wider discussions around the use of Electronic Prescribing Systems (EPS) by secondary care, particularly where primary care are asked to prescribe medication only, rather than being clinically involved in the patients care.</p> <p>Consideration for the use of EPS across the wider system would impact on our policies and processes and with the new organisation forming in April 2026, it was agreed that at that point there would need to be a review of governance processes and so the wider use of EPS could feed into those discussions.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Upload decisions to PAD (PAD admin)</b></li> <li>• <b>Add review to PAD for reference (PAD admin)</b></li> </ul>
12	<p><b>Dydrogesterone 10mg tablets for Hormone Replacement Therapy (HRT)</b></p> <p>The members were presented with a proposal to add dydrogesterone 10mg tablets to the Joint Formulary as an option (GREEN at 2<sup>nd</sup> line) for those patients that are unable to tolerate the side effects of micronised progesterone in a HRT regime.</p> <p>Dydrogesterone (Nalvee®) was discontinued in 2008 and has recently been reintroduced to the market. The GP leads for women’s health propose that this treatment would be a safe &amp; effective 2<sup>nd</sup> line option for endometrial protection after micronised progesterone.</p> <p>The members noted that dydrogesterone had been added to the HRT prepayment certificate in September 2025.</p> <p>Also noted was that dydrogesterone used in a continuous combined regime (daily use) would be off label (as for all oral progesterone preparations), but is evidence based.</p> <p>The members agreed with the proposed <b>GREEN (2<sup>nd</sup> line)</b> traffic light status as a treatment option in HRT regime, for women that do not tolerate the side effects of micronised progesterone. A PIL leaflet regarding continuous combined (daily use) HRT will be added to the PAD profile for reference.</p> <div data-bbox="225 1899 1487 1995" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed to add dydrogesterone tablets as an option for use in a Hormone Replacement Therapy (HRT) regime.</p> </div>

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	<p>Dydrogesterone tablets for this indication will be given a <b>GREEN (2nd line)</b> traffic light status as a treatment option in HRT regime, for women that do not tolerate the side effects of micronised progesterone.</p> <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>Add PIL to profile page for reference (PAD admin)</b></li> </ul>
13	<p><b>Ranolazine for the treatment of Angina – Change in Traffic Light Status</b></p> <p>The cardiology leads have proposed a change in traffic light status for ranolazine for the treatment of angina. Ranolazine has had an AMBER shared care traffic light status since 2012. There are no specific monitoring requirements for ranolazine and so it is proposed that shared care is not necessary or appropriate.</p> <p>Ranolazine is recommended in NICE Clinical Knowledge Summaries as one of a number of options (isosorbide mononitrate, nicorandil or ivabradine) for patients with uncontrolled angina where a calcium channel blocker and/or a beta blocker are contraindicated or not tolerated.</p> <p>A <b>BLUE (on specialist team recommendation)</b> was proposed by the leads and the choice of treatment recommended would be dependent on the patient’s individual characteristics. The proposal to change the traffic light status was agreed by the APC members.</p> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed to change the traffic light status of ranolazine for the treatment of angina from <b>AMBER</b> to <b>BLUE (on specialist team recommendation)</b></p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Update PAD/JF profile for ranolazine (PAD admin)</b></li> <li>• <b>Upload change in traffic light status paper to PAD (PAD admin)</b></li> </ul>
14	<p><b>Verkazia (ciclosporin) for the treatment of severe vernal keratoconjunctivitis (VKC) in children from 4 years of age and adolescents.</b></p> <p>The APC members were presented with a proposal to agree a BLUE traffic light status for this indication.</p> <p>Patients currently presenting to the specialists with VKC are offered Ikervis® (ciclosporin) which is identical in its presentation. Both are 0.3mL single unit dose vials, and they are both the same cost (at present). However, Ikervis® is only licensed for severe keratitis in adult patients with dry eye disease.</p> <p>The Ophthalmologists are mindful that they are currently prescribing off label Ikervis® for their child and adolescent patients with VKC and there is a licensed alternative, at the same cost, available.</p> <p>A <b>BLUE (with specialist team initiation)</b> is being proposed, with transfer of care to primary care after 3 months or until the patient is stabilised.</p> <p>It was noted that patients will be monitored frequently by the specialist teams until the symptoms settle and the patients will be empowered to self-care and stop treatment once symptoms subside. It was also noted that younger patients with VKC may grow out of symptoms as adolescents.</p> <p>The APC members agreed with the proposed traffic light status</p> <p><b>Brand Prescribing</b></p> <p>In order to ensure that patients are dispensed the correct branded preparation, the APC members were asked to consider prescribing by brand. This would be to ensure that a patient</p>

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	<p>with VKC receives Verkazia® and a patient with severe keratitis with dry eye disease, receives Ikervis®</p> <p>The APC agreed that the Joint Formulary ‘important information’ is made clear about the licensing for each brand to ensure the patient gets the correct preparation for the indication being treated. This is subject to the assurance from the company that supplies of both are guaranteed.</p> <div data-bbox="225 510 1489 618" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed to add Verkazia® (ciclosporin 1mg/mL) for the treatment of Vernal Keratoconjunctivitis (VKC) to the Joint Formulary for children aged over 4 and adolescents.</p> </div> <p>Verkazia® (ciclosporin 1mg/mL eye drops) single unit dose vials should be prescribed by brand for VKC to ensure the patient is dispensed the ciclosporin preparation licensed for this indication.</p> <p>A <b>BLUE (with specialist team initiation)</b> traffic light status was agreed with the specialists prescribing for 3 months or until the patient’s condition is stabilised, prior to transfer of care</p> <div data-bbox="225 853 1489 987" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed that Ikervis® (ciclosporin 1mg/ml eye drops) single unit dose vials for the treatment of severe keratitis for adult patients with dry eye disease should be prescribed by brand to ensure the patient is dispensed the ciclosporin preparation licensed for this indication.</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Check assurance of supply with the company (CJ)</b></li> <li>• <b>Update PAD/JF as agreed (PAD admin)</b></li> <li>• <b>Add proposed paper to PAD (remove specialist details from paper) (PAD admin)</b></li> </ul>
15	<p><b>SERMOG - 05 Policy Recommendation for Juvenile Idiopathic Arthritis (JIA) – UPDATE</b></p> <p>The APC were presented with an update policy recommendation from SERMOG for JIA. It was noted that anakinra had been inadvertently missed from the previous policy recommendation agreed for adoption at APC in March 2025.</p> <p>Anakinra for this indication will be <b>RED</b> in line with all other high-cost drug treatments recommended (and previously agreed) under SERMOG-05</p> <p>The APC members agreed to adopt the updated policy recommendation. Blueteq forms have been updated to reflect the update.</p> <div data-bbox="225 1525 1489 1727" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed to adopt the updated SERMOG – 05 policy recommendations for Juvenile Idiopathic Arthritis (JIA).</p> <p>Anakinra for this indication will be given a <b>RED</b> traffic light status, in line with all other high-cost drug treatments recommended (and previously agreed) under SERMOG-05</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Add profile page for anakinra for JIA to PAD (PAD admin)</b></li> <li>• <b>Replace SERMOG – 05 on PAD with the updated documents (PAD admin)</b></li> </ul>
16	<p><b>SERMOG - 06 Inflammatory bowel disease (IBD) high cost-drug pathway for adults – UPDATE</b></p> <p>The APC were presented with an updated IBD pathway from SERMOG. It was noted that since its original discussion at APC in June 2025, there had been NICE publications for the use of guselkumab in Crohn’s Disease and Ulcerative Colitis and there is now a golimumab biosimilar.</p>

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	<p>There was no requirement to consider the traffic light status of these treatments because the APC has previously agreed these.</p> <p>The APC members agreed to adopt the updated pathway.</p> <div data-bbox="225 472 1489 607" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed to adopt the updated SERMOG – 06 Inflammatory bowel disease (IBD) high cost-drug pathway for adults</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Replace SERMOG-06 on the IBD guidelines page on PAD (PAD admin)</b></li> </ul>
17	<p><b>SERMOG - 09: High-cost immunomodulatory drugs for psoriatic arthritis – UPDATE</b></p> <p>The APC were presented with an updated Psoriatic Arthritis pathway from SERMOG. The PsA pathway has been updated to include the availability of golimumab biosimilar, secukinumab cost information for particular doses &amp; safety information regarding JAK inhibitors</p> <p>There was no requirement to consider the traffic light status of these treatments because the APC has previously agreed these. Blueteq forms will be reviewed to check for any amendments required.</p> <p>The APC members agreed to adopt the updated pathway.</p> <div data-bbox="225 1048 1489 1120" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed to adopt the updated SERMOG – 09 High-cost immunomodulatory drugs for psoriatic arthritis</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Replace SERMOG-09 on the PsA guidelines page on PAD (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> February 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>	