

## Surrey Heartlands Integrated Care System Area Prescribing Committee (APC)

### MINUTES



Date	7 <sup>th</sup> May 2025	Time	1430 - 1602
Venue	Microsoft teams invitation		

nName (Initials)	Role	Attendance /apologies											
		Jan Virtual	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>APC voting members</b>													
Dr Stephen Cookson (SC)	RSFT – Consultant Cardiologist (Chair)		√	√	A	√							
Sarah Watkin (SWa)	Head of Medicines Resource Unit – Surrey Heartlands Integrated Care Board (Deputy Chair)		√	√	√	A							
Linda Honey (LH)	Director of Pharmacy - Surrey Heartlands Integrated Care System		√ (left at 4pm)	√	A	√							
Tara Bahri	Deputy Chief Pharmacist Out of Hospital, Surrey Downs Place		√	√	√	√							
Tim Dowdall	Deputy Chief Pharmacist Out of Hospital - Guildford & Waverley		√	√	√	√							
Lis Stanford	Deputy Chief Pharmacist Out of Hospital – North-West Surrey		A	√	√	√							
Monika Cunjamalay	Deputy Chief Pharmacist Out of Hospital – East Surrey		√	A	√	√							
Nikki Smith (NS)	Head of Medicines Safety / Patient Safety Specialist		√	√	√ (left at 15:43)	√							
Veronica Davis	RSFT – Formulary Pharmacist		√	√	√	√							
Jemma Hives	Clinical Lead Pharmacist - ASPH		√	X	X	X							
Asad Qureshi	Formulary Pharmacist - ASPH		A	√	√	√							
Nicky Leitch (NL)	SASH – Formulary Development Pharmacist		√	√	√	√							
Amy Fox or Kanwal Sheikh	ESHUT – Formulary and Medicines Optimisation Pharmacist		√	X	√	X							

Alison Marshall (AM)	SABPFT - Formulary Pharmacist		√	√	√	A							
Simon Whitfield	Chief Pharmacist – Surrey & Borders Partnership NHS Foundation Trust		A	X	X	X							
	CSH - Lead Pharmacist		√	X	√	√							
Temitope Odetunde (TO)	FCH&C - Lead Pharmacist		X	√	X	X							
	ASPH - Medical Director		X	X	X	X							
Dr James Clark (JC)	SASH – Consultant Endocrinology & Diabetes Mellitus		X	X	√	√							
	ESHUT - Medical Director / Chair of DTC or nominated Consultant		X	X	X	X							
Dr Raja Badrakalimuthu	SABPFT – Chair of Medicines Optimisation Committee		√ (left at 3.23pm)	√	√	√							
Dr Andreas Pitsiaeli	GP prescribing Lead (SD place) & LMC representative)		√	√	√	√							
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)		√	X	√	√							
Sunita Duggal (SD)	NMP representative – Advanced Nurse Practitioner		√	√	√	√							
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		√	√	√	√							
Shani Corb (SC)	Chief Pharmacist - SECAMB		A	A	A	A							
Andy Law (AL)	Surrey Heartlands ICS finance representative		X	X	X	X							

Dr Ruchika Gupta (RG)	Surrey Heartlands ICS Clinical Director for Long Term Planning Delivery		√	√	A	A								
Richard Barnett (RB)	Surrey Heartlands ICS quality directorate representative		√	√	√	√								
Liz Saunders (LS)	Surrey County Council - Public Health Consultant		X	X	X	X								
<b>Non-voting members</b>														
Catrin Thomas (CT)	Medicines Management Pharmacist Kingston Hospital NHS Foundation Trust		X	X	X	X								
Judith Foy (JF)	Chief Pharmacist, Kingston Hospital NHS Foundation Trust		A	A	A	X								
	Senior Medicines Optimisation Pharmacist - NHS Sussex ICB		X	X	X	X								
Phillipa Blatchford (PB)	Principal pharmacist Commissioning (Croydon) – Interim professional secretariat of SWL IMOC		X	X	√	√								
	Representative from QVFH		X	X	X	X								
Gillian Ells (GE)	Acute/Interface Specialist Pharmacist NHS Sussex Commissioners		X	X	X	X								
Mohammed Asghar (MA)	Formulary Pharmacist Frimley Park Hospital NHS Foundation Trust		X	X	X	X								
	Public Health Consultant, West Sussex County Council		X	X	X	X								
	Pharmacy Lead Practice Plus Group		X	X	X									
	Surrey Heartlands Clinical Academy Representative		X	X	X	X								
Clare Johns (CJ)	Pharmacy Technician – Medicines Resource Unit (MRU) – NHS Surrey Heartlands APC Secretariat		√	√	√	√								
Carina Joanes (CJo)	Lead Pharmacist - MRU (Clinical)		√	√										
Tejinder Bahra	Lead Pharmacist (MRU) Operational		√	√	√	√								
Georgina Randall	Senior Pharmacy Technician - MRU		√	√	√	√								

In attendance													
Rachel Claridge	Lead primary care Pharmacy Technician – Surrey Heartlands		√	√	√	√							
Man-Chie Chow	Lead Cancer Pharmacist – Royal Surrey Foundation Trust					√							
Dr Carla Perna	Consultant Clinical Oncologist – Royal Surrey Foundation Trust					√							
Tomi Shitta	Chief Pharmacist – Royal Surrey Foundation Trust					√							
Neelam Shah	Primary Care Pharmacist – East Surrey place					√							
Jayesh Shah	Lead Primary Care Pharmacist for Mental Health				√	√							
Helen Marlow	Lead Respiratory Specialist Pharmacist (for smoking cessation item)				√	√							

Item No.	Discussions and New Actions
1	<p><b>Introduction</b> The chair welcomed 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</b> The final minutes from the APC held in April 2025 were noted by the members</p>
5	<p><b>Action Log:</b> The members were informed of updates to the following actions:</p> <p><b>1. Melatonin review</b></p> <ul style="list-style-type: none"> <li>• This action will close as a partial review of melatonin is on the APC agenda for this month. Actions will be added to the log as further papers are presented moving forward.</li> </ul> <p><b>ACTION TO CLOSE</b></p> <p><b>2. ADHD in adults shared care</b></p> <ul style="list-style-type: none"> <li>• A decision has been made by the LMC in principle and there were further discussions with GP leads at MOOG prior to APC. A paper will be presented to a future APC.</li> </ul> <p><b>ACTION TO REMAIN OPEN – Date changed to June 2025 for update.</b></p>
6	<p><b>Urgent AOB: No urgent AOB</b></p>
7	<p><b>Standing Agenda item - Medicines Safety Committee (MSC)</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>• Primary care audit focussing on females with child-bearing potential prescribed with sodium valproate or topiramate has been completed and the results will be discussed at the Medicines Safety Committee.</li> <li>• Prescribing scheme for primary care has been launched focussing on the repeat prescribing toolkit, inhaler management and drug monitoring.</li> </ul> <p>Feedback will be provided to the APC in due course.</p>
8	<p><b>NICE Guidance</b> The APC noted the NICE guidance published since the last APC.</p> <p>The APC agreed a NON-FORMULARY traffic light status for Acarizax use in Allergic Asthma as it was not recommended by NICE for this indication.</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>
9	<p><b>Relugolix for the treatment of Prostate Cancer – Change in Traffic Light Status</b> The APC members were asked to agree a change in traffic light status from RED to BLUE with initiation) for relugolix for this indication. The APC members were presented with two fact sheets, with one sheet intended for use by the specialists at the cancer centre and the other for information for primary care clinicians. There was some confusion from APC in relation to monitoring requirements and the lead authors agreed to make it clear in the fact sheet that will be uploaded to PAD.</p>

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	<p>Clarification was requested about the cardiovascular risk assessment undertaken by the specialist team prior to initiation. It was confirmed by the specialist leads that the QRISK<sup>1</sup> score is not used during the initial assessment, but patients will be assessed depending on previous cardiovascular event(s) and co-morbidities.</p> <p>Also requested by APC was information on the potential need for bisphosphonates and supplemental calcium and vitamin D in some patients with additional risk factors. The specialists confirmed that it would be their responsibility to perform a DXA scan and initiate these treatments if clinically indicated and that primary care may be asked to continue treatment.</p> <p>It was noted that there could potentially be different traffic light statuses across geographical boundaries for relugolix and so primary care clinicians would need to be mindful of the decision made by the APC when considering ongoing prescribing from other treatment centres outside Surrey Heartlands ICS.</p> <p>The APC members agreed to change the traffic light status from RED to BLUE (ON initiation) with at least 1 month prescribing of relugolix prior to transfer of care. The primary care fact sheet will be updated to ensure clarification of monitoring requirements, and this will be uploaded to PAD for information</p> <div data-bbox="264 949 1489 1153" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed a change in traffic light status for relugolix in the treatment of Prostate Cancer.</p> <p>A <b>BLUE (on specialist initiation)</b> traffic light status was agreed with at least 1 month prescribing of relugolix by the specialist team prior to transfer of care.</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Update fact sheet for PAD/JF upload (Lead authors)</b></li> <li>• <b>Add to PAD/JF for information (PAD admin)</b></li> </ul>
10	<p><b>Chapter Review – Anti haemorrhagic and Pulmonary Arterial Hypotension (PAH)</b></p> <p>The lead presented the proposed traffic light status for these indications. These were all accepted as presented</p> <div data-bbox="264 1462 1489 1565" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the proposed traffic light statuses for anti-haemorrhagic and Pulmonary Arterial Hypotension medications as presented.</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Upload decisions to PAD and JF (PAD admin)</b></li> </ul>

<sup>1</sup> a tool used to estimate a person's risk of developing cardiovascular disease (CVD) within the next 10 years.

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11	<p><b>Chapter Review - Blood disorders</b></p> <p>The lead presented the proposed traffic light status for immunomodulators, the majority were accepted as presented but there were some outstanding queries from the lead were considered as follows:</p> <p><b>Hydroxycarbamide capsules</b></p> <ul style="list-style-type: none"> <li>• BLUE traffic light status agreed in 2017 by APC. In 2022 NHS England published an AMBER national shared care document. The APC were asked to agree to continue with the BLUE traffic light status and this was confirmed by the APC members.</li> </ul> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the proposed traffic light statuses for medications used in blood disorders as presented</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Upload decisions to PAD and JF (PAD admin)</b></li> </ul>
	<p><b>Joint Formulary - Metabolic disorders</b></p> <p>The lead presented the proposed traffic light status for immunomodulators, the majority were accepted as presented but there were some outstanding queries from the lead were considered as follows:</p> <p><b>Trientine dihydrochloride &amp; penicillamine for Wilson’s disease</b></p> <ul style="list-style-type: none"> <li>• Agreed as a RED traffic light status</li> </ul> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the proposed traffic light statuses for medications used in metabolic disorders as presented</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Upload decisions to PAD and JF (PAD admin)</b></li> </ul>
12	<p><b>Asthma guidelines in over 12s and children from the age of 5 to 11 years</b></p> <p>The lead author presented two asthma treatment guidelines for adults and children over 12 years of age and the other for children from age 5 years to 11 years. Both guidelines had been developed in line with national guidance jointly developed by the British Thoracic Society (BTS), National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) (published in November 2024).</p> <p>The lead highlighted that this new guidance recommends a significantly different approach to the management of asthma compared to previous guidelines. Recommendations are to use ICS/formoterol containing inhalers as both a preventer and reliever therapy (Anti-inflammatory Reliever (AIR) regimen, and Maintenance and Reliever Therapy (MART) in all asthmatic patients &gt; 12 years old, and most children. This negates the need for SABA reliever inhalers in patients &gt;12 years old, and many children aged 5 to 11 years old.</p> <p>The recommendation to use ICS/formoterol preventer and reliever inhalers in children under the age of 12 years old is currently off-label but clinical trials are underway and there may be a license change in future.</p> <p>The lead author highlighted some of the formulary choices and that it is important to ensure the devices chosen for the formulary are easy to use. It was noted that patients will get better outcomes from good inhaler technique.</p> <p>Prior to the APC and during consultation there was some discussion about the use of Fostair and a new product Proxor, which is more cost effective and half the price of Fostair. Proxor is now being proposed to use for new initiations instead of Fostair. The lead is looking into some equivalence data between Fostair &amp; Proxor, following some concerns from one of the local</p>

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	<p>respiratory specialist teams, but the decision to use Proxor over Fostair will stand whilst that data is being analysed.</p> <p>Another point made by the lead author was in relation to a BLUE (on recommendation by a specialist) traffic light status for high-dose inhaled corticosteroids (ICS). The new guidance has no recommendation or place in therapy for high-dose ICS as the patient will get very little added benefit and likely more harm from using high -dose ICS.</p> <p>In the children’s (5-11 years) pathway the lead author highlighted that because the ICS/formoterol preventer and reliever inhalers are off label for this age group, there are no officially published dosing regimens available. It was noted that a national expert has made some recommendations around dosing and the changes were shown to the members (on screen).</p> <p>The members discussed the need for education to implement the guidance. It was noted that the national guidance has been very well received by the respiratory community and is in line with best evidence.</p> <p>The members agreed the pathways as presented and they will be uploaded to the Joint Formulary/PAD</p> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the following guidance</p> <ul style="list-style-type: none"> <li>• Management of Asthma in Primary Care – Pathway for adults and children &gt; 12 years old</li> <li>• Management of Asthma in Primary Care – Pathway for children aged 5 to 11 years old</li> </ul> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Lead author to send updated guidance for children 5 to 11 years to APC secretariat (HM)</b></li> <li>• <b>Upload to PAD/JF for information (PAD admin)</b></li> </ul>
13	<p><b>Joint Formulary review – Inhalers and Spacers</b></p> <p>The lead author presented the chapter review which included an agreed list of spacers which meet MHRA recommendations for spacer devices. The devices agreed are compatible with the inhalers that are on the formulary. They are licensed and are also available in a number of sizes.</p> <p>The members noted the highlighted inhaler choices and agreed the inhaler and spacers formulary choices as presented</p> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed inhaler and spacer devices as presented.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Upload to PAD/JF for information (PAD admin)</b></li> </ul>
14	<p><b>Catheter Formulary</b></p> <p>A Surrey wide review of incontinence products has taken place and the products chosen for the formulary give a wide range of cost-effective choices. There is a Surrey Heartlands appliance prescription management system in procurement currently and when a provider is agreed, the prescribing of catheters be removed from GPs to a centralised prescribing hub and formulary adherence will be a key performance indicator.</p>

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	<p>It was noted that intermittent self-catheters have not been included in the review because NICE guidance is pending.</p> <p>Also to note is that due to different procurement routes, product selection for acute hospital inpatient use may differ and they may use alternative free of charge discharge packs. However, where possible, secondary care should select formulary products for continuation within the community. Community teams may change to a formulary product unless there is a stated reason to use a non-formulary product.</p> <p>During consultation there were some comments received in relation to infection control and the use of night bags. Some ICBs promote the use of drainable night bags as they are more cost effective and sustainable when compared to disposable night bags.. However, Surrey Heartlands are trying to reduce the number of catheter related UTIs and so at consultation the choice of disposable night bags was highlighted as a preferred option.</p> <p>It was agreed that both drainable night bags and disposable night bags would be included in the formulary but that the disposable night bags would be the first-choice product.</p> <p>The members agreed the formulary as presented and the change in wording in relation to the night bags as presented.</p> <div data-bbox="264 972 1489 1072" style="border: 1px solid black; background-color: #fce4d6; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the catheter formulary as presented</p> </div> <div data-bbox="264 1111 1489 1485" style="border: 1px solid black; background-color: #fce4d6; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the following narrative in relation to the use of night bags</p> <ul style="list-style-type: none"> <li>• In general, disposable night bags should be first choice for all patients</li> <li>• However, some patients may prefer drainable night bags, but it should be noted that organisational policies may vary so take advice from infection control if you have any queries</li> <li>• Drainable night bags are not designed to be rinsed out. Keep cap provided and place on connector when not in use and leave on nightstand</li> <li>• Night bag stands are supplied free of charge and should be requested at time of first order</li> </ul> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Product choices to be uploaded to the JF for information (PAD admin)</b></li> </ul>
15	<p><b>Methotrexate shared care – Clarification</b></p> <p>Local primary care prescribers requested clarification on what monitoring frequency is needed where a patient is switching from oral to subcutaneous methotrexate. The lead author presented the clarification that had been added to the methotrexate shared care to support prescribers</p> <p>There was consultation with the specialist networks who initiate methotrexate and the GP lead who had raised the query through the local Medicines Optimisation Group (MOG).</p> <p>The clarification has been added to the 'local adaptation' section at the top of the shared care.</p> <div data-bbox="264 1944 1489 2007" style="border: 1px solid black; background-color: #fce4d6; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the methotrexate shared care clarification as presented.</p> </div>

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	<div style="border: 1px solid black; background-color: #fce4d6; padding: 5px;"> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Upload to PAD/JF for information (PAD admin)</b></li> </ul> </div>
16	<p><b>Dry Eye Guidance – update</b></p> <p>The members were presented with updated resources that were originally agreed in 2023 by the APC. It was noted Evolve (Hypromellose) 0.3% Preservative Free (PF) has been discontinued and so there is a need to agree a new preferred preparation(s) and update all the documents previously agreed.</p> <p>Two preferred alternatives have been chosen to account for stock shortages and also the prices of the preparations have been removed from all documentation due to fluctuating costs. The proposed alternatives were presented as AddTear® hypromellose 0.3% PF and Ocufresh® hypromellose 0.3% PF. These alternatives are the least costly preparations available currently.</p> <p>There has been wide consultation with colleagues in Ophthalmology and with colleagues in Community Pharmacy. The manufacturers were also contacted to provide assurances of sufficient supplies in stock to meet the demand.</p> <p>The APC members agreed the update as presented and the resources will be uploaded to the PAD/JF for reference.</p> <div style="border: 1px solid black; background-color: #fce4d6; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the addition of AddTear (hypromellose) 0.3% PF &amp; Ocufresh (hypromellose) 0.3% PF to the Dry Eye guidance and all the associated resources.</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>JF/PAD to be updated with all resources (PAD admin)</b></li> </ul>
17	<p><b>Melatonin Review</b></p> <p>It was noted that the melatonin review is in progress with discussions continuing to take place with wider stakeholders prior to discussion at the APC.</p> <p>A working group has been set up to take the melatonin review forward and the APC were presented with a select number of recommendations that need agreement by the APC.</p> <p>Each proposal was considered in turn by the APC members</p> <ol style="list-style-type: none"> <li><b>1. Consolidation of decisions</b> <ul style="list-style-type: none"> <li>• The APC members agreed that there should be a separate guidelines page for adults and one for children and young people</li> <li>• Additional information about sleep hygiene and behavioural interventions was agreed to be added to the adults guidelines page and will include a link to the Healthy Surrey website <a href="#">Sleep   Healthy Surrey</a>.</li> </ul> </li> <li><b>2. Melatonin capsules</b> <ul style="list-style-type: none"> <li>• A <b>NON-FORMULARY</b> traffic light status was agreed for this formulation</li> </ul> </li> <li><b>3. Primary insomnia in adults aged 55 years and over</b></li> </ol>

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	<ul style="list-style-type: none"> <li>• Where sleep hygiene measures have failed, and insomnia is not likely to resolve soon. CBTi should be offered before melatonin (if available).</li> <li>• A <b>GREEN</b> traffic light status was agreed for this patient cohort</li> </ul> <p><b>4. Circadin® 2mg Modified Release tablets in adults and CYP</b></p> <ul style="list-style-type: none"> <li>• A <b>NON-FORMULARY</b> traffic light status was agreed for this preparation</li> <li>• Not a cost-effective treatment option.</li> </ul> <p><b>5. Recommended formulations <b>POST MEETING NOTE: These treatments should be prescribed generically</b></b></p> <p><b>1<sup>st</sup> line:</b></p> <ul style="list-style-type: none"> <li>• Melatonin 2mg MR tablets (prescribed generically)</li> </ul> <p><b>2<sup>nd</sup> line:</b></p> <ul style="list-style-type: none"> <li>• Immediate release tablets (available in strengths of 1mg-5mg).</li> <li>• If immediate onset of action is required or crushed to aid swallowing</li> </ul> <p><b>3<sup>rd</sup> line:</b></p> <ul style="list-style-type: none"> <li>• Melatonin 1mg/ml oral solution sugar free</li> <li>• Reserved <b>ONLY</b> if feeding tube in situ, or significant swallowing difficulties, and the use of the whole or crushed tablets is unsuitable</li> </ul> <p><b>6. Rapid eye movement sleep behaviour disorder (RBD) in people with Parkinson's Disease and sleep disturbance (unlicensed use)</b></p> <ul style="list-style-type: none"> <li>• A <b>BLUE (on recommendation)</b> traffic light status was agreed for this patient cohort</li> </ul> <p><b>7. Primary insomnia in adult patients under 55 years (without neurodevelopmental disorders)</b></p> <ul style="list-style-type: none"> <li>• A <b>NON-FORMULARY</b> traffic light status was agreed in this age group</li> <li>• It was highlighted that this recommendation is in line with NICE guidance</li> <li>• This is an unlicensed indication, but APC members considered that patients with neurodevelopmental disorders may have been initiated on melatonin in line with previous APC decisions and they could continue on treatment as previously prescribed if still clinically indicated.</li> <li>• Melatonin use in patients with neurodevelopmental disorders will be brought to a future APC for discussion.</li> </ul> <p><b>8. Managing insomnia in people with Alzheimer's Disease</b></p> <ul style="list-style-type: none"> <li>• A <b>NON-FORMULARY</b> traffic light status was agreed for this indication</li> <li>• It was highlighted that this recommendation is in line with NICE guidance</li> </ul> <p><b>9. Treatment of Jet lag in adults</b></p> <ul style="list-style-type: none"> <li>• A <b>NON-FORMULARY</b> traffic light status was agreed for this indication</li> </ul> <p><b>10. Pre-medication in an acute setting for inducing sleep in people requiring EEG or audiology testing</b></p> <ul style="list-style-type: none"> <li>• A <b>RED</b> traffic light status was agreed for adults and children and young people</li> </ul>

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	<p>All recommendations made were agreed by the APC with some clarifications and additions required as proposed.</p> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed that melatonin may be considered for sleep disorders in the indications below. In all patients, sleep hygiene and behavioural interventions should be tried prior to considering medication for sleep disorders and should continue to be used alongside melatonin. Further information is available at <a href="#">Sleep   Healthy Surrey</a></p> <p>Where treatment is continued beyond 2 years, patient to be advised of limited safety evidence beyond this timeframe and a discussion should be documented in clinical notes.</p> <p>The recommended melatonin products are:</p> <p><b>1<sup>st</sup> line:</b></p> <ul style="list-style-type: none"> <li>• Melatonin 2mg MR tablets (prescribed generically)</li> </ul> <p><b>2<sup>nd</sup> line:</b></p> <ul style="list-style-type: none"> <li>• Immediate release tablets (available in strengths of 1mg-5mg).</li> <li>• If immediate onset of action is required or crushed to aid swallowing</li> </ul> <p><b>3<sup>rd</sup> line:</b></p> <ul style="list-style-type: none"> <li>• Melatonin 1mg/ml oral solution sugar free</li> <li>• Reserved ONLY if feeding tube in situ, or significant swallowing difficulties, and the use of the whole or crushed tablets are unsuitable</li> </ul> <p>Melatonin is considered as <b>GREEN</b> status in the following indication:</p> <ul style="list-style-type: none"> <li>• For the short term (up to 13 weeks) adjunctive treatment of primary insomnia in patients aged 55 years or over, where sleep hygiene measures have failed, and insomnia is not likely to resolve soon. CBTi should be offered before melatonin (if available).</li> </ul> <p>Melatonin is considered as <b>BLUE (ON RECOMMENDATION)</b> status in the following indications:</p> <ul style="list-style-type: none"> <li>• To treat rapid eye movement sleep behaviour disorder (RBD) in people with Parkinson's Disease and sleep disturbance (unlicensed use), on request from a Parkinson's specialist.</li> </ul> <p>Melatonin is considered as <b>RED</b> status in the following indication:</p> <ul style="list-style-type: none"> <li>• Melatonin required as pre-medication in acute setting for inducing sleep in people requiring EEG or audiology testing.</li> </ul> <p>Melatonin capsules are considered as <b>NON-FORMULARY</b> traffic light status (not cost effective) for all indications in adults.</p> <p>Circadin® 2mg m/r tablets is considered as <b>NON-FORMULARY</b> traffic light status for all indications in adults.</p> <p>Melatonin is considered as <b>NON-FORMULARY</b> traffic light status in the following indications:</p> <ul style="list-style-type: none"> <li>• For primary insomnia in adult patients under 55 years (without neurodevelopmental disorders) (see NICE CKS on Insomnia for appropriate interventions in these patients)</li> <li>• To manage insomnia in people living with Alzheimer's disease</li> <li>• The treatment of jet lag in adults.</li> </ul>

Item No.	Discussions and New Actions
	<p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>JF/PAD to be updated with all resources (PAD admin)</b></li> </ul>
18	<p><b>ONS update – Change in products</b></p> <p>The APC members were presented with an updated to the guidelines for Oral Nutritional Supplements (ONS) use in adults. An update was required because the AYMES range of products has undergone reformulation and rebranding.</p> <p>One of the products that has been rebranded has changed from AYMES Actagain 600 to Actagain 2.4 daily. The APC members were informed that the guidelines and associated documentation has been updated to reflect this change.</p> <p>The APC members agreed the updated guidelines but requested that the guidelines are clear that a name change has occurred.</p> <p><b>POST MEETING NOTE: The guidelines do note the original and new preparation</b></p> <div data-bbox="264 826 1489 929" style="border: 1px solid black; background-color: #f4b084; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the updated guidelines for Oral Nutrition Supplements (ONS) use in adults.</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>JF/PAD to be updated with all resources (PAD admin)</b></li> </ul>
19	<p><b>Vitamin D unlicensed preparations – Clarification</b></p> <p>The APC were presented with an update to the guidelines for the prevention, investigation and treatment of Vitamin D deficiency in adults, following reports that patients continue to receive unlicensed vitamin D food supplements.</p> <p>It was noted that the guidelines have been updated as follows:</p> <p><b>Only</b> licensed colecalciferol products should be prescribed <b>and dispensed</b>. In order to avoid unlicensed products, food supplements and other vitamin D products, prescribers should ensure that only the preparations indicated in this guideline are prescribed for correction of vitamin D deficiency.</p> <p>The APC members agreed the update as presented</p> <div data-bbox="264 1590 1489 1727" style="border: 1px solid black; background-color: #f4b084; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the updated guidelines for the prevention, investigation and treatment of Vitamin D deficiency in adults</p> </div> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>JF/PAD to be updated with all resources (PAD admin)</b></li> </ul>
20	<p><b>AOB</b></p> <p><b>Tirzepatide use in Diabetes</b></p>

Item No.	Discussions and New Actions
	<p>Raised earlier in the day by the North-West Surrey Medicines Optimisation Group (MOG) was the need for education and training for individuals prescribing tirzepatide for this indication.</p> <p>It was agreed by the APC that this should be discussed with the diabetes leads for the ICS, outside of the APC.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Discuss with Diabetes leads in ICS (LS)</b></li> </ul>
	<p><b>Summary of recommendations to follow</b></p> <p><b>AGENDA ITEM 9 – Relugolix in Prostate Cancer - Change in Traffic Light Status</b></p> <div data-bbox="264 658 1489 864" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed a change in traffic light status for relugolix in the treatment of Prostate Cancer.</p> <p>A <b>BLUE (on specialist initiation)</b> traffic light status was agreed with at least 1 month prescribing of relugolix by the specialist team prior to transfer of care.</p> </div> <p><b>AGENDA ITEM 10 – Anti-haemorrhagic and Pulmonary Arterial Hypotension</b></p> <div data-bbox="264 981 1489 1081" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the proposed traffic light statuses for anti-haemorrhagic and Pulmonary Arterial Hypotension medications as presented.</p> </div> <p><b>AGENDA ITEM 11 – Joint formulary Metabolic disorders</b></p> <div data-bbox="264 1198 1489 1267" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the proposed traffic light statuses for medications used in metabolic disorders as presented</p> </div> <p><b>AGENDA ITEM 12 &amp; 13 – Asthma Guidelines and Inhaler/Spacer formulary</b></p> <div data-bbox="264 1384 1489 1453" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed inhaler and spacer devices as presented.</p> </div> <div data-bbox="264 1509 1489 1715" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the following guidance</p> <ul style="list-style-type: none"> <li>• Management of Asthma in Primary Care – Pathway for adults and children &gt; 12 years old</li> <li>• Management of Asthma in Primary Care – Pathway for children aged 5 to 11 years old</li> </ul> </div> <p><b>AGENDA ITEM 14 - Catheter Formulary</b></p> <div data-bbox="264 1832 1489 1924" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the catheter formulary as presented</p> </div>

Item No.	Discussions and New Actions
	<p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the following narrative in relation to the use of night bags</p> <ul style="list-style-type: none"> <li>• In general, disposable night bags should be first choice for all patients</li> <li>• However, some patients may prefer drainable night bags, but it should be noted that organisational policies may vary so take advice from infection control if you have any queries</li> <li>• Drainable night bags are not designed to be rinsed out. Keep cap provided and place on connector when not in use and leave on nightstand</li> <li>• Night bag stands are supplied free of charge and should be requested at time of first order</li> </ul> <p><b>AGENDA ITEM 15 – Methotrexate clarification</b></p> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the methotrexate shared care clarification as presented.</p> <p><b>AGENDA ITEM 16 - Dry eye guidance - update</b></p> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the addition of AddTear (hypromellose) 0.3% PF &amp; Ocufresh (hypromellose) 0.3% PF to the Dry Eye guidance and all the associated resources.</p> <p><b>AGENDA ITEM 17- Melatonin Review</b></p> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed that melatonin may be considered for sleep disorders in the indications below. In all patients, sleep hygiene and behavioural interventions should be tried prior to considering medication for sleep disorders and should continue to be used alongside melatonin. Further information is available at <a href="#">Sleep   Healthy Surrey</a></p> <p>Where treatment is continued beyond 2 years, patient to be advised of limited safety evidence beyond this timeframe and a discussion should be documented in clinical notes.</p> <p>The recommended melatonin products are:</p> <p><b>1<sup>st</sup> line:</b></p> <ul style="list-style-type: none"> <li>• Melatonin 2mg MR tablets (prescribed generically)</li> </ul> <p><b>2<sup>nd</sup> line:</b></p> <ul style="list-style-type: none"> <li>• Immediate release tablets (available in strengths of 1mg-5mg).</li> <li>• If immediate onset of action is required or crushed to aid swallowing</li> </ul> <p><b>3<sup>rd</sup> line:</b></p> <ul style="list-style-type: none"> <li>• Melatonin 1mg/ml oral solution sugar free</li> <li>• Reserved ONLY if feeding tube in situ, or significant swallowing difficulties, and the use of the whole or crushed tablets are unsuitable</li> </ul>

Item No.	Discussions and New Actions
	<p>Melatonin is considered as <b>GREEN</b> status in the following indication:</p> <ul style="list-style-type: none"> <li>For the short term (up to 13 weeks) adjunctive treatment of primary insomnia in patients aged 55 years or over, where sleep hygiene measures have failed, and insomnia is not likely to resolve soon. CBTi should be offered before melatonin (if available).</li> </ul> <p>Melatonin is considered as <b>BLUE (ON RECOMMENDATION)</b> status in the following indications:</p> <ul style="list-style-type: none"> <li>To treat rapid eye movement sleep behaviour disorder (RBD) in people with Parkinson's Disease and sleep disturbance (unlicensed use), on request from a Parkinson's specialist.</li> </ul> <p>Melatonin is considered as <b>RED</b> status in the following indication:</p> <ul style="list-style-type: none"> <li>Melatonin required as pre-medication in acute setting for inducing sleep in people requiring EEG or audiology testing.</li> </ul> <p>Melatonin capsules are considered as <b>NON-FORMULARY</b> traffic light status (not cost effective) for all indications in adults.</p> <p>Circadin® 2mg m/r tablets is considered as <b>NON-FORMULARY</b> traffic light status for all indications in adults.</p> <p>Melatonin is considered as <b>NON-FORMULARY</b> traffic light status in the following indications:</p> <ul style="list-style-type: none"> <li>For primary insomnia in adult patients under 55 years (without neurodevelopmental disorders) (see NICE CKS on Insomnia for appropriate interventions in these patients)</li> <li>To manage insomnia in people living with Alzheimer's disease</li> <li>The treatment of jet lag in adults.</li> </ul>
	<p><b>AGENDA ITEM 18- ONS update – Change in products</b></p> <div data-bbox="264 1384 1489 1485" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the updated guidelines for Oral Nutrition Supplements (ONS) use in adults.</p> </div> <p><b>AGENDA ITEM 19- Vitamin D unlicensed preparations – Clarification</b></p> <div data-bbox="264 1630 1489 1765" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the updated guidelines for the prevention, investigation and treatment of Vitamin D deficiency in adults</p> </div>

<b>Item No.</b>	<b>Discussions and New Actions</b>
<b>Future meeting dates: (2.30pm to 5pm) via Microsoft teams calls</b>	
<ul style="list-style-type: none"> <li>• Wednesday 7<sup>th</sup> May 2025</li> </ul>	
<b>Signed and agreed by:</b>	
<b>Date: DD MMM YYYY</b> <b>Chair Name, Chair Title (Chair)</b>	
<b>Minutes agreed for publication by:</b>	
<b>Date: DD MMM YYYY</b> <b>Exec Lead name, Exec Lead Title (Exec Lead)</b>	