

**Nottinghamshire Area Prescribing Committee Joint Formulary & Guideline Meeting Minutes
Thursday 26th February 2026: The meeting took place as a web conference using Microsoft Teams.**

All attendees should be aware that public authorities are legally required to comply with the Freedom of Information Act 2000. The minutes and papers from this meeting could be published on the Publication Scheme or internet with all names included unless notified to the Chair before the meeting commences or included in a pre-agreed confidential section due to the sensitive nature of the topic.

Present:

Laura Catt (LC) (Chair)	Prescribing Interface Advisor	NHS Nottingham & Nottinghamshire Integrated Care Board (ICB)
David Kellock (DK)	Consultant in Sexual Health and SFHT, Drug and Therapeutics Committee (DTC) Chair	Sherwood Forest Hospitals NHS Foundation Trust
Ann Whitfield (AW)	Patient Representative	Nottingham & Nottinghamshire ICB local population
Katie Sanderson (KS)	Patient Representative	Nottingham & Nottinghamshire ICB local population
Jennifer Moss Langfield (JML)	GP	City Place-Based Partnership (PBP), Nottingham & Nottinghamshire ICB
Asifa Akhtar (AA)	GP	South Notts PBP, Nottingham & Nottinghamshire ICB
David Wicks (DW)	GP	Mid Notts PBP, Nottingham & Nottinghamshire ICB
Deborah Storer (DS)	Lead Pharmacist – Medicines Information and Drug and Therapeutics Committee (DTC) Pharmacist	Nottingham University Hospitals NHS Trust
Mark Clymer (MC)	Assistant Chief Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Gladys Maponese (GM)	Deputy Chief Pharmacist and Head of Community Health Services and Forensic Health	Nottinghamshire Healthcare NHS Trust
Georgina Dyson (GD)	Advanced Nurse Practitioner	Nottingham CityCare Partnership
Nicola Graham (NG)	Senior Transformation Manager	NHS Nottingham & Nottinghamshire ICB
Jacqui Toner Woods (JTW)	Advanced Nurse Practitioner	Willowbrook Medical Practice, Ashfield North Primary Care Network

Observing:

Nicola Buxton, Medicines Optimisation Technician, Nottingham & Nottinghamshire ICB.

NHS Nottingham & Nottinghamshire ICB Interface Support in attendance:

Karen Robinson (KR), Specialist APC Interface and Formulary Pharmacy Technician.

Lidia Borak (LB), Specialist Medicines Optimisation Interface Pharmacist.

Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist.

1. Welcome and apologies.

APC members were welcomed, and apologies were noted.

2. Declarations of interest

APC members, attendees and the APC support team made no declarations of interest.

3. Minutes of the last meeting

The minutes of the previous meeting were accepted as an accurate record, subject to minor amendments.

4. Matters arising & action log

Weight management for information only: LC explained that from April 2026 the referral to wrap around services and prescribing of injectable medications for weight management are moving from the ICB funded centralised service, to individual primary care practices. NHSE (NHS England) have produced an enhanced service specification for weight management. From April 2026, this will be included in the Primary Care Quality and Outcomes Framework (QOF).

Sativex (nabiximols): December 2025 due to a potential one-month gap in patients' supply, the APC had felt unable to ratify the shared care protocol for Sativex. The use of Sativex is currently queued for DTC discussion. Following these discussions, it will be brought back to the APC.

Enalapril orodispersible (Aquamed): APC approved the addition to the formulary with an AMBER 2 classification. Some clinicians raised concerns about the visibility of blood test results in the Integrated Clinical Environment (ICE) platform. JML's action was to raise this with the Interface groups at NUH and SFHT in her role outside her role as an APC member.

ACTION: JML to provide feedback to the APC.

Heylo stoma sensors: Previously, the NAMS team reported no use of Heylo sensors. However, current data shows that some prescribing is now taking place. Therefore, an audit on the use of Heylo has been requested from the original submitters. Once received, the results will be presented to the APC (April/May).

Sublingual apomorphine and inhaled levodopa: These items will be brought back for discussion at the next APC meeting.

Parecoxib in palliative care pain: Joint Formulary has been updated to reflect previously agreed reclassification, and the ratified Prescribing Information Sheet has been published on the APC website. This is to be included in the Palliative Pocket Book on the next planned review. The request to add it to the local End of Life Toolkit has been raised with the local team.

Relugolix and linzagolix were two NICE Technical Appraisals (TA's), for endometriosis and for uterine fibroids, and discussions had taken place as to where they sat as an alternative to injectables, which

currently are placed in Secondary Care. The ICB have now approved the funding, and the supporting information will be uploaded to the APC website.

a) Update on ICB structures

LC explained that some staff will start to exit the organisation through the voluntary redundancy scheme from May. The function and future role of the APC is under discussion with Derbyshire and Lincolnshire to understand how we can work together across a greater footprint. There will likely be a gap in APC meetings to review the APC governance and delegated authority and allow people to settle in and become embedded within the new organisational structure.

b) Ciclosporin eye drops

LB presented the Ciclosporin 1 mg/ml eye drops (Vevizye[®]) for the treatment of severe dry eyes not responding to eye lubricants as alternative to current ocular ciclosporin (Ikervis[®]). LB provided the APC with a recap of the previous decisions around the Cequa submission, at that time it was awaiting sign-off by the ophthalmology head of service. LB confirmed this has now been signed. It was also noted that the patent for Ikervis[®] expired in October 2025. Following the patent expiry for Ikervis[®] drops, currently on the Joint Formulary with an AMBER 2 classification, a new ciclosporin preparation, was launched in the UK under the brand name Vevizye[®]. LB explained the latest ciclosporin product Vevizye[®] offers: similar clinical effectiveness in the treatment of dry eyes to both alternatives, improved profile of administration side effects and improved tolerability to both alternatives, avoids the potential risks associated with phosphates contained in Cequa[®] formulation (corneal calcification), and offers some cost savings in comparison to current formulary item (Ikervis[®]), although it is more expensive than Cequa[®].

Vevizye[®] was expected to be listed in the Drug Tariff in December 2025, however, it had not yet been included. Clarification of when the product would be listed has been requested from the NHS Business Services Authority (NHSBSA) by the manufacturer.

The formulary request from the ophthalmology consultant is to have it as an additional ciclosporin product for patients who can't tolerate Ikervis[®], and Vevizye[®] is now their preferred second-line alternative over Cequa[®]. It is proposed that Ikervis[®] remains the formulary choice until more clinical experience is gained by the local consultants.

APC members ratified Vevizye[®] with an AMBER 2 classification as an additional choice on the formulary.

ACTION: LB to inform the submitter and update the Joint Formulary.

5. NEW APPLICATIONS

The APC did not receive any new applications.

6. FORMULARY AMENDMENTS

For Information – Log of minor amendments already completed, presented by KR.

GREY

- Single-ingredient LABA inhalers. Formoterol, olodaterol, and salmeterol have been reclassified as GREY. Current NICE guidelines do not recommend single-ingredient LABA inhaler use.
- Sotrovimab (Xevudy[®]) 500mg/8ml solution for infusion vials. NHSE Medicine Supply notification of discontinuation.

- Sno Tears[®] discontinued: Liquifilm[®] name added as an alternative product. Agreed with the Local Trusts.

GREEN

- Tramadol orodispersible: In line with national advice, orodispersible have been added as an option to allow for prescribing during supply problems of soluble tablets.
- Proxor[®] (beclometasone dipropionate, formoterol fumarate dihydrate): is now recommended as the first-line MDI product.

Other

- Buprenorphine (Buvidal[®]) entry: agreed via Notts Healthcare Trust Medicines Optimisation Group (TMOG) restricted to Nottingham City Substance Use Services (Framework/Nottingham Recovery Network (NRN) and Nottinghamshire County Substance Use Services (Change Grow Live (CGL)).

ACTION: KR to update the Joint Formulary if additional information is received from the Trusts.

- Fortisips[®] compact fibre and protein: The following bullet points have been added at the request of the Medicines Optimisation Dietitian.
 - On Dietitian recommendation only
 - AYMES[®] Protein Compact is first line in Primary Care
 - ACUTE PRESCRIBING ONLY (DO NOT ADD TO REPEATS)

ACTION: KR to liaise with the Medicine Optimisation Dietitian to strengthen the message to prevent over-prescribing in Primary Care and email JML the final wording decision.

- AYMES[®] actisolve: The following bullet points have been added
 - On Dietitian recommendation only
 - AYMES[®] Protein Compact is first line in Primary Care
 - ACUTE PRESCRIBING ONLY (DO NOT ADD TO REPEATS)

ACTION: KR to liaise with the Medicine Optimisation Dietitian to strengthen the message to prevent over-prescribing in Primary Care. Email JML the final wording decision.

- Buprenorphine sublingual tablets (Prefibin[®]): the brand name has been added to the Joint Formulary as a keyword.
- Semaglutide (Rybelsus[®]): 3mg, 7mg and 14mg strengths are being phased out and will likely become unavailable from early 2026. No new patients are to be started, and existing patients should be reviewed and switched to equivalent dose of new formulation (1.5mg, 4mg, 9mg). Communication has been issued to Primary Care colleagues.
- Adipine MR[®] & Adipine XL[®] (nifedipine): Discontinued and stocks depleted.

FOR DECISION - Suggested formulary amendments presented by KR

- Hydrocortisone sodium phosphate 100mg/1ml solution for injection ampoules: Product has been discontinued, Medicines Safety Officers (MSO) have been consulted, and the following information has been added to the Joint Formulary for the Hydrocortisone Sodium Succinate: 'After reconstitution with 2ml diluent, the final concentration is approximately 50mg/ml. Patients must be advised of how to use the product.'

(Hydrocortisone sodium phosphate 100mg/1ml solution discontinued Feb 26). Addison's support page offers further advice on shortages [here](#)'.

ACTION: KR to check that an Optimise message has been added.

GREY

- Nizatidine: Famotidine is to be used preferentially as the formulary choice due to its cost-effectiveness. An additional line will be added to note that existing patients may continue until they can be reviewed.

GREEN

- Actimorph®: MSO request for consideration of GREEN classification for pain use where there is concern about overuse/ a need for weaning doses.

OTHER

- Enoxaparin: Secondary care trusts are considering a change to Clexane® in line with national contracts the become effective from March 2026. The APC acknowledged that this would pose a cost pressure in primary care which has been highlighted to the ICB medicines finance lead. Primary care will continue to use Inhixa when initiated in that sector to keep cost impact to a minimum. The cost saving to the ICS was such that the APC were accepting of this change.

Reclassification of Icosapent ethyl for the reduction of cardiovascular risk with high triglycerides.

LB presented the reclassification request, which asked for reclassification of icosapent ethyl from AMBER 2 to AMBER 3. This would be for secondary prevention in patients with established cardiovascular disease who are at high cardiovascular risk and taking statins.

Clinicians expressed concern that lowering the threshold for Primary Care initiations could lead to a significant increase in prescribing and costs, especially if clinicians do not strictly follow the escalation pathway (statin, ezetimibe, etc.). Further concern came from the complexity of appropriate patient selection and the risk that less experienced prescribers might initiate treatment inappropriately, causing the number of patients to exceed the volume predicted, which would then exceed the APC's cost mandate of 100K and pose a potential safety risk to patients.

NG asked if it had been proposed for consultation at the ICB's Cardiovascular (CVD) and Stroke board. As the APC team were unaware of this group, NG will introduce LB to the group to gain further multidisciplinary input.

APC did not approve the reclassification request.

ACTION: NG will introduce LB to the CVD and Stroke board to gain their opinions on the proposal. LB will return the item for further discussion at the next APC meeting.

Reclassification of Ipratropium inhaler MDI 200 dose from GREEN to AMBER 2.

LB presented the reclassification request to reclassify the Ipratropium inhaler MDI Joint Formulary entry in accordance with Notts APC guidance for asthma and COPD.

The committee approved the reclassification to AMBER 2.

ACTION: The Joint Formulary will be updated to read AMBER 2, new initiations only by the respiratory specialist.

Reclassification of single-ingredient inhalers, formoterol, olodaterol and salmeterol.

LB presented the reclassification request AMBER 3 to GREY as the current NICE and APC guidelines no longer recommend single-ingredient long-acting beta agonist inhalers (LABA).

The committee approved the reclassification to GREY with some additional supportive text.

ACTION: The Joint Formulary will be updated to read GREY with the following text. New initiations of formoterol, olodaterol, and salmeterol alone for COPD are not recommended- LABAs should be prescribed as combination preparations- see Nottinghamshire COPD guidance. Existing stable patients may continue until it is deemed appropriate to change. In asthma LABAs should always be prescribed as a combination product with an ICS- see Nottinghamshire asthma guidance. New initiations are only by the respiratory specialist.

7. HORIZON SCANNING

KR presented the new horizon scanning publications for review

GREY no formal assessment

- Itopride: indicated for non-ulcer (functional) dyspepsia, NUH are expecting interest.
- Oforglipron: indicated for Obesity and Type 2 Diabetes (T2DM).
- Etripamil: indicated for paroxysmal supraventricular tachycardia (PSVT).
- Obicetrapib & obicetrapib/ezetimibe: indicated for hypercholesterolaemia.
- Buccal diazepam:
- Xanomeline & tropium: indicated for seizures.
- Gepotidacin: indicated for urinary tract infection (UTI) in females/ gonorrhoea.
- Zoliflodacin: indicated for gonorrhoea.
- Baloxavir: indicated for Influenza (reduction of transmission to household contacts).
- Insulin efsitora alfa: indicated for T2DM.
- Dronabinol: indicated for chronic low back, treatment in adults for whom drug therapy is indicated and non-opioid analgesics have not led to sufficient pain relief or are unsuitable due to contraindications or intolerance
- Clascoterone: indicated for topical acne.

- CAPVAXIVE solution for injection. Pneumococcal conjugate vaccine (21-valent): indicated for the prevention of invasive disease
- Potassium citrate (Renodyra) MR 1,080mg tablet: indicated for the treatment of kidney stones and hypocitraturia, or chronic calcium oxalate stones.

GREY

- Bisoprolol fumarate 1mg/ml Oral Solution: indicated for heart failure.

GREEN

- Epzit 10 mg orodispersible tablet, domperidone maleate: indicated for the symptoms of nausea and vomiting.
- PCV20 (pneumococcal vaccine): indicated for the prevention of invasive disease. This is a new addition due to the discontinuation of Pneumovax.

OTHER

- VentiChamber: spacer device with a feedback whistle. This has been highlighted to the ICB respiratory group and added as a keyword on the Joint Formulary.
- Kay-Cee-L Syrup (potassium chloride oral sf liquid product 1mmol/mL): indicated for the treatment of hypokalaemia and potassium deficiency of renal and extrarenal origin. The MSO team have been notified, and a link to the updated [Neonatal and Paediatric Pharmacy Group \(NPPG\) Position Statement for: Enteral Calcium, Phosphate, Potassium and Zinc Supplementation in Neonates and Children](#) is now available.

To understand its place in therapy, the usage for Kay-Cee-L for 2023 will be interrogated using ePACT.

This item will be brought back for a classification decision at the April APC meeting.

New NICE guidelines

- Targeted-release budesonide for treating primary IgA nephropathy - guidance (TA1128): Targeted-release budesonide can be used as an option to treat primary IgAN in adults when they have a urine protein-to-creatinine ratio (UPCR) of 90mg/mmol or more or a protein excretion of 1g/day or more and it is used as an add-on to optimised standard care. The NUH Team will update the Joint Formulary or guidance if required.

8. FOR RATIFICATION - Antimicrobial Guidelines

The following antimicrobial guidelines presented by IV have been reviewed due to reaching their respective review dates and have been reviewed in consultation with Dr Rodric Francis, Consultant Microbiologist/Community Infection Control Doctor, South Nottinghamshire (NUH) and/or Dr Cristina Parente, Consultant Medical Microbiologist (NUH) and/or Dr Iona Willingham, Specialist Trainee Microbiologist (NUH).

- **Impetigo**

For this update, the following resources were checked against:

[Overview | Impetigo: antimicrobial prescribing | Guidance | NICE Overview](#) | published Feb 2020 with last updated in Jan 2022 - no further changes to recommendations
[Impetigo | Health topics A to Z | CKS | NICE](#) - last revised July 2024

There were no changes made to the treatment recommendations, but additional information was added on what good hygiene measures mean and when to refer to Secondary Care.

The APC members ratified the guideline.

ACTION: IV to finalise and upload the guideline to the APC website.

- **Chlamydia**

For this update, the following resources were checked against:

- NUH guideline updated Nov 2025 [opac-retrieve-file.pl](#)
- [Chlamydia - uncomplicated genital | Health topics A to Z | CKS | NICE](#), last updated Feb 2025
- [BASH Chlamydia guideline](#) last updated Sep 2018.

The main changes include:

- The treatment options in pregnancy are now listed in a separate table. The previous one did not cover both doses of erythromycin nor the amoxicillin. Also, advice included to refer to Sexual Health Services (SHS) if none of the suggested treatment options is suitable.
- The information regarding the test of cure was added as per NICE and moved down after the treatment tables.
- Removed the line regarding doxycycline being first line, as this information is 8 years old.

APC members suggested some minor changes around the medication tables; however, the guideline was ratified, subject to the completion of the minor amendments.

ACTION: IV to make the minor amendments, finalise and upload to the APC website.

- **Gonorrhoea**

For this update, the following resources were checked against:

- NICE: [Changes | How up-to-date is this topic? | Gonorrhoea | CKS | NICE](#) updated June 2025
- [Gonorrhoea 2025: Updated Guideline | BASHH](#) April 2025
- NUH guideline updated Nov 2025 [opac-retrieve-file.pl](#)

The guideline has been rearranged to enhance its readability, and the main changes include:

- Added more information to differentiate uncomplicated vs complicated infection and suggestions for hospital admission.
- Treatment table has been simplified, with only one treatment option left – Ceftriaxone 1g IM injection single dose, for adults (including pregnant/breastfeeding).
- Ciprofloxacin has been removed as all the other available treatment options should only be recommended by SHS.

Ceftriaxone injection is not generally kept in general practice, which can result in treatment delays. DK explained that if a positive result had been received in Primary Care, there was a central booking number to contact the SHS, which aim to provide an appointment within 48 hours for the injection to be administered. Patients would also be followed up with a 'test-for-cure'.

IV will contact DK to establish the appropriate wording, and the guideline will be circulated to committee members for noting only.

APC ratified the guideline, subject to the additional wording.

ACTION: IV to make the minor additions, circulate to members for noting, finalise and upload to the APC website.

- **Vaginal discharge in children**

There are no guidelines from NICE, BASH or NUH for this specific patient group. NICE only makes recommendations for patients over 12 years old. The leaflets we previously had linked towards the end of the guideline are still in place (from Scotland and Kingston hospitals).

For this review, the Vulvovaginitis recommendations from UpToDate were also considered:

[Vulvovaginitis in the prepubertal child - UpToDate](#)

The main changes include:

- More information was included regarding underlying causes.
- The management is covered in 4 practical steps, starting with hygiene measures, followed by treating underlying causes, treatment for Group A Streptococcus (GAS) if the swab results return positive and what to do if infection persists.
- The amoxicillin should be used only to treat Group A Streptococcus, and the duration was changed from 5 days to 10 days.
- If persistent discharge and/or vulvovaginitis, we advise considering a course of antibiotics, according to sensitivities or to speak to the duty microbiologist if sensitivities are not available or empirical treatment is being considered.

The committee suggested to link the thrush guideline to help with diagnosis and to seek comments from the paediatric teams.

APC ratified the guideline.

ACTION: IV to finalise and upload the guideline to the APC website.

9. FOR RATIFICATION - Rosacea guideline

IV presented the new Rosacea guideline and focused on the recommendation of propranolol for flushes, and the inclusion of doxycycline (Efracea®) 40mg MR as a first-line option, which is currently GREY. IV explained the rationale for recommending the more expensive doxycycline 40mg MR over other more cost-effective therapies. However, APC members struggled to agree on the re-classification of Efracea® and questioned the need for a specific local guideline above what is already available in the NICE CKS and the British Association of Dermatologists (BAD).

It was noted that Efracea® is licensed but questioned if that means the other doxycycline strengths were not licensed for Rosacea. In addition, doxycycline 40 mg modified-release is used for its anti-inflammatory properties rather than for antibacterial treatment and is therefore not intended to exert the same selective pressure associated with antimicrobial dosing.

APC have not ratified the Rosacea guideline; it will be discussed further with the APC Team outside of this meeting and it will be returned to APC for a decision at the next APC guideline or Formulary meeting

10. FOR RATIFICATION: Penicillin Allergy Information Leaflet (PIL)

A penicillin PIL has been developed to support the updated 'Penicillin Allergy Diagnosis and Documentation in Primary Care' information sheet for clinicians. The aim is to raise awareness of penicillin allergy and its nature so that future penicillin de-labelling work can be considered. The formatting design has been taken from other Trust's PILs, and content resources have been taken from the NHS patient information websites/ NICE and Anaphylaxis UK. Reference has been made to emergency services and to medical alert jewellery. The ICB communications team have been contacted with an ask that it could be created in different languages. The APC patient representatives have reviewed the PIL and have incorporated 'natural' language. It was suggested that the brand name in brackets be used rather than trademark symbols, which might be confusing to patients. Additionally, there may be a benefit to include a list of the more commonly prescribed penicillin-containing products.

APC members agreed they needed to know what the purpose was for this leaflet and made several improvement suggestions:

- How does a patient know what their status is, and how do they find it out?
- Allergies can be recorded in the NHS app, but not everyone has the app.
- Add that a mobile phone could be used for recording alert details.

It was generally agreed that this was for commenting on only, as it was not a document for the APC to host. All the comments will be fed back to the MSO team.

ACTION: IV to feed the comments back to the MSO Team.

11. ANY OTHER BUSINESS

Attention deficit/hyperactivity disorder (ADHD)

LC explained that an ADHD shortages tab had been set up on the APC website, which linked to various resources. As many of the shortages have been resolved, the ADHD working group was looking to consolidate the key information and retire any that it felt were no longer required.

Restless legs treatment

LC explained that the Restless legs treatment guideline had reached its review date. The previous authors, Dr Gillian Sare and Steve Haigh had reviewed the APC guideline against the NICE CKS and agreed it was suitable to use rather than the local APC guideline and agreed the Restless Legs Treatment Guideline should be retired in favour of the national guidance.

Urticaria and angioedema pathway

LB explained that the urticaria and angioedema pathway was due for review. The draft is ready for review by the Secondary Care specialists. However, it is queued in their workplan. LB asked APC to consider allowing it a six-month extension.

ACTION: APC agreed to the extension. LB to update the pathway with the new review date, upload to the APC website and bring back for ratification when input from Specialist has been received.

12. DATE & TIME OF NEXT MEETING

APC Guideline meeting – Thursday 19th March 2026 (2pm - 5pm, MS Teams)

APC Formulary meeting – Thursday 30th April 2026 (2pm – 5pm, MS Teams)

- The meeting closed at 17:05hrs