**Area Prescribing and Medicine Optimisation Committee (APMOC):**

**Medicines Guideline / Pathway Approval Form**

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| **Name of Medicine Guideline / Pathway** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Is this a new guideline / pathway? (please delete as appropriate)** | | | | | | | | | Yes / No | |
| **Please state the reason this document is needed e.g. No national guideline, local adaptation of NICE pathway, to document locally agreed best practice** | | | | | | | | | | |
|  | | | | | | | | | | |
| **If guideline / pathway deviates from national guidance please state rationale** | | | | | | | | | | |
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| **For updated documents clearly identify changes including reason for change** | | | | | | | | | | |
|  | **Previous version** | | **Current version** | | | | | **Reason for change** | | |
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| **Details of persons consulted during document development** (add extra lines as needed) | | | | | | | | | | |
|  | | **Name** | | **Role** | | **Department** | | | | **Organisation** |
| Lead author | |  | |  | |  | | | |  |
| Clinical contributor | |  | |  | |  | | | |  |
| Clinical contributor | |  | |  | |  | | | |  |
| Non-clinical contributor | |  | |  | |  | | | |  |
| Non-clinical contributor | |  | |  | |  | | | |  |
| **List committees or groups who have endorsed the document - include meeting date** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Reference sources used in development of the guideline / pathway** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Has Remedy** [Referral Home (Remedy BNSSG ICB)](https://remedy.bnssg.icb.nhs.uk/) **pathways pages been checked and ensure alignment** | | | | | | | | | | |
| If any difference in Remedy guidance please state actions taken  Remedy pathways manager [jennifer.henry10@nhs.net](mailto:jennifer.henry10@nhs.net) | | | | | | | | | | |
| **Has environmental/ sustainability impact been considered (if applicable)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Has Health Inequalities been considered. Will the Guideline/ pathway impact on health inequalities (If yes, do local EIA, NB IF NICE an EIA should have already been completed)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **What Monitoring will be done to review equity of access and/or adherence to guideline** | | | | | | | | | | |
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| **How will the guideline/ pathway be communicated across all sectors?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Interface pharmacists confirm medications included are on the BNSSG Joint Formulary.** | | | | | | | Name: | | | |
| Date: | | | |
| **Date approved by APMOC** | | | | |  | | | | | |
| **Review date (usually 3 years, unless national or local change required)** | | | | |  | | | | | |

**APMOC Meeting dates**

|  |  |  |  |
| --- | --- | --- | --- |
| **APMOC Date** | **Time** | **Venue** | **Cut-off dates to submit paperwork** |
| Thursday 7th August 2025 | 13:30 – 16:00 | Microsoft Teams | Wednesday 23rd July |
| Thursday 2nd October 2025 | 14:00 - 16:30 | Microsoft Teams | Wednesday 17th September |
| Thursday 4th December 2025 | 13:30 – 16:00 | Microsoft Teams | Wednesday 19th November |