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DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 10 July 2018

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Arimidex® (Brand)	BLACK
Azilect® (Brand)	BLACK
Azopt® (Brand)	BLACK
Cerazette® (Brand)	BLACK
Colofac® (Brand)	BLACK
Cosopt® (Brand)	BLACK
Efexor XL® (Brand)	BLACK
Imigran® (Brand)	BLACK
Kapake® (Brand)	BLACK
Lipitor® (Brand)	BLACK
Losec® (Brand)	BLACK
Lyrica® (Brand)	BLACK
Mucodyne® (Brand)	BLACK
Nasonex® (Brand)	BLACK
Nexium® (Brand)	BLACK
Plavix® (Brand)	BLACK
Solpadol Effervescent® (Brand)	BLACK
Subutex® (Brand)	BLACK
Viagra® (Brand)	BLACK
Xalacom® (Brand)	BLACK
Xalatan® (Brand)	BLACK
Guselkumab	RED (as per NICE TA521)
Pembrolizumab	RED (NHS England as per NICE TA 522)
Midostaurin	RED (NHS England as per NICE TA 523)
Brentuximab vedotin	RED (NHS England as per NICE TA 524)
Atezolizumab	RED (NHS England as per NICE TA 525)
Arsenic trioxide	RED (NHS England as per NICE TA 526)
Beta interferons and glatiramer acetate	RED (NHS England as per NICE TA 527)

Clinical Guidelines

Management of Undernutrition in Adults
Management of type 2 diabetes

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Present:	
Southern Derbyshire CCG	
Dr A Mott	GP (Chair)
Mrs L Hunter	Assistant Chief Finance Officer
Mrs S Qureshi	NICE Audit Pharmacist
North Derbyshire CCG	
Dr C Emslie	GP
Dr T Narula	GP
Mrs K Needham	Assistant Chief Quality Officer (Medicines Management) (also representing all four Derbyshire CCGs)
Hardwick CCG	
Dr T Parkin	GP
Erewash CCG	
Dr M Henn	GP
Derby City Council	
Dr R Dewis	Consultant in Public Health Medicine
Derbyshire County Council	
University Hospitals of Derby and Burton NHS Foundation Trust	
Dr W Goddard	Chair – Drugs and Therapeutic Committee
Mr D Moore	HCD Pharmacist
Derbyshire Healthcare NHS Foundation Trust	
Mr S Jones	Acting Chief Pharmacist
Chesterfield Royal Hospital NHS Foundation Trust	
Ms C Duffin	Pharmacist
Derbyshire Community Health Services NHS Foundation Trust	
Ms A Braithwaite	Pharmacist
In Attendance:	
Mr A Thorpe	Derby City Council (minutes)

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Item		Action
1.	**APOLOGIES**	
	Mr S Dhadli, Mr S Hulme, Mr M Shepherd, Ms J Town and Dr M Watkins.	
2.	**DECLARATIONS OF CONFLICT OF INTEREST**	
	Dr Mott reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of JAPC. Dr Henn declared an interest as a clinical practitioner to DCHSFT and an anticoagulant provider for other practices in addition to Littlewick Medical Centre. These interests were not directly relevant to today's agenda and no further action was taken. Mrs Qureshi would circulate the JAPC conflict of interest form to members with a request that this be updated if appropriate.	**SQ**
3.	**DECLARATIONS OF ANY OTHER BUSINESS**	
	• Gabapentin and Black Mamba.	
4.	**MINUTES OF JAPC MEETING HELD ON 12 JUNE 2018**	
	The minutes of the meeting held on 12 June 2018 were agreed as a correct record after the following amendments: Sucralfate tablets – Amend to: BLACK (tablets disperse in water) Midazolam – Amend to: 'The key issue would be implementation and Mrs Needham commented that it would be expected that patients would be swapped to Buccolam® at their next reviews with the specialists, and that within a year all patients would have been reviewed and switched by the specialist service.' Citalopram and Sertraline – Amend to: 'Citalopram and sertraline would be the second line choice after fluoxetine, which is licensed for use in children from the age of eight and has a robust evidence base, but there is limited evidence as to the efficacy of sertraline or citalopram in children.' Valproate Medicines – Amend to: 'Ms Braithwaite requested that GPs should highlight to DCHSFT all the patients who were on sodium valproate under specialist care with DCHSFT so that the required reviews of women and girls of childbearing potential could be undertaken without delay' and 'However it was not possible for sodium valproate to be prescribed without a health care professional being alerted to the MHRA warning on the GP clinical system for women of childbearing age.' DMARD Shared Care Protocols – Stepping Hill Hospital (SHH) – Amend to: 'Greater Manchester Medicines Management Group (GMMMG) had now taken over the responsibility for the development of the shared care protocols and these were now published on their website and they have shared care protocols for GPs initiating or secondary care initiating the DMARDs.	

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	SHH had therefore agreed rheumatology shared care protocols for use by Derbyshire GPs with the hospital initiating the DMARD and the GP undertaking the blood tests on behalf of SHH with SHH getting the results until patients are transferred to GP care under the Derbyshire SHH shared care protocols.' Self-care Policy – Amend to: 'Dr Mott stated that suggested traffic light classifications had been given to the drugs which were part of the Derbyshire self-care policy and already assigned a traffic light classification.'	
5.	**MATTERS ARISING**	
a.	**Midazolam** Dr Mott reported that Sheffield Teaching Hospitals NHS Trust had been informed that the Sheffield service should review patients in order to swap to Buccolam® at their next review with updated care plans. No response had yet been received from the Trust.	
b.	**Sequential Use of TNF-alpha Inhibitors in Crohn's Disease and Ulcerative Colitis** Mr Moore reported that other Trusts had been contacted to ascertain their position on the use of TNF- alpha Inhibitors in Crohn's Disease and Ulcerative Colitis but to date no information had been received as to how their financial models were being developed.	
6.	**JAPC ACTION SUMMARY**	
	Hydroxychloroquine – An update to be brought to the October JAPC meeting following discussion of an options appraisal by the Clinical and Lay Commissioning Committee in September. Valproate – A meeting of the Medicines Safety Collaborative would be held on 13th July to review the Pregnancy Prevention Programme and an update would be brought to the August JAPC meeting. STEMI (Sheffield) – The current position was that patients in North Derbyshire received ticagrelor unless there were contraindications such as intracranial haemorrhage or advanced sinoatrial disease not yet treated with a permanent pacemaker. Patients in South Derbyshire received prasugrel unless it was contraindicated or there was an increased risk of bleeding due to age/weight. It was noted that the Southern Derbyshire use of prasugrel was significantly cheaper than ticagrelor and therefore Mr Hulme had suggested that the Sheffield Area Prescribing Committee be contacted to ask whether the current North Derbyshire/Sheffield position could be challenged as it appeared that the South Derbyshire STEMI-PCI guideline was more cost effective but still compliant with the NICE TA. Mrs Qureshi reported that a response had now been received from Sheffield to indicate that a number of options had been considered but the eventual decision to use ticagrelor had been based on available evidence and NICE guidance. It had been highlighted that the use of ticagrelor with 750 patients per year, instead of clopidogrel, would prevent approximately fifteen events including eight deaths per year from vascular causes.	**SD** **SD**

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	This was in line with Sheffield CCG's key objective of saving 400 lives and reducing health inequalities as premature cardiovascular deaths were more likely to occur in areas of high deprivation. Attention Deficit Hyperactivity Disorder (ADHD) – Mr Jones advised that the updated NICE guidance on ADHD was on the DHcFT work plan for discussion on the possible implications including management and medication. An update would be brought to the August JAPC meeting.	**SD** **SD**
7.	**NEW DRUG ASSESSMENTS**	
	Branded Prescribing Mrs Needham reported that the JAPC QIPP Working Group had discussed different options to reduce the prescribing of branded drugs and therefore achieve significant savings by a switch to generic products. A list of branded products which could be traffic lighted as BLACK drugs had therefore been developed. There was also a table compiled by UK Medicines Information (UKMI) which listed the medicines which could be considered for brand-name prescribing. It was highlighted that the branded product Lyrica® should be classified as a BLACK drug for non-epilepsy patients and prescribers advised to prescribe as generic. In addition, Elocon® and Sinemet-plus® should be taken back to the guideline group for traffic light classification of the generic products. **Action**: The University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) and CRHFT Drugs and Therapeutic Committees to be requested to discuss whether, in cases where eye drops were out of stock, generic prescriptions should be requested with a second choice if the preferred item was also out of stock. This would aid GPs who may not be clear about comparable alternatives when stock issues occurred. **Agreed:** JAPC agreed that the list of drugs most commonly prescribed by brand should be assigned a **BLACK** traffic light classification. A message would be included in the traffic light classifications that the branded drugs are BLACK and therefore the generic products should be prescribed instead.	**SQ** **DM/CD** **SQ**
8.	**CLINICAL GUIDELINES**	
a.	**Freestyle Libre®** JAPC noted the first update which had been requested on the number of patients who had been initiated on Freestyle Libre® by the UHDBFT and CRHFT diabetic specialists. It was also noted that there had been six patients in CRHFT who had been prescribed Freestyle Libre®. Mrs Needham advised that Freestyle Libre® prescribing data was available for all the Derbyshire CCGs for the period November 2017 to April 2018 as follows: Erewash CCG – 35 items Southern Derbyshire CCG – 31items Hardwick CCG – 3 items North Derbyshire CCG – 31items JAPC was advised that the eligibility and prescribing process now in use at UHDBFT involved the use of an initiation and funding request referral form.	

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	This form, together with the completed Association of British Clinical Diabetologists (ABCD) audit form, was then sent to the Freestyle Libre® Multidisciplinary Team (MDT) meeting for approval. It had been proposed that this new proforma be sent to GPs to replace the ABCD audit form. A similar process would be put in place at CRHFT subject to approval. Discussion followed and Dr Mott stated that assurance from the Trusts should be sufficient, similar to the process for the use of high cost drugs excluded from tariff. The need to obtain prescribing information from other providers for the out of area patients who were initiated on Freestyle Libre® was also highlighted. **Action:** The mechanism for the provision of assurance to GPs would be further discussed following a review of patients initiated on Freestyle Libre® from hospitals out of area. **Action:** A further update from Derbyshire hospitals would be provided in October 2018.	**AM/KN** **SD**
b.	**<u>Management of Undernutrition in Adults</u>** Mrs Qureshi reported that minor changes had been made to the oral nutrition support guideline for adults to ensure effective patient centred oral nutrition support (ONS) in Derbyshire following a period of consultation. The main changes were: • A change to the document title to 'management of undernutrition in adults'; in order to put less emphasis on the prescribing of ONS. • Guidance on setting treatment goals now included. • Further examples of over the counter ONS products added. • Summary of exclusion criteria for powdered ONS products presented in a table. • New care home section which included useful tips. • New palliative care section which provided an overview of nutritional management in the different stages of palliative care. • In appendix 3 the prices had been updated and now arranged in order of cost per unit. Additional information including calories/protein content. • In appendix 4 examples of specialist dysphagia products had been added. Mrs Qureshi stated that the leaflet 'Big Nutrition for Small Appetites' was included in appendix 2 and this had been on the website for a number of years. It was agreed that the date for this should be extended. Mrs Needham queried the inclusion of Fortisip Yoghurt Style in the list of ready-made products due to its excessive cost. It was agreed that this should be removed from the formulary. Dr Henn requested that information on follow up plans be included which would be useful for GPs. Mr Jones requested that DHcFT dietitians should be included in any future consultations on the guidelines. **Agreed:** JAPC approved the Management of Undernutrition in Adults guideline with the agreed amendments with a two year review date.	**SQ** **SQ** **SJ** **SQ**

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Item		Action
c.	**Management of Type 2 Diabetes** Mrs Qureshi reported that the guideline was due for review in July 2018 and some minor amendments had been made. However since the last review the Scottish Intercollegiate Guidelines Network (SIGN) had published SIGN 154 'Pharmacological management of glycaemic control in people with type 2 diabetes' in November 2017. SIGN 154 gave optimal targets for glucose control for the prevention of microvascular and macrovascular complications in people with type 2 diabetes and also the risks and benefits of the principal therapeutic classes of glucose-lowering agents and insulins currently available for people with type 2 diabetes who required measures beyond diet and exercise to achieve glucose targets. One of the recommendations was for individuals with type 2 diabetes (and who had established cardiovascular disease) should be considered for SGLT2 inhibitors with proven cardiovascular benefit (currently empagliflozin and canagliflozin) and GLP-1 receptor agonist therapies with proven cardiovascular benefit (currently liraglutide), should also be considered. Mrs Qureshi added that the current formulary options were: • Metformin + gliclazide • Metformin + alogliptin • Metformin + empagliflozin • Metformin + pioglitazone It had been proposed that the options of metformin + alogliptin should be demoted further down the treatment algorithm. Mrs Qureshi referred to a Journal of the American Medical Association (JAMA) meta-analysis which broadly supported the recommendation made by SIGN. The JAMA paper gave an overview on the use of SGLT2 inhibitors, GLP-1 and the DPP-4 inhibitors (gliptins) with all-cause mortality in patients with type 2 diabetes. The objective was to compare efficacies of the three different glucose-lowering drugs in mortality and cardiovascular endpoints using a network meta-analysis. The study selection was a randomised clinical trial which enrolled participants with type 2 diabetes with a follow up of at least twelve weeks. The three blood glucose-lowering groups were compared with each other, with placebo or no treatment. The primary outcomes were all-cause mortality and secondary outcomes cardiovascular mortality, heart failure, myocardial infarction, unstable angina and stroke. The findings from this network meta-analysis, which included 236 trials with 176,310 participants, was that the use of SGLT-2 inhibitors or GLP-1 agonists was significantly associated with lower all-cause mortality compared with the control groups (placebo or no treatment) and with DPP-4 inhibitors. In patients with type 2 diabetes, the use of SGLT-2 inhibitors or GLP-1 agonists was associated with better mortality outcomes than the DPP-4 inhibitors. NICE had published evidence reviews for SGLT-2 inhibitors and GLP-1 agonists in March 2018 but no new recommendations had been made to alter their current position. The views of consultant diabetologists had been obtained. Dr R Robinson, CRHFT Consultant Diabetologist, had suggested that the GLP-1 agonists should be used in preference to the gliptins if appropriate and tolerated, although the latter were still efficacious.	

Item		Action
	Dr E Wilmot, UHDBFT Consultant in Diabetes and Endocrinology, had queried whether a decision could be deferred in the light of the forthcoming publication of international guidance. This would ensure that local guidance aligned with the international recommendations. The Guideline Group had discussed the option to change the position of the DPP-4 inhibitors but it had been agreed not to change the order. However, a reference to the findings from the meta-analysis had been included as a bullet point in the front sheet. Discussion followed and Dr Narula commented that empagliflozin, covered by NICE TAs, had to a large extent replaced usage of the gliptins. However SGLT-2 inhibitors could not be used if the patient's estimated glomerular filtration rate (eGFR) was less than sixty and therefore a gliptin would then be given as second line option. It would seem advantageous that dual therapy of metformin with empagliflozin should move ahead of the dual therapy of metformin with gliptins in the order of drugs to be used in the guideline and, in light of the cardiovascular benefit, as there was not much cost difference between gliptins and SGLT-2 inhibitors. The combination of metformin + pioglitazone as second line drug should be replaced by metformin + empagliflozin due to the weight of evidence for its efficacy. Dr Narula added that NICE currently recommended the use of GLP-1 agonists after triple therapy but, in the light of the evidence which demonstrated cardiovascular benefit, this could be looked at by the Guideline Group. Dr Henn referred to previous discussion by JAPC about the current traffic light classification of pioglitazone and the recommendation from the (then) DTHFT consultants that it should remain classified as BROWN due to the small increased risk of bladder cancer. However, the evidence now appeared to have changed with a reduction in the previously suspected increased risk of bladder cancer and this could justify a change in the traffic light classification. **Agreed:** Minor amendments to the guidance were accepted and the guidance would be amended further when the international trial information was available. A report would be made to a JAPC meeting later in the year. **Action:** The Guideline Group would be requested to review any new evidence for the use of pioglitazone.	**SQ** **SQ**
9.	**MISCELLANEOUS**	
a.	**<u>Draft Terms of Reference for the Derbyshire Medicines Safety Network</u>** Dr Mott advised that draft terms of reference has been produced and reviewed by the Derbyshire Medicines Safety Network (DMSN). The draft terms of reference had been discussed by the Southern Derbyshire CCG Prescribing Group and it had been proposed that the DMSN should be constituted as a sub-group of JAPC. **Agreed:** JAPC ratified the draft terms of reference for the Derbyshire Medicines Safety Network with a review date of two years.	**SQ**

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Item		Action
b.	**Derbyshire Health United Healthcare Out-of-Hours Drug Formulary** Dr Mott stated that the formulary of Out-of-Hours (OOH) medications stocked by the out of hours provider had been updated. The following discrepancies compared to the Derbyshire primary care formulary had been highlighted: • Dexamethasone 2mg soluble – This was rarely used for the management of croup as per the NICE Clinical Knowledge Summary on croup. • Prednisolone soluble - A small quantity was maintained in the event that a patient had a narrow bore tube through which medications were administered. • Temazepam 10mg - This was being reviewed to ascertain whether zopiclone could be used instead. During discussion the following comments were made: • Plain tablets to be included for aciclovir 800 mg dispersible tablets in the antivirals section. • The sub-headings in the document needed to be adjusted as some had been erroneously included in the text. • Some of the content was not clinically appropriate and therefore required revision. **Action:** Members to send comments on the content of the lists to Mrs Qureshi who would collate these and send to DHU with a request that the document be updated accordingly in addition to the other comments made by JAPC. The updated document, and any associated PGDs, would be brought to a JAPC meeting for approval. DHU would also be invited to nominate a representative to attend JAPC meetings in order to ensure that alignment with JAPC guidelines and guidance was maintained.	**SQ**
c.	**High Cost Drugs Pathways and Timeline** Dr Mott reported that the Biosimilar and HCD working group had requested the development of a clear pathway and timeline which should be followed when a change to a current pathway occurred or when a local variation to NICE was requested due to a clinical need. **Agreed:** JAPC approved the high cost drugs pathway for NICE and non-NICE compliant drugs.	**SQ**
d.	**Psoriatic Arthritis and Ankylosing Spondylitis and Non-Radiographic Axial Spondyloarthritis Pathways** Mrs Qureshi reported that both of the pathways had been updated and been discussed at the UHDBFT and CRHFT Drugs and Therapeutic Committees. It was noted that additional information had been added to indicate that the CCGs would commission three switches in cases of failure to respond to treatment or contra-indication. Mrs Qureshi added that the pathways were not in their final version as the format still needed to be standardised.	
10.	**REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)**	
	JAPC noted the following: • Detailed and comprehensive checklist developed for insulin safety which would need to be considered when requests were received for new insulins to be added to the formulary.	

Item		Action
	Ms Braithwaite advised that DCHSFT was in the process of reviewing their insulin administration charts and a revised version would be piloted. In addition, Ms Braithwaite requested that CRHFT should discharge patients with Mylife® insulin safety needles when required rather than Becton-Dickinson (BD) safety needles as the DCHSFT community nurses were trained to administer the former which were also a more cost effective choice.	**CD**
11.	**JAPC BULLETIN**	
	The following amendments had been made: • Link to the shared care protocols added. • An amendment to the diamorphine shortage section to indicate that this was ongoing. The amended bulletin was ratified by JAPC.	**SQ**
12.	**MHRA DRUG SAFETY UPDATE**	
	The MHRA Drug Safety Alert for June 2018 was noted. Mrs Qureshi highlighted the following MHRA advice: • Dolutegravir (Tivicay▼, Triumeq▼, Juluca▼): signal of increased risk of neural tube defects and should not be prescribed to women seeking to become pregnant; exclude pregnancy before initiation and advise the use of effective contraception. • Denosumab (Xgeva▼) for giant cell tumour of bone: risk of clinically significant hypercalcaemia following discontinuation. • Denosumab (Xgeva▼) in advanced malignancies involving bone: study data show new primary malignancies reported more frequently compared to zoledronic acid. JAPC noted the British Dietetic Association (BDA) Patient Safety Alert issued on 27th June 2018 on resources to support safer modification of food and drink. A reference would be added to the nutrition chapter.	**SQ**
13.	**HORIZON SCAN**	
	Mrs Qureshi advised JAPC of the following new drug launches, new drug formulations, licence extensions and drug discontinuations: New drug launches in the UK: Loxapine (Adasuve®) – Already classified as **BLACK.** Licence extensions and changes: Bosutinib (Bosulif®) – Classified as **RED** (NHS England). Cabozantinib (Cabometyx®) – Classified as **RED** (NHS England). Evolocumab (Repatha SureClick®) – Classified as **RED**. Ferric maltol (Feraccru®) – Classified as **RED**. Olaparib (Lynparza®) – Classified as **RED**. Tiotropium (Spiriva Respimat®) – Classified as **BROWN**.	

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Item		Action
14.	**NICE SUMMARY**	
	Mrs Qureshi informed JAPC of the comments for the CCGs which had been made for the following NICE guidance issued in June 2018: FTA 521 Guselkumab for treating moderate to severe plaque psoriasis – Classified as **RED** (as per NICE TA521). Not expected to have a cost impact. CCG commissioned line. TA 522 Pembrolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable – Classified as **RED** (NHS England as per NICE TA 522). TA 523 Midostaurin for untreated acute myeloid leukaemia – Classified as **RED** (NHS England as per NICE TA 523). TA 524 Brentuximab vedotin for treating CD30 – positive Hodgkin lymphoma – Classified as **RED** (NHS England as per NICE TA 524). TA 525 Atezolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy – Classified as **RED** (NHS England as per NICE TA 525). TA 526 Arsenic trioxide for treating acute promyelocytic leukaemia – Classified as **RED** (NHS England as per NICE TA 526). TA 527 Beta interferons and glatiramer acetate for treating multiple sclerosis – Classified as **RED** (NHS England as per NICE TA 527). NG 97 Dementia: assessment, management and support for people living with dementia and their carers. Local guidance to be reviewed and updated and brought to a future JAPC meeting. ES 18 Chronic obstructive pulmonary disease: fluticasone furoate, umeclidinium and vilanterol (Trelegy®) – Currently classified as **BROWN** and to be taken to the guideline group for information.	**SQ**
15.	**GUIDELINE GROUP ACTION TRACKER**	
	The summary of key messages from the Derbyshire Medicines Management Guideline Group meeting held in June 2018 was noted. Mrs Qureshi highlighted the following: Traffic Lights: • Fobumix easyhaler® (budesonide/formoterol) – Classified as **GREEN**. For asthma or COPD in adults over 18 years of age. This had been added to the formulary and the asthma and COPD guidelines. • Tapentadol – Classified as **BROWN** and exceptionality enhanced on the recommendation of the pain clinic if a patient was intolerant to both morphine and oxycodone. • List of items with self-care message added to the traffic light entry in appendix 1. • List of items removed from traffic light database included in appendix 2.	

Item		Action
	• List of items included in emollient formulary in appendix 3 (all with a classification of GREEN). • Pioglitazone + metformin (Competact®) – Classified as **BLACK** as the combination preparation was not cost effective and should therefore be prescribed as separate drugs. Guideline Group: • Glaucoma guideline – Preservative free Drozolamide® and Dorzolamide® + timolol eye drops should be prescribed generically as PF 5ml bottle (previously prescribed as Trusopt® or Cosopt® PF UDV). • Spacer device reviewed – Volumatic® and A2A® spacers now recommended and added to the asthma guideline. The respiratory formulary chapter had been updated. • C.difficile – The Guideline Group had formally requested a full review of the document and Ms S Bestwick, Lead Nurse – Infection Prevention and Control, Erewash and Southern Derbyshire CCGs, had been requested to look at the primary care issues.	
16.	**BIOSIMILAR AND HIGH COST DRUGS WORKING GROUP ACTION TRACKER**	
	This was noted by JAPC.	
17.	**TRAFFIC LIGHTS – ANY CHANGES?**	
	Classifications Arimidex® (Brand) - **BLACK** Azilect® (Brand) - **BLACK** Azopt® (Brand) - **BLACK** Cerazette® (Brand) - **BLACK** Colofac® (Brand) - **BLACK** Cosopt® (Brand) - **BLACK** Efexor XL® (Brand) - **BLACK** Imigran® (Brand) - **BLACK** Kapake® (Brand) - **BLACK** Lipitor® (Brand) - **BLACK** Losec® (Brand) - **BLACK** Lyrica® (Brand) - **BLACK** Mucodyne® (Brand) - **BLACK** Nasonex® (Brand) - **BLACK** Nexium® (Brand) - **BLACK** Plavix® (Brand) - **BLACK** Solpadol Effervescent® (Brand) - **BLACK** Subutex® (Brand) - **BLACK** Viagra® (Brand) - **BLACK** Xalacom® (Brand) - **BLACK** Xalatan® (Brand) - **BLACK** Guselkumab - **RED** (as per NICE TA 521) Pembrolizumab - **RED** (NHS England as per NICE TA 522) Midostaurin - **RED** (NHS England as per NICE TA 523) Brentuximab vedotin - **RED** (NHS England as per NICE TA 524) Atezolizumab - **RED** (NHS England as per NICE TA 525)	

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Item		Action
	Arsenic trioxide - **RED** (NHS England as per NICE TA 526) Beta interferons and glatiramer acetate - **RED** (NHS England as per NICE TA 527).	
18.	**MINUTES OF OTHER PRESCRIBING GROUPS**	
	• JAPC QIPP Working Group 10/04/2018 • Sheffield Area Prescribing Group 19/04/2018 • DTHFT Drugs and Therapeutic Committee 15/05/2018	
19.	**ANY OTHER BUSINESS**	
	Dr Dewis stated that an issue had been raised by the Derby City Alcohol and Drugs Related Deaths Review Group concerning a couple of deaths in the City from myocardial infarction which had been related to the combined use of gabapentin and Black Mamba. There were ongoing concerns about the prescribing of gabapentin, release of people from prison with supplies of gabapentin or pregabalin and 'black market' supply of this drug. Dr Dewis was advised to convey these issues to the Controlled Drugs Local Intelligence Network (CDLIN) for further discussion and information sharing.	
20.	**DATE OF NEXT MEETING**	
	Tuesday, 14th August 2018 at 1.30pm in the Coney Green Business Centre, Clay Cross.	