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DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 10th March 2020

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Pioglitazone	GREEN (re-classified from BROWN)
Actikerall (fluorouracil 0.5% and salicylic acid 10%)	GREEN 2nd line after Efudix for actinic keratosis
Solaraze (diclofenac 3% gel)	GREEN 2nd line after Efudix for actinic keratosis
Hypromellose ED	GREEN 1st line after use of self-care
Polyvinyl alcohol ED (Sno-tears)	GREEN 1st line option for dry eyes after use of self-care
Carbomer gel	GREEN 1st line option for dry eyes after use of self-care
Carmellose Sodium Eye Drops	GREEN 2nd line treatment option for dry eyes after use of self-care
Sodium hyaluronate ED	GREEN 2nd line treatment option for dry eyes after use of self-care
Avatrombopag (Doptelet)	BLACK awaiting publication of national guidance. NHSE commissioned drug.
Cytomegalovirus immunoglobulin (Cytotect CP Biotest)	RED as per NHSE commissioning intentions
Upadacitinib (Rinvoq)	BLACK awaiting publication of national guidance
Esketamine (Spravato)	BLACK awaiting publication of national guidance
Sotagliflozin with insulin	RED as per NICE TA622
Patiromer	RED as per NICE TA623
Peginterferon beta-1a	RED as per NICE TA624
Hydrogen peroxide 1% cream	GREEN as per NICE NG153 for localised non-bullous impetigo (unlicensed use)

Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Ondanestron	BROWN specialist initiation. MHRA drug safety update - small increased risk of oral clefts following use in the first 12 weeks of pregnancy

Clinical Guidelines

Actinic keratoses
Management of non-malignant chronic pain
Menopause
Midodrine in orthostatic hypotension (OH)
Sayana press
Bile salt diarrhoea/malabsorption – position statement
Pioglitazone - prescribing statement
Dry eyes – position statement

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Patient Group Directions
Pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed)
Pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed) Risk Groups
Measles, mumps and rubella vaccine

Present:	
Derby and Derbyshire CCG	
Dr C Emslie	GP (Chair)
Mr S Dhadli	Assistant Director of Clinical Policies and Decisions (Professional Secretary)
Mr S Hulme	Director of Medicines Management and Clinical Policies
Mrs K Needham	Assistant Director of Medicine Optimisation and Delivery
Mrs S Qureshi	Head of Medicines Management, Clinical Policies and High Cost Interventions
Dr H Hill	GP Prescribing Lead
Dr R Gooch	GP
Ms A Reddish	Clinical Quality Manager – Primary Care
Derby City Council	
Derbyshire County Council	
University Hospitals of Derby and Burton NHS Foundation Trust	
Dr W Goddard	Chair – Drugs and Therapeutic Committee
Mr R Sutton	High Cost Drugs/Commissioning Pharmacist
Ms A Brailey	Deputy Chief Pharmacist
Derbyshire Healthcare NHS Foundation Trust	
Ms B Thompson	Deputy Chief Pharmacist
Chesterfield Royal Hospital NHS Foundation Trust	
Mr M Shepherd	Chief Pharmacist
Derbyshire Community Health Services NHS Foundation Trust	
Ms A Braithwaite	Chief Pharmacist
Derby and Derbyshire Local Medical Committee	
Dr K Markus	Chief Executive Officer
Derbyshire Health United	
Mr D Graham	Lead Clinical Pharmacist
Staffordshire and Stoke-on-Trent CCG's	
Mr K Claire	Pharmacist
In Attendance:	
Ms M Hill	High Cost Interventions Pharmacy Technician Derby and Derbyshire CCG (minutes)
Ms B Opawole	Pre-registration pharmacist Derby and Derbyshire CCG
Ms M Jalota	Pre-registration pharmacist Derby and Derbyshire CCG

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Item		Action
1.	**APOLOGIES**	
	Ms J Derricott, Mr S Jones, Ms S Bamford, Mr C Newman	
2.	**DECLARATIONS OF CONFLICTS OF INTEREST**	
	Dr Emslie 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. No conflicts of interest were declared in relation to this agenda; in addition to the existing register of interests.	
3.	**DECLARATIONS OF ANY OTHER BUSINESS**	
	There were no declarations of any other business.	
4.	**MINUTES OF JAPC MEETING HELD ON 11 FEBRUARY 2020**	
	The minutes of the meeting held on 11th February 2020 were agreed as a correct record after a minor amendment to the following agenda item: Neuropathic pain – community has been removed from the title Derbyshire Healthcare NHS Foundation Trust.	
5.	**MATTERS ARISING**	
a.	**RMOC shared care agreement** Mr Dhadli reported JAPC was awaiting feedback from Ms Derricott regarding the Regional Medicines Optimisation Committee (RMOC) shared care 14 day response times and to look at adopting some of the principles in the consultation document, however no response has been received. Ms Reddish confirmed Ms Derricott has shared it with the enhanced service team and it will be considered when next years shared care agreement is revalidated. Dr Markus also added there is a general perception that not all secondary care departments are aware there should be an agreement and if there is no response they take over the care by default. It is also in discussion to improve the templates to send via email rather than paper. **Action:** JAPC to discuss at the next meeting.	
b.	**Thealoz Duo** Mr Dhadli informed the committee that Thealoz Duo for dry eyes had been adopted by Chesterfield Drugs and Therapeutics Committee, but the decision had not been discussed at JAPC. JAPC considered the evidence base for Thealoz Duo at last month's meeting; however the evidence was not overwhelming. Mr Shepherd is still waiting to hear back from consultants **Action:** JAPC to add this item to the action summary.	**MS**
c.	**Questran** Dr Goddard informed the committee that he has produced a Bile Salt Diarrhoea/Malabsorption: Alternatives to Questran/cholestyramine document with a list of equivalent doses for Questran following the supply problem.	

Item		Action
	JAPC recognises that use of an alternate product, even though not licenced, maybe warranted due to supply problems with Questran. **Action:** JAPC ratified the Bile Salt Diarrhoea/Malabsorption: Alternatives to Questran/cholestyramine document with a review date of 3 years.	
6.	**JAPC ACTION SUMMARY**	
a.	**Hydroxychloroquine** Mr Dhadli reported that the hydroxychloroquine position statement paper is on the agenda.	
b.	**Continence guidance** Mr Dhadli reported that Ms H Greaves Lead Clinical Nurse is still in the process of planning a meeting with the continence team at UHDBFT as the continence nurses are not complying with some of the formulary choices.	
c.	**Cannabis in spasticity** Mr Dhadli reported that the cannabis in spasticity paper is on the agenda.	
7.	**NEW DRUG ASSESSMENT/TRAFFIC LIGHT ADDITION**	
a.	**Pioglitazone** Mr Dhadli reminded the committee that pioglitazone is one of the cost effective choices in the NICE guidance for diabetes, however consultants did not want to use it as a second line option after metformin and alongside other choices on the formulary due to the side effects and MHRA warnings. These concerns were discussed at last month's JAPC meeting which looked at the issues around bladder cancer, however it was agreed that the incidences of bladder cancer were overall small and the trials may not be long enough to have cause and effect. This then led to producing a prescribing statement to support primary care prescribing. Mrs Qureshi advised the committee the prescribing statement covers the benefits of pioglitazone, the prolonged HbA1c effects and that although the cardiovascular benefits for the primary end point were not statistically significant, however the secondary endpoints showed statistical significance in the ProACTIVE study. Further the position statement highlights the side effects and mitigation plans for prescribers. The prescribing statement also includes the contraindications from the SPC for pioglitazone and a clinician checklist before commencing pioglitazone. UHDBFT Consultants raised their concern about the macular oedema for patients which has been included into the prescribing statement highlighting the side effects and mitigation for the condition. **Agreed:** JAPC re-classified pioglitazone from **BROWN** to **GREEN** and ratified the prescribing statement.	**SQ**
8.	**CLINICAL GUIDELINES**	
a.	**Actinic Keratosis** Mr Dhadli reported that the Actinic Keratosis guidance has been updated in collaboration with the dermatology consultants and Joined Up Care Derbyshire (JUCD) group. Previously, Ingenol had been classified as BLACK	

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	due to the MHRA withdrawing the licence and the Efudix traffic light classification had been relaxed to allow GPs to prescribe it in line with the Actinic Keratosis pathway. JUCD Dermatology group recommends removing 'specialist initiation' criteria for second line treatments Actikerall and Solaraze, in line with Efudix. Mrs Needham raised the different support mechanisms for GPs when prescribing for Actinic Keratosis based on location. In North Derbyshire General Practitioner with Special Interest (GPSi) are available to support whilst in South Derbyshire University Hospitals of Derby and Burton Foundation Trust (Dr Bleiker) have confirmed support. It was requested that this information was to go into the bulletin. **Agreed:** JAPC re-classified Actikerall (fluorouracil 0.5% and salicylic acid 10% solution) and Solaraze (diclofenac 3% gel) as **GREEN 2nd line** **Agreed:** JAPC ratified Actinic Keratosis guideline with a review date of 3 years.	
b.	**Non-malignant chronic pain** Mr Dhadli informed the committee that the non-malignant chronic pain guidance has been updated in collaboration with Dr I Makkison Pain Consultant and Dr A Blair Clinical Director, Psychological Consultancy DCHSFT. It was recommended to regularly review patients on morphine doses greater than 50mg and to seek specialist advice for morphine doses greater than 90mg. These recommendations are in line with SIGN 136 guidance. Further no oral morphine dose should exceed 120mg per day and if a patients dose does exceed this limit, then efforts should be made to reduce to 120mg/day of oral morphine. The non-pharmacological treatments and psychology services to be updated. Ms Thompson noted that in the guideline under patient assessment, history of substance misuse, patients should also be asked about purchases online. It was also noted that drugs for pain with potential interactions are at a greater risk of toxicity. Additionally, in the guidance in Table 1 under addiction and in appendix 4 it states to consider referral to methadone programme however there is no programme available in Derbyshire. The committee agreed to remove this advice. Further a discussion took place regarding the problem of high prescribing of opiates across Derbyshire and the committee agreed that the opioid resource prescribing pack that is currently in development will help reduce the high prescribing. **Agreed:** JAPC ratified the Management of Non-Malignant Chronic Pain in Primary Care guideline with a review date of 3 years.	
c.	**Menopause** Mr Dhadli reported that the menopause guideline has been updated by Dr Amanda Smith, Menopause Specialist based on NICE NG23 and the British Menopause Society (BMS) guidance. A section on the benefits of Hormone Replacement Therapy (HRT) benefits has been included and the current HRT supply shortages have been updated to include 1st and 2nd line formulary choices, along with a link to MIMS to recommend alternatives if preferred	

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	choices are not available. The recommendation for topical testosterone gel remains as per previous guidance. All additional recommendations have been checked and cross referenced with NICE and/or the BMS. **Agreed:** JAPC ratified the Menopause Management guideline with a review date of 3 years.	
d.	**<u>Midodrine in Orthostatic Hypotension</u>** Mr Dhadli informed the committee that the prescribing of midodrine in orthostatic hypotension, which was adopted locally, has been updated in collaboration with Dr J Youde Consultant, Dr P Iqbal Consultant Physician and Dr R Genever Consultant Physician and Geriatrician. The guidance is still relevant and up to date therefore no changes have been made to the position statement. Ms A Braithwaite asked to have confirmation if the TED stockings are below knee or thigh length under the non-pharmacological intervention as it is an intervention Derbyshire Community Health Services NHS Foundation Trust (DCHSFT) could do and undertake a trial to see if they work. Mr Dhadli to inform Ms A Braithwaite if TED stockings are below knee or thigh length. **Agreed:** JAPC ratified the Guidance on the Prescribing of Midodrine in Orthostatic Hypotension (OH) guideline with a review date of 3 years.	**SD**
e.	**<u>Sayana press</u>** Mr Dhadli reported that the Sayana Press Procotol, a self-administered subcutaneous injection, guidance for primary care has been updated. The guidance is still relevant and up to date therefore no changes have been made however Sayana press is currently out of stock until March 2020. **Agreed:** JAPC ratified the Sayana Press – A Guide for Primary Care guideline with a review date of 3 years.	
9.	**PATIENT GROUP DIRECTIONS**	
	<u>Pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed)</u> This PGD is for the administration of pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed) (PCV13) to individuals from 12 weeks to under 2 years of age in accordance with the national immunisation programme for active immunisation against pneumococcal disease and to individuals from 6 weeks of age recommended PCV13 in response to an outbreak of pneumococcal disease. It has been updated to replace the previous version as of 26th February 2020. This version has been amended to: • reflect the 1+1 schedule for individuals born on or after 1 Jan 2020 and immunisation from 12 weeks of age • refer to the PCV Risk Groups PGD for the immunisation of individuals with asplenia, splenic dysfunction, complement disorder and severe immunocompromised • include rewording, layout and formatting changes for clarity and consistency with other PHE PGDs	

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	Pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed) Risk Groups This PGD is for the administration of pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed) (PCV13) to individuals from 6 weeks of age with an underlying medical condition which puts them at increased risk from pneumococcal disease. It has been updated to replace the previous version as of 26th February 2020. This version has been amended to: • include primary immunisation schedule for those with asplenia, splenic dysfunction, complement disorder or severe immunocompromise under 1 year of age • include minor rewording, layout and formatting changes for clarity and consistency with other PHE PGD templates **Measles, mumps and rubella vaccine** This PGD is for the administration of measles, mumps and rubella (MMR) vaccine to individuals from 1 year of age for routine immunisation, or from 6 months of age if early protection is required, in accordance with the national immunisation programme and PHE guidelines on post-exposure prophylaxis for measles It has been updated to replace the previous version as of 1st March 2020. This version has been amended to: • remove live vaccine intervals table and refer to Green Book Chapter 11 • revise recommendations relating to MMR second dose before 18 months of age • add sentence to neurological conditions paragraph in cautions section • include minor rewording, layout and formatting changes for clarity and consistency with other PHE PGDs	
10.	**MISCELLANEOUS**	
a.	**Cannabis-based medicinal products (Sativex)** Mrs Qureshi advised the committee that NICE NG144 recommends Sativex for spasticity which is CCG commissioned. A survey was compiled and sent to Sheffield, Nottingham and Derby to gain intelligence for potential patient numbers for treatment of Sativex. Sheffield reported 5 Derbyshire patients and Nottingham reported 20 patients (2 patients for Derbyshire) however there has been no response from Derby. Sativex is currently classified as BLACK and it is not in the excluded from tariff list; only cannabidiol is listed. Sheffield has proposed to handle Sativex as a pass through drug and have shared their commissioning guideline for comments. The cost of Sativex is currently £300 and from the NICE resource impact the cost for Sativex is £2000-£2500 per annum per patient. The NICE resource template predicts 15 patients in Year 1 (19/20) and 61 patients in Year 5 (23/24). Mrs Qureshi requested JAPC to discuss a traffic light change for Sativex from BLACK to RED as per NICE NG144. A discussion took place around the concern of NICE predicted patient numbers and concluded NICE may over-estimate the number of patients eligible for treatment. Sheffield's position was also discussed and the	

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	committee decided to look at Sheffield's commissioning position at UHDBFT Drugs and Therapeutics Committee and to leave the traffic light classification as BLACK. **Agreed:** JAPC committee will wait for UHDBFT to look at Sheffield's commissioning position at their Drugs and Therapeutics Committee.	
b.	**<u>Dry eye prescribing position statement</u>** Mrs Qureshi informed the committee that Derbyshire's prescribing for dry eyes is approximately £1million pounds over the past 12 months, therefore she has been asked to look at the prescribing to see how it can be restricted. The position statement has been produced in collaboration with a number of eye specialists. Essentially the position statement recommends directing patients with simple dry eye to buy lubricants over the counter. Prescribing is reserved for new patients where lubrication is essential to preserve sight function. For new and existing patients with simple dry eye it is recommended that the patient is directed to self-care and medication can be purchased over the counter; Table 1 shows the recommended products. For new patients with severe dry eyes prescribing is permitted; Table 2 shows all recommended products. Non-urgent patients can be directed to the Minor Eye Condition Service (MECS) that is offered across Derbyshire (a list of participating opticians is included in the dry eye position statement). The MECS will also direct patients to purchase lubricants over the counter when appropriate or can refer to the specialists to prescribe appropriate products. Dr Markus asked if ophthalmologists in secondary care are on board with implementing the position statement and how would this statement get disseminated. A discussion took place and it was confirmed it would be disseminated through the Drugs and Therapeutics Committee and this trusts and GPs confirmed they would feedback if they are receiving inappropriate requests from secondary care to prescribe for simple dry eyes. **Agreed:** JAPC classified Hypromellose ED as GREEN 1st line after use of self-care, Polyvinyl alcohol ED (Sno-tears) as GREEN 1st line option for dry eyes after use of self-care, Carbomer gel as GREEN 1st line option for dry eyes after use of self-care, Carmellose Sodium Eye Drops as GREEN 2nd line treatment option for dry eyes after use of self-care and Sodium hyaluronate ED as GREEN 2nd line treatment option for dry eyes after use of self-care. **Agreed:** JAPC ratified the Dry Eye Prescribing position statement with a review date of 3 years.	
c.	**<u>Hydroxychloroquine (HCQ)</u>** Mr Dhadli reported that there was a British Society for Rheumatology (BSR) guidance that was published in Feb 2017 that changed how HCQ is monitored; previously it was just patients reporting any changes. The advice from the BSR was adopted by the Royal College of Ophthalmologists in 2018, which includes advice regarding baseline assessments, assessments after 5 years then yearly thereafter, doses and interactions. This advice may have a significant impact on patients and services. Public Health have looked at the	

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	recommendations for hydroxychloroquine and the evidence base. There is also further work being done with ophthalmologists to determine the different types of tests that need to be done. Mr Dhadli informed the committee that the ophthalmologists have produced a Derby and Derbyshire CCG's position on hydroxychloroquine-related retinopathy monitoring statement which has been ratified at the Clinical Policies Advisory Group (CPAG). **Agreed:** JAPC ratified the Derby and Derbyshire CCG's position on hydroxychloroquine-related retinopathy monitoring with a review date of 3 years.	**SD**
d.	**Prescribing specification** Mr Dhadli reported the prescribing specification has been updated to recognise the recent Regional Medicines Optimisation Committee (RMOC) advisory statements for Free of Charge schemes and Standard Principles for Medicines Prior Approval Forms. Mr Dhadli also confirmed that the statement agreed for the Sequential Use of Biologic Medicines will also be added into the prescribing specification. **Agreed:** JAPC ratified the prescribing specification with the addition of the Sequential Use of Biologic Medicines statement.	
11.	**REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)**	
	Sequential Use of Biologic Medicines Mr Dhadli informed JAPC that the Regional Medicines Optimisation Committee (RMOC) had produced the sequential use of biologic medicines advisory statement in January 2020. In the document it states "a policy adopted by a commissioner that would serve to limit patients' access to appropriate treatments based on a number of prior treatments being attempted would be counter to the provisions of the NHS Constitution". Currently the Derbyshire high cost drug commissioning algorithms allow sequential use of biologics however they limit the number of switches a patient can have depending on the condition. Mr Dhadli continued to inform the committee that Derby and Derbyshire CCG have received a letter from a consultant at a tertiary centre in Salford which cross references the RMOC document and states they have an established MDT for patients that require further biologics beyond what would normally be commissioned. A discussion took place and it was decided that there should only be small patient numbers that require a decision to treat outside of the commissioning algorithms, therefore, to use existing mechanisms in place to discuss. It was also decided to amend the statement on each commissioning algorithm to state JAPC recognise the RMOC statement and that further sequential use of biologics will be determined via an MDT in line with trust process. **Agreed:** JAPC to amend the statement on each commissioning algorithm to state JAPC recognises the RMOC statement. Further sequential use outside of the commissioning algorithm should be undertaken after advice via MDT in-line with Trust processes but is limited by clinical appropriateness and safety.	

Item		Action
12.	**JAPC BULLETIN**	
	The February 2020 bulletin was ratified.	**SD**
13.	**MHRA DRUG SAFETY UPDATE**	
	The MHRA Drug Safety Alert for February 2020 was noted. Mr Dhadli highlighted the following MHRA advice: • Ingenol mebutate gel (Picato): suspension of the licence due to risk of skin malignancy – follows a 3-year safety review and high occurrence of skin cancer. Patients using Picato should be vigilant for new lesions in their treatment area and immediately talk to their doctor if they notice any new scaly red patches, open sores, or elevated or warty growths in the treatment area. • Lemtrada (alemtuzumab): updated restrictions and strengthened monitoring requirements following review of serious cardiovascular and immune-mediated reactions – patients offered alemtuzumab should be alerted to the early risks of cardiovascular events and thrombocytopenia around the time of infusion and to the delayed risk of immune-mediated reactions. Treatment should be started and monitored by a neurologist experienced in the treatment of multiple sclerosis in a hospital with immediate access to specialists and equipment required for the diagnosis and management of adverse reactions, including intensive care facilities. Patients should be monitored for early signs of autoimmune disorders until at least 48 months after the last dose of alemtuzumab. • Valproate (Epilim, Depakote) pregnancy prevention programme: updated educational materials – healthcare professionals were sent a letter and updated educational materials. • Nexplanon (etonogestrel) contraceptive implants: new insertion site to reduce rare risk of neurovascular injury and implant migration – Amended advice on the insertion site for Nexplanon contraceptive implants following concerns regarding reports of neurovascular injury and implants migrating to the vasculature (including the pulmonary artery). There is an update on where to insert it and an update for training. • Support Yellow Card: report suspected reactions in patients taking multiple medicines – There was a MHRA awareness week campaign on 17-23 February 2020 to encourage people to report suspected reactions.	
14.	**HORIZON SCAN**	
	<u>Monthly Horizon Scan</u> Mr Dhadli advised JAPC of the following new drug launches, new drug formulations, licence extensions and drug discontinuations: New drug launches in the UK: • Avatrombopag (Doptelet) – classify as BLACK await national guidance • Cannabidiol (Epidyolex) – previously classified as RED as per NHSE commissioning intentions • Cytomegalovirus immunoglobulin (Cytotect CP Biotest) – classify as RED as per NHSE commissioning intentions • Lusutrombopag (Mulpleo) – previously classified as RED as per NICE TA617	

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	• Upadacitinib (Rinvoq) – classify as BLACK await national guidance New drug formulations in the UK: • Esketamine (Spravato) – classify as BLACK await national guidance Licence extensions: • Apalutamide (Erleada) – previously classified as BLACK await national guidance • Botulinum A toxin (Dysport) – previously classified as RED • Budesonide (Budenofalk) – previously classified as GREEN • Daratumumab (Darzalex) – previously classified as BLACK (TA454) and RED (TA510 and TA573) • Ustekinumab (Stelara) – previously classified as RED	
15.	**NICE SUMMARY**	
	Mrs Qureshi informed JAPC of the comments for the CCG which had been made for the following NICE guidance in February 2020: TA622 Sotagliflozin with insulin for treating type 1 diabetes in adults with a body mass index (BMI) of at least 27 kg/m^2, when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy – classify as RED (as per NICE TA622) TA623 Patiromer for treating hyperkalaemia in adults – classify as RED (as per NICE TA623) TA624 Peginterferon beta-1a for treating relapsing-remitting multiple sclerosis in adults – classify as RED (as per NICE TA624) TA597 Dapagliflozin with insulin for treating type 1 diabetes – previously classified as RED (as per NICE TA597) NG80 Asthma: diagnosis, monitoring and chronic asthma management – update on self-management in children and young people NG153 Impetigo: antimicrobial prescribing – NICE have recommended hydrogen peroxide 1% cream as first line instead of antibiotics to treat impetigo. Hydrogen peroxide 1% cream is unlicensed. To be classified as GREEN.	
16.	**GUIDELINE GROUP ACTION TRACKER**	
	The summary of key messages from the Derbyshire Medicines Management Shared Care and Guideline Group meeting held in February 2020 was noted. Mr Dhadli highlighted the following: Traffic Lights: • Ondanestron – classified as BROWN specialist initiation. MHRA drug safety update- small increased risk of oral clefts following use in the first 12 weeks of pregnancy	

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	Formulary Update (Chapter 3 – Respiratory): • Advice added on reducing the carbon impact of (metered dose) inhalers- primary care to facilitate moving patients to lower carbon options (dry powder inhalers or Respimat) where it is clinically appropriate to do so. • Information added on re-usable respimat device- each inhaler can be used with up to six cartridges. • Delete section 3.1.4 compound bronchodilator preparations as no longer relevant • Delete message on 'separate prescribing of LABA and ICS inhalers. • Tabular triple combination inhalers with message to clarify reasons for brown traffic light classification. • Insert MHRA safety message on Montelukast- reminder of the risk of neuropsychiatric reactions. Clinical Guidelines: • Continence – Rusch replacement belly bags belts were removed from the community continence guideline and the product request form as they are not in the Drug Tariff or on Systm One. • Management of type 2 diabetes in adults – Under Blood Pressure (BP) management the following was added: *'In people with CKD and diabetes, and also in people with an ACR of 70 mg/mmol or more, aim to keep the systolic blood pressure below 130 mmHg (target range 120–129 mmHg) and the diastolic blood pressure below 80 mmHg (See NICE CG182)'* • AF guideline- advise on NOAC drug interaction updated to state 'avoid' with strong enzyme inducers for rivaroxaban, dabigatran, and apixaban as per CKS advice. Previous advice was 'avoid/ caution unless patient closely monitored or caution' which is less practical in primary care. Website Changes/Miscellaneous: • Derbyshire MAC position statement updated with no change. • Syringe driver policy extended to May 2020. Guideline Timetable: • The guideline table action summary and progress was noted by JAPC. Mr Dhadli reported that the biosimilar report has been tabled for information.	
17.	**TRAFFIC LIGHTS – ANY CHANGES?**	
	Pioglitazone - GREEN (re-classified from BROWN) Actikerall (fluorouracil and salicylic acid solution) - GREEN 2nd line Solaraze (diclofenac 3% gel) - GREEN 2nd line Hypromellose ED - GREEN 1st line after use of self-care Polyvinyl alcohol ED (Sno-tears) - GREEN 1st line option for dry eyes after use of self-care Carbomer gel - GREEN 1st line option for dry eyes after use of self-care Carmellose Sodium Eye Drops - GREEN 2nd line treatment option for dry eyes after use of self-care Sodium hyaluronate ED - GREEN 2nd line treatment option for dry eyes after use of self-care Avatrombopag (Doptelet) - BLACK await national guidance	

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Item		Action
	Cytomegalovirus immunoglobulin (Cytotect CP Biotest) - RED as per NHSE commissioning intentions Upadacitinib (Rinvoq) - BLACK await national guidance Esketamine (Spravato) - BLACK await national guidance Sotagliflozin - RED Patiromer - RED Peginterferon beta-1a – RED Hydrogen peroxide 1% cream - GREEN	
18.	**MINUTES OF OTHER PRESCRIBING GROUPS**	
	• Nottinghamshire Area Prescribing Committee 21/11/19 • University Hospitals of Derby and Burton Foundation Trust Draft Drugs & Therapeutics 21/01/20 • Medication Optimisation Safety Team 09/01/20	
19.	**ANY OTHER BUSINESS**	
	Mr Claire raised in the non-malignant chronic pain guideline there is a pathway for North Derbyshire referrals and questioned whether there was a pathway for South Derbyshire referrals. Dr Emslie responded that patients are referred directly to the pain clinic in Derby for South Derbyshire patients.	
20.	**DATE OF NEXT MEETING**	
	Tuesday 14th April 2020 at 1.30pm in the Coney Green Business Centre, Clay Cross.	