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DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 14th June 2022

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Hydrocortisone sodium phosphate 0.3% PF eye drops (Softacort)	GREY cons/spec initiation - For non-infectious allergic or inflammatory conjunctival disease, where a preservative-free eye drop is required beyond initial acute treatment. Specialist to communicate instructions for tapering and treatment length. Treatment over 14 days is off-licence.
Strontium	RED - Treatment of severe osteoporosis in men and postmenopausal women at high risk of fracture where other treatments cannot be used.
Cinacalcet	GREEN cons/spec initiation - For primary hyperparathyroidism.
Vancomycin	GREEN - First line treatment for C Difficile infection
Fidaxomicin	GREY - Second line treatment for C Difficile infection
Romosozumab	RED - NICE TA791 - Romosozumab for treating severe osteoporosis. CCG commissioned.
Oritavancin	RED - NICE ES39 – Antimicrobial prescribing: oritavancin for acute bacterial skin and skin structure infections.
Eravacycline	RED - NICE ES40 - Antimicrobial prescribing: eravacycline for complicated intra-abdominal infections in adults.
Selumetinib	RED - NICE HST20 - Selumetinib for treating symptomatic and inoperable plexiform neurofibromas associated with type 1 neurofibromatosis in children aged 3 and over.
Avelumab	RED - NICE TA788 - Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy.
Tepotinib	RED - NICE TA789 - Tepotinib for treating advanced non-small-cell lung cancer with MET gene alterations.
TYRX absorbable antibacterial envelope	DNP - NICE TA790 - TYRX Absorbable Antibacterial Envelope for preventing infection from cardiac implantable electronic devices (terminated appraisal).

Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Insulin glulisine (Apidra)	Classified as GREEN
Biphasic isophane insulin (Insuman Comb 25 or 50)	Classified as GREEN
Lixisenatide	Classified as DNP for new patients (10microg strength

	discontinued). Remains GREEN for existing patient on 20microg treatment. (Clarification from previous month to support implementation)
Otosporin ear drops	Removed from preferred formulary.
Sofradex ear drops	Removed from preferred formulary.
Topical clindamycin (Dalacin T)	Classified as DNP - Do not use topical clindamycin to treat acne as monotherapy for new patients (existing advice). GREY - May be used in localised Hidradenitis Suppurativa (HS) on dermatologist advice as per PCDS (off-licence), but not with oral antibiotics.

Clinical Guidelines

Woundcare formulary guidelines, wound care quick reference guide, wound care quick view guide, wound care urgent treatment centre formulary
Osteoporosis diagnosis and management
Cinacalcet prescribing and monitoring for Primary Hyperparathyroidism
Prescribing Guideline of C Difficile in adults in primary care

Shared care

Denosumab for the prevention of osteoporotic fractures in men and post-menousal women (18 years and over)

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Present:	
Derby and Derbyshire CCG	
Dr A Mott	GP (Chair – authority to chair due to unavailability from R Gooch)
Mr S Dhadli	Assistant Director of Clinical Policies and Decisions (Professional Secretary)
Mrs S Suri	Head Of Medicines Optimisation Safety and QIPP Delivery
Mrs S Qureshi	Head of Medicines Management, Clinical Policies and High-Cost Interventions
Dr H Hill	GP
Ms A Reddish	Clinical Quality Manager
Derby City Council	
Derbyshire County Council	
University Hospitals of Derby and Burton NHS Foundation Trust	
Dr W Goddard	Chair – Drugs and Therapeutic Committee
Ms E Kirk	Lead Pharmacist – High-Cost Drugs and Commissioning
Derbyshire Healthcare NHS Foundation Trust	
Mr S Jones	Chief Pharmacist
Chesterfield Royal Hospital NHS Foundation Trust	
Ms A Brailey	Chief Pharmacist
Derbyshire Community Health Services NHS Foundation Trust	
Mrs K Needham	Chief Pharmacist
Derby and Derbyshire Local Medical Committee	
Derbyshire Health United	
Mr D Graham	Lead Clinical Pharmacist/Advance Clinical Practitioner
Staffordshire and Stoke-on-Trent CCG's	
Ms S Bamford	Medicines Optimisation Senior Lead Pharmacist
In Attendance:	
Ms R Monck	Assistant Chief Finance Officer
Mr A Brownlee	Chief Pharmacy Technician (Interface)
Miss S Greenwell	Senior Administrator, DDCCG (minutes)

Item		Action
1.	**APOLOGIES**	
	Mr S Hulme, Mrs R Gooch Noted that Mrs S Suri with delegated authority on behalf of Steve Hulme	
2.	**DECLARATIONS OF CONFLICTS OF INTEREST**	
	Dr A 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. 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.	**JAPC ACTION SUMMARY**	
a.	**Cannabis based medicine (Sativex)** Sativex classified as **RED,** to review classification in 12 months. Currently waiting for Royal Derby Hospitals (UHDBFT) to produce a potential shared care agreement.	
b.	**Mycophenolate** Awaiting RMOC SCA is currently out for consultation.	
c.	**Inclisiran** JAPC to reconsider traffic light classification for inclisiran following feedback from lipidologist as D&Ts of its position in local guidance and if further national guidance is published.	
d.	**Weekly GLP1** Place in therapy of weekly GLP1's, being considered with diabetes guidance update.	
e.	**Potassium permanganate** The committee agreed that potassium permanganate is so longer a JAPC action and can be removed from the action log, as it is being considered by the Medicines Safety Network across the Derbyshire NHS.	
5.	**NEW DRUG ASSESSMENT/TRAFFIC LIGHT ADDITION**	
a.	**Softacort** Mr Dhadli informed the committee that the purpose of the paper is to agree a traffic light status for Softacort (hydrocortisone sodium phosphate (0.3%) 3.35mg/ml eye drops 0.4ml unit dose preservative free, used for the treatment of mild non-infectious allergic or inflammatory conjunctival disease. The dosage is 1 drop 2-4 times daily in the affected eye. Softacort is licenced for a maximum of 14 days, longer courses (more than 14 days) would be off-licence. Specialists have advised that treatment may require gradual tapering off, to avoid a relapse. In terms of cost, Softacort is cost saving in comparison to other preservative	

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	free steroid eye drops. NICE recommends that treatment with corticosteroid eye preparations should always be initiated in secondary care by a specialist however, treatment can be continued and monitored in primary care following a specialist management plan. This is due to the risk of potential complications, including an undiagnosed red eye may be due to herpes simplex virus, bacterial, fungal, or amoebic infections and the use of corticosteroids may make the condition worse leading to corneal ulceration and possible loss of vision. Susceptible patients may also develop corticosteroid induced glaucoma and/or cataracts following the use of corticosteroid preparations. Consultant ophthalmologists at University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) have confirmed there is a small minority of patients who would need steroid preservative free eye drops for a longer period. These patients would be prescribed Softacort instead of more potent corticosteroid eye drops such as dexamethasone PF. Mr Dhadli noted that preservative preparations are still significantly more costly than preservative containing 1st line formulary options. Dosage instructions will be communicated to primary care for those patients who require longer courses, which can include instruction on dose tapering. UHDBFT have estimated between 150 – 200 patients per year who would otherwise use other preservative free corticosteroid drops, with approximately 75 of these patients continued in primary care (for a defined period of time). This paper was tabled at the UHDBFT Drugs & Therapeutics Committee (DTC) that supported the recommendations. **Agreed:** JAPC supports the traffic light classification recommendation as **GREY** after consultant/specialist initiation for non-infectious allergic or inflammatory conjunctival disease, where a PF eye drop is required beyond initial acute treatment Specialist to communicate instructions for tapering and treatment length. Treatment over 14 days is off-licence.	**SD**
6.	**CLINICAL GUIDELINES**	
a.	**Woundcare** Mr Dhadli advised that this is an update to an existing guideline. The guideline has undergone wide consultation; Wound Management & Prevention Group at Derbyshire Community Health Services NHS Foundation Trust (DCHSFT), members of the Medicines Optimisation Safety Team, Derbyshire Prescribing Group (DDCCG) and Guideline Group (MMSCGG). Mr Dhadli explained the Derbyshire Community Dressing Formulary and Wound Care Guidelines 2022 has been revised in collaboration with the East Midlands Tissue Viability Network (EMTVN). There had been significant changes to the procurement process since the last formulary development which led to minimum national standards of products and pricing to ensure equitable and clinically effect choices were included. The EMTVN (which represents 18 Trusts across the region) have worked collaboratively with NHS Supply Chain to ensure that all products on the formulary offer the most clinically effective and cost-effective outcomes based on previous years usage. It is expected that prescribers will preferentially prescribe from the 1st line products listed in the guide for routine use before prescribing from the 2nd line and where specialist products are required to discuss with the Tissue Viability	

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	Specialist to ensure selection is appropriate. RED (3rd line, specialist recommendation only) products have been removed from the formulary documents to prevent Derbyshire Community Health Services NHS Foundation Trust (DCHSFT) staff incorrectly recommending specialist products. Adherence to the wound care formulary and guideline would generate costs savings for the system. Mr Dhadli reported that the Urgent Treatment Centre (UTC) wound care formulary was previously agreed and approved internally by DCHSFT. The UTC formulary now aligns to the main wound care formulary and was brought to JAPC for transparency and assurance. Based on comparison of March 2021 prices with March 2022 prices there are several items with a small unit increase in price. Further work is ongoing to quantify this, but it not expected to be significant and spend is expected to be stable. There is however an estimated cost saving to the system if the promised volumes to the organisations are adhered to. The Chair noted a robust process in place with wide consultation, in the creation of these guidelines and thanked those involved. **Agreed:** JAPC approves the updated Derbyshire Community Dressing Formulary and Wound Care Guideline 2022.	**SD**
b.	**<u>Osteoporosis</u>** Mr Dhadli presented the updated osteoporosis guideline after extensive consultation with specialists across Derbyshire. The original guideline was written in 2017 incorporating recommendations from NICE, SIGN, National Osteoporosis Guideline Group (NOGG), and local expert opinion. Amendments to the guidance include the following: • Intermediate risk patients unable to undergo bone densitometry, specialist opinion can be sought. • NICE recommendation on the use of adjuvant bisphosphonates for patient with breast or prostate cancer (after risk assessment) in line with respective NICE TA's. • NICE recommends consider fracture risk assessment in all women ≥65 and all men ≥75 years. The guidance recommended changing the use of 3 to 2 risk factors when assessing fracture risk. • The alcohol intake for men and women has been amended to >14 units per week to be in line with NICE guidance. • Bisphosphonate starting threshold has been amended from 1% risk to assessed as being at higher risk of osteoporotic fragility fracture to be in line with NICE guidance. A further recommendation to consider a DXA pre-treatment for corticosteroid users was not accepted by the guideline group as members recognised that currently there is a long waiting time for a DXA, and this recommendation is not included in national guidance. JAPC agreed. Strontium which was previously discontinued and removed from NICE guidance has become available again, with specialist wishing to retain the option to use strontium.	

Item		Action
	A discussion took place, there were concerns with strontium regarding safety for cardiovascular effects. There were questions as to why strontium would be used as there are other alternatives that are more efficacious compared to strontium. The increased cost of strontium now to the time of NICE TA approval would also have changed its cost effectiveness. Ms Brailey added that strontium is classified as non-formulary at CRHFT and no requests for strontium have been made from any consultants within the year. The committee agreed that due to the safety concerns, small patient numbers strontium is to be discussed at the acute hopsital DTC before a final classification agreement. JAPC see no place in primary care and assign a provisional RED traffic light classification. Romosozumab (NICE TA791) for treating severe osteoporosis was included in the guidance and given a RED traffic light. **Action:** UHDBFT were asked to feedback on the discussions that will take place at their Drugs and Therapeutics Committee regarding strontium, at the July JAPC meeting. **Agreed:** JAPC provisionally classified strontium as **RED** for patients who have had an atypical femoral fracture that do not fulfil criteria for teriparatide and have no contraindication to strontium. **Agreed:** JAPC ratified the updated osteoporosis guidance for 3 years.	**EK/WG** **SD** **SD**
c.	**<u>Cinacalcet</u>** Mr Dhadli presented Cinacalcet in primary hyperparathyroidism prescribing and monitoring guidance. UHDBFT have requested JAPC to consider changing the status of cinacalcet from AMBER (SCA) to GREEN specialist initiation; with the suggestion of discharging stable patients from active clinic follow-up. There is no clear national guidance on cinacalcet monitoring and varying sources including consultant recommendations were used to identify disease and drug monitoring requirements. The NICE NG132 (2019) diagnosis, assessment and initial management sets out recommendations on management of the condition including use of cinacalcet. It is recommended to measure albumin-adjusted serum calcium and eGFR or serum creatinine once a year. If the patient is taking cinacalcet, offer monitoring as set out in the SPC Consider DEXA at diagnosis and every 2-3 years. Cinacalcet licence states once maintenance dose levels have been established, serum calcium should be measured every 2 to 3 months. After titration to the maximum dose of cinacalcet, serum calcium should be **periodically** monitored. There is no clear national guidance on cinacalcet monitoring. Local consensus by a number of consultants for ongoing disease monitoring after initial diagnosis and stabilisation includes calcium level every 12 months, BMD every 3-5 years for relevant patients, renal function monitoring every 12 months and BP measurement every 12 months. The specialist may advice more frequent monitoring, but this will be done on a case-by-case basis Key changes were highlighted to JAPC members and Mr Dhadli summarised	

Item		Action
	the rationale for the proposed traffic light changes. The proposal it to relax the traffic light classification of cinacalcet for hyperparathyroidism from AMBER (shared care) to GREEN after specialist initiation in primary hyperparathyroidism. **Agreed:** JAPC agreed for the removal of cinacalcet for hyperparathyroidism from AMBER SCA to **GREEN** after specialist initiation as the drug monitoring is completed annually. **Agreed:** JAPC ratified cinacalcet prescribing and monitoring guidance for 3 years.	**SD/SQ** **SD**
d.	**<u>C Difficile Guideline</u>** Mr Dhadli presented the updated C Difficile guidance for primary care based on NICE NG199. The presented guideline has been split from one full guideline into a diagnosis guideline (yet to be presented at JAPC) and a separate management and treatment of MILD to MODERATE guideline that will cover antibiotic treatment. Drug changes to the guidance reflect NICE advice – vancomycin is now first line choice and fidaxomicin is second-line treatment choice. Metronidazole is no longer recommended by NICE as first line treatment as it has been shown to be neither clinically nor cost effective. NICE do not expect this guidance to have a significant impact on resources. Implementing the guideline is anticipated to lead to an increase in the use of oral vancomycin and oral fidaxomicin. A discussion took place regarding emergency use and access of vancomycin and fidaxomicin. CRHFT and RDHFT confirmed that records of FP10 prescriptions are available. **Action:** Meds management team to monitor emergency use for vancomycin and fidaxomicin from acute trusts. **Agreed:** JAPC ratified and agreed to the proposed NICE updates for the Clostridioides difficile infection (CDI) prescribing guideline.	**SD/SQ** **SD**
7.	**SHARED CARE GUIDELINES**	
a.	**<u>Denosumab SCA</u>** Mr Dhadli reported that this is an update of an existing densosumab SCA in consultation with local rheumatologists. Originally cased on NICE TA204 Denosumab for the prevention of osteoporotic fractures in postmenopausal women (2010), in 2015 JAPC later agreed to expand indication to include for use in men, including a specific subset with prostate cancer treated with androgen deprivation therapy. Specialists request that JAPC look at emerging evidence and the need for routine follow up. New evidence not previously considered was presented to JAPC. There is now up to 10 years of evidence for the clinical effectiveness and safety for denosumab derived from the FREEDOM extension trials; as a result, specialists will specify patients who should receive treatment for 10 years at initiation without need for a review at 5 years. However, some patients may	

Item		Action
	still need the 5-year review, advice and guidance can be sought from the specialist for these patients. SIGN and the Endocrine Society Clinical Practice Guideline both support those patients may continue up to 10 years of treatment. Also included in the guidance is a reminder to refer all patient who have received 18 doses (9th year of treatment) back to the specialist. Mr Dhadli highlighted the changes to the JAPC SCA for denosumab 60mg for the prevention of osteoporotic fractures in men and post-menopausal women ages 18 and over as recommended by the recent MHRA publication. A discussion took place, and a question was raised regarding self-administering patients. DCHSFT were not aware of any. The committee agreed to add a reminder for GPs to organise district nursing administration. **Action:** DDCCG to review the pregnancy, paternal exposure, and breastfeeding section withing the SCA and decide if this is needed or not given the target patient group. **Agreed:** JAPC ratified the SCA for denosumab with a review date for 3 years.	**SD/SQ** **SD**
8.	**MISCELLANEOUS**	
a.	**Commissioning from tertiary centres** Mr Dhadli highlighted the reason for bringing this paper is for JAPC to discuss commissioning terms from tertiary centres. The discussion was prompted by a tertiary centre requesting a biologic outside of Derbyshire agreed commissioning policies. The principal conversation was around whether we needed special arrangements or agreement than we currently have A discussion took place, there were concerns surrounding the financial impacts, the current structure, and potential inequalities within Derbyshire. **Action:** DDCCG to review the commissioning principles and the cost effectiveness from the tertiary centres and bring back a proposed decision to August's JAPC.	**SD/SQ**
9.	**GLOSSOP TRANSFER GMGG DECISIONS**	
a.	**GMMMG Decision summaries** Mr Dhadli reported that during the consultation period for the Glossop transfer, Glossop residents were informed of the change. Any treatments, pathways and guidelines that are commissioned for Glossop practices will not change for 12 months. DDCCG have agreed to monitor all proposed changes and decisions that have already been made over the next 12 months, to detect any changes that may significantly impact JUCD patients. This will be tabled in JAPC for the next 12 months to review.	
10.	**GUIDELINE GROUP ACTION TRACKER**	
	The summary of key messages from the Derbyshire Medicines Management	

Item		Action
	Shared Care and Guideline Group meeting held in May 2022 was noted. Mr Dhadli highlighted the following: Traffic Lights: • Insulin glulisine (Apidra) – classified as **GREEN**, existing in formulary • Biphasic isophane insulin (Insuman Comb 25 or 50) - classified as **GREEN**, existing in formulary • Lixisenatide - **DNP** for new patients. (10microg strength discontinued) - Remains **GREEN** for existing patient on 20microg treatment. • Otosporin ear drops – Declassify - Not listed in preferred formulary. • Sofradex ear drops - Declassify - Not listed in preferred formulary. • Topical clindamycin (Dalacin T) - **DNP**- Do not use topical clindamycin to treat acne as monotherapy for new patients (existing advice). **GREY** - may be used in localised Hidradenitis suppurativa (HS) on dermatologist advice as per PCDS (off-licence), but not with oral antibiotics. Formulary Update: • Endocrine o Metformin SR- remove Sukkarto SR as preferred brand. Prescribing should be generic in future. o Insert message from NICE NG28 type 2 diabetes (updated March 22) - offer or consider SGLT2 inhibitor with proven CV benefit in addition to metformin in patients with chronic heart failure/ established atherosclerotic cardiovascular disease or if they are at high risk of developing cardiovascular disease. Clinical Guidelines (minor updates): • CNS / endocrine/ Obs, Gynae formulary chapter - relevant messages from NICE NG217 Epilepsies in children, young people, and adults. o Antiepileptics referred to as antiseizure medication o Be aware of increased risk of serious skin reactions with phenytoin/ carbamazepine in people with certain ethnic background. carbamazepine in people with certain ethnic background. o Be aware that long-term treatment with some antiseizure medications is associated with decreased bone mineral density and increased risk of Osteomalacia. o Be aware that some antiseizure medications can impair the effectiveness of hormonal contraceptives. Refer to the SPC and BNF/BNFc for detail. o Be aware that oestrogen-containing hormonal contraceptives and hormone replacement therapy can impair the effectiveness of lamotrigine. • Respiratory formulary chapter and relevant respiratory guidelines- reminder that most dry powder inhalers contain lactose and are contraindicated in patients with hypersensitivity to lactose or milk proteins. Check SPC for full detail. • Chloral hydrate position statement - delete reference to 500mg/5ml concentration being included in Drug Tariff Part VIIIB as it is no longer listed there. • Menopause guideline - Insert advice regarding ongoing national HRT	

Item		Action
	shortage. Whilst JAPC recommend a list of cost-effective treatments, alternative available products may be prescribed during ongoing national supply shortage of HRT. Link to The British Menopause Society resources added. Website Changes/Miscellaneous: • Information relating to private prescribing has been extracted from 'Prescribing in primary care' guidance into stand along document for ease of reading. • Renal resources section added under clinical guideline page. Guideline Timetable: • The guideline table action summary and progress were noted by JAPC.	
11.	**BIOSIMILAR REPORT**	
	Mr Dhadli advised that the biosimilar report has been tabled for information.	
12.	**JAPC BULLETIN**	
	The May 2022 bulletin was ratified.	**SD**
13.	**MHRA DRUG SAFETY UPDATE**	
	The MHRA Drug Safety Alert for May 2022 was noted. Mr Dhadli highlighted the following MHRA advice: • Denosumab 60mg (Prolia): should not be used in patients under 18 years due to the risk of serious hypercalcaemia. Serious and life-threatening hypercalcaemia has been reported with denosumab 60mg (Prolia) in children and adolescents in clinical trials for osteogenesis imperfecta and during off-label use. Denosumab 60mg (Prolia) is authorised for use in adults with osteoporosis and other bone loss conditions – it should not be used in children and adolescents younger than 18 years. • COVID-19 vaccines and medicines: updates for May 2022 o Removal of 15-minute observation period following vaccination with COVID-19 Vaccine Pfizer/BioNTech or Moderna o Summaries of Yellow Card reporting and other recent MHRA publications - We continue to publish the summaries of the Yellow Card reporting for the COVID-19 vaccines being used in the UK. The report summarises information received via the Yellow Card scheme and will be published regularly to include other safety investigations carried out by the MHRA under the COVID-19 Vaccine Surveillance Strategy. o Reporting Yellow Cards - Report suspected side effects to medicines, vaccines, medical device, and test kit incidents used in coronavirus (COVID-19) testing and treatment using the dedicated Coronavirus Yellow Card reporting site or via the Yellow Card app.	
14.	**HORIZON SCAN**	
a.	**<u>Monthly Horizon Scan</u>** Mr Dhadli advised JAPC of the following new drug launches, new drug formulations, licence extensions and drug discontinuations:	

Item		Action
	New drug launches in the UK: • Eravacycline (Xerava) – Classified as **RED** (as per NICE ES40) • Finerenone (Kerendia) – Currently classified as **DNP** - await NICE or clinician request • Oritavancin (Tenkasi) – Classified as **RED** (as per NICE ES39) New Indications (in UK) • Progesterone (Utrogestan) – Classified as **GREEN, RED** for other indications / strengths New formulation launches in the UK: • Fidaxomicin (Dificlir) – Currently classified as **GREY** • Morphine sulphate (Actimorph) - Currently classified as **GREEN, GREY** for other formulations Approved in the UK: • Anifrolumab (Saphnelo) – Classified as **RED** • Atorvastatin – Classified as **GREEN, DNP** for branded • Covid-19 vaccine (Covid-19 Vaccine Valneva) – No TL • Pneumococcal vaccine (Apexxnar) – No TL • Risperidone (Okedi) – Classified as **RED** (depot)/**GREEN** (oral) • Teriparatide biosimilar (Sondelbay) – 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 May 2022: ICB commissioned drug: TA791 Romosozumab for treating severe osteoporosis – classified as **RED** (as per NICE TA791) NHSE commissioned drugs: HST20 Selumetinib for treating symptomatic and inoperable plexiform neurofibromas associated with type 1 neurofibromatosis in children aged 3 and over – Classified as **RED** (NHS England as per NICE HST20) TA788 Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy – Classified as **RED** (NHS England as per NICE TA788) TA789 Tepotinib for treating advanced non-small-cell lung cancer with MET gene alterations – Classified as **RED** (NHS England as per NICE TA789) TA790 TYRX Absorbable Antibacterial Envelope for preventing infection from cardiac implantable electronic devices (terminated appraisal) – Classified as **DNP** (NHS England as per NICE TA790)	
16.	**MINUTES OF OTHER PRESCRIBING GROUPS**	
a.	• MOST Minutes May 2022 • Final Sheffield APG Minutes April 2022	

Item		Action
	• Staffordshire and Stoke-on-Trent APG&G Minutes April 2022	
17.	**TRAFFIC LIGHTS – ANY CHANGES?**	
	Classifications Hydrocortisone sodium phosphate 0.3% PF eye drops (Softacort) – GREY cons/spec initiation for non-infectious allergic or inflammatory conjunctival disease, where a preservative-free eye drop is required beyond initial acute treatment. Specialist to communicate instructions for tapering and treatment length. Treatment over 14 days is off-licence. Strontium – RED For treatment of severe osteoporosis in men and postmenopausal women at high risk of fracture where other treatments cannot be used. Cinacalcet – GREEN cons/spec initiation for primary hyperparathyroidism Vancomycin – GREEN First line treatment for C Diff Fidaxomicin – GREY Second line treatment for C Diff Romosozumab - RED - NICE TA791 - Romosozumab for treating severe osteoporosis. CCG commissioned Oritavancin – RED - NICE ES39 – Antimicrobial prescribing: oritavancin for acute bacterial skin and skin structure infections Eravacycline – RED NICE ES40 - Antimicrobial prescribing: eravacycline for complicated intra-abdominal infections in adults Selumetinib – RED - NICE HST20 - Selumetinib for treating symptomatic and inoperable plexiform neurofibromas associated with type 1 neurofibromatosis in children aged 3 and over Avelumab – RED - NICE TA788 - Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy Tepotinib – RED - NICE TA789 - Tepotinib for treating advanced non-small-cell lung cancer with MET gene alterations TYRX absorbable antibacterial envelope – DNP - NICE TA790 - TYRX Absorbable Antibacterial Envelope for preventing infection from cardiac implantable electronic devices (terminated appraisal)	
18.	**ANY OTHER BUSINESS**	
a.	There were no items of any other business.	
19.	**DATE OF NEXT MEETING**	
	Tuesday, 12th July 2022, papers are to be circulated and agreed virtually as per JAPC interim Terms of Reference.	