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DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 11th April 2023

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Duloxetine	GREEN – 2nd line option for neuropathic pain
Dapagliflozin	GREEN - NICE TA775 – for treating chronic kidney disease
Estradiol/progesterone (Bijuve)	GREEN 2nd line continuous combined oral HRT option
Melatonin	GREY specialist recommendation for REM sleep for dementia with Lewy Bodies and Parkinson's Disease dementia (off-label use)
Mycophenolate mofetil	AMBER - SCA for non-transplant indications in adult services.
Capsaicin 0.075% cream	GREY consultant/specialist recommendation as per neuropathic pain guidance for patients who cannot take or tolerate oral medicines.
Tramadol	GREY as per neuropathic pain guidance
Terlipressin	RED
Elvitegravir + cobicistat + emtricitabine + tenofovir alafenamide (Genvoya)	RED as per NHSE commissioning intentions - Treatment of human immunodeficiency virus-1 infection without any known mutations associated with resistance to the integrase inhibitor class.
Dalteparin - Fragmin	DNP - Treatment of symptomatic venous thromboembolism in paediatric patients aged ≥1 month. Await clinician request
Budesonide (Kinpeygo) Capsule	DNP - Treatment of primary immunoglobulin A nephropathy in adults at risk of rapid disease progression with a urine protein-to-creatinine ratio ≥1.5g/gram. Await clinician request
Dengue vaccine (Qdenga)	RED as per NHSE commissioning intentions - Prevention of dengue disease in individuals aged ≥4 years.
Elasomeran + davesomeran (Spikevax bivalent Original/Omicron BA.4-5)	RED as per NHSE commissioning intentions - Use as a booster dose for active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals aged ≥12 years who have previously received at least a primary vaccination course against COVID-19.
Maralixibat (Livmarli)	RED as per NHSE commissioning intentions - Treatment of cholestatic pruritus in patients with Alagille syndrome aged ≥2 months.
Eptinezumab	RED - NICE TA871 - Eptinezumab for preventing migraine
Semaglutide	RED - NICE TA875 – Semaglutide for managing overweight and obesity within a specialist weight management service
Finerenone	RED - NICE TA877- Finerenone for treating chronic kidney

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	disease in type 2 diabetes
Casirivimab plus imdevimab	DNP as per NICE TA878 for treating COVID-19
Nirmatrelvir plus ritonavir (Paxlovid)	RED as per NICE TA878 for treating COVID-19, to be prescribed by clinicians working in the Covid Medicines Delivery Unit only
Sotrovimab	RED as per NICE TA878 for treating COVID-19, given via red hubs throughout the ICB, to be prescribed by clinicians working in the Covid Medicines Delivery Unit only
Tocilizumab/ Baricitinib	RED as per NICE TA878 for treating COVID-19•, people admitted to hospital with COVID-19 who need high-flow oxygen: ─ baricitinib or tocilizumab are offered, subject to eligibility criteria, through the UK interim clinical commissioning policies for secondary care
Asfotase alfa	RED as per NHSE commissioning intentions - NICE HST23 for treating paediatric-onset hypophosphatasia (replaces HST6)
Cannabidiol	RED as per NHSE commissioning intentions NICE TA873 for treating seizures caused by tuberous sclerosis complex
Polatuzumab vedotin	RED as per NHSE commissioning intentions NICE TA874 in combination for untreated diffuse large B-cell lymphoma
Nivolumab	RED as per NHSE commissioning intentions NICE TA876 with chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer

Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Tiotropium	GREY, single component LAMA no longer recommended first line. COPD patients should be treated with LABA+LAMA inhaler or consider LABA+ICS inhaler if patient has asthmatic features or features suggesting steroid responsiveness
Aclidinium	GREY, update from 2nd to 3rd line LAMA due to cost
Hepatitis B vaccine	DNP, for travel RED, vaccination of at-risk patients

Clinical Guidelines
Hydroxychloroquine Prescribing Guideline
Prescribing Guideline for Neuropathic Pain in Primary Care
Menopause Management Guideline
Sayana® Press – A Guide for Primary Care
Managing Behavioural Problems in Patients with Dementia

PGDs
Pertussis Vaccine PGD

Shared Care Agreements
Mycophenolate mofetil – non transplant indications in adult services

Miscellaneous
Prescribing specification 2023/2024
ITP commissioning algorithm
Silver dressings resource

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Present:	
Derby and Derbyshire ICB	
Dr R Gooch	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 S Qureshi	Head of Medicines Management, Clinical Policies and High-Cost Interventions
Mrs LG	Assistant Director Medicines Optimisation and Delivery
Dr H Hill	GP
Dr R Dills	GP
Dr A Mott	GP
Mrs R Monck	Assistant Chief Finance Officer
Derby City Council	
Derbyshire County Council	
University Hospitals of Derby and Burton NHS Foundation Trust	
Mr M Prior	Deputy Chief Pharmacist
Mrs 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	
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 ICB's	
In Attendance:	
Miss M Hill	Senior Pharmacy Technician High-Cost Interventions, DDICB (minutes)
Mrs E Evans	Chief Pharmacy Technician (Interface), UHDB/DDICB

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Item		Action
1.	**APOLOGIES**	
	A Hardy, W Goddard, S Bamford, A Brailey	
2.	**DECLARATIONS OF CONFLICTS OF INTEREST**	
	Dr Gooch 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.	**MATTERS ARISING FROM PREVIOUS MEETING**	
	Dapagliflozin in CKD without Type 2 diabetes Mr Dhadli reminded the committee that dapagliflozin in CKD without type 2 diabetes (NICE TA775) was previously discussed in February 2023 to review the traffic light classification from GREEN consultant/specialist initiation to GREEN. As discussed previously, consultants raised a potential gap in treatment for a group of patients they are unlikely to review; NICE TA775 states urine albumin-to-creatinine ratio (uACR) 22.6mg/mmol or more compared to the referral criteria stating ACR 70mg/mmol or more. Committee members discussed the costing template for dapagliflozin. Members agreed it will be a marginal impact on the prescribing in primary care and the traffic light classification can be updated. **Agreed:** Dapagliflozin - GREEN for patients with CKD - Removal of consultant/specialist initiation requirement for patients with CKD without diabetes. **Relugolix/estradiol/norethisterone** Mr Dhadli reminded the committee the Relugolix guidance in the treatment of uterine fibroids was previously discussed in February 2023. Members had queried the treatment length for primary care and whether it was indefinite or time limited, noting that the first year of treatment stays with the consultant/specialist in secondary care. Specialists confirmed that it is a short-term treatment with many patients likely to stop after 2 years, potentially extending to 3 years for patients nearing the menopause. The committee felt Relugolix was best kept in secondary care rather than the GP treating for a year then handing back to specialists. **Agreed:** Keep traffic light classification as RED and review in 12 months' time.	
5.	**JAPC ACTION SUMMARY**	
a.	**Ranibizumab biosimilar** A reminder that UHDBFT and CRHFT need to start reporting uptake percentage figures for ranibizumab biosimilar.	

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	UHDBFT confirmed they are going to table at their Drugs and Therapeutics Committee and share with JAPC. JAPC require clarification from CRHFT how they are going to report the figures back. Sodium valproate has been removed from the JAPC action tracker and added to the Guideline Group tracker. SGLT2 and JUCD tonsillitis guidance have also been removed.	
6.	**CLINICAL GUIDELINES**	
a.	**Hydroxychloroquine** Mr Dhadli informed the committee, as discussed previously, a new hydroxychloroquine prescribing guideline has been produced based on RMOC hydroxychloroquine shared care protocol, including assurance that specialists are referring all patients to ophthalmology directly for necessary annual screening. It was highlighted in February's JAPC meeting for the Trusts to validate if all patients were known to the service and if they actively refer patients to ophthalmology. This was confirmed by both University Hospitals of Derby and Burton (UHDBFT) and Chesterfield Royal Hospital (CRHFT). It was agreed that the message will get fed back through prescribing leads forum to ensure assurance. **Agreed:** JAPC approved the hydroxychloroquine guidance. **Action:** Remove hydroxychloroquine position statement from the website.	**SQ**
b.	**Neuropathic Pain** Mr Dhadli advised that the neuropathic pain guideline has been updated as per its routine review. The guideline has undergone consultation with pain medicine consultants at UHDBFT and CRHFT. Mr Dhadli summarised the changes within the guidance highlighting the re-formatting of the existing drug table to an updated neuropathic pain treatment pathway, updated drug costs, a stepwise approach with duloxetine placed ahead of gabapentin/pregabalin and the addition to consider topical treatment (capsaicin 0.075% cream applied sparingly) for localised neuropathic pain and for patients who wish to avoid or cannot tolerate oral medicines; GREY consultant/specialist recommendation. Several messages were also included from PrescQIPP regarding detailed information on titration, withdrawal and deprescribing. Mr Jones suggested to add a statement to highlight tramadol has intrinsic SSRI and SNRI properties. It was also suggested to align the advice on deprescribing to the recently updated depression guideline and to add a link for hyponatremia. Members also added to communicate the changes made to the guidance with the pain teams and also through the prescribing leads forum. **Agreed:** JAPC approved the neuropathic pain guidance. **Action:** Tramadol traffic light classification to change from GREEN to GREY. Capsaicin 0.075% cream traffic light classification is GREY consultant/specialist recommendation as per neuropathic pain guidance for	**SQ**

Item		Action
	patients who cannot take or tolerate oral medicines. Duloxetine traffic light classification is GREEN preferred 2nd line treatment option for neuropathic pain.	
c.	**Menopause Management** Mr Dhadli advised the menopause guideline has been updated as per its routine review. The guideline based on the British Menopausal Guidance had undergone consultation with a local Specialist, Integrated Sexual Health Service (ISHS) and DCHSFT. Mr Dhadli summarised the minor changes within the guidance, for example, estradiol equivalent dose table updated & referenced and micronised progesterone included as an additional alternative for patients with androgenic/PMS side effects with levonorgestrel/norethisterone. There are ongoing national issues of drug shortages for HRT preparations therefore 1st and 2nd line choices have been included in the guidance. Bijuve has been included as an additional HRT option and is classified as GREEN 2nd line. In relation to the menopause guidance, a GP raised an issue with Mirena accessibility as an HRT option stating it is only fitted for contraception by ISHS as the service is not commissioned for menopause, therefore where the GP practice cannot fit Mirena there is no service available. This will be raised as a concern with primary care as a commissioning gap. Mr Hulme suggested for Guideline Group to revisit the guidance in 12 months to review the drug shortages to ensure formulary choices are up to date rather than reviewing in 3 years' time. **Agreed:** JAPC approved the menopause guidance.	
d.	**Sayana Press** Mr Dhadli informed the committee the Sayana press guideline has been updated as per its routine review and has undergone consultation with specialists in the Integrated Sexual Health Services and DCHS. Sayana press is a subcutaneous 13-week long-acting reversible contraception containing medroxyprogesterone. Mr Dhadli highlighted the changes made to the guidance. Amendments include local specialists advised that patients who are confident can self-administer their first injection under guidance and supervision of the clinician at their first consultation. Further discussion took place on the post-partum advice in the SPC differing to that in FSRH guidance of which both were added to the guidance, noting locally to follow the FSRH. The review frequency on the treatment was updated for an annual review, plus re-evaluation after 2 years. Other minor amendments include advice for patients under 18 to use only if all options have been discussed and considered unsuitable, in line with the Faculty of Sexual and Reproductive Healthcare (FSRH) advice and anaphylactic risk information. **Agreed:** JAPC approved the Sayana press guideline**.**	
e.	**BPSD** Mr Dhadli advised the managing behavioural problems in patients with	

Item		Action
	dementia guideline has been updated as per its routine review and has undergone consultation with DHCFT Medicine Management Committee and the Dementia Board. Mr Dhadli summarised the changes made to the guidance. Amendments include the PINCHME acronym used to identify possible causes of distress and/or delirium updated to PINCHMES with the addition of the 'sleep' on advice of the Memory Assessment Services and Dementia Board, melatonin added as a treatment option for insomnia associated with REM sleep disorder in Parkinson's Dementia specifically as per NICE NG71, mirtazapine removed as second line treatment option for moderate agitation/anxiety and memantine added as replacement, donepezil, galantamine and memantine added as first line treatment options for Parkinson's Dementia for psychosis, aggression, and agitation/anxiety as per NICE NG71 recommendations. Mr Dhadli also advised the guidance has been reformatted to include an easy-to-follow flow chart to aid decision making, more prominent medication and to support decision making. Members discussed and agreed galantamine is considered an alternative to rivastigmine, donepezil and memantine if they are unavailable/not appropriate. **Agreed:** JAPC approved the managing behavioural problems in patients with dementia guideline.	
7.	**PATIENT GROUP DIRECTIONS**	
	The following PGDs from Public Health England were noted and agreed by JAPC: • Pertussis Vaccine	
8.	**SHARED CARE AGREEMENT**	
a.	**<u>JAPC SCG against national protocols principles</u>** Mr Dhadli advised the committee the Regional Medicines Optimisation Committees (RMOC) and NHS England published 18 national shared care protocols in 2022. Following this, JAPC agreed a workplan to review existing JAPC shared care guidelines. Upon initial reviews, common themes have been identified and to ensure a consistent approach and reduce duplication of work, agreement of principles is sought before detailed review of individual shared care agreement. Mr Dhadli summarised the sections of the RMOC principles JAPC will adopt. These include standard wording for consultant responsibility, GP responsibility and patient responsibility. It was discussed and agreed to keep existing JAPC indications in the shared care agreements. New indications included in RMOC and not in JAPC are to be agreed with local specialists and JAPC approval on whether to adopt. Adverse effects, interactions, contraindications/cautions and pregnancy, paternal exposure, and breast feeding will align to RMOC. As JAPC shared care agreements expire, they will be updated in line with the agreed principles. **Agreed:** JAPC approved the JAPC shared care agreement principles against national protocols	

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ai.	**JAPC DMARD shared cares principles** Mr Dhadli advised the committee the Regional Medicines Optimisation Committees (RMOC) and NHS England published shared care protocols which includes DMARDs; azathioprine, ciclosporin, leflunomide, methotrexate, mycophenolate and sulfasalazine. Upon initial review of the DMARD shared cares, common themes have been identified. To ensure consistent approach and reduce duplication of work, agreement of principles is sought before detailed review of individual shared care agreements. Mr Dhadli summarised the sections of the RMOC principles JAPC will adopt. These include management of pregnant patients/ patient who plan to become pregnant, immunisation section to add COVID-19 vaccine advice and actions for primary care section to add lymphocytes/ eosinophilia as per RMOC with additional advice to consider non-drug related causes. As JAPC DMARD shared care agreements expire, they will be updated in line with the agreed principles **Agreed:** JAPC approved the JAPC DMARD shared care agreement principles against national protocol	
b.	**Mycophenolate SCA** Mr Dhadli informed a new Mycophenolate shared care agreement has been produced and has undergone consultation with specialist consultants at UHDBFT and CRHFT. Mr Dhadli reminded committee members at JAPC December 2022 meeting the committee agreed to defer the mycophenolate shared care agreement for the specialists to confirm if lymphocytes and eosinophil count need to be included in the mycophenolate shared care agreement as per RMOC recommendations, and to get LMC view on primary care taking on a new shared care agreement. Since mycophenolate is classed as a DMARD, LCSF (enhanced service review group) have confirmed that additional funding is available for primary care for DMARDs. Lymphocytes and eosinophil count have been included in the shared care agreement. It was also noted ALT or AST > 3 x upper limit of normal (ULN) or >100 units/ml (local consensus) was agreed. **Agreed:** JAPC approved the mycophenolate shared care agreement	
9.	**MISCELLANEOUS**	
a.	**Ethical Framework** Mr Dhadli informed the committee that in June 2022 it was identified as part of mandatory IFR training that DDICB should have an Ethical Framework which is required to underpin all ICB decision-making at a population level. The principle extends to the decision making of JAPC. The Derbyshire Ethical Framework has been produced, based on the Portsmouth CCG/ NHSE Ethical Framework, and sets out the following value-based principles that will be considered when making decisions; consistency in demonstrating values and principles, evidence of clinical and cost effectiveness, equity, health care need and capacity to benefit, cost of treatment and opportunity costs, needs of the community, policy driver/strategic fit and exceptional need.	

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	The JAPC terms of reference has been updated to include reference to the Ethical Framework alongside acknowledgment on the JAPC front cover sheet and JAPC agenda for the Chair to summarise the principles have been met. It has also been included in the annual declaration that JAPC committee members must read and adhere to it. The Ethical Framework was approved by the DDICB Audit and Governance Committee in March 2023, with a minor amendment. The final version will then be presented to the Population Health Strategic Commissioning Committee (PHSCC) to be adopted in other decision-making groups within DDICB. A discussion took place regarding protected characteristics and the duty to be equitable across the system and for all types of patients. Mrs Needham highlighted a minor error in appendix 1 that will be resolved. **Agreed:** JAPC to adopt DDICB Ethical Framework	
b.	**<u>Prescribing Specification 2023/24</u>** Mr Dhadli highlighted the prescribing specification has been updated to include the new high-cost drug arrangement for 2023/2024. Amendments include removal of reference to gainshares for high cost drugs and biosimilars, Derbyshire Sustainability and Transformation Partnership (STP) changed to Derbyshire Integrated Commissioning System (ICS), references to block contract amended to pass through payments and incentives/gainsharing section updated to an Enablement scheme. Committee members discussed internal conversations taking place regarding local block/pass through payment, however high-cost drugs will be pass though payments by default if no local agreement is in place. **Agreed:** JAPC approved the prescribing specification **Action:** To send the prescribing specification to conwwtracting.	**SQ**
c.	**<u>Shared Care Agreement Process</u>** Mr Dhadli informed the committee a shared care agreement process has been produced to understand the financial process for shared care agreements across the Derbyshire ICS. The purpose of the paper is to provide transparency across the system in agreements where there are budgetary impacts. The two flowcharts, one for new shared care agreement includes ad hoc requests/ request that are part of the annual horizon scan and another for removal of existing share care agreement, were produced to provide better financial planning and transparency for the introduction of drugs as part of shared care agreements across the ICS. JAPC will continue to agree shared care agreements on clinical grounds. Shared care agreements can be agreed in principle by JAPC during early scoping using our criteria for traffic light classifications. This prevents unnecessary duplication or no outcome. Derbyshire ICS has a financial duty to break even, therefore the flowcharts will manage the safe and clinical/cost effective entry of proposed drugs. **Agreed:** JAPC approved the shared care agreement process for internal use	

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Item		Action
	Action: To share the shared care process with acute providers	**SD/SQ**
d.	**ITP Algorithm** Mrs Qureshi advised a new chronic immune thrombocytopenia commissioning algorithm has been produced following two newly published technology appraisals; fostamatinib for treating refractory chronic immune thrombocytopenia (NICE TA835) and avatrombopag for treating primary chronic immune thrombocytopenia (NICE TA853). These are in addition to the existing technology appraisals for romiplostim for the treatment of chronic immune thrombocytopenia (NICE TA221) and eltrombopag for treating chronic immune thrombocytopenia (NICE TA293). The commissioning algorithm has undergone consultation with haematology consultant at UDHBFT and CRHFT. Mrs Qureshi summarised the drug indication, properties and dosage as per individual NICE TAs. It was noted fostamatinib is recommended as an option for treating refractory chronic immune thrombocytopenia (ITP) in adults, only if the patient has previously had a thrombopoietin receptor agonist (TPO-RA), or a TPO-RA is unsuitable. Eltrombopag, avatrombopag and romiplostim (all TPO-RA) are available as first-line choices in chronic or persistent immune thrombocytopenia. JAPC committee members discussed a query regarding ≥ 50 x 109/L platelet count and to consider lowering the threshold to ≥ 30 x 109/L. It was agreed to follow the NICE recommendation to achieve and maintain a platelet count ≥ 50 x 109/L. Switching between agents was also agreed by JAPC. **Agreed:** JAPC approved the chronic immune thrombocytopenia commissioning algorithm.	
e.	**Silver Dressing Resource** Mr Dhadli informed the committee a new silver dressing resource document has been produced and has been included as an appendix in Derbyshire Community Dressing Formulary and Wound Care Guidelines. The document has undergone consultation with the Tissue Viability Matron (DCHSFT) and the Wound management prevention Group (WMPG), DCHS. The silver dressings resource solely highlights the formulary silver and non-silver antimicrobial dressings which practice staff can use without the Tissue Viability Service intervention/ guidance in an easy view format. This supports patient safety as formulary dressings do not contain silver sulfadiazine which is not indicated for some groups of patients and is used in many DNP silver dressings. **Agreed:** JAPC approved the silver dressings appendix within the Derbyshire Community Dressing Formulary and Wound Care Guidelines	
f.	**Specialist Circulars** Mr Dhadli advised that the specialised circulars has been tabled for information and are available upon request.	

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10.	**GLOSSOP TRANSFER GMGG DECISIONS**	
	GMMMG Decision summaries Mr Dhadli reported that this will be tabled in JAPC for the next 12 months.	
11.	**GUIDELINE GROUP ACTION TRACKER**	
	The summary of key messages from the Derbyshire Medicines Management Shared Care and Guideline Group meeting held in March 2023 was noted. Mr Dhadli highlighted the following: Traffic Lights: • Tiotropium – classified as GREY, single component LAMA is no longer recommended first line. COPD patients should be treated with LABA+LAMA inhaler or consider LABA+ICS inhaler if patient has asthmatic features or features suggesting steroid responsiveness. See JAPC COPD guideline. • Aclidinium – classified as GREY, update from 2nd to 3rd line LAMA due to cost. • Hepatitis B vaccine – DUAL traffic light classification - DNP for travel, RED for vaccination of at-risk patients. Formulary Update: • Respiratory o Salbutamol 200microg Easyhaler (DPI) removed; Ventolin accuhaler (200microg) added. o Move ipratropium nebuliser solution and single component LAMA sections out of tables and into notes as combination inhalers now recommended for COPD. o Clenil MDI & Fostair MDI removed from formulary as alternative cost-effective options (Soprabec & Luforbec) in formulary. o Cetirizine oral solution removed due to price increase - alternative loratadine and chlorphenamine oral solution sugar free in formulary. o Remove NACSYS as preferred brand for acetylcysteine 600mg sugar free effervescent tablets- prescribe generically. Clinical Guidelines (minor updates): o JAPC briefing for Freestyle Libre/ Dexcom ONE - extend review date until Dec 2023 pending CGM business case. o ADHD SCG- extend review date until Sept 2023 following discussion at GG. To separate out children and adult SCG and review against RMOC national protocol. o Methotrexate shared care - updated to reflect contract change for SC MTX injection (CRHFT only). GP to prescribe ancillary equipment e.g. purple lidded cytotoxic waste bin and accept returns of full bins from patients. o Osteoporosis guideline updated to include 'very high risk' category in FRAX. Individuals with very high risk should be considered for advice & guidance/ referral to specialist for assessment and consideration of parenteral treatment (in line with NOGG recommendations). Discuss	

Item		Action
	&commence oral bisphosphonate treatment in the meantime. Changes to website: • Outdated links/documents removed: o Export of Waste Medicines o Derbyshire Pharmacy & Medicines Optimisation: Enabling the best health outcomes through the optimal use of medicines o Influenza Season 19/20: ending the prescribing and supply of antiviral medicines in primary care o Resources to support answering medicines-related questions in primary care – SPS o MIMS shortage tracker (only available to paying subscribers) • JUCD Documents migrated to Pathfinder: o Adult Asthma Diagnosis Algorithm North/ South o Recurrent UTI's in adults' guidance o Recurrent UTI's in women patient information • Chapter 5 Infections NICE/BNF link updated Feb 23 • Chapter 14 Immunological products & vaccines SPS link added Guideline Timetable: o The guideline table action summary and progress was noted by JAPC.	
12.	**BIOSIMILAR REPORT**	
	Mr Dhadli advised that the biosimilar report has been tabled for information. UHDBFT and CRHFT have provided >80% uptake for existing biosimilar switches for the last 6 months. Trusts are required to report ranibizumab biosimilar switching as a matter of urgency.	**SD**
13.	**JAPC BULLETIN**	
	The March 2023 bulletin was ratified.	**SD**
14.	**MHRA DRUG SAFETY UPDATE**	
	The MHRA Drug Safety Alert for March 2023 was noted. Mr Dhadli highlighted the following MHRA advice: • Pholcodine-containing cough and cold medicines: withdrawal from UK market as a precautionary measure. Advice for healthcare professionals regarding the withdrawal of pholcodine-containing medicines from the market. • Terlipressin: new recommendations to reduce risks of respiratory failure and septic shock in patients with type 1 hepatorenal syndrome. New recommendations following a recent clinical trial which found that in patients with type 1 hepatorenal syndrome terlipressin may cause serious or fatal respiratory failure at a frequency higher than previously known, and that terlipressin increases the risk of sepsis and septic shock. Consider the individual benefits and risks for patients with type 1 hepatorenal syndrome when initiating terlipressin treatment, especially for those with severe renal or hepatic impairment and monitor all patients closely during terlipressin treatment. This advice is not relevant to use of terlipressin for bleeding oesophageal varices. • COVID-19 vaccines and medicines: updates for January 2023 o The MHRA continue to publish the summaries of the Yellow Card	

Item		Action
	reporting for the COVID-19 vaccines being used in the UK. The report covers the period up to and including 22 February for COVID-19 vaccines used from the beginning of Autumn 2022 ○ The Commission on Human Medicines (CHM) has advised that given the end of the Autumn 2022 booster campaign and the stable safety profile of the COVID-19 vaccines, the MHRA should transition to routine data publication and communication of safety concerns for COVID-19 vaccines. The report published 8 March 2023 is therefore the last regular publication of the Summary of Yellow Card reporting for COVID-19 vaccines. This will also be the last regularly scheduled article in Drug Safety Update of recent COVID-19 vaccines and medicines advice. ○ Robust safety monitoring and surveillance of any COVID-19 vaccines used in the UK will continue, along with timely communication on any updated safety advice when needed. Additionally, monthly updates of Adverse Drug Reaction (ADR) data will continue with the new interactive COVID-19 vaccine reports. • Letters and medicine recalls sent to healthcare professionals in February 2023	
15.	**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: New drug launches in the UK which require a traffic light: • Avalglucosidase alfa (*Nexviadyme*) – classified as **RED** • Belumosudil (*Rezurock*) – classified as **DNP** • Elvitegravir + cobicistat + emtricitabine + tenofovir alafenamide (*Genvoya*) – classified as **RED** (as per NHS England commissioning intentions) • Landiolol hydrochloride (*Rapibloc*) – classified as **DNP** New drug indications (In UK): • Dalteparin (*Fragmin*) – classified as **DNP, await clinician request** • Trastuzumab deruxtecan (*Enhertu*) – classified as **RED** Approved in the UK • Budesonide (*Kinpeygo*) – classified as **DNP, await clinician request** • Dengue vaccine (*Qdenga*) – classified as **RED** (as per NHS England commissioning intentions) • Elasomeran + davesomeran (*Spikevax bivalent Original/Omicron BA.4-5*) – classified as **RED** (as per NHS England commissioning intentions) • Loncastuximab tesirine (*Zynlonta*) – classified as **RED** • Maralixibat (*Livmarli*) - classified as **RED** (as per NHS England commissioning intentions) • Selinexor (*Nexpovio*) – classified as **DNP**	
16.	**NICE SUMMARY**	
	Mrs Qureshi informed JAPC of the comments for the ICB which had been made for the following NICE guidance in March 2023: ICS commissioned drugs:	

Item		Action
	TA871 Eptinezumab for preventing migraine – classified as **RED** (as per NICE TA871) TA875 Semaglutide for managing overweight and obesity - classified as **RED** (as per NICE TA875) TA877 Finerenone for treating chronic kidney disease in type 2 diabetes – classified as **RED** (as per NICE TA877) TA878 Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 – classified as **DNP** (as per TA878) NHSE commissioned drugs: HST23 Asfotase alfa for treating paediatric-onset hypophosphatasia (replaces HST6) – classified as **RED** (as per NICE HST23) TA873 Cannabidiol for treating seizures caused by tuberous sclerosis complex – classified as **RED** (as per NICE HST23) TA874 Polatuzumab vedotin in combination for untreated diffuse large B-cell lymphoma – classified as **RED** (as per NICE TA874) TA876 Nivolumab with chemotherapy for neoadjuvant treatment of receptable non-small-cell lung cancer – classified as **RED** (as per NICE TA876)	
17.	**MINUTES OF OTHER PRESCRIBING GROUPS**	
a.	• APG Minutes February 2023 • Final Most Minutes March 2023	
18.	**TRAFFIC LIGHTS – ANY CHANGES?**	
	<u>Classifications</u> Duloxetine – preferred GREEN 2nd line Dapagliflozin – GREEN - NICE TA775 for patients with CKD Bijuve - GREEN 2nd line continuous combined oral HRT option Melatonin - GREY specialist recommendation for REM sleep for dementia with Lewy Bodies and PD dementia (off-label use) Mycophenolate mofetil - AMBER - SCA for non-transplant indications in adult services Capsaicin 0.075% cream – GREY consultant/specialist recommendation as per neuropathic pain guidance for patients who cannot take or tolerate oral medicines Tramadol - GREY as per neuropathic pain and non-malignant chronic pain guidance Terlipressin - RED - MHRA: new recommendations to reduce risks of respiratory failure and septic shock in patients with type 1 hepatorenal syndrome Elvitegravir + cobicistat + emtricitabine + tenofovir alafenamide (Genvoya) - RED as per NHSE commissioning intentions - Treatment of human immunodeficiency virus-1 infection without any known mutations associated with resistance to the integrase inhibitor class Dalteparin - DNP - Treatment of symptomatic venous thromboembolism in	

Item		Action
	paediatric patients aged ≥1 month. Await clinician request Budesonide (Kinpeygo) Capsule - DNP - Treatment of primary immunoglobulin A nephropathy in adults at risk of rapid disease progression with a urine protein-to-creatinine ratio ≥1.5g/gram. Await clinician request Dengue vaccine (Qdenga) – RED as per NHSE commissioning intentions - Prevention of dengue disease in individuals aged ≥4 years Elasomeran + davesomeran (Spikevax bivalent Original/Omicron BA.4-5) - RED as per NHSE commissioning intentions - Use as a booster dose for active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals aged ≥12 years who have previously received at least a primary vaccination course against COVID-19 Maralixibat (Livmarli) - RED as per NHSE commissioning intentions - Treatment of cholestatic pruritus in patients with Alagille syndrome aged ≥2 months Eptinezumab - RED NICE TA871 for preventing migraine Semaglutide - RED NICE TA875 for managing overweight and obesity Finerenone - RED NICE TA877 for treating chronic kidney disease in type 2 diabetes Casirivimab plus imdevimab - DNP as per NICE TA878 for treating COVID-19 Nirmatrelvir plus ritonavir (Paxlovid) - RED as per NICE TA878 for treating COVID-19, oral non-hospitalised, to be prescribed by clinicians working in the Covid Medicines Delivery Unit only Sotrovimab - RED as per NICE TA878 for treating COVID-19, IV non-hospitalised, given via red hubs throughout the ICB, to be prescribed by clinicians working in the Covid Medicines Delivery Unit only Tocilizumab/Baricitinib - RED as per NICE TA878 for treating COVID-19, people admitted to hospital with COVID-19 who need high-flow oxygen; baricitinib or tocilizumab are offered, subject to eligibility criteria, through the UK interim clinical commissioning policies for secondary care Asfotase alfa - RED NICE HST23 for treating paediatric-onset hypophosphatasia (replaces HST6) Cannabidiol - RED NICE TA873 for treating seizures caused by tuberous sclerosis complex Polatuzumab vedotin - RED NICE TA874 in combination for untreated diffuse large B-cell lymphoma Nivolumab - RED NICE TA876 with chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer	
19.	**ANY OTHER BUSINESS**	
a.	There were no items of any other business.	
20.	**DATE OF NEXT MEETING**	
	Tuesday, 9th May 2023, papers are to be circulated and agreed virtually as per JAPC interim Terms of Reference, which is effective during the COVID-19 pandemic.	