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DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 8th August 2023

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Vaginal moisturisers	**GREY** – Patients should be encouraged to self-care and purchase over the counter when possible.
Rivaroxaban (2.5mg for ACS)	**GREEN specialist initiation** - for patients to be commenced on rivaroxaban 2.5mg twice daily for prevention of atherothrombotic events post-acute coronary syndrome in combination with aspirin alone or aspirin plus clopidogrel
Hypromellose eye drops	**GREEN:** as per Dry eyes guidance
Carbomer gel	**GREEN:** as per Dry eyes guidance
Carmellose Sodium Eye Drops	**GREEN:** as per Dry eyes guidance
Sodium hyaluronate	**GREEN:** as per Dry eyes guidance
Polyvinyl alcohol eye drops	**GREEN:** as per Dry eyes guidance
Rimegepant	**RED** - NICE TA906 - Rimegepant for preventing migraine. ICB commissioned.
Naloxone	**DNP:** nasal spray, for immediate administration as emergency therapy for known or suspected opioid overdose. Await national guidance.
Netarsudil + latanoprost (Roclanda)	**DNP:** Reduction of elevated intraocular pressure (IOP) in adults with primary open-angle glaucoma or ocular hypertension for whom monotherapy with a prostaglandin or netarsudil provides insufficient IOP reduction. Await national guidance.
Semaglutide	**DNP for young people** - NICE TA910 - Semaglutide for managing overweight and obesity in young people aged 12 to 17 years (terminated appraisal)
Afamelanotide	**DNP** - NICE HST27 - Afamelanotide for treating erythropoietic protoporphyria (not recommended by NICE)
Olaparib	**RED** - NICE TA908 - Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy (partial review of TA620)
Lorlatinib	**DNP** - NICE TA909 - Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer (not recommended by NICE)
Selpercatinib	**RED** - NICE TA911 - Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer

Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Sitagliptin	From GREY to GREEN 1st line DPP4i
Alogliptin	From GREEN to GREY - Alternative DPP4i
Linagliptin	From GREEN to GREY - Alternative DPP4i

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Clinical Guidelines
Dry eyes
Midazolam

PGDs
- Human papillomavirus (HPV) vaccine
- Shingrix® Herpes Zoster Vaccine
- Zostavax® vaccine
- BCG Vaccine AJV
- Live attenuated influenza vaccine nasal spray suspension (LAIV)
- Inactivated influenza vaccine
- National protocol for inactivated influenza vaccine

Shared Care Agreements
Amiodarone
Dronedarone
Ciclosporin

Present:	
Derby and Derbyshire ICB	
Dr J Burton	GP (Chair)
Mr S Dhadli	Assistant Director of Clinical Policies and Decisions (Professional Secretary)
Mrs S Qureshi	Head of Medicines Management, Clinical Policies and High-Cost Interventions
Mrs L G	Assistant Director of Medicines Optimisation and Delivery
Dr R Dills	GP
Dr A Mott	GP
Mr R Coates	Finance Manager
Public Health England	
Mr A Reid	Consultant in Public Health
University Hospitals of Derby and Burton NHS Foundation Trust	
Mr D Moore	Deputy Chief Pharmacist
Mrs H Smail	Cardiologist Pharmacist *(For rivaroxaban paper only)*
Derbyshire Healthcare NHS Foundation Trust	
Mr S Jones	Chief Pharmacist
Chesterfield Royal Hospital NHS Foundation Trust	
Mrs G Gough	Chief Pharmacist
Derbyshire Community Health Services NHS Foundation Trust	
Mrs K Needham	Chief Pharmacist
Derbyshire Health United	
Mr D Graham	Lead Clinical Pharmacist/Advance Clinical Practitioner

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Staffordshire and Stoke-on-Trent ICB's	
Ms S Bamford	Medicines Optimisation Senior Lead Pharmacist
In Attendance:	
Miss M Hill	Senior Pharmacy Technician High-Cost Interventions, DDICB (minutes)
Mrs E Evans	Chief Pharmacy Technician (Interface), UHDB/DDICB
Ms H Osgood	Allied Healthcare Science Network *(For inclisaran paper only)*

Item		Action
1.	**APOLOGIES**	
	R. Gooch, E. Kirk, H. Hill, M Broadhurst, S.Hulme It was noted the Chair and named deputy were absent. It was agreed at JAPC that a GP from the group can become Chair and Chair this meeting. Terms of reference will be updated to reflect this.	
2.	**DECLARATIONS OF CONFLICTS OF INTEREST**	
	Dr Burton 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.	**Ranibizumab biosimilar** Discussed at previous meetings and there is still an issue of patient numbers. NHS England are now monitoring the ranibizumab uptake. UHDBFT uptake has improved, however CRHFT still has a low uptake that will need to be addressed at the DTC finance external meeting.	**CRHFT**
b.	**Patiromer/Lokelma hyperkalaemia** Remains RED and to review the classification in August 2023. UHDBFT to include costs/benefits and the projected increase in patient numbers. This has not yet been received.	**UHDBFT**
c.	**Relugolix-estradiol-norethisterone acetate** Remains RED and to review classification in April 2024.	
d.	**Finerenone** Remains RED and review the classification in December 2023. To come back to JAPC with a primary care prescribing guidance, current users, and potential new starts from both trusts. UHDBFT to find out about experience of use from other centres e.g., Nottingham.	

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e.	**Penicillamine** On JAPC August 2023 agenda to discuss if shared care is required across the specialities.	
5.	**NEW DRUG ASSESSMENT/TRAFFIC LIGHT ADDITION**	
a.	**Inclisiran** Mr Moore informed the committee of the request to reclassify inclisiran from RED to GREEN specialist recommendation with a prescribing guidance for primary care. Mr Moore described the following: Inclisiran was approved by NICE (TA733) in October 2021 for the treatment of primary hypercholesterolaemia or mixed dyslipidaemia. Inclisiran is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. Inclisiran was discussed in October 2021 at JAPC and was classified as RED (hospital only). The decision for this classification was due to a lack of clarity as to when inclisiran should be prescribed over other available treatment options, which have greater evidence based, long term data. If inclisiran were to be prescribed, it was felt that this would be without adequate follow up. There was also concern raised around the funding for inclisiran. Inclisiran has been identified by NHSE/I as a medicine that it wishes to adopt systematically and at scale to help address sub-optimal lipid management in high-risk patient populations, for people with ASCVD in whom lipid targets cannot be met on maximum tolerated statins alone or with ezetimibe. Inclisiran has a Black triangle status, it is first-in-class small-interfering RNA (siRNA), which inhibits PCSK9 enzyme, and reduces LDL-C levels. Mr Moore then summarised the national NHS England document and highlighted inclisiran's place in therapy, that there have been no safety issues (locally and nationally), limited to no adverse reactions, and no additional monitoring is required. The committee was informed that only three ICBs have inclisiran classified as RED. These outliers include Joined up Care Derbyshire alongside Staffordshire and Southwest London. Mr Moore also highlighted there is a patient equity, access, and capacity issue across Derbyshire. UHDBFT have confirmed national monies to employ a lipidology pharmacist to work with GPs for lipidology and for them to produce a prescribing guideline to assist GPs in uptaking inclisiran. General practice can buy inclisiran for a 'Nominal Charge' and receive a reimbursement price if prescribed via the FP34D route. The difference between the purchase price and the NHS reimbursement price represents an injection administration and handling fee. There was a discussion that described the difference in funding and costs between primary and secondary care, including the difference between the NHS list price and the drug tariff price. This included the ways of delivery e.g., dispensing doctors, non-dispensing doctors. It was further noted NHSE will be reviewing the funding arrangements and costs in July 2024. A discussion took place around GP initiation. GPs in North Derbyshire have little to no patients on inclisiran, therefore there are still concerns around primary care initiating an injectable of which they have no experience of. To implement this change there would have to be significant education to GPs and primary care. A discussion took place about the administration fee which may not cover the cost of primary care to administer and also issues with	

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	primary care capacity. JAPC members discussed the lack of patient outcome data and still awaiting the study to be published. The affordability was also raised as this would be an in-year change from secondary care to primary care, whether it be this year or next year. JAPC requested that to consider moving inclisiran to primary care prescribing an implementation plan is required, and this should include a working group to look at educational training, clinical guideline and a fully costed model. **Agreed:** JAPC recommended to organise a task and finish group. Derbyshire Prescribing Group to look at implementation. **Action:** To bring back to JAPC in a discussion meeting rather than an email meeting.	**DM**
b.	**<u>Vaginal moisturisers</u>** Mr Dhadli informed the committee the DDICB QIPP group have requested JAPC to assign vaginal moisturisers a traffic light classification. Vaginal dryness is a common problem that many women have at some point in their lives. Patients are encouraged to try vaginal moisturisers (by purchasing over the counter) before seeing a GP. JAPC members discussed and agreed to assign a GREY traffic light classification and patients in the first instance should be encouraged to purchase over the counter. **Agreed:** JAPC agreed to classify vaginal moisturisers as GREY – promote self-care	
c.	**<u>Rivaroxaban ACS</u>** Mrs Smail advised the committee of the request to update the traffic light classification from RED to GREEN specialist recommendation for rivaroxaban 2.5mg preparation. NICE TA335 published in March 2015 recommended rivaroxaban as a treatment option, in combination with aspirin plus clopidogrel or aspirin alone for preventing atherothrombotic events in people who have had an acute coronary syndrome with elevated cardiac biomarkers. Rivaroxaban is licensed for this indication at a dose of 2.5mg twice daily, which should be taken alongside a daily dose of aspirin 75mg with or without the addition of once daily clopidogrel 75mg. It should be initiated as soon as possible after stabilisation of the acute coronary syndrome event. Currently, when patients are discharged from secondary care post recovery from an event, the patient's care is transferred back to the GP. However, Derbyshire practices are unable to continue or initiate the supply of rivaroxaban due to the current traffic light classification. Since it was first licensed, there has been 8 years' experience of rivaroxaban 2.5mg post ACS within secondary care. DOACs are no longer considered a 'new' medication, and primary care practitioners have greater familiarity with prescribing them. There is a lower bleed risk associated with 'low dose' rivaroxaban, in comparison to a 'full dose' (10-20mg). It is therefore proposed that the 2.5mg BD dose is initiated by a cardiology specialist in secondary care, with the GP continuing the supply as directed. Following initiation, the	

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	specialist/consultant will decide the duration of treatment, which is usually up to 12 months. Expected patient numbers from UHDBFT will be 10-15 patients per year. CRHFT patients are seen under Sheffield specialists. A discussion took place and members suggested the traffic light classification to be GREEN specialist initiation rather than recommendation due to secondary care initiating the treatment to then be continued in primary care. **Agreed:** JAPC agreed to classify rivaroxaban 2.5mg preparation as GREEN following specialist initiation as per NICE TA335 with a stop date, usually for 12 months.	
6.	**CLINICAL GUIDELINES**	
a.	**Dry Eyes** Mr Dhadli informed the committee the Dry Eye position statement has been updated as per the routine review and has undergone wide consultation that includes ophthalmology specialists and optometrists. The position statement was first developed to promote self-care ahead of prescribing any products and manage the significant spend in primary care. Mr Dhadli highlighted the changes made to the document. Amendments include removal of the MECS practice list and a link to the Primary Eyecare 'find a practice' search facility added as a replacement, table 1 reformatted and made clear this is for self-care (purchase OTC), table 2 prices includes the most cost-effective brands added for each active ingredient (see full guidance for details), and a new indication has been inserted - 'other causes ocular surface inflammation such as atopic keratoconjunctivitis and severe Meibomian gland dysfunction'. JAPC members discussed the prescribing data and if there has been a reduction in prescribing over the last 3 years since the position statement has been developed. The Medicines Management MOD team are implementing the guideline. Issues with stock supply was also highlighted when recommending the most cost-effective formulary choices and the reason for more than one formulary choice in each category. **Agreed:** JAPC approved the dry eye position statement with a 3-year expiry and all formulary choices to be classified as GREEN.	
b.	**Midazolam** Mr Dhadli informed the committee the midazolam guidance has been updated as per the routine review and has undergone consultation with specialists. This guidance is for the management of emergency rescue medication (buccal/oro-mucosal midazolam) for children, young people and adults with prolonged or repeated generalised, convulsive (tonic–clonic, tonic or clonic) seizures in the community. There are two brands available: Buccolam (the preferred product in Derbyshire) and Epistatus (for existing patients and to deal with geographical issues with neighbouring ICBs). Mr Dhadli highlighted the changes made to the document. Amendments include Buccolam dosage (age range) in line with the BNF, message to prescribe by brand to avoid wrong strength being prescribed added and contacts updated.	

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	Agreed: JAPC approved the midazolam guidance with a 3-year expiry.	
7.	**PATIENT GROUP DIRECTIONS**	
	The following PGDs from Public Health England were noted and agreed by JAPC: • Human papillomavirus (HPV) vaccine • Shingrix® Herpes Zoster Vaccine • Zostavax® vaccine • BCG Vaccine AJV • Live attenuated influenza vaccine nasal spray suspension (LAIV) • Inactivated influenza vaccine • National protocol for inactivated influenza vaccine	
8.	**SHARED CARE AGREEMENT**	
a.	**Amiodarone** Mr Dhadli advised the committee the amiodarone shared care has been updated in line with the Regional Medicines Optimisation Committees (RMOC). General principles for reviewing JAPC shared cares against RMOC/NHSE protocols have been agreed at April 2023 JAPC to ensure consistent approach to reviews across board and to reduce duplication of work. The JAPC amiodarone shared care guideline has been reviewed and has been updated in line with national protocol as per previously agreed principles. Amendments include standard wording under responsibilities and adverse effects, interactions, contraindications and cautions, pregnancy & breastfeeding section. The following sections have been aligned to the national SCA; patients who become pregnant or plan to become pregnant, monitoring requirements for specialists (combine baseline and loading section), monitoring requirements for GP (Mg added, U&E added, LFT for 6m after discontinuation, removal of annual H&E & HR), and further clarity around local reporting of thyroid function tests added. Under action for GP in the event of abnormal liver function test, the shared care has been aligned to the national protocol to stop amiodarone and urgently refer to initiation specialist when ALT increases exceeds five times (previously three times) the normal range or if patient is jaundiced. JAPC members discussed the inclusion of monitoring magnesium in primary care and it was felt guidance was required in the event of managing low levels of magnesium. It was agreed to include a link to Derbyshire shared care pathology on management of low magnesium in all shared care agreements that include monitoring magnesium levels. **Agreed:** JAPC approved the amiodarone shared care agreement with a 3-year expiry.	
b.	**Dronedarone** Mr Dhadli advised the committee the dronedarone shared care guideline has been reviewed as part of the RMOC workplan. The JAPC dronedarone shared care guideline has been reviewed and updated in line with national protocol as per previously agreed principles. Amendments include standard wording under responsibilities and adverse effects, interactions,	

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	contraindications and cautions, pregnancy & breastfeeding section. The following sections have been aligned to the national SCA; patients who become pregnant or plan to become pregnant, monitoring requirements for specialists (baseline ECG, monitor concurrent medicines as appropriate e.g. digoxin, warfarin and chest X-ray and pulmonary function tests, if respiratory toxicity suspected), monitoring requirements for GP (U&E/ LFT updated from annually to every 6 months, U&E includes Mg and CrCl<30ml/min - seek advice urgently from specialist). As discussed previously with amiodarone, under action for GP in the event of abnormal liver function test, the shared care has been aligned to the national protocol to stop amiodarone and urgently refer to initiation specialist when ALT increases exceeds five times (previously three times) the normal range or if patient is jaundiced. It was discussed previously whether GP's can commence the prescribing earlier however the decision was agreed to leave the recommendation as it currently stands and transfer care after a year of stability. JAPC members discussed how changes made to shared care agreements are communicated to primary and secondary care. The JAPC bulletin will highlight the changes made to the relevant shared care agreements alongside the medicines management practice staff reinforcing the change in practice. **Agreed:** JAPC approved the dronedarone shared care agreement with a 3-year expiry.	
c.	**<u>Ciclosporin</u>** Mr Dhadli advised the committee the ciclosporin shared care guideline has been reviewed as part of the RMOC workplan. The JAPC ciclosporin shared care guideline has been reviewed and updated in line with national protocol as per previously agreed principles. Amendments include standard wording under responsibilities and adverse effects, interactions, contraindications and cautions, pregnancy & breastfeeding section. The following sections have been aligned to the national SCA; patients who become pregnant or plan to become pregnant, monitoring requirements for specialist (baseline Mg, bilirubin, lipids, uric acid, consider pregnancy test, serum lipids at 1 month added as per national protocol), monitoring requirements for GP (6 monthly lipid, uric acid and Mg and additional advice included for hyperkalaemia, elevated uric acid and hyperlipidaemia as per national protocol). Further information regarding prescribing by brand and switching between formulations should be made under specialist supervision was included. A discussion took place on one of the prescribing parameters (HbA1c and glucose). Mr Mott asked if this could be clarified. **Agreed:** JAPC approved the ciclosporin shared care guideline with a 3-year expiry. **Action:** Clarity required on the place of HbA1c or glucose as a monitoring requirement. CPD to check with original authors and local consultants.	**CPD**

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d.	**Penicillamine** Mr Dhadli reminded the committee the penicillamine shared care was discussed at JAPC in June 2023. JAPC committee members discussed the options to either rescind the shared care and repatriate patients, or for the acute trust to define which speciality this is under and for specialists to review and agree the shared care. The penicillamine shared care was approved in the interim with caveat it is under review. Data collected from primary care indicates a small number of patients across a number of practices prescribed within rheumatology, hepatology and renal. Mr Dhadli reminded the committee there is no national protocol from RMOC for penicillamine and it does not feature in the BSR update. The committee discussed and agreed for penicillamine to remain classified as AMBER due to historic, long-established prescribing and for the SCA to be reviewed and updated in consultation with UHDBFT and CRHFT specialists. **Agreed:** JAPC agreed to keep penicillamine as a shared care agreement and for specialists to review and update. **Action:** Add penicillamine shared care agreement to the JAPC action summary.	**SQ**
9.	**MISCELLANEOUS**	
a.	**Migraine high-cost drug algorithm** Mrs Qureshi informed the committee NICE TA906 rimegepant for preventing migraine was published in July 2023 and has been included in the Derbyshire migraine algorithm. Rimegepant is recommended as an option for preventing episodic migraine in adults who have at least 4 and fewer than 15 migraine attacks per month, only if at least 3 preventative treatments have not worked. Other options for episodic migraine (including erenumab, eptinezumab, fremanezumab and galcanezumab) stipulate 4 or more migraine days a month, which is distinct from the migraine attacks per month as stipulated in TA906. The TA suggested that rimegepant should be considered as an innovative treatment because it is the first dual indication treatment approved for both acute and preventative treatment of migraine. It was also noted that it is the first oral alternative to injectable preventative options, with potential for primary care prescription. A clinical expert supported this and noted that there is a need for oral treatment options and said rimegepant is a 'step-change' in managing migraines. Consultation comments said that an oral treatment could reduce specialist waiting times, costs, and referrals. There are also no commercial arrangements in place for rimegepant, therefore it can be used in all applicable settings. The committee acknowledged that rimegepant could eventually be used in primary care but recognised that it would need specialist involvement, within a shared care agreement or with advice and guidance from a specialist. **Agreed:** JAPC approved the migraine algorithm and to classify rimegepant as RED. **Action:** To review in the next financial year with a sight to potentially move to	**UHDB/CRH**

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	primary care with specialist involvement.	
b.	**Psoriasis high-cost drug algorithm** Mrs Qureshi informed the committee NICE TA907 deucravacitinib for treating moderate to severe plaque psoriasis was published in June 2023 and has been included in the Derbyshire migraine algorithm. Deucravacitinib is recommended as an option for treating moderate to severe plaque psoriasis in adults, only if the Psoriasis Area and Severity Index (PASI) score is 10 or more and the Dermatology Life Quality Index (DLQI) score is more than 10 and the condition has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated. Deucravacitinib is the 15th treatment option, 3rd oral treatment, to receive a positive NICE appraisal for moderate to severe plaque psoriasis, however it offers a novel mode of action (TYK2 inhibitor) for when others have failed. TYK2 inhibitors reduces downstream pro-inflammatory signalling of IL-23, IL-12 receptors which in turn reduces inflammatory response which leads to psoriatic plaques. **Agreed:** JAPC approved the psoriasis algorithm and to classify deucravacitinib as RED.	
c.	**Generic prescribing position statement** Prescribing data for DDICB shows cost opportunities for generic prescribing. Mrs Qureshi informed the committee the DDICB QIPP group have requested strengthening the JAPC generic prescribing recommendations. A generic prescribing statement has been developed to assist generic prescribing in primary care. The generic prescribing position statement will help prescribers with cost effective prescribing. However, there are exceptions to when branded prescribing is permissible e.g., bioavailability differences, release profile variations (where MR preparations are not interchangeable), specific device directions, biologics and biosimilars, antiepileptics (when used in epilepsy only), multiple ingredient products, licence variations, patient factors and patient safety reasons as listed on UKMI. There are also instances when the Derbyshire Guideline Group recommend branded prescribing as it is more cost-effective than prescribing generically. **Agreed:** JAPC approved the generic prescribing position statement with a 3-year expiry.	
d.	**GLP1 shortage** Mr Dhadli highlighted NHS England's National Patient Safety Alert for the shortage of GLP-1 receptor agonists. There are very limited, intermittent supplies of all glucagon-like peptide-1 receptor agonists (GLP-1 RAs). Supplies are not expected to stabilise to meet full market demand until at least mid-2024. The supply issues have been caused by an increase in demand for these products for licensed and off-label indications. The off-label use of these agents for the management of obesity is strongly discouraged. Existing stock must be conserved for use in patients with diabetes. These shortages have serious clinical implications in the	

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	management of patients with type 2 diabetes. The clinical implications include erratic blood glucose control, with the potential to increase diabetes-related complications, including the risk of future cardiovascular events and diabatic ketoacidosis. Clinicians and prescribers of GLP-1 RAs are asked to only prescribe GLP-1 RAs for their licensed indications and to not initiate new patients on GLP-1 RAs until supply issues have resolved.	
e.	**<u>Specialised circulars</u>** Mr Dhadli advised that the specialised circulars has been tabled for information and are available upon request.	
10.	**GLOSSOP TRANSFER GMGG DECISIONS**	
	Mr Dhadli reported that this will be tabled in JAPC for the next 12 months for information.	
11.	**GUIDELINE GROUP ACTION TRACKER**	
	The summary of key messages from the Derbyshire Medicines Management Shared Care and Guideline Group meeting held in July 2023 was noted. Mr Dhadli highlighted the following: Traffic Lights: ○ Sitagliptin - From GREY to GREEN 1st line DPP4i ○ Alogliptin - From GREEN to GREY - Alternative DPP4i ○ Linagliptin - From GREEN to GREY - Alternative DPP4i Formulary Update – Nutrition and Blood: ○ Ketogenic diet- Links to UHDB guideline and Association of UK dietitians (BDA) info added. ○ Vitamin D- additional information on suitability in certain patient groups e.g. vegetarian diet, soya/nut allergy reviewed and updated in line with reference. Clinical Guidelines (minor updates): ○ Management of undernutrition in adults - Nutricomp drink plus discontinued – removed. ○ Endocrine formulary chapter - Neon Verifine Safety lancets Unistik Touch as the cost-effective choice of safety lancets. Reminder safety lancets are for healthcare workers to avoid needle stick injury, not to be used by patients self-monitoring blood glucose. ○ CVS formulary chapter - Insert note dapagliflozin is an option for treating chronic heart failure with preserved or mildly reduced ejection fraction as per NICE TA 902. Link to NICE NG106 Chronic heart failure: management visual summary added. ○ CNS formulary chapter and pain guidelines updated to recommend Sevodyne transdermal patch as additional cost-effective brand for buprenorphine patch.	

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	○ Guidance on Prescribing in Primary Care reviewed - ○ section on travelling with controlled drugs updated in line with current DH advice. ○ section on prescribing for patients from overseas updated in line with current DH and BMA guidance. ○ Guidance on Private prescribing reviewed - ○ information added regarding NHS Choice Framework ○ section added on requests to enter into shared care with a private provider. ○ Out of area Traffic Light Classification prescribing requests guidance- routine review with no change. Changes to website: ○ Endocrine formulary chapter under other resources - link to Nottingham Centre for Transgender Health added. Contains useful information including hormone therapy treatment https://ncth.nhs.uk/hormones-clinician . ○ COVID treatment section on MM website reviewed - out of date links removed. Guideline Timetable: ○ 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. NHS England are now monitoring the ranibizumab uptake. UHDBFT uptake has improved, however CRHFT still has a low uptake of the biosimilar. Mrs Gough explained to the committee there are ongoing issues with clinic capacity at CRHFT. There is an internal paper going through CRHFT Trust to look at long term on changes for releasing more capacity in clinics, staffing and estate issues.	**GG**
13.	**JAPC BULLETIN**	
	The July 2023 bulletin was ratified.	
14.	**MHRA DRUG SAFETY UPDATE**	
	The MHRA Drug Safety Alert for July 2023 was noted. Mr Dhadli highlighted the following MHRA advice: • Hyoscine hydrobromide patches (Scopoderm 1.5mg Patch or Scopoderm TTS Patch): risk of anticholinergic side effects, including hyperthermia There have been a small number of reports of serious and life-threatening anticholinergic side effects associated with hyoscine hydrobromide patches, particularly when used outside the licence. Healthcare professionals, patients, parents and carers should be aware of the signs and symptoms of serious side effects and the need to seek medical help if they occur.	

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	• Codeine linctus: public consultation on the proposal to reclassify to a prescription-only medicine. MHRA have launched a public consultation on the proposal to reclassify codeine linctus to a prescription-only medicine. Healthcare professionals and all members of the public are asked their views on whether cough medicines containing the opioid codeine should become a prescription only medicine or should remain available to purchase over the counter in pharmacies.	
15.	**HORIZON SCAN**	
a.	**Monthly Horizon Scan** 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: • Naloxone nasal spray classified as Do Not Prescribe - await national guidance • Netarsudil + latanoprost (Roclanda) eye drops classified as Do Not Prescribe - await national guidance	
16.	**NICE SUMMARY**	
	Mrs Qureshi informed JAPC of the comments for the ICB which had been made for the following NICE guidance in July 2023. ICS commissioned drugs: • NICE TA906 - Rimegepant for preventing migraine - RED • NICE TA910 - Semaglutide for managing overweight and obesity in young people aged 12 to 17 years (terminated appraisal) - DNP for young people NHSE commissioned drugs: • NICE HST27 - Afamelanotide for treating erythropoietic protoporphyria (not recommended by NICE) - DNP • NICE TA908 - Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy (partial review of TA620) - RED • NICE TA909 - Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer (not recommended by NICE) - DNP • NICE TA911 - Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer – RED	
17.	**MINUTES OF OTHER PRESCRIBING GROUPS**	
a.	• Stoke & Staffs ICB IMOG Mins May 2023 • Final MOST Minutes June 2023 • Final APG Minutes June 2023	
18.	**TRAFFIC LIGHTS – ANY CHANGES?**	
	Classifications **Vaginal moisturisers - GREY**: Patients should be encouraged to self-care and purchase over the counter when possible.	

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Item		Action
	Rivaroxaban 2.5mg for ACS - GREEN specialist initiation for patients to be commenced on rivaroxaban 2.5mg twice daily for prevention of atherothrombotic events post-acute coronary syndrome in combination with aspirin alone or aspirin plus clopidogrel **Hypromellose eye drops - GREEN**: as per Dry eyes guidance **Carbomer gel - GREEN**: as per Dry eyes guidance **Carmellose Sodium Eye Drops - GREEN**: as per Dry eyes guidance **Sodium hyaluronate - GREEN**: as per Dry eyes guidance **Polyvinyl alcohol eye drops - GREEN**: as per Dry eyes guidance **Rimegepant - RED** NICE TA906 - Rimegepant for preventing migraine. ICB commissioned. **Naloxone nasal spray - DNP**: for immediate administration as emergency therapy for known or suspected opioid overdose. Await national guidance. **Netarsudil + latanoprost (Roclanda) - DNP**: Reduction of elevated intraocular pressure (IOP) in adults with primary open-angle glaucoma or ocular hypertension for whom monotherapy with a prostaglandin or netarsudil provides insufficient IOP reduction. Await national guidance. **Semaglutide - DNP for young people**: NICE TA910 - Semaglutide for managing overweight and obesity in young people aged 12 to 17 years (terminated appraisal) **Afamelanotide - DNP**: NICE HST27 - Afamelanotide for treating erythropoietic protoporphyria (not recommended by NICE) **Olaparib - RED**: NICE TA908 - Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy (partial review of TA620) **Lorlatinib - DNP**: NICE TA909 - Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer (not recommended by NICE) **Selpercatinib - RED**: NICE TA911 - Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer	
19.	**ANY OTHER BUSINESS**	
a.	There were no items of any other business.	
20.	**DATE OF NEXT MEETING**	
	Tuesday 12th September 2023, papers are to be circulated and agreed virtually as per JAPC interim Terms of Reference, which is effective during the COVID-19 pandemic.	