

## DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 13<sup>th</sup> June 2023

### CONFIRMED MINUTES

#### Summary Points

#### Traffic lights

Drug	Decision
Domperidone	<b>GREY</b> consultant / specialist initiation or recommendation. 'Off-license' use - For nursing mothers to promote lactation, can be initiated or recommended by specialist, with a review at 7 days.
Glucofix Tech sensors test strips GlucoFix Tech B-Ketone sensors test strips	<b>GREEN</b> - Blood glucose testing strips for Glucofix Tech GK meter, for category 1 – Type 1 diabetics and ketosis prone type 2 diabetics as per guideline.
Glucoject Plus lancets GlucoRx Lancets On Call Lancets	<b>GREEN</b> - Preferred lancets for Glucofix Tech GK, GlucoRx Q HCT system and On Call Extra Mobile as per guideline.
GlucoRx HCT Glucose Test Strips GlucoRx HCT Ketone Test Strips	<b>GREEN</b> - Blood glucose testing strips for GlucoRx HCT meter, for category 1 – Type 1 diabetics and ketosis prone type 2 diabetics as per guideline.
On Call Extra Test Strips – glucose GlucoRx Q Test Strips – glucose	<b>GREEN</b> - Blood glucose testing strips for On Call Extra Mobile meter and GlucoRx Q meter, for category 2 – Type 2 diabetics as per guideline.
Cholera vaccine ( <i>Vaxchora</i> )	<b>RED</b> - Active immunisation against disease caused by <i>Vibrio cholerae</i> serogroup O1 in adults and children aged ≥2 years. NHSE commissioned
Hepatitis A vaccine ( <i>Avaxim Junior</i> )	<b>RED</b> - Active immunisation against infection caused by hepatitis A virus in children aged 1 to 15 years. NHSE commissioned
Abaloparatide ( <i>Eladynos</i> )	<b>DNP</b> - Treatment of osteoporosis in postmenopausal women at increased risk of fracture. ICB commissioned
Risankizumab	<b>RED</b> - NICE TA888 - Risankizumab for previously treated moderately to severely active Crohn's disease
Ripretinib	<b>DNP</b> - NICE TA881 - Ripretinib for treating advanced gastrointestinal stromal tumour after 3 or more treatments. NHSE commissioned
Voclosporin	<b>RED</b> - NICE TA882 - Voclosporin with mycophenolate mofetil for treating lupus nephritis. NHSE commissioned
Tafasitamab	<b>DNP</b> - NICE TA883 - Tafasitamab with lenalidomide for treating relapsed or refractory diffuse large B-cell lymphoma. NHSE commissioned
Capmatinib	<b>DNP</b> - NICE TA884 - Capmatinib for treating advanced non-small-cell lung cancer with MET exon 14 skipping (terminated appraisal). NHSE commissioned
Pembrolizumab	<b>RED</b> - NICE TA885 - Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer. NHSE commissioned
Olaparib	<b>RED</b> - NICE TA886 - Olaparib for adjuvant treatment of BRCA mutation-positive HER2-negative high-risk early breast cancer after chemotherapy. NHSE commissioned

Olaparib	<b>RED</b> - NICE TA887 - Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer. NHSE commissioned
Ciltacabtagene autoleucel	<b>DNP</b> - NICE TA889 - Ciltacabtagene autoleucel for treating relapsed or refractory multiple myeloma (Terminated Appraisal). NHSE commissioned
Difelikefalin	<b>RED</b> - NICE TA890 - Difelikefalin for treating pruritus in people having haemodialysis. NHSE commissioned
Ibrutinib	<b>RED</b> - NICE TA891 - Ibrutinib with venetoclax for untreated chronic lymphocytic leukaemia. NHSE commissioned
Mosunetuzumab	<b>DNP</b> - NICE TA892 - Mosunetuzumab for treating relapsed or refractory follicular lymphoma. NHSE commissioned

### Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Insulin Pen Needle	Dual classification: <ul style="list-style-type: none"> <li>- <b>GREEN</b>- Insupen original, GlucoRx carepoint/ carepoint ultra are the formulary choices. If this is unsuitable consider other brands costing £5 or less per 100 needles.</li> <li>- <b>Do Not Prescribe (DNP)</b>- All other insulin pen needles with acquisition cost &gt; £5 per 100</li> </ul>
Dutasteride	<b>GREEN</b> for benign prostatic hyperplasia (BPH)
Carbamazepine	<b>GREEN</b> for trigeminal neuralgia. See neuropathic pain guideline.
Hepatitis B vaccine	Dual classification: <ul style="list-style-type: none"> <li>- <b>DNP</b>: For travel this immunisation</li> <li>- <b>RED</b>: vaccination of at-risk patients with underlying medication conditions e.g. CKD undergoing dialysis.</li> <li>- <b>Unclassified</b>: vaccinated in primary care as part of national selective immunisation program e.g., babies born to hepatitis B infected mothers. See complete routine immunisation schedule.</li> </ul>
Vaccines	<b>Unclassified</b> <ul style="list-style-type: none"> <li>- Covid-19 vaccine (VidPrevtyn Beta)</li> <li>- Tozinameran + famtozinameran (Comirnaty Original/ Omicron BA.4/5)</li> <li>- Elasmomeran + davesomeran (Spikevax bivalent original/ Omicron BA.4-5)</li> </ul>
Micronised progesterone (vaginal)	Dual classification: <p>Utrogestan vaginal capsule/ Cyclogest pessary</p> <ul style="list-style-type: none"> <li>- <b>GREEN</b> consultant/specialist initiation for prevention of miscarriage as per NICE NG126 (off-label).</li> <li>- <b>RED</b> for other indications e.g., supplementation of luteal phase during assisted reproductive technology cycles</li> </ul>

### Clinical Guidelines

Domperidone – position statement

Diabetes- blood glucose and ketone meters, testing strips and lancets formulary

### PGDs

Rotavirus PGD

## Shared Care Agreements

Riluzole  
 Lithium  
 Methotrexate

<b>Present:</b>	
<b>Derby and Derbyshire ICB</b>	
Dr R Gooch	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 LG	Assistant Director Medicines Optimisation and Delivery
Dr H Hill	GP
Dr R Dills	GP
Dr J Burton	GP
Mrs R Monck	Assistant Chief Finance Officer
<b>Derby City Council</b>	
<b>Derbyshire County Council</b>	
<b>University Hospitals of Derby and Burton NHS Foundation Trust</b>	
Mr M Prior	Deputy Chief Pharmacist – <i>in attendance for 1<sup>st</sup> paper only</i>
Mrs E Kirk	Lead Pharmacist – High-Cost Drugs and Commissioning
<b>Derbyshire Healthcare NHS Foundation Trust</b>	
Mr S Jones	Chief Pharmacist
Dr M Broadhurst	Deputy Medical Director
<b>Chesterfield Royal Hospital NHS Foundation Trust</b>	
Mr A Hardy	Deputy Chief Pharmacist
<b>Derbyshire Community Health Services NHS Foundation Trust</b>	
Mrs K Needham	Chief Pharmacist
<b>Derby and Derbyshire Local Medical Committee</b>	
<b>Derbyshire Health United</b>	
Mr D Graham	Lead Clinical Pharmacist/Advance Clinical Practitioner
<b>Staffordshire and Stoke-on-Trent ICB's</b>	
Mrs S Bamford	Chief Pharmacist
<b>In Attendance:</b>	
Mrs E Evans	Chief Pharmacy Technician (Interface), UHDB/DDICB

Item		Action
1.	<b>APOLOGIES</b>	
	S Hulme, A Mott, J Russell	
2.	<b>DECLARATIONS OF CONFLICTS OF INTEREST</b>	
	<p>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.</p> <p>No conflicts of interest were declared in relation to this agenda; in addition to the existing register of interests.</p>	
3.	<b>DECLARATIONS OF ANY OTHER BUSINESS</b>	
	There were no declarations of any other business.	
4.	<b>MATTERS ARISING FROM PREVIOUS MEETING</b>	
	There were no matters arising from the previous meeting.	
5.	<b>JAPC ACTION SUMMARY</b>	
a.	<p><b>Ranibizumab biosimilar</b>          Financial modelling has been received from Provider Trusts. Trusts have been requested to report patient numbers to allow cumulative savings to be reported to provide the overall cost opportunity.</p> <p><b>b. Patiromer/Lokelma hyperkalaemia</b>          Remains RED and to review classification in 12 months, to include costs/benefits and the projected increase in patient numbers.</p> <p><b>c. Relugolix-estradiol-norethisterone acetate</b>          Remains RED and to review classification in 12 months.</p>	
6.	<b>NEW DRUG ASSESSMENT</b>	
a.	<p><b>Finerenone</b>          Mr Dhadli informed the committee finerenone has been recommended by NICE for treating chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults (TA877) as an add-on to optimised standard care. JAPC assigned a RED traffic light in April 2023 for finerenone, pending a review at the Drugs and Therapeutics Committee (DTC). This was discussed at the UHDBFT DTC in May 2023 with a recommendation for JAPC to update traffic light to allow primary care to prescribe after specialist initiation in secondary care.</p> <p>The data for finerenone was from the key clinical trial FIDELIO-DKO. The clinical evidence suggests that finerenone improves kidney function and helps to slow the worsening of the disease compared with placebo (both plus standard care, with and without SGLT2 inhibitors). There are no direct comparisons of finerenone against SGLT2 inhibitors when used as an add-on to standard care (without SGLT2 inhibitors). The clinical experts at NICE commented that people with CKD and type 2 diabetes have significant additional risk of morbidity (including end-stage renal disease) and premature mortality compared with people with CKD alone. This is particularly because they are at higher risk of cardiovascular disease. The clinical experts added that the aim of treatment is to slow progression of disease. There are limited treatment options in this disease area, especially when SGLT2 inhibitors are not suitable, and that new options would be welcomed by clinicians and patients. The primary outcome from the trial was a composite of three outcomes - onset of kidney failure, a sustained decrease of eGFR of 40% or more from baseline over at least 4 weeks, or renal death, but only one component was statistically significant.</p>	

Item		Action
	<p>Mr Prior highlighted the suitability for primary care prescribing. The monitoring burden for finerenone would be minimal as it is solely the potassium levels which would need reviewing. This would not be additional monitoring but would form part of routine blood tests which are already undertaken for these patients. A prescribing guideline would cover this requirement which is similar to other medications that cause hyperkalaemia.</p> <p>Mr Prior also explained that UHDBFT is commissioned by two ICBs, Derby and Derbyshire, and Staffordshire and Stoke-on-Trent. Staffordshire and Stoke-on-Trent ICB have classified finerenone as AMBER I which allows specialist initiation and primary care continuation. This could lead to different supply mechanism for patients seen by UHDBFT clinician dependant on which ICB the patient's GP resides. The committee discussed the concern raised however they did not feel this was a sufficient reason to traffic light finerenone as specialist initiation.</p> <p>NICE states that finerenone should be prescribed in secondary care to gain experience before moving the prescribing to primary care. Currently at UHDB, no patients had started using finerenone. CRHFT supported the paper, but no patient numbers were supplied.</p> <p>The patient numbers although quoted as 180 per year from UHDB, over 5 years the total patient population could grow quite significantly, plus estimates of patients from CRHFT. A discussion took place where GP committee members felt there needs to be an intermediate step before being prescribed in primary care due to the need to gain experience.</p> <p><b>Agreed:</b> JAPC decision to keep RED TL for now and to review again in 6 months. The request to come back with a prescribing guideline for primary care in 6 months, to include patient numbers including current and new users.</p> <p><b>Action:</b> UHDBFT to enquire with other centres about their experience using finerenone.</p>	<b>EK</b>
<b>7.</b>	<b>CLINICAL GUIDELINES</b>	
a.	<p><b><u>Domperidone</u></b></p> <p>Mr Dhadli informed the committee domperidone guideline has been updated as per the routine review of the position statement and has undergone consultation with specialists. Mr Dhadli highlighted the changes made to the document. Amendments include updating dosing advice to add in 'review at 7 days', counselling advice as per Breast Feeding Network added and domperidone traffic light classification update to consultant/specialist initiation or recommendation.</p> <p>A discussion took place regarding domperidone use in nursing mothers to promote lactation. A query raised by GP practice regarding 'specialist initiation' requirement and whether it is appropriate for GP to initiate on advice of community infant feeding specialists. Agreed to amend the traffic light classification for domperidone to GREY specialist/consultant initiation or recommendation to allow infant feeding specialists to liaise with health visitors who in turn would request GPs to prescribe domperidone. A maternal total daily dose of 30mg/day (10mg three times a day) is an accepted dose, with review at 7 days as per Breastfeeding Network</p> <p><b>Agreed:</b> JAPC approved the domperidone guideline and traffic light change to GREY specialist/consultant initiation or recommendation.</p>	

Item		Action
b.	<p><b><u>Blood Glucose National Commissioning Document</u></b>            Mr Dhadli advised the committee the national (NHSE) commissioning recommendations for blood glucose and ketone meters, testing strips and lancets, have been adopted into a local guidance for Derbyshire.            JAPC has agreed to adopt two meters for each category. Category 1: type 1 diabetes or ketosis prone Type 2 diabetes, the preferred blood glucose testing strips are GlucoFix Tech Sensors and GlucoRx HCT Glucose Test Strips. Category 2: type 2 diabetes, the preferred blood glucose testing strips are On Call Extra Test Strips and GlucoRx Q Test Strips.            The current guidance includes a price cap for BGT, ketone strips and lancets; BGTs costing &lt;£9 for 50, Ketone strips &lt;£10 for 10 and Lancets &lt;£3 per 100, with the recommendation to increase to &lt;£4 per 100 for lancets to take account of lancet choice for the formulary. A discussion took place whether to not to keep current thresholds. JAPC agreed if either of the preferred options for categories 1 and 2 are not suitable, then any meter with blood glucose test strips costing less than £9 for 50, ketone testing strips less than £10 for 10 and corresponding lancets costing less than £4 per 100 are suitable for prescribing.</p> <p><b>Agreed:</b> JAPC approved a guidance for the blood glucose and ketone meters, testing strips and lancets formulary.</p> <p><b>Action:</b> Amend traffic light classification to GREEN for GlucoFix Tech Sensors, GlucoRx HCT Glucose Test Strips, On Call Extra Test Strips and GlucoRx Q Test Strips. Remove current formulary choices.</p> <p>JAPC recommends the document goes back to the Derbyshire Prescribing Group (DPG) for an implementation plan for switching to the new formulary choices.</p>	SQ
8.	<b>PATIENT GROUP DIRECTIONS</b>	
	<p>The following PGDs from Public Health England were noted and agreed by JAPC:</p> <ul style="list-style-type: none"> <li>• Rotavirus</li> </ul>	
9.	<b>SHARED CARE AGREEMENT</b>	
a.	<p><b><u>Riluzole</u></b>            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. The JAPC riluzole shared care guideline has been reviewed as part of this workplan 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 &amp; breast-feeding section. The following sections have been aligned to the national SCA – patients who become pregnant or plan to become pregnant, their management should be referred back to the specialist who will resume prescribing responsibilities; specialist to monitor U&amp;E at baseline and a routine review every 6 months or as clinically needed and for GPs to order a chest x-ray and stop riluzole and inform specialist if findings are suggestive of interstitial lung disease.</p> <p><b>Agreed:</b> JAPC approved the riluzole shared care agreement.</p>	
b.	<p><b><u>Lithium</u></b>            Mr Dhadli advised the committee that guidance outlining the responsibilities of the specialist consultant and general practitioner for managing the prescribing of lithium have been reviewed and updated.            The document was reviewed against national (RMOC/NHSE) shared care protocol</p>	



Item		Action
	<p>and no major change was found. The following sections have been aligned to the national document as per previously agreed JAPC principles; extra wordings added regarding patient responsibilities, extra information regarding dose &amp; route administration added for clarification, information added regarding contraindications and cautions and further information added regarding use during pregnancy, paternal exposure, and breastfeeding. Updates include tightening of wording around monitoring; pharmacy department contact details changed to community mental health teams; and inclusion of lithium app which should eventually replace the lithium purple book.</p> <p><b>Agreed:</b> JAPC approved the Lithium shared care agreement.</p> <p><b>c. <u>Methotrexate</u></b>            Mr Dhadli advised the committee the methotrexate shared care guideline has been reviewed as part of the RMOG workplan. It was agreed that the licensed indications for the shared care agreement remain the same, as per JAPC agreed principles. For unlicensed use, it was agreed that the term "off label" will be added. When used in pregnancy the committee agreed that the shared care should align with the national protocol. It was also agreed the monitoring requirements (CrCl) should remain aligned with the national protocol. Additional advice regarding patient responsibilities has been added from the national protocol including, moderate alcohol intake, use appropriate contraception and inform specialist or GP immediately if they become pregnant or wish to become pregnant. The immunisation section of the shared care was discussed and JAPC agreed the addition of patients aged 70-79 years who could be eligible for the shingles vaccine as per RMOG and the addition that Covid-19 vaccination is safe &amp; recommended as per RMOG.</p> <p><b>Agreed:</b> JAPC approved the methotrexate shared care agreement.</p> <p><b>d. <u>Penicillamine</u></b>            Mr Dhadli informed the committee that the penicillamine shared care was due its routine review. Penicillamine was not included in the 2017 BSR guidance for DMARDs, however, at last JAPC review (2019), the monitoring for penicillamine was aligned to other DMARDs, with additional requirement for urinalysis. RMOG/NHSE has published national shared care protocol for other DMARDs in 2022, but not for penicillamine.            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.</p> <p><b>Agreed:</b> As an interim measure JAPC approved the penicillamine shared care with a caveat it is under review. UHDB and CRHFT to identify appropriate specialists and identify patient cohort under these specialists. Medicines Management to audit use in primary care to identify these patients. SCA to come back to JAPC in August 2023.</p> <p><b>Action:</b> UHDBFT representative agreed to bring prescribing data back to the committee at the August 2023 JAPC meeting.</p>	<p><b>EK</b></p>
<b>10.</b>	<b>MISCELLANEOUS</b>	
<b>a.</b>	<p><b><u>JAPC formulary process</u></b>            Mr Dhadli informed the committee there is a need to agree a strategy and define a process for the planned introduction of new and existing drugs into the Derbyshire ICB formulary, in the appropriate clinical setting. It was agreed that better planning for the entry of new drugs on to the system and an understanding of associated cost implications and resource to implementation is needed. This process would enable</p>	

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b.	<p>better horizon scanning, whilst working with providers to manage annual request and in-year requests.            The committee agreed that JAPC needs a transparent process to safely manage drug entry onto formulary that's affordable and acknowledged that JAPC has delegated responsibility from PHSCC (that includes budgetary responsibility).</p> <p><b>Agreed:</b> JAPC to adopt the JAPC formulary process.</p> <p><b>Action:</b> To inform the Drugs and Therapeutics Committees the JAPC formulary process has been agreed and to do a joint Horizon Scan in October 2023.</p> <p><b>JAPC communications</b>            Mr Dhadli highlighted the need for members to review the communications strategy for JAPC/CPAG bulletin to see if they are fit for purpose. It was discussed that outputs from JAPC and CPAG, including the bulletin and minutes, are currently distributed by the Clinical Policies and Decisions team via different avenues. It was acknowledged there are potential gaps in distribution to certain groups, namely PCNs, community pharmacies, GP locums and DHU (out of hours staff). Agreed to follow up with colleagues to ensure wider dissemination to all necessary parties. It was decided the JAPC survey was not necessary.</p> <p><b>Agreed:</b> JAPC approved the JAPC communications document.</p> <p><b>Specialist Circulars</b>            Mr Dhadli advised that the specialised circulars has been tabled for information and are available upon request.</p>	<b>SQ</b>
11.	<b>GLOSSOP TRANSFER GMGG DECISIONS</b>	
	<p><b>GMMMG Decision summaries</b>            Mr Dhadli reported that this will be tabled in JAPC for the next 12 months.</p>	
12.	<b>GUIDELINE GROUP ACTION TRACKER</b>	
	<p>The summary of key messages from the Derbyshire Medicines Management Shared Care and Guideline Group meeting held in May 2023 was noted.            Mr Dhadli highlighted the following:</p> <p>Traffic Lights:</p> <p><b>Insulin Pen Needle</b> - Dual classification</p> <ul style="list-style-type: none"> <li>- GREEN - Insupen original, GlucoRx carepoint/ carepoint ultra are the formulary choices. If this is unsuitable consider other brands costing less than £5 per 100 needles.</li> <li>- Do Not Prescribe (DNP) - All other insulin pen needles with acquisition cost &gt; £5 per 100</li> </ul> <p><b>Dutasteride</b> - From GREY to GREEN for benign prostatic hyperplasia (BPH)  <b>Carbamazepine</b> GREEN for trigeminal neuralgia. See neuropathic pain guideline.  <b>Hepatitis B vaccine</b> - Dual classification:</p> <ul style="list-style-type: none"> <li>- DNP: For travel this immunisation</li> <li>- RED: vaccination of at-risk patients with underlying medication conditions e.g., CKD undergoing dialysis.</li> <li>- Unclassified: vaccinated in primary care as part of national selective immunisation program e.g., babies born to hepatitis B infected mothers. See complete routine immunisation schedule.</li> </ul> <p><b>Vaccines</b> - Update from RED to Unclassified</p> <ul style="list-style-type: none"> <li>- Covid-19 vaccine (VidPrevtyl Beta)</li> <li>- Tozinameran + famtozinameran (Comirnaty Original/ Omicron BA.4/5)</li> </ul>	



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	<p>- Elasoneran + davesomeran (Spikevax bivalent original/ Omicron BA.4-5)</p> <p><b>Micronised progesterone (vaginal)</b>            Dual classification: Utrogestan vaginal capsule/ Cyclogest pessary</p> <ul style="list-style-type: none"> <li>- GREEN consultant/specialist initiation for prevention of miscarriage as per NICE NG126 (off-label)</li> <li>- RED for other indications e.g., supplementation of luteal phase during assisted reproductive technology cycles</li> </ul> <p><b>Formulary Update (Endocrine):</b></p> <ul style="list-style-type: none"> <li>• Insupen Original insulin needles added as cost-effective brand alongside GlucoRx carepoint/ carepoint ultra.</li> <li>• Add in notes metformin oral sachet SF is more cost-effective than oral solution for patients with swallowing difficulty.</li> <li>• Remove message- in patients where formulary lancets are unsuitable consider any lancets under £3 per 100 lancets. Refer to BGTS guideline.</li> <li>• Dutasteride added to formulary as cost comparable to finasteride.</li> <li>• Risedronate 35mg weekly tabs and Alendronic acid 70mg weekly tabs are both first line options for osteoporosis. Osteoporosis guideline updated.</li> </ul> <p><b>Clinical Guidelines (minor updates):</b></p> <ul style="list-style-type: none"> <li>• Diabetes Glucose Monitoring Interim Position Statement- Remove expected guideline publication date due to high volume of FOI requests.</li> <li>• Formulary skin chapter- Dithranol 0.1% (Dithrocream) discontinued- removed</li> <li>• Minor wording update to Out of Area Traffic Light guidance for clarification- for Derbyshire RED/ OOA Green box amended to include example of antiepileptics where JAPC provides specific advice to follow tertiary centre classification.</li> </ul> <p><b>Changes to website:</b></p> <ul style="list-style-type: none"> <li>• 'Resource to support Opioid Tapering in Chronic Non-Cancer Pain in Adults' document added to opioid resources section.</li> <li>• Medicines Management in care homes FAQ document removed due to expiry.</li> </ul> <p><b>Guideline Timetable:</b>            The guideline table action summary and progress was noted by JAPC.</p>	
<b>13.</b>	<b>BIOSIMILAR REPORT</b>	
	<p>Mr Dhadli advised that the biosimilar report has been tabled for information. JAPC discussed the need for patient numbers and cumulative figures from each Trust to provide the overall cost opportunity. Both FTs (UHDB, CRH) are asked to work up a better reporting system to share at their next Drugs and Therapeutics Committee.</p>	
<b>14.</b>	<b>JAPC BULLETIN</b>	
	<p>The May 2023 bulletin was ratified.</p>	
<b>15.</b>	<b>MHRA DRUG SAFETY UPDATE</b>	
	<p>The MHRA Drug Safety Alert for May 2023 was noted. Mr Dhadli highlighted the following MHRA advice:</p> <ul style="list-style-type: none"> <li>• Direct-acting oral anticoagulants (DOACs): paediatric formulations; reminder of dose adjustments in patients with renal impairment. Risk minimisation materials are available to support the safe use of new paediatric formulations of rivaroxaban (Xarelto) and dabigatran etexilate (Pradaxa). In addition, we ask healthcare professionals to consult the current advice to ensure that all patients</li> </ul>	

Item		Action
	<p>with renal impairment receive an appropriate dose of DOAC medicines.</p> <ul style="list-style-type: none"> <li>Glucose solutions: recommendations to minimise the risks associated with the accidental use of glucose solutions instead of saline solutions in arterial lines. MHRA remind healthcare professionals that accidental use of glucose-containing solutions as flush fluid for arterial lines may contaminate blood samples and result in falsely high glucose readings. This may lead to inappropriate insulin administration and subsequent hypoglycaemia. Healthcare professionals should use saline solutions to flush arterial lines and use pressure infusion bags with clear panels to ensure that the fluid label is visible at all times.</li> <li>Febuxostat: updated advice for the treatment of patients with a history of major cardiovascular disease. Caution is required if prescribing febuxostat in patients with pre-existing major cardiovascular disease, particularly, in those with evidence of high urate crystal and tophi burden or those initiating urate-lowering therapy.</li> </ul>	
<b>16.</b>	<b>HORIZON SCAN</b>	
a.	<p><b>Monthly Horizon Scan</b></p> <p>Mr Dhadli advised JAPC of the following new drug launches, new drug formulations, licence extensions and drug discontinuations:</p> <p>New drug launches in the UK which require a traffic light:</p> <ul style="list-style-type: none"> <li>Cholera vaccine (Vaxchora) classified as <b>RED</b> as per NHSE commissioning intentions</li> <li>Hepatitis A vaccine (Avaxim Junior) classified as <b>RED</b> as per NHSE commissioning intentions</li> </ul> <p>Approved in the UK</p> <ul style="list-style-type: none"> <li>Abaloparatide (Eladynos) classified as <b>Do Not Prescribe</b>, await national guidance. ICB commissioned</li> </ul>	
<b>17.</b>	<b>NICE SUMMARY</b>	
	<p>Mrs Qureshi informed JAPC of the comments for the ICB which had been made for the following NICE guidance in May 2023:</p> <p>ICS commissioned drugs:</p> <ul style="list-style-type: none"> <li>NICE TA888 - Risankizumab for previously treated moderately to severely active Crohn's disease – RED</li> <li>CG181 – cardiovascular disease: risk assessment and reduction, including lipid modification. To update local guidance with new QRISK3 and statin information.</li> <li>NG18- Diabetes (type 1 and type 2) in Diabetes (type 1 and type 2) in children and young people: diagnosis and management</li> <li>NG198 Acne vulgaris management - NICE have clarified the recommendations on oral isotretinoin treatment in line with the 2020 MHRA, and the 2023 MHRA advice on new safety measures to be introduced in the coming months following the April 2023 report of the Commission on Human Medicines Isotretinoin Expert Working Group. Local acne guidance has been updated with new MHRA warning</li> </ul>	
<b>18.</b>	<b>MINUTES OF OTHER PRESCRIBING GROUPS</b>	
a.	<ul style="list-style-type: none"> <li>CRHFT D&amp;T Minutes May 2023</li> <li>Final APG Minutes April 2023</li> </ul>	

Item		Action
	<ul style="list-style-type: none"> <li>• Final MOST Minutes April 2023</li> <li>• Final Most Minutes May 2023</li> </ul>	
<b>19.</b>	<b>TRAFFIC LIGHTS – ANY CHANGES?</b>	
	<p><b>Classifications</b></p> <p><b>Domperidone - GREY consultant/specialist initiation or recommendation</b> For nursing mothers to promote lactation, can be initiated or recommended by specialist, with a review at 7 days.</p> <p><b>Glucofix Tech sensors test strips – GREEN</b> Blood glucose testing strips for Glucofix Tech GK meter, for category 1– Type 1 diabetics and ketosis prone type 2 diabetics.</p> <p><b>GlucoFix Tech B-Ketone Sensors Test Strips – GREEN</b> Ketone testing strips for Glucofix Tech GK meter, for category 1 – Type 1 diabetics and ketosis prone type 2 diabetics.</p> <p><b>Glucoject Plus Lancets – GREEN</b> Preferred lancets for Glucofix Tech GK system.</p> <p><b>GlucoRx HCT Glucose Test Strips – GREEN</b> Blood glucose testing strips for GlucoRx HCT meter, for category 1 – Type 1 diabetics and ketosis prone type 2 diabetics,</p> <p><b>GlucoRx HCT Ketone Test Strips – GREEN</b> Ketone testing strips for GlucoRx HCT meter, for category 1 – Type 1 diabetics and ketosis prone type 2 diabetics,</p> <p><b>GlucoRx Lancets – GREEN</b> Preferred lancets for GlucoRx HCT system,</p> <p><b>On Call Extra Test Strips – glucose – GREEN</b> Blood glucose testing strips for On Call Extra Mobile meter, for category 2 – Type 2 diabetics,</p> <p><b>On Call Lancets – GREEN</b> Preferred lancets for On Call Extra Mobile system.,</p> <p><b>GlucoRx Q Test Strips – glucose – GREEN</b> Blood glucose testing strips for GlucoRx Q meter, for category 2 – Type 2 diabetics,</p> <p><b>GlucoRx Lancets – GREEN</b> Preferred lancets for GlucoRx Q system</p> <p><b>Cholera vaccine (Vaxchora) – RED</b> Active immunisation against disease caused by Vibrio cholerae serogroup O1 in adults and children aged ≥2 years. NHSE commissioned</p> <p><b>Hepatitis A vaccine (Avoxim Junior) – RED</b> Active immunisation against infection caused by hepatitis A virus in children aged 1 to 15 years. NHSE commissioned,</p> <p><b>Abaloparatide (Eladynos) – DNP</b> Treatment of osteoporosis in postmenopausal women at increased risk of fracture. ICB commissioned</p> <p><b>Risankizumab – RED NICE TA888</b> - Risankizumab for previously treated moderately to severely active Crohn's disease</p> <p><b>Ripretinib – DNP NICE TA881</b> - Ripretinib for treating advanced gastrointestinal stromal tumour after 3 or more treatments. NHSE commissioned</p> <p><b>Voclosporin – RED NICE TA882</b> - Voclosporin with mycophenolate mofetil for treating lupus nephritis. NHSE commissioned</p> <p><b>Tafasitamab – DNP NICE TA883</b> - Tafasitamab with lenalidomide for treating relapsed or refractory diffuse large B-cell lymphoma. NHSE commissioned,</p> <p><b>Capmatinib – DNP NICE TA884</b> - Capmatinib for treating advanced non-small-cell lung cancer with MET exon 14 skipping (terminated appraisal). NHSE commissioned,</p> <p><b>Pembrolizumab – RED NICE TA885</b> - Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer. NHSE commissioned</p> <p><b>Olaparib TA886 – RED NICE TA886</b> - Olaparib for adjuvant treatment of BRCA mutation-positive HER2-negative high-risk early breast cancer after chemotherapy. NHSE commissioned</p> <p><b>Olaparib TA887 – RED NICE TA887</b> - Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer. NHSE commissioned</p> <p><b>Ciltacabtagene autoleucl – DNP NICE TA889</b> - Ciltacabtagene autoleucl for treating relapsed or refractory multiple myeloma (Terminated Appraisal). NHSE</p>	

Item		Action
	commissioned <b>Difelikefalin – RED NICE TA890</b> - Difelikefalin for treating pruritus in people having haemodialysis. NHSE commissioned <b>Ibrutinib – RED NICE TA891</b> - Ibrutinib with venetoclax for untreated chronic lymphocytic leukaemia. NHSE commissioned <b>Mosunetuzumab – DNP NICE TA892</b> - Mosunetuzumab for treating relapsed or refractory follicular lymphoma. NHSE commissioned.	
<b>20.</b>	<b>ANY OTHER BUSINESS</b>	
<b>a.</b>	There were no items of any other business.	
<b>21.</b>	<b>DATE OF NEXT MEETING</b>	
	Tuesday 11 <sup>th</sup> July 2023, papers are to be circulated and agreed virtually as per JAPC interim Terms of Reference, which is effective during the COVID-19 pandemic.	