NHS
Derby and Derbyshire
Integrated Care Board

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: 12th November 2024 **Updated by:** Policy Team

Ethical Framework

Chair to ensure that all decisions made are in line with the ICBs Ethical Framework, following examples of evidence of clinical and cost effectiveness, health care need and capacity to benefit, policy driver/strategic fit.

Declarations of Interest

Committee members are reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the ICB.
Declarations declared by members of the JAPC are listed in the Register of Interests and included with the meeting papers. The ICB's Registers of Interests are also available via the ICB's Corporate Governance Manager.

Agenda Item number	Agenda Item Title	Owner	Summary of Discussion	Decision & Justification	Action(s)
	Confirmation of Quoracy	Chair	Quoracy was established from 13:35		
	Declarations of Interest for today's meeting	Chair	Chair reminded members of the importance of declaring any interests		
1	Apologies	Chair	Ruth Dils, Andrew Mott		
2	Conflict of interest declarations a. Register of interests	Chair	None declared. Minor amendments raised regarding updating document date and review/update list of members	 Agreed with minor amendments	 Policy team to update
3	Declarations of any other business	Chair	1 AOB declared		
4	JAPC Action Summary	Emily Khatib	Discussed. - OPAT – Should be ready for JAPC December - JAPC ToR have been updated		

			- Liothyronine traffic light amendment ready for Guideline Group on 26th November, then for JAPC December - Ustekinumab biosimilar uptake figures discussed. UHDB now able to report monthly with data from homecare company. - UHDB – 48% switch to date (216 pts started, 99 switched and 9 dropped out) - CRH – 74% switch for gastro patients -		
5	JAPC Decision & Justification Log Oct 2024	Emily Khatib	For ratification	Ratified	To publish on website
6	Matters arising from previous meeting a. Agenda and JAPC ToR Update	All	Post restructure review of the Terms of Reference to update job titles. Also updating the standard agenda to reflect change RMOC to MORAG and decision and justification log. Discussed further suggestions for amendment. Full review of ToRs of all ICB pharmacy decision making groups to occur, which will include a review of membership (e.g. inclusion of non-executive directors)	To be amended and presented at JAPC Dec.	Policy team to make amendments.
			Discussed re-election of Ruth Gooch as Chair of JAPC.	Informally approved	EK to formally consult with JAPC members via email
			Discussed nomination of Deputy Chair(s)	Helen Hill and Jonathan Burton named as deputies	Policy team to add to TOR

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<tr>
<td></td>
<td>b. DOACs Oct 2024</td>
<td></td>
<td>The NHSE commissioning recommendations has recently been updated following the launch of generic rivaroxaban.
For patients commencing treatment for AF: subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should use the best value DOAC that is clinically appropriate for the patient.
The table provides the available DOACs ranked from highest to lowest best value according to the September 2024 Drug Tariff and confidential framework prices.

<table>
<tr><th>Overall rank</th><th>DOAC</th><th></th></tr>
<tr><td>1. Joint best value</td><td>Generic rivaroxaban
Generic apixaban</td><td>Best value once a day treatment
Best value twice a day treatment</td></tr>
<tr><td>2.</td><td>Edoxaban (Lixiana)</td><td></td></tr>
<tr><td>3.</td><td>Xarelto (branded rivaroxaban)</td><td></td></tr>
<tr><td>4.</td><td>Dabigatran (Pradaxa)</td><td></td></tr>
<tr><td>5</td><td>Eliquis (branded apixaban)</td><td></td></tr>
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If the highest ranked best value DOAC (generic apixaban or generic rivaroxaban) is contraindicated or not clinically appropriate for the specific patient then, subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should then consider the next highest ranked DOAC (edoxaban) and so on until an appropriate treatment is identified.</td>
<td>Agree to update the Derbyshire formulary in line with the updated national commissioning recommendations.
Assign DNP traffic light status to the brand Xarelto, in line with branded apixaban (Eliquis)</td>
<td>Policy team to update:
BNF Cardiovascular Chapter,
Atrial Fibrillation clinical guideline and traffic light list</td>
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<tr>
<td>7</td>
<td>JAPC Bulletin DRAFT October 2024</td>
<td>All</td>
<td>For ratification</td>
<td>Ratified</td>
<td>To publish on website</td>
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<tr>
<td>8</td>
<td>New Drug Assessment/Traffic Light Addition</td>
<td>Emily Khatib</td>
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<td>a. Vibegron for OAB</td>
<td></td>
<td>Vibegron is recommended as an option for treating the symptoms of overactive bladder syndrome in</td>
<td>Agree to classify as GREY Another third</td>
<td>Update on website</td>
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</table>

			adults. It is only recommended if antimuscarinic medicines are not suitable, do not work well enough or have unacceptable side effects. If people with the condition and their healthcare professional consider vibegron to be 1 of a range of suitable treatments, after discussing the advantages and disadvantages of all the options, the least expensive should be used. Administration costs, dosages, price per dose and commercial arrangements should all be taken into account. Usual treatment for symptoms of overactive bladder syndrome is antimuscarinic medicines. If these are not suitable, do not work well enough or have unacceptable side effects, mirabegron is recommended as a treatment option. Vibegron works in a similar way to mirabegron. The NICE TA evaluation only looked at vibegron for the same people who would be offered mirabegron. Clinical trial evidence shows that vibegron is more effective than placebo for treating the symptoms of overactive bladder syndrome. The evidence is limited because most people in the trial had not had antimuscarinic medicines. But the reduction in symptoms was similar for people who had had antimuscarinic medicines and people who had not. The licensed dose of vibegron (75 mg) has not been directly compared in a clinical trial with mirabegron, but an indirect treatment comparison suggests it is likely to work as well. Cost-comparison results suggest vibegron is likely to be cost saving compared with mirabegron. So, vibegron is recommended. Vibegron added to OAB guideline.	line choice after a trial of solifenacin and oxybutynin. Update to OAB guideline agreed	

9	**Clinical Guidelines** a. Continence	Emily Khatib	Review/Update of Community Continence Appliance Prescribing Guideline. This very large guideline has been updated to reflect current practice where there have been significant changes and to correct some omissions. All sections have been reviewed for accuracy. Content was agreed at the October Guideline Group meeting. Removal of recommendation to use ciprofloxacin for prophylaxis of infection in Appendix 1 due to MHRA alert. Concerns raised regarding practicalities of prescribing IM gentamicin.	Not approved - Assurance regarding IM gentamicin in Appendix 1 to be discussed at Guideline Group and assign TLC to Gentamicin IM.	To discuss with DCHS Clinical Lead for Continence
12	**Miscellaneous** a. Atopic Dermatitis	Emily Khatib	Atopic dermatitis algorithm updated following new NICE TA986 - Lebrikizumab for treating moderate to severe atopic dermatitis, published July 2024. Lebrikizumab is recommended as options for treating moderate to severe atopic dermatitis that is suitable for systemic treatment in adults and young people 12 years and over with a body weight of 40kg or more, only if: • the disease has not responded to at least 1 systemic immunosuppressant, or these are not suitable, and • dupilumab or tralokinumab would otherwise be offered, and • the companies provides it according to the commercial arrangement. Stop lebrikizumab at 16 weeks if the atopic dermatitis has not responded adequately. An adequate response is:	Algorithm approved	To publish on website

			• at least a 50% reduction in the Eczema Area and Severity Index score (EASI 50) from when treatment started and • at least a 4-point reduction in the Dermatology Life Quality Index (DLQI) from when treatment started.		
	b. Specialised Circulars	Emily Khatib	SSC2717 - Withdrawal from UK market - Oxbryta (voxelotor) for sickle cell treatment Final draft guidance is no longer being actioned. Action will be taken once product TAs launched. No further actions this month.	Acknowledged	Already removed from website
13	Subgroups of JAPC a. Guideline Group Key Messages	Alex Statham	Chapter 12 (ENT) updated as per annual process. Minor amendments including: Extra resources for self-care & pharmacy first added. Betnesol-N brand removed, replaced with generic as more cost effective. Reference to information leaflets for otitis externa added. Clarification and updates to antibiotics used to treat otitis externa. Removal of reference to clinoquinol as only available in combined formulations to avoid confusion. Clarification of acetic acid dosing as well as flumetisone/clioquinol ear drops. References to NICE guidelines updated. Removal of olive oil and sodium bicarbonate brands as little difference in prices. Corticosteroid nasal spray's rearranged to make it clearer for 1st, 2nd, 3rd line options. Clarification of sodium chloride nasal spray being available OTC. Reference to need for steroid emergency card for corticosteroid nasal sprays.	Agreed	

			Ephedrine removed as discontinued. Naseptin – warning for peanut allergy included. Clarification of OTC preparations and POM preparations for oral ulceration & inflammation. Removal of 15g miconazole oromucosal gel due supply and less cost effective than 80g tube. Alternative cost-effective brands included for saliva replacements due to Xerostom discontinuation. Other minor updates to clinical guidelines and website including: Daridorexant prescribing guideline updated to remove reference to Sleepio App as this is now unavailable. Respiratory Action Plans: Derbyshire Pharmacy Team previously had produced local RAPs. Upon investigation it was discovered no practices use these, preferring to use Arden's templates or Asthma+Lung UK ones. These have been removed from the website Type 2 Diabetes Mellitus: Further additional information regarding tirzepatide prescribing information added to Appendix 6 (including additional information regarding retinopathy risk).		
	b. Biosimilar and High Cost Drugs Working Group TOR	Emily Khatib	To support JAPC with decision making regarding HCD, the Biosimilar and High Cost Drugs Working Group has been established. The Terms of Reference were agreed by the group on the 24th October 2024. The group will meet monthly initially. JAPC are asked to ratify the attached terms of reference for this group. In 2017 the Joint HCD Biosimilar working group was established. This ran from 2017 to 2019 and primarily focused on biosimilar uptake. The scope of	Terms of Reference Accepted	Invite to be sent to Staffordshire Pharmacy team

			the new group has been expanded to include reviewing use of HCD overall, implementing new TAs, pathway/algorithm review and sharing information and learning. More information on the group, such as objectives and membership can be found in the terms of reference. Agreed to include pharmacist and/or pharmacy technician from Staffordshire ICB.		
FOR INFORMATION AND REPORT BY EXCEPTION					
14	MHRA Drug Safety Update  61FB9247.pdf	Chair	Noted		
15	Horizon Scan a. Monthly Horizon Scan		Each month SPS published its new drugs monthly newsletter. This agenda item is for JAPC to acknowledge new drug launches and to agree or comment upon the suggested actions. **TLC amendments:** Capivasertib (*Truqap*) 160mg and 200mg tablets. Classify as **RED** as per NHSE commissioning intentions. Ciclosporin (*Cequa*) 0.9mg in 1mL eye drops in single dose container. Classify as **DNP** until clinician request to avoid confusion with current ciclosporin preparation Ikervis which is 0.1% classified as GREY after consultant /specialist initiation following NICE TA369.	Traffic light classifications agreed	Update on website

			Elacestrant (*Korserdu*) 86mg* and 345mg tablets. Classify **RED** as per NHSE commissioning intentions. Rozanolixizumab (*Rystiggo*) 280mg in 2mL vial. Classify **RED** as per NHSE commissioning intentions. Zolbetuximab (*Vyloy*) 100mg vial. Classify **RED** as per NHSE commissioning intentions. Avapritinib (*Ayvakyt*) 100mg, 200mg and 300mg tablets. Change from **DNP** to **RED** as per NHSE commissioning intentions (this is an additional indication to the terminated appraisal)		
16	NICE Template – October 2024		Classify as per below in line with NICE TAs: **TA1009:** Latanoprost–netarsudil for previously treated primary open-angle glaucoma or ocular hypertension. Classify **RED** **TA1010:** Danicopan with ravulizumab or eculizumab for treating paroxysmal nocturnal haemoglobinuria. Classify **RED** **TA1011:** Belzutifan for treating tumours associated with von Hippel-Lindau disease. Classify **RED** **TA013:** Quizartinib for induction, consolidation and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia. Classify **RED**	All agreed	Update on website
17	MORAG		Summary of MORAG functions shared. This is a forum to draw on best practice across the Midlands		

			and to produce local recommendations. Highlights of the recent meeting include work in Leicester ICB looking at the interface between primary and secondary care, identifying potential pitfalls and recommendations for improved processes. MORAG have produced biosimilar commissioning recommendation document, providing assurance that MORAG will provide solid and strongly evidence-based recommendations. There will be a formal route for recommendations to be shared via a coordination centre. MORAG recommendations are not mandatory, but some will be relevant to JAPC or Derbyshire Prescribing Group.		
18	Minutes of other prescribing committees a. DCHS Final MOST minutes Sept 2024 b. Stoke & Staffs IMOG minutes Sept 2024 c. CRH D&T minutes September 2024				
19	AOB		Exceptionality criteria for GREY classification of Ivermectin tablets discussed.	Agreed criteria 4 & 5 (lack of data on cost-effectiveness compared with standard therapy and less cost-effective than current standard therapy) On recommendation from sexual health services, dermatology or UKHSA in	Update on website

				response to an outbreak	

Date of Next meeting: Tuesday 10th December 2025