

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: **September 10th 2024**

Updated by: **Alison Muir**

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 between 13:30 and 14:30. Any decision making was undertaken during this time period.		
	Declarations of Interest for today's meeting	Chair	Chair reminded members of the importance of declaring any interests		
1	Apologies	Chair	Esther Kirk, Ruth Dils, Grace Gough, Sue Bamford, Lara McKean, Jo Russell		
2	Conflict of interest declarations	Chair	2a. Register of interests None declared		
4	JAPC Bulletin August 2024	Emily Khatib	For ratification	Ratified	To publish on website and distribute
5	Matters arising from previous meeting a. Confirmed July JAPC minutes	Emily Khatib	Comments noted regarding 3 inaccurate job titles on the attendance list	Minutes agreed with amendments to job titles as per discussion	To amend and publish on website
	b. New admin process reminder	Emily Khatib	Members were reminded that a trial of the new admin process would take place and that minutes would be replaced by a log of decisions and justifications. Agree to	Agreed	To remove Glossop from agenda template

			remove Glossop Transfer (point 12) from future agendas as this is now business as usual		
	c. Announcement of Lecanemab NICE decision	Emily Khatib	A draft recommendation that lecanemab should NOT be routinely offered by the NHS in England on clinical and cost effectiveness grounds. NICE's draft recommendation will now be subject to a 4-week period of public consultation, after which the appraisal committee will reconvene to consider consultation feedback and make a final determination.	Noted	
	d. SSOT Position Statement on Vitamins and Minerals	Emily Khatib	Stephen Jones (Chief Pharmacist, DHcFT, SJ) commented that for patients with eating disorders Vit B12 is needed if the eating disorder has led to a deficiency. To consider when updating Derbyshire SC pathology guidelines.	Noted	To contact eating disorder specialists for input when reviewing any guideline or traffic light change for Vit B12
6	JAPC action summary	Emily Khatib	Discussed and actions updated and noted for relevant team members		
7	New Drug Assessment/Traffic Light Addition a. Methadone traffic light classification (TLC) for uses not covered by the shared care agreement.	Emily Khatib	Methadone is currently classified as AMBER for shared care in substance misuse under a Local Enhanced Service. Recently, UHDB included methadone in their formulary for palliative care use. Methadone is recommended for moderate to severe pain in palliative care, especially for patients' intolerant to other opioids or with severe renal impairment. The Specialist Palliative Audit and Guideline Group (SPAGG) supports its use in life-limiting illnesses, requiring specialist involvement at all stages. JAPC agreed to traffic light Methadone as RED for uses not covered by the shared care agreement due to the following: Methadone for pain management is an unlicensed indication. Requires specialist assessment and ongoing treatment. Needs long-term monitoring of efficacy and toxicity by specialists. Unlicensed or off-label use unfamiliar to primary care.	Agree to classify as RED	
8	Clinical Guidelines	Emily Khatib	JAPC discussed including direct links to the DCHS webpages for DCHS managed formularies and guidelines for	Agreed to add direct links onto the website	Written process for assurance of DCHS

	a. Wound care and other DCHS guidelines/formularies		wound care on the medicines management website. This is due to errors which have arisen due to multiple versions of the documents existing on different platforms within JUCD. Discussion took place around assurance to JAPC from DCHS that cost and clinical effectiveness of products was considered, and that appropriate governance was in place.		Governance process to be brought to Guideline Group
11	Miscellaneous a. Atogepant for migraine algorithm	Emily Khatib	Atogepant is a new oral treatment for migraine and is traffic lighted RED in JUCD. There is an established treatment algorithm used by specialist teams which must be followed to prescribe certain high cost drug treatments for migraine. Atogepant was added to this algorithm in line with NICE TA973	Algorithm agreed	
	Specialised Circulars	Emily Khatib	Classify all below as RED: SSC2690: NICE Technology Appraisal TA 111187: Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis. SSC2693: NICE Technology Appraisal Final Draft Guidance: Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia in people 12 years and over. SSC2694: Setmelanotide for treating obesity and hyperphagia in Bardet-Biedl syndrome [HST31] SSC2696: NICE Technology Appraisal Final Draft Guidance: Futibatinib for previously treated advanced cholangiocarcinoma with FGFR2 fusion or rearrangement SSC2697: Vonicog alfa for short-term episodic use in the treatment of haemorrhage or surgical bleeding in younger children with von Willebrand disease	Traffic light classifications agreed	
12	Subgroups of JAPC a. Guideline Group Key Messages		Chapter 9 Nutrition and Blood was updated as per annual process. No significant changes made. Minor updates to formatting and links updated. Chapter 7 amended to reflect change in licensing of Levosert IUD. Capsaicin cream has been discontinued so removed from the Neuropathic pain in primary care guideline. Ovestin brand has been removed from Overactive Bladder guideline due to discontinuation & replaced with generic estriol cream 0.1%.	Agreed	

			Sno-tears has been removed from BNF chapter 11 Eye and dry eye prescribing position statement due to discontinuation. Alternative polyvinyl alcohol eye drops are still available (Liquifilm)		
FOR INFORMATION AND REPORT BY EXCEPTION					
13	MHRA Drug Safety Update		<p>August MHRA Safety Alert Summary: Yellow Card Biobank: call to contribute to study of genetic links to side effects. This study explores whether there is a genetic basis of side effects associated with direct-acting oral anticoagulants (DOACs) and allopurinol. The Yellow Card Biobank is a collaboration between the MHRA and Genomics England. The goal is to improve understanding of how a patient's genetic makeup may increase their risk of experiencing harmful side effects to medicines</p>	Noted	
14	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.	Noted, no traffic light amendments or further action required	
15	NICE Template		<p>Classify as per below in line with NICE TAs:</p> <p>TA991: Abaloparatide for treating osteoporosis after menopause. Classify RED TA996: Linzagolix for treating moderate to severe symptoms of uterine fibroids. Classify RED TA998: Risankizumab for treating moderately to severely active ulcerative colitis. Include this TA alongside other RED indications TA994 (Terminated Appraisal): Enzalutamide for treating non-metastatic prostate cancer after radical prostatectomy or radiotherapy. Classify as DNP</p>	Agreed	
16	MORAG				
17	Minutes of other prescribing committees a. MOST June 2024				

18	AOB		JAPC Chair thanked Jo Russell, Clinical Lead for Geriatric Medicine & Consultant Geriatrician & Physician at Chesterfield Royal Hospital for her contributions to JAPC she is standing down from the committee as a member.		
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Date of Next meeting:
Agenda items for **October meeting to be received by 12 noon on **Friday 20th September** please.**