DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 13th February 2024

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Silver dressing (UrgoClean Ag)	GREY - TVN recommendation only. To be used for 2 weeks then complete treatment with UrgoStart Plus in line with DCHS guidance
UrgoStart Plus	GREEN as per DCHSFT venous leg ulcer guidance
Rybelsus (semaglutide)	GREY to GREEN for type 2 diabetes
Freestyle Libre 3	RED
Epcoritamab (Tepkinly)	RED as per NHSE commissioning intentions
Sebelipase alfa	RED as per NICE HST30. For treating Wolman disease. NHSE commissioned.
Durvalumab with gemcitabine and cisplatin	RED as per NICE TA944. For treating unresectable or advanced biliary tract cancer. NHSE commissioned.
Treosulfan with fludarabine	DNP as per NICE TA945. Before allogeneic stem cell transplant for people aged 1 month to 17 years with non-malignant diseases. (Terminated Appraisal).
Olaparib with bevacizumab	RED as per NICE TA946. For maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer. NHSE commissioned.
Loncastuximab tesirine	RED as per NICE TA947. For treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments. NHSE commissioned.
Ivosidenib	RED as per NICE TA948. For treating advanced cholangiocarcinoma with an IDH1 R132 mutation after 1 or more systemic treatments. NHSE commissioned.
Nivolumab–relatlimab	RED as per NHSE commissioning intentions. SSC2607 for untreated unresectable or metastatic melanoma in people 12 years and over.
Crizanlizumab	Remove RED classification. SSC2608 for preventing sickle cell crises in sickle cell disease. Withdrawal of guidance TA743.
Talazoparib	RED as per NHSE commissioning intentions. SSC2611 for treating HER2- negative advanced breast cancer with germline BRCA mutations.

Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Sodium Valproate	GREEN for migraine prophylaxis removed as no longer included as first line choice in CNS chapter. NPSA November 2023; MHRA January 2024 added to TLC: Valproate (Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell▼): new safety and educational materials to support regulatory measures in men and women under 55 years of age.

New Drug Assessment
UrgoStart Plus
Liothyronine
Semaglutide Oral (Rybelsus)

PGD
Measles, mumps and rubella vaccine Patient Group Direction (PGD)
Typhoid Vi Polysaccharide Vaccine Patient Group Direction (PGD)
Pneumococcal polysaccharide conjugate vaccine (adsorbed) Patient Group Direction (PGD)

Present:	
Derby and Derbyshire ICB	
Dr R Gooch	GP (Chair)
Mr S Dhadli	Assistant Director of Clinical Policies and Decisions (Professional Secretary)
Mrs A Thai	Head of Medicines Management, Clinical Policies and High-Cost Interventions
Mr S Hulme	Director of Medicines Management & Clinical Policies
Dr R Dils	GP Clinical Lead, Moss Valley Medical Practice
Dr J Burton	GP Prescribing Lead, Hannage Brook Medical Centre
Dr A Mott	GP Prescribing Lead, Jessop Medical Practice Clinical Director of ARCH Primary Care Network
Mr R Coates	Finance Manager
Mrs C Warner	Senior Public Equality and Diversity Manager
Public Health England	
Mr A Reid	Consultant in Public Health
Mr T Mabeza	Registrar in Public Health
University Hospitals of Derby and Burton NHS Foundation Trust	
Mrs E Kirk	Lead Pharmacist High-Cost Drugs and Commissioning
Derbyshire Healthcare NHS Foundation Trust	
Mr S Jones	Chief Pharmacist
Chesterfield Royal Hospital NHS Foundation Trust	
Dr J Russell	Consultant Geriatrician
Derbyshire Community Health Services NHS Foundation Trust	
Mrs K Needham	Chief Pharmacist
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

Item		Action
1.	**APOLOGIES**	
	W Elston, H Hill	
2.	**DECLARATIONS OF CONFLICTS OF INTEREST**	
	Dr Gooch reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of JAPC. No conflicts of interest were declared.	
3.	**DECLARATIONS OF ANY OTHER BUSINESS**	
	There were no declarations of any other business.	
4.	**JAPC BULLETIN**	
	The January 2024 bulletin was ratified.	
5.	**MATTERS ARISING**	
	Mr Dhadli informed the committee there is a small working group at Derbyshire Healthcare NHS Foundation Trust (DHcFT) that meet to discuss the current ADHD supply issues and any interface issues GP's may have. The working group periodically produce an update for ADHD medication supply issues that intends to update primary and secondary care clinicians in Derbyshire about the evolving supply situation with medicines for treating ADHD. The previously issued National Patient Safety Alert remains active and supply of ADHD medicines is still problematic, however, the situation has moved to one where medication can be restarted for many patients who were affected by the shortage. DHcFT encourage a phased approach with a focus on these re-starts before addressing the needs of newly diagnosed patients who have not yet been able to start treatment. Mr Jones reminded the committee DHcFT are still not commissioned for adult ADHD and asked members to acknowledge the gap in the system. An update to the national shortage issue is due to be published shortly.	
6.	**JAPC ACTION SUMMARY**	
a.	**Relugolix-estradiol-norethisterone acetate** Remains RED and to review at JAPC in April 2024.	
b.	**Finerenone, daridorexant and tirzepatide** Removed from action tracker and moved to horizon scan for 24/25	
7.	**NEW DRUG ASSESSMENT**	
a.	**<u>UrgoStart Plus</u>** Mr Dhadli informed the committee that this is a proposal from DCHS tissue viability nurse to introduce the URGO start range for venous leg ulcers (VLU) as appropriate treatment. NICE Medical Technologies guidance (MTG) 42 suggests that the UrgoStart range improves healing rates for VLU. The current biofilm pathway which recommends use of UrgoClean dressing following UrgoClean Ag, is widely utilised across community nursing and wound care clinics. An audit of the existing pathway identified overuse of antimicrobial dressings and not meeting KPI for healing VLUs.	

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	Mr Dhadli informed the committee an updated VLU pathway has been produced to include UrgoClean Ag for 2-4 weeks, only if infection is suspected, then proceed to UrgoStart Plus Border or UrgoStart Plus Pad. This updated pathway has been approved at wound management prevention group and Derbyshire Prescribing Group. Mr. Dhadli stated that most patients would obtain supply via DCHS NHS supply chain, however, there may be a requirement for FP10 in some cases for patients that do not get into the wound care service promptly. DCHS have estimated overall system cost savings from adopting the new pathway which takes into account length of treatment and staffing costs, however, there may be a small increase in prescribing cost. Dr. Mott commented that complex wound remains under remit of DCHS wound care services and the agreement for new DCHS pathway shouldn't increase overall FP10 volume. **Agreed:** JAPC approved the changes recommended to the traffic light classification Silver dressings: UrgoClean Ag as GREY - TVN recommendation only. To be used for 2 weeks then complete treatment with UrgoStart Plus in line with DCHS guidance. UrgoStart Plus as GREEN as per DCHS venous leg ulcer guidance. **Action:** JAPC to feedback activity discussions to the tissue viability matron at DCHS.	**CPD**
b.	**<u>Liothyronine for new patient for hypothyroidism</u>** Mr Dhadli reminded the committee the NHSE Items which should not routinely be prescribed in primary care policy guidance was updated first published in 2017, updated in 2019 and again in August 2023. The recommendations for liothyronine in new patients with overt hypothyroidism whose symptoms persist on levothyroxine is that liothyronine may be considered after a 3-month or longer review by an NHS consultant endocrinologist. NHSE has also produced updated prescribing advice on liothyronine which includes a section on hypothyroidism in new patients. The guidance states that liothyronine as monotherapy or in combination with levothyroxine should only be initiated by an NHS consultant endocrinologist, and only if the patient's symptoms persist while taking levothyroxine, and clinicians should exclude other potential causes of persistent symptoms before initiating liothyronine. Liothyronine monotherapy is not supported locally nor by the Joint British Thyroid Association/ Society for endocrinology consensus statement which states that liothyronine should not be used as monotherapy except in the situation of confirmed allergy or intolerance to levothyroxine or its excipients. Mr Dhadli summarised the comments received from local specialists; UHDBFT support easing considerations on liothyronine prescribing in line with clear national guidance, support treatment for new patients. CRHFT continue to question the effectiveness of liothyronine and are unlikely to start many new patients. Both Trusts recognise that by allowing new patients to start on liothyronine for hypothyroidism, referrals are likely to increase which will further impact on the length endocrinology clinic waiting times.	

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	Mr. Dhadli explained that the options for JAPC to consider include no change and to continue existing Do Not Prescribe (DNP) recommendation for new patients for this indication; or to relax to Amber as per NHSE guidance. The cost of liothyronine has reduced in recent years, however, it is still significantly more compared to levothyroxine. JAPC members discussed the options and raised that liothyronine has historically not been recommended and there is lack of any new compelling evidence as to why the stance has changed. Overall JAPC members did not agree with the proposal to relax traffic light status to Amber for new patient for hypothyroidism. **Agreed:** JAPC agreed to keep the local decision for liothyronine as Do Not Prescribe (DNP) - not to be initiated in new patients.	
c.	**<u>Rybelsus (semaglutide)</u>** Mr Dhadli informed the committee of the National Patient Safety Alert (NatPSA) Shortage of GLP-1 receptor agonists update. The publication summarises the discontinuation of exenatide (Byetta) injection and continued stock issues of liraglutide (Victoza) injection. The recommendations include to prescribe Rybelsus tablets for new indications of a GLP-1 RA, in line with NICE NG28, and identify patients prescribed exenatide (Byetta) and liraglutide (Victoza) injections and (in line with NICE NG28) switch to semaglutide (Rybelsus) tablets. Due to these recommendations Derbyshire is required to review the current traffic light classification for oral semaglutide (Rybelsus). The current classification is GREY by exceptionality defined as intolerance to the preferred 1st line choice (liraglutide) or restricted by their licensing. The recommendation is to change to the classification to GREEN in line with the recent NatPSA to support appropriate prescribing in Primary Care. **Agreed:** JAPC agreed to change the traffic light classification for oral semaglutide (Rybelsus) from GREY to GREEN in line with the National Patient Safety Alert.	
8.	**PATIENT GROUP DIRECTION**	
a.	The following PGDs from Public Health England were noted and agreed by JAPC: • Measles, mumps and rubella vaccine Patient Group Direction (PGD) • Typhoid Vi Polysaccharide Vaccine Patient Group Direction (PGD) • Pneumococcal polysaccharide conjugate vaccine (adsorbed) Patient Group Direction (PGD) • PCV Risk Groups PGD (Notice of extension)	
9.	**MISCELLANEOUS**	
a.	**<u>Mirkizumab for ulcerative colitis</u>** Mr. Dhadli informed the committee NICE TA925 Mirikizumab for treating moderately to severely active ulcerative colitis was published in October 2023 and has been included in the Derbyshire ulcerative colitis algorithm. Mirikizumab is recommended as an option for treating moderately to severely active ulcerative colitis in adults when conventional or biological treatment cannot be tolerated, or the condition has not responded well	

Item		Action
	enough or lost response to treatment, only if a tumour necrosis factor (TNF)-alpha inhibitor has not worked (that is the condition has not responded well enough or has lost response to treatment) or a TNF-alpha inhibitor cannot be tolerated or is not suitable and the company provides it according to the commercial arrangement. Mr. Dhadli informed the committee that it has been clarified with NICE that the extended loading regiment for patients who did not show adequate response at week 12 was included in the economic analysis of the TA. **Agreed:** JAPC approved the inclusion of mirikizumab into the ulcerative colitis algorithm.	
b.	**<u>Prescribing Specification 2024/25</u>** Mr Dhadli reminded the committee the Derbyshire wide Prescribing Specification has been discussed at previous JAPC meetings and has been brought back to finalise the changes made. Changes include reference to JAPC agreed principles for the planned introduction of drugs into the Derbyshire ICB formulary and shared care; set out principles for annual horizon scan including biosimilars; add in principles where ICB has commissioning pathways for High-Cost Drugs excluded from tariff, the drug options are listed in order of best value. **Agreed:** JAPC approved the prescribing specification 2024/2025. **Action:** Inform ICB contract team of agreement; providers to inform trust DTC of agreement	**CPD/ UHDBFT/CRHFT/ DHCFT/ DCHS**
c.	**<u>Horizon Scan 2024/25</u>** Mr Dhadli reminded the committee the Specialist Pharmacy Service (SPS) Prescribing Outlook 2024-2025 horizon scan document has been published and was previously discussed at the last meeting. Mr Dhadli reminded the committee of the three tables of drugs split for 2024-25: primary care drugs; secondary care drugs; and ICB commissioned High-Cost Drugs (HCD) which is currently under block arrangement. Provider trusts confirmed they agree with the drugs and categories. Mrs Kirk raised that UHDBFT is producing an additional table for proposed planned entry of existing drugs to primary care from secondary care. Mr Dhadli explained that it is to be agreed across the system and requires estimation on patient numbers to be included to inform next year's budget planning. **Agreed:** JAPC approved the horizon scan 2024-25 documents. **Action:** To table proposed planned entry of existing drugs to primary care from secondary care at the forthcoming JAPC meetings.	**UHDBFT**
d.	**<u>Specialised circulars</u>** Mr Dhadli advised that the specialised circulars has been tabled for information and are available upon request.	

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e.	**Medicines Optimisation Regionwide Advisory Group (MORAG)** Mr Dhadli informed the committee a Midlands Medicines Optimisation Regionwide Advisory Group (MORAG) has been established to optimise the use of medicines in all NHS-funded care settings (including primary, secondary and tertiary sectors) across the NHS Midlands region. The Group provides a forum for the discussion of topics where a collaborative and co-operative approach to medicines optimisation can add value. The draft terms of reference was noted by JAPC members. **Agreed:** JAPC acknowledged the Midlands Medicines Optimisation Regionwide Advisory Group (MORAG). **Action:** MORAG to be added to standing agenda for JAPC going forward.	**CPD**
10.	**GLOSSOP TRANSFER GMMMG DECISIONS**	
	Mr Dhadli reported that this is tabled in JAPC for information. Freestyle Libre 3 real-time continuous glucose monitor (CGM) for use with compatible insulin pump systems has been added to January 2024 Drug Tariff. Recommendation is to classify RED until further consideration as part of wider plan on CGM.	
11.	**GUIDELINE GROUP ACTION TRACKER**	
	The summary of key messages from the Derbyshire Medicines Management Shared Care and Guideline Group meeting held in January 2024 was noted. Mr Dhadli highlighted the following: Traffic Lights: • Sodium Valproate - GREEN for migraine prophylaxis removed as no longer included as first line choice in CNS chapter. NPSA November 2023; MHRA January 2024 added to TLC Formulary Update – GI system: • Remove codeine as one of the first line choice antimotility agent and insert advice into notes. Clinical Guidelines (minor updates)/ website changes: • ADHD in children shared care agreement - Meflynate XL (methylphenidate) brand added as an additional MR option. • Expired Stepping Hill/ North DMARD Derbyshire shared care agreements removed from Derbyshire Medicines Management website. New contact page for Stepping Hill hospital added. • Formulary Chapter 7 Obs, Gynae & Urinary track and menopause guideline- updated following Mirena (levonorgestrel) 20 micrograms/24 hours intrauterine delivery system SPC update- duration of use extended to 8 years for contraception and 5 years in induction of idiopathic menorrhagia. • Antidepressant guideline- advice on hyponatraemia updated as per DHCFT; removed expired link to SPS 'antidepressant induced hyponatraemia'.	

Item		Action
	• Formulary chapter 4 CNS - Valproate MHRA NPSA alert Nov23/ MHRA drug safety update Jan24 added. • Inhaled corticosteroids equivalent doses document produced by MOD uploaded under respiratory chapter relevant resources. • Health Innovation East Midlands link added to the opioid resources page: Let's Live Well With Pain Course implementation and facilitation guides Guideline Timetable: The guideline table action summary and progress was noted by JAPC. JAPC opioid resource pack, self-care policy, and continence formulary review date has elapsed and relevant teams are asked to provide progress via guideline group.	
12.	**BIOSIMILAR REPORT**	
	Mr Dhadli reported the biosimilar ranibizumab cumulative percentage update to JAPC members noting UHDBFT has now completed a 100% switch to Ongavia. CRHFT is also reporting above 80%. CRHFT to continue to report for a further 3 months to ensure a steady state.	
13.	**MHRA DRUG SAFETY UPDATE**	
	The MHRA Drug Safety Alert for January 2024 was noted. Mr Dhadli highlighted the following MHRA advice: • Valproate (Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell▼): new safety and educational materials to support regulatory measures in men and women under 55 years of age New safety and educational materials have been introduced for men and women and healthcare professionals to reduce the harms from valproate, including the significant risk of serious harm to the baby if taken during pregnancy and the risk of impaired fertility in males. These safety and educational materials support the new regulatory measures announced in the National Patient Safety Alert. • Fluoroquinolone antibiotics: must now only be prescribed when other commonly recommended antibiotics are inappropriate Systemic fluoroquinolones must now only be prescribed when other commonly recommended antibiotics are inappropriate. This follows a review by the MHRA which looked at the effectiveness of current measures to reduce the identified risk of disabling and potentially long-lasting or irreversible side effects. • Omega-3-acid ethyl ester medicines (Omacor/Teromeg 1000mg capsules): dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors Systematic reviews and meta-analyses of randomised controlled trials have highlighted a dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors treated with omega-3-acid ethyl ester medicines compared to placebo.	

Item		Action
14.	**HORIZON SCAN**	
	<u>Monthly Horizon Scan</u> Mr Dhadli advised JAPC of the following new drug launches, new drug formulations, licence extensions and drug discontinuations. New drug launches in the UK which require a traffic light: • Epcoritamab (Tepkinly) 4mg in 0.8mL and 48mg in 0.8mL vials classified as RED as per NHSE commissioning intentions.	
15.	**NICE SUMMARY**	
	Mrs Thai informed JAPC of the comments for the ICB which had been made for the following NICE guidance in January 2024. No ICB commissioned drugs this month. NHSE commissioned drugs: • HST30 Sebelipase alfa for treating Wolman disease - RED as per NICE HST30. NHSE commissioned. • TA944 Durvalumab with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer - RED as per NICE TA944. NHSE commissioned. • TA945 Treosulfan with fludarabine before allogeneic stem cell transplant for people aged 1 month to 17 years with non-malignant diseases - DNP as per NICE TA945 (Terminated Appraisal). • TA946 Olaparib with bevacizumab for maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer - RED as per NICE TA946. NHSE commissioned. • TA947 Loncastuximab tesirine for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments - RED as per NICE TA947. NHSE commissioned. • TA948 Ivosidenib for treating advanced cholangiocarcinoma with an IDH1 R132 mutation after 1 or more systemic treatments - RED as per NICE TA948. NHSE commissioned.	
16.	**MINUTES OF OTHER PRESCRIBING GROUPS**	
	• Medication Optimisation Safety Team minutes December 2023. • Staffordshire and Stoke on Trent Integrated Medicines Optimisation Group (IMOG) December 2023. • CRHFT Drugs and Therapeutics Committee January 2024.	
17.	**ANY OTHER BUSINESS**	
	There were no items of any other business.	
18.	**DATE OF NEXT MEETING**	
	Tuesday 12th March 2024, papers are to be circulated and agreed virtually.	