DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 9th July 2024

Summary Points

Traffic lights

Drug	Decision
Ivosidenib with azacytidine	**RED** as per NICE TA979. NHSE commissioned. For untreated acute myeloid leukaemia with an IDH1 R132 mutation
Nivolumab	**DNP** as per NICE TA980 (Terminated Appraisal) for adjuvant treatment of completely resected melanoma at high risk of recurrence in people 12 years and over
Voxelotor	**RED** as per NICE TA981. NHSE commissioned for treating haemolytic anaemia caused by sickle cell disease
Baricitinib	**DNP** as per NICE TA982 (Terminated Appraisal) for treating juvenile idiopathic arthritis in people 2 years and over
Pembrolizumab with trastuzumab and chemotherapy	**DNP** as per NICE TA983- Not recommended for untreated locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma
Tafamidis	**RED** as per NICE TA984. NHSE commissioned for treating transthyretin amyloidosis with cardiomyopathy

Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Tamsulosin 400mcg/dutasteride 500mcg capsules	**GREY** Cheaper than Brand prescribing but still more expensive than the two generic components separately. To be used if the combination is required and compliance is an issue for the patient
Hydrocortisone tablets	Hydrocortisone 10mg & 20mg tablets
Dexamethasone tablets	Dexamethsone 500microgram & 2mg tablets
FreeStyle Libre 2 plus sensor	**GREY** after diabetic consultant/specialist initiation within a Derbyshire Diabetes service (updated version of FreeStyle Libre2 sensor)
Doxycycline	**GREEN** first line drug included in NICE antimicrobial Guideline
Dexcom One+ sensor	**GREY** after diabetic consultant/specialist initiation within a Derbyshire Diabetes service (updated version of Dexcom One sensor)

New Drug Assessment

Daridorexant
Freestyle Libre 3
Tirzepatide (Mounjaro) For diabetes

Present:	
Derby and Derbyshire ICB	
Dr R Gooch	GP (Chair)
Mr S Dhadli	Assistant Director of Clinical Policies and Decisions (Professional Secretary)
Mrs Emily Khatib	Head of Pharmacy - Policy
Mrs Alison Muir	Senior Pharmacist, Policy
Mr Alex Statham	Senior Pharmacist, Policy
Dr H Hill	GP Prescribing Lead, Derby and Derbyshire ICB
Dr A Mott	Medical Director, Derbyshire GP Provider Board
Dr J Burton	GP Prescribing Lead, Hannage Brook Medical Centre
Mrs C Warner	Senior Public Equality and Diversity Manager
Mr R Coates	Finance Manager
Derby City Council	
Mr A Reid	Consultant in Public Health
University Hospitals of Derby and Burton NHS Foundation Trust	
Mr James Kerr	Deputy Chief Pharmacist - High Cost Drugs & Digital
Derbyshire Healthcare NHS Foundation Trust	
Dr M Broadhurst	Consultant Psychiatrist
Chesterfield Royal Hospital NHS Foundation Trust	
Miss Emma Hogg	Principal Technician – High Cost Drugs
Mrs C Duffin	Principal Pharmacist – Medicines Safety and Governance
Dr J Russell	Consultant Geriatrician
Derbyshire Community Health Services NHS Foundation Trust	
Mrs K Needham	Chief Pharmacist
DHU Healthcare	
Mr D Graham	Lead Clinical Pharmacist
Staffordshire and Stoke-on-Trent ICB's	
Ms S Bamford	Medicines Optimisation Senior Lead Pharmacist
Mr E Upton	Medicines Optimisation Pharmacist
In Attendance:	
Miss S Birch	Administrator (Minute Taker)
Tamar O'Connor	Administrator (Observing)

Item		**Action**
1.	**APOLOGIES**	
	A. Thai, L. Gant, E. Kirk, E. Evans, G. Gough, A. Hardy, W. Elston	
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. Dr Gooch also informed the meeting that declarations of interest are currently being updated for this year.	
3.	**DECLARATIONS OF ANY OTHER BUSINESS**	
	There were no declarations of any other business.	

Item		Action
4.	**JAPC BULLETIN**	
	Mr Dhadli highlighted some points on the June 2024 draft bulletin. First point was around the Pre-Electoral Guidance that we have just been in over the last few weeks. There have been no new announcements of policy or strategy or on large and/or contentious procurement contracts, and no participation by NHS representatives in debates and events that may be politically controversial. Secondly, cytisinicline (Cytisine) is Green for smoking cessation. JAPC discussed this in April 2024 and supported its use in principle pending its addition to the Drug Tariff. Patients should be referred to stop smoking services to discuss support options for smoking cessation. GPs may prescribe following stop smoking service request. Thirdly - Gonadotrophin-releasing hormone (GnRH)- The government has introduced regulations to restrict the prescribing and supply of puberty-suppressing hormones, known as 'puberty blockers', to children and young people under 18 in England, Wales and Scotland to patients that were not already initiated on them. Mr Dhadli then updated the meeting on the following: **Guideline Group key messages:** • Exenatide (Byetta) removed from GREY as discontinued April 2024. Celecoxib updated GREY "Celecoxib is one of the NSAIDs of choice in palliative care, supported by the palliative care formulary" added following UHDB DTC support. • Heart Failure guideline - SGLT2i Handover to GP from HF specialist section – reference to eGFR falling below 30ml/min/1.73m^2 removed and refer to dosing info above. **MHRA Drug Safety update** Members reminded of the alert regarding topical steriods – Adverse reactions have been reported on the long use of moderate or stronger potency topical steroids. Particularly when used for eczema treatment –referred to as 'Topical Steroid Withdrawal Reactions' (TSW). The risk of these and other serious reactions increases with prolonged use of higher potency steroid products.	
5.	**MATTERS ARISING**	
a.	**OPAT guideline update** (This was not agreed at JAPC in May 2024 pending queries regarding clinical responsibility (step-down) and issuing of prescriptions). Mr Dhadli gave a background that there was an OPAT service for antimicrobials in North Derbyshire. Mr Dhadli asked Mrs Needham to update on the progress of producing the guideline. Mrs Needham updated JAPC and anticipated that this would be ready by September meeting. Mr Dhadli queried the legality of issuing medicines via FP10s, Mrs Needham assured that this is a valid route, and that the FP10 is used as the authority to supply by the hospital but not submitted to the NHS BSA for processing instead the hospital will invoice the ICB for payment. The prescriptions will have to be paper printed FP10 as these products cannot go electronically through EPS.	
6.	**JAPC ACTION SUMMARY**	
	Mr Dhadli went through the JAPC action summary.	

Item		Action
	• JAPC Terms of reference for November. • Liothyronine – To be put on tracker as prescribing guideline for depression. • Tocilizumab – there is a biosimilar commercially available, both acute trusts are not currently using it. There are some supply and availability issues currently RDH and CRH have a plan to start using the biosimilar and will report back thereafter at each biosimilar meeting.	
7.	**NEW DRUG ASSESSMENT**	
a.	**<u>Daridorexant</u>** Mr Dhadli gave a brief background into this. The guidance for daridorexant that is currently a RED drug for treating insomnia was first published in 2023. Based on evidence Mr Dhadli proposed an update that JAPC recommend changing from RED to GREY for long-term insomnia as per NICE TA922. Mr Dhadli wanted to clarify the key messages for prescribers: • This is still a new drug in black triangle status and requires additional monitoring and patients should be monitored for 3 months from starting medication. • Clinical trial evidence has been included for months 1-3. • Improvements seen with patients on 50mg dose within 3 months, no clinical data available for 12 months plus. • Treatment to be as short as possible. • Little evidence for patients taking daridorexant whilst taking psychotropics. • There wasn't a national consensus for an insomnia treatment pathway. • The European regulatory review noted a potential abuse concern with Daridorexant. There is no evidence of a withdrawal syndrome on abrupt discontinuation. Mr Dhadli then went through the advice and what should already be current practice before Daridorexant treatment is commenced, this is reflected in the guideline which was tabled. A discussion took place on the lack of local specific sleep services. Mr Hulme commented that a lot of money is put into the sleep apnoea service and agrees that the pathway should be reviewed to avoid patients being referred into existing services. Dr Gooch commented that there wasn't a particular referral route as a GP, also there isn't really a step wise approach for referring unlike some other conditions i.e. hypertension. Dr Gooch also thought it would be a positive to have more of a structured guideline to go to as each GP would treat in different ways. Dr Burton agreed with Dr Gooch on these points and expressed that this would be greatly appreciated by GP's. Mr Hulme suspects that the prescribing of this drug may be required to be audited in the future. Mr Dhadli commented that this drug is more suitable in a primary care setting and suggested a review of prescribing data in 12 months time and explained that the guideline is written in such a way to make clinicians think before prescribing as it is new drug.	

Item		Action
b.	**Freestyle Libre 3 – expressions of interest were declared for this item.** For this item 2 members of the group identified a conflict of interest as users of this technology which was managed by the Chair. Freestyle Libre 3 is currently RED and is a Continuous Glucose Monitoring (CGM) which can be used as part of a hybrid closed loop system (HCLs). It is available on FP10s and can be prescribed by GPs. It is intended to be used for those who are pregnant, planning pregnancy or other scenarios where this device suits the patient . It was noted that prescribing through FP10s in primary care is VAT free. Mr Dhadli highlighted that the financial sections in the paper assume new patients starting on treatment rather than a cost increment from those already on Freestyle Libre 2. Mrs Baxter informed JAPC that there may be a reimbursement from NHSE with limited details as yet. Mr Dhadli summarised that a decision is not being made at today's meeting, it will remain as a RED drug pending other national procurements, cost effectiveness & patient pathways. Mrs Baxter to take back to the Diabetes group for ongoing discussions.	
C.	**Tirzepatide** Mr Dhadli gave background. Tirzepatide (Mounjaro) NICE TA924 October 2023. It is more expensive than other GLP1s (but noted Tirzepatide is a GIP & GLP1 agonist). JAPC were reluctant to adopt routinely to formulary unless clarification was sought on when the consultants were going to use this. New guidance has been produced that can be put into the Diabetes guidance. JAPC to recommend changing to GREY alongside the caveats to recommend as a second line drug. This is different to the other TA which relates to the use of Tirzepetide which relates to weight management which is due in Oct 2024. RDH proposing that tirzepatide is used after other GLP1s for patients for whom standard treatment is not efficacious, not well tolerated by the patient or not available due to stock issues. Mr Dhadli went through what other neighbouring ICB's recommended and also, the financial implications. Mr Dhadli presented the prescribing guide and the patient pathway. Mr Dhadli explained that there is a primary care Derbyshire enhanced service that permits initiation and prescribing of GLP-1s. Mr Dhadli said it is important that it is highlighted to practitioners that tirzepatide is to be used in for diabetes only, and not weight loss and asked for the JAPC bulletin to reflect this also. Mr Mott agreed with Mr Dhadli that this prescribing can be managed in general practice and that its usage should be restricted to diabetes.	
8.	**Clinical Guidelines**	
a.	Items not routinely prescribed across Derbyshire. Mr Dhadli informed that these are due for review this year and are a resource for us based on NHS England's documentation. The original publication was 2017, then 2021 and 2023. Mr Dhadli explained that medicines that are included are those:- • for which there are significant safety concerns • for which there is a lack of robust evidence of clinical effectiveness. • that are clinically effective but not the most cost-effective	

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	intervention available. • that are clinically effective but deemed a low priority for NHS funding. There were also minor format updates including:- • Updating 2023/24 spend on relevant prescription items. • Updating logo from CCG to ICB. • Adding a link containing information on updated prescription figures added under references. The tabled paper included a comparison of NHSE guidance with local guidance. Mrs Needham raised the use of lidocaine patches in palliative care, there was no one present from UHDB at this point for this item to be discussed during the meeting.	
9	**PGD's**	
a.	**DHU Co-amoxiclav** Mr Graham presented this PGD. DHU have recently taken over the contract from One Medical Group. The new PGD process was followed through Derbyshire Guideline Group that included the legal requirements and governance for authorisation, which included an approval from a microbiologist. Mr Reid queried antimicrobial stewardship. JAPC were assured these were followed by the person presenting the paper.	
10.	**Shared Care**	
	None this month to discuss.	
11.	**Miscellaneous**	
a.	Specialised circulars (Circulars available upon request). Mr Dhadli informed the group that these were available upon request.	
12.	**GLOSSOP TRANSFER GMMMG DECISIONS**	
	Mr Dhadli proposed for this to be removed from the agenda from July 2024, as it is now fully established and is now business as usual. All who attended the meeting agreed with Mr Dhadli.	
13.	**Subgroups of JAPC**	
a.	**Guideline Group Key Messages** The summary of key messages from the Derbyshire Medicines Management Shared Care and Guideline Group meeting held in 2024 was noted.	
b.	**Tocilizumab biosimilar** Discussed under item 6.	
14.	**MHRA DRUG SAFETY UPDATE**	
a.	The MHRA Drug Safety Alert for June 2024 was noted to include the below: Topiramate (Topamax): introduction of new safety measures, including a Pregnancy Prevention Programme Warfarin: be alert to the risk of drug interactions with tramadol	
15.	**HORIZON SCAN**	
	Monthly Horizon Scan	

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	Mr Dhadli advised JAPC there was nothing new to note within the Traffic Light Classification.	
16.	**NICE SUMMARY**	
	Mr Dhadli informed JAPC that the NICE TA's are received from NHS England and looked at each month. **NHSE commissioned drugs:** **NHSE - RED Drugs** • TA979 Ivosidenib with azacitidine • TA981 Voxelotor • TA984 Tafamidis **NHSE DNP – Terminated Appraisal** • TA980 Nivolumab • TA982 Baricitinib **NHSE DNP – Not Recommended** • TA983 Pembrolizumab with trastuzumab and chemotherapy	
17.	**MORAG (Medicines Optimisation Regionwide Advisory Group) Update**	
	Dr Gooch gave an update on this relatively new group that has recently been established regionally which has Dr Gooch and Mr Hulme have been attending on behalf of Derbyshire and is proving to be interesting and has grown from a small meeting into a functional body, that links Derbyshire into the Midlands group. A summary of the first meeting included discussion on ADHD medicines and how each individual ICB were working separately to resolve the same problem. MORAG should help share the burden and impact of the work and also share best practice and make unified decisions for patients within the area. Dr Gooch and Mr Hulme will continue to share the outcome of the MORAG meetings within JAPC as a standing item, with the expectation that JAPC can request items be discussed at MORAG. The better value medicines subgroup of MORAG plan to review insulin biosimilars, weight management medications, dementia modifying treatments for Alzheimer's and DOACs. Dr Gooch invited emails and comments that could be taken to the MORAG meeting for discussion.	
18.	**MINUTES OF OTHER PRESCRIBING GROUPS**	
	• UHDB DTC mins April 2024 - Mr Dhadli noted that celecoxib has been added to UHDB formulary and the national palliative care formulary. Mr Dhadli thanked UHDB for recognising celecoxib's place in therapy and recommending GREY traffic light status. Penicillamine for cystinuria was considered for shared care however this was rejected on the basis of small patient numbers, Mr Dhadli thanked UHDB for recognising the need for specialist input. • Chesterfield D&T Mins May 2024 – Mr Dhadli recognised that Affenid for ADHD has been selected as 1st line on their formulary as this is the most cost effective. Mr Dhadli also noted within the Chesterfield minutes:- • NICE TA493 hybrid closed loop system has a five year deadline for the uptake instead of the usual routine deadline.	

Item		Action
	• Tirzepatide TA for weight management is still in draft form suggests going beyond the 3 months implementation period as the weight management service in primary and secondary care are set up differently so Systems may need to configure those. • Action to look at conflicts of interest for medicines and pharmaceutical companies, which Mr Dhadli also thought was a positive step.	
20.	**ANY OTHER BUSINESS**	
	Mr Dhadli wanted to discuss and update on the future of JAPC. Mr Dhadli informed JAPC that Mrs Khatib and her team will be taking over JAPC following the restructure of the ICB from July 2024. Mr Dhadli also suggested that August 2024 JAPC be papers via virtual agreement and September 2024 would be an actual meeting with Mrs Khatib and her team leading on this with Mr Dhadli and Mrs Thai in the background for any guidance required. Mr Dhadli also mentioned that JAPC may become monthly MS Teams meetings again each month in the future but no definite decision has been finalised. The meeting structure proposed for August and September was agreed by all at today's meeting.	
21.	**DATE OF NEXT MEETING**	
	Tuesday 13th August 2024, papers to be circulated and agreed via email.	