

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: 8th October 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	<u>Quoracy was established from 13:38 when Grace Gough was noted to have joined (left for 5 mins at 14:08)</u>		
	Declarations of Interest for today's meeting	Chair	Chair reminded members of the importance of declaring any interests		
1	Apologies	Chair	Ruth Gooch, Jo Russell		
2	Conflict of interest declarations	Chair	2a. Register of interests None declared		
4	JAPC Bulletin September 2024	Emily Khatib	For ratification	Ratified with minor amendments	To publish on website and distribute
5	Matters arising from previous meeting a. Decision & Justification Log September 24	Emily Khatib	Agreed that Decision & Justification Log will now replace formal minutes for JAPC meeting. Confirmed video recordings will not be saved. Timeframe for transcript retention to be confirmed by ICB IG team.	Ratified with minor amendments	To amend Sept Log and publish on website

6	JAPC action summary	Emily Khatib	Discussed and actions updated and noted for relevant team members.		
7	New Drug Assessment/Traffic Light Addition	Emily Khatib			
	a. Ivermectin 3mg tablets traffic light classification (TLC)		<p>DCHS sexual health services has prescribed unlicensed ivermectin for permethrin treatment resistant scabies for many years, and earlier in 2024 a licensed oral tablet became available in the UK. Derbyshire JAPC have now classified the oral tablet as Do Not Prescribe.</p> <p>JAPC are asked to consider and recommend supporting a request to have the traffic light classification reconsidered for ivermectin oral tablets for scabies.</p> <p>There has been a documented rise in the UK of permethrin resistant scabies and with the non-availability of other topical treatments in the UK market, Ivermectin is the only alternative viable option. There have also been intermittent supply problems with permethrin cream.</p> <p>Grey Classification: Medicines or medical devices JAPC does not recommend for use except in exceptional circumstances.</p>	Agree to classify as GREY Specialist recommendation for permethrin treatment resistant scabies	To discuss exceptionality for GREY criteria at Nov JAPC
	b. Ticagrelor additional TLC		<p>JAPC asked to consider additional classification status of Ticagrelor GREY Specialist Recommendation post stroke for patients with confirmed or suspected clopidogrel resistance or clopidogrel allergy (off-label). Ticagrelor has dual traffic light status:</p> <p>GREEN after specialist/consultant initiation: NICE TA236 <u>Acute Coronary Syndromes</u> - cardiologist initiation only (discharge to include stop date).</p>	Agree to classify as GREY - after consultant/specialist initiation post stroke for patients with confirmed or suspected clopidogrel resistance or	Update on website

		<p>GREY after specialist/consultant initiation: 60mg twice daily as per NICE TA420 for preventing atherothrombotic events after myocardial infarction.</p> <p>Ticagrelor has been approved by UHDB DTC for stroke patients where clopidogrel resistance is suspected. These patients are commonly switched to ticagrelor on consultant advice.</p> <p>Ticagrelor is recommended in the RCP UK National Stroke Guideline, however the planned NICE TA for this indication has been cancelled due to lack of any submission from the manufacturer who decided not to pursue a product licence for use in ischaemic stroke/TIA. As such, use of ticagrelor remains off-label and without current NICE assessment but is supported by the RCP in the National Stroke Guidance (National Clinical Guideline for Stroke, 2023).</p> <p>Patients who present with a history of multiple TIA's or ischaemic strokes while taking clopidogrel are suspected of being 'resistant' or non-responsive to clopidogrel. This is due to suspected genetic polymorphisms in cytochrome CYP2C19 loss of function alleles (LOFA), and thus they are commonly switched to ticagrelor on consultant advice. Switching in these cases are based on suspicion of clopidogrel resistance rather than confirmed LOFA through genotyping or clear intolerance or allergy.</p> <p>The BNF monograph for Ticagrelor mentions the following: "Ticagrelor is used for transient ischaemic attack and minor ischaemic stroke, but is not licensed for these indications", which acknowledges its use in stroke treatment (BNF, 2024).</p>	<p>clopidogrel allergy (off-label).</p>	
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			GPs on the meeting agreed to accept prescribing of off-label indication on recommendation of specialist		
8	Clinical Guidelines a. Infant Feeding Guideline & CMA Guideline		Guideline presented by author, Dr Lisa Waddell (Lead Paediatric Dietician for CMA). Changes to the pathway to go to CPLG for discussion/agreement.	Content accepted by JAPC.	Guidelines to be uploaded on website
	b. Opioid Resource Pack	Vijay Rai	Resource pack contents presented by ICB Head of Pharmacy Governance, Vijay Rai.	Resource pack approved	Resource pack to be uploaded to website under the CNS chapter
11	Miscellaneous a. Alopecia	Emily Khatib	<p>NICE TA958 Ritlecitinib for treating severe alopecia areata in people 12 years and over was published in March 2024. The production of this algorithm was delayed due to awaiting publication of British Association of Dermatology guidance.</p> <p>Ritlecitinib is to be used for severe alopecia areata (AA) defined as having at least 50% loss of scalp hair, otherwise known as Severity Alopecia Tool [SALT] score of ≥ 50. Ritlecitinib is an oral tablet, with a dose of 50mg once a day.</p> <p>NICE states that alternative treatments should be considered prior to commencing ritlecitinib, such as topical treatments.</p> <p>The BAD guidance differs from the NICE TA, states that patients who have a SALT score of 21-49 plus additional risk factors.</p> <p>JAPC decision to only adopt TA958 criteria due to limited evidence outside of this</p>	Algorithm agreed as per NICE TA958, not extended to include additional BAD criteria	Upload algorithm to website under HCD
	b. Specialised Circulars	Emily Khatib	Classify all below as RED :	Traffic light classifications agreed	Update website on

			<p>SSC2709 - NICE Technology Appraisal Final Draft Guidance - Selpercatinib for advanced thyroid cancer with RET alterations untreated with a targeted cancer drug in people 12 years and over</p> <p>SSC2710 - NICE Technology Appraisal Final Draft Guidance - Belzutifan for treating tumours associated with von Hippel-Lindau disease</p> <p>SSC2708 - NICE Technology Appraisal Final Guidance - Iptacopan for treating paroxysmal nocturnal haemoglobinuria</p> <p>SSC2702 - NICE Technology Appraisal Final Draft Guidance: Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer (Review of TA611)</p> <p>SSC2707 - NICE Technology Appraisal Final Draft Guidance: Trifluridine–tipiracil with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments.</p> <p>Update to SSC2699 – Treatment breaks for TKI’s in the treatment of metastatic renal cell carcinoma</p>		
12	Subgroups of JAPC a. Guideline Group Key Messages		<p>Chapters 10 & 11 updated as per annual process.</p> <p>Minor amendments to chapter 10 (MSK) including: Update of PPI recommendations including for swallowing difficulties and enteral feeding tubes to bring in line with Specials and Expensive Liquids</p>	Agreed	

			<p>Guideline. Salozopyrin brand of sulfasalazine removed. Update to recommendations of osteoarthritis treatment to bring in line with updated NICE guidance.</p> <p>Minor amendments to chapter 11 (Eye) including: Self-care advice updated to reflect JUCD guidance. Chloramphenicol treatment guidance removed to avoid confusion between OTC and prescription guidance and inclusion of traffic light classification for alternative treatment options for chloramphenicol. Sno-Tears removed as discontinued. Cost effective alternatives included for hypromellose.</p> <p>Other minor updates to clinical guidelines and website including: Salazopyrin removed from the website as the preferred brand due to supply problems and possible future discontinuation. CNS chapter has been updated to include new guidance from the MHRA regarding men taking valproate and contraception.</p>		
FOR INFORMATION AND REPORT BY EXCEPTION					
13	MHRA Drug Safety Update				
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.	One TLC amendment: Oxybutynin (<i>Velariq</i>) 10mg in 10mL prefilled syringe – DNP until clinician request received	Update on website
15	NICE Template		<p>Classify as per below in line with NICE TAs:</p> <p>TA999: Vibegron for treating symptoms of overactive bladder syndrome Classify GREY</p>	Not discussed. TLC not agreed	On agenda for November 24

			TA1004: Faricimab for treating visual impairment caused by macular oedema after retinal vein occlusion Classify RED	Agreed	Update on website
			TA1006: (Terminated Appraisal) Empagliflozin for treating type 2 diabetes in people 10 to 17 years Add DNP as per NICE TA1006	Agreed	
16	MORAG				
17	Minutes of other prescribing committees a.				
18	AOB				

Date of Next meeting: Tuesday 12th October