NHS
Derby and Derbyshire
Integrated Care Board

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: 14th January 2025 **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	Quorate from 14:00 when Grace Gough (CRH) joined. Documents discussed prior to 14:00 approved via email post-meeting		
	Declarations of Interest for today's meeting	Chair	None		
1	Apologies	Chair	Susan Bamford, Will Elston, Jonathan Burton, Alison Muir		
2	Conflict of interest declarations a. Register of interests	Chair	None declared. Chair reminded members of the importance of declaring any interests		
3	Declarations of any other business	Chair	None declared		
4	JAPC Action Summary	Emily Khatib	Discussed.		

			OPAT – Verbal update. DCHS aiming to take to February MOST (Medicines Optimisation Safety Team) meeting, then bring to JAPC in March		
5	JAPC Decision & Justification Log Dec 2024	Emily Khatib	For ratification	Ratified	To publish on website
6	Matters arising a. Prescribing Specification 2025-26	All	The prescribing specification has been circulated for comment with only minor updates recommended: - Change of name for "medicines management" to "ICB pharmacy team" - Change of any specific mention of "pharmacists" with "pharmacy professionals". It has been presented at both UHDB and CRH DTC and accepted. Esther Kirk (UHDB) raised a query regarding virtual ward prescribing standards. It was agreed that the same specifications apply, and virtual wards do not require any specific distinction. Esther made a further comment regarding point 13, suggesting that reference be made to the ICB's responsibility to consider the impact on system partners when implementing significant changes in prescribing practice. It was discussed that the purpose of the Prescribing Specification is to stipulate the ICB's expectations of providers, therefore not the appropriate document to include provider expectations of the ICB. Agreed for further discussion outside of JAPC initially. Suggestion made to produce an easy-read version of the Prescribing Specification for quick reference.	Approved ICB Pharmacy Policy team to draft	To publish on website and include in relevant contract's quality schedule.
	b. Medicines at Care Interfaces		Comparison of DDICB and Leicester, Leicestershire, and Rutland (LLR) ICB standards for prescribing at the interface between secondary and primary care settings. Key differences noted:	Noted	

			- <u>Supply standards for inpatients</u> LLR differentiate between supply of discharge medications for inpatient stays of less than 48 hrs and stays of more than 48 hours. For stays <48hours only newly initiated medicines will be supplied at discharge. For stays over 48 hours there must also be a minimum of 14 days supply of regular prescribed current medications made available to the patient. - Supply of Oral Nutritional Supplements (ONS) DDICB standard is 5-7 days supply of ONS on discharge. LLR standard is 3 days (discharging dietician may increase this up to a maximum of 7 days in specific instances, such as bank holidays).		
	c. Semaglutide for Weight Loss Interim Position Statement		The ICB Executive team have agreed to the development of an interim position re access to semaglutide for weight loss to ensure that people with the greatest clinical need are prioritised for access and compliance with NICE TA statutory responsibilities. This may help to manage waiting lists to providers. Many options were reviewed and considered by relevant stake holders. The position statement was discussed at QEIA panel. They recommended that the Tier 3 waiting list be reviewed (if not already happening) if this statement gets agreed to ensure patients at most need are prioritised for all aspects of treatment. Further work is required on the draft Interim Position Statement including review and approval from a commissioning perspective and estimation of expected patient numbers in each cohort. **Post meeting update:**	For update then bring back to JAPC in February	

			The tirzepatide implementation proposal is expected from NHSE shortly, which will detail which cohorts are eligible to receive tirzepatide in the first three years of the roll out of this treatment. Therefore the semaglutide position statement will need to be revisited once we have clarity on the tirzepatide cohorts to align.		
7	JAPC Bulletin DRAFT December 2024	All	For ratification Kate Needham (DHCS) proposed that the JAPC Bulletin format could be changed. Originally the format was to enable it to be printed on 1 sheet of A4 which is no longer required. It was agreed that different and more appropriate formats of the bulletin would be trialled.	Ratified	Publish on website
8	New Drug Assessment /Traffic Light Addition a. Indapamide (immediate-release)	Emily Khatib	Traffic light classification and place in hypertension therapy reviewed. Indapamide is a thiazide-like diuretic. Thiazide-like diuretics are not first line treatment options for hypertension, they are used after ACEis, ARBs and CCBs as per NICE NG136 and is used when patients either do not respond to, or are intolerant of other options. Indapamide is currently **GREY,** 2nd line option after bendroflumethiazide as historically it was less cost effective than bendroflumethiazide. This cost difference is now minimal. In 2019 NICE strengthened the wording of their advice regarding indapamide to state "If starting or changing diuretic treatment for hypertension, offer a thiazide-like diuretic, such as indapamide in preference to a conventional thiazide diuretic such as bendroflumethiazide or hydrochlorothiazide."	Agree to classify standard-release tablets **GREEN**. Modified-release tablets remain **GREY**.	Update on website

<table>
<tr><td></td><td></td><td></td><td>Opinions were sought from specialists across the acute Trusts on re-classifying indapamide standard-release tablets from GREY to GREEN. Chesterfield Royal Hospital consultants were in support of the change. No response was received from UHDB.

GP representatives supported the change and agreed that indapamide is already prescribed 1st line for some patients, in line with NICE guidance.</td><td></td><td></td></tr>
<tr><td>9</td><td>Clinical Guidelines</td><td></td><td>None this month</td><td></td><td></td></tr>
<tr><td>10</td><td>PGDs</td><td></td><td>None this month</td><td></td><td></td></tr>
<tr><td>11</td><td>Shared Care</td><td></td><td>None this month</td><td></td><td></td></tr>
<tr><td rowspan="2">12</td><td>Miscellaneous
a. Biosimilars Uptake Figures</td><td>Emily Khatib</td><td>For information

Monthly uptake for all Adalimumab
<table>
<tr><th>Trust</th><th>Drug</th><th>Nov-24</th><th>Dec-24</th></tr>
<tr><td>CRH</td><td>Adalimumab (Yuflyma)
Cumulative % uptake</td><td></td><td>Rheum: 25%
Gastro: not started
Derm: not started</td></tr>
<tr><td>RDH
FNCH
QHB</td><td>Adalimumab (Yuflyma)
Cumulative % uptake</td><td></td><td>No data yet</td></tr>
</table>
Monthly uptake for all Ustekinumab
<table>
<tr><th>Trust</th><th>Drug</th><th>Nov-24</th><th>Dec-24</th></tr>
<tr><td>CRH</td><td>Ustekinumab (Wezenla)
Cumulative % uptake</td><td></td><td>Gastro: 86%
Derm: 86%</td></tr>
<tr><td>RDH
FNCH
QHB</td><td>Ustekinumab (Pyzchiva)
Cumulative % uptake</td><td></td><td>73%</td></tr>
</table></td><td>Noted</td><td></td></tr>
<tr><td>b. Specialised Circulars</td><td>Emily Khatib</td><td>No actions this month.</td><td>Acknowledged</td><td></td></tr>
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13	Subgroups of JAPC		None this month		
FOR INFORMATION AND REPORT BY EXCEPTION					
14	a. MHRA Drug Safety Update December 24	Chair	Noted		
	b. Shortage of Pancreatic enzyme replacement therapy (PERT)		Noted.		
15	Horizon Scan a. Monthly Horizon Scan November 2024		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:** Donanemab (*Kisunla*) 350mg in 20mL vial Classify as **DNP** Liraglutide biosimilar (*Diavic/Liraglutide SUN*) 18mg in 3mL prefilled pen Add to traffic light entry 'subject to review at a later date'	Traffic light classifications agreed	Update on website
16	NICE Template – December 2024		Classify as per below in line with NICE TAs: **TA1021:** Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer**.** Classify **RED** **TA1022:** Bevacizumab gamma for treating wet age-related macular degeneration. Classify **RED**	All agreed	Update on website

			TA1023: Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments. Classify **RED** **TA1024:**. (Terminated appraisal) Toripalimab with chemotherapy for untreated advanced oesophageal squamous cell cancer. Classify **DNP** **TA1025:** Ublituximab for treating relapsing multiple sclerosis. Classify **RED** **TA1026:** Tirzepatide for managing overweight and obesity. Classify **RED**		
17	MORAG		No update this month		
18	Minutes of other prescribing committees a. CRH D&T Minutes November 2024 b. UHDB D&T Minutes November 2024		Noted		
19	a. AOB		None this month		

Date of Next meeting: Tuesday 11th February 2025