NHS
Derby and Derbyshire
Integrated Care Board

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: 11th February 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	Confirmed		
	Declarations of Interest for today's meeting	Chair	None		
1	Apologies	Chair	Hazel Baxter, Lesley Gant, Allan Reid, Will Elston, Mark Broadhurst, Caroline Duffin		
2	Conflict of interest declarations a. Register of interests	Chair	None declared. Chair reminded members of the importance of declaring any interests.	Noted	
3	Declarations of any other business	Chair	None declared		
4	JAPC Action Summary	Emily Khatib	For ratification	Ratified	

5	JAPC Decision & Justification Log Jan 2025	Emily Khatib	For ratification	Ratified	To publish on website
6	Matters Arising		None this month		
7	JAPC Bulletin DRAFT January 2025	All	For ratification	Ratified	Publish on website
8	New Drug Assessment /Traffic Light Addition a. Bilastine	Emily Khatib	Request received from Senior Place pharmacist to remove DNP classification of bilastine on the background of a potential cost-saving switch for a patient currently prescribed rupatadine, another non-formulary antihistamine. Switching to bilastine would be a considerable saving but cannot be recommended as an alternative due to DNP status. Bilastine was classified DNP in 2011 due to having no efficacy benefits compared to other antihistamines. The cost in 2011 was £15.09 (30 tabs), it has now reduced to £6.00 (30 tabs). Consensus amongst members was that JAPC is not the correct forum for individual drug/patient matters and removal of the DNP classification was not supported. There is a draft document for individual patient matters which could be utilised for similar decisions. Agree to review and finalise this document for future use if appropriate.	Agree to leave bilastine as DNP. Rupatadine to be considered for DNP classification at Guideline Group	Review previous draft document and consider adoption.
	b. Methenamine Hippurate	Emily Khatib	TLC for Methenamine hippurate reviewed following request from UHDB Urologist for re-classification to enable GPs to initiate. Current TLC is GREY specialist initiation, reserved for 3rd line use in recurrent UTI in non-pregnant women if there is no renal or hepatic impairment, and	Agree to change TLC to GREEN as per NICE	Update on website

			conservative measures have been tried'. This was last reviewed in March 2018. In December 2024 NICE updated the NG112 Urinary tract infection (recurrent): antimicrobial prescribing guidance and this now states to consider methenamine hippurate as an alternative to daily antibiotic prophylaxis for recurrent UTI in women, and trans men and non-binary people with a female urinary system, if; they are not pregnant and any current UTI has been adequately treated and they have recurrent UTI that has not been adequately improved by behavioural and personal hygiene measures, vaginal oestrogen or single-dose antibiotic prophylaxis (if any of these have been appropriate and are applicable). Specialist advice should still be sought if methenamine hippurate is being considered for other groups of people with recurrent UTI, including upper UTI or complicated lower UTI. treatment with methenamine hippurate should be reviewed within the first 6 months of initiating treatment followed by annual reviews. GREEN traffic light classification was widely supported based on evidence, potential to reduce antibiotic prescribing, potential to reduce secondary care referrals and the benefit of GPs having further prophylaxis choice for patients with clinical contraindications to certain antibiotics. Due to the increased cost compared to current antibiotic prophylaxis, prescribing of methenamine will be monitored.		
	c. Aripiprazole	Michelle Lad	Request by DHcFT to classify the 2-monthly, long-acting aripiprazole injections (720mg and 960mg) as DNP. All strengths of injectable aripiprazole are currently RED.	Agree change to DNP classification	Update on website

			DHCFT reviewed the 2-monthly, long-acting products at their Medicine Management Committee meeting in December 2024 and the decision is to not initiate or use in DHcFT. Proposal currently to not recommend for use based on: - Potential for confusion between products - Lack of clarity regarding dose interval and administration window - Lack of evidence for efficacy and relapse prevention - Potential 8 months before steady state 2 monthly injections are not currently used in Derbyshire. DHcFT will not be initiating or providing maintenance treatment for the 2 monthly long-acting injection of aripiprazole. Any patients transferred to Derbyshire from out of area will be supported by DHcFT to switch to the monthly aripiprazole long-acting injection. There will be no prescribing in primary care. Amendment to DNP classification was supported.		
9	Clinical Guidelines a. Asthma	Emily Khatib, Jo Wright	The ICB Pharmacy Team Respiratory Working Group have produced a short-term working document to support primary care clinicians who wish to adopt the updated NICE/SIGN/BTS asthma guidance in their practice. This has been produced in collaboration with the ICB Respiratory Delivery Group who recommended that the scope of the current work stream should be for adults and children aged over 12 initially, whilst secondary care gain familiarity with using MART in younger patients. The document includes a local adaptation of the NICE/SIGN/BTS algorithm for the pharmacological management of asthma in people aged 12 years and over.	Agreed in principle. Due to be published once included in 2025/26 financial plans.	Implementation plan to be drafted. Consultation with planned care to ensure inclusion in financial plans.

			This includes the inhalers on the Derbyshire formulary and particulars of their current licensing e.g. Anti-inflammatory reliever (AIR) licence, MART (low/medium dose). It is recommended that this guideline be used for patients who are newly diagnosed with asthma and patients who require treatment escalation due to worsening disease. The pathway was presented at the ICB Respiratory Delivery Group who strongly supported the implementation of this guideline. **The Summary of Differences between current JUCD Practice and NICE Guideline** were explained and the evidence and rationale for this change was presented to JAPC members. The algorithm and guideline were supported in principle by JAPC but implementation to be delayed until further discussion around financial planning and prioritisation has taken place.		
	b. Cardiology	Emily Khatib	A 3-month extension of the review date for the ACS Dual Antiplatelet and Atrial Fibrillation guidelines, was agreed by Guidelines Group on January 28th, 2025. GG have escalated to JAPC the issue of guideline update capability due to secondary care capacity. Comments had been received from Principal Pharmacist for Medicine at Chesterfield Royal Hospital and assurance provided that these were still relevant and safe. In addition, it was highlighted by colleagues on GG that the DOAC monitoring section was out of date and this has therefore been updated to be in line with SPS & NICE CKS.	Amendment to AF DOAC monitoring information accepted Extension to ACS Dual Antiplatelet and AF guideline noted	Publish on website Highlight risks of consultant capacity via ICB CVD & Stroke Delivery Group

			It was agreed at GG that the DAPT guideline is still safe to be used for now, and the AF guideline just requires the monitoring section update to be approved. Once this amendment has been made an extension would not negatively impact patient outcomes. No significant changes to the NICE guidelines on either of these topics have been made since our local guidance was last updated.		
	c. Vitamin Supplementation in alcohol misuse	Michelle Lad	Pabrinex (IM parenteral thiamine preparation licensed for prevention/treatment of Wernicke's encephalopathy) has been discontinued. There is now a licensed parenteral thiamine product which is available as 50mg/ml, 5ml ampoules. Currently DHCFT only recommends use of intramuscular (IM) thiamine. Due to the nature of a specialist mental health trust the use of intravenous (IV) is not viable due to staff training and competency. Following review of evidence base and benchmarking to regional mental health organisations, the proposal is to use IM thiamine for prevention of Wernicke's Encephalopathy. Treatment of Wernicke's Encephalopathy is a medical emergency requiring IV thiamine administration is an acute hospital setting. The recommendation is to update Derbyshire Healthcare guidelines within the JAPC Medicine Management policy - Vitamin supplementation in alcohol misuse position statement, to: <u>Prophylactic treatment for Wernicke's Encephalopathy:</u> • 250mg Thiamine IM daily for 3 days <u>Therapeutic treatment for presumed/diagnosed Wernicke's Encephalopathy:</u>	Revision accepted	Publish on website

			• This is a medical emergency. IV Thiamine is the treatment of choice. The patient should be transferred urgently to an acute setting for treatment Advice relating to discharge has not changed from current in the Vitamin supplementation in alcohol misuse position statement.		
10	PGDs		None this month		
11	Shared Care		None this month		
12	Miscellaneous a. Specialised Circulars	Emily Khatib	For information	Noted	
13	Subgroups of JAPC Guideline Group Jan 2025 a. Key Messages	Alex Statham	Chapter 1 (GI) to be reviewed again at the February Guideline Group meeting due to outstanding queries. The shared care agreement (SCA) for Apomorphine in the treatment of Parkinson's disease was updated to include new formulation, APO-go POD. This is a 100mg/20ml pre-filled apomorphine cartridge, for subcutaneous infusion via syringe driver. From April 2025 APO-go pre-filled syringes will be phased out across the UK with the APO-go POD replacing this to deliver continuous infusion. The Chronic Rhinosinusitis guideline update includes removal of beclometasone and budesonide nasal spray as treatment options in step 1 due to high bioavailability and unsuitability for long-term use. Mometasone 50mcg/metered spray and fluticasone furoate 27.5/metred spray are now the recommended step 1 options. Clarification of the non-curative nature of surgical reduction/removal of nasal polyps and the long-term need for topical steroid treatment added. Warning regarding	Noted	

			long term inappropriate use of decongestants added. It is now recommended that a Thudichum's nasal speculum is used for examinations where possible. The Antipsychotics (Clozapine) guideline was updated to reflect DHcFT's use of EPMA (electronic prescribing and medicines administration), meaning clozapine prescribed and issued by DHcFT now automatically appears on patient repeat prescription lists on SystmOne. The medication remains under ownership of DHcFT and cannot be issued by GP practices. The Community Continence Appliance Prescribing Guideline was amended to remove the appendix related to antibiotic prophylaxis prior to catheter changes. The decision to prescribe prophylactic antibiotics would be undertaken by urology and be guided by previous sensitivities on an individual basis, therefore not relevant for primary care clinicians. The ADHD in Children SCA was updated to include Ritalin XL brand as an option for methylphenidate MR capsules due to ongoing supply problems with other brands. Bioequivalence data for all brands of methylphenidate MR was updated as per SPS guidance and prices updated. The Chronic Constipation (Prucalopride) treatment algorithm was reviewed with no changes. A table has been added to the document with information on dosing, prices, and cost-effective prescribing. The Lanreotide & Octreotide SCA was updated to reflect the change to generic rather than brand prescribing. At the request of consultants, wording for certain baseline tests and ongoing monitoring has been softened to 'consider'		

			rather than 'should be undertaken'. Updates made to endocrinology consultant contact details. The Vigabatrin for Children with Epilepsy SCA update includes a change to the treatment initiation for infantile epileptic spasms syndrome (IESS/West Syndrome), now referring to a specific clinical guideline. Consultants contact details also updated. There was an amendment to the Diabetes Type II Management in Adults guideline Appendix 4 - Patient agreement form (GLP-1 agonists for Type 2 diabetes). Rybelsus brand of semaglutide tablets added. Liraglutide removed from list temporarily as this must be prescribed by brand and existing formulary brand Victoza has been discontinued. Formulary biosimilar for liraglutide to be confirmed. Following the new GREY classification for Liothyronine in treatment resistant depression, the Liothyronine Position Statement has been changed to the Liothyronine in Endocrinology Position Statement, with mention of use in depression removed. The Antidepressants in Unipolar Depression guideline has been amended to include the new GREY classification. The JUCD Working Group on Opioids and Transfers of Care have produced a new paper for inclusion on the Medicines Management website - Derbyshire Hospitals Approach to Prescribing and Supply of Analgesia on Discharge Following Surgery. This to provide information to GPs and patients regarding the amount of analgesia provided at discharge for acute post operative pain and how this is calculated. The policy allows some flexibility in quantities where needed dependant on the patients post		

			operative pain relief. The group have also produced a PIL - Managing Pain After Your Surgery which has been added to the website. Emerade adrenaline auto-injectors has been removed from the website as it has been discontinued (All strengths -150/300/500mcg).		
	HCD Working Group b. Osteoporosis High-Cost Drug Algorithm		JAPC asked to approve the inclusion of abaloparatide for osteoporosis in the high cost drug algorithm (algorithm currently named Romosozumab) in line with NICE TA911 - abaloparatide (Eladynos) for treating osteoporosis after menopause in women, trans men and non-binary people with a very high risk of fracture. The algorithm has also been updated to include information about teriparatide at the request of Provider Trust consultants, which is no longer a high-cost drug but is included in the NICE TA information & is currently in use alongside romosozumab. Abaloparatide is a new option in addition to romosozumab and teriparatide for treating severe osteoporosis after the menopause. NICE suggest that the choice of treatment should be based on cost if all 3 drugs are thought to be to be suitable for a patient after discussing the advantages and disadvantages of all the options. Teriparatide is the most cost-effective choice followed by romosozuamb & then abaloparatide but they all have different course lengths which may be a factor in patient choice The use of romosozumab has been amended on this algorithm on a 'local policy' so that it is interchangeable with teriparatide & abaloparatide.	Algorithm approved	Publish on website

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<td>c. Wet AMD High-Cost Drug Algorithm</td>
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<td>JAPC asked to approve the inclusion for bevacizumab for wet AMD in the current algorithm in line with NICE TA1022. The algorithm has also been updated to include new licensing for aflibercept which enables doses intervals to be extended up to 16 weeks.

Bevacizumab is another option for the treatment of wet AMD. It is more cost effective than aflibercept, however there will be a biosimilar coming out for aflibercept in 2025 and the algorithm will be adjusted again when that is available to reflect current most cost-effective choice. Indirect comparison of bevacizumab gamma with ranibizumab, aflibercept and faricimab suggests similar clinical effectiveness.

Comments regarding this were received from UHDB who stated that it was unlikely their clinicians would use this, especially with aflibercept biosimilar in the pipeline. However, as it is a medicine with a NICE TA the ICB will commission this if clinicians wish to use in future.</td>
<td>Algorithm approved</td>
<td>Publish on website</td>
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<td>d. Biosimilars Uptake 2024-2025</td>
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<td>For information

Monthly uptake for all Ustekinumab
<table>
<tr><th>Trust</th><th>Drug</th><th>Nov-24</th><th>Dec-24</th><th>Jan-25</th></tr>
<tr><td>CRH</td><td>Ustekinumab (Wezenla) Cumulative % uptake</td><td></td><td>Gastro: 86%
Derm: 86%</td><td>Crohn's: 94%
UC: 70%
Derm: 95%</td></tr>
<tr><td>RDH
FNCH
QHB</td><td>Ustekinumab (Pyzchiva) Cumulative % uptake</td><td></td><td>73%</td><td>85% (non UC)</td></tr>
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<td>Noted</td>
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Monthly uptake for all Adalimumab
<table>
<tr><th>Trust</th><th>Drug</th><th>Nov-24</th><th>Dec-24</th><th>Jan-25</th></tr>
<tr><td>CRH</td><td>Adalimumab (Yuflyma)
Cumulative % uptake</td><td></td><td>Rheum: 25%
Gastro: not started
Derm: not started</td><td>Rheum: 34%
Gastro: 7%
Derm: 21%</td></tr>
<tr><td>RDH
FNCH
QHB</td><td>Adalimumab (Yuflyma)
Cumulative % uptake</td><td></td><td>No data yet</td><td>Started in Dermatology but no data yet</td></tr>
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</td><td></td><td></td></tr>
<tr><td colspan="4"><u>FOR INFORMATION AND REPORT BY EXCEPTION</u></td><td></td><td></td></tr>
<tr><td>14</td><td>a. MHRA Drug Safety Update January 2025</td><td>Chair</td><td>Noted</td><td></td><td></td></tr>
<tr><td>15</td><td>Horizon Scan
a. Monthly Horizon Scan December 2024</td><td>Emily Khatib</td><td>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:

Erdafitinib (Balversa) 3mg, 4mg and 5mg tablets
Classify as RED

Lecanemab (Leqembi) 500mg in 5mL and 200mg in 2mL vials. Classify as DNP

Durvalumab (Imfinzi) 120mg in 2.4mL and 500mg in 10mL vials. Classify as RED</td><td>Traffic light classifications agreed</td><td>Update on website</td></tr>
<tr><td>16</td><td>NICE Template January 2025</td><td>Emily Khatib</td><td>Classify as per below in line with NICE TAs:

TA1028: (Terminated appraisal) Bimekizumab for treating moderate to severe hidradenitis suppurativa. Add DNP classification for TA1028</td><td>Traffic light classifications agreed</td><td>Update on website</td></tr>
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			TA1029: (Terminated appraisal) Andexanet alfa for reversing anticoagulation in people with intracranial haemorrhage. Add TA1029 to **DNP** classification **TA697:** (Update) Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban. **TA1027:** Tebentafusp for treating advanced uveal melanoma. Classify **RED** **TA1030:** Durvalumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer. Classify **RED** **TA1031:** Vamorolone for treating Duchenne muscular dystrophy in people 4 years and over. Classify **RED** **TA1032:** (Terminated Appraisal) Niraparib with abiraterone acetate and prednisone for untreated hormone-relapsed metastatic prostate cancer. Add **DNP** for TA1032 **TA1034:** Anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours. Classify **RED** **TA1035:** Vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease. Classify **RED**		
17	MORAG	Steve Hulme	Steve Hulme attended the most recent MORAG meeting and gave a verbal summary to JAPC. The MORAG (Medicines Optimisation Regional Advisory Group) has been operating for almost 12 months and		

			plays a central role for information sharing across ICBs and systems in the Midlands. Meetings provide a forum to share best practice and for gaining widespread feedback and consensus on important issues across the Midlands with the aim to reduce duplication of work. For example, sharing experience/resources during the ADHD medication shortages. Future ambitions for the group include collaborative working for individuals across different ICBs. The group have produced useful position statements and shared guidelines from further afield which have helped in avoiding duplication of work. For example, an antimicrobial prescribing guideline for children. Steve Hulme & Ruth Gooch will continue to attend MORAG representing Derby and Derbyshire and will feedback to JAPC where necessary.		
18	Minutes of other prescribing committees a. DCHS MOST minutes Dec 2024	Emily Khatib	Noted		
19	a. AOB		None this month		

Date of Next meeting: Tuesday 11th March 2025