NHS
Derby and Derbyshire
Integrated Care Board

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: 11th March 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	Jonathan Burton, Andrew Mott, Mark Broadhurst, Susan Bamford, Maxine North		
2	Conflict of interest declarations a. Register of interests	Chair	None declared. Chair shared the register for information	 Noted	
3	Declarations of any other business	Chair	Free of Charge (FOC) Medicines Scheme – Kate Needham (DCHS) For information		

4	JAPC Action Summary	Emily Khatib	For ratification	Ratified	
5	JAPC Decision & Justification Log Feb 2025	Emily Khatib	For ratification	Ratified	To publish on website
6	Matters Arising • JAPC Formulary Process	Emily Khatib	JAPC Formulary Process, agreed at a previous JAPC was reshared to clarify roles and responsibilities for DTCs regarding formulary changes.	For information	To be presented at trust DTCs
7	JAPC Bulletin DRAFT February 2025	All	For ratification	Ratified	Publish on website
8	New Drug Assessment /Traffic Light Addition a. Finerenone	Emily Khatib	Request from UHDB nephrologists and supported by UHDB DTC, to reclassify finerenone for use in adult patients with chronic kidney disease associated with type 2 diabetes from RED to "GREEN after Specialist Initiation" to allow prescribing in primary care. Chronic kidney disease (CKD) is a long-term condition involving abnormal kidney function or structure. Diabetes is the leading cause of CKD and kidney failure. Patients with diabetic kidney disease are at significant increased risk of cardiovascular disease and kidney progression, despite the optimal use of ACEi/ARB and statin. Therefore, there remains a critical need for additional options to improve renal and cardiovascular outcomes. In March 2023, Finerenone has been recommended by NICE for treating chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults (TA877) as an add-on to optimised standard care. Since the publication of NICE TA guidelines on Finerenone, many ICBs have approved Finerenone to be prescribed in primary care after specialist recommendation or initiation.	Primary care guidance to be amended and presented at Guidelines Group in March. Subject to GG approval of guideline, re-classify finerenone as GREEN – Specialist Initiation	

			The prescribing guidance for primary care was reviewed and suggestions were made for improved clarity regarding ongoing monitoring responsibilities for primary care clinicians. Agreed for amended guideline to be presented at the March Guideline Group meeting and subject to approval, to re-classify finerenone as GREEN - Specialist initiation.		
	b. Drospirenone	Emily Khatib	Request from DCHS to amend the traffic light classification of drospirenone progestogen only pill (DRSP POP) from DNP to enable prescribing within the Derbyshire sexual health services and primary care. Proposed traffic light status of GREY 2nd line POP for people of childbearing potential in whom the desogestrel progestogen only pill (DSG POP) causes intolerable side effects or has an unacceptable bleeding pattern after a trial of 3-6m and where other methods of contraception including long-acting reversible methods are contraindicated, have been declined, or tried and not suited. Drospirenone may offer a different bleeding pattern and side effect profile for individuals that have had problematic bleeding or side effects with other progestogen-only contraceptives, preventing unwanted pregnancies is cost effective in the overall system finances. The DRSP POP will not replace any current contraceptive options but will provide an additional contraceptive option. If used perfectly POPs may be more than 99% effective at preventing pregnancy. However, as with other user-dependent contraceptives, if pills are not taken correctly, contraceptive effectiveness will be reduced. DSG POP with its 12-hour missed pill rule, is considered the first-line	GREY classification agreed	Update website

			POP[2]. DRSP POP has a 24-hour missed pill rule which has the potential to improve compliance with pill taking. The DRSP POP is more expensive than the DSG POP, however contraception is a cost-effective intervention when taking a whole system approach and the DRSP POP will be less expensive than abortion or antenatal care, and due to the longer 'missed pill' window there may be lower health consultations and provision of emergency contraception.		
	c. Optometry Service		There is a new optometry 'Triage and Treat' service soon to be procured which has a service specification listing medicines suitable for prescribing by independent prescriber (IP) optometrists for the following conditions: dry eye, blepharitis, episcleritis (simple or nodular), ocular allergy (acute allergic). The aim of this service is to improve access to eye care services by moving activity traditionally done in secondary care, into the community. This service is in addition to the Community Urgent Eyecare Service (CUES). JAPC reviewed the TLCs for the following eye preparations, to ensure clarity for prescribers within this service and the wider system. **<u>Steroid eye drops</u>** Different steroid eye drops have different levels of penetration of the cornea, the higher the level of steroid penetration into the cornea the higher the risk of raising intra-ocular pressure and therefore decision on what steroid preparation to use is dependent on other risk factors a patient may have for glaucoma.	TLC amendments agreed as listed	Update website

			• Loteprednol etabonate eye drops 0.5% (Lotemax) – Currently only licensed for treatment of post-operative inflammation following ocular surgery however widespread off label use already occurring and in line with College of Optometrist guidance for dry eye, blepharitis, episcleritis (simple or nodular), and contact lens associated papillary conjunctivitis. Currently RED TLC for licensed indication. Agreed for RED classification to remain and update wording to 'prescribing within secondary care or specialist community optometry services'. Agreed to remove wording re requirement to be used for post op inflammation only. • Hydrocortisone (Softacort) and Ciclosporin (Ikervis) eye drops – current traffic light GREY specialist initiation. Agreed to amend both to GREY specialist initiation (by secondary care or specialist community optometry services). These will not be used in the service often due to cost and clinical exceptionality. • Fluoromethalone (FML) – not currently classified. Agreed to classify as GREY specialist initiation (by secondary care or specialist community optometry services). This is a commonly used steroid eye drop within optometry services due to lower penetration of the cornea compared to current formulary options of prednisolone and betamethasone. Indications include treatment of inflammation of the ocular surface, such as conjunctivitis (viral, non-herpetic), pinguecula (inflammation), pterygium (inflammation), episcleritis, and dry eye disease. • Dexamethasone 0.1% eye drops (Maxidex) - not currently classified. Agreed GREEN traffic light		

			classification. This is a commonly used steroid eye drop within optometry services due to lower penetration of the cornea compared to current formulary options of prednisolone and betamethasone.		
9	Clinical Guidelines a. OPAT	Emily Khatib	The OPAT Pathway for Primary Care guidance has been reviewed with updates as follows: • Clarification of prescribing responsibility and dispensing arrangement • Formulary - Diluent included in antibiotic formulary table - Teicoplanin renal dose changed to use CrCl instead of eGFR (as per SPC and CRH) - Benzylpenicillin/ flucloxacillin added as options following microbiologist advice - Respiratory pseudomonas dosing updated as per CRH microbiology pharmacist. - Piperacilin/tazobactam dose updated - Ceftazidime 2g TDS (remove BD) • Rapid Response team name changed to community OPAT Team • Exclusion criteria - Remove post-operative infection - Move pregnancy to 'special circumstances'- discuss with microbiologist • CRHFT ambulatory care ward name changed to same day emergency care unit (SDEC) • Contact details updated • Appendix 2 - updated referral form There is work already underway to further improve the service. If this results in a need to change the guideline this will be incorporated at a later stage.	Guidance approved	Publish on website

	b. Personalised Care	Emily Khatib	Following a System Quality & Performance Committee meeting a request was made to include guidance around personalised approaches (shared decision making, supported self-management etc) into guidelines and policies. The Transformation Lead for Personalisation and Quality Conversations across Derby and Derbyshire reviewed the website and provided suggested changes. All website wording has been assessed by the health literacy team. None of the content has been removed and all the information is the same, just reworded to improve readability or further detail has been added regarding personalised care. Personalised care simply means that people have more control and choice when it comes to the way their care is planned and delivered, considering their individual needs, preferences and circumstances. Shared decision-making means people are supported to: • understand the care, treatment and support options available and the risks, benefits and consequences of those options • decide on a preferred course of action, based on evidence based, good quality information and their personal preferences. Wording has been created for inclusion at the beginning section of all guidelines (to be added as per the current review schedule) to support clinicians to embed personalised care within their clinical practice.	Update website as per agreed changes	Update website

			Concerns were raised with the suggested wording for the Deprescribing page of the website. Amendments to this were discussed and agreed.		
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 Key Messages Feb 2025	Alex Statham	**Traffic light amendments:** - Morphine sulfate oral solution (10mg/5ml) classified GREEN. Was previously not on website, added to facilitate message that Oramorph is preferred brand - Budesonide TLC page has been updated to include the specific preparations that have the GREY Specialist initiation classification. These are budesonide GR 3mg capsules (Budenofalk), budesonide 3mg CR capsules, budesonide 9mg MR tablets (Cortiment) **Formulary Chapter Updates** **Chapter 1 (GI):** Addition of Shortage of Pancreatic Enzyme Replacement Therapy (PERT) – Primary care guidance to relevant resources. Acidex suspension is now 1st line alginate. Information included regarding interchangeability of Peptac & Acidex. Information added regarding Colpermin MR caps being available OTC & cost-effectiveness for prescribing. Information regarding ranitidine removed & updated as no longer available. Clarification regarding when a PPI is required. Salazopyrin brand removed due to discontinuation. Information included regarding budesonide oro-dispersible traffic light classification. Information included to remind prescribers	Noted	

			that oral methotrexate should be prescribed using 2.5mg tablets. Links included for self-care resources. Information & links provided for information regarding the abuse of laxatives. Clarification regarding the use of diltiazem for anal fissures. Link to SPS availability guidance for PERT. **Chapter 2 (CVD):** Links to NICE guidelines updated. Inclusion of link to NHS community pharmacy hypertension case-finding advanced service. Updated guidance regarding the use of indapamide to reflect traffic light changes. Inclusion of link to SPS monitoring for loop diuretics. Inclusion of eplerenone & traffic light status. Clarification for spironolactone indications & cost-effective options. Inclusion of co-amilofruse as a cost-effective option for patients taking both amiloride & furosemide. Information regarding potassium-sparing diuretics with other diuretics & MHRA alert for hydrochlorothiazide. Inclusion of MHRA alert relating to dronedarone. Update to dapagliflozin & empagliflozin traffic light status. Information regarding 8-week expiry for GTN tablets. Slozem and Securon/Half Securon added as the most cost-effective options for diltiazem and verapamil. Inclusion of nifedipine MR use for Raynaud's being off label. Update to preferred choices for DOAC's. Additional information regarding interactions of apixaban & dabigatran included. MHRA alert for warfarin and calciphylaxis clarified. Ticagrelor traffic light classification updated. Inclusion of information for the use of dispersible aspirin. Simvastatin & pravastatin traffic light classification information updated. **Clinical guidelines (minor updates) & website changes** Acne Vulgaris management guideline update included the removal of the link to the JUCD Self-Care page as there is		

			currently no advice relating to acne. Link to NHS advice added in replacement. Link to the British Association of Dermatologists Isotretinoin Leaflet added. Additional safety advice added, "Person with childbearing potential- topical retinoids and oral tetracyclines are contraindicated during and when planning pregnancy AND they will need highly effective contraception or choose alternative treatment. Oral progesterone-only contraceptives not considered effective." Allergic Rhinitis prescribing guideline update included stronger emphasis on allergen avoidance and nasal irrigation at all stages of the treatment pathway. Fexofenadine added as an oral antihistamine option. Intranasal corticosteroid options were changed to 1st line mometasone and 2nd line fluticasone. The review interval after starting Ryaltris or Dymista was decreased from 6 to 3 months. Beclometasone and budesonide nasal sprays removed from the nasal steroid dose table due to high bioavailability. Wording added to clarify that there is no cure for allergic rhinitis and no surgical intervention may be indicated. Even if surgery is performed, this does not cure the condition, which would still need to be treated with long term topical steroids/antihistamines. Management of hypertension guidance was updated in line with recent JAPC decision to re-classify indapamide (standard-release) from GREY to GREEN. Indapamide added to Antihypertensive Drug Treatment Algorithm as first-line thiazide-like diuretic. Methotrexate shared care agreement amended to clarify that following a dose increase, the additional monitoring is undertaken in primary care as detailed in section Vii.		

			Updates to the shared care agreement for Buprenorphine tablets in Substance Misuse Services included, adding clarity in section 1 that DHCFT are providing initial maintenance therapy once SCA agreed. NICE clarified throughout document to NICE TA114. Removed RMOC shared care guidance link as no longer available, added in link to NICE TA114 and DoH guidance as referenced throughout SCA. Updates to the shared care agreement for Methadone Oral Solution in Substance Misuse Services included, adding clarity in section 1 that DHCFT are providing initial maintenance therapy once SCA agreed. "NICE" clarified throughout document to "NICE TA114". Methadone wording changed to clearly state methadone 1mg/ml oral solution and methadone 1mg/ml sugar-free oral solution so clear throughout SCA that there are two preparations. Include statement section 4.iii. that they are no pharmaceutical differences between preparations. Removed RMOC shared care guidance link as no longer available, added in link to NICE TA114 and DoH guidance as referenced throughout SCA. Updates to the shared care agreement for Naltrexone for Opioid Relapse Prevention in Substance Misuse Services include clarity in section 1 that DHCFT are providing initial maintenance therapy once SCA agreed. In Section 4.xi. statement added around management of shortages. “If there is a shortage of supply from the pharmacies the contingency plan should be to contact the keyworker from DRP who will give further psycho-social support where needed. Keyworker to also notify the Addiction Consultant.” Removed RMOC shared care guidance link		

			as no longer available, added in link to NICE and DoH guidance as referenced throughout SCA. There was an amendment to advice in the Emergency Contraception (EC) guideline regarding breastfeeding and ulipristal. The Faculty of Sexual & Reproductive Health have produced a statement to say that breastfeeding can be continued when ulipristal is taken for EC. Previously women were advised to stop breastfeeding for a week. The reference list was also updated.		
FOR INFORMATION AND REPORT BY EXCEPTION					
14	a. MHRA Drug Safety Update February 2025	Chair	Noted		
15	Horizon Scan a. Monthly Horizon Scan January 2025	Emily Khatib	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:** Bevacizumab biosimilar (*Abevmy*) 100mg in 4mL and 400mg in 16mL vials. Classify as **RED** for TA666	Traffic light classification agreed	Update on website
16	NICE Template February 2025	Emily Khatib	Classify as per below in line with NICE TAs: **TA1033:** Ganaxolone for treating seizures caused by CDKL5 deficiency disorder in people 2 years and over. Classify **RED** **TA1036:** Elacestrant for treating oestrogen receptor-positive HER2-negative advanced breast cancer with an ESR1 mutation after endocrine treatment. Classify **RED**	Traffic light classifications agreed	Update on website

			TA1037: Pembrolizumab for adjuvant treatment of resected non-small-cell lung cancer. Classify **RED** **TA1038:** (Updates and replaces TA742) Selpercatinib for advanced thyroid cancer with RET alterations after treatment with a targeted cancer drug in people 12 years and over. Classify **RED** **TA1039:** Selpercatinib for advanced thyroid cancer with RET alterations untreated with a targeted cancer drug in people 12 years and over. Classify **RED** **TA1040:** (Updates and replaces TA762 terminated appraisal) Olaparib for treating BRCA mutation-positive HER2-negative advanced breast cancer after chemotherapy. Classify **RED** **TA1041:** Durvalumab with etoposide and either carboplatin or cisplatin for untreated extensive-stage small-cell lung cancer. Classify **RED** **TA1042:** (Updates and replaces TA760) Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer. Classify **RED** **TA1043:** (Updates and replaces TA761) Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection. Classify **RED** **TA1044**: Exagamglogene autotemcel for treating severe sickle cell disease in people 12 years and over. Classify **RED**		
17	MORAG		No update this month		

18	Minutes of other prescribing committees a. CRH D&T Minutes Jan 2025 b. Tameside IMOG Highlight Report Feb 2025 c. Stoke & Staffs ICB IMOG Minutes Dec 2024	Emily Khatib	Noted		
19	a. AOB		Kate Needham provided a verbal update for information that DCHS have published a Trust Policy for Free of Charge (FOC) Medicines Schemes. This policy is to ensure consistent, equitable and robust consideration of any FOC scheme that DCHS clinicians would like to be considered for use within DCHS, in line with the national guidance on FOC schemes. This includes the requirement for consideration of schemes within Derbyshire for system approval prior to use within DCHS by the Derbyshire JAPC.		

Date of Next meeting: Tuesday 8th April 2025