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DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 8th February 2022

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Memantine	GREEN after specialist/consultant initiation for newly diagnosed dementia patients. GREEN for patients with a Behavioural and Psychological Symptoms in Dementia (see separate guideline) GREEN as add on to an Acetylcholinesterase inhibitor in patients with **established Alzheimer's disease**. This can be started on specialist recommendation or by GP. Advice about the appropriateness of adding in memantine is available from the specialist if needed through advice & guidance request.
Abatacept monotherapy	RED For use as monotherapy for patients with Rheumatoid arthritis and interstitial lung disease, under local agreement.
Chloral Hydrate	RED for insomnia in patients with neuro-developmental disorder. GREY after consultant/specialist initiation: use in the management of intrusive movement and motor disorders in children and young people.
Choral Betaine	DNP – not currently available.
Mexiletine	RED (as per NICE TA748) NHSE commissioned
Liraglutide (Saxenda)	DNP (as per NICE TA749) NHSE commissioned
Olaparib	DNP (as per NICE TA750) NHSE commissioned
Dupilumab	RED (as per NICE TA751) NHSE commissioned
Belimumab	RED (as per NICE TA752) NHSE commissioned
Cenobamate	RED (as per NICE TA753) NHSE commissioned
Mogamulizumab	RED (as per NICE TA754) NHSE commissioned
Risdiplam	RED (as per NICE TA755) NHSE commissioned
Fedratinib	RED (as per NICE TA756) NHSE commissioned
Cabotegravir	RED (as per NICE TA757) NHSE commissioned
Solriamfetol	RED (as per NICE TA758) NHSE commissioned
Fostamatinib	DNP (as per NICE TA759) NHSE commissioned
Selpercatinib	RED (as per NICE TA760) NHSE commissioned
osimertinib	RED (as per NICE TA761) NHSE commissioned
Plus, all the monthly horizon scanned drugs, in section 10 page 10-11.	

Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Dapagliflozin/ empagliflozin/ canagliflozin	GREEN consultant/specialist initiation, as per NG28 (previously as per NICE NG203) Type 2 Diabetes with CKD
Leuprorelin & Triptorelin	GREEN consultant/specialist initiation. Clarification that for metastatic prostate cancer a 3monthly LHRH injection will be

	issued to the patient to take to GP for administration as per locally agreed pathway.
Aqueous cream	GREY, no longer recommended as an emollient, but may be considered as a soap substitute.

Clinical Guidelines
Atrial Fibrillation
Medication and Prescribing in the Management of Dementia in Primary Care
Dual Antiplatelets in ACS – updated
Infant Feeding
Chloral hydrate position statement

Present:	
Derby and Derbyshire CCG	
Dr R Gooch	GP (Chair)
Mr S Dhadli	Assistant Director of Clinical Policies and Decisions (Professional Secretary)
Mr S Hulme	Director of Medicines Management and Clinical Policies
Mrs K Needham	Assistant Director of Medicine Optimisation and Delivery
Mrs S Qureshi	Head of Medicines Management, Clinical Policies and High Cost Interventions
Dr H Hill	GP
Dr A Mott	GP
Ms A Reddish	Clinical Quality Manager
Derby City Council	
Derbyshire County Council	
University Hospitals of Derby and Burton NHS Foundation Trust	
Dr W Goddard	Chair – Drugs and Therapeutic Committee
Ms E Kirk	Lead Pharmacist – High-Cost Drugs and Commissioning
Mr M Prior	Deputy Chief Pharmacist
Derbyshire Healthcare NHS Foundation Trust	
Mr S Jones	Chief Pharmacist
Chesterfield Royal Hospital NHS Foundation Trust	
Ms A Brailey	Chief Pharmacist
Derbyshire Community Health Services NHS Foundation Trust	
Ms A Braithwaite	Chief Pharmacist
Ms J Shaw	Principal Pharmacist
Derby and Derbyshire Local Medical Committee	
Derbyshire Health United	
Staffordshire and Stoke-on-Trent CCG's	

Mr K Claire	Medicines Optimisation Pharmacist
In Attendance:	
Mr A Brownlee	Chief Pharmacy Technician (Interface)
Ms L McKean	Senior Pharmacy Technician, High-Cost Interventions, DDCCG
Mr F Rahman	Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager, DDCCG
Mrs S Greenwell	Senior Administrator, DDCCG (minutes)

Item		Action
1.	**APOLOGIES**	
	Dr Ruth Dils, Susan Bamford, Dr Broadhurst **NOTE:** Anna Br Braithwaite left the meeting at 2pm. Esther Kirk & Julia Shaw left the meeting at 3pm.	
2.	**DECLARATIONS OF CONFLICTS OF INTEREST**	
	Mr Dhadli mentioned a possible conflict of interest with the GPs and AF guidance in relation to NOACs and Warfarin. Warfarin being under a primary care enhanced service but viewed this as manageable with no action required. 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 in relation to this agenda, in addition to the existing register of interests.	
3.	**DECLARATIONS OF ANY OTHER BUSINESS**	
	There were no declarations of any other business.	
4.	**JAPC ACTION SUMMARY**	
a.	**Cannabis based medicine (Sativex)** Still awaiting Cannabis shared care agreement from University hospital of Derby and Burton (UHDB)	
b.	**Mycophenolate** Mr Dhadli reported that this is now on hold until the RMOC shared care guidance has been released.	
c.	**Atrial Fibrillation** To be discussed in further detail in the meeting.	
d.	**Inclisiran** Mr Dhadli advised that this will be reviewed in 12 months after Secondary Care have experience of using this.	
e.	**Dapagliflozin Type 1 diabetes** Mr Dhadli reported that this is an action taken from Guideline Group regarding licensing. Remove from JAPC action summary.	

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5.	**CLINICAL GUIDELINES**	
a.	**Atrial Fibrillation** Mr Dhadli highlighted that the JAPC AF guidance has been updated to be in line with NICE NG196 Atrial Fibrillation (April 2021). Following a discussion from a previous JAPC meeting in May 2021, there were two key recommendations from NICE guidance 1. Adoption of ORBIT as a bleeding risk assessment tool– this was deferred because ORBIT wasn't available on GP clinical systems at the time of NICE publication. 2. To consider the use of NOAC/DOAC in preference to Warfarin At the time of NICE publication, the GP clinical systems had not been updated with ORBIT but there are systems within GP IT software that allows access to the ORBIT assessment tool, Therefore the AF guidance was deferred pending instillation of ORBIT to the GP clinical systems. Mr Dhadli informed the committee of the background surrounding the ORBIT risk assessment tool and how is it assessed by NICE guidance. The ORBIT tool was developed in 2015 by O'Brien et al. ORBIT is derived in a patient population from the Outcome Registry for Better Informed Treatment of Atrial Fibrillation (ORBIT-AF), which is a prospective registry of 10,132 patients. Orbit does not take into account the type of anticoagulant or the time in therapeutic range; but is more accurate at predicting absolute bleeding risk compare to other tools and has been validated with data from ROCKET-AF study. The NICE rationale for recommendation suggests that ORBIT is better calibrated at all levels of major bleeding risk and is also better at predicting absolute risk of intracranial haemorrhage. Mr Dhadli informed the committee that NICE recommends NOACS are used first line over warfarin, unless specifically contraindicated, not tolerated or not suitable in people with AF. Evidence from an analysis of several studies showed that NOACs are more effective than warfarin for a number of outcomes. An economic model also showed that they offered a better balance of benefits to costs than warfarin. The local AF guidance has been updated throughout to recommend using ORBIT (when available in clinical systems) for bleeding risk assessment, and NOAC as first line choice anticoagulant. Further Mr Dhadli informed the committee that there has been a national procurement for NOACs, and this has been noted through other groups within Derby & Derbyshire CCG. The prices are commercially confidential, but it is widely noted that edoxaban is the most cost-effective choice. Throughout the AF guidance edoxaban has been listed as the NOAC of choice followed by rivaroxaban, apixaban and dabigatran. DDCCG have signed up to the national rebate for NOACs. Because NOAC's will be used as preferred first line treatment choice, there is a significant increase in drug cost. However non-drug costs have decreased	

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Item		Action
	through reduction of anticoagulation clinics. Mrs Needham mentioned there is a MM detailing aid document which references the JAPC NOAC position statement and is recently out of date. **Action:** Remove the NOAC position statement from the Derbyshire Medicines Management website. **Agreed:** JAPC ratified the update to AF guideline. The committee agreed to go ahead with the recommendation of Edoxaban 1st line followed by Rivaroxaban, Apixaban and Dabigatran. Warfarin to continue with a **GREEN** classification as an alternative for Atrial Fibrillation.	**SD** **SD/SQ**
b.	**Dementia** Mr Dhadli reported that the Dementia guidance has been updated by the Derbyshire Healthcare NHS Foundation Trust. The guidance was distributed to various consultees for comments. The new guidance has been updated to be in line with NICE NG97 (2018). The main change to the guidance is the traffic light classification for memantine which now includes GREEN after specialist/consultant initiation for newly diagnosed patients, GREEN for patients with Behavioural and Psychological Symptoms in Dementia and the new additional indication of GREEN as an add on to an AChE inhibitor in patients with established Alzheimer's disease. Following a query about addition of memantine by GPs, Mr Jones added that memantine is a subsequent treatment for a patient that is already being treated/diagnosed, which can be added by GPs. The parallel guideline on managing behavioural and psychiatric disturbances within dementia will help to give guidance on specific symptoms as they emerge. Guidance for GPs about the use of memantine is available from specialists as well. **Agreed:** JAPC ratified the dementia guideline. The committee agreed to go ahead with the recommended traffic light indication for memantine as: • GREEN after specialist/consultant initiation for newly diagnosed dementia patients • GREEN for patients with a Behavioural and Psychological Symptoms in Dementia (see separate guideline) or as add on to an Acetylcholinesterase inhibitor in patients with established Alzheimer's disease.	**SD**
c.	**Dual Antiplatelets Acute Coronary Syndrome (ACS)** Mr Dhadli reported that previously there were three dual antiplatelet treatment guidelines (STEMI PCI North/South; NSTEMI). These guidelines have now been replaced by one ACS dual antiplatelet guidance. The guideline was sent to various specialists for comments. The specialists have confirmed that they are happy with the amended guidance. NICE NG185 guidance supersedes all previous CGs. Changes relevant for primary care include: • For patients undergoing PCI (STEMI & NSTEMI) - prasugrel is recommended for 12 months as dual antiplatelet treatment with lifelong aspirin	

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	• For the medical management of patients (STEMI & NSTEMI) – ticagrelor is recommended for 12 months as dual antiplatelet treatment with lifelong aspirin. • For patients on existing anticoagulants (STEMI & NSTEMI) - Clopidogrel is recommended for 12 months ± aspirin **Agreed:** Guidance ratified for 3 years and replaces the current 3 separate guidelines.	**SD**
d.	**Infant feeding** Mr Dhadli reported this was a review of an existing infant feeding guideline. The guidance was distributed to Paediatric Consultants/Dietitians at UHDBFT, CRHFT & DCHSFT for comments. This guidance has been updated to be in line with milk allergy in primary care guidance (iMAP), 2019 and two main concerns of the guidance were presented to JAPC: 1. The over diagnoses of cow's milk allergy and this is due to failure of patients not being re-challenged after a brief exclusion. 2. Negative effects on breastfeeding rates. The local guidance has been updated to reflect the iMAP guidance with extensive re-formatting for ease of reading. Home milk challenge to confirm diagnoses (non-IgE mediated) recommends a re-challenge of cow's milk after 2-4 weeks for infants with mild/moderate symptoms, to be done in primary care by GP's. Feedback from CRHFT and UHDBFT dieticians is that they would expect GPs to do the re-challenge and to only refer confirmed cases. Naturally reacquired tolerance to milk protein, for infants with confirmed non-IgE CMA are rechallenged from 9 months onwards (previously 12 months). All changes are reflected in the guideline. A discussion took place regarding the rechallenge, as members were not certain the rechallenge actually happened. It was agreed to inform GPs via the prescribing lead forum of the guideline changes to help with the challenges. **Agreed:** JAPC approved the Infant feeding guidelineand agreed to inform GPs via the Prescribing leads forum of changes.	**SD**
7.	**MISCELLANEOUS**	
a.	**Abatacept Monotherapy** Mrs Qureshi presented a request for the use of abatacept monotherapy with patients who have rheumatoid arthritis (RA) and interstitial lung disease (ILD). Currently the CCG commission abatacept for rheumatoid arthritis but only in combination with methotrexate as per the NICE technology appraisals. Mrs Qureshi reported that the paper was brought to JAPC to revisit the decision about the use of abatacept monotherapy because the IFR team have received requests for the use as monotherapy for patients diagnosed with RA and ILD. Methotrexate induces lung disease and can worsen pre-existing patients with RA and ILD.	

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	Interstitial lung disease effects 10-30% of patients with RA and is generally associated with more severe disease and requires multiple specialities to input management. For this cohort of patients, the biological options are limited due to the co-morbidity of the treatment. The British Society of Rheumatology recommend either rituximab or abatacept as 1st line biologic for patients that have this condition however, rituximab is associated with more severe COVID-19 and clinicians are avoiding use of rituximab for this reason. Rituximab also necessities a clinic to receive the infusion, whereas abatacept can be self-administered. Trials have been conducted to determine the clinical effectiveness of the abatacept in patients who have RA and ILD. • Spanish multicentre study demonstrates that abatacept is effective in RA which is associated with ILD. Patients were prescribed Abatacept with or without a DMARD. One of the DMARD was methotrexate. • Tsurumai Biologics Communications Registry study compared Abatacept monotherapy in patients with RA verses patients with RA and ILD. The findings were similar for the safety, treatment effects and continuation rates of Abatacept among patients with RA with or without ILD. There is no cost effectiveness analysis for abatacept monotherapy but in terms of comparable costs of other biologics per year they are comparable. Proposal is to allow the use of abatacept monotherapy for this cohort of patients who have RA and ILD, and for the treatment to go through an appropriate MDT and then presented at DTC where a CCG rep will be present. It is proposed to use Blueteq prior approval forms to monitor the use of Abatacept. **Action:** Update the RA guidance and bring back to a future JAPC to inform the committee where the local agreement is located. **Agreed:** JAPC support the use of abatacept monotherapy for patients with severe RA and ILD.	**SD/SQ** **SD**
b.	**<u>Chloral Hydrate</u>** Mr Dhadli reported that Paediatric consultants at UHDBFT & CRHFT along with the DHCFT and specifically the neurology department were contacted regarding the MHRA advice on Chlorate hydrate and Chloral betaine with its restricted use in paediatric patients. It is only recommended for short term treatment of insomnia that is interfering with normal daily life and when other therapies have failed. The use of these medicines is not generally recommended and should be under the supervision of a specialist. The NPPG produced a position statement following the MHRA report, this recognises an off label use of Chloral hydrate in children and young adults with movement and motor disorders. New Chloral hydrate guidance has been produced to reflect the NPPG position statement with the following recommendations: 1. Use for insomnia in patients with neurodevelopmental disorders, to be reviewed by a specialist and should not be stopped abruptly. Traffic light classification set as RED.	

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	2. Use in the management of intrusive movement and motor disorders in children and young people. Traffic light classification set as GREY after consultant/specialist initiation. 3. Cloral Betaine - DNP given it is not being recommended or used locally **Agreed:** JAPC approved the position statement and the traffic light recommendations for choral hydrate and cloral betaine.	**SD**
c.	**Horizon Scan for 2022-23** Mrs Qureshi advised JAPC of the new drug lunches in Primary and Secondary care for 2022/23. Two papers had been included which categorised the drugs for primary care prescribing and secondary care CCG commissioned drugs. **Summary** Potential high risk for primary care 1. Acute migraine 2. Empagliflozin 3. Management of endometriosis associated pain in adult women Cost neutral or cost saving drugs 1. Daridorexant 2. Netilmicin 3. Adrenaline – intranasal 4. Cenobamate Potential high risk for CCG/ICB commissioned HCD 1. Aducanumab 2. Tanezumab 3. Barcitinib for severe alopecia areata Potentially cost saving 4. Ranibizumab implant 5. Ranibizumab biosimilars **Action:** Share 2022-23 Horizon Scan with the wider medicines management team	**SQ**
d.	**Prescribing Specification 2022-23** Mr Dhadli highlighted that the Prescribing Spec had been updated with comments from members. Main inclusion were the block arrangements for high-cost drugs, free of charge scheme, use of two biologics for a patient and not entering into local rebates where a national rebate is recommended. The key therapeutic topics and PINCER indicators were removed from the spec. JAPC ratified the Prescribing specification for 2022/23.	
e.	**Shared Care Principles** The Derbyshire Enhanced Service Review Group had asked JAPC to revisit its shared care principles on the back of the publication of the RMOC shared care principles. This proposal was discussed at the December 2021 virtual	

Item		Action
	meeting and it was decided to collate JAPC member comments on the proposal from the Derbyshire ESRG. A summary of responses from all providers including GPs were presented. A discussion took place about the responses from JAPC members. Most members agreed with the current arrangements of only replying back to a specialist if not accepting a Shared Care Agreement (SCA). Members considered there would be more risks for patients if the SCA were to move to a new way of working, as the current model is ingrained in GPs work plan. Further members were conscious that adopting RMOC stance would put pressure on GPs to reply in a timely manner, with the burden moving on specialists to continue prescribing until a formal reply was received. Some of the provider trusts do not have clinical decision support tools, which would be a significant limiting factor for following up these patients. No incidents of patients being lost in the current system were highlighted to JAPC. Mr Dhadli mentioned that a full review with the RMOC template and a cross reference against the current shared care principles was conducted, along with an analysis of best practice and as the shared cares are being updated, RMOC categories are being included in the shared care templates. **Action:** To respond to The Derbyshire Enhance Service Review Group. Current shared agreement process remains unchanged **Agreed:** The committee agreed that there would be a higher risk to change the current process and to continue with current practice.	**SD** **SD**
f.	**<u>Specialised Circulars</u>** Mr Dhadli advised that the specialised circulars has been tabled for information and are available upon request.	
8.	**GUIDELINE GROUP ACTION TRACKER**	
	The summary of key messages from the Derbyshire Medicines Management Shared Care and Guideline Group meeting held in December 2021 and January 2022 was noted. Mr Dhadli highlighted the following: **December 2021** Traffic Lights: • Dapagliflozin/ empagliflozin/ canagliflozin – Classified as GREEN, updated as NG28 and removal of the AC 30mg/mmol Covid-19 Therapeutic Alert • Inhaled Budesonide - Withdrawn and is no longer considered a treatment for COVID-19 **January 2022** Traffic Lights: • Leuprorelin & Triptorelin – classified as GREEN, the pathway has been updated for the patient to receive a 3-monthly injection from secondary care • Aqueous cream – classified as GREY, no longer recommended as an	

Item		Action
	emollient Formulary update – GI: • Salamol as preferred choice of salbutamol MDI due to lower carbon footprint • Luforbec MDI replaces Fostair MDI as cost effective choice Clinical guidelines (minor updates): • Lipid (non-FH) guideline – statin interaction table updated to include advice on oral miconazole	
9.	**BIOSIMILAR REPORT**	
	Mr Dhadli advised that the biosimilar report has been tabled for information.	
10.	**HORIZON SCAN**	
a.	**Monthly Horizon Scan – January & February 2022** Mr Dhadli advised JAPC of the following new drug launches, new drug formulations, licence extensions and drug discontinuations: • • Risankizumab – DNP CCG commissioned • Eptinezumab - DNP CCG commissioned • Deucravacitinib- DNP CCG commissioned • Spesolimab - DNP CCG commissioned • Linzagolix - DNP CCG commissioned • Vedolizumab - DNP CCG commissioned • Ravulizumab - DNP CCG commissioned • Risankizumab - DNP CCG commissioned • Upadacitinib - DNP CCG commissioned • Somapacitan - DNP CCG commissioned • Abatacept – RED NHSE commissioned • Rituximab - RED NHSE commissioned • Venetoclax (with Azacitidine) - RED NHSE commissioned • Pembrolizumab - RED NHSE commissioned • Asciminib - RED NHSE commissioned • Tucatinib - RED NHSE commissioned • Amivantamab - RED NHSE commissioned • Tagraxofusp - RED NHSE commissioned • Avacopan - RED • Casirivimab + imdevimab (Ronapreve) - RED • Glucarpidase - RED NHSE commissioned • Inebilizumab - RED NHSE commissioned • Lonapegsomatropin - RED NHSE commissioned • Regdanvimab - RED NHSE commissioned • Tecovirimat - RED NHSE commissioned • Ganaxolone - RED NHSE commissioned • Loncastuximab tesirine - RED NHSE commissioned • Mosunetuzumab - RED NHSE commissioned • Olipudase alfa - RED NHSE commissioned • Sutimlimab - RED NHSE commissioned	

Item		Action
	• Tabelecleucel - RED NHSE commissioned • Vadadustat – RED CCG commissioned • Tucatinib - RED NHSE commissioned • Nirmatrelvir + ritonavir (Paxlovid) - RED • Anifrolumab - RED NHSE commissioned • Enfortumab vedotin - RED NHSE commissioned • Somatrogon - RED NHSE commissioned • Tegafur + gimeracil + oteracil (Teysuno) - RED NHSE commissioned • Voxelotor - RED NHSE commissioned • Fosdenopterin - RED NHSE commissioned • Lumasiran - RED NHSE commissioned • Luspatercep - RED NHSE commissioned	
11.	**NICE SUMMARY**	
	Mrs Qureshi informed JAPC of the comments for the CCG which had been made for the following NICE guidance: **December 2021:** TA749 Liraglutide for managing obesity in people aged 12 to 17 years (terminated appraisal) – classified as **DNP** TA753 Cenobamate for treating focal onset seizures in epilepsy (NHSE and CCG commissioned) – classified as **RED** TA748 Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders – classified as **RED** TA750 Olaparib for maintenance treatment of BRCA mutation-positive metastatic pancreatic cancer after platinum-based chemotherapy (terminated appraisal) – classified as **DNP** TA751 Dupilumab for treating severe asthma with type 2 inflammation – classified as **RED** TA752 Belimumab for treating active autoantibody-positive systemic lupus erythematosus – classified as **RED** TA754 Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome – classified as **RED** TA755 Risdiplam for treating spinal muscular atrophy – classified as **RED** TA756 Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis – classified as **RED** **January 2022:** TA758 Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy – classified as **RED**	

Item		Action
	TA599 Sodium zirconium cyclosilicate for treating hyperkalaemia – classified as **RED** NG81 Glaucoma diagnosis and management – CPD to update local guidance. TA757 Cabotegravir with rilpivirine for treating HIV-1 – classified as **RED** TA759 Fostamatinib for treating refractory chronic immune thrombocytopenia – classified as **DNP** TA760 Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer – classified as **RED** TA761 Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection – classified as **RED**	
12.	**JAPC Bulletin**	
	The December 2021 bulletin was ratified. • All three SCA have been updated with minor amendments to include new sections – local arrangements for referral and pregnancy and breastfeeding. • Moderate Rheumatoid Arthritis commissioning algorithm – (secondary care excluded from tariff) – updated to include recently NICE approved biologic – Upadacitinib (NICE TA744) for treating moderate rheumatoid arthritis. • The dose for oral iron has updated to one tablet per day, taken on an empty stomach, as per British Society of Gastroenterology guidelines for the management of iron deficiency anaemia in adults (Sept 2021). • Dapagliflozin - withdrawal of NICE guidance for type 1 diabetes • Green inhaler choices flowchart: New resource added to respiratory chapter under relevant resources • Paracetamol dose reduction • Private prescribing: 'Prescribing in primary care' document updated to clarify advice on private prescribing.	**SD**
13.	**MHRA DRUG SAFETY UPDATE**	
	The MHRA Drug Safety Alert for **December 2021** was noted. • Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium • Venetoclax (Venclyxto): updated recommendations on tumour lysis syndrome (TLS) • Dapagliflozin (Forxiga): no longer authorised for treatment of type 1 diabetes mellitus • COVID-19 vaccines and medicines: updates for December 2021 The MHRA Drug Safety Alert for **January 2022** was noted. • Brolucizumab (Beovu): risk of intraocular inflammation and retinal vascular occlusion increased with short dosing intervals • Paclitaxel formulations (conventional and nab-paclitaxel): caution required due to potential for medication error	

Item		Action
	• COVID-19 vaccines and medicines: updates for January 2022	
14.	**MINUTES OF OTHER PRESCRIBING GROUPS**	
a.	• UHDBFT Drugs and Therapeutics Group • Medication Optimisation Safety Team	
15.	**TRAFFIC LIGHTS – ANY CHANGES?**	
	Classifications: • Memantine – ○ GREEN after specialist/consultant initiation for newly diagnosed dementia patients. ○ GREEN for patients with a Behavioural and Psychological Symptoms in Dementia (see separate guideline) ○ GREEN as add on to an Acetylcholinesterase inhibitor in patients with established Alzheimer's disease. This can be started on specialist recommendation or by GP. Advice about the appropriateness of adding in memantine is available from the specialist if needed through advice & guidance request. • Abatacept - RED for use as monotherapy for patients with Rheumatoid arthritis and interstitial lung disease, under local agreement • Chloral Hydrate - RED for insomnia in patients with neuro-developmental disorder. GREY after consultant/specialist initiation: use in the management of intrusive movement and motor disorders in children and young people • Chloral Betaine - DNP – not currently available • Mexiletine - RED (as per NICE TA748) NHSE commissioned • Liraglutide (Saxenda) - DNP (as per NICE TA749) NHSE commissioned • Olaparib - DNP (as per NICE TA750) NHSE commissioned • Dupilumab - RED (as per NICE TA751) NHSE commissioned • Belimumab - RED (as per NICE TA752) NHSE commissioned • Cenobamate - RED (as per NICE TA753) NHSE commissioned • Mogamulizumab - RED (as per NICE TA754) NHSE commissioned • Risdiplam - RED (as per NICE TA755) NHSE commissioned • Fedratinib - RED (as per NICE TA756) NHSE commissioned • Cabotegravir - RED (as per NICE TA757) NHSE commissioned • Solriamfetol - RED (as per NICE TA758) NHSE commissioned • Fostamatinib - DNP (as per NICE TA759) NHSE commissioned • Selpercatinib - RED (as per NICE TA760) NHSE commissioned • Osimertinib - RED (as per NICE TA761) NHSE commissioned Plus, all the monthly horizon scanned drugs, in section 10 page 10-11.	
16.	**ANY OTHER BUSINESS**	
a.	There were no items of any other business.	
17.	**DATE OF NEXT MEETING**	
	Tuesday, 8th March 2022, papers are to be circulated and agreed virtually as per JAPC interim Terms of Reference, which is effective during the COVID-19 pandemic.	