Derbyshire Joint Area Prescribing Committee Annual Report

April 2014 - March 2015

www.derbyshiremedicinesmanagement.nhs.uk

Promoting Cost-effective Prescribing

June 2015

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Foreword

Welcome to the Derbyshire Joint Area Prescribing Committee (JAPC) Annual Report for 2014/15.

You will see from the following pages that our work continues, and indeed that the number of decisions taken and guidelines reviewed or developed has increased significantly from previous years. This volume of work is only possible due to the smooth organisation of JAPC's activity, and the constructive contributions of members. Whilst JAPC has no specific resource to allocate, the decisions we make are respected and adhered to because there is confidence in this process from the Derbyshire CCGs and the providers they commission healthcare from.

I am grateful for the commitment of all organisations, who continue to recognise the value that JAPC offers. Working across all the major commissioners (CCGs and Public Health) and NHS providers (acute, mental health, and community including GPs) can be challenging but affords greater consistency in the system, and avoids some unnecessary duplication. This is particularly relevant since the most recent NHS reorganisation.

JAPC effectiveness relies on high levels of engagement and members that are well prepared, having read and carefully considered the papers presented; this is no easy task given the volume of work. Much of the work is handled by the supporting Guidelines Group, who do a great job interpreting national guidance for local use, and in engaging local Consultants and other clinicians wherever possible.

JAPC fulfils the need for transparent decision-making about medicines, enshrined in the NHS constitution. All decisions are published on the public-facing website we support – www.derbyshiremedicinesmanagement.nhs.uk. We have liaised with HealthWatch Derbyshire who engaged with JAPC via our meetings and determined that due to the specialist content and topics JAPC consider, they would not be part of the core membership. They continue to receive the agenda and papers in advance, for consultation and comment if they so wish.

During 2014/15 we formally determined to review new medical devices that come to the market which could be prescribed in primary care, and to review the place of any contentious devices if raised by members. This also led to review of the governance processes within our providers in relation to medical devices.

JAPC continues to develop and review the prescribing specification that is consistent in all NHS provider contracts in Derbyshire. For the 2015/16 specification this has seen the inclusion of an appendix to focus on supporting Medicines Optimisation between Provider Trusts and commissioners. Medicines optimisation ensures people obtain the best possible outcomes from their medicines and supporting the new role of the Medicines Safety Officer in NHS Trusts and CCGs will help minimise the risk of harm.

Looking ahead, perhaps the key development in the next year is the emergence of "biosimilars", and determining how we introduce them safely but effectively into our health economy. They offer real opportunity to reduce high-cost drug spend, and hence allow treatment for more people who would benefit from them. Working across our complex system, and learning from each other, is a real advantage with such new technologies and reinforces JAPC's function. New drugs and NICE Guidance/Guidelines will continue to be a priority for JAPC to consider and we anticipate specific drug technologies around diabetes and respiratory disease areas in the months ahead.

I am pleased as Chair of JAPC that its function is an integral part of the local health economy that supports Derbyshire's position and reputation as an area that has highly cost effective medicines use. For JAPC decisions to be effective, it requires these to be implemented and to be able to receive feedback from our commissioners and providers. I would like to recognise and thank the Medicines Management Teams, Prescribing Groups and Drugs and Therapeutics Committees for their work to enable this.

Finally, I would like to recognise the huge efforts of Slakahan Dhadli, JAPC Secretary, and his team in co-ordinating all our activity. It would not work effectively without you and your team.

Dr Andrew Mott
Chair, Derbyshire Joint Area Prescribing Committee

Introduction

The purpose of the committee

JAPC is an important strategic network with the responsibility for promoting cost-effective use of medicines and medical devices and supporting functional integration in healthcare delivery. Each of its stakeholder organisations/bodies will gain benefit from working in a co-ordinated manner.

Aims of JAPC

JAPC is a strategic committee with responsibility for promoting appropriate, safe, rational, and cost-effective use of medicines and medical devices in Derbyshire. JAPC has delegated decision-making responsibility for pharmaceutical governance on behalf of Integrated Governance for the four Clinical Commissioning Groups (CCG) within Derbyshire. Decisions will represent standards of good practice, and are normally expected to be implemented. JAPC has no delegated responsibility for resource allocation.

JAPC's key aims are:

1	To ensure high standards of pharmaceutical governance
2	To maintain an area drug formulary
3	To maintain the traffic light classification for prescribing responsibility
4	To develop local clinical guidelines and shared care guidelines for amber drugs
5	To advise on implementation of NICE guidance/guidelines that concern drug use
6	To advise on the commissioning and provision of new drugs and new indications
7	To review key clinical trials and advise on their implications

Membership

The JAPC serves the following participating organisations:

- NHS Southern Derbyshire CCG
- NHS North Derbyshire CCG
- NHS Hardwick CCG
- NHS Erewash CCG
- Derbyshire Community Health Services NHS Trust (DCHS)
- Chesterfield Royal Hospital NHS Foundation Trust (CRHFT)
- Derby Teaching Hospitals NHS Foundation Trust (DTHFT)
- Derbyshire Healthcare NHS Foundation Trust (DHcFT)
- Public Health, City and County Councils

Membership of the committee comprises a wide variety of professional, clinical, commissioning, managerial, and organisational backgrounds.

Attendance Some members attended as deputies (*)

Name & title		Attendance
Southern Derbyshire CCG		
Dr A Mott ***(Chair)***	GP	12
Mr S Dhadli ***(Secretary)***	Specialist Commissioning Pharmacist	12
Mr S Hulme	Director of Medicines Management	12
Mrs Sadaf Qureshi	NICE audit Pharmacist	12
Dr I Tooley ***(until June 2014)***	GP	2
Dr M Watkins ***(from June 2014)***	GP	8
Mrs L Hunter	Assistant Chief Finance Officer	5
Mr D Harvey*	Finance Officer	1
North Derbyshire CCG		
Dr C Emslie	GP	10
Dr D Fitzsimons	GP	8
Mrs K Needham	Head of Medicines Management (& Hardwick CCG)	12
Ms J Town	Head of Finance Commissioning	3
Hardwick CCG		
Dr T Parkin	GP	10
Erewash CCG		
Dr M Henn	GP	6
Mrs H Murch*	Lead Pharmacist	2
Derby Teaching Hospitals NHS Foundation Trust		
Dr W Goddard	Drugs & Therapeutics Committee Chair	12
Mr C Newman	Chief Pharmacist	6
Chesterfield Royal Hospital		
Mr M Shepherd	Head of Medicines Management	10
Ms C Duffin – Pharmacist*	Pharmacist	2
Derbyshire Community Health Services		
Mr M Steward	Chief Pharmacist	11
Derbyshire Healthcare Foundation Trust		
Dr S Taylor	Drugs & Therapeutics Committee Chair	10
Ms S Bassi ***(Interim until March 2015)***	Chief Pharmacist	3
Derbyshire County Council		
Dr E Rutter	Public Health Consultant	1
Derby City Council		
Dr R Dewis	Consultant In Public Health Medicine	4
Healthwatch Derbyshire		
Dr C Shearer	Lay Representative	1
Mr D Bailey	Lay Representative	1

Throughout the year JAPC has achieved full quoracy, and therefore no meetings were cancelled.

Drugs classified under the Traffic Lights System (April 2014 – March 2015)

BLACK (29)	BROWN (33)	RED (58)	AMBER (2)	GREEN (31)	Unclassified (1)
Not recommended or commissioned	*Not recommended for use except in exceptional circumstances*	*Hospital/ specialist only*	*Shared care*	*Suitable for primary care*	*New formulations and new drug launches, not recommended for use at present.*
Aflibercept (as per TA307)	**Alogliptin and metformin (Vipdomet)**	**Adalimumab** (as per NICETA 329)	**Cinacalcet** (Reclassified from RED to AMBER)	**Acetazolamide** (after consultant initiation and stabilisation) (off-label for idiopathic intracranial hypertension)	**Canagliflozin*** (await update of local type 2 diabetes guideline)
Balance Activ Rx and other Vaginal PH correction products (e.g Balance Activ BV, Multi-Gyn ActiGel, Relactagel)	**Alprostadil - all formulations** (after specialist initiation as per SLS criteria)	**Afatinab** (as per NICE TA310)	**Vigabatrin** (for epilepsy in children - RDH) (remains RED for North Derbyshire)	**Alfuzosin** (3rd line alpha blocker choice for BPH)	
Blephaclean and similar related products	**Avanafil**	**Alemtuzumab** (as per NICE TA 312)		**Alogliptin**	
Calcium + Ergocalciferol (generic)	**Buccal midazolam** (Epistatus for adults) (after specialist initiation) (Reclassification from Amber to Brown)	**Aripiprazole (depot)**		**Buccal midazolam** (Buccolam for children and adults) (after specialist initiation) (Reclassification from Amber to Brown)	
Clonidine# (for hypertension and migraine) (Reclassified as per Black drug review)	**Canagliflozin*** (after specialist initiation as per NICE TA 315)	**Axitinib** (as per NICE TA 333)		**Clonidine#** (for Tourette's and menopausal symptoms) (Reclassified as per Black drug review)	
Co-Proxamol	**Colesevelam** (2nd line following gastro consultant initiation and assessment)	**Bedaquiline**		**Dabigatran** (2nd line following specialist initiation) (as per NICE TA 327)	
Dapagliflozin + Metformin (Xigduo)*	**Colestyramine** (after consultant /specialist initiation)	**Bortezomib** (as per NICE TA311)		**Diclofenac 3% (Solaraze)** (after consultant/ specialist initiation)	
Elastolabo Gel	**Dapagliflozin + metformin (Xigduo)*** (reclassified as per Black drug review)	**Brimonidine Gel**		**DuoResp Spiromax** (2nd line to Fostair for asthma and COPD)	
Idelalisib# (as per NICE TA 328)	**Debrisoft*** (second line after consultant/ specialist recommendation (re-classified from Red)	**Cabozantinib**		**Emerade**	
Imiquimod 3.75% (Zyclara)	**Desloratadine*** (Reclassified as per Black drug review)	**Dabrafenib** (as per NICE TA321)		**Epipen**	
Indacaterol & glycopyrronium inhaler (Ultibro)	**Doxazosin MR** (for patients not able to tolerate IR version)	**Daclatasvir**		**Exenatide*** (Reclassified from dual Amber/Green with specialist training to Green only)	
Insulin degludec + liraglutide (Xultophy)	**Esomeprazole*** (Reclassified as per Black drug review)	**Dapsone**		**Fluorouracil 5% (Efudix)**	

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Not recommended or commissioned	*Not recommended for use except in exceptional circumstances*	*Hospital/ specialist only*	*Shared care*	*Suitable for primary care*	*New formulations and new drug launches, not recommended for use at present.*
Levonorgestrel 13.5mg intrauterine device (Jaydess)* (Reclassification from Brown)	**Fentanyl IM** (after specialist palliative care initiation only)	**Daranuvir + cobicistat (Rezolsta)**		**Fluarix tetra (Fluarix Tetra (quadravalent vaccine)** (as per national immunisation programme for children aged 3 up to 18 years)	
Lubiprostone* (Chronic idiopathic constipation)	**Gliclazide MR**	**Darunavir (Prezista)**		**Fluorouracil 0.5% and salicyclic acid 10% (Actikerall)** (after consultant /specialist initiation)	
Olodaterol	**Levocetirizine*** (Reclassified as per Black drug review)	**Dasabuvir (Exviera)**		**Fluorouracil 5% (Efudix)** (1st line choice. After consultant/ specialist initiation)	
Otovent auto-inflation device	**Levonorgestrel 13.5mg intrauterine device (Jaydess)***	**Diazoxide**		**Fluticasone propionate nasal drops** (consultant/ specialist initiation)	
Perindopril arginine	**Linagliptin and metformin (Jentadueto)**	**Dimethyl fumarate** (as per NICE TA 320)		**Gliclazide**	
Permetrexed (as per NICE TA309)	**Metoclopramide** (on specialist initiation)	**Eculizumab** (NICE HST 1 (commissioned by NHS England)		**Levonorgestrel 13.5mg intrauterine device (Jaydess)*** (re-classified from Black)	
Regorafenib (as per NICE TA 334)	**Ondansetron** (specialist initiation)	**Elosulfase alfa** (NHS England)		**Linagliptin** (alternative 1st line gliptin for patients with renal and hepatic impairment)	
Silica gels/sheets*	**Perindopril erbumine** (on the advice of stroke physician)	**Enzalutamide** (as per NICE TA 316)		**Liraglutide*** (Reclassified from dual Amber/Green with specialist training to Green only)	
Sipuleucel –T (as per NICE TA 332)	**Pioglitazone*** (reclassified from Green, based on on-going safety concerns)	**Factor VIII and Von Willebrand factor**		**Lixisenatide*** (Reclassified from dual Amber/Green with specialist training to Green only)	
Tamsulosin + Solifenacin (Vesomni)	**Saxagliptin***	**Golimumab** (as per NICETA 329)		**Metformin**	
Travel Vaccines: Hepatitis B, Meningitis, Yellow Fever, Japanese B encephalitis, Tick borne encephalitis, Rabies	**Saxagliptin and metformin (Komboglyze)***	**Ibrutinib (Imbruvica)**		**Phosphate Binders*** (specialist initiation for DHFT) (re-classified from Amber)	
Umeclidinium/Vilanterol (Anoro)	**Silica gels/sheets*** (specialist recommendation from burns unit) (Reclassified as per Black drug review)	**Idelalisib#** (horizon scan)		**Pivmecillinam** (2nd line for lower UTIs)	
Ustekinumab (as per NICE TA 313, for the treatment of psoriatic arthritis)	**Silk Garments** (Specialist Initiation and following assessment of efficacy)	**Imatinib** (as per NICE TA 326)		**Pregabalin** (specialist initiation for GAD)	

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Not recommended or commissioned	*Not recommended for use except in exceptional circumstances*	*Hospital/ specialist only*	*Shared care*	*Suitable for primary care*	*New formulations and new drug launches, not recommended for use at present.*
Vedilizumab	**Sitaglitpin*** (reclassified from Green)	**Infliximab (Remicade, Remsima and Inflectra),** (as per NICETA 329)		**Rivaroxaban** (for VTE treatment in patients with substance misuse	
Virulite Light Therapy	**Sitaglitpin and metformin (Janumet)**	**Ipilimumab** (as per NICE TA 319)		**Saxagliptin***	
Yohimbine (for erectile dysfunction)	**Sucralfate** (after consultant /specialist recommendation	**Lenalidomide** (as per NICE TA 322)		**Sildenafil** (preferred drug choice to treat erectile dysfunction as per SLS criteria)	
	Tadalafil	**Linaclotide*** (reclassified from Black)		**Sitagliptin***	
	Tiotropium Respimat (specialist initiation following review of effectiveness for asthma)	**Lubiprostone*** (Re-classified from BLACK to RED as per NICE TA 318)		**Tiotropium Respimat*** (Reclassified from Brown)	
	Vardenafil	**Lurasidone**		**Vildagliptin***	
	Vildagliptin*	**Macitentan** (PBR excluded high cost drugs)			
	Vildagliptin and metformin (Eucreas)	**Mexiletine** (life-threatening ventricular arrhythmias)			
		Nintedanib (Vargatef)			
		Ombitasvir + paritaprevir + ritonavir (Viekirax)			
		Para-aminosalicylic acid (GranuPAS)			
		Pasireotide (but not routinely funded by NHS England)			
		Peginterferon beta-1a (Plegridy)			
		Pentosan Polysulfate			
		Pentoxifylline (for osteonecrosis of the jaw due to radiation therapy)			
		Pixantrone (NHS England)			
		Posaconazole (NHS England)			
		Promixin* (Reclassified as per Black drug review)			
		Ramucirumab (Cyramza)			
		Riociguat (PBR excluded high cost drugs)			
		Rituximab			

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Not recommended or commissioned	*Not recommended for use except in exceptional circumstances*	*Hospital/ specialist only*	*Shared care*	*Suitable for primary care*	*New formulations and new drug launches, not recommended for use at present.*
		(as per TA 308)			
		Simeprevir (NICE TA 331)			
		Simeprevir in combination with peginterferon alfa and ribavirin (as per NICE TA 331)			
		Simoctocog alfa			
		Sofosbuvir (as per NICE TA 330)			
		Sofosbuvir + daclatasvir/ledipasvir+/- ribivirin (Hepatitis C treatment- PBR excluded NHSE)			
		Sofosbuvir + ledipasvir (Harvoni)			
		Sorafenib (NHS England)			
		Sucralfate enema			
		Sucroferric oxyhydroxide (Velphoro)			
		Teduglutide			
		Tocilizumab (NHS England)			
		Triumeq			

- dual classification
* - traffic light reclassification

Medical Devices formerly classified to the traffic light system (April 2014 – March 2015)

BLACK	BROWN	RED	AMBER	GREEN
Not recommended or commissioned	*Not recommended for use except in exceptional circumstances*	*Hospital/specialist only*	*Shared care*	*Suitable for primary care*
Vibropulse (disposable covers)		**Debrisoft**		**Penile constrictor rings** (replacement rings for use with vacuum pumps) (specialist initiation)
		TheraBite Jaw Device		**TheraBite Bite Pads** (specialist initiation following head & neck cancer treatment only)
		Vacuum Pumps (Requires assessment of condition and training on use of device)		

Clinical guidelines ratified:

- Nebuliser guidelines for people with COPD (April 2014)
- Managing behaviour problems in patients with dementia (BPSD) policy -updated (May 2014)
- Cellulitis class II treatment pathway for CRH- updated (May 2014)
- Guidance on the management of Recurrent UTI's in adult females (non-pregnant women)- new (May 2014)
- Antimicrobial Treatment Guideline (June 2014)
- Diagnosis and Management of Lower Urinary-Tract Infections Guideline (June 2014)
- Management of Clostridium difficile Infection in Primary Care Guideline (June 2014)
- Use of Compression Hosiery in Primary Care Guideline (June 2014)
- Management of Type 2 Diabetes Guideline (June 2014)
- Infant Feeding Guideline (June 2014)
- Actinic Keratosis (August 2014)
- Antimicrobial Treatment (August 2014)
- Lower UTIs in Chronic Kidney Disease (August 2014)
- Atrial Fibrillation (September 2014)
- Rheumatoid Arthritis Commissioning Algorithm for Specialised Drugs (October 2014)
- Atrial Fibrillation (updated with advice from cardiologists) (November 2014)
- Clozapine (November 2014)
- Thiamine (November 2014)
- Compression Hosiery (December 2014)
- Oral Nutrition Supplementation (December 2014)
- Oxygen (December 2014)
- Amiodarone Monitoring Protocol (January 2015)
- Antimicrobial Treatment (January 2015)
- Management of recurrent UTIs in adult females – non pregnant (January 2015)
- Management of emergency contraception with ulipristal acetate (January 2015)
- Lipids Guideline (January 2015)
- Psoriasis Pathway/Dovobet Guidance (February 2015)
- Management of chronic rhinosinusitis with or without nasal polyps (March 2015)

Shared care agreements ratified:

- Drugs Used in the Management of ADHD in Adults and Children (joint shared care) (June 2014)
- Acamprosate and Disulfiram (August 2014)
- Low Molecular Weight Heparins (August 2014)
- Apomorphine (September 2014)
- Somatropin (September 2014)
- Somatostatin (November 2014)
- Phosphate binders reclassified from Amber to Green after consultant/specialist initiation (November 2014)
- Denosumab (December 2014)
- Substance Misuse (methadone, buprenorphine and naltrexone) (December 2014)
- Rivaroxaban (for treating DVT in IV drug users removed from shared care agreement) (December 2014)
- Cinacalcet for the treatment of primary hyperparathyroidism (February 2015)
- Vigabatrin for children with tuberous sclerosis or resistant epilepsy (February 2015)

Patient Group Directions (PGDs) ratified

The following PGD was agreed for DCHS:

- Levonorgestrel (May 2014)

The following PGDs were agreed for NHSE:

- DTaPIPVHiB Pediacel or Infanrix IPV HIB (October 2014)
- Fluenz tetra nasal (October 2014)
- Meningococcal A,C,W and 135 Conjugate Vaccine (October 2014)
- Pneumococcal Conjugate Vaccine PCV (October 2014)

The following PGDs were agreed for Out-of-Hours and the Walk-in-Centre (under DHU**):

- Ibuprofen (November 2014)
- Paracetamol (November 2014)
- Amoxicillin capsules and suspension (November 2014)
- Codeine 30mg (November 2014)
- Doxycycline capsules (November 2014)
- Erythromycin tablets and suspension (November 2014)
- Nitrofurantoin MR capsules Phenoxymethyl penicillin tablets and suspension (November 2014)
- Trimethoprim tablets and suspension (November 2014)

***DHU held the contract for the WIC (Nov 2014)*

The following PGDs were agreed for Derby Urgent Care Centre (under One Medical Group):

- Amoxicillin capsules and suspension (February 2015)
- Codeine (February 2015)
- Doxycycline capsules (February 2015)
- Erythromycin tablets and suspension (February 2015)
- Ibuprofen suspension (February 2015)
- Ibuprofen tablets (February 2015)
- Nitrofurantoin MR capsules (February 2015)
- Paracetamol suspension (February 2015)
- Paracetamol tablets (February 2015)
- Phenoxymethylpenicillin tablets and suspension (February 2015)
- Trimethoprim tablets and suspension (February 2015)

Medical devices

- Medical devices and appliances - principles for prescribing (April 2014)

MHRA Drug safety alerts:

- Orlistat: theoretical interaction with antiretroviral HIV medicines (April 2014)
- Improving medication error incident reporting and learning (April 2014)
- TNF inhibitors: risk of tuberculosis (May 2014)
- Reporting suspected adverse reactions experienced in pregnancy (May 2014)
- Domperidone and risk of cardiac side effects (June 2014)
- Adrenaline auto-injector, patients advised to carry two with them at all times (June 2014)
- Combination use of medicines from different classes of renin-angiotensin system blocking agents: risk of hyperkalaemia, hypotension, and impaired renal function (July 2014)
- Ivabradine: evidence of increased cardiovascular risk—carefully monitor for bradycardia (July 2014)
- Drugs and driving: blood concentration limits to be set for certain controlled drugs in a new legal offence (August 2014)
- Transdermal fentanyl “patches”: reminder of potential for life-threatening harm from accidental exposure, particularly in children. (August 2014)
- Administration errors with drugs for infusion: ensure appropriate checking procedures are in place (August 2014)
- Levonorgestrel and ulipristal acetate remain suitable emergency contraceptives for all women, regardless of body weight or body mass index (September 2014)
- Denosumab: minimising the risk of osteonecrosis of the jaw; monitoring for hypocalcaemia (October 2014)
- Nitrofurantoin now contraindicated in most patients with an eGFR <45 ml/min (October 2014)
- Dexamethasone 4mg/ml injection: reformulation with changes in name, concentration, storage conditions and presentation. (November 2014)
- Ivabradine (Procoralan) in the symptomatic treatment of angina: risk of cardiac side effects—new advice to minimise risk (January 2015)
- Valproate presents a risk of abnormal pregnancy outcomes and has now become a black triangle medicine (February 2015)
- Aceclofenac (Preservex): updated cardiovascular advice in line with diclofenac and COX-2 inhibitors (February 2015)
- Tiotropium delivered via Respimat compared with Handihaler: no significant difference in mortality in TIOSPIR trial (March 2015)

Other decisions

Early access to Medicines Scheme
DoH announced the early access to medicines scheme which aims to give patients with life threatening or seriously debilitating conditions access to medicines that do not have marketing authorisation.

Excess treatment costs – SANAD II
Excess treatment costs for the SANAD II study involved prescribing of levetiracetam and zonisamide for epilepsy and were considered as a minimal financial risk for primary care.

Lay representation
Healthwatch Derbyshire had withdrawn their lay representative for JAPC as of June 2014.

Public Health representation
A public health representative commenced attending JAPC meeting as of August 2014

Traffic light classification
Traffic light classification of Green specialist/consultant initiation and recommendation were clarified and definitions uploaded to the Derbyshire Medicines Management website.
Combination products were assigned as Brown drugs with predefined exceptionalities.
JAPC decided patients receiving a black drug prior to its classification should be able to continue with the treatment until the clinician deems it appropriate to switch or stop the drug.

Equality guidance
The nine protected groups (age, disability, sex, race, religion or belief, sexual orientation, gender reassignment, marriage and civil partnerships and pregnancy and maternity) were recognised and adopted into the JAPC paperwork, following on from the Equality Act 2010 and Human rights Act 1998.

Black drug review
All drugs classified as Black were reviewed and reclassified if there had been a change in the clinical effectiveness or cost effectiveness evidence.

NHS England commissioning intentions
The NHS England commissioning intentions for prescribed services 2015/16 was reviewed and certain elements incorporated into the prescribing specification.

Gender Dysphoria
Gender dysphoria guidance published by NHS England March 2014 (interim guideline), was noted for information only.

Medicines Evidence Summary for Aspirin - primary prevention of cancer and CVD.
JAPC noted the medicine evidence summary which suggested that long-term prophylaxis with aspirin (≥5-10 years) had net clinical benefit in the general population. And also that reduction in risk of fatal and non-fatal cancer and thromboembolic cardiovascular events outweighed the risk of fatal and non-fatal major bleeding.

Off-licence prescribing of pregabalin and aripiprazole.
Issues surrounding the off-licence prescribing of pregabalin and aripiprazole were noted by JAPC.

PrescQIPP – DROP-List
Reclassification of generic calcium and ergocalciferol, doxazosin MR, perindopril arginine and gliclazide MR was undertaken based on the updated DROP-LIST (Drugs of Low priority) developed by PrescQIPP.

Biosimilars
The biosimilars for infliximab were launched early 2015, with a potential for cost savings.

NICE guidance
Two NICE clinical guidelines with significant implications for primary care were published in 2014, this included CG180: management of atrial fibrillation, June 2014 and CG181: Lipid modification, July 2014. Both NICE guidelines were interpreted for local implementation.

Communications
All the JAPC recommendations and publications are available at www.derbyshiremedicinesmanagement.nhs.uk/home. This is a public website. A JAPC Bulletin is issued every month highlighting that month's decisions.

Summary
The Derbyshire Joint Area Prescribing Committee continues to make good progress in bringing together clinical decision making and promoting the cost-effective use of medicines across the Derbyshire health economy. It has had excellent primary and secondary care representation, has been well attended, and delivers a significant improvement in governance associated with medicines use for all the participating organisations.

Recommendation
The CCG Governing Bodies (or equivalent) of member organisations are requested to receive and acknowledge the details of this report.

Additional information