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DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 11th June 2019

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Fidaxomicin	**BROWN** on consultant microbiologist advice only (for use in patients with severe C Diff, who have not responded to oral vancomycin or for other patients with multiple co-morbidities who are receiving concomitant antibiotics or for recurrence of C Diff)
Vitamin B Compound Strong & Vitamin B Compound tabs	**RED** (for specialist use only as a short course, post alcohol acute admission or refeeding syndrome). **BLACK** for all other indications.
Rucaparib	**RED** (For use in epithelial ovarian cancer).
Sodium Zirconium Cyclosilicate	**BLACK** (Treatment of hyperkalaemia in adults. Awaiting NICE TA).
Durvalumab	**RED** (as per NICE TA578)
Abemaciclib	**RED** (as per NICE TA579)
Enzalutamide	**BLACK** (as per NICE TA580)
Nivolumab	**RED** (as per NICE TA581)

Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Hepatitis B vaccine	**RED** for vaccination of at risk renal patients (**GREEN** for all indications as per Green handbook, **BLACK** for travel)

Clinical Guidelines

Guidelines for choosing Antidepressants in Moderate and Severe Unipolar Depression in Adults and Older People.
Monitoring and Medication after Bariatric Surgery.
Bisphosphonate length of treatment in osteoporosis: Guidance on treatment break.
Guidance on the management of Clostridium Difficile Infection (CDI) in Primary Care.
Managing Behavioural Problems in Patients with Dementia.
Children's referral guideline for SubLingual ImmunoTherapy (SLIT) – Grass Pollen Extract (GRAZAX).
Vitamin supplementation in alcohol misuse.
Vitamin B compound/Vitamin B compound strong tablets - Position statement.

Patient Group Directions

- Levonorgestrel 1500 microgram Tablet (Levonelle®)

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- Administration of pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed) (PCV13) to individuals with an underlying medical condition which puts them at increased risk from pneumococcal disease.
- Administration of meningococcal group A, C, W and Y conjugate vaccine (MenACWY) to individuals eligible for national routine MenACWY vaccination programme; university freshers (catch-up); outbreak control and contacts of confirmed cases, for active immunisation against Neisseria meningitidis.

Present:	
Derby and Derbyshire CCG	
Dr C Emslie	GP (Chair)
Mr S Dhadli	Assistant Director of Clinical Policies and Decisions (Professional Secretary)
Dr M Henn	GP
Mr S Hulme	Director of Medicines Management and Clinical Policies
Dr T Narula	GP
Mrs K Needham	Assistant Director of Medicine Optimisation and Delivery
Dr T Parkin	GP
Mrs S Qureshi	Head of Medicines Management, Clinical Policies and High Cost Interventions
Derby City Council	
Derbyshire County Council	
University Hospitals of Derby and Burton NHS Foundation Trust	
Dr W Goddard	Chair – Drugs and Therapeutic Committee
Mr D Moore	HCD Pharmacist
Mr R Sutton	Pharmacist
Derbyshire Healthcare NHS Foundation Trust	
Dr S Taylor	Consultant and Chair to Drugs and Therapeutic Committee
Chesterfield Royal Hospital NHS Foundation Trust	
Ms C Duffin	Pharmacist
Derbyshire Community Health Services NHS Foundation Trust	
Ms A Braithwaite	Pharmacist
Derby and Derbyshire Local Medical Committee	
Derbyshire Health United	
Staffordshire CCG's	
Ms S Bamford	Pharmacist
In Attendance:	
Ms H Dirania	Pharmacist Derby and Derbyshire CCG
Mrs K Rogers	Derby and Derbyshire CCG Senior Administrator (minutes)

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Item		Action
1.	**APOLOGIES**	
	Dr R Dewis, Dr K Markus, Mr M Shepherd and Dr M Watkins	
2.	**DECLARATIONS OF CONFLICTS OF INTEREST**	
	Dr Emslie 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.	**MINUTES OF JAPC MEETING HELD ON 14 MAY 2019**	
	The minutes of the meeting held on 14th May 2019 were agreed as a correct record after the following amendments: Dymista® (Azelastine hydrochloride/fluticasone propionate) Nasal Spray – to read 'This would require a change to the existing traffic light classification of Dymista® from BROWN specialist initiation to BROWN for exceptional use as per allergic rhinitis pathway.' Adult Lipid Modification Therapy in Non-Familial Hyperlipidaemia – to read 'It was unclear if there was a Read Code for QRISK3.' Monthly Horizon Scan – Licence extensions: To read 'Beclometasone + formoterol (Fostair NEXThaler) – To remain classified as **GREEN**' and 'Dapagliflozin (Forxiga®) – To remain classified as **BROWN.'**	
5.	**MATTERS ARISING**	
a.	**<u>Blood Glucose Meters and Test Strips</u>** Mr Dhadli reported that there had been a query raised as to whether the blood glucose meters are provided free of charge for Type 1 and Type 2 diabetics to which he confirmed that they are. Another query had been raised as to whether Category B patients who don't require ketone testing could use a Category A meter and test strips, Mr Dhadli advised that this would not be a suitable option. The guidance for 'Blood Glucose Monitoring Meter Formulary' is now available on the Derbyshire Medicines Management website.	
b.	**<u>Terms of Reference (ToR)</u>** Mr Hulme reported that the Derbyshire Joint Area Prescribing Committee (JAPC) Terms of Reference (ToR) were to be tabled at the Derby and Derbyshire Clinical and Lay Commissioning Committee (CLCC) meeting on Thursday 13th June 2019 to determine strategic leadership going forward. It was unlikely that final GP membership would be in place before the next JAPC meeting in July, therefore Mr Hulme advised that he felt it best to continue with the interim arrangements for JAPC and asked that any GP members who were unable to attend the next meeting inform him of this.	**SH**

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Item		Action
6.	**JAPC ACTION SUMMARY**	
a.	**Hydroxychloroquine** Mr Dhadli advised that a meeting between the High Impact Intervention Ophthalmology Group, Planned Care and Public Health hasn't yet taken place. An update will be bought to a future JAPC meeting once this has been discussed.	**SD**
7.	**CLINICAL GUIDELINES**	
a.	**Antidepressants in Moderate and Severe Unipolar Depression** Dr Taylor reported that the guideline had been updated, with minor changes to content including stepwise approach to sequencing treatments and it remained in-line with the current NICE clinical guidelines (CG90 AND CG91). A revision of NICE guidelines is anticipated in early 2020. Mr Dhadli then went on to inform members that a table and notes had been added to guide prescribers when considering switching antidepressants, particularly those that are more commonly prescribed. The table for Medicines and substances associated with QT prolongation following the Guideline Group meeting has been added back in. Advice on stopping/tapering antidepressants has been added as a key message, to prevent antidepressant discontinuation syndrome. The opportunity had been taken to raise the prominence of the need to review antidepressant treatment in a timely manner and to not persist with medication that is not effective or not tolerated. Mr Hulme asked whether the statement 'withdraw antidepressants cautiously' on page 2 needed to be cross referenced with the table on p6. Mr Dhadli agreed to include this to the algorithm. Dr Henn referred to the section about patients who get hyponatraemia and asked if GP's could have further guidance on what could be used as alternatives. Dr Taylor stated that potentially mirtazapine or lofepramine may be used, however he would discuss this with Mr Jones at Derbyshire Community Healthcare Foundation Trust (DHcFT). **Action:** Mr Jones to clarify which alternative can be used for patients who develop hyponatraemia on current antidepressant. **Agreed:** JAPC ratified the guidelines for choosing Antidepressants in Moderate and Severe Unipolar Depression in Adults and Older People pending the changes discussed, with a review date of three years.	**ST/SJ** **SD**
b.	**Bariatric surgery** Mr Moore reported that clinicians at the University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) have requested that all patients are issued vitamin and mineral supplementation via their GP following bariatric surgery. University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) feel this is in line with NHS England Guidance which currently state 'Vitamins and minerals, exceptions – medically diagnosed deficiency, including for those patients who may have a lifelong or chronic conditions or have undergone surgery that results in malabsorption.'	

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	Mr Dhadli explained that only certain bariatric procedures resulted in malabsorption and therefore not all procedures required multivitamins to be prescribed and that the Derbyshire Guideline Group interpreted NHSE guidance differently to how the Trust had interpreted it. Mr Dhadli further explained that asking GPs to prescribe multivitamins for Derby-based patients would create an inequity across Derbyshire, since patients in the North are asked to purchase multivitamins over the counter. Dr Emslie suggested that the committee agree the guidance that maintains its current position which is to advise patients to self-care and purchase over the counter multivitamins unless a deficiency is detected in which case primary care clinicians should prescribe to correct this. Monitoring should remain in line with Sheffield. **Agreed:** JAPC ratified the current Monitoring and Medication after Bariatric Surgery guideline subject to the multivitamin request and the annual monitoring requirements to be in line with Sheffield requirements and a review date of three years.	**SD**
c.	**<u>Bisphosphonate holiday</u>** Mr Dhadli stated that the University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) have proposed changes to the guideline which include change of name from bisphosphonate holiday to treatment break. Further to this the new guidance now proposes to split patients as low, medium and high risk. Low risk groups identified are to be screened out from treatment. Patients at medium risk should restart therapy on completion of the break in conjunction with a DXA scan. Dr Emslie reported that a DXA scan will be carried out on patients up to the age of 90 at UHDBFT, however at Chesterfield Royal Hospital Foundation Trust (CRHFT) a DXA scan is only carried out on patients up to the age of 80. Ms Duffin advised that Mr Shepherd (CRHFT) had sent the guidance to the Osteoporosis Team however he had not had a response as yet. Ms Duffin will follow this up with Mr Shepherd. Dr Henn suggested that the top box 'is the patient High Risk' with the treatment algorithm be re-ordered, to move post treatment T-score as the last bullet point to make it easier to use. The committee were in agreement with this. **Action:** Mr Shepherd to clarify CRH clinicians position on DXA scan for patients >80 years of age. **Agreed:** JAPC ratified the guidelines Bisphosphonate length of treatment in osteoporosis: Guidance on treatment break pending clarification from CRHFT in regards to the patient age for DXA scanning, with a review date of three years.	**CD/MS** **SD**
d.	**<u>Clostridium Difficile Infection (CDI) in Primary Care</u>** Mr Dhadli reported that since it was last tabled at January JAPC meeting, the guidance had been rewritten by Ms D Holland Infection Control Nurse at Chesterfield Royal Hospital Foundation Trust and Ms S Bestwick Lead Nurse, Infection Prevention and Control at Derby and Derbyshire CCG.	

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	It was then discussed and reverted back to have a Primary Care view with an appendix added for Derby and Derbyshire CCG North (previously North Derbyshire and Hardwick CCGs). Antibiotic guidance is based on Public Health England (PHE) guidance 2013 and recent antibiotic NICE/PHE guidance, with 1st line antibiotic remaining as metronidazole, 2nd line oral vancomycin. Fidaxomicin is alternate option as per NICE/PHE for severe C Diff and would need to be reclassified as it currently had a RED traffic light classification. Mr Dhadli advised that fidaxomicin is now outside of tariff, there is no specific monitoring however a 10 day treatment course costs £1,350. University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) report 13 patients treated with fidaxomicin in the last 12 months and Chesterfield Royal Hospital Foundation Trust (CRHFT) report 3 patients treated with fidaxomicin in the last 12 months. Both Trusts have confirmed availability of fidaxomicin via an FP10 in an urgent situation. Mr Dhadli stated that Ms Bestwick confirmed vancomycin is available at all three out of hour's locations (Chesterfield, Derby Urgent Care Centre and Derbyshire Health United). It was initially agreed to access fidaxomicin via UHDBFT and CRHFT, however Ms Needham advised that she would seek the position of other trusts in the surrounding areas and would ask Mr Vinson to look into this. **Agreed:** fidaxomicin classified as **BROWN** on consultant microbiologist advice only.	**KN**
e.	**<u>Managing Behavioural Problems in Patients with Dementia</u>** Update of existing guidance. Mr Dhadli reported that Chlormethiazole had been removed from the guidance due to manufacturing/supply problems in recent years and also lack of use, evidence and expense. Memantine was added into the guidance in line with changes in NICE guidelines (NG97). There are no cost implications as memantine and Donepezil are similar prices. **Agreed:** JAPC ratified the guidelines Managing Behavioural Problems in Patients with Dementia with a review date of three years.	
f.	**<u>GRAZAX referral guidance (allergic rhinitis in children)</u>** The children's referral guideline for sublingual immunotherapy - grazax has been updated with minor changes. Mr Dhadli advised that steroid doses are in line with the BNF children, a note had also been added to say 'avoid in children already on systemic corticosteroid including inhalers' for beclomethasone and budesonide nasal spray.' **Agreed:** JAPC ratified the guideline Children's referral guideline for SubLingual ImmunoTherapy (SLIT) – Grass Pollen Extract (GRAZAX) with a review date of three years.	**SD**
g.	**<u>Vitamin supplementation in alcohol misuse</u>** Mr Dhadli reported that there was discussion around whether Vitamin B Compound and Vitamin B Compound Strong should be removed from the Derbyshire formulary, as there is little evidence to support the use of Vitamin B Compound Strong for alcohol misuse.	

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	NICE recommends prophylactic oral thiamine, but makes no reference to use of Vitamin B Compound Strong. Dr Austin Consultant Hepatologist from University Hospitals of Derby and Burton Foundation Trust was consulted on this and agrees with having a position statement Dr Austin also suggested further clarifying duration for thiamine supplements. Other than medically diagnosed deficiency, there is only one indication where the prescribing of Vitamin B compound/compound strong is clinically indicated and this is in combination with thiamine and a multivitamin for the management of refeeding syndrome. This is line with NICE guideline CG32 which indicates this combination for a limited time of 10 days. For this indication, the patient is likely to be under a specialist service, so the need for primary care prescribing is unlikely. **Agreed: Dual classification:** Vitamin B Compound Strong to be classified **RED** for hospital use for short course post alcohol acute admission/refeeding syndrome. **BLACK** for all other indications. The vitamin B Compound Strong position statement and vitamin supplementation in alcohol misuse were ratified.	**SD** **SD**
8.	**PATIENT GROUP DIRECTIONS**	
a.	**Levonorgestrel** This has been updated by Derbyshire Community Health Service Foundation Trust (DCHSFT). Mr Dhadli reported that this was updated to include the Minor Injuries Unit (MIU) and added to 'Professionals to which this PGD applies' Appendix 10 Care Template Brief and Appendix 10a Care Template full have been added. These documents have been adopted from the child sexual exploitation safeguarding team.	
b.	The following PGDs from Public Health England effective from 1st June 2019 and 1st July 2019 were noted by JAPC: • Administration of pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed) (PCV13) to individuals with an underlying medical condition which puts them at increased risk from pneumococcal disease. • Administration of meningococcal group A, C, W and Y conjugate vaccine (MenACWY) to individuals eligible for national routine MenACWY vaccination programme; university freshers (catch-up); outbreak control and contacts of confirmed cases, for active immunisation against Neisseria meningitidis.	
9.	**MISCELLANEOUS**	
a.	**Liothyronine** Mr Dhadli reported that Liothyronine has been classified as RED since June 2018. The spend for 2017/2018 for Derbyshire was £500,000 per annum and accounted for 33% of total spend of the NHSE identified 18 low value medicines.. A discussion took place as to whether all patients in primary care who are taking Liothyronine have been reviewed by their GP and referred back to the specialist treating them in secondary care, as the figures within the audit did not give a clear indication of this.	

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	Mr Moore commented that all patients who have attended their appointment have been reviewed. Mr Hulme advised that patients who are Derbyshire residents being seen by a Derbyshire provider needed to be reported on first and then out of area patients considered following this. It was agreed that the audit document would be bought back to the next JAPC meeting for consideration. Essentially JAPC need to understand if the remaining liothyronine patients in primary care have been reviewed by the specialist and the long term plan for those patients who continue on liothyronine for hypothyroidism.	**SD**
b.	**<u>Psoriasis algorithm</u>** Mr Dhadli advised that the Psoriasis algorithm had been updated in line with two new NICE TAs, Certolizumamb pegol (TA574) and Tildrakizumab (TA575) for treating moderate to severe plaque psoriasis.	
c.	**<u>Psoriasis – Third line biological agents</u>** Mr Moore reported that the University Hospital of Derby and Burton NHS Foundation Trust (UHDBFT) is now a tertiary centre for dermatology. The clinicians are requesting the use of a third line biologic for the management of severe plaque psoriasis after failure of the second biologic. The Derbyshire commissioning guideline currently supports the use of two biologics. The cost of switching to a third biologic was compared to best supportive care. Best Supportive care has been estimated by NICE as £10,730, and includes inpatient stay. The average cost of a biologic is approximately £8000 per annum, with subsequent years cost decreasing substantially. Specialists estimate 5 patients would need to be swapped to a 3rd line biologic in year 1 and 5 patients in year 2. The British Association of Dermatologists guideline for biologic therapy for psoriasis, advise to switch to an alternate biologic agent after failure to a second biologic. Patients requiring a 3rd biologic are at the severe end of the scale and require repeated outpatient appointments and may also require frequent hospital admissions. Mr Hulme advised that this needs discussion with contracts to consider how to contract out the best supportive care elements, to save money for the third biologic. Agreed clinically to support this, but for Mr Dhadli to contact planned care.	**SD**
d.	**<u>Specials and expensive liquids</u>** Mrs Needham reported that this document has been updated, it now includes off label items and it has been presented in a word document to make it more user friendly. Information was provided in regards to considering crushing tablets as an alternative to expensive licensed liquids. Mr Hulme asked if an Equality Impact Assessment (EIA) or a Quality Impact Assessment (QIA) had been carried out for this. Mr Dhadli and Mrs Needham responded to say that this document will be based on an individual decision, therefore an EIA or QIA are not needed. Mr Dhadli advised that a section on due regard be added to the document. **Agreed:** To replace A-Z Specials Database with this guideline on the Derbyshire Medicines Management website once all of the amendments have been made.	**KN** **SD**

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e.	**Learning Difficulties and Sodium Valproate** Mr Dhadli reported the sodium valproate information leaflets had been bought to the meeting for information and had been approved for use by the Learning Difficulties (LD) group. They contain do's and don'ts for females of child bearing potential who are taking medicines containing valproate. Mrs Needham asked if they are on the Derbyshire Medicines Management website. It was confirmed that they are on the LD website; however it would be checked to see if they are on the Derbyshire Medicines Management website also.	**SD**
10.	**REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)**	
	The RMOC Newsletter 2019 Issue 4 was noted. Mr Dhadli highlighted the following: • There is a draft document for Sodium Oxybate for adult patients with narcolepsy and cataplexy which has gone out for consultation. NHS England currently commission sodium oxybate in children up until their 19th birthday. However, once the patient reaches 19 years of age, commissioning responsibility then falls to an individual CCG. The RMOC agreed that a framework to help CCGs make commissioning decisions would be useful. • GLP-1 mimetics for diabetics, the Specialist Pharmacy Service (SPS) have published advice on the cardiovascular outcomes with GLP1 receptor agonists in type 2 diabetes. Large scale clinical trials of the 5 different GLP1 receptor agonists are available in the UK. Limited trial data has shown benefits in CV mortality and morbidity for some GLP1 receptor agonists in patients with established or at high risk of CVD. The results cannot be generalised to patients with type 2 diabetes at low risk of or without CVD. There were no direct comparative trails between agents. Homecare document tabled for information. • Summary of Guidance and Evidence for use of Multi-Compartment Compliance Aids (MCCAs) tabled for information.	
11.	**JAPC BULLETIN**	
	The May 2019 bulletin was ratified. Ms Braithwaite referred to the Blood Glucose Monitoring Meter Formulary which is to be hyperlinked within the bulletin and asked if the recommended lancets are the safety lancets, as this is what DCHS staff must use. Mr Dhadli will look at this and inform members at the next JAPC meeting.	**SD**
12.	**MHRA DRUG SAFETY UPDATE**	
	The MHRA Drug Safety Alert for May 2019 was noted. Mr Dhadli highlighted the following MHRA advice: • Lemtrada (alemtuzumab): new restrictions to use and strengthened monitoring requirements for alemtuzumab (Lemtrada) in patients with multiple sclerosis. There is an urgent EU safety review which evaluates reports of serious cardiovascular events and immune-mediated reactions, including autoimmune hepatitis.	

Item		Action
	• Tofacitinib (Xeljanz): restriction of 10mg twice-daily dose while safety review is ongoing. This is following study observations of an increased risk of pulmonary embolism with this dose in patients with rheumatoid arthritis. • Magnesium sulfate: risk of skeletal adverse effects in neonates exposed to magnesium sulfate in utero following maternal treatment for longer than 5–7 days. • Yellow Card: there are serious concerns about a decline in reporting of suspected adverse drug reactions to the Yellow Card Scheme from key healthcare professional groups.	
13.	**HORIZON SCAN**	
a.	**Monthly Horizon Scan** Mr Dhadli advised JAPC of the following new drug launches, new drug formulations, licence extensions and drug discontinuations: New drug launches in the UK: • Autologous chondrocyte implantation (Spherox) – remain classified as RED as per NHSE commissioning intentions • Rucaparib (Rubraca) – classified as **RED** as per NHSE commissioning intentions • Sodium zirconium cyclosilicate (Lokelma) – classified as **BLACK** awaiting NICE TA • Trientine (Cuprior) – to remain classified as **RED** as per NHS England commissioning intentions. • New formulation launches • Ibrutinib (Imbruvica) – to remain classified as **RED/BLACK**. • Melatonin (Slenyto) – to remain classified as **BLACK**. • Perampanel (Fycompa) – to remain classified as **RED**. Licence extensions: • Fibrinogen (FibCLOT) – to remain classified as **RED** • Leuprorelin (Prostap DCS) – to remain classified as **GREEN** • Olaparib (Lynparza) – to remain classified as **RED**. • Pembrolizumab (Keytruda) – to remain classified as **RED/BLACK**. Drug discontinuation Salmeterol/fluticasone (aerivio spiromax)	
14.	**NICE SUMMARY**	
	Mrs Qureshi informed JAPC of the comments for the CCG which had been made for the following NICE guidance in May 2019: TA 578 Durvalumab for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation – classified as **RED** as per NICE TA 578. TA 579 Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy – classified as **RED** as per NICE TA 579. TA 580 Enzalutamide for hormone-relapsed non-metastatic prostate cancer – classified as **BLACK** as per NICE TA 580.	

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	TA 581 Nivolumab with ipilimumab for untreated advanced renal cell carcinoma – classified as **RED** as per NICE TA 581. NG 129 Crohn's disease management: 2019 update – do not offer biologics to maintain remission after complete macroscopic resection of ileocolonic crohns disease. NG 130 Ulcerative colitis management: NICE do not expect update to have significant impact on resources.	
15.	**GUIDELINE GROUP ACTION TRACKER**	
	The summary of key messages from the Derbyshire Medicines Management Shared Care and Guideline Group meeting held in May 2019 was noted. Mr Dhadli highlighted the following: Traffic Lights: • Hepatitis B vaccine – classified as **RED** for vaccination of at risk renal patients (**GREEN** for all indications as per Green handbook, **BLACK** for travel) Formulary Update (Chapter 6 – Endocrine): • Insulin Glargine biosimilar Semglee added to insulin table • Blood Glucose Testing strips/lancet choices updated as per Blood glucose monitoring meter formulary • T2DM/gestational diabetes – Tee2 or WaveSense Jazz • T1DM – CareSens PRO or Fora Advanced Pro GD40 or GlucoMen Areo Sensor • T1DM carb counting/require the inbuilt bolus calculator feature – Accu-Chek Aviva • Care point replaces fine point as needle of choice • Update link to DVLA 'assessing fitness to drive' guidance Clinical Guidelines: • Glaucoma – following addition of fixapost as 1st line combination PF eye drops Eylamdo/Taptiqom have been re-classified Brown consultant initiation. • UTI in CKD – fosfomycin added as 2nd line option for female (note C/I in CrCl<10ml/min) as per PHE/NICE guidance. Caution on ciprofloxacin strengthened following MHRA drug safety advice. Website Changes/Miscellaneous: • MIMS 'Drug shortage live tracker' link added under resources for medicine queries. (free registration for GP/nurses/ practice-based pharmacists) • NOAC detailing aid updated following the recommendation of edoxaban as preferred choice in Derbyshire. See NOAC position statement. • Rebate Process document updated to include rebates outside of the PrescQipp process (considered on an individual basis).	

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	Guideline Timetable: • The guideline table action summary and progress was noted by JAPC.	
16.	**BIOSIMILAR REPORT**	
	Biosimilar uptake reported for Chesterfield, Derby and Burton at greater than 80% overall for all biosimilars. Only Derby etanercept biosimilar uptake figures were missing. To report next month. Mr Hulme asked how we know if these figures were still being achieved and asked for a six monthly update.	**SD**
17.	**TRAFFIC LIGHTS – ANY CHANGES?**	
	Classifications Fidaxomicin – classified as BROWN on consultant microbiologist advice only. Vitamin B Compound Strong/Vitamin B compound – classified RED for hospital use for short course post alcohol acute admission/refeeding syndrome. BLACK for all other indications. Rucaparib – RED Sodium zirconium cyclosilicate – BLACK awaiting NICE TA Durvalumab – RED NICE TA578 Abemaciclib – RED NICE TA579 Enzalutamide – BLACK NICE TA580 Nivolumab – RED NICE TA581	
18.	**MINUTES OF OTHER PRESCRIBING GROUPS**	
	• Sheffield Area Prescribing Group 21.02.2019 • Sheffield Area Prescribing Group 21.03.2019 • Nottingham Area Prescribing Committee 21.03.2019 • UHDBFT Drugs and Therapeutic Committee 16.04.2019 • DHcFT Medicines Management Committee 25.04.2019	
19.	**ANY OTHER BUSINESS**	
	There were no items of any other business.	
20.	**DATE OF NEXT MEETING**	
	Tuesday, 9th July 2019 at 1.30pm in the Coney Green Business Centre, Clay Cross.	