For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 14th May 2019

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Dymista® (Azelastine hydrochloride/fluticasone propionate)	BROWN (when used in line with the local rhinitis pathway)
Slenyto® (melatonin 1mg, 5mg) prolonged release	BLACK (Slenyto® brand and generic melatonin 1mg and 5mg)
Daratumumab with bortezomib and dexamethasone	RED (NHS England as per NICE TA 573)
Certolizumab pegol	RED (as per NICE TA 574)
Tildrakizumab	RED (as per NICE TA 575)
Bosutinib	BLACK (terminated appraisal as per NICE TA 576)
Brentuximab vedotin	RED (NHS England as per NICE TA 577)
Post meeting note: Hepatitis B	RED (for at risk renal patients)

Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Latanoprost plus timolol (Fixapost®) PF UDV	GREEN consultant/ specialist initiation

Clinical Guidelines

Blood glucose meters and test strips
Treatment of allergic rhinitis in adults and adolescents over twelve years of age
Adult Lipid Modification Therapy in Non-Familial Hyperlipidaemia
Melatonin Information Sheet for the treatment of sleep disorders in children
NICE/Public Health England Joint Antimicrobial guideline – To be adopted in place of the local guideline
UHDBFT algorithm for Antiplatelet Therapy in Primary Percutaneous Coronary Intervention (PCI)

Patient Group Directions

- Administration of Hepatitis B recombinant DNA (rDNA) vaccine (adsorbed) to individuals considered at increased risk of exposure to hepatitis B virus, at increased risk of complications of hepatitis B disease, or post potential exposure to hepatitis B virus.
- Administration of Hepatitis B recombinant DNA (rDNA) vaccine (adsorbed) to individuals who are 15 years of age or over and are on haemodialysis, a renal transplantation programme or have chronic renal failure that is likely to require haemodialysis or transplant.

Shared Care Guidelines

Cinacalcet in primary hyperparathyroidism
Degarelix for the treatment of adult male patients with advanced hormone-dependant prostate cancer

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Present:	
Derby and Derbyshire CCG	
Dr C Emslie	GP (Chair)
Mr S Dhadli	Assistant Director of Clinical Policies and Decisions (Professional Secretary)
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
Dr M Watkins	GP
Derby City Council	
Derbyshire County Council	
University Hospitals of Derby and Burton NHS Foundation Trust	
Dr W Goddard	Chair – Drugs and Therapeutic Committee
Mr C Newman	Chief Pharmacist
Derbyshire Healthcare NHS Foundation Trust	
Mr S Jones	Chief Pharmacist
Chesterfield Royal Hospital NHS Foundation Trust	
Mr M Shepherd	Chief Pharmacist (also representing DCHSFT)
Derbyshire Community Health Services NHS Foundation Trust	
Derby and Derbyshire Local Medical Committee	
Dr K Markus	Chief Executive Officer
Derbyshire Health United	
Mr D Graham	Pharmacist
In Attendance:	
Ms P Jutla	Medicines Management and Clinical Policies Formulary and Policy Manager, Derby and Derbyshire CCG
Mr A Thorpe	Derby City Council Business Support (minutes)

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Item		Action
1.	**APOLOGIES**	
	Dr R Dewis and Mr D Moore.	
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 9 APRIL 2019**	
	The minutes of the meeting held on 9th April 2019 were agreed as a correct record.	
5.	**MATTERS ARISING**	
a.	**Hydroxychloroquine** Mr Dhadli advised that the Derby and Derbyshire Clinical and Lay Commissioning Committee (CLCC) had been presented with information with regards to the increased monitoring of this drug and requested a follow up presentation - this had not happened. Mr Dhadli has since prompted planned care to undertake a review and co-ordinate a meeting with the ophthalmology group and specialists that currently prescribe this. It had now been ascertained that planned care would be meeting with the High Impact Intervention Ophthalmology Group at which Dr R Dewis, Derby City Council Consultant in Public Health Medicine, would be in attendance in order to present the evidence paper. An options paper would then be developed to determine whether the monitoring of hydroxychloroquine should be commissioned or not in view of the envisaged impact on the number of follow up appointments – this would be presented to the CLCC for decision. Mr Dhadli added that the outcome of the meeting would be conveyed to JAPC and a commissioning policy developed.	**SD**
b.	**Liothyronine** Mr Dhadli reported that individual audit data was currently being prepared and would be brought to the June JAPC meeting.	**SD**
6.	**JAPC ACTION SUMMARY**	
a.	**Clostridium difficile** It was noted that Ms S Bestwick, Derby and Derbyshire CCG Lead Nurse, Infection Prevention and Control, would present the updated Clostridium difficile guideline to the next meeting of the Guideline Group.	
b.	**Homely Remedies** Dr D Harris had indicated that, due to limited capacity, the development of a revised version of the guidance which addressed the concerns previously expressed by the Local Medical Committee (LMC) had been delayed until November 2019.	

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c.	**Vitamin Supplementation in Alcohol Use** Feedback was awaited from the dietitians and Dr A Austin, UHDBFT Consultant Hepatologist, on the use of Vitamin B Strong Compound.	
d.	**Terms of Reference** Mr Dhadli reported that the JAPC terms of reference had been discussed with the Derby and Derbyshire CCG Medical Director and Mr Hulme. It was planned to present the terms of reference to a future meeting of the CLCC.	
7.	**CLINICAL GUIDELINES**	
a.	**Blood Glucose Meters and Test Strips** Mr Dhadli advised that a comprehensive review had been undertaken by a multidisciplinary stakeholder group, including representatives from the Trusts, to establish a preferred blood glucose monitoring meters for different diabetic patients who needed to self-monitor their blood glucose. Manufacturers had been requested to submit data via a portal for consideration of formulary inclusion into three categories of patients: • Category A - For patients with type 2 diabetes or with gestational diabetes. • Category B - For patients with type 1 diabetes who needed to monitor their blood ketone and blood glucose levels. • Category C - For patients with type 1 diabetes who have been taught carbohydrate counting and required the inbuilt bolus calculator feature. The following choice of test strips for each patient category had been made by the stakeholder group: Category A: TEE 2+, WaveSense Jazz and WaveSense Jazz Wireless. Category B: Care Sens Dual, Fora Advanced pro GD40 and GlucoMen Areo 2k. Category C: Accu-Chek Aviva Expert System. Dr Parkin queried whether the meters would be available free of charge to patients and whether all diabetic patients would be transferred to the products recommended by the stakeholder group. Mrs Needham advised that there was a group of patients already using the WaveSense meters and that a date for a meeting to discuss implementation for remaining patients had been identified. Dr Markus queried whether all patients with type 1 diabetes in the community required access to ketone testing all the time and, if this was not the case, could the meters recommended for those in Category A be used. **Action:** Mr Dhadli would ascertain whether the blood glucose monitoring meters would be free of charge and whether some patients with type 1 diabetes could use Category A meters if appropriate.	**SD**
b.	**Dymista® (Azelastine hydrochloride/fluticasone propionate) Nasal Spray** Mr Dhadli reported that this was an update to an existing guideline for the treatment of allergic rhinitis. Feedback had been received from a UHDBFT ear, nose and throat consultant that there should be a change in the pathway so that the Dymista® nasal spray could be initiated in primary care if symptoms had not been controlled by using an antihistamine at an adequate dose or corticosteroid nasal spray.	

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	This would save on unnecessary outpatient appointments. In the event that Dymista® was tried and found to be unsuccessful a referral would then be made to secondary care. 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. During discussion Mrs Needham highlighted the following: • The treatment pathway did not indicate that there should be an increase in the dosage for the oral antihistamines. This was included in the text but would also be useful in the flow chart. • The reference to the Sino Nasal Outcome (SNOT) score should be removed as this was not used in primary care. • The reference to 'Dymista® may be better tolerated than simple INCS and GP to continue Dymista® for as long as patients continue with symptoms' should be amended to indicate that it should be prescribed for up to six months and then re-started if symptoms persisted. • The reference to the patients who are eligible for referral should be removed. • The wording concerning the patients who were eligible for referral and once patients have been referred out on Dymista® from hospital was unclear and needed to be re-worded. • A box for confirming that the Dymista® trial had been undertaken should be added to the checklist used for ensuring referrals were appropriate. • A note to be included in the flowchart that beclometasone nasal spray was available over the counter. **Agreed:** JAPC ratified the guideline for the treatment of allergic rhinitis in adults and adolescents over twelve years of age with the agreed amendments with a review date of three years. **Agreed:** Dymista® (Azelastine hydrochloride/fluticasone propionate) nasal spray classified as a **BROWN** drug for a defined cohort of patients to be used in line with the guideline for allergic rhinitis.	**SD** **SD**
c.	**<u>Adult Lipid Modification Therapy in Non-Familial Hyperlipidaemia</u>** Mr Dhadli reported that the guideline had been updated with the only change being the addition of appendix four on simvastatin and atorvastatin drug interactions. Dr Narula queried the omission of the QRISK 3 algorithm which calculated a person's risk of developing a heart attack or stroke and advised that the guideline should include the option of using both algorithms. Dr Emslie commented that most GPs would use the QRISK 2 algorithm which was embedded in the clinical systems. It was also queried whether QRISK3 had been validated by NICE. Dr Markus referred to the recommendation from the system supplier that those practices who had integrated QRISK2 in their own systems should move to QRISK 3 as soon as it was practicable and that it was likely that the latter would be validated at some point. However it was noted that NICE had indicated in March 2019 that the previous recommendation to use QRISK2 instead of QRISK3 remained unchanged at date of publication. It was unclear if there was a Read Code for QRISK3.	

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	Dr Narula queried whether there was still a necessity to undertake alanine aminotransferase (ALT) blood testing at three and twelve monthly intervals, after the initiation of statins, if the baseline liver function test (LFT) was normal. Dr Emslie referred to the NICE guidance on lipid modification/CVD prevention which recommended testing at three months and annually and confirmed that the local guideline was in line with this. However, it was agreed that further advice on this issue should be obtained from the shared care pathology group. **Agreed:** JAPC ratified the guideline for Adult Lipid Modification Therapy in Non-Familial Hyperlipidaemia with a review date of three years.	**SD** **SD**
d.	**<u>Melatonin Information Sheet</u>** Mr Dhadli reported that the melatonin information sheet had been updated with revised contact details and a recommendation when crushing and dissolving Circadin® to rinse the glass with water and administer the rinsings as well to ensure that the full tablet dose was taken. In Derbyshire, Circadin® 2mg MR tablets (off-label) was the first line choice of melatonin for new patients for the treatment of sleep disorders initiated by a specialist in children with neurodevelopment disorders. Circadin® was licensed for patients over 55 for short term use but the off-label use of this product in children was preferred to the use of an unlicensed product. Mr Dhadli advised that a new product was now available, Slenyto® prolonged release, which was the first and only pharmacotherapy approved for the treatment of insomnia in children with Autism Spectrum Disorder (ASD) and/or Smith-Magenis Syndrome (SMS). However, Slenyto® was significantly more expensive than Circadin® and Mr Jones advised that its use had been discussed by DHcFT who did not see any benefit in using the licensed product. It was agreed that the information sheet should be clarified to indicate that Circadin® was licensed for patients over 55 for short term but not recommended by JAPC who endorsed its off-licence use only for children. **Agreed:** JAPC ratified the Melatonin Information Sheet for the treatment of sleep disorders in children with the agreed amendment with a review date of three years. **Agreed:** Slenyto®, prescribed as brand or generic, classified as a **BLACK** drug as not recommended or commissioned.	**SD** **SD**
e.	**<u>Primary Care Antimicrobial Guideline</u>** Mr Dhadli reported that, due to the recent CCG organisational restructure, Dr D Harris was no longer able to update the local antimicrobial formulary and guidance. Therefore it was proposed to adopt the NICE/Public Health England joint 'Summary of Antimicrobial Prescribing Guidance - Managing Common Infections' instead. A summary had been prepared which compared the local guidance to the recommendations of NICE/Public Health England and it was noted that there was little difference apart from the azithromycin dose for chlamydia. The local guidance recommended azithromycin 1g stat or doxycycline but the NICE/Public Health England guidance referred to the first line use of doxycycline 100mg for seven days and second line use of azithromycin 1000mg stat for one day and then 500mg OD for two days.	

Item		Action
	This NICE/Public Health England recommendation was based on more up to date evidence, recently adopted by the British Association for Sexual Health and HIV (BASHH), which referred to increased resistance to single dose azithromycin. **Agreed:** JAPC agreed to adopt the NICE/Public Health England Joint Antimicrobial guideline. **Action:** The local chlamydia guideline would be updated by the Guideline Group.	**SD** **SD**
f.	**<u>UHDBFT Algorithm for Antiplatelet Therapy in Primary PCI</u>** The guideline had been reviewed by Dr Tariq Azeem, UHDBFT Consultant Cardiologist, and no changes had been made. Dr Parkin queried the lack of a reference to concurrent use of proton-pump inhibitors (PPIs) in the guidance – this would be added as a comment box. **Agreed:** JAPC ratified the UHDBFT Algorithm for Antiplatelet Therapy in Primary PCI with the agreed addition with a review date of three years.	**SD** **SD**
8.	**PATIENT GROUP DIRECTIONS**	
a.	The following PGDs from Public Health England effective from 1st May 2019 were noted by JAPC: • Administration of Hepatitis B recombinant DNA (rDNA) vaccine (adsorbed) to individuals considered at increased risk of exposure to hepatitis B virus, at increased risk of complications of hepatitis disease, or post potential exposure to hepatitis B virus. • Administration of Hepatitis B recombinant DNA (rDNA) vaccine (adsorbed) to individuals who are 15 years of age or over and are on haemodialysis, a renal transplantation programme or have chronic renal failure that is likely to require haemodialysis or transplant.	
9.	**SHARED CARE GUIDELINES**	
a.	**<u>Cinacalcet in Primary Hyperparathyroidism</u>** Mr Dhadli advised that an amendment had been made to the shared care guideline. Cincalcet was now indicated for the treatment of acute hypercalcaemia (symptomatic with calcium between 2.85-3.00mmol/L or biochemically severe hypercalcaemia calcium >3.0mmol/l) due to primary hyperparathyroidism, when parathyroidectomy was contraindicated or not clinically appropriate and would avoid the need for further admission to hospital. This was in line with the NHS England commissioning policy. Dr Markus highlighted an overlap in the requirement in the GP responsibilities section to monitor serum calcium every six months and the consultant responsibilities section which referred to the need to make arrangements for annual monitoring of parathyroid hormone (PTH) and bone profile in secondary care once a stable dose was established. It was agreed that the six monthly calcium serum test would be undertaken annually by the GP practice and annually by secondary care together with the PTH and bone profile at six-monthly intervals.	

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	Agreed: JAPC approved the shared care guideline for cinacalcet in primary hyperparathyroidism, subject to approval of the revised wording in the GP responsibilities section, with a review date of three years.	**SD**
b.	**Degarelix** It was noted that there had been no significant changes to the shared care guideline for degarelix in the treatment of adult male patients with advanced hormone-dependant prostate cancer. It was agreed that this should continue as a shared care as the patients had advanced hormone-dependant prostate cancer and were unlikely to be discharged from secondary care. **Agreed:** JAPC approved the degarelix shared care guideline for the treatment of adult male patients with advanced hormone-dependant prostate cancer with review date of three years.	**SD**
10.	**MISCELLANEOUS**	
a.	**Responsibility for Vaccinating At Risk Renal Patients against Hepatitis B** Mr Dhadli referred to a communication from NHS England which stated that the responsibility for vaccinating at risk renal patients against Hepatitis B was not in the GMS contract and, with effect from 1st July 2019, the responsibility will fall under secondary care. It had been highlighted that interim arrangements would need to be put in place to ensure a safe transfer of care so that vaccinations could be undertaken in line with existing outpatient appointment schedules. In the light of this the CCG would need to liaise with the local renal service and GP representatives to agree interim processes. It was agreed that the change of responsibility would be included in the bulletin and a check made with the Sheffield and Nottingham Area Prescribing Committees to ascertain that they were aware of this new guidance.	**SD**
b.	**JAPC Stakeholder Map** Mr Dhadli advised that the stakeholder map was an appendix to the JAPC terms of reference and illustrated the interaction with all the relevant groups, committees and organisations in Derbyshire. The stakeholder map had now been updated to include the Derby and Derbyshire Financial Recovery Group and the Derby and Derbyshire Clinical Lay Commissioning Committee. Mrs Needham advised that the sub-groups section should either list all the groups or state 'for example' and then include a selection. In addition, the Operational Prescribing Group box should refer to North, South and City and other organisations such as Public Health England included in the national interfaces box. Mr Dhadli would amend the stakeholder map accordingly.	**SD**
c.	**Prescribing Specification** Mr Dhadli reported that the key therapeutic areas in the Prescribing Specification had been updated with two additional areas to bring in line with the NICE document 'Shared decision making and suicide prevention and optimising medicines and reducing access to medicines as a means of suicide.'	

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11.	**REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)**	
	The RMOC Newsletter 2019 Issue 3 was noted. Mr Dhadli highlighted the following: A summary for a new formulation of hydrocortisone (Alkindi®) that had been referred to RMOC by the Medicines Optimisation Priorities Panel (MOPP). The Committee had been asked to provide advice on whether this formulation represented an efficacious, safe and cost effective option for replacement therapy of adrenal insufficiency in children. The committee had been unable to provide advice on this topic and had referred it back to the MOPP.	
12.	**JAPC BULLETIN**	
	The April 2019 bulletin was ratified.	**SD**
13.	**MHRA DRUG SAFETY UPDATE**	
	The MHRA Drug Safety Alert for April 2019 was noted. Mr Dhadli highlighted the following MHRA advice: • Yellow fever vaccine (Stamaril®) and fatal adverse reactions: extreme caution needed in people who may be immunosuppressed and those sixty years and older. • Valproate medicines and serious harms in pregnancy: new Annual Risk Acknowledgement Form and clinical guidance from professional bodies to support compliance with the Pregnancy Prevention Programme. The Annual Risk Acknowledgement Form has been updated following feedback from healthcare professionals and stakeholders and should be used for all future reviews of female patients on valproate. The form can now be used to record when the specialist considers the patient not to be at risk of pregnancy; either permanently or until the date of the next annual review. • Belimumab (Benlysta▼): increased risk of serious psychiatric events seen in clinical trials – this was locally classified as RED. • Pregabalin (Lyrica®), gabapentin (Neurontin®) and risk of abuse and dependence: new scheduling requirements from 1st April 2019. Dr Watkins referred to patients who had gone from prison to a bail hostel and subsequently attended a GP practice but had no medical or medication history. Dr Watkins queried whether any action could be taken to resolve this situation as there was usually a delay in receiving this information from the prisons. Mr Dhadli would follow up this issue with NHS England and Justice who were responsible for commissioning healthcare for children, young people and adults across secure and detained settings including prisons.	**SD**
14.	**HORIZON SCAN**	
a.	**<u>Monthly Horizon Scan</u>** Mr Dhadli advised JAPC of the following new drug launches, new drug formulations, licence extensions and drug discontinuations: New drug launches in the UK: • Trastuzumab biosimilar (Trazimera®) – To remain classified as **RED** as per NHS England commissioning intentions.	

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	Licence extensions: • Alirocumab (Praluent®) – To remain classified as **RED**. • Beclometasone + formoterol (Fostair NEXThaler) – To remain classified as **GREEN**. • Blinatumomab (Blincyto®) – To remain classified as **RED**. • Dapagliflozin (Forxiga®) – To remain classified as **BROWN**. • Emicizumab (Hemlibra®) – To remain classified as **RED**. • Glecaprevir + pibrentasvir (Maviret®) – To remain classified as **RED**. • Pembrolizumab (Keytruda®) – To remain classified as **RED/BLACK**. • Rituximab (MabThera®) – Treatment of adults with severe, active granulomatosis with polyangiitis (Wegener's) and microscopic polyangiitis – To remain classified as **RED**. • Rituximab (MabThera®) – Treatment of patients with moderate to severe pemphigus vulgaris – To remain classified as **RED**.	
b.	**NICE Horizon Scan** Mr Dhadli highlighted the following clinical guidelines which may be of relevance to JAPC: Clinical Guidelines: • Ulcerative Colitis (update) – May 2019. • Stroke and transient ischaemic attack in over 16s: diagnosis and initial management (update) – May 2019. • Crohn's Disease Management – May 2019. • Chronic obstructive pulmonary disease in over 16s: diagnosis and management – July 2019. • Hypertension in adults: diagnosis and management – August 2019. • Cannabis-based products for medicinal use – October 2019. • Venous thromboembolic diseases: diagnosis, management and thrombophilia testing (2019) – November 2019. • Thyroid disease: assessment and management – November 2019. • Depression in adults: treatment and management – February 2020. • Acute coronary syndromes – May 2020. • Chronic pain: assessment and management – August 2010. • Atrial fibrillation: management – August 2020. • Acne Vulgaris: Management – January 2021. • Epilepsies in children: diagnosis and management – April 2021. • Epilepsies in adults: diagnosis and management update – April 2021. NICE Technology Appraisal: • Clostridium botulinum neurotoxin type A for treating hypersalivation associated with neurological conditions – October 2019.	
15.	**NICE SUMMARY**	
	Mrs Qureshi informed JAPC of the comments for the CCG which had been made for the following NICE guidance in April 2019: TA 573 Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma – Classified as **RED** (NHS England as per NICE TA 573).	

Item		Action
	TA 574 Certolizumab pegol for treating moderate to severe plaque psoriasis – Classified as **RED** as per NICE TA 574. TA 575 Tildrakizumab for treating moderate to severe plaque psoriasis – Classified as **RED** as per NICE TA 575. TA 576 Bosutinib for untreated chronic myeloid leukaemia – Classified as **BLACK** (terminated appraisal as per NICE TA 576). TA 577 Brentuximab vedotin for treating CD30 – positive cutaneous T-cell lymphoma – Classified as **RED** (NHS England as per NICE TA 577). NG123 Urinary incontinence and pelvic organ prolapse in women: management – It was confirmed that the Primary Care Management of Overactive Bladder (OAB) local guideline covered most of the guidance contained in this NICE guidance including the use of anticholinergic medicines.	
16.	**GUIDELINE GROUP ACTION TRACKER**	
	The summary of key messages from the Derbyshire Medicines Management Shared Care and Guideline Group meeting held in April 2019 was noted. Mr Dhadli highlighted the following: Traffic Lights: • Latanoprost plus timolol (Fixapost®) – Classified as **GREEN** consultant/ specialist initiation. This had been added to the glaucoma guideline. Unit dose preservative formulation. Clinical Guidelines: • Tailored combined hormonal contraception (CHC) – The Faculty of Sexual and Reproductive Healthcare (FSRH) guidance on CHC had been updated. • Emollient guideline – Epimax Oatmeal cream added as a cost effective treatment option for mild dry skin. Website Changes/Miscellaneous: • Adult asthma diagnosis algorithm (North Derbyshire and South Derbyshire) added to the respiratory section under relevant resources. This had been developed by the Condition Specific Pathways team at the CCG. • Advice added to the formulary chapter nutrition. A ketogenic diet was a therapeutic diet that needed to be carried out under close medical supervision. Specialist advice should be followed for prescribable items. • The Derbyshire Medicines Management Team had reviewed the detailing aids and decided to only keep CKD, COPD and NOACs. These would be relocated to the corresponding formulary chapter page. • The Derbyshire Repeat Prescription Management Code of Practice guidance had been updated. Third party ordering should only be considered if patient was unable to order their own medications and that electronic repeat prescription dispensing was not appropriate. • NHS England advice on care home Influenza outbreak had been added to the Medicines management website under other useful guidelines - Social Care and Care Homes.	

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	Guideline Timetable: • The guideline table action summary and progress was noted by JAPC.	
17.	**BIOSIMILAR REPORT**	
	The cumulative uptake for all the biosimilar medicines broken down to UHDBFT (Derby site), CRHFT and UHDBFT (Burton site) was noted by JAPC. Mr Dhadli highlighted that the biosimilar etanercept uptake at UHDBFT (Derby site) was currently indicated as red and a plan had been developed by the Trust to address this. Mr Newman advised that feedback had been received from NHS Improvement that the savings across the country obtained from the switch to biosimilars in 2018/2019 was £280 million. During the last three years savings in the region of £750 million had been achieved which was a highly significant saving for the National Health Service. Mr Dhadli stated that only model hospital data was available for UHDBFT (Burton site) until March 2019 and this would be collated from April 2019. It was noted that the UHDBFT (Burton site) adalimumab data for March 2019 was awaited.	
18.	**TRAFFIC LIGHTS – ANY CHANGES?**	
	Classifications Dymista® (Azelastine hydrochloride/fluticasone propionate) – BROWN Slenyto® prolonged release melatonin tablets – BLACK Daratumumab with bortezomib and dexamethasone – RED (NHS England as per NICE TA 573) Certolizumab pegol – RED (as per NICE TA 574) Tildrakizumab – RED (as per NICE TA 575) Bosutinib – BLACK (terminated appraisal as per NICE TA 576) Brentuximab vedotin – RED (NHS England as per NICE TA 577) Hepatitis B – RED (post meeting note for at risk patients)	
19.	**MINUTES OF OTHER PRESCRIBING GROUPS**	
	• Nottingham Area Prescribing Committee 17.01.2019 • JAPC QIPP Working Group 12.02.2019 • DHcFT Medicines Management Committee 28.02.2019 • DHcFT Medicines Management Committee 28.03.2019 • Chesterfield Drugs and Therapeutic Committee 10.03.2019 • Medicines Optimisation Safety Team 07.03.2019 • UHDBFT Drugs and Therapeutic Committee 19.03.2019 • Regional Medicines Optimisation Committee London Meeting 06.03.2019	
20.	**ANY OTHER BUSINESS**	
	Dr Narula queried the traffic light classification for Semglee® insulin glargine biosimilar. Mr Dhadli advised that Semglee® had been assigned a traffic light classification of GREEN positioned ahead of insulin glargine (Lantus®) when a long-acting insulin analogue was indicated in new patients.	

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	Dr Narula queried how information about alternative products could be accessed in out-of-stock or stock shortage situations. Mrs Needham referred to the tracker system on the latest drug supply issues via the Monthly Index of Medical Specialities (MIMS) website – the link would be sent to CET for inclusion on the medicines management website. In addition, the Department of Health Medicines Supply update was sent to GP practices and was also included on the Derbyshire Medicines Management website.	**KN**
21.	**DATE OF NEXT MEETING**	
	Tuesday, 11th June 2019 at 1.30pm in the Coney Green Business Centre, Clay Cross.	