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DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 12th November 2019

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Urea heal and foot products	BROWN Restricted for use in diabetic patients and those with hyperkeratotic skin conditions, after an adequate trial with self-care with a standard emollient. (preferred formulary product is Dermatonics ONCE Heel Balm - 25% urea)
VACOcast diabetic	BLACK
Eflornithine cream	BROWN for facial hirsutism in women (with exceptionality listed in TLC)
Sodium Oxybate	RED CCG commissioned for adult patients with narcolepsy with cataplexy, as per the RMOC criteria through specialist sleep centres.
Ibandronate 50mg tablets	GREEN for breast cancer patients as per NICE NG101
Bee venom (Alutard SQ Bee)	BLACK
Wasp venom (Alutard SQ Wasp)	BLACK
Voretigene	RED
Idelalisib	BLACK
Botulinum neurotoxin type A (Xeomin)	RED
Lanadelumab	RED
Rivaroxaban (2.5mg tablets)	BROWN after consultant/specialist initiation
Ramucirumab	BLACK

Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Vacuum Pumps	RED GP's can accept initial prescribing after assessment or on-going prescribing for replacement pumps if the specialist provides an APC approved shared care protocol or evidence the device is approved by another APC.
Moxonidine	BROWN from GREEN, reserved for patients unable to tolerate other treatment recommended in hypertension guideline.
Pyridostigmine	GREEN Specialist Initiation and dose titration for the use of Myasthenia gravis.

Clinical Guidelines

Oral anti-coagulation with warfarin
Continence Appliance Prescribing – Community guideline
Continence Appliance Prescribing – Hospital guideline

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Continence Prescribing – Top Tips for Community Nursing Teams & Prescription Clerks
Continence product request form
Management of Hypertension using ABPM
Pharmacological treatment of premature ejaculation & Position statement for dapoxetine

Patient Group Directions (PHE)
Low-dose diphtheria, tetanus and inactivated poliomyelitis vaccine (Td/IPV)

Shared Care Guidelines
Ciclosporin for patients 16+ years
D-Penicillamine
Leflunomide for patients 16+ years
Dronedarone
Naltrexone – for the maintenance of alcohol abstinence

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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)
Dr H Hill	GP Prescribing Lead
Mrs K Needham	Assistant Director of Medicine Optimisation and Delivery
Mrs S Qureshi	Head of Medicines Management, Clinical Policies and High Cost Interventions
	Assistant Director of Medicines Management Strategy and Rightcare / Clinical Policy Assurance
Ms N Bridge	Deputy Chief Finance Officer
Ms A Reddish	Clinical Quality Manager – Primary Care
Derby City Council	
Derbyshire County Council	
University Hospitals of Derby and Burton NHS Foundation Trust	
Dr W Goddard	Chair – Drugs and Therapeutic Committee
Ms A Brailey	Deputy Chief Pharmacist
Mr R Sutton	Pharmacist
Derbyshire Healthcare NHS Foundation Trust	
Mr S Jones	Chief Pharmacist
Chesterfield Royal Hospital NHS Foundation Trust	
Mr M Shepherd	Chief 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	Senior Medicines Optimisation Pharmacist
In Attendance:	
Mrs K Rogers	Derby and Derbyshire CCG Senior Administrator (minutes)

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Item		Action
1.	**APOLOGIES**	
	Dr K Markus, Mr S Hulme, Dr R Dewis, Dr R Gooch, Ms J Derricott	
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 10 SEPTEMBER 2019**	
	The minutes of the meeting held on 8th October 2019 were agreed as a correct record.	
5.	**MATTERS ARISING**	
a.	**Avastin** Mr Dhadli reported that at the previous months JAPC meeting he advised that he would contact local ophthalmologists to seek their views on the recently published MHRA advice on the use of Avastin. This was in regards to whether Avastin is classed as off licence or off label in Age-related Macular Degeneration (ARMD) and how this may affect NHS patients that consultants wish to treat with it. The consultants at the University Hospital of Derby and Burton NHS Foundation Trust (UHDBFT) were in agreement with Chesterfield Royal Hospital NHS Foundation Trust (CRHFT) and highlighted that there is still ongoing uncertainty in regards to the legal position surrounding this and the willingness of Roche Pharmaceutical Company to supply sufficient amounts of Avastin to meet demand. There are also issues around the aseptic manufacturing capacity and the loss of patent protection for Avastin in 2020. The consultants confirmed that they would not want to use Avastin to treat ARMD when there is a licenced preparation available for this indication.	
b.	**Amiodarone** Mr Dhadli advised that amiodarone is included in NHS England's 'Items which should not routinely be prescribed in primary care' version two document, which recommends that amiodarone could be a shared care agreement and should not be initiated in primary care. A shared care agreement has been developed and it was brought to the JAPC meeting in September 2019 where members had some questions about the ECG monitoring in primary care. Mr Dhadli sought clarification as to what to look for in an abnormal ECG. The Cardiovascular Right Care Groups were contacted however no feedback has currently been received. Consultant Cardiologists Dr T Azeem and Dr P Sheridan from CRHFT have advised that if there is a QTc interval of $\geq$500 milliseconds, this would be classed as abnormal. Dr Azeem also advised that a prolonged PR interval (>240millisecond), Morbitz Type 2 AV block or complete heart block are other	

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	signs to look for during ECG monitoring, as these too would be abnormal. **Action:** Mr Dhadli advised that he will update the amiodarone shared care agreement to reflect this information and bring it to the December 2019 JAPC meeting.	**SD**
c.	**<u>Children's Continence Service - Macrogol PGD</u>** Mr Dhadli stated that Derbyshire Healthcare NHS Foundation Trust (DHcFT) has proposed the use and approval of PGD's for the children's continence service, to enable initial provision of medication from nurse led clinics. The PGD's were brought to October 2019 JAPC meeting and members asked for clarification to be sought with DHcFT in regards to the most cost effective options in line with formulary choices, if macrogol is to be prescribed as maintenance treatment in primary care. Mr Dhadli has not currently received a response. Mr Jones asked how the committee would like DHcFT to proceed and Mr Dhadli advised that the recommendation is for Macrogol to be prescribed as the CCG's preferred brand (Laxido) for maintenance treatment in primary care.	**SJ**
d.	**<u>Liothyronine</u>** Mr Dhadli reported that the liothyronine position statement and liothyronine in combination with levothyroxine shared care agreement were to be uploaded to the Derbyshire Medicines Management website, following this JAPC meeting. The position statement had been circulated to committee members via email and there were no comments received to date. Ms Bamford asked what action GP's should take if there are any abnormalities detected when monitoring thyroid levels, Dr Emslie suggested that if this were in regards to the levothyroxine dose then GP's may be happy to make a slight adjustment to this, however if it were to do with the liothyronine dose then GP's should seek advice from the endocrinology specialist. Mrs Needham advised that once the liothyronine documents are available on the Derbyshire Medicines Management website and the JAPC Bulletin has been circulated, it is likely there will be a small number of queries, some of which may be due to health care systems that are unable to update as quickly. Any queries aim to be resolved in a timely manner. Dr Emslie added that there will be a discussion at the next Derbyshire Prescribing Group meeting to discuss what actions need to be taken for any patients that are currently taking liothyronine and haven't yet had a review appointment.	
e.	**<u>Sodium Aurothiomalate</u>** Mr Dhadli reported that sodium aurothiomalate has been discontinued; this was previously under a shared care agreement which has continued to remain in place whilst waiting for confirmation on patient numbers and whether they have been changed to an alternative medication. Mrs Needham confirmed that all GP practices prescribing sodium aurothiomalate have been notified and so the expectation is that all relevant patients have now been reviewed and where appropriate taken off this. Mr Dhadli confirmed that he will remove the shared care agreement from the Derbyshire Medicines Management website, along with any previous traffic light classifications.	**SD**

Item		Action
f.	**GlucoRx Safety Needles** Mr Dhadli advised that there is some online training available for the use of GlucoRx Safety Needles, however Derbyshire Community Health Service NHS Foundation Trust (DCHSFT) feel that the training material needs some improvement before their nursing teams are advised to start following this. Ms Braithwaite has contacted the Pharmaceutical company who are looking to provide something more suitable.	
6.	**JAPC ACTION SUMMARY**	
a. b.	**Hydroxychloroquine** Mr Dhadli advised that this work may be ongoing for a number of months; currently outreach services are being looked at in regards to ocular monitoring. An options document is being considered for the Clinical and Lay Commissioning Committee (CLCC). In principle it has been agreed that monitoring is required for hydroxychloroquine, however the details for this are a work in progress. **Ibandronic acid** Mr Dhadli informed the committee that a paper for this is due to go to the next CLCC meeting; however the business case may now need to go to a Financial Recovery Group (FRG) meeting. Mr Dhadli would report back on progress through the CCG.	
7.	**NEW DRUG ASSESSMENT**	
a. b.	**Urea heel and foot products** Mrs Qureshi reported that the request has come after a review of the Mid Essex restrictive policy. The recommendation is to blacklist or restrict the prescribing of heel balms/creams containing urea for the treatment of cracked heels. Mrs Qureshi has been in contact with a podiatry manager and a GP with a specialist interest in dermatology, who recommended that first line treatment should be to self-care using a standard emollient, if this doesn't work then a urea based product can be prescribed, however this would specifically be for diabetic patients or patients with hyper keratotic skin conditions such as eczema and psoriasis. When a urea based product is required, Dermatonics once heel balm is the preferred formulary choice. Mrs Qureshi advised the committee of some prescribing for Flexitol heel balm within Derbyshire, if this were to be switched to Dermatonics once heel balm then this would result in savings of approximately £1,600. **Agreed:** JAPC classified urea heel and foot products as **BROWN restricted for use in diabetic patients and those with hyperkaeratotic skin conditions, after an adequate trial of self-care with a standard emollient. (Preferred brand - Dermatonics ONCE Heel Balm (25% urea))** **VACOcast Diabetic** Mr Dhadli advised that VACOcast is a new medical device that has been added into the drug tariff. After looking at the evidence base it is very limited as to what information is available for this. Mr Dhadli has also looked at NICE NG19 for diabetic foot problems and liaised with Dr F Game Consultant	**SD**

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	Diabetologist at UHDBFT. Products that are available in comparison to VACOcast are not currently listed on the drug tariff. The overall consensus is that there's a lack of NICE guidance and national evaluation of the product. There is also a lack of evidence to demonstrate cost effectiveness, therefore the committee agreed to classify this as BLACK pending national review. **Agreed:** JAPC classified VACOcast diabetic as **BLACK** pending national review or clinician request via Drugs and Therapeutics Committee.	**SD**
c.	**Eflornithine** Mrs Qureshi reported that eflornithine currently has a BROWN classification for facial hirsutism and consideration is being made to restrict the prescribing further by adding additional criteria taken from a PrescQipp document. This was agreed by the committee. **AGREED:** JAPC classified eflornithine cream as **BROWN for facial hirsutism in women.** Before considering eflornithine cream: • Women who are overweight or obese should be encouraged to lose weight • Check underlying cause as hirsutism may result from serious medical conditions or from medications (e.g. ciclosporin, glucocorticoids or minoxidil) • The primary option for the majority of women with hirsutism is self-funded cosmetic treatments for reduction of hair growth or removal (e.g. shaving, plucking, laser treatment or electrolysis) • Eflornithine should only be considered for use in women after failures of self-care and lifestyle measures, where alternative drug therapy e.g. co-cyprindiol, is ineffective, not recommended, contra-indicated or considered inappropriate. • Treatment with eflornithine does not remove hairs but slows down hair growth such that users require less frequent hair removal by other methods • Treatment should be discontinued if no effects are seen within 4 months	**SD**
d.	**Sodium Oxybate** Mr Dhadli advised that the Midlands and East Regional Medicines Optimisation Committee (RMOC) have produced some advisory information surrounding sodium oxybate. This is a tariff excluded drug which is currently dual commissioned by NHS England for children up to the age of nineteen and CCG's who commission this for adults aged nineteen and over. This topic was initially raised through the RMOC system due to inconsistencies across England regarding access to sodium oxybate when a patient prescribed sodium oxybate as a child transitions to adulthood. RMOC have produced a commissioning statement which sets out who commissions this for what age groups, this also includes clinical criteria. The document looks at international classification for sleep disorders for narcolepsy and patients with co-morbidities. It also discusses the use of sodium oxybate in specialist sleep centres for narcolepsy and cataplexy and it identifies criteria for initiating, continuation and stopping treatment. The evidence base remains the same and there is no cost effective analysis. NHS England estimate there will be 10 paediatric patients newly diagnosed	

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	each year who will require treatment. This is a national position set out as to what CCG's should be commissioning. Sodium oxybate is currently classified as BLACK, therefore JAPC are to consider re-classifying this for ages nineteen and over. Mr Dhadli first stated inequity if this remained available for Children and not for adults, clarifying that there will be two different cohorts of patients as there are children transitioning to adulthood and newly identified adults, although the numbers would be small. The committee recommended classifying this as RED for adults as per RMOC position statement through specialist sleep centres. Mr Dhadli informed JAPC members that this was a tariff excluded drug and best managed in a non-primary care setting. Mrs Qureshi asked if UDHBFT had sleep specialists, Dr Goddard responded to say that they have sleep clinics for sleep apnoea, however this is different to treating patients with narcolepsy. **Agreed:** JAPC classified sodium oxybate as **RED CCG commissioned for adult patients with narcolepsy with cataplexy, as per the RMOC criteria through the specialist sleep centres.**	**SD**
e.	**Bisphosphonates in breast cancer** Mr Sutton presented a business case for bisphosphonates in breast cancer produced by UHDBFT. He advised that everyone appears happy with the clinical aspect of the re-classification of ibandronic acid for use in breast cancer; however the financial details still need to be agreed. JAPC recommend that it be classified as GREEN from RED; this will then align with the North of Derbyshire and follow the recommendations in NICE NG101. Mr Dhadli asked Ms Bridge whether a paper will need to go to the Derby and Derbyshire CCG Financial Recovery Group (FRG), a paper is planned to go to the Clinical and Lay Commissioning Committee (CLCC) in regards to the clinical aspect. Ms Bridge responded to say that due to the value of this it will most likely need to go to an FRG meeting, however Ms Bridge will check this and confirm at the December 2019 JAPC meeting. Mr Shepherd asked what will happen if the business case is not accepted at the CLCC and/or FRG meetings, Mr Dhadli responded to say that Derby and Derbyshire CCG would have to look at what their priorities are however should it not be approved, the CCG would be accountable for their decision but stated refusal to commission to be very unlikely. Mr Shepherd expressed how he felt there had been an issue with due process in terms of equity. Ms Braithwaite also expressed concerns about how long this process is taking whilst waiting for a decision from commissioners, and the impact this has on patients. Dr Emslie confirmed that JAPC members supported the NICE guideline (NG101), however recognised JAPC as non-budgetary holders. **Agreed:** JAPC agreed the classification of ibandronic acid as **GREEN from RED** pending approval at the CLCC/FRG meetings.	**NB**
8.	**CLINICAL GUIDELINES**	
a.	**Oral anti-coagulation with warfarin** Mr Dhadli stated that the oral anti-coagulation with warfarin guideline was due	

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	for its periodic review. This was circulated for comment to consultants and pharmacists within UDHBFT, CRHFT and DDCCG. Mr Dhadli advised that he'd had confirmation from Ms T Omorinoye Medicines Management Pharmacist, that there isn't an anticoagulation steering group; one may have existed in the past. Dr T Narula who is a representative of the cardiovascular group didn't have any further comments to add. Following feedback from the consultants, amendments to the guideline include emphasis on the duration for pulmonary embolus (PE) and proximal Deep Vein Thrombosis (DVT) in the treatment duration table. The CHA_2DS_2 VASc score has also been added into this table. Training resource information has been updated along with some minor wording changes on page 5. A treatment for major bleeding in secondary care was taken out of the guideline as this is no longer accurate; 'the use of DOACs may be considered on specialist advice' was added to page 11.	
	Agreed: JAPC ratified the guideline on Oral Anticoagulation with Warfarin with a review date of 3 years.	**SD**
b.	**<u>Continence</u>** Mr Dhadli reported that the continence guidelines have been reviewed and updated. This includes a continence hospital guideline, continence community formulary, continence product order sheet and a continence top tip detailing aid. It was updated primarily by Ms H Greaves Lead Clinical Nurse Specialist DCHSFT, who noted that UHDBFT are not complying with some of the formulary choices. Mr Dhadli informed the committee that this will be investigated separately to find out the reasons for this. The formulary choices have been updated within the guidelines to reflect cost effective options and pictures have been added to make it easier for selection. Mrs Needham commented that the uptake and implementation of the formulary choices must be followed up with UHDBFT; Mrs Needham also added that the Top Tips document currently refers to utilising the Medicines Order Line (MOL), however this service isn't available across all areas of the county, therefore the document will need to be updated to show where it is available.	**SD**
	Mr Sutton asked if there are any implications for removing UHDBFT as a stakeholder on this, Mr Dhadli responded to say ideally UHDBFT are encouraged to use the formulary choices as he believes a number of stakeholders will have been involved in the consultation process. Dr Emslie advised that a working group is due to be set up shortly to resolve the issue of engagement with UHDBFT, therefore she felt it best to await the outcomes of this and then review. Dr Emslie suggested that changes to formulary choices be communicated out to GP Practices.	**SD**
	Agreed: JAPC ratified Continence Prescribing – Hospital Guidelines and Community Guideline, Top Tips for Community Nursing Teams and Prescription Clerks, Continence Product Request form with a review date of 3 years.	**SD**
c.	**<u>Hypertension</u>** Mr Dhadli advised that there are some amendments to the hypertension guideline following the publication of NICE NG136 hypertension guidelines at	

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	the end of August 2019. Mr Dhadli informed the committee that under 'diagnosis and definitions', the hypertension definition of stage one, two and three have been included. The referral section on page 2 has been amended to include criteria for 'refer for same day specialist assessment'. The flow chart for diagnosis and drug treatment on page 4 has been updated with hypertensive and type two diabetes monitoring and there is now a lower threshold for starting antihypertensive treatment (10% QRISK vs 20% previously). A discussion took place around the use of bendroflumethiazide and indapamide for new patients. The committee were in agreement that bendroflumethiazide, a thiazide diuretic should remain the first line choice. Mr Dhadli also mentioned Q-intervention; this is not validated by NICE however it is a useful tool for clinician discussion with patients about treatment. It enables risk calculation of diabetes, heart disease, or stroke over the next 10 years and shows how that risk could change with interventions. It also shows unintended effects of statins. **Agreed:** JAPC ratified the guideline on Management of Hypertension using ABPM with a review date of 3 years.	**SD**
d.	**<u>Pharmacological treatment of premature ejaculation & Dapoxetine position statement</u>** Mr Dhadli stated that there has been an update on prices within this position statement, everything else remains the same. **Agreed:** JAPC ratified the position statement for dapoxetine with a review date of 3 years.	**SD**
9.	**PATIENT GROUP DIRECTIONS**	
a.	The following PGD from Public Health England effective from 1st November 2019 was noted by JAPC: • Low-dose diphtheria, tetanus and inactivated poliomyelitis vaccine (Td/IPV)	
10.	**SHARED CARE**	
a.	**<u>Ciclosporin</u>** Mr Dhadli reported that ciclosporin has been updated in line with the British Society for Rheumatology (BSR) guidance. As discussed at the October 2019 JAPC meeting, a live vaccine can be used if it has a defined dose within the shared care, where defined doses are not available the GP's are advised to liaise directly with the consultant to get specific advice on a case by case basis. Other minor changes include an update to contact details and information regarding pregnancy/breast feeding from the Summaries of Product Characteristics (SPC). Consultants from UHDBFT and CRHFT were contacted as part of the review process. **Agreed:** JAPC ratified the shared care agreement Ciclosporin for patients 16+ years, with a review date of 3 years.	**SD**
b.	**<u>D-Penicillamine</u>** Mr Dhadli advised that a routine review has been done for the D-Penicillamine	

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	shared care agreement. The BSR guidance no longer lists D-Penicillamine; however the Clinical Knowledge Summaries (CKS) reflects the BSR guidance, although not specifically listing it. Therefore the suggestion was to adopt advice within CKS aligned to the general BSR advice. **Agreed:** JAPC ratified the shared care agreement for D-Penicillamine with a review date of 3 years.	**SD**
c.	**<u>Leflunomide</u>** Mr Dhadli stated that the leflunomide shared care agreement has been brought to this JAPC meeting to be ratified, following clarification in regards to the live vaccine query. At the October 2019 JAPC meeting it was agreed that where there is evidence that a live vaccine can be used with defined doses this can be included into the shared care guidelines; where defined doses are not available the GP's are advised to liaise directly with the consultant to get specific advice on a case by case basis. **Agreed:** JAPC ratified the shared care agreement Leflunomide for patients 16+ years with a review date of 3 years.	**SD**
d.	**<u>Dronedarone</u>** Mr Dhadli advised that the dronedarone shared care agreement has been reviewed and updated. There are no clinical changes to this document. **Agreed:** JAPC ratified the shared care agreement for Dronedarone with a review date of 3 years.	**SD**
e.	**<u>Naltrexone</u>** Mr Dhadli reported that the Naltrexone shared care agreement for the maintenance of alcohol abstinence has been reviewed by Ms C Jones Specialist Substance Misuse Pharmacist, DHcFT. There were very minor changes to this document including the terminology for 'discharge/refer' which has been replaced with 'transfer'. Mrs Needham pointed out that it still refers to Derbyshire County only and this can often cause some issues if there are patients receiving this service who live within Derby City. Mr Jones suggested amending this to say 'for patients in services commissioned by the appropriate body', the committee were in agreement. **Agreed:** JAPC ratified the shared care agreement Naltrexone – for the maintenance of alcohol abstinence, with a review date of 3 years.	**SD**
11.	**MISCELLANEOUS**	
a.	**<u>Horizon Scan 2020/21</u>** Mrs Qureshi informed the committee that the Horizon Scan 2020/21 has been tabled at the meeting for information as the UK cost calculator has not yet been issued. Mrs Qureshi gave a brief overview of the document. This will be brought back to a future JAPC meeting with cost calculator information, to look at implications on primary care and high cost drug spend.	**SQ**

Item		Action
b.	**Equality Impact Assessment (EIA)/Quality Impact Assessment (QIA)** Mr Dhadli confirmed that he has circulated the JAPC EIA/QIA to JAPC members and he hasn't received any comments back. This document has been developed due to the Director of Nursing within Derby and Derbyshire CCG looking into all decision making processes within the CCG and considering whether they require an EIA/QIA. This includes drug, decision and formulary changes within the JAPC committee. Mr Dhadli then produced a document which outlines how JAPC makes its decisions around shared cares, formularies and switches. This explains that JAPC members should have due regard for all of its decision making. All BLACK drugs will require a full EIA/QIA where no alternative drug is available to the patient. An EIA/QIA section is included in the JAPC front cover sheet and an assessment document will be embedded into this for process purposes. Mr Dhadli has also recommended to clinical quality that training be made available to new members and they should be required to acknowledge they have read about EIA/QIA in the annual declaration of interest. This document will be going to a future Quality and Performance Committee meeting to ensure the system is aware.	**SD**
c.	**PCSK9 algorithm** Mrs Qureshi reported that the PCSK9 algorithm is a new commissioning algorithm. It sets out Derby and Derbyshire CCG's position to only commission one switch from a PCSK9 inhibitor to another, as there is evidence to show patients are being switched several times between the two available drugs. A discussion took place as to whether this is the best way forward, as there were some concerns that if the first drug is not ideal and a patient then goes onto the second drug only to find they cannot tolerate it, they can no longer switch back to the first drug. Mr Dhadli disagreed with this and stated the issue and cost effectiveness of switching is an ongoing topic for biologics and this treatment pathway was no different. Mr Dhadli advised that this commissioning algorithm is in line with the NICE TA and clinicians are happy with it. Dr Emslie expressed the opinion that this should be re-visited should issues be identified in the future.	
d.	**Prescribing specification** Mr Dhadli advised that the prescribing specification has been amended to reference the regional decision making process following feedback from Mr Sutton at the previous JAPC meeting. Mr Dhadli confirmed it is now ready to go into the contracts to providers.	**SD**
e.	**Terms of Reference** Mr Dhadli reported minor changes to the JAPC Terms of Reference (ToR). Membership has now been split into two categories for clinicians and non-clinicians, DDCCG Primary Care Quality have also been included into the membership. The ToR requires three GP members, one of those being the chair. Ms Bamford queried where representation for Staffordshire CCG's fits within the ToR, Mr Dhadli responded to say that he would add this. Ms Bamford would inform Mr Dhadli of a named deputy who could attend JAPC meetings in her absence.	**SD** **SB**

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f.	**Tofacitinib** Mrs Qureshi informed the committee that a European Medicines Agency (EMA) warning in regards to tofacitinib has been added to the ulcerative colitis commissioning algorithm.	
g.	**Cannabis based medicinal products interim policy position statement** Mr Dhadli stated that the Care Quality Commission (CQC) have issued an interim policy position statement for cannabis based medicinal products. The policy sets out CQC's requirements for registered providers and prospective registrants.	
12.	**REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)**	
	Mr Dhadli advised that as a result of some outputs from RMOC, a working group has been set up to look at deprescribing. The committee agreed that the best way to utilise this information would be to add a link from the Derbyshire Medicines Management website and to include this as a resource in the JAPC bulletin.	
13.	**JAPC BULLETIN**	
	The October 2019 bulletin was ratified.	
14.	**MHRA DRUG SAFETY UPDATE**	
	The MHRA Drug Safety Alert for October 2019 was noted. Mr Dhadli highlighted the following MHRA advice: • Ingenol mebutate gel (Picato▼): increased incidence of skin tumours seen in some clinical studies. Advise patients using ingenol mebutate gel to be vigilant for the development of any new skin lesions within the treatment area and to seek medical advice immediately should any occur. • Nivolumab (Opdivo): reports of cytomegalovirus (CMV) gastrointestinal infection or reactivation. Patients on nivolumab who present with diarrhoea or other symptoms of colitis, and those who do not respond to steroid treatment for immune-related colitis, should be investigated to exclude other causes, including infections such as cytomegalovirus (CMV). • Prescribing medicines in renal impairment: using the appropriate estimate of renal function to avoid the risk of adverse drug reactions. For most patients and most medicines, estimated Glomerular Filtration Rate (eGFR) is an appropriate measure of renal function for determining dosage adjustments in renal impairment; however, in some circumstances, the Cockcroft-Gault formula should be used to calculate creatinine clearance (CrCl). • Adrenaline auto-injectors: recent action taken to support safety. Healthcare professionals should be aware of alerts and letters issued about adrenaline auto-injectors in September and October 2019. This article provides a summary of recent advice issued to healthcare professionals, including information to provide to patients, to support safe use of adrenaline auto-injectors.	
15.	**HORIZON SCAN**	
a.	**Monthly Horizon Scan** Mr Dhadli advised JAPC of the following new drug launches, new drug formulations, licence extensions and drug discontinuations:	

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	New drug launches in the UK: • Inotersen (Tegsedi) – remains classified as **RED** (as per NHS England commissioning intentions) New formulation launches in the UK: • Adjuvanted Trivalent Influenza Vaccine – classified as **GREEN** (as per national immunisation programme) • Bee venom (Alutard SQ Bee) – no current traffic light classification • Diclofenac sodium (Solacutan) – remains classified as **BROWN** (tablets) **GREEN after consultant/specialist initiation** (gel) • Estriol (Imvaggis) – remains classified as **GREEN** • Wasp venom (Alutard SQ Wasp) – no current traffic light classification Licence extensions/change: • Atezolizumab (Tecentriq) – remains classified as **RED** • Insulin aspart (Fiasp) – remains classified as **GREEN** • Olodaterol (Striverdi Respimat) – remains classified as **BLACK** • Pembrolizumab (Keytruda) – remains classified as **BLACK/RED** • Ranibizumab (Lucentis) – remains classified as **RED** • Tiotropium (Spiriva Respimat) – remains classified as **GREEN** • Tiotropium + olodaterol (Spiolto Respimat) – remains classified as **GREEN** • Trifluridine + tipiracil (Lonsurf) – remains classified as **RED** • Ustekinumab (Stelara) – remains classified as **RED**	
16.	**NICE SUMMARY**	
	Mrs Qureshi informed JAPC of the comments for the CCG which had been made for the following NICE guidance in October 2019: HST11 Voretigene neparvovec for treating inherited retinal dystrophies caused by RPE65 gene mutations – classified as **RED** (NHS England as per NICE HST11). TA604 Idelalisib for treating refractory follicular lymphoma – classified as **BLACK** (NHS England as per NICE TA604). TA605 Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea – classified as **RED** (as per NICE TA605). TA606 Lanadelumab for preventing recurrent attacks of hereditary angioedema – classified as **RED** (NHS England as per NICE TA606). TA607 Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease – classified as **BROWN** after consultant/specialist initiation (as per NICE TA607). TA609 Ramucirumab for treating unresectable hepatocellular carcinoma after sorafenib (terminated appraisal) – classified as **BLACK** (as per NICE TA609).	
17.	**GUIDELINE GROUP ACTION TRACKER**	
	The summary of key messages from the Derbyshire Medicines Management Shared Care and Guideline Group meeting held in October 2019 was noted.	

Item		Action
	Mr Dhadli highlighted the following: Traffic Lights: • Vacuum Pumps (existing/clarification) – classified as RED, GP's can accept initial prescribing after assessment or on-going prescribing for replacement pumps if the specialist provides an APC approved shared care protocol or evidence the device is approved by another APC. • Moxonidine – classified as BROWN from GREEN, reserved for patients unable to tolerate other treatment recommended in hypertension guideline. • Pyridostigmine – classified as GREEN Specialist Initiation and dose titration for the use of Myasthenia gravis. Formulary Update (Chapter 12 – Ear, Nose and Oropharynx): • Minor document maintenance only Clinical Guidelines: • Formulary chapter 7 Obs, gynae, and UT disorders – COC Loestrin 20 and Loestrin 30 (ethinyloestradiol + norethisterone) removed as this has been discontinued. Millinette 30/75 (ethinyloestradiol + gestodene) has been added to the formulary. • Infant feeding Guideline – page 6 PHE advice on vitamin D supplementation updated to recommend OTC supplementation all year round. (Previously only during autumn and winter months) • Freestyle Libre – additional information added on disposal – suitable sharps box includes Sharpsafe disposal unit 4 or 7 litres. • Antidepressant in Moderate and Severe Unipolar Depression (adult) guideline. Page 8-9 table containing examples of drugs associated with QT prolongation removed. Prescribers advised to check SPC/crediblemeds for up-to-date list. Website changes/Miscellaneous: • Medicines in short supply code of conduct document – minor update to include links to SPS/Mims drug live shortage tracker; Practices are to register for updates for the MHRA Central Alerting System. • Principles to determine JAPC Traffic Light Classification for Medical Devices and Appliances (MDaAs) which may be prescribed on an FP10, renewed with no change. • DoH Ranitidine supply disruption Alert – all oral formulations of ranitidine are anticipated to be out of stock, with no date for re-supply until further notice. Advice and link has been added to formulary chapter 1 GI. Guideline Timetable: • The guideline table action summary and progress was noted by JAPC. **Guideline Group Terms of Reference** The committee agreed the Derbyshire Medicines Management Shared Care and Guideline Group Terms of Reference for 2019/20.	**SD**
18.	**BIOSIMILAR REPORT**	
	Mr Dhadli reported that etanercept at UHDBFT has been falling short of expected figures; however this has steadily increased since July 2019.	

Item		Action
	Real numbers have now been included.	
19.	**TRAFFIC LIGHTS – ANY CHANGES?**	
	<u>Classifications</u> Urea Heel & foot products – BROWN restricted for use in diabetic patients and those with hyperkeratotic skin conditions, after an adequate trial with self-care with a standard emollient. (preferred formulary product is Dermatonics ONCE Heel Balm - 25% urea) VACOcast diabetic – BLACK Eflornithine cream – BROWN for facial hirsutism in women Sodium Oxybate – RED CCG commissioned for adult patients with narcolepsy with cataplexy, as per the RMOC criteria through specialist sleep centres. Ibandronate 50mg tablets – GREEN for breast cancer patients as per NICE NG101 Bee venom (Alutard SQ Bee) – BLACK Wasp venom (Alutard SQ Wasp) – BLACK Voretigene – RED Idelalisib – BLACK Botulinum neurotoxin type A (Xeomin) – RED Lanadelumab – RED Rivaroxaban (2.5mg tablets) – BROWN after consultant/specialist initiation Ramucirumab – BLACK	
20.	**MINUTES OF OTHER PRESCRIBING GROUPS**	
	• Nottingham Area Prescribing Committee 18/07/2019 • Sheffield Area Prescribing Committee 18/07/2019 • UHDBFT Drugs and Therapeutic Committee 17/09/2019 • Medicines Optimisation Safety Team 05/09/2019 The following items were highlighted in the Sheffield Area Prescribing Committee minutes: • A letter has been distributed to local optometrist colleagues which promotes the self-care agenda for products such as ocular lubricants. • Approval of ertugliflozin in the Sheffield formulary • Approval of the updated format of NICE/PHE formulary Chapter 5 Infections • Mefenamic acid should not be offered to new patients presenting with dysmenorrhoea and has been classified as BLACK for dysmenorrhoea or menorrhagia. • Azathioprine and Mercaptopurine shared care agreements are to be combined into one shared care agreement.	
21.	**ANY OTHER BUSINESS**	
	There were no items of any other business.	
22.	**DATE OF NEXT MEETING**	
	Tuesday, 10th December 2019 at 1.30pm in the Coney Green Business Centre, Clay Cross.	