**DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)**

**Minutes of the meeting held on 9th April 2024**

# UNCONFIRMED MINUTES

## Summary Points

### Traffic lights

| Drug | Decision |
|---|---|
| Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab | RED as per NICE TA878. For treating COVID-19. ICB commissioned. |
| Fluocinolone acetonide intravitreal implant | RED as per NICE TA953 For treating chronic diabetic macular oedema (Updates and replaces TA301 and TA613) |
| Epcoritamab | RED as per NICE TA954. For treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments. NHSE commissioned. |
| Dupilumab | DNP as per NICE TA955. For treating moderate to severe prurigo nodularis. Not recommended. |
| Etrasimod | RED as per NICE TA956. For treating moderately to severely active ulcerative colitis in people aged 16 and over. ICB commissioned. |
| Momelotinib | RED as per NICE TA957. For treating myelofibrosis-related splenomegaly or symptoms. NHSE commissioned. |
| Ritlecitinib | RED as per NICE TA958. For treating severe alopecia areata in people 12 years and over. ICB commissioned. |
| Daratumumab | RED as per NICE TA959. In combination for treating newly diagnosed systemic amyloid light-chain amyloidosis. NHSE commissioned. |
| Satralizumab | DNP as per NICE TA960. For preventing relapses in neuromyelitis optica spectrum disorders. (Terminated Appraisal). |
| Sebelipase alfa | DNP as per NICE TA961. For treating lysosomal acid lipase deficiency that is not Wolman disease. (Terminated Appraisal). |
| Olaparib | RED as per NICE TA962. For maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy. NHSE commissioned. |
| Human alpha1-proteinase inhibitor | DNP as per NICE TA965. For treating emphysema. (Terminated Appraisal). |
| Infliximab | RED as per NHSE commissioning intentions.<br>SSC2596: for refractory sarcoidosis (excluding neurosarcoidosis) |
| Cabozantinib with nivolumab | RED as per NHSE commissioning intentions.<br>SSC2626: for untreated advanced renal cell carcinoma. |
| Drospirenone (Slynd) | Do Not Prescribe: Await clinician request. ICB commissioned. |
| Elranatamab (Elrexfio) | RED as per NHSE commissioning intentions. |
| Respiratory syncytial virus vaccine (Abrysvo) | Unclassified. NHSE commissioned. |
| Tremelimumab (Imjudo) | RED as per NHSE commissioning intentions. |

**Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights**

| Drug | Decision |
|---|---|
| Morphine 100mcg/ml oral solution | RED: For Neonatal abstinence syndrome (NAS) |
| Morphine 500mcg/ml oral solution | RED: For Neonatal abstinence syndrome (NAS) |
| Eliquis (Apixaban) | DNP: Generic preparation available.<br>For patients that are already on Eliquis prior to the DNP classification treatment should be continued until the next clinical review where their NHS clinician will decide whether it is appropriate to switch |

**New Drug Assessment**
Cytisine
Daridorexant
Tirzepatide
Freestyle Libre 3

| **Present:** | |
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| | |
| **Derby and Derbyshire ICB** | |
| Dr R Gooch | GP (Chair) |
| Mr S Dhadli | Assistant Director of Clinical Policies and Decisions (Professional Secretary) |
| Mrs A Thai | Head of Medicines Management, Clinical Policies and High-Cost Interventions |
| Dr R Dils | GP Clinical Lead, Moss Valley Medical Practice |
| Dr H Hill | GP Prescribing Lead, Derby and Derbyshire ICB |
| Dr A Mott | GP Prescribing Lead, Jessop Medical Practice<br>Clinical Director of ARCH Primary Care Network |
| Mrs C Warner | Senior Public Equality and Diversity Manager |
| Mrs L Gant | Assistant Director of Medicines Optimisation & Delivery |
| **Public Health England** | |
| Mr A Reid | Consultant in Public Health |
| **University Hospitals of Derby and Burton NHS Foundation Trust** | |
| Mrs E Kirk | Lead Pharmacist, High-Cost Drugs and Commissioning |
| Mr D Moore | Deputy Chief Pharmacist, Clinical Services & ePMA |
| **Derbyshire Healthcare NHS Foundation Trust** | |
| Mr S Jones | Chief Pharmacist |
| Dr M Broadhurst | Consultant Psychiatrist |
| **Chesterfield Royal Hospital NHS Foundation Trust** | |
| Mrs G Gough | Chief Pharmacist |
| Mrs C Hardy | Biologics Pharmacist *(part)* |
| **Derbyshire Community Health Services NHS Foundation Trust** | |
| Mrs J Shaw | Principal Pharmacist |
| **DHU Healthcare** | |
| Mr D Graham | Lead Clinical Pharmacist |
| **Staffordshire and Stoke-on-Trent ICB's** | |
| Ms S Bamford | Medicines Optimisation Senior Lead Pharmacist |
| **In Attendance:** | |
| Mrs E Evans | Chief Pharmacy Technician (Interface), UHDB/DDICB |

| Item | | Action |
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| **1.** | **APOLOGIES** | |
| | S Hulme, W Elston, K Needham, J Russell, J Burton | |
| **2.** | **DECLARATIONS OF CONFLICTS OF INTEREST** | |
| | Dr Gooch reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of JAPC. No conflicts of interest were declared. | |
| **3.** | **DECLARATIONS OF ANY OTHER BUSINESS** | |
| | There were no declarations of any other business. | |
| **4.** | **JAPC BULLETIN** | |
| | The March 2024 bulletin was ratified. | |
| **5.** | **MATTERS ARISING** | |
| | **Fluroquinolone**<br>MHRA drug safety update January 2024 states fluoroquinolone antibiotics must now only be prescribed when other commonly recommended antibiotics are inappropriate. Mr Dhadli informed the committee the ICB's antimicrobial pharmacist has given assurance the ICB's guidelines are up to date and no changes have currently been made to NICE guidance. Messages have been added to Optimise Rx to assist in prescribing.<br><br>**Liothyronine for depression**<br>Mr Jones explained that there is a disparity in liothyronine traffic light classification in Derbyshire for different indications. For hypothyroidism the use is supported by shared care agreement but for depression the traffic light classification remains RED. Liothyronine for depression is an evidence base treatment and support by NICE. A discussion took place and it was suggested that a prescribing guideline for its use in depression may be appropriate. DHcFT to draft a prescribing guideline and table at a future meeting. | **DHcFT** |
| **6.** | **JAPC ACTION SUMMARY** | |
| **a.** | **Relugolix-estradiol-norethisterone acetate (Ryeqo)**<br>Remove from action tracker and add to the annual horizon scan existing drug list. | |
| **b.** | **Ranibizumab biosimilar**<br>Remove from action tracker when reporting is stable after 4 months (May 2024). To be tabled at JAPC again by exception if the cumulative value falls below 80% national target. | |
| **c.** | **JAPC Terms of reference**<br>Due to the ICBs transitional changes currently taking place, this will be deferred until November 2024. | |
| **7.** | **NEW DRUG ASSESSMENT** | |
| **a.** | **Cytisine**<br>Mr Dhadli informed the committee tobacco is the leading cause of preventable death and early deaths in the UK and Derby with around 74,600 people in the UK dying from smoking a year. It is a major cause of morbidity | |

| Item | | Action |
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| | and mortality including cardiovascular disease, respiratory disease and strokes. NICE has published an exceptional surveillance report in February 2024 which states that available evidence confirms cytisine as a licensed product has comparable effectiveness, safety and cost to currently recommended products for smoking cessation. Mr. Dhadli presented the evidence from the 2023 Cochrane review on nicotine receptor partial agonists for smoking cessation and Cochrane component network meta-analyses (NMA) on pharmacological and e-cigarette interventions for smoking cessation in adults, which showed results of moderate-certainty evidence that cytisine helps more people to quit smoking than placebo, and there was no clear difference in the number of people reporting serious adverse events compared to placebo. NICE is updating NG209 Tobacco: preventing uptake, promoting quitting and treating dependence. The change in the availability of cytisine in the UK means that it should be considered alongside other interventions for smoking cessation such as nicotine replacement therapy (NRT), bupropion, and varenicline, which is not currently available. The cost of cytisine is comparable to other treatments.<br>Guideline group highlighted that cytisine is not yet available on GP clinical system and not yet included in the drug tariff.<br>Dr Mott highlighted that cytisine should only be prescribed as part of a structured support programme through the stop smoking services.<br>Dr Dils added GPs used to receive requests to prescribe for varenicline from stop smoking service therefore when cytisine becomes available GPs can prescribe via similar mechanism to ensure it is being used appropriately.<br><br>**Agreed:** JAPC agreed a traffic light classification of GREEN in principle, to adopt onto formulary pending availability in the Drug Tariff and clinical system, and cost as stated in DM&D.<br><br>**Action:** To bring back to a future meeting with agreed wording for smoking cessation products commissioned by local authority. | **CPD** |
| **b.** | **<u>Daridorexant</u>**<br>Mr Dhadli advised the committee daridorexant is an orexin receptor antagonist that acts to decrease the wake drive and facilitate sleep. NICE published TA922 Daridorexant for treating long-term insomnia published in October 2023 that recommended daridorexant as an option for treating insomnia in adults with symptoms lasting for 3 nights or more per week for at least 3 months, and whose daytime functioning is considerably affected, only if cognitive behavioural therapy for insomnia (CBTi) has been tried but not worked, or CBTi is not available or is unsuitable. CBTi is the standard first treatment for people with long-term insomnia after sleep hygiene advice is offered but access to CBTi varies across the UK.<br>Mr. Dhadli informed the committee that NHSE is planning to announce shortly, the commissioning of a digital CBTi for all patients in England, which aims to reduce geographical variation for CBTi access. Locally, CRH has a sleep clinic through which specialists could prescribe daridorexant in suitable patients. UHDB respiratory clinic assesses patients with obstructive sleep apnoea and does not accept referrals for insomnia.<br>Mr Dhadli summarised the newly published advice from the Scottish Medicines Consortium (SMC) and the results from clinical trials which reports Latency to Persistent Sleep (LPS) and Wake After Sleep Onset | |

| Item | | Action |
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| | (WASO) as primary endpoints. The 50mg dose of daridorexant showed statistically significant improvements of 22.78minutes and 11.35 minutes of LPS and WASO respectively at month one. There was no trial evidence on treatment effect beyond 12 months and little to no evidence for daridorexant use in those patients on concomitant psychotropics. The financial implication was estimated using the NICE resource template.<br>Dr Dils expressed reservation regarding the cost effectiveness in relation to priorities of daridorexant in relation to the small improvement in sleep shown in clinical trials, and questioned if it was a sensible allocation of resources, especially when the evidence in sleep quality is questionable after 6 – 12 months.<br>Members agreed due to daridorexant being recommended in a Technology Appraisal, a prescribing guideline is required. The prescribing guideline will be updated to make clear that daridorexant should be used only after CBTi and to highlight issues around the lack of long-term safety data.<br><br>**Agreed:** JAPC agreed in principle a traffic light classification of GREY pending confirmation of digital CBTi availability.<br><br>**Action:** Prescribing guideline to be updated and tabled at a future meeting. | **CPD** |
| **c.** | **<u>Tirzepatide</u>**<br>Mr Dhadli informed the committee Tirzepatide is a first in its class dual Glucagon-like peptide-1and Gastric Inhibitory Polypeptide receptor agonist (GLP-1/ GIP RA). NICE TA924 Oct 2023 states Tirzepatide is recommended for treating type 2 diabetes alongside diet and exercise in adults when it is insufficiently controlled only if triple therapy with metformin and 2 other oral antidiabetic drugs is ineffective, not tolerated or contraindicated, and they have a body mass index (BMI) of 35 $kg/m^2$ or more, and specific psychological or other medical problems associated with obesity, or they have a BMI of less than 35 $kg/m^2$, and insulin therapy would have significant occupational implications, or weight loss would benefit other significant obesity-related complications. NICE NG28 states only continue GLP-1 mimetic therapy if the adult with type 2 diabetes has had a beneficial metabolic response (a reduction of at least 11 mmol/mol [1.0%] in HbA1c and weight loss of at least 3% of initial body weight in 6 months). Clinical trial results suggest that tirzepatide reduces blood glucose levels measured by HbA1c levels and body weight compared with semaglutide, insulin therapy or placebo for up to 1 year. The flat dose response curves for HbA1c mean that patients can have good glucose control with lower doses of tizepatide. The cardiovascular outcome studies are ongoing.<br>UHDBFT diabetologists suggest that while it may not necessarily replace other therapies, tirzepatide can be used as an alternative to GLP-1 mimetics at the level of triple therapy for patients with type 2 diabetes in line with its licensed indication if GLP-1 is not efficacious, not well tolerated by patient or not available due to stock issues.<br>A discussion took place around other area classifications and caveats of other GLP1s to be considered first, with tirzepatide being a second line option.<br><br>**Agreed:** JAPC agreed to keep RED with a view to change to GREY with caveats to include message as second line option. | |

| Item | | Action |
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| | **Action:** R Gooch to meet with K Owen, GP representative diabetes delivery group, to seek clarity on positioning, discuss manage entry; how to use, access and dose increase. | **RG/KO** |
| **d.** | **Freestyle Libre 3**<br>Mr Dhadli advised the committee Freestyle Libre 3 is now in the Drug Tariff and will imminently be available to prescribe on GP clinical systems. The FreeStyle Libre 3 device has the same functionality of the widely used FreeStyle Libre 2 with the ability to communicate with the insulin pump to form an automated insulin delivery hybrid closed loop system. A business case for expansion in access to Continuous Glucose Monitoring (CGM) is currently under consideration in Derbyshire. It is unclear if patients will switch from CGM and/or Freestyle Libre 2 to Freestyle Libre 3 therefore it was recommended to defer the paper and feedback comments to the author.<br>Mr Graham highlighted the Libre sensors are occasionally faulty due to errors and manufacturing recalls. Issues like these should be reported through the yellow card scheme.<br><br>**Agreed:** JAPC agreed to defer and feedback comments to ensure clarity. | |
| **8.** | **MISCELLANEOUS** | |
| **a.** | **Psoriasis PASI/DLQI second line**<br>Mrs Hardy informed the committee CRHFT has requested to remove the local caveat for higher disease activity to access second line treatments in the psoriasis high-cost algorithm.<br>First line treatment criteria for severe psoriasis, as per NICE, is a PASI and DLQI score of 10 or higher, and failed previous systemic therapies or these treatments are CI or not tolerated.<br>The current commissioning guideline has an historic recommendation requirement, agreed locally with dermatologists, of a PASI and DLQI score of 15 or higher for second line treatments. This recommendation is not in NICE or any clinical guidelines but was originally included by local clinicians consensus when biologics were a relatively new area and there was a limited number of biologics available. The removal of this caveat will bring the commissioning guideline in line with other ICBs and national recommendations.<br>A discussion took place around adalimumab biosimilar being first line most cost-effective treatment for psoriasis. The removal of the second line PASI/DLQI higher scores will encourage clinicians to use adalimumab first line with the assurance they can use a second line biologic if treatment fails with the same PASI/DLQI of 10.<br>UHDBFT is the tertiary centre for dermatology and are also in support of the recommendation and will support them in giving advice for sequential use biologics.<br><br>**Agreed:** JAPC agreed to remove the locally agreed second line criteria for PASI and DLQI scores.<br><br>**Action:** To update the psoriasis algorithm and share next month for email confirmation. | **CPD** |

| Item | | Action |
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| **b.** | **<u>Annual Horizon Scan existing drugs 2024/25</u>**<br>Mr Dhadli informed the committee that in addition to the annual horizon of new medicines, UHDBFT have identified a list of several existing ICB commissioned drugs that currently has RED traffic light classification but may be suitable for primary care prescribing.<br>Mr Dhadli highlighted that this list is shared for information and the usual JAPC formulary process for each drug on this list will still apply which will include considerations of e.g. appropriate setting, competencies and training, budget impact.<br><br>**Action:** To include relugolix- estradiol-norethisterone acetate to the spreadsheet. To share with finance for information. | **CPD** |
| **c.** | **<u>Specialised circulars</u>**<br>Mr Dhadli advised that the specialised circulars has been tabled for information and are available upon request. | |
| **9.** | **GLOSSOP TRANSFER GMMMG DECISIONS** | |
| | Mr Dhadli reported that this is tabled in JAPC for information. | |
| **10.** | **GUIDELINE GROUP ACTION TRACKER** | |
| | The summary of key messages from the Derbyshire Medicines Management Shared Care and Guideline Group meeting held in March 2024 was noted.<br><br>Mr Dhadli highlighted the following:<br>Traffic Lights:<br>• Morphine 100mcg/ml oral solution - RED: For Neonatal abstinence syndrome (NAS)<br>• Morphine 500mcg/ml oral solution - RED: For Neonatal abstinence syndrome (NAS)<br>• Eliquis (Apixaban) - DNP: Generic preparation available.<br>For patients that are already on Eliquis prior to the DNP classification treatment should be continued until the next clinical review where their NHS clinician will decide whether it is appropriate to switch<br><br>Formulary Update – Respiratory:<br>• Minor changes throughout guidance to clarify and bring formulary options in line with SPC's.<br>• Theophylline bioequivalence section removed as only one brand available<br>• Removal of 'sugar free' from Loratadine oral solution.<br><br>Clinical Guidelines (minor updates)/ website changes:<br>• CMDU pathway updated following review.<br>• Methotrexate shared care - minor additional advice to prescribe a suitable sized purple lidded cytotoxic waste bins e.g. 3 or 5L and accepting returns of full bins from patients.<br><br>Guideline Timetable:<br>The guideline table action summary and progress was noted by JAPC. | |

| Item | | Action |
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| **11.** | **BIOSIMILAR REPORT** | |
| | Mr Dhadli reported the biosimilar ranibizumab cumulative percentage update to JAPC members noting UHDBFT has completed a 100% switch to Ongavia. CRHFT has also reported above 80% for three consecutive months. Cumulative figures to be reported to JAPC by exception only after May. | |
| **12.** | **MHRA DRUG SAFETY UPDATE** | |
| | The MHRA Drug Safety Alert for March 2024 was noted. | |
| **13.** | **HORIZON SCAN** | |
| | **<u>Monthly Horizon Scan</u>**<br>Mr Dhadli advised JAPC of the following new drug launches, new drug formulations, licence extensions and drug discontinuations.<br><br>New drug launches in the UK which require a traffic light:<br>• Drospirenone (Slynd) 4mg tablet – Do Not Prescribe, await clinician request. ICB commissioned.<br>• Elranatamab (Elrexfio) 44mg in 1.1mL and 76mg in 1.9mL vials – RED as per NHSE commissioning intentions.<br>• Respiratory syncytial virus vaccine (Abrysvo) Single-dose vial – Unclassified. NHSE commissioned.<br>• Satralizumab (Enspryng) 120mg in 1mL prefilled syringe – RED as per NHSE commissioning intentions.<br>• Tremelimumab (Imjudo) 25mg in 1.25mL vial and 300mg in 15mL vial – RED as per NHSE commissioning intentions. | |
| **14.** | **NICE SUMMARY** | |
| | Mrs Thai informed JAPC of the comments for the ICB which had been made for the following NICE guidance in March 2024.<br><br>ICB commissioned drugs:<br>• TA878 Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 (Update) - RED as per NICE TA878.<br>• TA953 Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema (Updates and replaces TA301 and TA613) - Keep as RED. Update to NICE TA953.<br>• TA955 Dupilumab for treating moderate to severe prurigo nodularis - DNP as per NICE TA955. Not recommended.<br>• TA956 Etrasimod for treating moderately to severely active ulcerative colitis in people aged 16 and over - RED as per NICE TA956.<br>• TA958 Ritlecitinib for treating severe alopecia areata in people 12 years and over - RED as per NICE TA958.<br><br>NHSE commissioned drugs:<br>• TA954 Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments - RED as per NICE TA954. NHSE commissioned.<br>• TA957 Momelotinib for treating myelofibrosis-related splenomegaly or symptoms - RED as per NICE TA957. NHSE commissioned.<br>• TA959 Daratumumab in combination for treating newly diagnosed | |

| Item | | Action |
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| | systemic amyloid light-chain amyloidosis - RED as per NICE TA959. NHSE commissioned.<br>• TA960 Satralizumab for preventing relapses in neuromyelitis optica spectrum disorders - DNP as per NICE TA960. (Terminated Appraisal).<br>• TA961 Sebelipase alfa for treating lysosomal acid lipase deficiency that is not Wolman disease - DNP as per NICE TA961. (Terminated Appraisal).<br>• TA962 Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy - RED as per NICE TA962. NHSE commissioned.<br>• TA965 Human alpha1-proteinase inhibitor for treating emphysema - DNP as per NICE TA965. (Terminated Appraisal). | |
| **15.** | **MINUTES OF OTHER PRESCRIBING GROUPS** | |
| | • Integrated Medicines Optimisation Group (IMOG) minutes January 2024<br>• Medication Optimisation Safety Team minutes February 2024<br>• Integrated Medicines Optimisation Group (IMOG) minutes March 2024 | |
| **16.** | **ANY OTHER BUSINESS** | |
| | There were no items of any other business. | |
| **17.** | **DATE OF NEXT MEETING** | |
| | Tuesday 14th May 2024, papers are to be circulated and agreed virtually. | |