NHS
Derby and Derbyshire
Integrated Care Board

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: 9th December 2025 **Updated by:** Policy Team

Ethical Framework

Chair to ensure that all decisions made are in line with the ICBs Ethical Framework, following examples of evidence of clinical and cost effectiveness, health care need and capacity to benefit, policy driver/strategic fit.

Declarations of Interest

Committee members are reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the ICB.
Declarations declared by members of the JAPC are listed in the Register of Interests and included with the meeting papers. The ICB's Registers of Interests are also available via the ICB's Corporate Governance Manager.

Agenda Item number	Agenda Item Title	Owner	Summary of Discussion	Decision & Justification	Action(s)
	Confirmation of Quoracy	Chair	Confirmed		
1	Apologies	Chair	Steve Hulme, Helen Hill, Sue Bamford		
2	Conflict of interest declarations a. Register of interests	Chair	A financial conflict of interest was noted for GP partners with item 8b Chair referred to the register for information	 Noted	
3	Declarations of any other business	Chair	None		
4	JAPC Decision & Justification Log November 2025	Emily Khatib	For ratification	Ratified	Publish on website
5	JAPC Bulletin DRAFT November 2025	All	For ratification	Ratified	Publish on website

6	JAPC Action Summary December 2025	Chair	For ratification	Ratified	
7	JAPC Local Horizon Scan and Planning	Emily Khatib		For information	
8	Traffic Light Classification Changes and Additions				
	a. Perampanel, Brivaracetam, Cenobamate	Ling Toh	Request from UHDB for JAPC to consider re-classification of epilepsy medications perampanel, brivaracetam and cenobamate to GREEN (specialist initiation) to allow ongoing prescribing in primary care once patients are stabilised. **<u>Perampanel and Cenobamate</u>** Perampanel and cenobamate are currently classified RED. UHDB Consultant Neurologist Ling Toh, explained the safety concerns around the existing process of these medications being prescribed and dispensed in hospital, separate to patients' other medications which are prescribed by their GP. Delays in patients getting their medications from the hospital can result from not ordering their prescriptions within the required 2-weeks' notice period, or unforeseen delays in delivery of the medication to their preferred location. This can potentially lead to missed doses and hospital prescribers needing to arrange urgent prescriptions. Missed doses of antiepileptic medication can contribute to increased seizure frequency, increasing risk of injuries from seizures and increased risk of Sudden Unexpected Death in Epilepsy (SUDEP). This risk would be mitigated if prescribing was transitioned to primary care as the medication would be ordered alongside other regular medication and would ensure safer and smoother continuation of epilepsy medications and care. It will also help to reduce patients' anxiety as all their	Agreed subject to finance decision. No changes to traffic lights classification on website until finance confirmed	

			repeat medications can be ordered at the same time and dispensed by their local pharmacy. Prescribing of perampanel and cenobamate will be transferred to the GP only once a patient is stabilised on their dose. All dosages or changes upon transfer to primary care will be communicated clearly to primary care. Cluster ICBs Nottingham & Nottinghamshire and Lincoln & Lincolnshire classify these medications as suitable to be prescribed in primary care after specialist recommendation or initiation. JAPC members agreed the changes in traffic light classification to GREEN specialist initiation, subject to financial approval and associated cost shift from secondary to primary care. Change likely to take effect from April 2026. **Brivaracetam** Brivaracetam is currently classified GREY after consultant/specialist initiation and stabilisation for 3 months in patients that have responded to levetiracetam but unable to tolerate due to side effects. There was a request to amend the traffic light classification to GREEN after consultant/specialist initiation. Due to the quick time it takes to up titrate to therapeutic dose, there is no need for a 3-month stabilisation period. Previous minutes and papers demonstrate that the 3-month stabilisation period was suggested by neurologists however there was limited rationale provided for this restriction, therefore it is proposed that this restriction be removed.		

			Brivaracetam is often a preferred agent over levetiracetam in patients with mental health issues due to its better side effect profile. Behavioural adverse effects are more common in levetiracetam and by enabling access to brivaracetam without the need to trial levetiracetam, we can avoid potentially serious adverse effects in vulnerable patient populations. JAPC agreed with the recommendation to change the traffic light to GREEN after consultant/specialist initiation. Prescribing levels for brivaracetam will be measured, 12 months post-implementation of the classification change.		
	b. Incliseran	Dominic Moore & Harveena Sanghera	Dominic Moore (Deputy Chief Pharmacist, UHDB) and Harveena Sanghera (Advanced Clinical Pharmacist in Lipidology, Cardiometabolic Service UHDB) presented a proposal to reclassify inclisiran prescribing and administration from RED to GREEN specialist initiation. They proposed an advice and guidance model for GPs to consult secondary care when unsure about patient eligibility, aiming to ensure appropriate use and free up specialist capacity for higher-risk patients. The proposal has been presented previously – outstanding actions were cost implications of transferring prescribing to primary care (drug cost and potential enhanced service costs), LMC engagement to ensure any reclassification did not drive inequitable access, lipid management pathway review to identify the most appropriate place for investment in lipid management. The cost to secondary care was clarified as the drug costs are reimbursed by NHSE, therefore currently neither the hospitals nor the ICB is paying for the treatment.	Decision postponed	

			GP members emphasised that changing the traffic light status alone would not guarantee uptake in general practice and the need for a locally enhanced service (LES) with appropriate funding. The BMA/LMC position is that an LES is required, and there is no current agreement or funding stream in place. The importance of forecasting inclisiran growth and associated costs for financial planning were stressed. UHDB confirmed that forecasts are based on secondary care growth trends and so these need to be modelled and extrapolated as to the impact for any reclassification in primary care, based on historical data and projected growth. The need to clarify both drug and administration costs (potential enhanced service) was highlighted, including drug costs of incliseran at full price as well as the current rebated price. The risk of worsening health inequalities if only some practices participate was also stressed. The paper also proposed that hospital clinic time currently being used for incliseran could be allocated to high-complexity patients requiring endocrine or cardiometabolic review and/or to reduce waiting times. Comments had been received specifically on this section of the paper that JAPC could not decide or support a decision on how clinic time/costs would be used if incliseran prescribing transferred to primary care. JAPC decision is regarding the medication; decisions on the future of the clinic would likely be considered as part of a prioritisation framework and inform commissioning intentions. JAPC agreed that before any change, further discussions are needed with the LMC and commissioners to determine willingness, funding, and operational details, including a		

			potential LES. Dominic & Harveena to convene a meeting with the LMC and ICB to progress this. As this medicine is not funded directly by secondary care, there is currently no identified funding to prescribe and administer incliseran in primary care. Any proposal will therefore need to go to the Finance Recovery Group (FRG) for them to consider the requested investment. A paper will therefore be required once the points above are clarified. It was agreed this need to progress at pace as the paper had been discussed a number of times and so the request is to bring back to the February meeting.		
	c. Lokelma (sodium zirconium cyclosilicate)	Emily Khatib	Lokelma is currently classified RED for the management of chronic persistent hyperkalaemia, as per NICE TA599. Re-classification was previously discussed at the August 2025 JAPC meeting where an AMBER (shared care) classification was proposed pending a shared care agreement. The shared care agreement was approved at the October Guideline Group meeting. Concerns were raised at the November JAPC meeting around the potential impact on General Practice by moving Lokelma to shared care. The decision was paused subject to review of the shared care GP LES (Locally Enhanced Service). The ICB primary care commissioning team are currently working on this update for shared care with the aim to ensure that the terms of the service more closely reflect the activity. This service change is planned to start in the beginning of 2026/27 financial year. Lokelma has been included in the annual medicines plan, but any decision made by JAPC is subject to financial agreement	Agreed subject to finance decision. No changes to traffic lights classification on website until finance confirmed	

			JAPC members approved the traffic light classification change to AMBER, subject to financial approval of the associated cost shift from secondary to primary care and review of the shared care locally enhanced service.		
	d. NICE Template November 2025		Update as per below in line with NICE TAs: **TA1106:** Cabotegravir for preventing HIV-1 in adults and young people. Classify **RED** **TA1107:** Delgocitinib for treating moderate to severe chronic hand eczema. Classify **RED** **TA1108:** Cemiplimab with platinum-based chemotherapy for untreated advanced non-small-cell lung cancer (not recommended). Already **DNP**, add TA1108 **TA1109:** Darolutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer. Already **RED**, add TA1109 **TA1110:** (Updates and replaces TA721) Abiraterone (originator and generics) for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer. Classify **RED** **TA1111**: (terminated appraisal) Nintedanib for treating fibrosing interstitial lung disease in people 6 to 17 years. Classify **DNP** **TA1112:** (terminated appraisal) Trastuzumab deruxtecan for treating hormone receptor-positive HER2-low metastatic breast cancer after 2 or more endocrine treatments. Classify **DNP**	Agreed	Update on website

	e. SPS Monthly Horizon Scan October 2025		Each month SPS publishes its new drugs monthly newsletter. This agenda item is for JAPC to acknowledge new drug launches and to agree or comment upon the suggested actions. **TLC:** Pirtobrutinib (*Jaypirca*) 50mg and 100mg tablets Classify **RED** as per NHSE commissioning intentions Seladelpar (Livdelzi) 10mg capsule. Classify **RED** as per NHSE commissioning intentions Serplulimab (*Hetronifly*) 100mg in 10mL vial. Classify **RED** as per NHSE commissioning intentions Teprotumumab (*Tepezza*) 500mg vial. Classify **RED** as per NHSE commissioning intentions Tofersen (*Qalsody*) 100mg in 15mL vial. Classify **RED** as per NHSE commissioning intentions Vorasidenib (*Voranigo*) 10mg and 40mg tablets. Classify **RED** as per NHSE commissioning intentions	Agreed	Update on website
9	Clinical and Shared Care Guidelines		None this month		
10	PGDs		None this month		
11	Subgroups of JAPC				
	Guideline Group a. Traffic Light Changes and Guideline Updates	Emily Khatib	New RED indication added to **Pentoxifylline** for use in venous leg ulcers (dermatology only). **Benzoyl peroxide** re-classified GREY, second line if fixed combination products not suitable	Noted	

			Adapalene re-classified GREY, second line if fixed combination products not suitable **Reflectant sunscreens** (Dundee cream) removed from formulary as discontinued **Formulary Chapter 13 – Skin** **Information added:** Link added to BNF for full list of topical steroid potencies. Betnovate brand listed as preferred choice for betamethasone 0.1% cream and ointment (whilst stock available & most cost-effective choice). Under eczema, line added that a preparation of the weakest potency, which is effective, should be used with link to NICE CKS for management of specific presentations of atopic eczema. Link to SPS steroid emergency card information replaced with link to PrescQIPP advice. Calcipotriol should not be applied to the face where it can cause dermatitis and should be limited to not more than 100 grams weekly. Link added to onychomycosis guideline **Traffic Light Changes/Inclusions:** Hydrocortisone 0.5% cream/ointment removed as now very expensive. Hydrocortisone butyrate ointment removed from table as discontinued. Fluocinolone acetonide (Synalar) ointment removed as is non-formulary. Added betamethasone valerate 0.1%/clioquinol 3% cream/ointment as **GREY** consultant/specialist recommendation. Removed reference to Trimovate brand of clobetasone/nystatin/oxytetracycline cream as should be prescribed generically. Clarified ichthammol 1% paste is **RED** and only available as unlicensed special. Azelaic acid – added 15% gel preparation for moderate to severe acne in combination with oral antibiotics and also now listed as second-line option for rosacea. Benzoyl peroxide and adapalene		

			changed to **GREY** – 2nd line if fixed combination products not suitable. Imiquimod 5% cream listed as **RED** **Clinical guidelines (minor updates) & website changes** The bariatric surgery guideline has been reviewed with only minor amendments required, including replacement of the link to NICE CG189 to the updated NG246, an update to the PrescQIPP bariatric surgery bulletin and the link to NHS Choices replaced with link to NHS vitamins and minerals overview. In appendix 2, added clarification that following discharge from bariatric services, GPs should offer patients at least annual monitoring of nutritional status and appropriate supplementation. The guideline for the use of compression hosiery has been renamed guideline for the use of compression hosiery in primary care. This now links directly to the DCHS compression hosiery formulary guideline for initial assessment and treatment information and for product details and choices. Product descriptions have been aligned with Drug Tariff descriptions. Information has been added for European/RAL standard hosiery garments for the treatment of lymphoedema. Information on aids for applying garments has been added. The dry eye guideline has been updated with a new format for preferred products. There is now one preferred brand for each product with a suggested maximum price if an alternative needs to be prescribed. Preferred brands have been updated based on cost-effectiveness and robustness of stock. Information on prescribing preservative-free eye drops has been changed to say consider if applying drops more than six times a day (as per Moorfields guidance)		

			and advised that these should also be self-care where possible. The shared care agreements for sulphasalazine, methotrexate, leflunomide , azathioprine and the prescribing guideline for hydroxychloroquine have all been amended as a result of the new Patient Initiated Follow Up (PIFU) service for DMARD patients at Chesterfield Royal Hospital ONLY. Information on PIFU has been added to the consultant responsibilities and monitoring sections of each document and an appendix included which details information for PIFU. Launch of the PIFU service will be communicated from CRH. A new resource has been added to the deprescribing page of the website - British Geriatric Society Deprescribing Principles Rybelus (semaglutide) tablet formulations and prescribing information updated in Endocrine Chapter and management of Type 2 diabetes guideline **Clinical guidelines retired** None this month		
	b. Alzest Patches		JAPC members discussed the widespread supply problems with all brands of rivastigmine patches. Due to unpredictable nature of supply across different brands, practices to liaise with community pharmacies to prescribe according to stock availability. Place Team to communicate this message and share link to SPS prescribing advice as requested.	Agreed	
12	High-cost drug (HCD) working group a. Meeting update	Alison Muir	Following some drug price updates the HCD treatment algorithm for severe psoriasis in adults has been updated. Ustekinumab biosimilar is now the most cost effective second line choice, the etanercept biosimilar & infliximab	Agreed	

			biosimilar have also moved position on the list of alternative drugs. The cost of golimumab originator product (Simponi) has been reduced prior to the release of the golimumab biosimilar, both Trust will now continue to use Simponi but the decrease in cost has meant that golimumab has moved up the list of drugs available in terms of cost on the algorithms for ankylosing spondylitis, psoriatic arthritis, severe rheumatoid arthritis & ulcerative colitis.		
	b. Age Related Macular Degeneration	Alison Muir	Following the publication of the NHSE Commissioning Guidance: Medical Retinal Treatment Pathway in Wet Age-related Macular Degeneration the Derby & Derbyshire commissioning pathway for the treatment of Age-Related Macular Degeneration (ARMD) has been updated. The new algorithm has been based on the NHSE template & incorporates the launch of aflibercept 2mg dose biosimilars on December 1st, 2025, and the addition of aflibercept 8mg dose (Eylea) as a second line option to first line treatments. There is a local variation to the NHSE Framework for using aflibercept 8mg dose. The variation puts aflibercept 8mg dose ahead of faricimab which is less cost-effective. A further local variation is that we have not included any use of these agents outside of the NICE TA.	Agreed	
	c. Biosimilar Uptake Reporting	Alison Muir	A verbal update was provided. Chesterfield Royal Hospital have completed switches for all tracked biosimilars (ustekinumab, adalimumab and tocilizumab). UHDB the figures for the Pyzchiva pens is going up, not at target yet due to being launched more recently. Adalimumab switch at rheumatology is still ongoing as work started after the other specialties. Tocilizumab is at target & completed.	Noted	

13	Miscellaneous a. Methenamine hippurate	Emily Khatib	Methenamine hippurate was re-classified as GREEN in February 2025 in response to the change in NICE guidance NG112 (December 2024). As per the JAPC Action Log, prescribing activity was to be monitored. 12 months' prescribing data shows a small uplift in prescribing which was expected as a result of increased use due to the change in guidance. This growth is in line with cluster ICBs.	Noted	
FOR INFORMATION AND REPORT BY EXCEPTION					
14	a. MHRA Drug Safety Roundup November 2025	Chair	For information	Noted	
15	Specialised circulars		For information	Noted	
16	MORAG		No update this month		
17	Minutes of other prescribing committees a. MOST Minutes September 2025	Emily Khatib	For information	Noted	
	AOB		None		

Date of Next meeting: Tuesday 13th January 2026