NHS
Derby and Derbyshire
Integrated Care Board

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: 13th May 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		
	Declarations of Interest for today's meeting	Chair	None		
1	Apologies	Chair	Grace Gough, Kate Needham		
2	Conflict of interest declarations a. Register of interests	Chair	None declared. Chair shared the register for information	 Noted	
3	Declarations of any other business	Chair	None		
4	JAPC Action Summary May 2025	Emily Khatib	For ratification	Ratified	

5	JAPC Summary with Outputs April 2025	Emily Khatib	For ratification	Ratified	
6	Matters Arising		None this month		
7	JAPC Bulletin DRAFT April 2025	All	For ratification	Ratified	Publish on website
8	New Drug Assessment /Traffic Light Addition		None this month		
9	Clinical Guidelines		None this month		
10	PGDs		None this month		
11	Shared Care a. Relugolix	Emily Khatib	JAPC requested to agree on a traffic light classification for Relugolix to enable prescribing in primary care. Following the NICE TA995, Relugolix (Orgovyx) for Hormone-sensitive Prostate Cancer in adults has been added to the formularies of both UHDB and CRH. Relugolix is an oral daily treatment suitable for primary care prescribing under a Shared Care Agreement (SCA). It is used for treating prostate cancer in adults with advanced hormone-sensitive prostate cancer, alongside radiotherapy for high-risk localised or locally advanced hormone-sensitive prostate cancer, and as neoadjuvant treatment before radiotherapy for high-risk localised or locally advanced hormone-sensitive prostate cancer. Clinical trial evidence suggests that relugolix is better at reducing testosterone to levels that stop cancer growth in the long term and reduces the risk of serious cardiovascular events compared with leuprolide. An indirect treatment comparison suggests that Relugolix works as well as other androgen deprivation therapies (ADTs), but this is uncertain.	Further information required.	For discussion at JAPC June meeting

			Relugolix requires 6-monthly PSA monitoring. The first dose is a loading dose which must be repeated if the patient stops taking Relugolix for more than 7 days. Relugolix would replace GnRH or degarelix use and there is an increase in cost with the incorporation of relugolix into the pathway. JAPC members raised questions highlighting the need for further discussion and clarification before a traffic light classification can be agreed. To be brought back to JAPC in June.		
12	Miscellaneous a. Key Messages for prescribers b. Update to Covid 19 treatments c. Specialised Circulars	Emily Khatib	a. The Key Messages for Prescribers document summarises the main points of the Prescribing Specification 2025/26 for use in primary care. Agreed with minor amendments. b. For information – JAPC to note the change in management of COVID19 recommendations from NICE (updated 1st May 2025) c. For information	Agreed Noted Noted	
13	<u>Subgroups of JAPC</u> a. Guideline Group Key Messages April 2025	Alex Statham	**Traffic light amendments:** - Methenamine hippurate given additional GREY specialist recommendation classification – for prophylaxis of UTI in patients who are pregnant, in people with recurrent upper UTI or complicated lower UTI, use in men, and trans women and non-binary people with a male genitourinary system and in children and young people within the product licence. - Sevikar (Olmesartan/amlodipine) re-classified as DNP **Formulary Chapter Updates**	Noted	

			Chapter 4 (CNS): Included indication for what chlordiazepoxide is used for and when to prescribe. Further strengths and formulations of aripiprazole added. Information added re effects of food on quetiapine bioavailability. Information added regarding clozapine and effects of stopping smoking. Information on consultants' responsibilities added to lithium section. Further formulations of amitriptyline and trazodone added. Addition of gabapentin being a Schedule 3 controlled drug. Further information added for moclobemide prescribing regarding pressor effects on consumption of tyramine rich foods. Added advice that using lower strength tablets of sertraline is more cost-effective. Table added to show dose equivalence for citalopram drops. Link added for SPS guidance on prescribing and switching between brands of modified-release methylphenidate. Added mention of GLP-1s for weight loss under obesity section. Clarified that use of haloperidol for induced vomiting in palliative care is an unlicensed indication, and prescribers should refer to BNF for dosing. Link added to CKS to support paracetamol prescribing at lower weights. Sentence added to opioid section regarding prescribing liquid formulations and the importance of specifying the strength and quantity (ml). Addition of anti-CGRP agents to migraine section. Retigabine discontinued so removed from epilepsy section. Briveracetam added to antiepileptic medications table under category 3. Removal of Kemadrin brand of procyclidine as no longer cost effective. Addition of smoking cessation agents varenicline and cytisinicline. Removal of galantamine tablets as not available and amendment to chosen brand of galantamine based on cost and availability. Addition of links to support deprescribing of benzodiazepines and z-drugs. Clarification of soluble vs effervescent paracetamol and addition of a statement to say that effervescent are more cost effective than soluble.		

			Clinical guidelines (minor updates) & website changes The **GORD in Children & Young People** guideline has undergone extensive review alongside specialist dieticians, infant feeding specialists and paediatricians with the aim to improve the management and outcomes for children and young people and to reduce the spend on inappropriate prescribing of PPIs and H2 antagonists. Updates include clarification on when pharmacological management (thickener / alginate/PPI) is required and when reassurance / non-pharmacological management is more appropriate. Updated side effect section of PPIs to make more comprehensive. Updated relevant contact details. Updated Table 2 (Red flag symptoms suggesting disorders other than GOR(D)) including constipation and ruling out Hirschprungs. Increased emphasis on the need for completing an allergy focused history to ensure correct diagnosis. Included first line strategies offered to the family on the management of crying/ irritable and regurgitating infants as an appendix. The risk of obstruction from co-prescribing a thickened formula and alginate has been further highlighted. The **Reducing the Risk of Overdose PIL** (Risky Alone, Toxic Together) has been reviewed by DHcFT with updates including, a new template, content made more general, advice more aligned with NICE guidance and addition of signposting to Choice and Medication website and NHS website The **Cinacalcet for Primary Hyperparathyroidism** guideline was reviewed with no changes.		
13	b. High-Cost Drugs Working Group	Emily Khatib	Verbal update given on biosimilar uptake figures for UHDB and CRH	Noted	
FOR INFORMATION AND REPORT BY EXCEPTION					
14	a. MHRA Drug Safety Roundup April 2025	Chair		Noted	

15	Horizon Scan a. Monthly Horizon Scan March 2025	Emily Khatib	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 amendments:** Efanesoctocog alfa (*Altuvoct*) 250IU, 500IU, 1,000IU, 2,000IU, 3,000IU and 4,000IU vials. Classify as **RED** (as per TA1051 below)	Traffic light classification agreed	Update on website
16	NICE Template April 2025	Emily Khatib	Classify as per below in line with NICE TAs: **TA1056:** Molnupiravir for treating COVID-19. Classify **RED** **TA1057:** Relugolix–estradiol–norethisterone for treating symptoms of endometriosis. Classify **RED** **TA1051:** Efanesoctocog alfa for treating and preventing bleeding episodes in haemophilia A in people 2 years and over. Classify **RED** **TA1052:** (terminated appraisal) Pegylated liposomal irinotecan in combination for untreated metastatic pancreatic cancer. Classify **DNP** **TA1053:** Cladribine for treating active relapsing forms of multiple sclerosis. Classify **RED** **TA1054:** Ruxolitinib for treating acute graft versus host disease that responds inadequately to corticosteroids in people 12 years and over. Classify **RED** **TA1055:** Rucaparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer	Traffic light classifications agreed	Update on website

			after response to first-line platinum-based chemotherapy. Classify **RED** **TA1058:** (terminated appraisal) Tislelizumab in combination for untreated advanced non-small-cell lung cancer. Classify **DNP**		
17	MORAG		Ruth Gooch gave a verbal update on the April meeting, including discussions on prescribing efficiencies in diabetes, treatment for peanut allergies, and future work on reducing medication waste.		
18	Minutes of other prescribing committees a. GMMMG IMOG highlight report April 2025 b. MOST minutes March 2025 c. CRH D&T minutes March 2025 d. Stoke & Staffs ICB IMOG Minutes March 2025	Emily Khatib	For information	Noted	
19	a. AOB	Emily Khatib	Jane Roberts will present the papers at the next JAPC meeting in Emily's absence.	Noted	

Date of Next meeting: Tuesday 10th June 2025