NHS
Derby and Derbyshire
Integrated Care Board

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: 10th June 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	Emily Khatib, Andrew Mott, Clare Warner		
2	Conflict of interest declarations a. Register of interests	Chair	A financial conflict of interest was noted for GP partners with items 8a and 8b. Chair shared the register for information	Noted	
3	Declarations of any other business	Chair	None		
4	JAPC Action Summary June 2025	Jane Roberts	For ratification	Ratified	

5	JAPC Decision & Justification Log May 2025	Jane Roberts	For ratification	Ratified with minor amendment	Publish on website
6	Matters Arising		None this month		
7	JAPC Bulletin DRAFT May 2025	All	For ratification	Ratified	Publish on website
8	New Drug Assessment /Traffic Light Addition a. Inclisiran	Dominic Moore & Supreeth Shanthave-erappra Rudrappa	GP partner JAPC members expressed a conflict of interest for this item (Ruth Gooch, Helen Hill). GP payments for this service were not discussed. JAPC were requested to review the classification of inclisiran. Currently this is classified RED. The proposal is in line with national guidance from NHSE to allow for primary care prescribing & administration for patients stable on treatment, to free up capacity in lipid clinics. This was a joint proposal from Chesterfield Royal Hospital and United Hospitals Derby & Burton. Inclisiran has been identified by NHSE as a medicine that it wishes to adopt systematically and at scale to help address sub-optimal lipid management in high-risk patient populations, for people with ASCVD in whom lipid targets cannot be met on maximum tolerated statins alone or with ezetimibe. It is administered as a subcutaneous injection by a healthcare professional. NHSE has agreed to fund inclisiran centrally until December 2027 in secondary care. At this point the agreement will be assessed to establish whether it has met its objectives, and an assessment will take place to determine whether the current pricing approach should continue or whether a revised commercial agreement,		Further information to be presented at a future JAPC meeting

			reflective of the population treated at that time and anticipated for the future, is appropriate. JAPC member mentioned the lack of long-term cardiovascular outcome data for inclisiran, questioning the assumptions made about its benefits based on LDL reduction. The potential financial risks associated with the reclassification of inclisiran was highlighted. JAPC members stated that the lipid management pathway requires review to identify the most appropriate place for investment in lipid management. It was discussed that this review would need to happen to determine the most appropriate traffic light status of inclisiran and that this review should be brought back to a future JAPC meeting. Modelling numbers are required to estimate the potential uptake and financial impact of reclassifying inclisiran, based on historical data and projected growth. The authors proposed a phased approach to transfer secondary care patients to primary care, starting with a specialist recommendation model to ensure appropriate use and manage the transition effectively. The findings of these will be proposed at a future meeting.		
	b. Relugolix	Jane Roberts	GP partner JAPC members expressed a conflict of interest for this item (Ruth Gooch, Helen Hill). They did not take part in the decision making. JAPC were requested to agree a change of traffic light classification for relugolix, to enable prescribing in primary care. Currently this is classified RED. Relugolix is an oral daily treatment suitable for primary care prescribing under a Shared Care Agreement	AMBER classification agreed	Update website and publish SCA

			(SCA).Following the NICE TA995 relugolix (Orgovyx) for hormone-sensitive prostate cancer in adults, both UHDB & CRH added this drug to their formularies. Hormone-sensitive prostate cancer is usually treated with androgen deprivation therapy (ADT) such as leuprolide. This may be used alone, or with chemotherapy, radiotherapy or androgen receptor inhibitors. Relugolix is an ADT. It is the only oral ADT and may be more acceptable to patients. It also negates the risk of injection site reactions which can occur with injectable treatments (very common adverse effect of leuprolide, common in triptorelin and goserelin. Relugolix requires 6 monthly PSA monitoring, which is the same as monitoring for GnRHs. Switching patients to relugolix from GnRHs or degarelix represents only a marginal increase in cost. JAPC supported the re-classification of relugolix from RED to AMBER. The SCA had previously been approved at the Guideline Group meeting in May.		
9	Clinical Guidelines a. Onychomycosis	Katherine Hardy	This guidance has been produced with support from the Shared Care Pathology group in response to significant staffing issues within the Derbyshire pathology service and the current backlog of nail samples awaiting testing. NICE CKS guidelines recommend testing prior to starting PO treatment. This guideline specifies not to send test clippings, except under certain circumstances.	Guidance approved	Publish on website

			Derbyshire pathology has reviewed recent nail culture results and identified that 91% of positive samples were Trichophyton species where terbinafine or itraconazole would be recommended for treatment, with a further 8% yeasts or moulds which would typically be sensitive to terbinafine. Therefore, given the first line options of terbinafine or itraconazole are likely to treat >95% of onychomycosis cases. Approximately 52% of samples sent have positive microscopy and/or culture positive results, however there is a high incidence of false negative results (30%). The guidance recommends processing nail samples from secondary care (including, but not limited to, immunology, dermatology, infectious diseases) and all nail samples from children. Nail specimens from other patient groups will be processed only if suspected empirical treatment failure, infection arising after foreign travel, unusual animal or environmental exposure, immunosuppressed (including HIV and diabetes). The guidance was approved with a plan to measure prescribing levels of terbinafine and itraconazole after 12 months.		
10	PGDs		None this month		
11	Shared Care		None this month		
12	Miscellaneous a. Gender Incongruence	Jane Roberts	a. For information - NHSE Guidance to primary care about unregulated providers who supply hormone medications to children and young people for gender incongruence	Noted	

	b. Specialised Circulars		b. For information	Noted	
13	<u>Subgroups of JAPC</u> a. Guideline Group Key Messages May 2025	Alison Muir	**Traffic light amendments:** - None this month **Formulary Chapter Updates** - None this month **Clinical guidelines (minor updates) & website changes** Minor amendments to the **Emergency Contraception** guideline include removal of the use of pregnancy testing prior to oral emergency contraception or insertion of an IUD. Wording clarified regarding follow up appointment at 3-6 weeks post IUD insertion. Wording removed regarding there being no guarantee of normal pregnancy if treatment with Levonorgestrel (Upostelle 1500) fails. Further abbreviations added to the glossary. A new **Biosimilar FAQ** document has been added to the Endocrine Chapter page. This has been developed by Notts ICB and includes information on what a biosimilar is, the difference between biosimilars and generic medications, why biosimilars are used, switching to and dispensing biosimilars. It also lists biosimilars which are currently used in primary care. **Triamcinolone injections** (Kenalog & Adcortyl) are to be discontinued in June 2025. Triamcinolone has been removed from the traffic light classification list and from Chapter 10 MSK	Noted	
	b. High-Cost Drugs Working Group	Alison Muir	Verbal update given on biosimilar uptake figures for UHDB and CRH	Noted	

FOR INFORMATION AND REPORT BY EXCEPTION					
14	a. MHRA Drug Safety Roundup May 2025	Chair	For information	Noted	
15	Horizon Scan a. Monthly Horizon Scan April 2025	Jane Roberts	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:** Lazertinib (*Lazcluze*) 80mg and 240mg tablets. Classify as **RED** as per NHSE commissioning intentions	Traffic light classification agreed	Update on website
16	NICE Template May 2025	Jane Roberts	Classify as per below in line with NICE TAs: **TA1060:** Osimertinib with pemetrexed and platinum-based chemotherapy for untreated EGFR mutation-positive advanced non-small-cell lung cancer. Classify **RED** **TA1061:** (terminated appraisal) Omaveloxolone for treating Friedreich's ataxia in people 16 years and over. Classify **DNP** **TA1062:** Erdafitinib for treating unresectable or metastatic urothelial cancer with FGFR3 alterations after a PD-1 or PD-L1 inhibitor. Classify **RED** **TA1063:** Capivasertib with fulvestrant for treating hormone receptor-positive HER2-negative advanced breast cancer after endocrine treatment. Classify **RED** **TA1064:** Dostarlimab with platinum-based chemotherapy for treating primary advanced or recurrent endometrial	Traffic light classifications agreed	Update on website

			cancer with high microsatellite instability or mismatch repair deficiency. Classify **RED** **TA1065:** Nivolumab plus ipilimumab for untreated unresectable or metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency. Classify **RED** **TA Updates:** **TA1059:** (Updates and replaces TA594) Brentuximab vedotin in combination for untreated stage 3 or 4 CD30-positive Hodgkin lymphoma. Classify **RED** **TA753:** Cenobamate for treating focal onset seizures in epilepsy **TA878**: Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19		
17	MORAG		No update this month		
18	Minutes of other prescribing committees a. GMMMG IMOG highlight report May 2025 b. UHDB DTC minutes April 2025 c. DCHS MOST minutes April 2025 d. Stoke & Staffs ICB IMOG minutes April 2025	Jane Roberts	For information	Noted	
19	a. AOB		None this month		

Date of Next meeting: Tuesday 8th July 2025