

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: 12th August 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	Ruth Gooch, Sue Bamford, Esther Kirk		
2	Conflict of interest declarations	Chair	None declared		
	a. Register of interests		Chair referred to the register for information	Noted	
3	Declarations of any other business	Chair	None		
4	JAPC Decision & Justification Log July 2025	Emily Khatib	For ratification	Ratified	Publish on website
5	JAPC Bulletin DRAFT July 2025	All	For ratification	Ratified with minor amendments	Publish on website

6	JAPC Action Summary August 2025	Chair	For ratification	Ratified	
7	JAPC Local Horizon Scan and Planning	Emily Khatib	Shared for information only this month		
8	Traffic Light Classification Changes and Additions				
	a. Sodium zirconium cyclosilicate (Lokelma)	Maya Daas	<p>UHDB Renal Services pharmacist, Maya Daas, presented a request to change the traffic light classification for sodium zirconium cyclosilicate (SZC) for the management of chronic persistent hyperkalaemia, from RED to GREEN (specialist initiation).</p> <p>It was proposed that once a patient is considered stable on SZC for at least 2 months, GPs will be requested to take over ongoing prescribing. A prescribing and monitoring guideline has been produced to facilitate continuing management in primary care.</p> <p>Concerns were raised by JAPC members about the specialist nature of SZC and the potential impact on GP workload, particularly in monitoring and seeking specialist advice and guidance for patients who do not remain stable. It was proposed that moving to a shared care classification initially would allow time for GPs to become familiar with the drug and would ensure access to specialist advice and support if needed.</p> <p>It was agreed that a shared care agreement would be drafted for consideration at a future JAPC meeting.</p>	Requested classification change not agreed. Shared care agreement to be drafted and presented at a future JAPC meeting	
	b. Latanoprost-netarsudil (Roclanda®) eye drops	Emily Khatib	UHDB ophthalmologists proposed a change to the traffic light classification of latanoprost-netarsudil (Roclanda®) from RED to GREEN specialist initiation. This would enable primary care prescribing in line with NICE TA1009.	Re-classification to GREEN specialist initiation agreed.	

			<p>In NICE TA1009 latanoprost–netarsudil (Roclanda®) is recommended as an option for reducing intraocular pressure (IOP) in adults with primary open-angle glaucoma or ocular hypertension when a prostaglandin analogue alone has not reduced IOP enough, only if:</p> <ul style="list-style-type: none"> • they have then tried a fixed-dose combination treatment and it has not reduced IOP enough, or • a fixed-dose combination treatment containing beta-blockers is unsuitable. <p>Local ophthalmologists at UHDB will use latanoprost–netarsudil (Roclanda®) at the NICE recommended place in therapy.</p> <p>A summary of the evidence and benefits of using latanoprost–netarsudil (Roclanda®) were presented.</p> <p>JAPC members sought clarity on the financial implications but approved the change in traffic light classification in principle, pending confirmation of the anticipated cost impact.</p> <p>Post meeting update: UHDB Consultant Ophthalmologist Dr Ricardo Peixoto, confirmed that the long-term expected uptake of Roclanda® will not be high, due to patient intolerance of common side effects. The expectation is for a greater number of patients to be managed with cheaper treatment options such as CAIs (carbonic anhydrase inhibitors) and alpha 2 agonists. Therefore, the financial impact will not be significant.</p>		
	<p>c. NICE Template July 2025</p>	<p>Emily Khatib</p>	<p>Classify as per below in line with NICE TAs:</p> <p>TA753: (Update) Cenobamate for treating focal onset seizures in epilepsy. Already RED</p>	<p>Traffic light classifications agreed</p>	<p>Update on website</p>

		<p>TA1075: (Updates and replaces TA775) Dapagliflozin for treating chronic kidney disease. Already GREEN</p> <p>TA1077: Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over. Already RED</p> <p>TA1080: Mirikizumab for treating moderately to severely active Crohn's disease. Already RED</p> <p>TA988: (Update) Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis. Already RED</p> <p>TA1073: (Slight amendment) Marstacimab for treating severe haemophilia A or B in people 12 years and over without anti-factor antibodies. Already RED</p> <p>TA1076: (Terminated appraisal) Adagrasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer. Classify DNP</p> <p>TA1079: Fruquintinib for previously treated metastatic colorectal cancer. Already RED</p> <p>TA1081: Zanubrutinib for treating relapsed or refractory mantle cell lymphoma. Already RED</p> <p>TA1082: (Terminated appraisal) Letermovir for preventing cytomegalovirus infection after a kidney transplant. Classify DNP</p> <p>TA1083: (Terminated appraisal) Lisocabtagene maraleucel for treating relapsed or refractory aggressive</p>		
--	--	--	--	--

			<p>B-cell non-Hodgkin lymphoma after 1 systemic treatment when a stem cell transplant is unsuitable. Classify DNP</p> <p>TA1084: (Terminated appraisal) Idecabtagene vicleucel for treating relapsed or refractory multiple myeloma after 2 to 4 treatments. Already DNP</p> <p>TA1085: Vanzacaftor-tezacaftor-deutivacaftor for treating cystic fibrosis with 1 or more F508del mutations in the CFTR gene in people 6 years and over. Classify RED</p>		
	d. SPS Monthly Horizon Scan June 2025	Emily Khatib	<p>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.</p> <p>TLC amendments:</p> <p>Sotatercept (<i>Winrevair</i>) 45mg and 60mg vials. Classify RED as per NHSE commissioning intentions</p>	Traffic light classification agreed	Update on website
9	Clinical and Shared Care Guidelines		None this month		
10	PGDs		None this month		
11	Subgroups of JAPC				
	Guideline Group	Emily Khatib			
	a. Traffic Light Changes		DuoTrav eye drops – Declassified (Previously DNP due to cost. Brand now more cost-effective than generic)		
	b. Guideline Updates		Formulary Chapter 8 – Nutrition and blood: Added ferric malto (Feraccru) as RED drug. Added dietary advice where dietary deficiency may be a cause of iron deficiency anaemia. Clarified that crushing folic acid tablets and mixing with water for administration is off label use.		

		<p>Addition of MHRA alert re metformin and reduced vitamin B12 levels. Additional information included re medicines which affect absorption and metabolism of folic acid. Addition of 'Patients will have Erythropoietins prescribed and monitored by the hospital. GPs should not be asked to prescribe the drug'. Added link to NSPKU (National Society for Phenylketonuria) prescribing guideline for low protein foods. Replaced broken UHDB link to ketogenic diet guidelines and specify that it is a paediatric guideline. Remove reference to Pabrinex brand as not currently available.</p> <p>Clinical guidelines (minor updates) & website changes</p> <p>Medicines and Suicide leaflet - updated by DHcFT with additional links to useful resources and national guidance.</p> <p>Denosumab Shared Care Agreement (SCA) - reviewed with an update to the nurse specialist contact details at CRH.</p> <p>Irritable Bowel Syndrome guideline - updated with clearer diagnostic criteria. Other laxative options added to treatment algorithm. Appendix 1 - Appropriate use of linaclotide brought into line with current practice.</p> <p>The Low Back Pain & Sciatica guideline has been retired and replaced with a link to NICE NG59 on the MSK chapter page</p> <p>An updated version (April 2025) of the NICE Summary of antimicrobial prescribing guidance – managing common infections has been added to the Meds Man website. The main change is an extended section on recurrent urinary tract infections.</p> <p>A new NICE TA1075 Dapagliflozin for treating chronic kidney disease was published on July 2nd. This expands the population of patients who can have dapagliflozin for CKD to be the same as for empagliflozin.</p>		
--	--	--	--	--

			<p>British Menopause Society advice 'Use of GLP-1 (incretin-based therapies) in women using hormone replacement therapy (HRT)' has been added to Endocrine chapter page</p> <p>Management of Undernutrition in Adults guideline amendments - Standard powdered products</p> <p>'EnergieShake' powder added as 1st-line choice and Plant based vegan options 'Aymes ActaSolve Smoothie' replaces 'Aymes ActaSolve High Energy'</p> <p>Otomize ear spray has been discontinued but it is now available as the generic Dexamethasone, acetic acid, neomycin ear spray on the clinical prescribing systems and the website has been updated to reflect this traffic light change.</p> <p>Hydrocortisone 2.5mg muco-adhesive buccal tablets sugar free have been discontinued. Reference to buccal tablets removed from ENT chapter</p>																																																																						
12	<p>High-cost drug (HCD) working group</p> <p>a. Biosimilar Uptake Reporting</p>	Alison Muir	<table border="1"> <thead> <tr> <th colspan="5">Monthly uptake for all Ustekinumab</th> </tr> <tr> <th>Trust</th> <th>Drug</th> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> </tr> </thead> <tbody> <tr> <td rowspan="2">CRH</td> <td>Ustekinumab (Wezenla)</td> <td>Crohn's:97%</td> <td></td> <td rowspan="2">All over 80% target switch completed</td> </tr> <tr> <td>Cumulative % uptake</td> <td>UC: 88%</td> <td></td> </tr> <tr> <td rowspan="2">UHDB</td> <td>Ustekinumab (Pyzchiva)</td> <td></td> <td>non UC=91%</td> <td rowspan="2">All over 80% target switch completed</td> </tr> <tr> <td>Cumulative % uptake</td> <td></td> <td>UC=85%</td> </tr> <tr> <th colspan="5">Monthly uptake for all Adalimumab</th> </tr> <tr> <td rowspan="2">CRH</td> <td>Adalimumab (Yuflyma)</td> <td>Rheum: 96%</td> <td>Rheum: 97%</td> <td rowspan="2">All over 80% target switch completed</td> </tr> <tr> <td>Cumulative % uptake</td> <td>Gastro: 82%</td> <td>Gastro: 100%</td> </tr> <tr> <td rowspan="2">UHDB</td> <td>Adalimumab (Yuflyma)</td> <td></td> <td>Derm: 81%</td> <td rowspan="2">no update due to A/L</td> </tr> <tr> <td>Cumulative % uptake</td> <td>Derm: 75%</td> <td>Gastro: 79%</td> </tr> <tr> <td colspan="5">Monthly uptake for all Tocilizumab</td> </tr> <tr> <td rowspan="2">CRH</td> <td>Tocilizumab (Tyenne biosimilar)</td> <td></td> <td></td> <td rowspan="2">87% over 80% target switch completed</td> </tr> <tr> <td>Cumulative % uptake</td> <td></td> <td>39%</td> </tr> <tr> <td rowspan="2">UHDB</td> <td>Tocilizumab (Tyenne biosimilar)</td> <td></td> <td></td> <td rowspan="2">no update due to A/L</td> </tr> <tr> <td>Cumulative % uptake</td> <td></td> <td>19%</td> </tr> </tbody> </table>	Monthly uptake for all Ustekinumab					Trust	Drug	May-25	Jun-25	Jul-25	CRH	Ustekinumab (Wezenla)	Crohn's:97%		All over 80% target switch completed	Cumulative % uptake	UC: 88%		UHDB	Ustekinumab (Pyzchiva)		non UC=91%	All over 80% target switch completed	Cumulative % uptake		UC=85%	Monthly uptake for all Adalimumab					CRH	Adalimumab (Yuflyma)	Rheum: 96%	Rheum: 97%	All over 80% target switch completed	Cumulative % uptake	Gastro: 82%	Gastro: 100%	UHDB	Adalimumab (Yuflyma)		Derm: 81%	no update due to A/L	Cumulative % uptake	Derm: 75%	Gastro: 79%	Monthly uptake for all Tocilizumab					CRH	Tocilizumab (Tyenne biosimilar)			87% over 80% target switch completed	Cumulative % uptake		39%	UHDB	Tocilizumab (Tyenne biosimilar)			no update due to A/L	Cumulative % uptake		19%	Noted	
Monthly uptake for all Ustekinumab																																																																									
Trust	Drug	May-25	Jun-25	Jul-25																																																																					
CRH	Ustekinumab (Wezenla)	Crohn's:97%		All over 80% target switch completed																																																																					
	Cumulative % uptake	UC: 88%																																																																							
UHDB	Ustekinumab (Pyzchiva)		non UC=91%	All over 80% target switch completed																																																																					
	Cumulative % uptake		UC=85%																																																																						
Monthly uptake for all Adalimumab																																																																									
CRH	Adalimumab (Yuflyma)	Rheum: 96%	Rheum: 97%	All over 80% target switch completed																																																																					
	Cumulative % uptake	Gastro: 82%	Gastro: 100%																																																																						
UHDB	Adalimumab (Yuflyma)		Derm: 81%	no update due to A/L																																																																					
	Cumulative % uptake	Derm: 75%	Gastro: 79%																																																																						
Monthly uptake for all Tocilizumab																																																																									
CRH	Tocilizumab (Tyenne biosimilar)			87% over 80% target switch completed																																																																					
	Cumulative % uptake		39%																																																																						
UHDB	Tocilizumab (Tyenne biosimilar)			no update due to A/L																																																																					
	Cumulative % uptake		19%																																																																						

	b. Algorithm/Pathway Changes		None this month		
13	Miscellaneous a. Medicines Annual Planning and Horizon Scan JUCD Process T&F Group	Emily Khatib	<p>There are plans to form a task and finish group to develop the local medicines annual planning and horizon scan process. The objective of the group is to develop a clear process for a proactive annual local horizon scan to support system financial planning.</p> <p>Both the development and implementation of the process require collaboration at system level. Engaging relevant stakeholders in the development of the new process will ensure establishment of clear expectations regarding the case for change and promotes opportunities for effective transformation.</p> <p>The process will provide a mechanism to put forward decisions about medicines that require investment and will provide opportunity for medicines management and pharmacy teams to present cases for change.</p> <p>To coincide with planning rounds, the process should be completed with a list of decisions agreed by December 2025.</p>	Noted	Providers to nominate representatives for Task and Finish Group. Add to JAPC Action Summary
FOR INFORMATION AND REPORT BY EXCEPTION					
14	a. MHRA Drug Safety Roundup July 2025	Chair	For information	Noted	
15	Specialised circulars		For information	Noted	
16	MORAG		No update this month		
17	Minutes of other prescribing committees	Emily Khatib	For information	Noted	

	a. Stoke & Staffs IMOG minutes June 2025 b. DCHS MOST minutes June 2025				
	AOB		None this month		

Date of Next meeting: Tuesday 9th September 2025