NHS
Derby and Derbyshire
Integrated Care Board

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: 9th September 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			
2	Conflict of interest declarations a. Register of interests	Chair	None Chair referred to the register for information	 Noted	
3	Declarations of any other business	Chair	None		
4	JAPC Decision & Justification Log August 2025	Emily Khatib	For ratification	Ratified	Publish on website
5	JAPC Bulletin DRAFT August 2025	All	For ratification	Ratified	Publish on website

6	JAPC Action Summary September 2025	Chair	For ratification	Ratified	
7	JAPC Local Horizon Scan and Planning	Emily Khatib	For discussion		
8	Traffic Light Classification Changes and Additions				
	a. NICE Template August 2025	Emily Khatib	Classify as per below in line with NICE TAs: **TA1087**: Betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen. Classify **RED** **TA1088**: Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over (negative TA). Already **RED, add DNP** **TA1094**: Guselkumab for treating moderately to severely active ulcerative colitis. Already **RED** **TA1095**: Guselkumab for previously treated moderately to severely active Crohn's disease. Already **RED** **TA1086**: Ribociclib with an aromatase inhibitor for adjuvant treatment of hormone receptor-positive HER2-negative early breast cancer at high risk of recurrence. Already **RED** **TA1089**: (terminated appraisal) Sacituzumab govitecan for treating hormone receptor-positive HER2-negative metastatic breast cancer after 2 or more treatments. Classify **DNP** **TA1090**: Durvalumab with tremelimumab for untreated advanced or unresectable hepatocellular carcinoma. Already **RED**	Traffic light classifications agreed	Update on website

			TA1091: Tarlatamab for extensive-stage small-cell lung cancer after 2 or more treatments. Change to **DNP** (not recommended by NICE TA1091, no other NICE TAs recommending use) **TA1092**: Pembrolizumab with carboplatin and paclitaxel for untreated primary advanced or recurrent endometrial cancer. Already **RED** **TA1093**: Idebenone for treating visual impairment in Leber's hereditary optic neuropathy in people 12 years and over. Already **RED**		
	b. SPS Monthly Horizon Scan July 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:** Pegzilarginase (Loargys) 2mg in 0.4mL and 5mg in 1mL vials. Classify **RED** as per NHSE commissioning intentions	Traffic light classification agreed	Update on website
	c. Lurasidone and Antipsychotic Guideline	Emily Khatib	The Antipsychotic Prescribing and Management for mental health conditions guideline provides a summary of recommended antipsychotic use in the context of treating mental health conditions, incorporating Derbyshire Joint Area Prescribing Committee (JAPC) formulary decisions. The document indicates and reminds where agreed guidance on the monitoring of the physical health of patients who are prescribed antipsychotics applies, meaning that specialist services who initiate antipsychotics must retain responsibility for monitoring the patient for at least the first 12-months of their treatment. Monitoring for	Traffic light change agreed Updated guideline published on website	

			Minor updates to this guidance were approved by Guideline Group in August (details in section 11b), pending the re-classification of lurasidone from RED to GREEN, specialist initiation (for schizophrenia or bipolar depression). Lurasidone prescribing in primary care is not expected to exceed 10 patients per year including a combination of new initiations and continuation on treatment. Members were reassured that the monitoring for lurasidone is the same as for other antipsychotics currently prescribed in primary care.		
	d. Topical Clobetasol	Emily Khatib	At the June UHDB Drugs & Therapeutics Committee meeting, Clobetasol 500microgram / neomycin 5mg / nystatin 100,000units/g (previously Dermovate NN cream & ointment) was approved to be added to the formulary as a RED drug. It was noted that there was some prescribing in primary care however, this treatment is for specialist use only and should only be used short term, therefore any use in primary care should be reviewed and stopped or changed to a more suitable alternative.	Traffic light change agreed	
9	Clinical and Shared Care Guidelines		None this month		
10	PGDs		None this month		
11	Subgroups of JAPC				
	Guideline Group a. Traffic Light Changes	Emily Khatib	Benzylpenicillin classified GREEN - As part of the OPAT service between DCHS and CRHFT and for suspected bacterial meningitis whilst awaiting hospital admission		

	b. Guideline Updates		**Formulary Chapter 10 – MSK:** New point added re enteric coated preparations – conflicting evidence therefore PPI in combination with NSAID preferred. Mefenamic acid added with statement re higher cost and significant consequences in overdose. Information added about avoiding abrupt withdrawal of baclofen. Classification of GREY for quinine sulfate added and quinine bisulfate noted as non-formulary due to cost. Information added about Sativex (muscle spasticity in Multiple sclerosis). Diclofenac 2.32% gel and ibuprofen/levomenthol gel listed as DNP. Capsaicin added with GREY TLC for cream (noting long-term OOS) and RED TLC for patches **Clinical guidelines (minor updates) & website changes** The **Varenicline** (smoking cessation) guideline has been updated and reinstated on the MMT website. The prescription schedule has been amended to 3 x 1 months' supply of tablets, (previously this was 2 x 2 weeks' supply and 2 x 1 months' supply). This is to reduce workload on GPs and the Stop Smoking Service and to improve patient outcomes by reducing barriers to treatment. The **C Diff** guideline has been updated to reflect latest NICE guidance. Mention of H2 antagonists has been removed. Information regarding stoma patients has been moved to the medications section. Section 8 of the **Prescribing in Primary Care guideline** (recommended prescribing intervals) has been expanded following a medication safety incident. Additions include advice for prescribers to aim for midweek medication collections to avoid having to reschedule around bank holidays, acute or interim prescriptions must consider existing prescription arrangements to reduce the risk of		

			errors and gaps in supply, emphasis on the importance of clear communication about changes with all stakeholders including carers and community pharmacy and prompt cancelling of EPS prescriptions. The **Sativex for severe spasticity in multiple sclerosis** guideline was reviewed with no significant changes. This guideline has been moved to the Chapter 10 (MSK) page. Amendments to the **Antipsychotic Prescribing and Management for mental health conditions** guideline include rewriting of Appendix 1 (Prescribing in personality disorders) to reflect a change to a trauma informed approach, and minor updates to references. This was approved pending the traffic light re-classification of lurasidone. The Diclofenac TLC page has been amended with the '3rd line NSAID' wording removed to make diclofenac equal choice with other GREY NSAIDs 'Creating a fortified diet for care home caterers' – Link to PrescQIPP PDF removed from website as no longer hosted on PrescQIPP website or NNICB website Katya brand (ethinylestradiol 30 microgram / gestodene 75 microgram) removed from Chapter 7 as 3rd-line choice of CHC, due to discontinuation in July Firmagon brand of degarelix discontinued in July. Shared Care Agreement (SCA) updated with generic information. Caverject brand of alprostadil has been discontinued. It will be available as a generic product & is already listed in the drug tariff as alprostadil. Dalacin T brand of clindamycin 1% aqueous lotion & Dalacin 2% vaginal cream have been discontinued, they will be available as generic products & are already listed in the drug tariff under clindamycin.		

			Premique (low dose) brand of conjugated oestrogens with medroxyprogesterone tablets has been discontinued, it will be available as a generic product & is already listed in the drug tariff as conjugated oestrogens 300microgram / Medroxyprogesterone 1.5mg modified-release tablets. Otrivine Antistin eye drops discontinued June 2025. TLC listing removed from website. Will be removed from Eye chapter in September update. **Clinical guidelines retired** A new process has been developed to ensure the guidelines on the website are still useful and relevant for clinicians to ensure the ICB Pharmacy Team is prioritising capacity to resources that remain useful. This process involves engagement with relevant stakeholders via Prescribing Leads Forums and discussions at guideline group. As a result of this engagement process it was decided to retire the following guidelines: • Deprescribing strong opioids in non-malignant pain • Non-malignant chronic pain in primary care • Choice of strong opioids for cancer pain • ACS dual antiplatelet • Oxygen All guideline updates due to expire in December 2025 and beyond will go through the above process prior to update.		

<table>
<tr>
<td>12</td>
<td>High-cost drug (HCD) working group
a. Biosimilar Uptake Reporting</td>
<td>Alison Muir</td>
<td>
Monthly uptake for all Ustekinumab
<table>
<tr><th>Trust</th><th>Drug</th><th>May-25</th><th>Jun-25</th><th>Jul-25</th><th>Aug-25</th></tr>
<tr><td>CRH</td><td>Ustekinumab (Wezenla)
Cumulative % uptake</td><td>Crohn's:97%
UC: 88%
Derm: 95%</td><td></td><td>All over 80% target
switch completed</td><td>completed</td></tr>
<tr><td>UHDB</td><td>Ustekinumab (Pyzchiva)
Cumulative % uptake</td><td></td><td>non UC=91%
UC=85%</td><td>All over 80% target
switch completed</td><td></td></tr>
<tr><td colspan="6">Monthly uptake for all Adalimumab</td></tr>
<tr><td>CRH</td><td>Adalimumab (Yuflyma)
Cumulative % uptake</td><td>Rheum: 96%
Gastro: 82%
Derm: 75%</td><td>Rheum: 97%
Gastro: 100%
Derm: 93%</td><td>All over 80% target
switch completed</td><td>completed</td></tr>
<tr><td>UHDB</td><td>Adalimumab (Yuflyma)
Cumulative % uptake</td><td></td><td>Derm: 81%
Gastro: 79%
Rheum: 57%</td><td>no update due to A/L</td><td></td></tr>
<tr><td colspan="6">Monthly uptake for all Tocilizumab</td></tr>
<tr><td>CRH</td><td>Tocilizumab (Tyenne biosimilar)
Cumulative % uptake</td><td></td><td>39%</td><td>87%%
over 80% target
switch completed</td><td>completed</td></tr>
<tr><td>UHDB</td><td>Tocilizumab (Tyenne biosimilar)
Cumulative % uptake</td><td></td><td>19%</td><td>no update due to A/L</td><td></td></tr>
</table>
No recent figures from UHDB due to possible issues in the data which shows an unexplained drop in switch rates and staff annual leave.
</td>
<td>Noted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. HCD working group decisions</td>
<td>Alison Muir</td>
<td>JAPC were informed of decisions made at the HCD Working Group meeting in August following discussions on new NICE TAs:
• TA1070 Spesolimab (Spevigo) for treating generalised pustular psoriasis flares in adults, published 18.6.2025
• TA1074 sparsentan (Filspari) for treating primary immunoglobulin A (IgA) nephropathy in adults, published 25.6.2025
• TA1080 mirikizumab (Omvoh) for previously treated moderately to severely active Crohn's disease in adults, published 10.7.2025

The following HCD treatment algorithms were presented to JAPC members for ratification:
• Generalised pustular psoriasis flares in adults (new)
• Crohn's Disease (updated to include mirikizumab)</td>
<td>Agreed</td>
<td>Update on website</td>
</tr>
</table>

			It was agreed that a treatment algorithm was not needed for primary immunoglobulin A (IgA) nephropathy in adults. The current HCD treatment available for primary immunoglobulin A (IgA) nephropathy in adults targeted-release budesonide (Kinpeygo), does not have a treatment algorithm and the differences in criteria for using the two different treatments would make an algorithm too complicated to follow. A prior approval form on Blueteq has been produced.		
13	Miscellaneous a. DOAC Position Statement	Emily Khatib	A DOAC Position Statement has been produced to promote consistent and evidence-based prescribing of the most cost-effective Direct Oral Anticoagulants (DOACs) as first-line treatment for non-valvular atrial fibrillation (NVAF). It will ensure alignment with national commissioning guidance and local formulary updates across all care settings. Alongside additional the additional patient information document, it will serve as a tool to support informed discussions with patients about initiating or switching to best-value DOACs, where clinically appropriate. The statement reflects updated national guidance recommending generic apixaban and rivaroxaban as best-value options. A patient information leaflet was produced to support patients whose DOAC has been switched. This is not to be used yet whilst discussions are ongoing regarding the GP engagement scheme.	Agreed	Publish position statement on website
FOR INFORMATION AND REPORT BY EXCEPTION					

14	a. MHRA Drug Safety Roundup August 2025	Chair	For information	Noted	
15	Specialised circulars		For information	Noted	
16	MORAG		No update this month		
17	Minutes of other prescribing committees a. DHcFT MMC meeting minutes (DRAFT) July 2025 b. CRH D&T meeting minutes July 2025 c. Stoke & Staffs ICB IMOG minutes July 2025	Emily Khatib	For information	Noted	
	AOB		None		

Date of Next meeting: Tuesday 14th October 2025