NHS
Derby and Derbyshire
Integrated Care Board

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: 13th January 2026 **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	Emily Khatib, Steve Hulme		
2	Conflict of interest declarations a. Register of interests	Chair	Jo Attewell declared a personal conflict with item 13 Chair referred to the register for information	 Noted	
3	Declarations of any other business	Chair	None		
4	JAPC Decision & Justification Log December 2025	Chair	For ratification	Ratified	Publish on website
5	JAPC Bulletin DRAFT December 2025	All	For ratification	Ratified	Publish on website

6	JAPC Action Summary January 2026	Alison Muir	For ratification	Ratified	
7	JAPC Local Horizon Scan and Planning		No update this month		
8	Traffic Light Classification Changes and Additions				
	a. Empagliflozin and Dapagliflozin	Alison Muir	JAPC asked to consider re-classification of empagliflozin due to the patent expiry of dapagliflozin (Forxiga) in August 2025. Dapagliflozin is now significantly more cost-effective than empagliflozin. Currently both empagliflozin and dapagliflozin have the same traffic light classification for their commonly used indications, i.e. GREEN for Chronic Kidney Disease (CKD), GREEN for Type 2 Diabetes (with and without CKD), GREEN (consultant/specialist initiation and stabilisation) for Chronic Heart Failure with reduced ejection fracture and GREEN (consultant/specialist recommendation) for Symptomatic Chronic Heart Failure with preserved or mildly reduced ejection fraction. It was proposed to have dapagliflozin as the 1st line SGLT2 (sodium-glucose co-transporter 2) inhibitor and to re-classify empagliflozin as follows. GREY 2nd line for Type 2 Diabetes (with and without CKD), GREY (specialist initiation and stabilisation) 2nd line for Chronic Heart Failure with reduced ejection fracture and GREY (specialist recommendation) 2nd line for Symptomatic Chronic Heart Failure with preserved or mildly reduced ejection fraction. The suggested criteria for GREY classification is 'less cost-effective than current standard therapy'. Members raised concerns that GREY classification is usually reserved for drugs where a specific cohort of	GREEN 2nd line agreed for empagliflozin. Dapagliflozin now 1st line SGLT2 inhibitor	Update TLC pages on website. Update Heart Failure and Type 2 Diabetes guidelines

			patients will benefit from the treatment and/or there is clinical exceptionality for its use. Due to this proposal being based solely on cost, members agreed that maintaining the GREEN traffic light status and specifying empagliflozin as 2nd line choice (if dapagliflozin is not tolerated or otherwise unsuitable) was more appropriate. There is no proposed change to the traffic light classification for dapagliflozin and empagliflozin for use in CKD with both currently classified GREEN with no 1st line preference. Justification for this is due to Forxiga (originator brand of dapagliflozin) maintaining a patent for this indication. National advice is to maintain empagliflozin 1st line in these patients. This position has been agreed at the UHDB Drug & Therapeutics Committee. A challenge to this was raised to query the strength of the national guidance and questioned whether higher priority should be given to ensuring that new CKD patients are initiated on the most cost-effective treatment. This has been fed back to the authors of the paper for consideration. JAPC members wished to remind prescribers about counselling patients when starting these drugs on sick day rules, diabetic ketoacidosis (DKA) risk and on the rare but serious and potentially life-threatening infection Fournier's gangrene. Post meeting note: re national guidance (NHSE letter, 6th October 2025) – states clearly 'A second medical use patent has been granted for the use of dapagliflozin in the treatment of chronic kidney disease (CKD) in patients who		

			do not have T2DM. This patent became effective from 17 September, and so, for the time being, treatment of CKD in patients without T2DM should be considered a patent protected indication.'		
	b. NICE Template December 2025	Alison Muir	Update as per below in line with NICE TAs: **TA1113:** Glofitamab with gemcitabine and oxaliplatin for treating relapsed or refractory diffuse large B-cell lymphoma. Already **RED** **TA1114:** Talquetamab for treating relapsed and refractory multiple myeloma after 3 or more treatments. Already **RED** **TA1115:** Vutrisiran for treating transthyretin amyloidosis with cardiomyopathy. Already **RED** **TA1116:** Obecabtagene autoleucel for treating relapsed or refractory B-cell precursor acute lymphoblastic leukaemia. Classify **RED** **TA1117:** Dostarlimab with platinum-containing chemotherapy for treating primary advanced or recurrent endometrial cancer with microsatellite stability or mismatch repair proficiency. Already **RED**	Agreed	Update on website
	c. SPS Monthly Horizon Scan November 2025	Alison Muir	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. No TLC updates this month	Noted	
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	Alison Muir	**Cefazolin** re-classified as RED. For use in treatment of infections caused by cefazolin-susceptible micro-organisms (skin and soft tissue infections, and bone and joint infections) and perioperative prophylaxis. An additional classification of GREEN (specialist recommendation) was agreed for **Metformin** for use in Polycystic Ovary Syndrome (PCOS). GP members of JAPC expressed views that this might unnecessarily restrict initiation in primary care by GPs who are confident to initiate and are already doing so. It could also lead to an increase in referrals or Advice & Guidance requests to secondary care. Use in PCOS is an unlicensed indication. JAPC changed the Guideline Group TLC decision of GREEN specialist recommendation to GREEN for use in PCOS. **Brimonidine gel** was re-classified as GREY, an option for patients who are significantly troubled by severe facial erythema of rosacea and who have not achieved a satisfactory response with other interventions. **Formulary Chapter** – None updated this month **Clinical guidelines (minor updates) & website changes** Capcaisin cream has been discontinued. TLC page removed and removed mention of capsaicin cream in MSK chapter. Amendments to Specials Guideline entries for melatonin & diazepam. Melatonin changed to include if an unlicensed liquid is required the 3mg/5ml oral solution strength is the most cost-effective choice (Nov 2025). Diazepam	Noted with an amendment to the traffic light classification for metformin used in PCOS	

			changed for swallowing difficulties to recommend the diazepam 2.5mg/5ml oral suspension (unlicensed product). or alternatively the tablets can be crushed and dispersed in water for administration (unlicensed once crushed) (NEWT). Neocate LCP pack size has been changed by manufacturer from 400g to 420g. This has been updated in the cow's milk allergy guideline. Traffic light entry for insulin degludec 100units/ml updated, Tresiba Flexpens pre-filled pens discontinued, cartridges remain available. TLC for both tadalafil & vardenafil amended with addition of 'or who fail to respond to the maximum dose' to the GREY criteria - 2nd line choice for patients intolerant to or who fail to respond to the maximum dose of sildenafil (1st line), drug choice should be based on cost. Further appendix added to Tirzepatide prescribing guideline listing SNOMED CT Codes and terminology for NHS Obesity Medication Pathway (Tirzepatide in Primary Care). Inhaled corticosteroids equivalent doses document updated with addition of Proxor & Bibecfo brands, new inclusion of high-strength Trimbow pMDI, dose abbreviations changed to full wording and format changed to landscape to allow larger font size **Clinical guidelines retired** Bile salt/diarrhoea malabsorption Metoclopramide in gastroparesis CKD Detailing Aid		

12	High-cost drug (HCD) working group a. Biosimilar uptake reporting	Alison Muir	None this month		
	b. Algorithm/pathway changes	Alison Muir	None this month		
13	Miscellaneous a. RPS Homecare Services Standards Audit	Esther Kirk	A conflict of interest was declared for this item as above & managed by the chair. JAPC members were asked to consider the value of GPs being informed when a patient's hospital-only medicine(s) are supplied via homecare services. UHDB clinic letters currently do not specify the supply route for hospital-only medicines. This was raised in the context of a recent internal audit of homecare services at UHDB which showed a compliance score of 83% against the 2024 Royal Pharmaceutical Society (RPS) professional standards for homecare services. Standard B1.7 (The Clinical Referring Centre provides appropriate information about the Patients' Homecare Service to their General Practitioner) achieved a lower score in the audit due to clinic letters not currently specifying the route by which a patient's medication is supplied. Supply options are either homecare provider, Trust pharmacy or Pride pharmacy. Currently UHDB have over 8000 patients on treatment supplied via homecare and patient numbers continue to grow year on year. To update GPs on supply routes via clinic letters would take a considerable amount of time and resources. Patients using homecare services are informed	Agreed that GPs do not need to be informed that a patient has a hospital-only medication supplied by homecare services.	

			in clinic how the supply of their medicines will be managed and they are issued a patient information leaflet. JAPC members agreed that there was no further value in GPs being informed that hospital-only medicines are being supplied via homecare provider, emphasising that the responsibility lies with the homecare service and patient to manage the supply.		
FOR INFORMATION AND REPORT BY EXCEPTION					
14	a. MHRA Drug Safety Roundup December 2025	Chair	For information	Noted	
15	Specialised circulars		For information	Noted	
16	MORAG		No update this month		
17	Minutes of other prescribing committees a. CRH D&T Minutes November 2025 b. DHcFT MMT Minutes November 2025	Alison Muir	For information	Noted	
	AOB		None		

Date of Next meeting: Tuesday 10th February 2026