

This is a countywide group covering NHS Derby & Derbyshire Integrated Care Board, Derbyshire Community Health Service Foundation Trust, Derbyshire Healthcare Foundation Trust, University Hospital of Derby and Burton and Chesterfield Royal Hospital foundation trusts. It provides recommendations on the prescribing and commissioning of drugs
See <http://www.derbyshiremedicinesmanagement.nhs.uk/home>

Key Messages from Octobers JAPC meeting

[Dyspepsia GORD in adult's guideline](#) – no major changes to the guideline. The H2 antagonist table is included to guide cost effective choices depending on availability. Clinicians should also consider if a PPI/no treatment is a suitable alternative. The treatment length for H.Pylori is now consistent across trusts and in line with PHE.

Abrocitinib, tralokinumab or upadacitinib – High-Cost Drugs for secondary care are ICB commissioned. The commissioning algorithm for [atopic dermatitis](#) has been updated to include abrocitinib, tralokinumab or upadacitinib as per NICE TA814 as further treatment options.

Brolucizumab and dexamethasone - High-Cost Drugs for secondary care are ICB commissioned. The commissioning algorithm for [diabetic macular oedema](#) has been updated to include brolucizumab per NICE TA820 and dexamethasone per NICE TA824 as treatment options.

Guselkumab - High-Cost Drug for secondary care is ICB commissioned. The commissioning algorithm for [psoriatic arthritis](#) has been updated to include Guselkumab as per NICE TA815 as a treatment option.

Upadacitinib - High-Cost Drug for secondary care is ICB commissioned. The commissioning algorithm for [ankylosing spondylitis](#) has been updated to include upadacitinib as per NICE TA829 as a further treatment option.

GLP1-shortage (semaglutide and dulaglutide). [SPS](#) offers advice on the latest supply issues, actions to take, alternatives to use and expected resolution dates. (Registration is required to access the website). Specifically, clinicians should not initiate new patients on a semaglutide and dulaglutide (until supplies become available in Jan 2023) but should consider using an alternative GLP1 for new patients and to seek the advice of a specialist if there is uncertainty about selecting an appropriate GLP1.

Antidepressants in unipolar depression

Rewrite and a change to JAPC existing guideline, based on [NICE NG222](#) – Depression in adults. There are key changes to the guideline includes definition of depression, which is now classed as less severe, more severe and chronic symptoms; SSRI and SNRI medicines as monotherapy are first line pharmacological options. The treatment algorithm directs the user to treatment options and next steps when treatments are ineffective or not tolerated. Non-pharmacological treatments feature predominantly in NICE and JAPC recognise that there may be limited access to these therapies in Derbyshire. Clinicians are reminded pharmacological treatments need to be taken for at least 6 months for symptoms to remit and should be reviewed at least every 6 months if continuing antidepressants.

Antipsychotic Prescribing and Management for mental health conditions

JAPC has approved this new guidance which provides a "one stop" summary of recommended antipsychotic use. Produced by DHcFT, it aims to clarify formulary status of antipsychotic medicines in the context of a range of mental health conditions and reinforces JAPC agreed expectations of professional responsibility. Traffic light classifications for antipsychotic medications have been reviewed to ensure consistency, with most being classified as specialist initiation with expectation that secondary care will monitor for 1 year minimum in line with existing recommended physical health monitoring guidance, which has been incorporated into this document. The depot and long-acting injections are all classified as RED. This guidance also includes best practice advice on antipsychotic prescribing for antisocial personality disorder and borderline personality disorder.

Bariatric surgery – monitoring and medication

Update of an existing guideline following consultation and feedback with main providers that serve Derbyshire patients. Primary care is reminded of JAPC stance for vitamin supplementation. For those patients found to be deficient of nutrients, prescribing a supplement is warranted. For patients who require lifelong maintenance or preventative vitamin supplementation, self-care through purchasing vitamins OTC is strongly advised, considering the type of bariatric surgery, formulation, altered pharmacokinetics and patient choice. See [PrescQIPP](#) and [SPS](#) resources. GPs are reminded to continue annual monitoring (including compliance with OTC multivitamins) after the patient has been discharged from the bariatric service. The guideline also now includes additional advice on monitoring for pregnant women and adolescents.

MHRA NOTICES

[Methylphenidate long-acting \(modified-release\) preparations](#): caution if switching between products due to differences in formulations. Advice for prescribers and dispensers caution should be used if long-acting formulations of methylphenidate are to be used interchangeably due to the differences between formulations in dosing frequency, administration with food, amount and timing of the modified-release component, and overall clinical effect and to follow specific dosage recommendations for each formulation. A message to prescribe by Brand has been included into the CNS chapter and ADHD shared care guideline.

Guideline Group key messages – traffic light amendments

Fusidic acid 1% eye drops and Gentamicin – GREY Significantly more expensive than chloramphenicol eye drops. Recommended by NICE/PHE as alternative to chloramphenicol eye drops. Suitable for use in pregnancy. **Gentamicin 0.3% eye drops – GREY**. Alternative to chloramphenicol and fusidic acid eye drops. Significantly more expensive than chloramphenicol eye drops. **Azithromycin 1.5% eye drops – GREY**. Alternative to chloramphenicol eye drops. Suitable for use in pregnancy. **DuoTrav eye drops - Do Not Prescribe (DNP)**. Prescribe generically as travoprost / timolol eye drops. **Azarga eye drops - Do Not Prescribe (DNP)**. Prescribe generically as brinzolamide / timolol eye drops. **Trusopt eye drops - Do Not Prescribe (DNP)**. Prescribe generically as dorzolamide eye drops. **Betamethasone + clioquinol (Formally Betnovate C) - Grey after consultant/specialist recommendation**. For conditions as per specialist advice e.g., via A&G. Not for long-term use. **Sodium hyaluronate (Hycast) – RED**. Bladder instillation indicated for treating Bladder Pain Syndrome. **AaproMel** is recommended as cost-effective brand of Hypromellose eye drops. Alternative cost-effective brands include **Lumecare Tear Drops & Teardrew**. **C.Diff guideline- fidaxomicin (Dificlir)** oral suspension for swallowing difficulties added. **CVS formulary chapter- Appendix 2 Blood Pressure targets** for patients with Type 1 diabetes updated to be in line with targets for general population, following update to NICE NG17 Type 1 diabetes in adults. **CNS chapter/ osteoarthritis guideline-** oral paracetamol dosing in adults updated following updates to CKS and UHDBFT guidance. Patients with risk factor for hepatotoxicity or weight <50kg- consider reducing total daily dose to max. 3g in 24h or use 15mg/kg (max. 60mg/kg in 24h) as a guide. **CNS chapter-** zolpidem can be crushed; included in the notes as option for patients with swallowing difficulty. Traffic light classification removed. **Dry eye position statement-** Eyeaze 0.2% eye drops replaces Hydramed 0.2% as cost effective preferred brand for PF sodium hyaluronate eye drops. **Blood glucose monitoring meter formulary-** awaiting PrescQIPP publication. The review date is extended for 6 months.

Traffic light changes

Drug	Date considered	Decision		Details
Trazodone	Oct 22	GREEN		For use at step 2 of antidepressant guideline
Vortioxetine	Oct 22	GREEN		Reclassified from RED to GREEN. For use in step 3 of antidepressant guideline, for patients who respond partially to serotonergic antidepressants but do not tolerate some side effects e.g., sexual dysfunction and nausea
Duloxetine	Oct 22	GREY		For depression as alternative to venlafaxine for patients with previous history of antidepressant benefit
Phenelzine	Oct 22	GREEN spec initiation		For use at step 3 of antidepressant guideline
Amisulpride	Oct 22	GREEN spec initiation	GREEN spec recommendation	Specialist initiation for psychosis. Specialist recommendation for chronic depression (low dose, NG222)
Haloperidol	Oct 22	GREEN spec initiation		For psychosis, bipolar disorder (CG185)
Risperidone	Oct 22	GREEN spec initiation		For psychosis, bipolar disorder (CG185), adjunct to antidepressant in unipolar depression
Sulpiride	Oct 22	GREEN spec initiation		For psychosis
Trifluoperazine	Oct 22	GREEN spec initiation		For psychosis
Aripiprazole	Oct 22	GREEN spec initiation		For psychosis, bipolar disorder (CG185), depression
Olanzapine	Oct 22	GREEN spec initiation		For psychosis, bipolar disorder (CG185), depression
Quetiapine	Oct 22	GREEN spec initiation		For psychosis, bipolar disorder (CG185), depression
Chlorpromazine	Oct 22	GREEN spec initiation		For psychosis
Flupentixol	Oct 22	GREEN spec initiation		For psychosis
Zuclopenthixol	Oct 22	GREEN spec initiation		For psychosis
Promazine	Oct 22	GREY		To be prescribed within licensed indications
Lurasidone	Oct 22	RED		For psychosis and bipolar depression
Flupentixol decanoate	Oct 22	RED		
Haloperidol decanoate	Oct 22	RED		
Zuclopenthixol decanoate	Oct 22	RED		
Paliperidone (Xeplion®)	Oct 22	RED		
Dupilimumab	Oct 22	RED		Use in children 6 to 11 years old as add-on maintenance treatment for severe asthma with type 2 inflammation. NHSE commissioned
Tebentafusp	Oct 22	RED		Monotherapy for the treatment of human leukocyte antigen A*02:01 positive adults with unresectable or metastatic uveal melanoma. NHSE commissioned
Axicabtagene ciloleucel	Oct 22	RED		Treatment of adults with relapsed or refractory follicular lymphoma after ≥3 lines of systemic therapy. NHSE commissioned
Birch bark extract (Filsuvez)	Oct 22	DNP		Treatment of pulmonary arterial hypertension in adults, adolescents and children (aged ≥8 to <18 years) of WHO Functional Class II to III, including use in combination treatment
Gozetotide (Locametz)	Oct 22	DNP		Treatment of partial thickness wounds associated with dystrophic and junctional epidermolysis bullosa in patients aged ≥6 months
Lonafarnib (Zokinvy)	Oct 22	DNP		Identification of prostate-specific membrane antigen-positive lesions by positron emission tomography in adults with prostate cancer, after radiolabelling with gallium-68
Dexamethasone (Ozurdex)	Oct 22	RED		NICE TA824 - Dexamethasone intravitreal implant (Ozurdex) for treating diabetic macular oedema. ICB commissioned
Vedolizumab	Oct 22	DNP		NICE TA826 - Vedolizumab for treating chronic refractory pouchitis after surgery for ulcerative colitis (terminated appraisal)
Melphalan	Oct 22	DNP		NICE TA822 - Melphalan for haematological diseases before allogeneic haematopoietic stem cell transplant (terminated appraisal)
Atezolizumab	Oct 22	RED		NICE TA823 - Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer. NHSE commissioned
Avacopan	Oct 22	RED		NICE TA825 - Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis. NHSE commissioned

DERBYSHIRE MEDICINES MANAGEMENT, PRESCRIBING AND GUIDELINES WEBSITE

This website is the first port of call for information on local NHS decisions and guidance on medicines use. It includes local prescribing formularies, JAPC decisions, traffic lights, shared care guidelines, medicines guidelines, newsletters, controlled drug resources, and other medicines management resources. The site improves upon previous sites in several ways. It is faster, more reliable, has its own search engine, and it is easier to find information. Content is constantly being updated and you can sign up for e-mail alerts to keep you up to date.

Definitions:

RED: drugs are those where prescribing responsibility lies with a hospital consultant or a specialist.

AMBER: drugs are those that although usually initiated within a hospital setting, could appropriately become the responsibility of the GP, under a shared care agreement.

GREEN*: drugs are regarded as suitable for primary care prescribing.

GREY*: drugs are those that JAPC does not recommend for use, except in exceptional circumstances, due to lack of data on safety, effectiveness, and/or cost-effectiveness.

Do Not Prescribe (DNP)*: drugs, treatments or medical devices are **not** recommended or commissioned* (*unless agreed through the individual funding request route)

CONSULTANT/SPECIALIST INITIATION: consultant/specialist issues the first prescription usually following a consultation because:

- a. The patient requires specialist assessment before starting treatment and/ or
- b. Specialist short term assessment of the response to the drug is necessary.

GPs will be asked to continue prescribing when the patient is stable or predictably stable

CONSULTANT/SPECIALIST RECOMMENDATION: consultant/specialist requests GPs prescribe initial and on-going prescriptions, but ensures:

- a. There is no immediate need for the treatment and is line with discharge policies and
- b. The patient response to the treatment is predictable and safe