

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 Aprils JAPC meeting

Routine review of the [Menopause guideline](#). Update includes information on estradiol equivalent doses and includes other options to 1st line HRT, recognising stock shortages. A previous update has included prescribing information regarding topical testosterone for low sexual desire (now classified as GREEN for this indication).

Routine review of [Sayana press](#) (a progestogen only Long-Acting Reversible Contraceptive injection). The update includes information regarding self-administration at first consultation for those patients who are confident and can self-administer under the supervision of the clinician. Also included is advice for those patients who are postpartum and breastfeeding and not using contraception.

Routine review of [Managing Behavioural problems in patients with dementia](#). There is a pathway that includes assessment prior to pharmacological treatment. Mirtazapine for agitation and anxiety for Alzheimer's disease has been replaced with memantine, based on evidence showing little to no clinical benefit for mirtazapine. Melatonin (Circadin MR tablets) has been included as an option for REM sleep for dementia with Lewy Bodies and PD dementia (off-label use).

[Immune \(idiopathic\) thrombocytopenia purpura \(ITP\)](#) – this is new commissioning algorithm for High-Cost Drugs (HCD) (for secondary care) commissioned by the ICB for this condition. The algorithm incorporates 4 NICE approved drugs, with choice of drug based on preferred options and the patient's clinical picture.

The [prescribing specification for 2023/24](#) which is part of the healthcare service contract commissioners have with providers, has been updated with new HCD arrangements. Previous version contained information regarding gain shares which has now been replaced with enablement scheme information to facilitate biosimilar uptake.

A new [silver dressings resource](#) has been included as an appendix to the Derbyshire community dressing formulary and wound care guideline. The resource contains information to support wound care review and dressing prescribing by health care professionals. The document solely highlights the formulary silver and non-silver antimicrobial dressings which practice staff can use without Tissue Viability Service intervention or guidance in an easy view format.

[Ethical decision framework](#) – JAPC is now working in line with the new ICB ethical decision framework guidance which will support our decisions.

[Hydroxychloroquine prescribing guideline](#) – remains GREEN con/spec initiation

JAPC has approved a new prescribing guideline for hydroxychloroquine based on Royal College of Ophthalmologists recommendations. This replaces the previous position statement for hydroxychloroquine. The specialist/consultant is responsible for referring patients to ophthalmology for annual retinal screening after 5 years of therapy, or after 1 year if additional risk factors are present. There are no routine ongoing blood monitoring requirements by the GP. The GP responsibility includes to prescribe ongoing treatment, adjust, or stop treatment on advice of the specialist, assess for possible interactions, offer annual flu vaccination and to stop hydroxychloroquine and discuss urgently with the specialist if retinopathy or cardiomyopathy are confirmed.

Neuropathic pain

The neuropathic pain guidance has been updated following system wide consultation. Treatment options although based on NICE CG173 recommendations, are now aligned to PrescQIPP stepwise approach with duloxetine as a cost-effective option, placed as second line treatment option after amitriptyline. Gabapentin and pregabalin are now third line treatment options. Indication for capsaicin cream (0.075%) is now Grey after consultant/ specialist recommendation for localised neuropathic pain for patients who wish to avoid or cannot take oral medicines. Carbamazepine remains a treatment option for trigeminal neuralgia. Opioid recommendations remain – long term use is not recommended. JAPC advise that patients receiving opioid doses of >50mg/day morphine equivalent should be reviewed regularly (at least annually). Clinicians may seek specialist advice for doses >90mg/day morphine equivalent. Advice on deprescribing and hyponatraemia with antidepressants is included in the guidance.

[Mycophenolate shared care agreement](#) – AMBER

Following extensive consultation, JAPC has approved a new shared care agreement (SCA) for mycophenolate for non-transplant indications. The Derbyshire SCA for mycophenolate essentially aligns to the national shared care protocol and includes additional advice for lymphocytes and eosinophils abnormality to consider non-drug related causes, based on local specialist consensus. NB. Prescribing in primary care following transplant may also be considered in line with an out of area transplant centre approved shared care.

PGD - Pertussis

Update includes:

- A reminder of the need for resuscitation facilities in the event of anaphylaxis
- Clarifies the management of pregnant women who have been vaccinated with a pertussis-antigen before and after week 16 of pregnancy, or who have already been infected with whooping cough
- Clarifies management for individuals with a prior history of encephalopathy and encephalitis within 7 days of vaccination

Guideline Group key messages – traffic light amendments

Tiotropium – Grey. Single component LAMA is no longer recommended first line. COPD patients should be treated with LABA+LAMA inhaler or consider LABA+ICS inhaler if patient has asthmatic features or features suggesting steroid responsiveness.

Aclidinium – Grey. Update from 2nd to 3rd line LAMA due to cost.

Hepatitis B vaccine - DNP: For travel & RED: vaccination of at-risk patients.

Salbutamol 200microg Easyhaler (DPI) has been removed and **Ventolin Accuhaler** (200microg) added.

Clenil MDI & Fostair MDI removed from formulary as alternative cost-effective options (Soprabec MDI & Luforbec MDI) in formulary.

Cetirizine oral solution removed due to price increase- alternative loratadine and chlorphenamine oral solution sugar free in formulary.

Removed NACSYS as preferred brand for acetylcysteine 600mg sugar free effervescent tablets- to be prescribed generically.

Methotrexate shared care - updated to reflect contract change for SC MTX injection (CRHFT only). GP to prescribe ancillary equipment e.g., purple lidded cytotoxic waste bin and accept returns of full bins from patients.

Osteoporosis guideline updated to include 'very high risk' category in FRAX. Individuals with very high risk should be considered for advice & guidance/ referral to specialist for assessment and consideration of parenteral treatment (in line with NOGG recommendations).

MHRA – Drug safety update

[Pholcodine-containing cough and cold medicines](#): withdrawal from UK market as a precautionary measure. Pholcodine-containing cough and cold medicines are being withdrawn from the UK market as a precaution following a review which found that their benefits do not outweigh the increased risk of the very rare event of anaphylaxis to neuromuscular blocking agents (NMBAs) used in general anaesthesia.

[Terlipressin](#): new recommendations to reduce risks of respiratory failure and septic shock in patients with type 1 hepatorenal syndrome.

Traffic light changes

Drug	Date considered	Decision	Details
Dapagliflozin	Apr 2023	GREEN	NICE TA775 – for patients with CKD
Estradiol + progesterone (Bijuve)	Apr 2023	GREEN	2 nd line continuous combined oral HRT option
Melatonin (Circadin MR)	Apr 2023	GREY con/spec recom	GREY specialist recommendation for REM sleep for dementia with Lewy Bodies and PD dementia (off-label use).
Mycophenolate mofetil	Apr 2023	AMBER	SCA for non-transplant indications in adult services.
Capsaicin 0.075% cream	Apr 2023	GREY con/spec recom	As per neuropathic pain guidance for patients who cannot take or tolerate oral medicines.
Tramadol	Apr 2023	GREY	As per neuropathic pain and nonmalignant chronic pain guidance
Duloxetine	April 2023	GREEN	2 nd line to amitriptyline for neuropathic pain.
Terlipressin	Apr 2023	RED	MHRA: new recommendations to reduce risks of respiratory failure and septic shock in patients with type 1 hepatorenal syndrome
Elvitegravir + cobicistat + emtricitabine + tenofovir alafenamide (Genvoya)	Apr 2023	RED	Treatment of human immunodeficiency virus-1 infection without any known mutations associated with resistance to the integrase inhibitor class. As per NHSE commissioning intentions
Dalteparin	Apr 2023	DNP	Treatment of symptomatic venous thromboembolism in paediatric patients aged ≥1 month. Await clinician request
Budesonide (Kinpeygo) Capsule	Apr 2023	DNP	Treatment of primary immunoglobulin A nephropathy in adults at risk of rapid disease progression with a urine protein-to-creatinine ratio ≥1.5g/gram. Await clinician request
Dengue vaccine (Qdenga)	Apr 2023	RED	Prevention of dengue disease in individuals aged ≥4 years. As per NHSE commissioning intentions

Elasomeran + davesomeran (Spikevax bivalent Original/Omicron BA.4-5)	Apr 2023	RED	Use as a booster dose for active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals aged ≥12 years who have previously received at least a primary vaccination course against COVID-19. As per NHSE commissioning intentions
Maralixibat (Livmarli)	Apr 2023	RED	Treatment of cholestatic pruritus in patients with Alagille syndrome aged ≥2 months. As per NHSE commissioning intentions.
Eptinezumab	Apr 2023	RED	NICE TA871 - Eptinezumab for preventing migraine
Semaglutide	Apr 2023	RED	NICE TA875 – Semaglutide for managing overweight and obesity
Finerenone	Apr 2023	RED	NICE TA877- Finerenone for treating chronic kidney disease in type 2 diabetes
Casirivimab plus imdevimab	Apr 2023	DNP	<p>As per NICE TA878 for treating COVID-19:</p> <ul style="list-style-type: none"> • Casirivimab plus imdevimab – DNP • Nirmatrelvir plus ritonavir (Paxlovid) - oral for non-hospitalised, RED to be prescribed by clinicians working in the Covid Medicines Delivery Unit only • Sotrovimab – IV non-hospitalised, RED given via red hubs throughout the ICB, to be prescribed by clinicians working in the Covid Medicines Delivery Unit only • People admitted to hospital with COVID-19 who need high-flow oxygen: – baricitinib or tocilizumab are offered, subject to eligibility criteria, through the UK interim clinical commissioning policies for secondary care
Nirmatrelvir plus ritonavir (Paxlovid)	Apr 2023	RED	
Sotrovimab		RED	
Tocilizumab/ Baricitinib	Apr 2023	RED	
Asfotase alfa	Apr 2023	RED	NICE HST23 - Asfotase alfa for treating paediatric-onset hypophosphatasia (replaces HST6)
Cannabidiol	Apr 2023	RED	NICE TA873 - Cannabidiol for treating seizures caused by tuberous sclerosis complex
Polatuzumab vedotin	Apr 2023	RED	NICE TA874 - Polatuzumab vedotin in combination for untreated diffuse large B-cell lymphoma
Nivolumab	Apr 2023	RED	NICE TA876 - Nivolumab with chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer

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:

- The patient requires specialist assessment before starting treatment and/ or
- 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:

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

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.