

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 December's JAPC

Attention Deficit Hyperactivity Disorder (ADHD) Medications shortages briefing has been further updated by DHCFT to include consistent messages for both primary and secondary care. Key points are:- the supply chains remain fragile thus products may only be available on a temporary basis and may go out of stock at short notice; not to recommend switching to an alternative product unless under exceptional circumstances; patients should not be initiated on products affected by shortage until the supply issues resolve. Ongoing details about continuing management of the ADHD medicines shortage can also be found on the [Specialist Pharmacy Service website](#).

Anastrozole- following recent MHRA licence variation for anastrozole (now licensed) to include primary prevention of breast cancer in postmenopausal women at moderate or high risk, prescribers are reminded of the 2017 NICE [CG164 familial breast cancer](#). If a patient contacts primary care, NICE recommends that primary care professionals should offer to refer potentially eligible patients to secondary care. Recommendations regarding referral and risk category are within NICE guidance. Existing JAPC traffic light classification Green after specialist recommendation remain unchanged.

Annual horizon scan- JAPC horizon scans new drugs that are likely to impact prescribing in the next financial year. This is based on SPS Prescribing Outlook document and shared at JAPC with high impact medications highlighted.

Management of undernutrition in adults

The Management of undernutrition in adults guideline recommends fortification of foods and supporting self-care. If oral nutritional supplements (ONS) is needed the recommendation is to follow a care plan with an objective measure - MUST tool. The guidance includes how to fortify foods and which cost effective products to use- guideline has been reviewed and the Big Nutrition for Small Appetites patient information leaflet updated to include high calorie drinks information, QR code for food fortification video, as well as information for patients on lactose/dairy free (vegan) diets. ONS products information and prices have also been updated. The annual Derbyshire primary care spend on ONS is around 3 million pounds.

DDICB Phytomenadione (Vitamin K) PGD

The PGD has been re-authorised to allow Derbyshire GP practices to adopt for use within anticoagulation service in primary care. The PGD permits oral administration of phytomenadione in patients treated with vitamin K antagonist with an INR equal or greater than 8.0, with no signs of bleeding. Repeated doses of phytomenadione in consecutive days are no longer permitted under this PGD as other mechanism e.g. PSD or prescription was felt to be more appropriate. References have been updated.

Guideline Group key messages – traffic light amendments

Simvastatin, pravastatin- GREY for use in those already established on treatment or unable to tolerate atorvastatin/rosuvastatin

Dapagliflozin- GREEN specialist recommendation for treating chronic heart failure with preserved or mildly reduced ejection fraction as per NICE TA902

Formulary update: skin- Anthelios sunscreen added (sunscreens classified as Grey); the following brands removed from chapter and generic prescribing recommended- Canesten HC (clotrimazole+ hydrocortisone cream), Efudix (fluorouracil 5% cream), Fucidin (fusidic acid 2% cream), Silkis (calcitriol ointment), Skinoren (Azelaic acid 20% cream).

DDICB Patient Group Direction Development and Review Process - the authorised signatory for signing PGDs on behalf of the ICB updated from the Executive Medical Director to Director of Medicines Management & Clinical Policies for the ICB.

MM website updates: SPS Continuing management of the ADHD medicines shortage link added to the CNS chapter/ Shared care page; vitamin D PIL in Urdu removed from website due to potential error.

MHRA – Drug safety update

Ozempic▼(semaglutide) and Saxenda (liraglutide): vigilance required due to potentially harmful falsified products

Remind patients using these products to always obtain prescription medicines from a qualified healthcare provider and not to use products they suspect are falsified as this may lead to serious health consequences. Healthcare professionals to remain vigilant for symptoms linked to hypoglycaemia in patients who may have obtained a falsified product containing insulin.

E-cigarette or vaping: remain vigilant for suspected adverse reactions and safety concerns - report to the Yellow Card scheme document use of e-cigarette products ('vapes' and 'vaping') in the medical records for all patients; advise patients to be vigilant about suspected adverse reactions and to purchase and use legally compliant e-cigarette and e-liquid products.

Nirmatrelvir, ritonavir (Paxlovid▼): be alert to the risk of drug interactions with ritonavir

National Patient Safety Alert- Potential contamination of some carbomer-containing lubricating eye products with Burkholderia cenocepacia – Certain batches of the following eye gels are subject to recall at present (see [FSN](#) for details): AACARB, AACOMER 0.2%, PUROPTICS. As a precautionary measure, while further testing is conducted, avoid use of all carbomer-containing lubricating eye products for patients in the following groups:- individuals with cystic fibrosis; patients being cared for in critical care settings (e.g., adult, paediatric and neonatal ICU); severely immunocompromised; patients awaiting lung transplantation. Where an alternative non carbomer-containing product is not available or not suitable, apply clinical risk assessment as appropriate.

Traffic light changes

Drug	Decision	Details
Empagliflozin	Green specialist recommendation	NICE TA929 Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction
Cabozantinib	DNP	NICE TA928 Cabozantinib for previously treated advanced differentiated thyroid cancer unsuitable for or refractory to radioactive iodine- Not recommended.
Lutetium-177 vipivotide tetraxetan	DNP	NICE TA930 Lutetium-177 vipivotide tetraxetan for treating PSMA-positive hormone-relapsed metastatic prostate cancer after 2 or more treatments- Not recommended
Zanubrutinib	RED	NICE TA931 Zanubrutinib for treating chronic lymphocytic leukaemia. NHSE commissioned
Decitabine–cedazuridine	DNP	NICE TA932 Decitabine–cedazuridine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable. Terminated appraisal
Tisagenlecleucel	DNP	NICE TA933 Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies. Terminated appraisal, replaces NICE TA567
Foslevodopa–foscarnidopa	RED	NICE TA934 Foslevodopa–foscarnidopa for treating advanced Parkinson's with motor symptoms. NHSE commissioned
Idecabtagene vicleucel	DNP	TA936 Idecabtagene vicleucel for treating relapsed and refractory multiple myeloma after 3 or more treatments. Terminated appraisal
Atogepant	DNP	Await national guidance. ICB commissioned HCD.
Copper histidinate	RED	SSC2577: Subcutaneous copper histidinate injections for presymptomatic neonates with classical Menkes disease as per NHSE commissioning intentions
Obinutuzumab	RED	SSC2579: Obinutuzumab elective therapy to prevent immune Thrombotic Thrombocytopenic Purpura (TTP) relapse in patients who are refractory or intolerant to rituximab (adults) as per NHSE commissioning intentions
Durvalumab with gemcitabine and cisplatin	RED	SSC2583: Durvalumab with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer as per NHSE commissioning intentions

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:

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

GP's 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