

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 November's JAPC

Guideline Extensions – due to interim capacity shortfall, formulary chapters and a number of clinical guidelines have been scoped based on clinical risk and recommendation to extend review date by 6-12 months agreed. Updated review dates are available on medicines management website.

Familial Hypercholesterolaemia - Routine review of guideline based on [NICE CG71](#) Familial hypercholesterolaemia: identification and management. No significant update identified. Generic rosuvastatin cost now comparable with first line atorvastatin. GG supports update to rosuvastatin traffic light classification from Grey to Green 2nd line to atorvastatin.

The following [UKHSA PGDs](#) have been uploaded to our Medicines Management website: Hepatitis B vaccine PGD, Hepatitis A vaccine PGD, Hepatitis A and B combined vaccine PGD, and dTaP/IPV PGD.

High Cost Drugs algorithms - The following High Cost Drug commissioning algorithms have been updated to include October NICE TA recommendations: Psoriatic Arthritis (PsA) – bimekizumab; Ankylosing Spondylitis (AS) - bimekizumab, tofacitinib; Migraine - Rimegepant for acute treatment. These are drugs prescribed in a secondary care setting that are excluded from Tariff and costly

DMARD monitoring summary

The DMARD monitoring summary sheet has been updated following completion of JAPC DMARD shared care guidelines review against national shared care protocols. Key updates include: Mycophenolate added as newly agreed shared care; calculated GFR replaced with CrCl; Ciclosporin serum lipid, uric acid, magnesium 6 monthly monitoring; Sulfasalazine after 12 months follow advice from specialist to reduce/ discontinue monitoring. No routine GP monitoring except annual eGFR for stable patients with minimal risk after 12 months. Local specialists may advise continuing e.g. 6 monthly monitoring for patients with additional risk factors e.g. comorbidities/ concurrent medications. This is a useful summary reference but prescribers should still refer to the full shared care for details and clarity.

Guideline Group key messages – traffic light amendments

Bimatoprost/ timolol eye drops generic - Grey after consultant/specialist initiation - 2nd line prostaglandin/beta blocker combination preparation. Ganfort brand – DNP - prescribe generically as cost effective. (QEIA not deemed necessary due to alternative available).

Oxycodone/naloxone - DNP - previously listed as brand Targinact. Now listed generically, plus additional brand Myloxifin.

Formulary update: ENT - Flixonase nasules are being discontinued in December 23. Brand removed from formulary chapter and management of chronic rhinosinusitis guideline. Prescribe generic fluticasone 400microg/ unit dose nasal drops instead; Ephedrine nasal drops removed due to discontinuation; Nystan and Daktarin brands removed– prescribe nystatin/ miconazole generically.

Stoma accessories guideline - Oakmed stoma powder discontinued - removed.

AF guideline - SystmOne have updated their tool for calculating CrCl which allows actual body weight to be used without removing height, the previous advice to remove patient height when using this tool has been removed from AF guideline.

MM website changes – Medicines reconciliation guidance and Recording medicines prescribed by other HCP guidance reviewed with no significant change; Green Inhaler Leaflet updated on the MM website following assessment by comms team using their new health literacy tool; Generic Prescribing Statement appendix A updated with new patient letter template added; Deprescribing- new section under Clinical Guidelines with new resources: Resources to support patients having a Structured Medication Review and Preparing for a Medication Review; DHU formulary removed from the MM website.

MHRA – Drug safety update

Isotretinoin (Roaccutane): introduction of new safety measures, including additional oversight of the initiation of treatment for patients under 18 years of age – MHRA has strengthened the safe use of isotretinoin through the introduction of additional oversight of the initiation of isotretinoin in patients under 18 years and through improved assessment and monitoring of mental health and sexual function issues. They ask healthcare professionals to review these new measures and supporting materials and integrate them into their clinical practice when referring patients and when prescribing or dispensing isotretinoin. Isotretinoin is prescribed in secondary care. Links to PILs are available on MM website via traffic light classification and JAPC acne guideline.

MedSafetyWeek November 2023: your Yellow Card report helps to improve patient safety - The eighth annual #MedSafetyWeek social media campaign will take place from 6 to 12 November 2023. It will focus on the importance of reporting suspected adverse reactions to medicines and suspected problems with medical devices. We ask healthcare professionals to support the campaign and talk to their patients and colleagues about side effects and how to report suspected problems to the Yellow Card scheme.

Valproate: dispense full packs of valproate-containing medicines- Unless there are exceptional circumstances, valproate-containing medicines must always be dispensed in the manufacturer's original full pack to ensure that women always receive information about the harms of valproate during pregnancy.

Traffic light changes

Drug	Decision	Details
Oral sodium cromoglicate	GREY after consultant/ specialist recommendation	for food allergy
Rosuvastatin	GREEN 2 nd line	Change from GREY to GREEN 2nd line to atorvastatin
Pegunigalsidase alfa	RED	NICETA915 for treating Fabry disease. NHSE commissioned.
Bimekizumab	RED	NICE TA916 for treating active psoriatic arthritis. ICB commissioned. NICE TA918 for treating axial spondyloarthritis. ICB commissioned.
Daratumumab with lenalidomide and dexamethasone	RED	TA917 for untreated multiple myeloma when a stem cell transplant is unsuitable. NHSE commissioned.
Rimegepant	RED	NICE TA919 for treating migraine. ICB commissioned.
Tofacitinib	RED	NICE TA920 for treating active ankylosing spondylitis. ICB commissioned.
Ruxolitinib	RED	NICE TA921 for treating polycythaemia vera. NHSE commissioned.
Daridorexant	RED	NICE TA922 Daridorexant for treating long-term insomnia. RED recommendation as holding position for TA compliance. ICB commissioned.
Tabelecleucel	DNP	NICE TA923 for treating post-transplant lymphoproliferative disorder caused by the Epstein-Barr virus. NHSE commissioned. Terminated appraisal.
Tirzepatide	RED	NICE TA924 for treating type 2 diabetes. RED recommendation as holding position for TA compliance. ICB commissioned.
Mirikizumab	RED	NICE TA925 for treating moderately to severely active ulcerative colitis. ICB commissioned.
Baricitinib	DNP	NICE TA926 for treating severe alopecia areata. Baricitinib is not recommended, within its marketing authorisation, for treating severe alopecia areata in adults.
Glofitamab	RED	NICE TA927 for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments. NHSE commissioned.
Zanubrutinib	RED	SSC2569 for treating chronic lymphocytic leukaemia. 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:

- 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