

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

[Gluten Free Prescribing policy](#) - Routine full review. Following a period of public engagement in 2017 it was agreed that the prescribing of gluten free foods is not routinely commissioned in Derby and Derbyshire, and this remains unchanged. The gluten free prescribing policy summarises the rationale for the decision and signposts support available. This has been reviewed with minor amendments to reflect the new organisations and the updated links to the Coeliac UK website. Planned work will be carried out with three months' notice period to align prescribing across Derbyshire and Glossop area to reduce variation in the quality of care across Derbyshire and make best use of available resources.

[Guidance on prescribing of Low Molecular Weight Heparin \(Enoxaparin and Tinzaparin\)](#) - Routine full review. This guideline clarifies prescribing responsibilities for LMWH under different scenarios and includes JAPC consensus for the management of sub-therapeutic INR in primary care. The guideline has been updated to reflect the new UHDB enoxaparin dosing guidance where doses are rounded up to the closest full syringe. More examples of high-risk patients (metallic heart valve, antiphospholipid syndrome) have also been added, where LMWH for sub-therapeutic INR may be appropriate after seeking specialist advice.

[Self-Care Policy](#) - Routine review with minor updates. The policy is based on the NHSE 'Conditions for which over the counter items should not routinely be prescribed in primary care' guidance and promotes self-care for minor and self-limiting conditions to ensure that prescribing of medicines and treatments that are available to purchase over-the-counter (and are used for the treatment of minor, short-term self-limiting medical conditions, or have little evidence of benefit) is stopped and to support prescribers in implementing this decision. The self-limiting conditions table on MM website updated with new 'advice' column to include information such as patient information leaflets and exclusions based on condition or product licencing.

[Shortage of salbutamol nebuliser liquid](#) - a National Patient Safety Alert (February 2024) on shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials has been shared with provider actions to be implemented. Primary care prescribers should review need for home nebuliser use, and if deemed necessary, determine if the patient has sufficient supplies of nebuliser liquid at home before issuing repeat prescriptions. Reminder that nebulised asthma rescue medication should not be prescribed to children and young people for use at home unless under specialist medical supervision ([MHRA drug safety update Aug 2022](#)).

Direct-acting oral anticoagulant (DOACs)- generic apixaban

NHSE national [commissioning recommendations](#) on direct-acting oral anticoagulant(s) (DOACs) was updated in January 2024 and recommends that for patients commencing treatment for non-valvular atrial fibrillation (NVAF), subject to the criteria specified in the relevant NICE TAs, clinicians should use the best value DOAC that is clinically appropriate for the patient. Generic apixaban (twice a day treatment) is to be used 1st line for patients with NVAF unless there is a specific clinical reason not to do so. Currently edoxaban* is the next preferred option (once a day) if apixaban is not suitable. JAPC NVAF guideline and other relevant guidelines have been updated to reflect this recommendation. Clinical system formulary and Optimise Rx messages will also be updated accordingly. *note edoxaban as 2nd line choice will be reviewed again depending on rivaroxaban patent decision June 2024.

Guideline Group key messages

[Prednisolone suppository- GREY](#)- Use only if other topical steroid preparations not suitable. Reminder topical steroid treatment should be prescribed as a time-limited course- avoid issuing repeats without review.

[Formulary CV chapter](#)- generic apixaban recommended as first line DOAC for AF; spironolactone information updated to include resistant hypertension as a recognised indication.

[Renal Disease Calculations on SystmOne](#) document added to the MM website.

MHRA – Drug safety update

[Codeine linctus \(codeine oral solutions\)](#): to be reclassified from a pharmacy-only (P) to a prescription-only medicine (POM) owing to the risk of dependence, addiction, and overdose. It is only considered to be effective for chronic cough lasting over 8 weeks. Advise patients that those with a long-term cough should see a healthcare professional.

[Pseudoephedrine: very rare risk of posterior reversible encephalopathy syndrome \(PRES\) and reversible cerebral vasoconstriction syndrome \(RCVS\)](#) PRES and RCVS present with the following symptoms: sudden severe headache or thunderclap headache, sudden onset of nausea and vomiting, confusion, seizures and/or visual disturbances. Pseudoephedrine is for short term use only and is contraindicated in patients with severe hypertension or uncontrolled hypertension, or severe renal disease.

Traffic light changes

Drug	Decision	Details
Belumosudil	RED	NICE TA949 Belumosudil for treating chronic graft-versus-host disease after 2 or more systemic treatments in people 12 years and over. NHSE commissioned.
Nivolumab–relatlimab	RED	NICE TA950 Nivolumab–relatlimab for untreated unresectable or metastatic melanoma in people 12 years and over. NHSE commissioned.
Olaparib with abiraterone	RED	NICE TA951 Olaparib with abiraterone for untreated hormone-relapsed metastatic prostate cancer. NHSE commissioned.
Talazoparib	RED	NICE TA952 Talazoparib for treating HER2-negative advanced breast cancer with germline BRCA mutations. NHSE commissioned.
Selinexor with bortezomib and dexamethasone	RED	SSC2613 Selinexor with bortezomib and dexamethasone for previously treated multiple myeloma. As per NHSE commissioning intentions
Momelotinib	RED	SSC2618 Momelotinib for treating myelofibrosis-related splenomegaly or symptoms. As per NHSE commissioning intentions
Lebrikizumab (Ebglyss)	DNP	Await national guidance

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