Derby & Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

Derby and Derbyshire Integrated Care Board

Joined Up Care Derbyshire

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 October 2025 JAPC meeting

The high cost drug (HCD) algorithm for Atopic dermatitis has been updated to include nemolizumab following the NICE TA1077. Nemolizumab is an injectable monoclonal antibody interleukin 31 inhibitor which can be used for moderate or severe dermatitis in combination with topical corticosteroids and/or calcineurin inhibitors for people 12 years and over.

The HCD algorithms for Crohns disease and Ulcerative colitis were also updated to include guselkumab another injectable monoclonal antibody interleukin 23 inhibitor. This is following NICE TA1094 for treating moderately to severely active ulcerative colitis in adults & TA1095 for previously treated moderately to severely active Crohn's disease in adults & have been added into the existing HCD algorithms. The UC algorithm also has a new treatment arm for second line option drugs, the guselkumab TA specifies that a TNF inhibitor must have been tried first (or be unsuitable), this is also applies to mirikizumab & risankizumab which have been moved on the algorithm in line with the NICE TAs.

The current HCD algorithms for moderate rheumatoid arthritis & severe rheumatoid arthritis have been reviewed by the Trust clinicians with no changes.

Key new drug traffic light additions/changes

Aerobika Oscillating PEP device is an airway clearance therapy device used to mobilize excess lung secretions and improve breathing. It can be used to manage respiratory conditions such as COPD, bronchiectasis and cystic fibrosis and must be initiated by specialist respiratory physiotherapist only. The device should be replaced every 12 months. This has been reclassified from **RED** to **GREEN** Specialist Initiation: for Specialist Respiratory Physiotherapists Initiation Only to allow GPs to continue to prescribe on an annual basis for stable patients & avoid the need for a referral back into secondary care unless patients have any change to their condition. The device should be added to repeats with clear information on replacement frequency. Acapella, Flutter, Lungflute, PARI O-PEP and Shaker deluxe are alternative options. N.B. there is no requirement for primary care to replace devices purchased by patients without recommendation by a specialist respiratory physiotherapist.

Guideline Group Key Messages

Chapter 11 Eye was updated. This update included a link to the Moorfields eye drop compliance aid information and information on different levels of corneal penetration for different steroid eye drops. The first line beta-blocker eye drops for glaucoma has been changed to timolol from betaxolol which is now second line, as agreed with secondary care ophthalmology providers.
Fluorometholone listed as GREY drug after consultant/specialist initiation by secondary care or specialist community optometry services. Sodium cromoglicate 2% PF eye drops (10ml bottle) now GREY where a preservative free preparation is indicated. Carbomer 0.2% AACARB added as cost-effective choice for dry eyes.
Otrivine Antistin removed as discontinued. TearDew brand of Hypromellose 0.3% removed from the formulary.

The Glaucoma guideline has been retired from the medicines management website & replaced with an extended section 11.6 in Chapter 11 including a table of formulary choice eye drops & links to the NICE visual summaries on chronic open angle glaucoma and ocular hypertension.

The Osteoporosis guideline has been updated to include further information on fracture liaison service (FLS) activity, comments were added about age appropriateness of tools and the interaction between DXA and FRAX. The details were clarified for which patients require prophylaxis whilst on corticosteroids (in line with NOGG guidance). Men and premenopausal women aged 41-50 taking corticosteroids should have their fracture risk assessed via FRAX.

The Menopause Management guideline has been updated in line with British Menopause Society (BMS) guidance and the NICE NG23 update. People from some ethnic minority backgrounds and those with certain medical conditions may experience menopause earlier. For patients with a medical condition that may be affected by HRT a recommendation has been added to seek advice from a specialist in that condition about the choice of HRT. Estradiol equivalent doses have been updated in line with BMS guidance. A section on progestogens has been added with guidance on dosing alongside oestrogen. Oral medroxyprogesterone (generic preparation) has been added as an alternative to oral micronised progesterone.
Kliofem and Kliovance are now first line options for continuous combined oral treatment.
The brands Premarin (conjugated oestrogens) & Premique low dose (conjugated oestrogens 300microgram / Medroxyprogesterone 1.5mg modified-release tablets) have been discontinued & should now be prescribed by the generic names.

There has been an amendment to the Relugolix shared care agreement, adding that the Consultant may continue to monitor patient PSA levels after requesting shared care with the GP, this will be made clear on the Shared Care request.

The Guideline for Hyperprolactinaemia (cabergoline, quinagolide & bromocriptine) has been retired, cabergoline & quinagolide are **GREEN** after consultant initiation, bromocriptine is **GREY** after consultant initiation.

MHRA Drug Safety Update (DSU)

Paracetamol and pregnancy - reminder that taking paracetamol during pregnancy remains safe.
Patients should not stop taking their pain medicines as untreated pain and fever can pose risks to the unborn child.

Advice for Healthcare Professionals:

- there is no evidence that taking paracetamol during pregnancy causes autism in children
- pregnant women should be advised to continue to follow existing NHS guidance and speak to their healthcare professional if they have questions about any medication during pregnancy
- untreated pain and fever can pose risks to the unborn baby, so it is important that patients continue to manage these symptoms with the recommended treatment. If pain or fever does not resolve, patients are advised to seek advice from their healthcare professional
- patients should not swap to alternatives such as ibuprofen. Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, are generally not recommended during pregnancy
- the MHRA regularly reviews the safety of paracetamol including during pregnancy to ensure that the benefits to the patient and unborn baby outweigh any risks
- recent existing studies do not show a causal association between paracetamol use during pregnancy and autism. There are many potential contributing factors in the development of autism, including but not limited to concomitant diseases and family inheritance

Traffic Light Changes Summary		
Drug	**Decision**	**Details**
Aerobika Oscillating PEP device	**GREEN**	Reclassified from **RED**
Timolol eye drops	**GREEN (Specialist Initiation)**	
Sodium cromoglicate 2% PF eye drops	**GREY**	Only when a preservative-free preparation is indicated
Ketorolac 0.5% eye drops (Acular)	**RED**	
Sildenafil citrate oromucosal spray (Hezkue)	**DNP**	
Sildenafil citrate orodispersible films (Silandyl)	**DNP**	

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.

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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