

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 new drug traffic light additions/changes from November 2025 JAPC meeting

Fluoride dental products **DNP** status changed to **GREY after consultant/specialist recommendation**: Only for patients who are undergoing radiotherapy to the head and neck region not registered with an NHS dentist. In this circumstance they can be prescribed in general practice on the recommendation of oncology/radiology. These patients should continue to use fluoride products for as long as natural teeth remain. For other indications the traffic light remains **RED** to be prescribed by specialist dental services only.

New product launches: Levodopa (Inbrija) 33mg capsule for inhalation and EURneffy (adrenaline single-use spray). These have been classified **DNP** (await clinician request).

Guideline Group Key Messages

Chapter 12 ENT was updated and includes the following changes; Encouragement of [self-care](#) with Earcalm spray. [MHRA alert](#) regarding aminoglycosides (2021). Advice for treatment failure and recurrent acute otitis media, with [NICE CKS link](#). [Pharmacy First referral information](#) for children with acute otitis media. Immediate antibiotic prescription guidance ([CKS](#)) for high-risk patients with acute otitis media. Neilmed sinus rinse noted as OTC only, with link to [UHDB patient information leaflet](#) for homemade solution instructions. Prescribing information for fluoride dental products and link to [BNF dental formulary](#). Betamethasone 0.1% nasal drops as step 2 in [chronic rhinosinusitis pathway](#). Beclometasone and budesonide nasal sprays have been removed from formulary (no longer recommended). Avamys, Dymista, and Ryaltris brands now removed as now prescribed generically for cost-effectiveness. Bactroban brand removed (discontinued) and generic mupirocin available.
This review recommended changes to the following guidelines: [Allergic rhinitis guideline](#): steroid nasal spray prices updated, fluticasone/azelastine made first-choice combination nasal spray, reference to nasal spray brands removed (Avamys, Dymista, Ryaltris) as now cost-effective to prescribe generically. [Chronic rhinosinusitis guideline](#) minor updates: mometasone nasal spray price updated, reference to Avamys brand of fluticasone furoate nasal spray removed.

The [antidepressant guideline](#) was updated to include removal of the table from the hyponatraemia risk section as non-exhaustive and lists classes of antidepressants, within which all have different risks. Depression with anxiety and psychotic depression sections added. Esketamine added to reflect prescribing position. Citalopram information removed as QT prolongation risk is not limited to citalopram. QT risk section added with reference links.

The [overactive bladder guideline](#) was updated to include the addition of gender-specific assessments in the 'initial assessment' section of flow chart on page 2, criteria for referral to urology/urogynaecology added and link to Derbyshire Shared Care Pathology Guideline on haematuria also added. Information on self-referral to adult continence services added with link to DCHS website for PILs and other useful resources. Vagirux brand of estradiol vaginal tablets changed to generic as this brand is no longer the formulary choice. The order of drugs in the comparison table (page 7) amended due to price changes. Trosium MR tablets are now the most expensive treatment option. Blerone XL brand of tolterodine MR capsules has been discontinued. This should now be prescribed generically.

In lieu of a full update to the local [adult asthma guideline](#), amendments have been made to bring advice more in line with [NICE NG245](#) until a full review can be undertaken. This includes replacement of the previous treatment algorithm with a link to the [local Adult Asthma Treatment Algorithm](#) (NICE 2024 update), removal of reference to ICS monotherapy in the stepping down criteria and removal of information on LAMA use in asthma, both replaced with link to the updated algorithm. A link to [Asthma + Lung UK](#) has been added to the website for information on treating acute asthma attacks in people following AIR or MART regimes. [MHRA alert](#) (April 2025) added re risks of SABA overuse in asthma.

The following were updated with no significant changes: The [shared care agreements](#) for naltrexone, disulfiram and acamprosate for the maintenance of alcohol abstinence and the patient information leaflet for use of unlicensed medicines.

The position statement for [self-care with vitamin D](#) has been reviewed. Recommended doses have been clarified in line with the BNF & a [link](#) to the NHS Healthy Start website has been added.

From 1st October 2025 restrictions on the prescribing of generic tadalafil & vardenafil for erectile dysfunction (ED) have been lifted meaning that generically written prescriptions for tadalafil & vardenafil no longer require the annotation "SLS", the traffic light classification entry has been updated to reflect this.

A [link](#) to SPS information on supporting safe use of adrenal crisis emergency management kits has been added to the endocrine chapter [page](#). Local (CCG) resource for adrenal crisis in adults removed and link to SPS / Society for Endocrinology advice also removed as no longer hosted by SPS.

Patient information leaflets for Atrial Fibrillation, Lowering Cholesterol to Reduce the risk of Coronary Heart Disease and Stroke and Non-vitamin K Antagonist Oral Anticoagulation (NOAC) have been removed from the website as they duplicated other patient resources that are more up to date & accessible from primary care clinical systems.
Local ADHD medication shortage resources have been removed from the website leaving only a [link](#) to SPS as this is the most up-to-date and reliable source of information.
The COPD detailing aid and the UTI in CKD guideline have been retired from the medicines management website.

MHRA Drug Safety Update (DSU)

The latest MHRA drug safety information, alerts and updates can be found here: [Drug Safety Update - GOV.UK](#)

Traffic Light Changes Summary

Drug	Decision	Details
mirabegron	DNP	As per NICE TA1100 (terminated appraisal) for treating neurogenic detrusor overactivity in people 3 to 17 years
sarilumab	DNP	as per NICE TA1104 (terminated appraisal) for treating polyarticular or oligoarticular juvenile idiopathic arthritis in people 2 to 17 years
clascoterone (Winlevi)	DNP	As per NICE TA1105 (terminated appraisal) for treating acne vulgaris in people 12 years and over
garadacimab (Andembry)	RED	As per NICE TA1101 for preventing recurrent attacks of hereditary angioedema in people 12 years and over
Iptacopan (Fabhalta)	DNP	As per NICE TA1102 for treating complement 3 glomerulopathy (terminated appraisal)
levodopa (Inbrija)	DNP	Await clinician request
adrenaline single use spray (EURneffy)	DNP	Await clinician request
fluoride dental products (e.g. Duraphat)	GREY	after consultant/specialist recommendation, only for patients who are undergoing radiotherapy to the head and neck region not registered with an NHS dentist. In this circumstance they can be prescribed in general practice on the recommendation of oncology/radiology
neomycin/chlorhexidine nasal cream	GREEN	

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.
www.derbyshiremedicinesmanagement.nhs.uk

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