

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 2025 JAPC meeting

The JAPC High Cost Drug algorithms for [psoriasis](#), [ankylosing spondylitis](#), [psoriatic arthritis](#), [severe rheumatoid arthritis](#) & [ulcerative colitis](#) have all been updated following changes in costs of drugs already included. There have been no changes to the drugs included or in criteria for use.

Following the publication of the NHSE Commissioning Guidance: Medical Retinal Treatment Pathway in Wet Age-related Macular Degeneration the Derby & Derbyshire commissioning pathway for the treatment of [Age-Related Macular Degeneration \(AMD\)](#) has been updated. The new algorithm has been based on the NHSE template & incorporates the launch of aflibercept 2mg dose biosimilars on December 1st, 2025, and the addition of afercept 8mg dose (Eylea) as a second line option to first line treatments. There is a local variation to the NHSE Framework for using afercept 8mg dose ahead of faricimab & also the local algorithm does not include any use of these agents outside of the NICE TAs for AMD.

Guideline Group Key Messages

Chapter 13 [Skin](#) was updated with addition of links to the BNF for a full list of topical steroid potencies, NICE CKS for management of atopic eczema and steroid emergency card information from PrescQIPP. Betnovate brand is currently the preferred choice of betamethasone 0.1% cream and ointment (whilst stock available & most cost effective choice). Items removed from formulary include hydrocortisone 0.5% cream/ointment as now very expensive, hydrocortisone butyrate ointment as discontinued, fluocinolone acetonide (Synalar) ointment, Trimovate brand of clobetasone/nystatin/oxytetracycline cream as this should now be prescribed generically. Betamethasone valerate 0.1%/clioquinol 3% cream/ointment added as GREY consultant/specialist recommendation for short term use, azelaic acid 15% gel added for moderate to severe acne in combination with oral antibiotics and also now listed as second-line option for rosacea.

The [bariatric surgery guideline](#) has been reviewed with only minor amendments to linked documents. In appendix 2 clarification added that following discharge from bariatric services, GPs should offer patients at least annual monitoring of nutritional status and appropriate supplementation.

The guideline for the use of compression hosiery has been renamed guideline for the use of [compression hosiery in primary care](#). This now includes links directly to the DCHS compression hosiery formulary guideline for initial assessment and treatment information and for product details and choices. Information on aids for applying garments has been added.

The [dry eye prescribing guideline](#) has been updated with a new format for preferred products. There is now one preferred brand for each product with a suggested maximum price if an alternative needs to be prescribed. Preferred brands have been updated based on cost-effectiveness and robustness of stock. Information on prescribing preservative-free eye drops has been changed to say consider if applying drops more than six times a day (as per Moorfields guidance) and advised that these should also be self-care where possible.

MHRA Drug Safety Update (DSU)

There are none this month in the MHRA Safety round-up, this Direct Healthcare Professional Communication may be of interest:

Reported Cases of Patient Deaths Among Duchenne Muscular Dystrophy Patients Receiving Duvyzat®▼ (givinostat) and reminder of risk mitigation measures

Please be aware of this [Direct Healthcare Professional Communication](#) which informs healthcare professionals that a number of deaths have been reported internationally in patients with Duchenne muscular dystrophy (DMD) who were treated with Duvyzat® (givinostat). No deaths have been reported in the UK. The MHRA is currently reviewing these cases and will be seeking advice from the Commission on Human Medicines (CHM) at the earliest opportunity.

Tamoxifen: update to product information on QT Prolongation and monitoring recommendations for high-risk patients

Current clinical guidelines identify tamoxifen as a medicine with potential to prolong QT interval on an electrocardiogram (ECG), although the risk of Torsade de Pointes (TdP) is considered low. Tamoxifen is also known to cause QT prolongation in overdose. Following MHRA assessment of post-marketing safety data and clinical trial ECG results, new information has been added to the tamoxifen (Nolvadex) product information about QT interval prolongation observed on ECG. Healthcare professionals are advised to monitor ECG and electrolytes before and during tamoxifen treatment in patients with risk factors for QT prolongation, including those with cardiac comorbidities or taking QT-prolonging medicines. Patients should be informed of this potential risk and advised to report symptoms such as palpitations, dizziness, or fainting. For more information, the Summary of Product Characteristics and Patient Information Leaflets can be found on the [MHRA website](#).

Traffic Light Changes Summary

Drug	Decision	Details
Pirtobrutinib (Jaypirca)	RED	as per NHSE commissioning intentions
Seladelpar (Livdelzi)	RED	as per NHSE commissioning intentions
Serplulimab (Hetronifly)	RED	as per NHSE commissioning intentions
Teprotumumab (Tepezza)	RED	as per NHSE commissioning intentions
Tofersen (Qalsody)	RED	as per NHSE commissioning intentions
Vorasidenib (Voranigo)	RED	as per NHSE commissioning intentions
Zuranolone (Zurzuvae)	DNP	
delgocitinib (Anzupgo)	RED	As per NICE TA1107 for treating moderate to severe chronic hand eczema
Abiraterone (originator & generics)	RED	A per NICE TA1110 for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer
nintedanib (Ofev)	DNP	As per NICE TA1111 for treating fibrosing interstitial lung disease in people 6 to 17 years (terminated appraisal)
trastuzumab deruxtecan (Enhertu)	DNP	As per NICE TA1112 for treating hormone receptor-positive HER2-low metastatic breast cancer after 2 or more endocrine treatments (terminated appraisal)
cabotegravir (Apretude)	RED	As per NICE TA1106 for preventing HIV-1 in adults and young people. Commissioned by Local Authority
Benzoyl peroxide 5% gel	GREY	Second line for acne if fixed combination products not suitable
adapalene	GREY	Second line for acne if fixed combination products not suitable

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:

- 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