

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 March 2025 JAPC meeting

The [OPAT Step-up Pathway for Primary Care in the North](#) of the county guidance has been reviewed with updates on clarification of prescribing responsibility and dispensing arrangements, formulary and diluent options, antimicrobial doses amended in line with local antimicrobial pharmacist advice.

Following a System Quality & Performance Committee meeting a request was made to include guidance around personalised approaches (shared decision making, supported self-management etc) into guidelines and policies. The Transformation Lead for Personalisation and Quality Conversations across Derby and Derbyshire reviewed the website and provided suggested changes. All website wording has been assessed by the health literacy team. None of the content has been removed and all the information is the same, just reworded to improve readability or further detail has been added regarding personalised care. Wording has been created for inclusion at the beginning section of all guidelines (to be added as per the current review schedule) to support clinicians to embed personalised care within their clinical practice. Due to the inclusion of this new information, website users may need to scroll down [the page](#) to access information as links to the chapters and guidelines are now lower down on the page.

Key new drug traffic light additions/changes

Finerenone is NICE recommended for treating chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults (TA877) as an add-on to optimised standard care with ACE/ARB and SGLT2 therapy. JAPC agreed to amend the traffic light classification from RED to GREEN Specialist initiation to be used alongside [a prescribing guideline](#) for primary care. There is no ongoing specific monitoring that GPs are required to do for patients on finerenone, monitoring should be in line with standard monitoring based on severity of their kidney disease as per [Chronic kidney disease: assessment and management | Guidance | NICE](#).

Drospirenone was reclassified from DNP to Grey 2nd line progestogen only pill (POP) for people of childbearing potential in whom the desogestrel progestogen only pill (DSG POP) causes intolerable side effects or has an unacceptable bleeding pattern after a trial of 3-6months and where other methods of contraception including long-acting reversible methods are contraindicated, have been declined, or tried and not suited. Drospirenone may offer a different bleeding pattern and side effect profile for individuals that have had problematic bleeding or side effects with other progestogen-only contraceptives, preventing unwanted pregnancies is cost effective in the overall system finances.

There is a new optometry 'Triage and Treat' service soon to be procured which has a service specification listing medicines suitable for prescribing by independent prescriber (IP) optometrists for the following conditions: dry eye, blepharitis, episcleritis (simple or nodular), ocular allergy (acute allergic). The aim of this service is to improve access to eye care services by moving activity traditionally done in secondary care, into the community. JAPC reviewed the TLCs for loteprednol etabonate eye drops 0.5% (Lotemax), hydrocortisone (Softacort) and ciclosporin (Ikervis) eye drops to state "prescribing/initiation within secondary care or specialist community optometry services" to ensure clarity for prescribers within this service and the wider system. Fluoromethalone (FML eye-drops) is not currently classified, this was agreed to classify as GREY specialist initiation (by secondary care or specialist community optometry services) and dexamethasone 0.1% eye drops (Maxidex) is not currently classified, GREEN traffic light classification was agreed due to current commonality of use in all settings. Just to clarify, any ongoing prescribing of loteprednol would need to stay with the optometrist prescriber.

Guideline Group Key Messages

Formulary Chapter Updates

GI: Added guidance on pancreatic enzyme replacement therapy shortage, updated alginate choice from Peptac liquid to Acidex oral suspension since more cost-effective, removed ranitidine information, removal of any discontinued brands, updated methotrexate advice to prescribe as 2.5mg tablets, added information regarding abuse of laxatives.

CVD: Updated NICE links, added information on hypertension case-finding service, updated or clarified traffic light statuses for various drugs to reflect decisions made in the last year (indapamide, eplerenone, simvastatin, pravastatin and ticagrelor) and included MHRA alerts and updated DOAC choice.

Clinical Guidelines

Acne Vulgaris: Updated links and safety advice for pregnancy.

Allergic Rhinitis: Emphasised allergen avoidance, updated medication options including that beclomethasone and budesonide no longer recommended and mometasone and fluticasone furoate now 1st and 2nd line options, and clarified no surgical cure.

Hypertension Management: Indapamide immediate release reclassified as GREEN and added to treatment algorithm.

Substance Abuse Shared Care Agreements: buprenorphine updated to provide clarity regarding initial therapy prescribing, methadone updated to include methadone sugar free solution, and naltrexone updated to include information on what to do in case of shortages.

Emergency Contraception: Updated ulipristal advice for use in breastfeeding.

MHRA Drug Safety Update (DSU)

Valproate (Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell ▼): review by two specialists is required for initiating valproate but not for male patients already taking valproate Review by two specialists remains in place for patients initiating valproate under 55 years of age but the Commission on Human Medicines (CHM) has advised that it will not be required for men (or males) currently taking valproate. Three infographics have been developed to provide clarity regarding valproate prescribing. For more information see here: [February 2025 DSU.pdf](#)

Traffic Light Changes Summary

Drug	Decision	Details
Finerenone	GREEN Specialist Initiation	As per prescribing guideline
Drospirenone (Slynd)	GREY	Grey 2 nd line POP for people of childbearing potential in whom the desogestrel progestogen only pill (DSG POP) causes intolerable side effects or has an unacceptable bleeding pattern after a trial of 3-6m and where other methods of contraception including long-acting reversible methods are contraindicated, have been declined, or tried and not suited.
Loteprednol etabonate (Lotemax) eye drops	RED	prescribing within secondary care or specialist community optometry services
Hydrocortisone (Softacort) eye drops	GREY Specialist Initiation	initiation within secondary care or specialist community optometry services
Ciclosporin (Ikervis) eye drops	GREY Specialist Initiation	initiation within secondary care or specialist community optometry services
Fluoromethalone (FML) eye drops	GREY Specialist Initiation	initiation within secondary care or specialist community optometry services
Dexamethasone (Maxidex) eye drops	GREEN	
Bevacizumab biosimilar (Abevmy)	RED	
Ganaxolone	RED	NICE TA1033: Ganaxolone for treating seizures caused by CDKL5 deficiency disorder in people 2 years and over (decision date March 25)
Elacestrant	RED	NICE TA1036: Elacestrant for treating oestrogen receptor-positive HER2-negative advanced breast cancer with an ESR1 mutation after endocrine treatment (decision date March 25)
Pembrolizumab	RED	NICE TA1037: Pembrolizumab for adjuvant treatment of resected non-small-cell lung cancer (decision date March 25)
Selpercatinib	RED	NICE TA1038: Selpercatinib for advanced thyroid cancer with RET alterations after treatment with a targeted cancer drug in people 12 years and over (decision date March 25) NICE TA1039: Selpercatinib for advanced thyroid cancer with RET alterations untreated with a targeted cancer drug in people 12 years and over (decision date March 25) NICE TA1042: Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer (decision date March 25)
Olaparib	RED	NICE TA1040: Olaparib for treating BRCA mutation-positive HER2-negative advanced breast cancer after chemotherapy (decision date March 25)
Durvalumab	RED	NICE TA1041: Durvalumab with etoposide and either carboplatin or cisplatin for untreated extensive-stage small-cell lung cancer (decision date March 25)
Osimertinib	RED	NICE TA1043: Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection (decision date March 25)
Exagamglogene	RED	NICE TA1044: Exagamglogene autotemcel for treating severe sickle cell disease in people 12 years and over (decision date March 25)

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