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 April 2025 JAPC meeting

None this month

Guideline Group Key Messages

Chapter 3 Respiratory was updated, information about spacers & peak flow meters has been added. Proxor (beclomethasone extra fine & formoterol) MDI is a new first line alternative to Fostair MDI, alongside Bibecfo & Luforbec brands, all classified **GREEN**. Trokide (tiotropium) DPI is a new preferred brand alongside Tiogiva for existing stable patients on single component LAMA treatment, both classified **GREY**. Symbicort MDI 200/6 has been reclassified **GREY** as it has a significantly higher carbon footprint than other LABA/ICS MDIs

The Insomnia – Melatonin for the Treatment of Sleep Disorders in Children guideline has been updated by DHcFT. The recommendation for use of melatonin in conjunction with sleep measures has been added, also added additional steps to take when reviewing response at 6 months including discontinuation and dose reduction advice when appropriate. Additional recommendation added about limited value of melatonin doses greater than 6mg and to seek specialist advice if these are considered. Additional recommendation to refer to specialist service if crushing Adaflex is not suitable for those requiring a liquid preparation or swallowing difficulties. Discontinuation at age 18 should be discussed and considered – continued use is off-label and rationale for continued use should be discussed and documented. Sleep hygiene resources added. Key contacts updated.

The Blood Glucose and Ketone Test Strip Formulary has been updated to include additional functionality meters and local rep contact details. AgaMatrix WaveSense JAZZ meter added to formulary for Category 3 patients who need a meter with additional functionality.

Liraglutide injection for treatment of type 2 diabetes is now available as branded biosimilar products, the formulary choice is Zegluxen as the preferred 1st line daily GLP1 & is classified as **GREEN**. This is a more cost effective choice than both oral semaglutide (Rybelsus) and Mounjaro (tirzepatide) injection which is classified **GREY**.

A Finerenone Prescribing Guidance for Primary Care, has been produced to support primary care clinicians in prescribing finerenone for treating CKD (stage 3 and 4 with albuminuria) associated with Type II diabetes in adults, finerenone is now classified as **GREEN** consultant/specialist initiation. Ongoing monitoring of renal function and potassium levels should be performed according to standard practice as per NICE CKD guidelines. There are implications for prescribing of finerenone depending on serum potassium levels which prescribers need to familiarise themselves with. For more information see the prescribing guideline.

Estradiol 10 microgram vaginal tablets should be prescribed by the generic name now they are listed in the Drug Tariff, Vagifem brand has been re-classified **DNP**.

The Degarelix Shared Care Agreement was reviewed with an update to clinician contact information, no clinical changes.

The Heart Failure (HFrEF) guideline update will be deferred until the new NICE guidance is published expected September 2025.

Other minor amendments are: Premarin brand being removed from website, prescribe as generic conjugated oestrogen tablets as brand discontinued. Endocrine chapter updated to include desmopressin sublingual tablets as a cost effective formulary alternative to oral lyophilisates. Hydrocortisone butyrate cream, the BNF now states strength as moderate from strong/potent (following MHRA review).

MHRA Drug Safety Update (DSU)

Prolonged-release opioids: Removal of indication for relief of post-operative pain

The indication for the treatment of post-operative pain has been removed from the licences of all prolonged release opioids. These opioids should not be used post-operatively due to the increased risk of persistent post-operative opioid use (PPOU) and opioid-induced ventilatory impairment (OIVI). It is not recommended to use transdermal patches for the treatment of post-operative pain.
Key Advice for Healthcare Professionals:
•prolonged-release opioids provide relief from chronic severe pain, however, they should not be used for the treatment of acute pain following surgery
•prolonged-release opioids are associated with an increased risk of PPOU characterised as continued opioid use beyond 90 days following the operation, and an increased risk of OIVI causing serious respiratory depression, sedation, and depression of upper airway muscle tone
At discharge from hospital:

- only prescribe and supply a sufficient amount of immediate-release opioids to treat acute post-operative pain to minimise the risk of PPOU, dependence, stock piling of unused opioids and potential for diversion
- communicate the pain management plan with the primary care practice taking over care in the community and document in patient clinical notes
- patients whose pain is managed with opioids pre-operatively should have their treatment reviewed before and after surgery in line with Consensus Best Practice Guidelines

Traffic Light Changes Summary

Drug	Decision	Details
Leniolisib (Joenja)	**RED**	as per NHSE commissioning intentions
Tarlatamab (Imdylltra)	**RED**	as per NHSE commissioning intentions
Acarizax	**RED**	As per NICE TA1045 for treating allergic rhinitis caused by house dust mites
Zolbetuximab	**RED**	As per NICE TA1046 with chemotherapy for untreated claudin-18.2-positive HER2-negative unresectable advanced gastric or gastro-oesophageal junction adenocarcinoma
Atezolizumab	**DNP**	As per NICE TA1047 (Terminated appraisal)
Lisocabtagene maraleucel	**RED**	As per NICE TA1048: for treating relapsed or refractory large B-cell lymphoma after first-line chemoimmunotherapy when a stem cell transplant is suitable
Blinatumomab	**RED**	As per NICE TA1049: with chemotherapy for consolidation treatment of Philadelphia-chromosome-negative CD19-positive minimal residual disease-negative B-cell precursor acute lymphoblastic leukaemia
Fenfluramine	**RED**	As per NICE TA1050: for treating seizures associated with Lennox–Gastaut syndrome in people 2 years and over

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