

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 July 2025 JAPC meeting

[The Ulcerative Colitis High-Cost Drug algorithm](#) (for secondary care, ICB commissioned) has been updated to incorporate risankizumab as an additional treatment option as per NICE [TA998](#).

Guideline Group Key Messages

[Chapter 6 Endocrine](#) was updated to include information on prescribing insulin biosimilars for new patients in preference to Novorapid, Humalog and Lantus. Levemir brand insulin has been discontinued. Levothyroxine 75 microgram tablets were removed as they are significantly less cost effective than using other strengths. Gastroprotection statement added to corticosteroids section. Information added for when to refer to specialists when using oral bisphosphonates.

[Chapter 7 Obstetrics, Gynaecology & Urinary Tract](#) was updated to include that Vagifem brand of vaginal estradiol is now **DNP** and some generic manufacturers provide single use applicators for vaginal oestrogens or 2 multiple-use applicators, the community pharmacy would need to order in a specific generic if single use applicators are required by the patient. Feanolla brand of contraceptive pill is discontinued. Oral levonorgestrel should be prescribed as the generic product. Additional information has been added about OTC progesterone only pills, prescribing depot medroxyprogesterone acetate and its use in those under 18 years of age including effects on bone mineral density & use of copper intra-uterine devices for emergency contraception. Caverject should now be prescribed as generic alprostadil. Information regarding topical preparations for management of premature ejaculation OTC has been added.

[The Nutrition & Hydration Pack for Care Homes](#) has been reviewed in conjunction with dieticians and speech and language therapists.

[The Management of Undernutrition in Adults](#) guideline has been updated to reflect the change of first-line formulary choices for Derbyshire.

[Greener Inhaler Prescribing guidance](#) includes the addition of carbon footprint reduction targets from 25/26 GP Quality Schedule. Information was added for AIR/MART therapy with a link to the local version of the NICE/SIGN/BTS algorithm. The carbon footprint of inhalers table has been simplified and updated to show carbon footprint rating of all inhalers in the Derbyshire formulary. The Greener Practice website added as a useful resource and information on the Greener Practice Asthma toolkit was updated.

[Chapter 5 Infections](#): a link has been added to the Other information section to [Urinary tract infection: diagnostic tools for primary care](#) - GOV.UK This has been updated in May 2025 to include a Diagnostic decision tool for women (under 65 years) with suspected UTI, Diagnostic points for men under 65 years, Diagnostic decision tool for adults over 65 years with suspected UTI and a Diagnostic decision tool for adults who have a suspected catheter-associated UTI (CAUTI).

An additional resource has been added to the Information & Support section of the [daridorexant prescribing guideline](#) – a new sleep app which can be accessed from <https://sleepful.org.uk>

The preferred choice of mouthwash for saliva replacement has changed from Bioxtra to Biotene as it is more cost effective & is first choice in the UHDB formulary.

MHRA Drug Safety Update (DSU)

[Valproate \(Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell▼\): updated safety and educational materials to support patient discussion on reproductive risks](#)

Advice for Healthcare Professionals:

- updated safety and educational materials are now available to support healthcare professionals and patients to implement the existing regulatory requirements
- the updates reflect:
- precautionary advice on the potential risk of neurodevelopmental disorders in children fathered by men taking valproate around the time of conception
 - a risk of lower weight at birth for the gestational age in children exposed to valproate during pregnancy
 - healthcare professionals should review the new materials and integrate them into their clinical practice when referring patients and when prescribing or dispensing valproate

[IXCHIQ Chikungunya vaccine: temporary suspension in people aged 65 years or older](#)

Advice for Healthcare Professionals:

- Chikungunya vaccine (IXCHIQ) is a vaccine to protect against life-threatening Chikungunya virus infection; strict adherence to contraindications and precautions is essential to reduce the risk of very rare but potentially fatal adverse reactions
- following a review of the benefits and risks of the vaccine, CHM has made a recommendation to restrict use of this vaccine in individuals aged 65 years and older, while data is reviewed from global cases
- do not use this vaccine in people aged over 65 years for the period of the suspension
- the product information for the vaccine will not change during this suspension, but a letter for healthcare professionals will be circulated from the company in addition to this Drug Safety Update, to advise of the restrictions on those aged 65 and above
- IXCHIQ vaccine is already contraindicated in all individuals with immunodeficiency or immunosuppression as a result of disease or medical therapy, this includes IgA deficiency
- patients who have received the vaccine should be advised to seek emergency medical attention if they develop signs or symptoms associated with viraemia, including arthralgia, or neurological symptoms including encephalopathy
- all patients who have received the vaccine should receive the manufacturer's patient information leaflet as part of the travel consultation
- further communications will be circulated to inform of the outcome of the review

Traffic Light Changes Summary

Drug	Decision	Details
somapacitan (Sogroya)	RED	As per NICE TA1066 for treating growth hormone deficiency in people 3 to 17 years
linzagolix (Yselt)	RED	As per NICE TA1067 for treating symptoms of endometriosis in adults of reproductive age.
tislelizumab (Tevimbra)	DNP	As per NICE TA1068 (terminated appraisal)
efgartigimod (Vyvgart)	RED	As per NICE TA1069 for treating antibody-positive generalised myasthenia gravis (NHSE commissioned)
spesolimab (Spevigo)	RED	As per NICE TA1070 for treating generalised pustular psoriasis flares
marstacimab (Hympavzi)	RED	As per NICE TA1073 for treating severe haemophilia A or B in people 12 years and over without anti-factor antibodies (NHSE commissioned)
sparsentan (Filspari)	RED	As per NICE TA1074 for treating primary IgA nephropathy
fosdenopterin (Nulibry)	DNP	As per NICE TA1078 (terminated appraisal)
Biotene mouthwash	GREEN	
Silandyl brand of sildenafil citrate	DNP	
nemolizumab (Nemluvio)	RED	As per NICE TA1077 for treating moderate to severe atopic dermatitis in people 12 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