

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

Latanoprost-netarsudil (Roclanda) was reclassified as **GREEN** after specialist initiation for prescribing in line with [NICE TA1009](#) for previously treated primary open-angle glaucoma or ocular hypertension. Netarsudil is a Rho kinase inhibitor, the mode of action is not fully clear, it appears to increase outflow of aqueous humor through the trabecular meshwork, and also to reduce pressure in the veins of the episcleral layer & it inhibits the norepinephrine transporter. Latanoprost -netarsudil eye drops have been agreed as an option for specialist initiation only when a prostaglandin analogue alone has not reduced IOP enough only if they have then tried a fixed-dose combination treatment and it has not reduced IOP enough, or a fixed-dose combination treatment containing beta-blockers is unsuitable.

Guideline Group Key Messages

[Chapter 9 Nutrition and blood](#) was updated to include dietary advice where dietary deficiency may be a cause of iron deficiency anaemia and information on medicines which affect absorption and metabolism of folic acid. Links were added to the June 2022 [MHRA alert](#) about metformin and monitoring for reduced vitamin B12 levels and the National Society for Phenylketonuria ([NSPKU](#)) prescribing guideline for low protein foods.

The DHcFT [Medicines & Suicide Tool](#) was updated with addition links to National guidance & resources.

The [Irritable Bowel Syndrome \(IBS\) guidance](#) was updated with clearer diagnostic criteria and Appendix 1 Appropriate use of linaclotide following gastroenterologist assessment has been updated.

The Low back pain & sciatica guideline has been retired and replaced with a link to [NICE NG59](#) Low back pain and sciatica in over 16s: assessment and management on the Musculoskeletal (MSK) chapter page.

[NICE TA1075](#) Dapagliflozin for treating chronic kidney disease was published on July 2nd. This expands the population of patients who can have dapagliflozin for CKD to be the same as for empagliflozin.

The British Menopause Society advice [Use of incretin-based therapies in women using hormone replacement therapy \(HRT\)](#) has been added to Endocrine chapter page in the Other information section.

Hydrocortisone 2.5mg muco-adhesive buccal tablets sugar free have been discontinued, there is no replacement product.

Otomize ear spray has been discontinued but it is now available as the generic Dexamethasone, acetic acid, neomycin ear spray on the clinical prescribing systems.

[The Management of Undernutrition in Adults](#) guidance now has EnergieShake powder as the first line choice standard ONS powdered product for adults and plant based vegan option Aymes ActaSolve Smoothie replaces Aymes ActaSolve High Energy.

The JAPC glaucoma guideline was retired from the medicines management website, the Ophthalmologists at both acute Trusts follow the NICE guideline [NG81](#) for glaucoma.

MHRA Drug Safety Update

[Abrysvo ▼ \(Pfizer RSV vaccine\) and Arexvy ▼ \(GSK RSV vaccine\): be alert to a small risk of Guillain-Barré syndrome following vaccination in older adults](#)

Advice for Healthcare Professionals:

- there is a small increase in the risk of Guillain-Barré syndrome following vaccination with Abrysvo and Arexvy in adults (aged 60 years and older). Currently, there is no evidence of an increased risk of Guillain-Barré syndrome in pregnant women following vaccination with Abrysvo, the only RSV vaccine approved for use during pregnancy
- be attentive to signs and symptoms of Guillain-Barré syndrome in all recipients of Abrysvo and Arexvy to ensure early and correct diagnosis, initiate adequate supportive care and treatment, and rule out other causes
- early medical care can reduce severity and improve outcomes
- report suspected adverse drug reactions associated with Abrysvo and Arexvy on a Yellow Card

Traffic Light Changes Summary

Drug	Decision	Details
adagrasib (Krazati)	DNP	As per NICE TA1076 - Adagrasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer (terminated appraisal)
letermovir (Prevymis)	DNP	As per NICE TA1082 - Letermovir for preventing cytomegalovirus infection after a kidney transplant (terminated appraisal)
vanzacaftor-tezacaftor-deutivacaftor (Alyftrek)	RED	As per NICE TA1085 - Vanzacaftor-tezacaftor-deutivacaftor for treating cystic fibrosis with 1 or more F508del mutations in the CFTR gene in people 6 years and over (NHSE commissioned)
Sotatercept (Winrevair)	RED	as per NHSE commissioning intentions
Latanoprost-netarsudil (Roclanda)	GREEN Specialist initiation	As per NICE TA1009 - Latanoprost–netarsudil for previously treated primary open-angle glaucoma or ocular hypertension

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