

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 September 2025 JAPC meeting

A [DOAC Position Statement](#) has been produced to promote consistent and evidence-based prescribing of the most cost-effective Direct Oral Anticoagulants (DOACs) as first-line treatment for non-valvular atrial fibrillation (NVAf). It will ensure alignment with national commissioning guidance and local formulary updates across all care settings. Alongside the additional patient information document, it will serve as a tool to support informed discussions with patients about initiating or switching to best-value DOACs, where clinically appropriate. The statement reflects updated national guidance recommending generic apixaban and rivaroxaban as best-value options.

- The following HCD (high cost drug) treatment algorithms were presented to JAPC members for ratification:
- [Generalised pustular psoriasis flares in adults](#) (new)
 - [Crohn's Disease](#) (updated to include mirikizumab)

It was agreed that a treatment algorithm was not needed for primary immunoglobulin A (IgA) nephropathy in adults. The current HCD treatment available for primary immunoglobulin A (IgA) nephropathy in adults targeted-release budesonide (Kinpeygo), does not have a treatment algorithm and the differences in criteria for using the two different treatments would make an algorithm too complicated to follow. A prior approval form on Blueteq has been produced.

Key new drug traffic light additions/changes

Lurasidone traffic light classification has changed from RED to GREEN Specialist Initiation for schizophrenia and bipolar disorder. This change has been reflected in the newly updated [Antipsychotic Prescribing and Management for mental health conditions guideline](#). This update also includes rewriting of Appendix 1 (Prescribing in personality disorders) to reflect a change to a trauma informed approach, and minor updates to references.

Clobetasol / neomycin / nystatin cream and ointment preparation has been assigned a traffic light status of RED. This treatment is for specialist use only and should only be used short term, therefore any use in primary care should be reviewed and stopped or changed to a more suitable alternative.

Guideline Group Key Messages

[Chapter 10 MSK](#) was updated to include a new point concerning enteric coated preparations, there is conflicting evidence therefore a PPI in combination with any NSAIDs is preferred option for gastroprotection. Mefenamic acid added with statement highlighting higher cost and significant consequences in overdose. Information added about avoiding abrupt withdrawal of baclofen. Traffic light Classification (TLC) of **GREY** added for quinine sulfate and quinine bisulfate noted as non-formulary due to cost. Information added about Sativex (muscle spasticity in multiple sclerosis). This guideline has been moved to the Chapter 10 (MSK) page from Chapter 4 CNS. .Diclofenac 2.32% gel and ibuprofen/levomenthol gel listed as **DNP**. Capsaicin added with **GREY** TLC for cream (noting long-term out of stock) and **RED** TLC for patches.

The [Varenicline](#) (smoking cessation) guideline has been updated and reinstated on the MMT website. The prescription schedule has been amended to 3 x 1 months' supply of tablets, (previously this was 2 x 2 weeks' supply and 2 x 1 months' supply). This is to reduce workload on GPs and the Stop Smoking Service and to improve patient outcomes by reducing barriers to treatment.

The [Clostridium Difficile guideline](#) has been updated to reflect latest NICE guidance. Mention of H2 antagonists has been removed. Information regarding stoma patients has been moved to the medications section.

Section 8 of the [Prescribing in Primary Care](#) guideline (recommended prescribing intervals) has been expanded following a medication safety incident. Additions include advice for prescribers that when weekly prescriptions are considered appropriate to aim for midweek medication collections to avoid having to reschedule around bank holidays, acute or interim prescriptions must consider existing prescription arrangements to reduce the risk of errors and gaps in supply, emphasis on the importance of clear communication about changes with all stakeholders including carers and community pharmacy and prompt cancelling of EPS prescriptions.

Katya brand (ethinylestradiol 30 microgram/gestodene 75 microgram) removed from Chapter 7 as 3rd-line choice of combined hormonal contraceptive pill due to discontinuation in July.

Firmagon brand of degarelix discontinued in July. Shared Care Agreement (SCA) updated with generic information.

Caverject brand of alprostadil has been discontinued. It will be available as a generic product & is already listed in the drug tariff as alprostadil.

Dalacin T brand of clindamycin 1% aqueous lotion & Dalacin 2% vaginal cream have been discontinued, they will be available as generic products & are already listed in the drug tariff under clindamycin.

Premique (low dose) brand of conjugated oestrogens with medroxyprogesterone tablets has been discontinued, it will be available as a generic product & is already listed in the drug tariff as conjugated oestrogens 300microgram / Medroxyprogesterone 1.5mg modified-release tablets.

Otrivine Antistin eye drops discontinued June 2025. TLC listing removed from website.

- A new process has been developed to ensure the guidelines on the website are still useful and relevant for clinicians to ensure the ICB Pharmacy Team is prioritising capacity to resources that remain useful. This process involves engagement with relevant stakeholders via Prescribing Leads Forums and discussions at guideline group. As a result of this engagement process it was decided to retire the following guidelines:
- Deprescribing strong opioids in non-malignant pain
 - Non-malignant chronic pain in primary care
 - Choice of strong opioids for cancer pain
 - ACS dual antiplatelet
 - Oxygen

MHRA Drug Safety Monthly Round Up

[Prescribers to be aware of new/strengthened advice on Carbimazole](#) (Rosemont Pharmaceuticals): Risk of acute pancreatitis and contraception guidance

Risk of acute pancreatitis Acute pancreatitis has been reported following treatment with carbimazole/thiamazole. If acute pancreatitis occurs, treatment with carbimazole/thiamazole should be discontinued immediately. As re-exposure may result in recurrence of acute pancreatitis, with decreased time to onset, these medicines must not be given to patients with a history of acute pancreatitis that occurred following administration of carbimazole/thiamazole.

Strengthened advice on contraception A new review of available evidence from epidemiological studies and case reports strengthens the evidence that carbimazole/thiamazole is suspected to cause congenital malformations when administered during pregnancy, particularly in the first trimester of pregnancy and at high doses. Women of childbearing potential have to use effective contraceptive measures during treatment with carbimazole/ thiamazole. Hyperthyroidism in pregnant women should be adequately treated to prevent serious maternal and foetal complications. Carbimazole/thiamazole must only be administered during pregnancy after a strict individual benefit/risk assessment and only at the lowest effective dose without additional administration of thyroid hormones. If carbimazole/thiamazole is used during pregnancy, close maternal, foetal and neonatal monitoring is recommended.

Traffic Light Changes Summary

Drug	Decision	Details
betula verrucosa (Itlulazax 12 SQ Bet)	RED	as per NICE TA1087 for treating moderate to severe allergic rhinitis or conjunctivitis caused by pollen from trees in the birch allergy group in adults.
sacituzumab govitecan (Trodelvy)	DNP	as per NICE TA1089 for treating hormone receptor-positive HER2-negative metastatic breast cancer after 2 or more treatments (terminated appraisal)
tarlatamab (IMDYLLTRA)	DNP	As per NICE TA1091 for treating extensive-stage small-cell lung cancer after 2 or more treatments in adults.(not recommended)
Pegzilarginase (Loargys)	RED	as per NHSE commissioning intentions
Lurasidone	GREEN after consultant/specialist initiation	Change from RED
Topical Clobetasol 500microgram / Neomycin 5mg / Nystatin 100,000units	RED	New classification
Benzylpenicillin	GREEN	New classification

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