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 January 2026 JAPC meeting

JAPC has reviewed the formulary choices of SGLT2i drugs, the patent for dapagliflozin expired in August 2025 which now means it is significantly more cost effective to prescribe than empagliflozin (or other SGLT2i drugs). The UHDB Drug & Therapeutics committee recently agreed a change to their formulary making **dapagliflozin first line choice of SGLT2i** and empagliflozin second line choice for all indications, except for CKD. JAPC has endorsed this change & made empagliflozin **GREEN second line** for all current indications on the medicines management website apart from CKD where it remains **GREEN** (in line with NICE TA942) alongside dapagliflozin (in line with NICE TA1075). The ICB Pharmacy Place team are already working on this switch. The committee also wanted to remind prescribers about counselling patients when starting these drugs on sick day rules, diabetic ketoacidosis (DKA) risk and on the rare but serious and potentially life-threatening infection Fournier's gangrene included in the MHRA Drug Safety Update in February 2019.

Key new drug traffic light additions/changes

The committee discussed the traffic light classification (TLC) of metformin when prescribed for polycystic ovary syndrome (PCOS) & decided that a **GREEN** classification was appropriate, GP members were already prescribing metformin for this indication without a referral to secondary care. Prescribers who are unfamiliar with prescribing metformin for this unlicensed indication can still send Advice & Guidance requests to a specialist if they choose to.

Guideline Group Key Messages

Brimonidine gel was re-classified as **GREY** for rosacea as an option for patients who are significantly troubled by severe facial erythema of rosacea and who have not achieved a satisfactory response with other interventions.
Cefazolin was classified as **RED** for use in treatment of infections caused by cefazolin-susceptible micro-organisms (skin and soft tissue infections, and bone and joint infections) and use in perioperative prophylaxis.
The JAPC Guidance on prescribing tirzepatide (Mounjaro) now has a new Appendix 6: SNOMED CT Codes and terminology for NHS Obesity Medication Pathway (Tirzepatide in Primary Care).
The following guidelines have been retired from the website: Metoclopramide in gastroparesis, the CKD Detailing Aid and the Bile salt diarrhoea /malabsorption: alternatives to Questran/colestyramine position statement– information on alternative treatments when drugs are out of stock are available on the SPS medicines supply tool . Note: you need to be registered and logged in to access this document, we recommend all prescribers ensure they have access to this.

MHRA Drug Safety Update (DSU)

Mesalazine and idiopathic intracranial hypertension

Key Advice for Healthcare Professionals

- idiopathic intracranial hypertension (IIH) has been very rarely reported in patients receiving mesalazine
- the number of reports in the UK is very low
- patients using any form of mesalazine should be warned to look for signs and symptoms of IIH including severe or recurrent headache, visual disturbances or tinnitus
- remain vigilant of signs and symptoms of IIH in patients taking mesalazine and act promptly with a multidisciplinary approach, involving clinicians managing the patient's mesalazine as well as neurology, neurosurgery and ophthalmology teams as appropriate
- if symptoms of IIH occurs, discontinuation of mesalazine should be considered and management of the symptoms should begin immediately
- caution is advised when prescribing for patients who have previously diagnosed or suspected IIH

Rybelsus ® (semaglutide tablets): transition to new formulation and risk of medication error

Key Advice for Healthcare Professionals

- the new formulation of Rybelsus ® has increased bioavailability therefore lower strength tablets achieve the same drug exposure and clinical effect as the previous formulation
- ensure all relevant staff members are familiar with the new dosing range:

Initial formulation (one oval tablet)	Bioequivalent	New formulation (one round tablet)
3 mg (starting dose)	=	1.5mg (starting dose)
7 mg (maintenance dose)	=	4mg (maintenance dose)
14mg (maintenance dose)	=	9mg (maintenance dose)

- details of the new formulation can be found in the Direct Healthcare Professional Communication distributed by the Marketing Authorisation Holder in September 2025
- the two formulations will temporarily co-exist on the market until approximately 31st January 2026 however, original formulation stock of imported Rybelsus ® may be within supply chains beyond this date
- Rybelsus ® should always be taken as one tablet per day. Taking more than this will result in overdosing, which affects disease control and increases the risk of adverse events
- prescribe patients starting Rybelsus ® treatment the new formulation once it is available in your prescribing system
- systematically switch patients who are currently on Rybelsus ® to the new formulation once it is available in your prescribing systems
- inform patients about the change in formulation and strength when the new formulation is prescribed or dispensed
- ensure that patients are aware that tablets with the new formulation and lower strengths will have the same effects as the tablets with the initial formulation and higher strengths
- document in the patient's notes that the change has been undertaken and communicate to other parts of the system where required
- refer patients to the patient transition guide for further information
- report medication errors or near misses via local risk management systems and medication errors resulting in patient harm on the Yellow Card website

Traffic Light Changes Summary		
Drug	**Decision**	**Details**
obecabtagene autoleucel (obe-cel; Aucatzyl)	**RED**	As per NICE TA1116 for treating relapsed or refractory B-cell precursor acute lymphoblastic leukaemia in adults.
metformin	**Change to GREEN**	For polycystic ovary syndrome indication
dapagliflozin	**Change to GREEN first line SGLT2i**	For all current indications except for CKD when it remains **GREEN**
empagliflozin	**Change to GREEN second line SGLT2i**	For all current indications except for CKD when it remains **GREEN**

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.

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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