

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's JAPC meeting

Atogepant is a new oral drug for preventing migraine in adults who have at least 4 migraine days per month, only if at least 3 preventive medicines have failed in line with the [NICE TA973](#). It has been added to the established high cost drug treatment algorithm used by specialist teams in secondary care only, it is already classified as a RED drug.

Key Guideline info

All DCHS Woundcare & dressings related guidelines have been taken off the website and replaced with the direct links to the DCHS webpages, this is because DCHS manage and update these formularies and guidelines for the whole of JUCD. This should ensure that everyone is using the same version of these documents. They includes the [Derbyshire Community Wound Formulary and Dressing Guidelines](#), [Wound Formulary Quick Reference Guide](#) and [Compression Hosiery Formulary Guideline](#). The JAPC [Guidelines for the use of Compression Hosiery](#) is also on the same page under BNF chapter Appendix 5.

Key new drug traffic light additions

Methadone 1mg/ml oral solution is currently classified as AMBER for shared care in substance misuse under a Local Enhanced Service. UHDB recently included methadone in their formulary for palliative care use. JAPC agreed to traffic light Methadone 1mg/ml oral solution as RED for uses not covered by the shared care agreement due to use in pain management being an unlicensed indication for the oral solution and methadone prescribing in palliative care requiring long-term monitoring of efficacy and toxicity by specialists.

Guideline Group key messages - traffic light amendments

Capsaicin cream has been discontinued so removed from the Neuropathic pain in primary care guideline, there is currently no replacement product. Ovestin brand has been removed from Overactive Bladder guideline due to discontinuation & replaced with generic estriol cream 0.1%. Sno-tears eye drops has been removed from BNF chapter 11 Eye and dry eye prescribing position statement due to discontinuation. Alternative polyvinyl alcohol eye drops are still available (Liquifilm)

MHRA – Drug safety update

[Yellow Card Biobank](#): call to contribute to study of genetic links to side effects Support this initiative to explore whether there is a genetic basis of side effects associated with direct-acting oral anticoagulants (DOACs) and allopurinol.

Adverse drug reactions, or side effects, continue to be a significant burden on the NHS and account for one in 6 hospital admissions. The Yellow Card Biobank forms part of a long-term vision for more personalised medicine approaches. By collecting biological samples from patients who have experienced suspected side effects, the Yellow Card Biobank aims to create a rich resource of genetic information that could help researchers to determine whether a suspected side effect was caused by a specific genetic trait. Ultimately it is hoped this would support the development of pharmacogenetic testing strategies. If a patient under your care has experienced one of the side effects included in the pilot phase of the study, please report without delay to the [Yellow Card scheme](#), providing as much information as possible.

Traffic light changes

Drug	Decision	Details
Exagamglogene autotemcel	RED	SSC2693 - as per NHSE commissioning intentions
Futibatinib	RED	SSC2696 - as per NHSE commissioning intentions
Abaloparatide	RED	NICE TA991 - for treating osteoporosis after menopause
Linzagolix	RED	NICE TA996 - for treating moderate to severe symptoms of uterine fibroids
Methadone 1mg/ml oral solution	RED	for all other indications not covered by the shared care agreement

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. The site improves upon previous sites in several ways. It is faster, more reliable, has its own search engine, and it is easier to find information. Content is constantly being updated and you can sign up for e-mail alerts to keep you up to date.

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