

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

Cytisine for smoking cessation- smoking is the leading cause of preventable illness and premature death in England. Cytisine works as a partial nicotinic receptor agonist, blocking the effects of nicotine and reducing the urge to smoke. Cytisine tablets are taken multiple times daily as a 25-day course. NICE [exceptional surveillance report](#) published in February 2024 confirms that cytisine has a comparable effect, safety and cost to currently recommended products (NRT/ e-cigarettes/ varenicline), and recommends it be considered alongside other interventions for smoking cessation. JAPC supports the use of cytisine in principle. The traffic light is to be formally agreed once its cost, availability, and availability on GP clinical system is confirmed. Patients should be referred to stop smoking services to discuss support options for smoking cessation.

Daridorexant for insomnia- prescribers are reminded that Cognitive Behavioural Therapy for Insomnia (CBT-i) is the standard first-line treatment for people with long-term insomnia after sleep hygiene advice is offered. NHS England is working to make CBTi available digitally for all NHSE patients with details yet to be announced. Daridorexant is an orexin receptor antagonist that acts to decrease the wake drive and facilitate sleep. It is a novel treatment taken as oral tablet before bed. There is no evidence for daridorexant treatment beyond 12months or for use in those taking psychotropics. NICE TA922 also stipulates daridorexant is recommended for treating insomnia in adults with symptoms lasting for 3 nights or more per week for at least 3 months, and whose daytime functioning is considerably affected, only if CBTi has been tried but not worked or unsuitable. A prescribing guide is being produced and the traffic light classification to be formally updated once NHSE funded CBTi is confirmed.

Tirzepatide for type 2 diabetes- tirzepatide is a first in class dual Glucagon-like peptide-1and Gastric Inhibitory Polypeptide receptor agonist (GLP-1/ GIP RA). JAPC has considered its use as an alternative to GLP-1 RAs at the level of triple therapy if GLP-1 RA is not efficacious, not well tolerated, or not available due to stock issues. Traffic light classification to be updated after further guidance wording produced.

Psoriasis HCD algorithm to be updated to remove local variation for PASI>15 and DLQI>15 requirements to receive second line biologic treatment. Biologic sequential use is supported by clinicians and as standard practice.

Guideline Group key messages

Morphine 100microg/ml and 500microg/ml oral solution- RED for Neonatal abstinence syndrome (NAS).

Eliquis (Apixaban)- DNP. Generic preparation available. For patients already on Eliquis brand, treatment should be continued until the next clinical review where their NHS clinician will decide whether it is appropriate to switch.

Formulary Respiratory chapter- inhaler licensing information corrected throughout chapter; add message Symbicort pMDI contains propellant HFA227ea which has a significantly higher carbon footprint than other propellants and so should be avoided where possible; theophylline bioequivalence section removed as Uniphyllin is the only brand available; removal of 'sugar free' from Loratadine oral solution.

Methotrexate shared care - minor amendment to prescribe a suitable sized purple lidded cytotoxic waste bins e.g. 3 or 5L and accepting returns of full bins from patients.

COPD guideline - reference to NACSYS brand acetylcysteine as cost effective has been removed. Generic acetylcysteine 600mg effervescent tablet sugar free recommended instead. **CMDU** pathway updated following review.

MHRA – Drug safety update

None this month

Traffic light changes

Drug	Decision	Details
Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab	RED	NICE TA878. For treating COVID-19. ICB commissioned.
Fluocinolone acetonide intravitreal implant	RED	NICE TA953 For treating chronic diabetic macular oedema (Updates and replaces TA301 and TA613)
Epcoritamab	RED	NICE TA954. For treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments. NHSE commissioned.
Dupilumab	DNP	NICE TA955. For treating moderate to severe prurigo nodularis. Not recommended.

Drug	Decision	Details
Etrasimod	RED	NICE TA956. For treating moderately to severely active ulcerative colitis in people aged 16 and over. ICB commissioned.
Momelotinib	RED	NICE TA957. For treating myelofibrosis-related splenomegaly or symptoms. NHSE commissioned.
Ritlecitinib	RED	NICE TA958. For treating severe alopecia areata in people 12 years and over. ICB commissioned.
Daratumumab	RED	NICE TA959. In combination for treating newly diagnosed systemic amyloid light-chain amyloidosis. NHSE commissioned.
Satralizumab	DNP	NICE TA960. For preventing relapses in neuromyelitis optica spectrum disorders. (Terminated Appraisal).
Sebelipase alfa	DNP	NICE TA961. For treating lysosomal acid lipase deficiency that is not Wolman disease. (Terminated Appraisal).
Olaparib	DNP	NICE TA962. For maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy. NHSE commissioned.
Human alpha1-proteinase inhibitor	DNP	NICE TA965. For treating emphysema. (Terminated Appraisal).
Infliximab	RED	SSC2596: for refractory sarcoidosis (excluding neurosarcoidosis). As per NHSE commissioning intentions.
Cabozantinib with nivolumab	RED	SSC2626: for untreated advanced renal cell carcinoma. As per NHSE commissioning intentions.
Drospirenone (Slynd)	DNP	Await clinician request. ICB commissioned.
Elranatamab (Elrexio)	RED	As per NHSE commissioning intentions.
Respiratory syncytial virus vaccine (Abrysvo)	unclassified	NHSE commissioned.
Tremelimumab (Imjudo)	RED	As per NHSE commissioning intentions.

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