

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 August's JAPC meeting

It has been agreed that the JAPC meetings will revert to monthly Teams meetings starting in September 2024. September's meeting will have a trial of a new administration process & the production of a decision justification log in place of minutes.

Key guideline info

The clinical guideline for Measles in neonates and pregnancy has been rescinded and removed from the website & replaced with links to the [national measles guidelines \(UKHSA\)](#). The [Chickenpox \(varicella zoster virus post exposure prophylaxis\)](#) has been updated with changes to the first line treatment & contacts for expert advice.

Formulary update- Chapter 7: Obstetrics, gynaecology and urinary tract disorders - Ovestin cream removed as discontinued and replaced with a generic formulation.

Minor update to asthma guidelines table to reflect changes in licensing for DuoResp Spiromax 160/4.5, DuoResp Spiromax 320/9 and Symbicort 400/12 which can now be used in adults and children aged 12 and over (previously adults only).

Minor update to [Nebulised Colomycin prescribing guideline](#), for safety reasons to use the sodium chloride 0.9% nebuliser liquid 2.5ml unit dose rather than 5 or 10ml amps this guarantees that a plastic vial is prescribed and dispensed (not glass).

Minor amendment to Heart failure guideline updated with email contact for referrals in primary care to DCHST.heartfailuresouth@nhs.net, north team email contact unchanged.

Specials and Expensive Liquids Guideline: Addition of desmopressin to the guideline. Adaflex added to melatonin entry. Minor updates to statin entries to include advice regarding swapping to 1st line atorvastatin. Minor formatting updates to all PPIs to simplify advice and to include further information from NEWT. Addition of advice on doxazosin entry to use plastic ampoules instead of glass.

Other information

The contact email for the ICB pharmacy team (previously medicines management) has changed to ddicb.pharmacy@nhs.net this is a single email address for all enquiries & replaces the two previous email addresses.

Guideline Group key messages – traffic light amendments

Methadone linctus has been discontinued so removed from traffic light classification to avoid any risk of confusion with methadone oral solution. Avaxin Junior (hepatitis A vaccine) - was RED changed to unclassified to be same as Hepatitis A adult vaccine.

Tirzepatide traffic light status: Caution as this drug has two separate GREY messages dependent on the dose, which is unique. Doses over 5mg are GREY specialist recommendation.

MHRA – Drug safety update

[Epimax Ointment and Epimax Paraffin-Free Ointment: reports of ocular surface toxicity and ocular chemical injury](#)

- do not prescribe or advise use of Epimax Ointment or Epimax Paraffin-Free Ointment on the face
- be aware that if Epimax Ointment or Epimax Paraffin-Free Ointment comes into contact with the eyes, patients may present with pain, swelling, redness or watering of eyes, sensitivity to light, blurred vision, burning or grittiness
- symptoms should resolve with discontinuation of the product around the eyes and can be treated with topical lubricants, topical antibiotics or topical steroids as required
- follow the advice in the manufacturer's [Field Safety Notice](#)
- healthcare professionals should report suspected adverse reactions associated with Epimax Ointment or Epimax Paraffin-Free Ointment via local and national reporting systems as described under the 'report suspected reactions' section further below in the article

Traffic light changes

Drug	Decision	Details
Methadone linctus	RED	product has been discontinued
Avaxin Junior (hepatitis A vaccine)	unclassified	In line with adult vaccine
Tirzepatide (Mounjaro)	GREY	for treating type 2 diabetes only as an alternative to GLP-1 agonist for patients with type 2 diabetes who require triple therapy if alternative GLP-1s are not tolerated by patient, not efficacious or not available due to stock issues. Doses of 2.5mg or 5mg pens.
Tirzepatide (Mounjaro)	GREY -after specialist recommendation	Doses of 7.5mg, 10mg, 12.5mg and 15mg pens for treating type 2 diabetes only as an alternative to GLP-1 agonist for patients with type 2 diabetes who require triple therapy if alternative GLP-1s are not tolerated by patient, not efficacious or not available due to stock issues
Delamanid	RED	SSC2679 for defined patients with rifampicin resistant (RR) tuberculosis (TB), multidrug-resistant (MDR) TB, pre-extensively drug resistant (pre-XDR) TB and XDR-TB
Levodopa-Carbidopa-Entacapone (Lecigon)	RED	SSC2684: for Parkinson's Disease
Levodopa-Carbidopa (Duodopa)	RED	SSC2684: for Parkinson's Disease
Librikizumab	RED	NICE TA986 for treating moderate to severe atopic dermatitis in people 12 years and over
Tenecteplase	RED	NICE TA990 for treating acute ischaemic stroke
Lisocabtagene maraleucel	DNP	NICE TA987 (Terminated appraisal)
Lumacaftor / ivacaftor (Orkambi)	RED	NICE TA988 for treating cystic fibrosis
Tezacaftor + ivacaftor (Symkevi)	RED	NICE TA988 for treating cystic fibrosis
Elexacaftor/ivacaftor/tezacaftor (Kaftrio)	RED	NICE TA988 for treating cystic fibrosis
Etranacogene dezaparvovec (Hemgenix)	RED	NICE TA989 for treating moderately severe or severe haemophilia B

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