

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 February's JAPC

ADHD medication supply issue- an [update](#) has been produced by Derbyshire Healthcare NHS Foundation Trust (DHCFT). Whilst the supply of ADHD medicines is still problematic, the situation appears to have moved on, and a phased approach with focus on re-starts before addressing the needs of newly-diagnosed patients is encouraged. Further resources are available on [DHCFT](#) and Derbyshire [Medicines Management](#) website which continue to be updated regularly.

UrgoStart Plus dressing for venous leg ulcers- Derbyshire Community Health Services (DCHS) has updated the venous leg ulcer pathway to recommend use of UrgoStart Plus border or UrgoStart plus pad (following UrgoClean silver if on wounds with signs of infection) in place of UrgoClean. The pathway has been agreed at the wound management prevention group at DCHS and at Derbyshire Prescribing Group and will be available on DCHS website. The supply will mainly be via the DCHS NHS supply chain.

Immunisation PGDs – The following NHS England Midlands PGDs have been updated/ extended

- Measles, mumps and rubella vaccine- clarified dose schedule; updated adverse effect profile and expected physical appearance upon reconstitution; updated information on co-administration with varicella and varicella zoster vaccines
- Typhoid Vi Polysaccharide vaccine- updated the incidence of known adverse reactions.
- Pneumococcal polysaccharide conjugate vaccine (adsorbed) - new PCV15-valent vaccine; updated temperature excursion information; update of adverse reactions; clarity on outbreak doses.
- Pneumococcal polysaccharide conjugate vaccine Risk Groups- extended expiry date to 2025.

Ulcerative Colitis high-cost drug algorithm – Mirikizumab added as an option as per NICE TA925.

Prescribing specification 2024/2025- The prescribing specification is reviewed annually and forms part of the healthcare services contract ICB has with provider organisations. Update includes inclusion of JAPC principles for introduction of drugs and shared care agreement into Derbyshire ICB formulary; Best value principle for High-Cost Drugs commissioning pathways.

Rybelsus (oral semaglutide) - GREEN

An update on the [National Patient Safety Alert](#) of GLP-1 receptor agonists (GLP-1 RA) shortage recommends Rybelsus® (semaglutide) tablets for new initiations of a GLP-1 RA and for patients prescribed Byetta® (due to be discontinued March 2024) and Victoza® (out of stock until end of 2024) injections. Prescribers are reminded that [NICE NG28 Type 2 diabetes in adults](#) recommends GLP-1 RA only if triple therapy with metformin and 2 other oral drugs is not effective, not tolerated or contraindicated, and the patient has a body mass index (BMI) of 35kg/m² or higher, or have a BMI lower than 35kg/m² and insulin therapy would have significant occupational implications or weight loss would benefit other significant obesity-related comorbidities. GLP-1 RA should only continue if the patient has shown a reduction of at least 11mmol/mol (1.0%) in HbA1c and weight loss of at least 3% initial body weight in 6 months. Patients should be counselled on the dose titration schedule. Rybelsus tablets should be taken whole on an empty stomach with a sip of water (up to half a glass of water equivalent to 120ml) at least 30 minutes before any food, drink or other oral medicines.

Guideline Group key messages – traffic light amendments

Sodium Valproate Green for migraine prophylaxis indication removed as no longer included as first line choice in CNS chapter.
Minor guideline/website update:

- **Formulary GI Chapter-** Remove codeine as one of the first line choice antitomotility agent and insert advice into notes.
- **Formulary CNS chapter-** Valproate [MHRA NPSA alert Nov23/ MHRA drug safety update Jan24](#) added.
- **Formulary Obs, Gynae & Urinary tract chapter and menopause guideline** - updated following Mirena (levonorgestrel) 20 micrograms/24 hours intrauterine delivery system SPC update- duration of use extended to 8 years for contraception and 5 years for induction of idiopathic menorrhagia.
- **ADHD in children shared care agreement** - Meflynate XL (methylphenidate) brand added as an additional MR option.
- **Antidepressant guideline** - advice on hyponatraemia updated as per DHCFT and remove expired link to SPS.
- **Stepping Hill/ North Derbyshire DMARD SCAs** replaced with new [contact page](#) for Stepping Hill hospital.
- New resource added to MM Website: [Inhaled corticosteroids equivalent doses](#) under respiratory chapter relevant resources; [Let's Live Well With Pain Course implementation and facilitation guides](#) under the opioid resources page

MHRA – Drug safety update

Valproate (Belvo, Convulex, Depakote, Dyxantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell ▼): New safety and educational materials introduced for men and women to reduce the harms from valproate, including the significant risk of serious harm to the baby if taken during pregnancy and the risk of impaired fertility in males.

Fluoroquinolone antibiotics Systemic fluoroquinolones must only be prescribed when other commonly recommended antibiotics are inappropriate. This follows a review by the MHRA which looked at the effectiveness of current measures to reduce the identified risk of disabling and potentially long-lasting or irreversible side effects.

Omega-3-acid ethyl ester medicines (Omacor/Teromeg 1000mg capsules): Systematic reviews and meta-analyses of randomised controlled trials have highlighted a dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors treated with omega-3-acid ethyl ester medicines compared to placebo.

Traffic light changes

Drug	Decision	Details
UrgoStart Plus	GREEN	For venous leg ulcer as per DCHS venous leg ulcer guidance
Rybelsus (oral semaglutide)	GREEN	Type 2 diabetes
Freestyle Libre 3	RED	Real-time Continuous Glucose Monitor (rtCGM) for use with compatible insulin pumps systems
Epcoritamab (Tepkinly)	RED	As per NHSE commissioning intentions.
Sebelipase alfa	RED	For treating Wolman disease as per NICE HST30. NHSE commissioned.
Durvalumab with gemcitabine and cisplatin	RED	NICE TA944: for treating unresectable or advanced biliary tract cancer. NHSE commissioned.
Treosulfan with fludarabine	DNP	NICE TA945: before allogeneic stem cell transplant for people aged 1 month to 17 years with non-malignant diseases (terminated appraisal)
Olaparib with bevacizumab	RED	NICE TA946: for maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer. NHSE commissioned.
Loncastuximab tesirine	RED	NICE TA947: for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments. NHSE commissioned.
Ivrosidenib	RED	NICE TA948: for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments. NHSE commissioned.
Nivolumab–relatlimab	RED	SSC2607for untreated unresectable or metastatic melanoma in people 12 years and over. NHSE commissioned.
Talazoparib	RED	SSC2611for treating HER2- negative advanced breast cancer with germline BRCA mutations. NHSE commissioned.

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