

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>

Pre-Election Period Guidance

Further to the Prime Minister's announcement of the General Election on 4th July, the 'Pre-Election Period' commenced from 25th May 2024 until 5th July 2024. During this time, specific restrictions are placed on the use of public resources and the communication activities of public bodies including the NHS, civil servants and local government officials. The Pre-Election Period is designed to avoid the actions of public bodies distracting from or having influence on election campaigns. During the Pre-Election Period, there should be no new announcements of policy or strategy or on large and/or contentious procurement contracts, and no participation by NHS representatives in debates and events that may be politically controversial, whether at national or local level. These restrictions apply in all cases other than where postponement would be detrimental to the effective running of the local NHS, or wasteful of public money. As a result JAPC took place via email agreement in June with reduced agenda so as not to contradict the above guidance.

Key Messages

Cytisinicline (Cytisine)- GREEN for smoking cessation. Cytisinicline works as a partial nicotinic receptor agonist, blocking the effects of nicotine and reducing the urge to smoke. Cytisinicline tablets are taken multiple times daily as a 25-day course. JAPC discussed this in April 2024 and supported its use in principle pending its cost listed in the Drug Tariff. Patients should be referred to stop smoking services to discuss support options for smoking cessation. GPs may prescribe following stop smoking service request.

Gonadotrophin-releasing hormone (GnRH)- The government has introduced regulations to restrict the prescribing and supply of puberty-suppressing hormones, known as 'puberty blockers', to children and young people under 18 in England, Wales and Scotland. The NHS stopped the routine prescription of puberty blocker treatments to under-18s following the Cass Review into gender identity services. In addition, the government has also introduced indefinite restrictions to the prescribing of these medicines within NHS primary care in England, in line with NHS guidelines. An emergency ban will last from 3 June to at least 3 September 2024 and applies to prescriptions written by UK private prescribers and prescribers registered in the European Economic Area (EEA) or Switzerland. Buserelin, gonadorelin, goserelin, leuprorelin, nafarelin, triptorelin have been classified **DNP for new patients under 18 years of age** for the purposes of puberty suppression in those experiencing gender dysphoria or incongruence as per [The Medicines Emergency Prohibition Order 2024](#).

Ulcerative Colitis (UC) High-Cost Drug (HCD) algorithm- updated to include Etrasimod (NICE TA956) as one of the treatment options.

Guideline Group key messages

Exenatide (Byetta) removed from GREY as discontinued April 2024. **Celecoxib** updated GREY "Celecoxib is one of the NSAIDs of choice in palliative care, supported by the palliative care formulary" added following UHDB DTC support.

Asthma guideline - MART regimens (adults and children) table updated as per SPC. As required dose - 'one additional puff as needed. If symptoms persist after a few minutes, an additional puff should be taken'

HF guideline - SGLT2i Handover to GP from HF specialist section - reference to eGFR falling below 30ml/min/1.73m² removed and refer to dosing info above.

Over the counter opiate-based medication and BDZ position statement removed until review completed.

MHRA – Drug safety update

[Topical steroids: introduction of new labelling and a reminder of the possibility of severe side effects, including Topical Steroid Withdrawal Reactions](#)

- Adverse reactions have been reported following long-term (generally ≥6 months) use of moderate or stronger potency topical steroids, particularly when used for eczema treatment –referred to as 'Topical Steroid Withdrawal Reactions' (TSW). Symptoms can include intense redness, stinging, and burning of the skin that can spread beyond the initial treatment area
- the risk of these and other serious reactions increases with prolonged use of higher potency steroid products
- when prescribing or dispensing topical steroids, advise on the amount of product to apply, how often, where to apply it and when to stop treatment.
- if previous discontinuation was associated with reactions that raise suspicion of TSW, alternative treatments should be considered, provide support to patients living with symptoms of TSW and review treatment plans with patients.

Traffic light changes

Drug	Decision	Details
Cytisinicline (Cytisine)	GREEN	Patients should be referred to stop smoking services to discuss support options for smoking cessation. GP may prescribe following stop smoking service request.
Buserelin Gonadorelin Goserelin Leuprorelin Nafarelin Triptorelin	DNP	For new patients under 18 years of age for the purposes of puberty suppression in those experiencing gender dysphoria or incongruence as per The Medicines Emergency Prohibition Order 2024
Remdesivir	RED	NICE TA971 for treating COVID-19
Tixagevimab plus cilgavimab	DNP	NICE TA971 for treating COVID-19
Atogepant	RED	NICE TA973 for preventing migraine
Setmelanotide	RED	NICE HST31 for treating obesity and hyperphagia in Bardet-Biedl syndrome
Pembrolizumab	RED	NICE TA967 for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over
Selinexor with dexamethasone	RED	NICE TA970 for treating relapsed or refractory multiple myeloma after 4 or more treatments
Sirolimus	DNP	NICE TA972 for treating facial angiofibroma caused by tuberous sclerosis complex in people 6 years and over (terminated appraisal)
Selinexor with bortezomib and dexamethasone	RED	NICE TA974 for previously treated multiple myeloma
Trastuzumab deruxtecan	DNP	NICE TA976 for treating HER2-mutated advanced non-small-cell lung cancer after platinum-based chemotherapy (terminated appraisal)
Dabrafenib with trametinib	RED	NICE TA977 for treating BRAF V600E mutation-positive glioma in children and young people aged 1 year and over
Zanubrutinib with obinutuzumab	DNP	NICE TA978 (Terminated appraisal) for treating relapsed or refractory B-cell follicular lymphoma after 2 or more treatments

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