

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 December's JAPC meeting

The JAPC Terms of Reference have been updated and are available on the medicines management website [here](#).
NHSE circulated a briefing to primary & secondary care to raise awareness of the possible need for Acute Management of Potential Adverse Treatment Effects of Lecanemab. Although this is not currently available in the NHS, Eisai (the manufacturer and market authorisation holder for lecanemab (Leqembi®)) has begun to make the drug available for patients to access through independent sector clinics. Clinical teams may subsequently be asked to support referrals for private treatment or otherwise assess, advise and possibly treat a small number of patients who could present with potential adverse treatment effects, including symptomatic Amyloid-Related Imaging Abnormalities (ARIA).
The high cost drugs algorithm for [macular oedema due to BRVO/CRVO](#) has been updated to include faricimab following the [NICE TA1004](#)

Key guideline info

The Guideline for prescribing of [Stoma accessories](#) has been extensively reviewed by the specialist stoma care nurses & the accessories have been changed to the most cost effective choices based on purchase cost, their experience in use & patient acceptability. This also includes updated contact details for the stoma nurse teams working out of Derby & Chesterfield hospitals.
[The Shared Care Guideline for riluzole](#) has been updated with information about preferred formulations due to cost differences, licence differences and patient acceptability. Riluzole tablets are now significantly more expensive than the oral suspension and riluzole orodispersible films. Only the riluzole 25mg/5ml sugar free oral suspension is licensed to be given down enteral feeding tubes. The guideline has been updated to advise that patients with swallowing difficulties use the riluzole orodispersible film preparation and patients requiring administration down an enteral tube use the oral suspension.
[The Shared Care Guideline for somatotropin](#) has been updated to also include somatogon. Somatogon is a long acting growth hormone preparation, only licensed for children aged 3 years and over with growth hormone deficiency and is administered once a week. Patient monitoring will be carried out by the hospital paediatrics department. The traffic light classification of somatogon has been updated from RED to AMBER.
It was agreed to reclassify liothyronine for use in treatment resistant depression to GREY after specialist initiation & DHcFT have produced some guidance in [Prescribing Liothyronine for Treatment Resistant Depression](#).
Liothyronine may be used as an adjunct to antidepressant medication in cases of treatment resistant depression, this is an unlicensed indication for liothyronine in the UK. Monitoring should be undertaken by the prescriber as detailed in the guidance.
[The Continence Guideline](#) for community setting has been updated to reflect current practice & include more cost effective products in the Self catheterisation section with some other minor amendments where products have been discontinued. The microbiology advice on antibiotic prophylaxis prior to catheter manipulation is being moved to an Appendix and the process for primary care is still being clarified.

Key new drug traffic light additions

There are now two brands of glucagon licensed in the UK which have been reviewed by JAPC, GlucoGen Hypokit is the one that has been in use long term and this has been made GREEN, Ogluo a newer preparation which has different administration & storage requirements has been made Do Not Prescribe, there are significant financial pressures if the Ogluo is prescribed which the Committee decided did not outweigh the benefits compared to GlucoGen in storage and administration.
Varenicline (previously marketed as Champix) is now available again as a generic product for smoking cessation, it has been classified as GREEN following request from the stop smoking services (Livewell for Derby City & Live Life Better Derbyshire for Derbyshire County Practice patients). Varenicline should normally be prescribed only as part of a programme of behavioural support to stop smoking ([NICE TA123](#)).

Guideline Group key messages – traffic light amendments

Chapter 13 Skin updated: topical corticosteroids now listed by generic name, prescribing information updated to include advice on when to choose a cream/ointment, NICE [CKS](#) information included about appropriate prescribing of antimicrobials in combination with steroids for infected eczema, benzoyl peroxide 4% cream and ingenol mebutate (Picatol gel) were removed as these products have been discontinued, additional information has been added about acne treatment following [NICE NG198](#) Acne vulgaris management and a link to the [Changing faces](#) charity website where patients can be referred for skin camouflage advice & support has been added.
The Prescribing Advice for Hyperprolactinaemia has been updated with [MHRA](#) alert advice regarding essential monitoring of blood pressure when initiating patients on bromocriptine.
The Infant Feeding guideline has been re-named as [Non-Hypoallergenic Specialist Infant Products](#) guideline. Reference to soya products and galactosaemia removed due to discontinuation of all soya products that were previously recommended. This will be updated when alternative products become available.
The Chloral Hydrate Position Statement has been reviewed by the specialists with no changes.
The Dementia in Primary Care guideline was reviewed with minor amendments - contact details have been updated and pre-referral blood test requirements changed to reflect the Older Adult CMHT referral form criteria.
Chapter 9 nutrition & blood - Kay-Cee-L (potassium) syrup has been discontinued & so removed from the chapter.
The Salazopyrin brand has been removed from the Sulfasalazine Shared Care Guideline as this is discontinued & sulfasalazine is currently only available under the generic name.

MHRA – Drug safety update

The November [MHRA Drug Safety Update](#) highlighted Med Safety Week November 2024: your Yellow Card report helps prevent future harm to others and improves patient safety.

They ask that you report suspected ADRs (side effects) to medicines to the [Yellow Card scheme](#) or via the Yellow Card app (download from the Apple App Store or Google Play Store)

Please also report ADRs where harm occurs due to adverse incidents with medical devices (including software, apps and artificial intelligence), safety concerns about e-cigarettes and their refill containers (e-liquids), adverse reactions to herbal or homeopathic medicines and defective, low-quality or falsified (fake) healthcare products

Adverse drug reactions where harm occurs as a result of a medication error are reportable as a Yellow Card or through the local risk management systems into the [Learn from Patient Safety Events \(LFPSE\) service](#). If reported to the LFPSE, these will be shared with the MHRA. If the LFPSE is not available and harm occurs, please report using a Yellow Card

There were no other items this month.

Traffic light changes

Drug	Decision	Details
GlucaGen (glucagon)	GREEN	
Ogluo (glucagon)	DNP	
Somatrogon	AMBER	Long acting growth hormone for Shared Care
Liothyronine	Grey Specialist initiation	for treatment resistant depression ONLY
Varenicline	GREEN	following stop smoking service request ONLY
Elafibranor (Iqirvo)	RED	as per NHSE commissioning intentions
Fruquintinib (Fruzaqla)	RED	as per NHSE commissioning intentions
Avapritinib	RED	as per NICE TA1012. NHSE commissioned
Alectinib	RED	as per NICE TA1014. NHSE commissioned
Teclistamab	RED	as per NICE TA1015. NHSE commissioned
Elafibranor	RED	as per NICE TA1016. NHSE commissioned
Pembrolizumab	RED	as per NICE TA1017. NHSE commissioned
Fedratinib	RED	as per NICE TA1018. NHSE commissioned
Crovalimab	RED	as per NICE TA1019. NHSE commissioned
Eplontersen	RED	as per NICE TA1020. 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