

## DERBYSHIRE LINCOLNSHIRE & NOTTINGHAMSHIRE AREA PRESCRIBING COMMITTEE (DLN APC) DECISION AND JUSTIFICATION LOG

**Meeting Date:** 9<sup>th</sup> July 2026

**Updated by:** DDICB Policy Team

### Ethical Framework

Chair to ensure that all decisions made are in line with the [ICBs Ethical Framework](#), following examples of evidence of clinical and cost effectiveness, health care need and capacity to benefit, policy driver/strategic fit.

### Declarations of Interest

Committee members are reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the ICB. Declarations declared by members of the DLN APC are listed in the Register of Interests and included with the meeting papers. The ICB's Registers of Interests are also available via the ICB's Corporate Governance Manager.

| Agenda Item number | Agenda Item Title                 | Owner | Summary of Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Decision & Justification | Action(s) |
|--------------------|-----------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|
|                    | Attendance/Quoracy                | Chair | Hazel Baxter, Sangeeta Bassi, Lidia Borak, Naomi Burden, Mark Clymer, Eve Evans, Lesley Gant, Ruth Gooch (Chair), Grace Gough, Tim Hills, Steve Jones, Emily Khatib, Lynne Kennell, James Kerr, Esther Kirk, Michelle Lad, Gladys Maponese, Lara McKean, Ben Milton, Andrew Mott, Kate Needham, Vivek Patil, Paul Jenks, Simon Robinson, Glenn Spencer, Jacqui Toner Woods, Irina Varlan, Helen Halling, Ann Whitfield, David Wicks, Kimberley Willett, Rob Wise, Vimbayi Mushayi |                          |           |
| 1                  | Apologies                         | Chair | Ruth Dils, Alison Brailey, Farrah Hargreaves, Fatima Malik, Reid Baker, Debbie Storer, Helen Walker, Glenn Spencer (after 3pm)                                                                                                                                                                                                                                                                                                                                                    |                          |           |
| 2                  | Conflict of interest declarations | Chair | None declared                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |           |

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|   | a. Register of interests                     |             | Unified register still in development                                                                                                                                                                                                                                                                                             |                    |                                                |
| 3 | Declarations of any other business           | Chair       | None                                                                                                                                                                                                                                                                                                                              |                    |                                                |
| 4 | Matters arising                              |             |                                                                                                                                                                                                                                                                                                                                   |                    |                                                |
|   | DLN APC Terms of Reference (ToR)             | Lesley Gant | The revised draft of the DLN APC interim Terms of Reference (ToR) was broadly supported with several specific further amendments suggested. The ToR will continue to be refined through an iterative process over the coming months and remain a regular agenda item while the new committee develops.                            | Noted              | Make revisions and circulate to members        |
|   | DLN Traffic light classification comparison  |             | Paper will be retained as a reference document to help members understand the different classifications used across Derbyshire, Lincolnshire and Nottinghamshire.                                                                                                                                                                 | Agreed             | Include paper for reference in future meetings |
|   | DLN APC Risk Log                             |             | Current risks highlighted included ensuring appropriate membership, representation and quoracy arrangements while the committee and Terms of Reference are still developing and recognising that decisions may take longer whilst moving towards a single DLN approach.                                                           | Noted              |                                                |
|   | Update on fezolinetant funding and guideline |             | Since the June APC meeting, funding for fezolinetant has had executive approval. A clinical guideline is being developed, with input from all three organisations across DLN. The draft guidance will be presented at a future APC meeting for review and agreement.                                                              | Noted              |                                                |
|   | Amendment to Derbyshire TLC for fezolinetant |             | Following review by the Derbyshire ICB pharmacy team after the June APC meeting, it was proposed to change the previously agreed equivalent classification from GREEN with specialist recommendation to GREY with specialist recommendation. It was felt that GREY better reflects the intended use within a restricted cohort of | For further review |                                                |

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|   |                                                  |              | <p>patients and where there is a degree of clinical exceptionality.</p> <p>This proposal was challenged due to concerns that the GREY classification may discourage prescribing in primary care and that this had not reflected the original consensus of the APC.</p> <p>This will be reviewed further and clarification brought back to the August APC meeting.</p>                                                                                                                                                          |                                                                         |         |
| 5 | DLN APC Decision and Justification Log June 2026 | Lesley Gant  | For ratification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ratified                                                                | Publish |
| 6 | DLN APC Bulletin                                 | Irina Varlan | <p>The DLN APC Bulletin will be produced using Sway, reflecting the existing Nottinghamshire and Lincolnshire approach.</p> <p>This will be produced monthly in line with the current Derbyshire arrangement; however, this may need to be reviewed if capacity becomes an issue.</p> <p>A draft bulletin will be circulated to APC members with a short period in which comments can be made. If no comments are received, the bulletin will be released without waiting for formal ratification at the next APC meeting.</p> | Agreed                                                                  |         |
| 7 | Formulary additions and amendments               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |         |
|   | a. Pizotifen                                     | Eve Evans    | Agreed Derbyshire classification to be changed from Do Not Prescribe (DNP), to GREEN, enabling initiation in primary care in line with the position in Lincolnshire and Nottinghamshire.                                                                                                                                                                                                                                                                                                                                       | Agreed GREEN in Derbyshire. No change to Lincolnshire & Nottinghamshire |         |

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|  |                                         |             | <p>Derbyshire classified pizotifen DNP for new patients following removal from NICE migraine guidance in 2021. There were no specific safety concerns prompting the removal and NICE did not recommend against its use; rather, there was insufficient evidence for inclusion in the updated guideline.</p> <p>Pizotifen is proposed as a 4<sup>th</sup> line treatment option for patients who have not responded to, have contra-indications to, or could not tolerate side effects of the preferred treatment options of propranolol, topiramate or amitriptyline. It is a well-established treatment for patients with fewer side effects in comparison to other options (e.g. sodium valproate, topiramate, amitriptyline) and has a low treatment cost. It is commonly used and often as first line prophylaxis in paediatrics and teenagers with migraines. SIGN has recommended pizotifen in their guidelines as a second- or third-line prophylaxis, while acknowledging that the evidence base is not strong.</p> <p>Of the adult headache patients in UHDB, at least 500 new patients are seen in Specialist Headache and Neurology clinics per year. Approximately 60-80 patients as a minimum may have been eligible for recommendations for pizotifen in the last year, either as monotherapy or in combination with other prophylactic agents. 30-50 of them could have benefitted with its use as a second- or third-line agent. Having this treatment available may have delayed or prevented treatment escalation to newer high-cost options in some of these patients.</p> |                                            |  |
|  | b. Atogepant (NICE TA1172) & Rimegepant | Lidia Borak | NICE TA1172 (Atogepant for Treating Migraine) was published on 30/06/26 with a 30-day implementation timeframe.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Atogepant for treating migraine agreed as: |  |

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|  |  |  | <p>Atogepant is a CGRP (calcitonin gene-related peptide) antagonist, and is recommended as an option for the acute treatment of migraine in adults, with or without aura, only if:</p> <ul style="list-style-type: none"> <li>• at least 2 triptans have been tried and they did not work well enough, or</li> <li>• triptans are contraindicated or not tolerated, and</li> <li>• NSAIDs and paracetamol have been tried but did not work well enough.</li> </ul> <p>This mirrors the positioning of rimegepant by NICE in TA919, which is an alternative oral CGRP antagonist for acute migraine treatment. Atogepant and rimegepant are also recommended by NICE as options for selected adults with migraine who require preventive treatment.</p> <p>Nottinghamshire neurology specialists proposed Amber 2 classification of atogepant to align with rimegepant as an option for adults in both treatment of acute migraine and prevention of migraine, for prescribing in primary care following specialist initiation or recommendation, as outlined in the local headache guideline.</p> <p>Lincolnshire's current position is aligned with Nottinghamshire with Amber 2 classification of atogepant for prevention of migraine and rimegepant for prevention and acute treatment.</p> <p>Derbyshire currently classifies rimegepant as RED, (hospital-only prescribing) for prevention and acute treatment and atogepant RED for prevention. It was proposed that the Derbyshire position should be changed to a primary care prescribing classification for both drugs, equivalent to Nottinghamshire and Lincolnshire.</p> | <p>Amber 2 in Lincolnshire and Nottinghamshire RED in Derbyshire pending further discussion between GP representatives and commissioners</p> |  |
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|  |  |  | <p>This had previously been discussed at the Derbyshire JAPC meeting in February 2026 with a proposal to re-classify as GREEN specialist recommendation. The decision was postponed pending development of a more concise cost model, insight into the prescribing volumes in areas where atogepant and rimegepant are prescribed in primary care and the development of a revised headache pathway which outlines the place in treatment of these drugs.</p> <p>APC members agreed on the clinical appropriateness of atogepant and rimegepant for primary care prescribing, but concerns were raised by Derbyshire GPs on the implementation of the proposed change. This included the prescribing responsibility and follow-up appointments transferring work into primary care with no increase in primary care capacity to accommodate this and no proposal on how this work would be funded. Due to the high cost of these drugs, moving prescribing into primary care would create pressure on prescribing budgets.</p> <p>For Lincolnshire and Nottinghamshire, the APC agreed an Amber 2 position for atogepant for treating migraine, suitable for primary care prescribing following specialist recommendation/advice and guidance.</p> <p>There was no agreement for re-classification of atogepant or rimegepant in Derbyshire. RED classification to be retained temporarily pending further engagement on funding and implementation between GP representatives and commissioners. A revised position will be brought back to a future meeting for approval.</p> |  |  |
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|  | c. Liothyronine | Lynne Kennell | <p>There is variation across DLN in the classification of liothyronine (in combination with levothyroxine) for treatment of hypothyroidism.</p> <p>Derbyshire and Lincolnshire classify as suitable for primary care prescribing after specialist initiation, in line with recommendations from the NHSE Liothyronine Advice for Prescribers guidance (August 2023).</p> <p>In Nottinghamshire liothyronine is non-formulary with prescribing only supported in exceptional circumstances and only after recommendation by an NHS Endocrinologist after a multidisciplinary discussion involving fellow consultants.</p> <p>It was proposed that Nottinghamshire amend their classification to Amber 2 to allow primary care prescribing in line with NHSE guidance and rescind the current Nottinghamshire liothyronine in hypothyroidism position statement.</p> <p>Nottinghamshire endocrinology specialists previously reported concerns that a change to Amber 2 will increase demand on endocrinology services which already have significant waiting lists. Further pressures are anticipated from patients who are currently receiving liothyronine through private providers who may seek NHS prescribing if restrictions are relaxed.</p> <p>It was recognised that private providers may apply different prescribing thresholds and that NHS services would need confidence that patients met the agreed criteria before taking over prescribing responsibility. Derbyshire JAPC had previously agreed that patients transferred from private care would need evidence that</p> | Decision deferred pending further discussion with Nottinghamshire endocrinology specialists |  |
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|  |                              |               | <p>appropriate assessment and decision-making had occurred and if this evidence was unavailable, or if treatment would not have met NHS criteria, patients would be expected to follow the NHS pathway and eligibility process before NHS prescribing could be considered</p> <p>A final decision was deferred pending further work on implementation, including planning for management of a new cohort of patients requiring specialist review, agreed management of privately treated patients, and review of specialist service capacity.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                                         |
|  | d. Semaglutide (NICE TA1152) | Lynne Kennell | <p>NICE TA1152 (Semaglutide for reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity) was published in May 2026 and compliance is required by 5<sup>th</sup> August 2026.</p> <p>TA1152 recommends that semaglutide (up to a maintenance dose of 2.4mg once weekly) can be used, within its marketing authorisation, alongside a reduced-calorie diet and increased physical activity, as an option for reducing the risk of a major adverse cardiovascular event (that is, cardiovascular death, non-fatal myocardial infarction or non-fatal stroke) in adults with both:</p> <ul style="list-style-type: none"> <li>established cardiovascular disease (CVD), defined as at least 1 of the following: <ul style="list-style-type: none"> <li>previous myocardial infarction</li> <li>previous ischaemic or haemorrhagic stroke</li> <li>symptomatic peripheral arterial disease (they have intermittent claudication with an ankle-brachial index of less than 0.85 at rest, or have had a peripheral arterial revascularisation procedure or an amputation because of atherosclerotic disease)</li> </ul> </li> </ul> | Decision deferred pending financial approval | Further discussion on implementation with DLN system partners required. |

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|   |                                                    |              | <ul style="list-style-type: none"> <li>Body mass index (BMI) of at least 27 kg/m<sup>2</sup></li> </ul> <p>NICE position semaglutide as another treatment option alongside standard care for the secondary prevention of cardiovascular events. For this indication, semaglutide is given by subcutaneous injection as Wegovy. Treatment initiation begins with 0.25mg weekly. To reduce the likelihood of gastrointestinal symptoms, the dose should be escalated over a 16-week period to a maintenance dose of 2.4mg once weekly (in 5 dose titration stages).</p> <p>The APC agreed that this was suitable for primary care initiation, however there are a number of challenges regarding implementation such as funding, delivery and service capacity.</p> <p>The likely outcome is for a guideline-supported primary care classification, with the following classifications recommended: Amber 3 in Nottinghamshire and GREEN with a Guideline in Lincolnshire and Derbyshire, with the relevant guideline being NICE TA 1152. Implementation cannot proceed until financial approval, service delivery arrangements and workforce implications had been fully considered. NICE compliance risks and implementation challenges will be escalated through the agreed governance process and captured on the APC risk register.</p> |       |  |
| 8 | Traffic Light Classification Changes and Additions |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |  |
|   | a. Type II Diabetes                                | Hazel Baxter | <p>A working group has been established to develop a DLN-wide approach to implementing the recommendations from NICE NG28 (Type 2 Diabetes).</p> <p>The group has representation from primary care and secondary care across the cluster with current discussions focussed on the significant financial implications of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Noted |  |

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|  |                    |  | <p>implementing the guidance, practical and operational implications and the clinical aspects of implementation.</p> <p>The aim is to produce guidance that is both workable and provides clear advice to primary care. This will be brought to a future APC meeting.</p> |  |  |
|  | Any other business |  | None                                                                                                                                                                                                                                                                      |  |  |