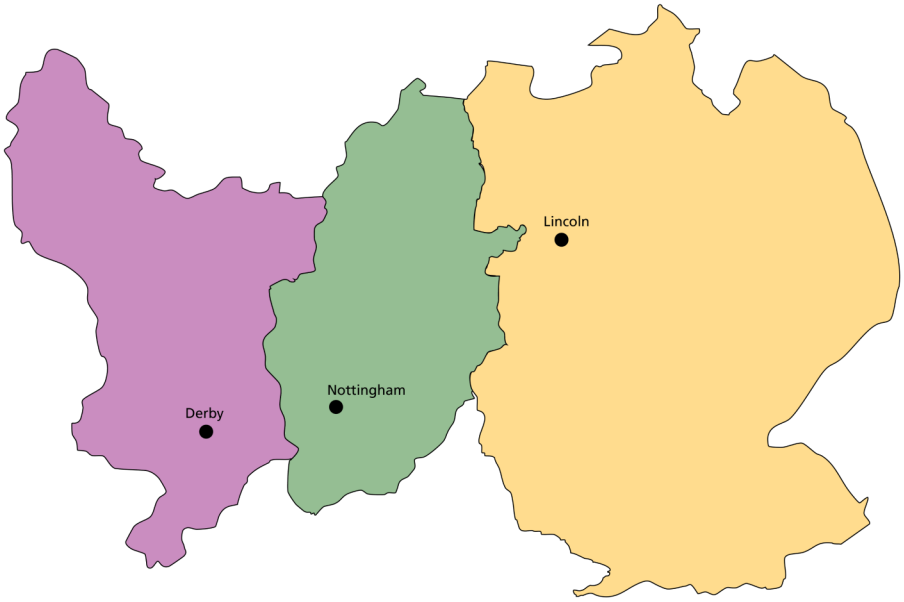
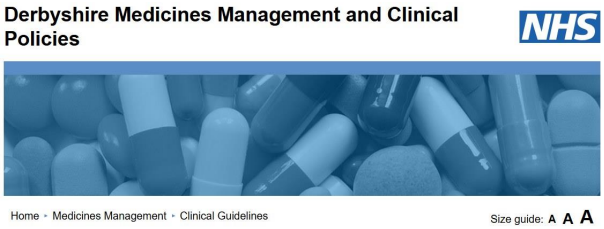


DLN Area Prescribing Committee Bulletin November 2026

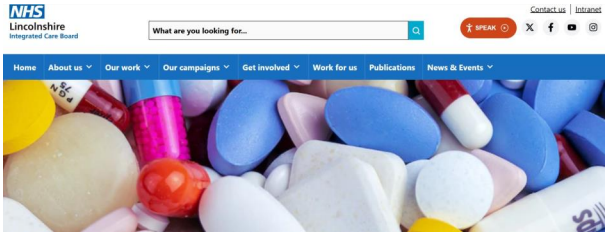
📌 Quick Overview

Welcome to the November edition of the Derbyshire, Lincolnshire and Nottinghamshire Area Prescribing Committee bulletin.

This edition summarises key decisions and actions from October. It highlights agreed formulary changes, newly approved clinical guidelines, and updates across the DLN footprint.



1 - Link to Derbyshire Medicines Management website and Formulary



2 - Link to Lincolnshire Medicines Management website and to Lincolnshire Joint Formulary



3 - Link to Nottinghamshire APC website and to Nottinghamshire Joint Formulary

Contents

- **Formulary submissions, amendments and traffic light changes**
- **Clinical guidelines**
- **Other local decisions:**

-Derbyshire Guideline Group - September 2026

-Nottinghamshire - NNMOSG - September 2026

-Lincolnshire - PACE - September 2026

Let us know what you think

Short on time? Click on the grey square bulletin icon, bottom right of your screen, review the thumbnails and jump to the section you want to read first.

Formulary submissions, amendments and traffic light changes

Traffic Light Changes Summary				
Drug	**Detail**	**Derbyshire**	**Lincolnshire**	**Nottinghamshire**
Glycopyrronium bromide cream (Axhidrox)	(TA1175) for treating severe primary axillary hyperhidrosis (PAAH)	**GREEN**	**GREEN With guideline**	**AMBER 3**
Oxybutynin	For hyperhidrosis as per Hyperhidrosis guideline for primary care (off-label)	**GREEN**	**GREEN With guideline**	**AMBER 3**
Propantheline bromide	For hyperhidrosis as per Hyperhidrosis guideline for primary care	**GREEN**	**GREEN** (no change)	**GREEN** (no change)



Glycopyrronium bromide cream was approved for use across all settings, for treating severe primary axillary hyperhidrosis (PAAH), which is excessive underarm sweating without an identifiable cause. The supporting Hyperhidrosis guideline for primary care was also approved. This has been developed for use across the DLN cluster with support from local dermatology specialists. As per NICE TA1175, glycopyrronium bromide 2.2mg/pump cream (Axhidrox) can be used as an option to treat severe PAAH in adults, if lifestyle advice, topical aluminium-based antiperspirants and oral antimuscarinics have not controlled underarm sweating or are contraindicated or not tolerated.

Other local updates

Derbyshire

Drug	Detail	Classification
Lenacapavir	As per NHSE Clinical Commissioning Policy	RED

Derbyshire Guideline Group Key Messages for September 2026

The Derbyshire Guideline Group meeting focused on ENT & skin chapter revisions and minor amendments to local clinical guidelines.

ENT chapter revisions:

- Added MHRA alert April 2026 - nasal decongestant sprays and drops containing xylometazoline hydrochloride / oxymetazoline hydrochloride: increased risk of rebound congestion, rhinitis medicamentosa, and tachyphylaxis with overuse. Clarified that patients and caregivers should be informed not to exceed the recommended dose and not to use for more than 5 consecutive days.
- Removed peanut allergy warning for neomycin/chlorhexidine nasal cream as old stock (containing arachis oil) should now be exhausted.

Skin chapter revisions:

- Emollient section re-worded to state that *most* emollients on the local formulary can be used as soap substitute (previously stated *all*). Note added that suitable emollients are marked with a shower icon in the emollient guideline.
- Clarified betamethasone valerate 0.1% scalp application should be prescribed generically.
- October 2023 MHRA alert (Isotretinoin – changes to prescribing guidance and additional risk minimisation measures) replaced with January 2026 update.
- Updated information on teratogenic risk with topical retinoids and oral tetracyclines during or when planning pregnancy.

- Added more clarity on when to consider co-cyprindiol (2000/35) for acne.
- Clarified which products for treatment of actinic keratoses are indicated for single lesions and which are for multiple lesions.
- Added note that diclofenac 3% is not licensed for use as topical NSAID and is more expensive that the licensed strengths.
- Removed Flamazine cream as discontinued.
- Removed Sorbaderm barrier cream from SystmOne formulary as no longer recommended in wound care guideline.

Other guideline updates

- In the **GI chapter**, mesalazine monitoring recommendations have been updated to state that the SPS Medicines Monitoring Tool recommends baseline and ongoing monitoring of U&Es and to consider monitoring of FBC and LFTs depending on risk factors. Monitoring of patient parameters may vary between mesalazine products and brands - consider referring to individual SPCs. For renal function, local consensus is that it is appropriate to do the same for all mesalazine brands in line with the information in the BNF. Renal function should be monitored before starting an oral aminosalicylate, at 3 months of treatment, and then annually during treatment. (More frequent monitoring may be appropriate in patients at higher risk of toxicity or impaired renal function)
- **Clenil** brand has been removed from the beclometasone traffic light page as 50 and 250 microgram strengths are due to be discontinued imminently and this is not a formulary brand.
- The **acne vulgaris guideline** has been amended to include PMOS (polyendocrine metabolic ovarian syndrome) as the new name for PCOS. Also added MHRA alert January 2026, Isotretinoin – changes to prescribing guidance and additional risk minimisation measures.

Lincolnshire



Lincolnshire Prescribing and Clinical Effectiveness (PACE) Bulletin

NHS Lincolnshire Integrated Care Board in association with Lincolnshire Community Health Services, United Lincolnshire Teaching Hospitals NHS Trust, and Lincolnshire Partnership Foundation Trust.

This bulletin details the decisions made or approved at the PACEF meeting held on 16th September 2026

Approved guidelines, position statements and resources

- **Policy for Anticipatory Prescribing and Supply of Palliative Care Medications for Adults & Symptom Management in Adult Palliative and End of Life Care**

Both documents have been reviewed and updated.

Updates include a section that has been introduced around the proactive prescribing of syringe drivers as nationally, the consensus is that syringe drivers shouldn't be prescribed until the point of need. However, there is a caveat within the community when timely access is problematic over weekends, so the guidance states that it is appropriate to prescribe if there are obvious signs of deterioration and then the syringe driver prescription must be checked within 72 hours.

- **Resource tool for the Review and Switch of Direct Oral Anticoagulants to Apixaban in Non-valvular Atrial Fibrillation**

Reviewed and updated to include hypertension checks, monitoring, body-weight calculations/rapid weight loss in the use of GLP1s and switching from Edoxaban to Apixaban or Rivaroxaban.

- **Guidance for the Treatment of Venous Thromboembolism (VTE) in adults**

Reviewed and updated. Changes include dosing in CKD, DOAC choices and recommendations for calculating creatine clearance.

- **Out of Area prescribing advice**

Changes have been made to the existing document to clarify the position around Amber 1 classifications out of area and within Lincolnshire, and around red only classification medication requests. A link to guidance on individual funding requests has also been added.

- **Guidance on the Prescribing of Oral Nutritional Supplements (ONS) for adults**

A minor alteration has been made to this previously approved guidance as follows - Fresubin compact contains 300 calories per serving and not 210 as per the original document.

Formulary updates/Discontinuations

- **Brevinor (Ethinylestradiol 35 micrograms/Norethisterone 500 micrograms)** changed from Red Red to Green and is the only brand of this strength available. Ovysmen brand has been removed from the formulary as this has been discontinued.
- **Varicella-zoster vaccine (Shingrix®)** has been added to the formulary as a replacement for Zostavax which has been discontinued. Remains Green.
- **Fluticasone propionate/ azelastine hydrochloride** changed from restricted Amber 2 to Amber 2 and additional OTC information included on the monograph.
- **Flumetasone 0.02% with Clioquinol 1% ear drops** - Locorten-Vioform brand removed as available generically. Remains Green.
- **Risperidone oral tablets** - Risperdal brand removed as available generically. Remains Amber 2.
- **Desogestrel 75mcg tablets** - All brands removed from the formulary as a number of these have been discontinued. Monograph now reads generic prescribing is most cost-effective. Remains Green.
- **Acenocoumarol tablets –** The monograph on the formulary has been updated and now states to be used as first choice over Phenindione tablets. ULTH Haematologists and Cardiology use this very infrequently but already use this first line over Phenindione. Remains Amber 2.
- **Phenindione** has been reclassified from Green to Amber 2 due to cost and other available oral anticoagulants being available.
- **Chlorothiazide 25mg/5ml oral solution –** Added to the formulary alongside the 250mg/5ml solution (both unlicensed) as it allows more accurate measurements for small doses. This has an Amber 2 status as does the 250mg/5ml.

Shared Care Agreements

- **Paediatric ADHD Shared Care Protocols update**

The review dates for all five shared care protocols have been extended by six months. These will be reviewed across the cluster with the aim of aligning them in future.

Nottinghamshire

The guidelines below were ratified at the **Nottinghamshire Medicines Optimisation Steering Group (NNMOSG) - 24th September 2026**

Swab interpretation guideline

- A new resource is available to support interpretation of swab results.
- Use the **clinical context** when interpreting results, particularly when distinguishing **colonisation from infection**.
- The guide explains the significance of **commonly reported organisms** and supports decisions about whether antimicrobial treatment is appropriate.
- It is intended to support **appropriate antimicrobial prescribing** and is based on local microbiology reporting practices, Nottinghamshire antimicrobial resistance data and local formulary recommendations.
- The guide was developed with microbiology colleagues across Nottinghamshire.

Dexamfetamine and Lisdexamfetamine Information Sheet For Primary Care Prescribers

- Lisdexamfetamine has now been approved as **Amber 2** for narcolepsy. It joins dexamfetamine as a third-line treatment option where modafinil and methylphenidate are ineffective or unsuitable.
- The existing Dexamfetamine Prescribing Information Sheet has been updated to cover both dexamfetamine and lisdexamfetamine for narcolepsy types 1 and 2.
- The use of lisdexamfetamine for narcolepsy is off-label, and this should be discussed with patients.
- Both medicines are initiated by a sleep specialist, with prescribing decisions made through the Neuro-respiratory/Respiratory Sleep Clinics. The updated information sheet includes dosing and administration advice and aligns the baseline and ongoing monitoring requirements for both medicines.

- Dexamfetamine and lisdexamfetamine are both Schedule 2 Controlled Drugs. Prescriptions should meet controlled drug prescribing requirements and should normally cover no more than 30 days' treatment.

Horizon scanning, formulary amendments and traffic light changes

GREY ⚪

- Noctura 400 sleep mask - for diabetic retinopathy (DR) and diabetic macular oedema (DMO)
- Semaglutide tablets (Wegovy) 1.5mg, 4mg, 9mg, 25mg - for weight management
- Enalapril 20mg/ lercanidipine 20mg combination tablet - for essential hypertension
- Hydrocortisone Sodium Phosphate - Discontinued - confirmed by the manufacturer
- Co-magaldrox - Discontinued - confirmed by the manufacturer. No alternative brands available.

GREY (no formal assessment) ⚪

- Semaglutide injection (Wegovy) - for metabolic-associated steatohepatitis (MASH)
- Dibrompropamidine 0.15% (Brulidine) cream - topical antibacterial
- Atropine eye drops (0.1mg/ ml) Ryjunea - for slowing the progression of myopia in paediatric patients (age 3-14 yrs)
- Retatrutide - for the management of obesity and type 2 diabetes
- Levothyroxine soft gel capsules - for hypothyroidism

GREEN 🟢

- Amlodipine orodispersible tablets - for hypertension and angina
- CeraVE Moisturising Cream 454g tube- Green classification as second line; update the Nottinghamshire Emollient Formulary to include this option.

AMBER 2 🟠

- Aripiprazole depot injection - 400mg depot injection added to the AMBER2 link for offer clarity.

RED 🔴

- Aripiprazole (Abilify Maintena) 720 and 960mg depot injection - Specialist initiation for the maintenance treatment of schizophrenia. As per Nottinghamshire Healthcare NHS Trust policy, each case should be discussed with a senior mental health pharmacist to agree an individual patient care plan before treatment initiation.

Other

- SMA Althera and Alfamino - Product changes to SMA Althera advance and SMA Alfamino. Products are cost equivalent, CMA guidance update requested.
- Fluorouracil 5% Cream - Advice to prescribe generically as Efudix discontinued
- Phenobarbital 50mg/5ml oral solution - Removed reference to ethanol free formulation being an unlicensed product

Let us know what you think!

The DLN APC bulletin summarises key decisions and actions from the committee discussions. Please refer to local formulary systems and published guidance for the most up-to-date prescribing position before making prescribing decisions.

For queries about formulary updates, guideline implementation or APC decisions, please contact your local Medicines Optimisation or APC support team.

- **For Derbyshire:**

Email: ddicb.pharmacy@nhs.net

Visit: Medicines Management

- **For Lincolnshire:**

Email: **licb.mo@nhs.net**

Visit: **Lincolnshire PACE Website**

- **For Nottinghamshire:**

Email: nnicb-nn.nottsapc@nhs.net

Visit: Nottinghamshire APC Website