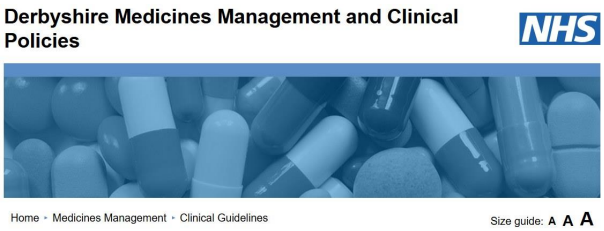
DLN Area Prescribing Committee Bulletin August 2026

📌 Quick Overview

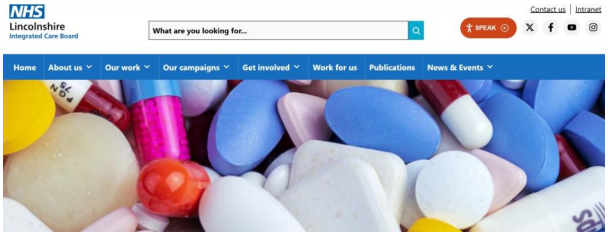
Welcome to the first edition of the Derbyshire, Lincolnshire and Nottinghamshire Area Prescribing Committee bulletin.

This edition summarises key decisions and actions from the June and July DLN APC meetings. It highlights agreed formulary changes, items still under review, and work being progressed across the DLN footprint.

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



2 - Link to Derbyshire Medicines Management website and Formulary



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

Contents

- **Developing the DLN APC**
- **DLN Traffic lights classification**
- **Formulary submissions, amendments and traffic light changes**
- **NICE TAs**
- **Other local decisions:**

-Derbyshire Guideline Group (May and June 2026)

-Derbyshire High Cost Drug Working Group (May 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.

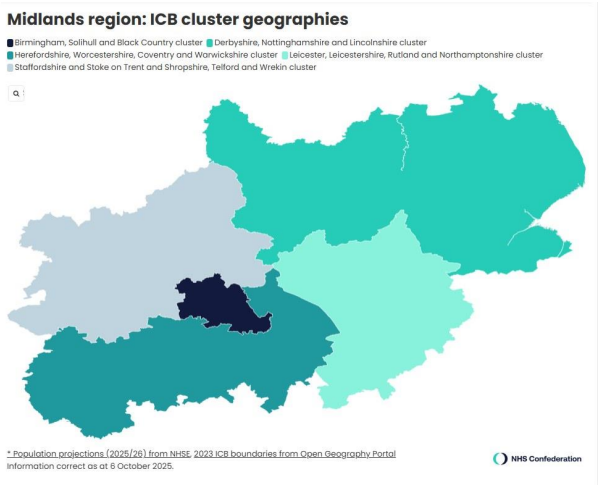
Developing the DLN APC

Developing the DLN APC

The Derbyshire, Lincolnshire and Nottinghamshire (DLN) Area Prescribing Committee is now established as the shared committee across the three systems. Work is ongoing to develop the governance arrangements that will support the committee's future operation and decision-making.

During this transition period, existing local APC structures, formularies, websites and decision-making processes will remain in place. The DLN APC is initially focusing on identifying opportunities for collaborative working and shared approaches across the three areas, while recognising that some local arrangements and decisions will continue where appropriate.

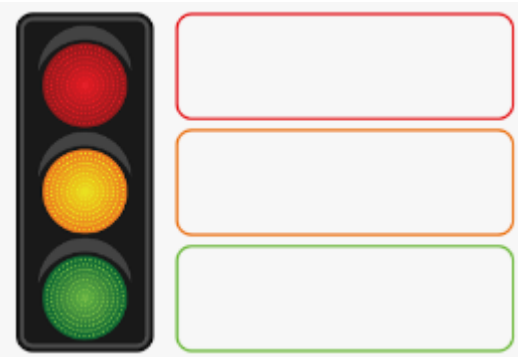
Further updates will be provided as the governance arrangements and work programme develop.



Traffic Light Classification Systems Across DLN

Members discussed the different traffic light classification systems currently used across Derbyshire, Lincolnshire and Nottinghamshire.

While variations in terminology and definitions have the potential to create inconsistency and confusion, it was agreed that existing local classification systems will remain in place in the short term. This reflects ongoing national work to develop a single formulary and classification framework, which DLN intends to adopt when available. The focus will be on ensuring consistent clinical decision-making across the three systems, recognising that equivalent decisions can be achieved despite differences in terminology.



Formulary submissions, amendments and traffic light changes

Traffic Light Changes Summary				
Drug	**Detail**	**Derbyshire**	**Lincolnshire**	**Nottinghamshire**
Fezolinetant	(TA1143) Treatment of moderate to severe vasomotor symptoms associated with menopause	GREEN specialist recommendation	AMBER 2	AMBER 2
Atogepant	(TA1172) Acute treatment of migraine	RED	AMBER 2	AMBER 2
Pizotifen	Prophylaxis of migraine	GREEN	No change (GREEN)	No change (AMBER 3)

Fezolinetant for Menopausal Vasomotor Symptoms

Fezolinetant has been approved for use in line with NICE TA1143 for the treatment of moderate to severe vasomotor symptoms associated with menopause.

The agreed formulary classifications are **GREEN (specialist recommendation) in Derbyshire**, **AMBER 2 in Lincolnshire**, and **AMBER 2 in Nottinghamshire**.

A joint DLN clinical guideline is currently being developed to support consistent implementation across the three systems.

Further information:

- Derbyshire formulary entry
- Lincolnshire formulary entry
- Nottinghamshire formulary entry

Liothyronine Classification Remains Under Review Across DLN

The APC discussed the variation across DLN in the classification of liothyronine (in combination with levothyroxine), for the treatment of hypothyroidism. Derbyshire and Lincolnshire classify liothyronine as suitable for primary care prescribing after specialist initiation, while Nottinghamshire currently supports prescribing only in exceptional circumstances after recommendation by an NHS endocrinologist following multidisciplinary discussion.

A final decision was deferred. Further work is needed on implementation, including management of patients requiring specialist review, the approach to privately treated patients, and specialist service capacity.

Further discussion with Nottinghamshire endocrinology specialists is required before a final DLN position can be agreed.

NICE TAs

Atogepant for Treating Migraine (NICE TA1172)

NICE TA1172 for atogepant for treating migraine was published on 30 June 2026 with a 30-day implementation timeframe. NICE recommends atogepant as an option for the acute treatment of migraine in adults with or without aura, only where previous treatment criteria are met.

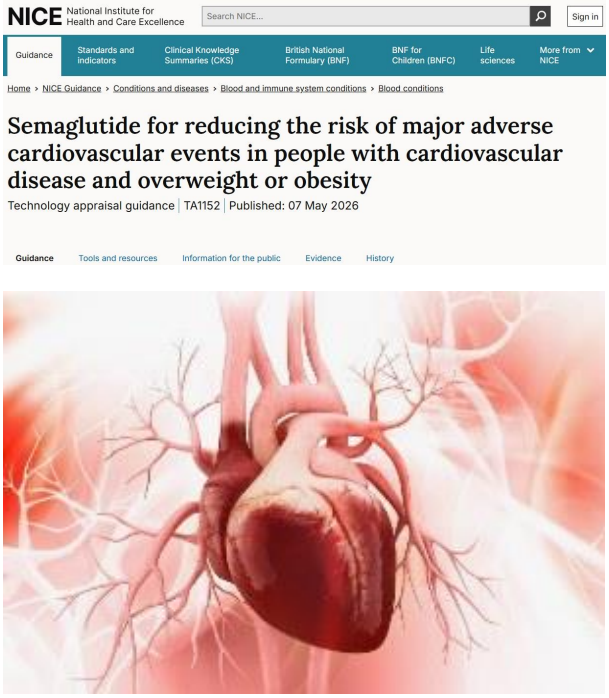
For Lincolnshire and Nottinghamshire, the APC agreed AMBER 2 classification for atogepant for treating migraine, suitable for primary care prescribing following specialist recommendation or advice and guidance.

There was no agreement to reclassify atogepant or rimegepant in Derbyshire at this stage. Derbyshire will retain RED classification temporarily, pending further engagement on funding and implementation between GP representatives and commissioners.

Semaglutide for Cardiovascular Risk Reduction (NICE TA1152)

The DLN APC considered the implementation of NICE TA1152, which recommends semaglutide (Wegovy®) as an option for reducing the risk of major adverse cardiovascular events in eligible adults with established cardiovascular disease and overweight or obesity. The treatment is intended to be used alongside a reduced-calorie diet and increased physical activity.

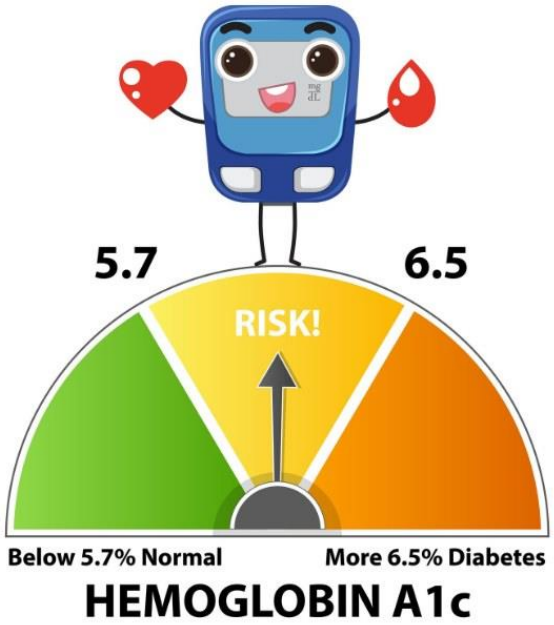
Members agreed that semaglutide is clinically suitable for initiation in primary care. However, significant implementation challenges were identified, including funding arrangements, service delivery models and workforce capacity. As a result, while the likely future position is a guideline-supported primary care classification, further work is required before implementation can proceed.



Type 2 Diabetes (NICE NG28)

A DLN-wide working group has been established to develop a consistent approach to implementing the recommendations within NICE NG28 for Type 2 Diabetes. The group includes representatives from both primary and secondary care across Derbyshire, Lincolnshire and Nottinghamshire. Current discussions are focused on financial implications, practical and operational considerations, and the clinical aspects of implementation. The aim is to produce guidance that is workable and provides clear advice to primary care.

The working group will continue its development work and a proposed DLN-wide approach will be presented to a future DLN APC meeting.



Other local updates

Derbyshire

Drug	Detail	Classification
Melatonin 1mg/ml oral solution	For children with neurodevelopmental disorders and CAMHS patients aged six and over, specifically when swallowing difficulties prevent tablet use.	GREY specialist initiation
Lidocaine patches	For rib fracture management after blunt trauma, limited to five days of treatment.	RED
Benilexa One Handed IUD 20microgram/24hrs	Another cost-effective intra-uterine progestogen only system which is licensed for contraception for 8 years	GREEN
Alkindi hydrocortisone granules (500mcg, 1mg, and 2mg capsules)	Only for patients taking doses less than 5mg	GREY specialist initiation
Alkindi hydrocortisone granules (5mg capsules)		Non-formulary
Azathioprine 75mg, 100mg tablets		Non-formulary
Metformin 500mg sachets		Non-formulary

Derbyshire Guideline Group Key Messages for May 2026

The Derbyshire Guideline Group released updates focusing on medication traffic light changes, endocrine chapter revisions, anticoagulation guidance, and other clinical management protocols to enhance patient care and prescribing accuracy.

- **Traffic light status updates:** Melatonin 1mg/ml oral solution is now GREY for specialist initiation in children with neurodevelopmental disorders and CAMHS patients aged six and over, specifically when swallowing difficulties prevent tablet

use. Lidocaine patches are RED for rib fracture management after blunt trauma, limited to five days of treatment.

- **Endocrine chapter revisions:** Updates include dosing details for insulin pens, a note that empagliflozin 10mg is the maximum dose for heart failure and CKD, updated tirzepatide guidance for obesity, revised levothyroxine administration instructions, and warnings regarding hydrocortisone granules and progesterone allergy. Discontinued products such as Admelog and Levemir have been removed, with Levemir no longer recommended for new adult type 1 diabetes patients. Several combination products and formulations have also been removed or updated.
- **Anticoagulation and NSAID guidance:** The warfarin guideline now extends treatment for isolated calf vein DVT to three months and varies duration for LV mural thrombus post-MI. Additional indications for low molecular weight heparin include mechanical mitral valve and antiphospholipid syndrome. The PPI guidance on long-term NSAID use was amended to assess patients individually rather than by age alone.
- **Other guideline updates:** Minor adjustments include the riluzole shared care agreement with patient dexterity considerations, clarification of melatonin DNP indications, removal of discontinued Foley catheters from continence guidelines, updated glycopyrronium bromide bioavailability information, changes to micronised progesterone indications and allergy warnings, addition of Cequa ciclosporin eye drops as first-line treatment for moderate-to-severe dry eye, and menopause guideline updates on progestogen intake timing.

Derbyshire High-Cost Drugs Working Group Updates (May 2026)

The DLN APC has ratified Derbyshire commissioning algorithms for two new ICB-funded high-cost drug treatments.

Dupilumab has been approved for maintenance treatment of uncontrolled COPD with raised blood eosinophils following publication of NICE TA1142 and is the first biologic high-cost drug for this indication. Ruxolitinib cream for non-segmental vitiligo in people aged 12 years and over (NICE TA1140), also the first high-cost drug treatment for this indication, was subsequently agreed following endorsement by dermatology specialists across Derbyshire trusts.

The approved algorithms will be published on the Derbyshire Medicines Management website.

Guideline Group Key Messages for June 2026

The Derbyshire Guideline Group released updates focusing on medication formulations, contraceptive advice, seizure management, and shared care protocols.

- **Hydrocortisone and Azathioprine updates:** Alkindi hydrocortisone granules (500mcg, 1mg, and 2mg capsule strengths) are classified GREY consultant/specialist initiation, only for patients taking doses less than 5mg. The 5mg capsules have been removed from formulary. Hydrocortisone 10mg tablets can be halved or dispersed for patients with swallowing difficulties. Azathioprine 25mg and 50mg tablets remain on the drug tariff due to cost-effectiveness, while 75mg and 100mg tablets are removed from the clinical formulary.
- **Contraceptive and reproductive health guidance:** Combined hormonal contraception is not recommended for women with a BMI of 35kg/m2 or higher, with FSRH guidance linked for details. Nexplanon implant removal is advised within five years per updated licensing. Benilexa is added as a cost-effective intra-uterine progestogen-only system licensed for eight years. Additional advice on abstinence or barrier methods post-emergency contraception with drospirenone is included, and PCOS is now also termed PMOS.
- **Seizure management and epilepsy care:** The midazolam guideline for convulsive seizures aligns with NICE NG217, recommending buccal midazolam for three or more self-terminating seizures in 24 hours (previously one hour). Buccolam is now licensed for adults, with wording changed to "should be considered" as first-line in children. Adult patients using buccal midazolam in the community should be referred to neurology, and prescribers must ensure epilepsy management plans are completed and reviewed annually.
- **Shared care and other medication updates:** Amiodarone shared care agreement removes baseline pulmonary function testing and advises GPs to stop amiodarone in thyrotoxicosis cases while urgently referring to endocrinology. ECG monitoring criteria updated with QRS duration >120ms prompting consultant advice. The document also includes new patient information leaflets for managing infant reflux, updated asthma treatment algorithms, and formulary changes regarding sildenafil and contraceptive products.

Pizotifen

At the July APC meeting it was agreed that the Derbyshire classification for pizotifen should change from Do Not Prescribe to GREEN, enabling initiation in primary care. This aligns Derbyshire with the existing Lincolnshire and Nottinghamshire position.

Pizotifen is positioned as a fourth-line option for patients who have not responded to, have contraindications to, or cannot tolerate preferred migraine prophylaxis options such as propranolol, topiramate or amitriptyline.

Derbyshire will update the formulary classification to GREEN. There is no change for Lincolnshire or Nottinghamshire.

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 Nottinghamshire:**

Email: nnicb-nn.nottsapc@nhs.net

Visit: Nottinghamshire APC Website

- **For Derbyshire:**

Email: ddicb.pharmacy@nhs.net

Visit: Medicines Management

- **For Lincolnshire:**

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

🌐 Visit: **Lincolnshire PACE Website**