



DLN Area Prescribing Committee Bulletin September 2026

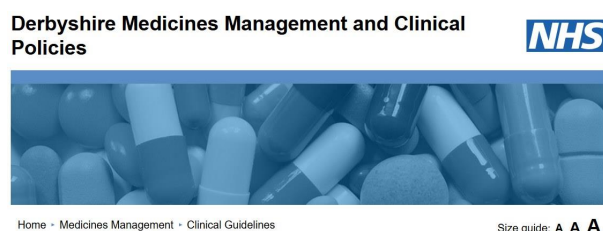
Quick Overview

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

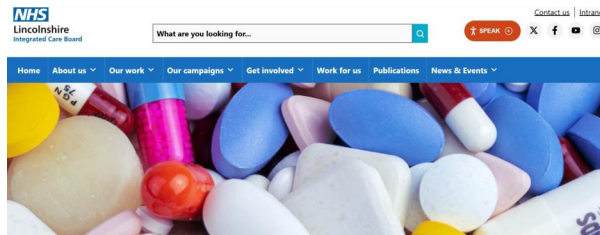
This edition summarises key decisions and actions from the August DLN APC meeting. It highlights agreed formulary changes, newly approved clinical guidelines, and updates across the DLN footprint.



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](#)

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- **Clinical guidelines**
- **Other local decisions:**

-Derbyshire Guideline Group - July 2026

-Nottinghamshire Medicines Optimisation Steering Group (NNMOSG) - July 2026

-Lincolnshire Prescribing and Clinical Effectiveness Forum (PACEF) - bimonthly - no updates in this edition

- **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
Semaglutide (Wegovy) injection	(TA1152) for reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity	GREEN	GREEN With guideline	AMBER 3
Pylera® (bismuth, metronidazole and tetracycline)	for the eradication of <i>H. pylori</i>	GREY 2 nd line for penicillin allergic patients GREY specialist recommendation 3 rd line for non-penicillin allergic patients	No change (Amber 2)	No change (Amber 3)



Semaglutide (Wegovy)

In line with [NICE TA1152](#), financial approval has been granted for use of semaglutide (Wegovy injection) for reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity. The traffic light classifications proposed at the July APC meeting have been confirmed (see traffic light changes summary). Work is ongoing to resolve implementation challenges, including service delivery arrangements and workforce implications.

Clinical Guidelines



[Tirzepatide \(Mounjaro®\) for the Management of Overweight and Obesity in Primary Care](#)

The DLN APC has approved a single DLN guideline for the prescribing of tirzepatide (Mounjaro®) across Derbyshire, Lincolnshire and Nottinghamshire. The guideline was developed using existing Derbyshire guidance as its foundation and was reviewed by members of the DLN Weight Management Group to support a consistent clinical approach across the three systems.

The guidance provides advice on patient eligibility, baseline assessment, counselling, prescribing, dose escalation, monitoring and ongoing review of treatment with tirzepatide for the management of overweight and obesity.

The APC recognised ongoing challenges relating to funding, capacity and implementation within primary care, particularly following the inclusion of weight management medicines within QOF and changes to, or cessation of, some locally commissioned weight management services as a result of changes in national funding arrangements. These issues will continue to be escalated through the appropriate commissioning and service forums. The committee's approval relates to the harmonisation of clinical guidance across the DLN footprint to support a consistent approach to care.

Type 2 Diabetes Guideline Update ([NICE NG28](#)) - in progress

APC members were updated on the review of the updated NICE NG28 Type 2 Diabetes guideline, which is currently being undertaken by a cross-DLN multidisciplinary working group. The revised recommendations have been compared with existing guidance and formulary arrangements across Derbyshire, Lincolnshire and Nottinghamshire, with detailed consideration of the clinical implications, financial impact and implementation requirements.

The working group has identified a number of recommendations which require further consideration before any decision is made regarding local implementation. These include modified-release metformin, earlier use of SGLT2 inhibitors, semaglutide (Ozempic) for people with type 2 diabetes and established atherosclerotic cardiovascular disease, and continuous glucose monitoring for eligible patients. The potential implementation of these recommendations, including the associated financial and service implications, remains under consideration.

Recommendations relating to earlier use of GLP-1 receptor agonists and tirzepatide in people with early-onset type 2 diabetes and obesity require further review, given the potentially significant financial, service and implementation implications.

No final decision has yet been made regarding implementation of the revised NG28 recommendations. The recommendations and associated financial and commissioning implications have been escalated to ICB executive colleagues for consideration as part of wider commissioning and funding discussions. The outcome of these discussions, alongside completion of the DLN review, will inform any subsequent recommendation to APC regarding local implementation.

NICE National Institute for Health and Care Excellence

Search NICE...

Guidance

Standards and Indicators

Clinical Knowledge Summaries (CKS)

British National Formulary (BNF)

BNF for Children (BNFC)

Home > NICE Guidance > Conditions and diseases > Diabetes and other endocrinal, nutritional and metabolic conditions

Type 2 diabetes in adults: management

NICE guideline | NG28 | Published: 02 December 2015 | Last updated: 18 February 2026

Other local updates

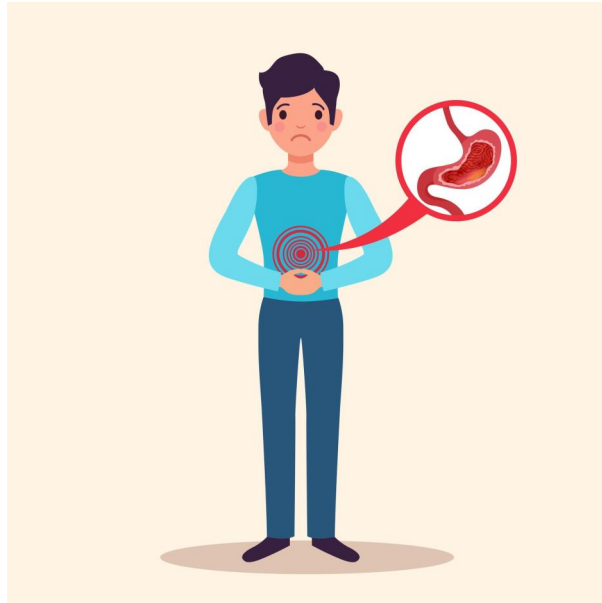
Derbyshire

Drug	Detail	Classification
EURneffy (adrenaline)	For use in severe allergic reactions in children up to and including 18 years of age weighing ≥30kg with severe needle-phobia.	RED

Derbyshire Guideline Group Key Messages for July 2026

The Derbyshire Guideline Group released updates focused on Nutrition & Blood chapter revisions and minor amendments to local clinical guidelines.

- **Traffic light status update:** EURneffy® adenaline nasal spray was re-classified as RED following approval by the UHDB Drug & Therapeutics committee in June 2026. Use is limited to severe allergic reactions for children >30kg with needle-phobia.
- **Nutrition and blood chapter revisions:** Updates included addition of information that once daily iron dosing is equally effective to multiple divided doses and is better tolerated and clarification that modified-release preparations of oral iron are DNP. Obesity (BMI of 30kg/m² or more) was removed from the list of high-risk factors for neural tube defects in line with update to NICE CKS and as agreed with local specialists. A recommendation was added to assure anyone with a BMI of 25 kg/m² or more who is planning to become pregnant or is in the first 12 weeks of pregnancy that they do not need to take more than 400 micrograms of folic acid a day, unless they have any other high-risk factors (as per NG247). Crushing and mixing folic acid tablets with water is the preferred option for administration with swallowing difficulties. Licensed oral solution 2.5mg/5ml is more expensive than tablets but more cost-effective than the 5mg/5ml strength if crushing tablets is not appropriate.
- **Other guideline updates:** The Cow's milk allergy guideline was updated with new product descriptions of SMA Althera and SMA Alfamino - now SMA Althera Advance and SMA Alfamino Advance. In the actinic keratoses guideline there was a minor amendment to the headings in the 'multiple lesions' section of the treatment algorithm (Appendix A) to make clearer which treatments are suitable to use for lesions with or without field changes (no changes to medications). The JUCD Adult Headache Primary Care Pathway has been amended temporarily following the re-classification of pizotifen from DNP to GREEN. Reference to pizotifen being DNP has been removed. A revised headache pathway including pizotifen is in development.



GORD and Dyspepsia in Adults

The Derbyshire [GORD and dyspepsia in adults guideline](#) has been updated. Main changes:

- Pylera included as a treatment option for eradication of Helicobacter Pylori.
- Pylera was added to the Derbyshire formulary as:
 - **GREY** - *2nd line for penicillin allergic patients*
 - **GREY specialist recommendation** *3rd line for non-penicillin allergic patients*
 - Pylera is a combination product containing bismuth, metronidazole and tetracycline. It is placed as second line treatment in patients with a penicillin allergy with a treatment duration of 10 days. For non-penicillin allergic patients, it is a third line treatment option with 14-day duration, only recommended on specialist advice. Pylera is licensed for use in combination with omeprazole.
 - Omeprazole replaces lansoprazole as the preferred PPI in all H.Pylori treatment regimens.

Nottinghamshire

The guidelines below were ratified at the **Nottinghamshire Medicines Optimisation Steering Group (NNMOSG)** - 30th July 2026

[Insect bites and sting guidance](#)

- New resource to help prescribers differentiate between inflammatory reactions and infection when assessing insect bites and stings. It has been developed as a practical tool to support consistent decision-making and appropriate antimicrobial prescribing.

- It replaces the old *Nottinghamshire Insect bites and stings guideline*.
- The proposed document focuses on providing general clinical assessment and management information and includes links to the APC patient information leaflet among other useful resources.
- It is not intended to be used at a DLN cluster level. It has been developed using local microbiology laboratory systems, Nottinghamshire antimicrobial resistance data and local formulary recommendations.

Inflammation vs Infection

Biting parts introduce mechanical trauma, but true secondary bacterial infection takes time to establish, typically arising 48–72 hours later due to epidermal layer of skin breach from intense scratching.

Clinical Feature	Local Inflammatory / Allergic Reaction	Secondary Bacterial Infection (Cellulitis)
Onset of Symptoms	Rapid, immediate, or within hours of the bite/sting.	Delayed; typically emerges 48 to 72+ hours post-injury.
Primary Symptom	Intense itching is the dominant patient complaint.	Progressive throbbing pain, deep tenderness, and localized heat.
Erythema & margins	Well-demarcated or diffuse redness centered symmetrically on the bite. Max diameter reached within 24–48 hours.	Spreading, poorly-demarcated erythema that expands progressively over days, often traveling asymmetrically.
Induration & oedema	Soft, pitting, or localized fluctuant puffiness corresponding to histaminergic release.	Firm, hard, tense induration or 'woody' texture that is highly tender to light palpation.
Systemic symptoms	Absent. No systemic pyrexia, chills, or constitutional symptoms (unless anaphylaxis on onset).	May be present: Pyrexia (temp $\geq 38.0^{\circ}\text{C}$), chills, localized lymphadenopathy, or ascending lymphangitic streaks.
Response to elevation & time	Improves or stabilizes significantly with elevation, ice packs, and topical or oral antihistamines.	Continues to worsen and spread despite cold compresses or standard anti-inflammatory/antihistamine therapy.

[Splenectomised patients and those with an afunctional spleen guideline](#)

The APC Primary Care guideline has been updated following publication of revised NUH guidance, with input from NUH and SFH colleagues to support alignment across the local healthcare system.

Main changes include:

- The higher-risk age threshold has increased from **over 50 years to over 65 years**.
- **All patients with an absent or dysfunctional spleen should have access to a rescue antibiotic pack**, regardless of whether they receive long-term prophylaxis.
- Recommended rescue antibiotics are now:
 - **Co-amoxiclav** for adults without penicillin allergy.
 - **Levofloxacin** for adults with penicillin allergy.

These changes reflect updated evidence and local antimicrobial susceptibility data, with the revised antibiotics considered more appropriate for managing breakthrough infections. SFH are reviewing their guidance with the aim of maintaining consistency across the region.

The guideline is for Nottinghamshire only and is not intended to be used at a DLN cluster level.

[Blood Pressure and Heart Rate Monitoring in Children](#) - Information Sheet for Primary Care Prescribers

Key points:

- The document has been updated as it reached its expiry date in July 2026. The changes were minor, including updating links and references.
- It will continue to be available to Primary Care via the **Medicines Management website** and **SystemOne F12 functionality**.
- It will no longer be available on the Nottinghamshire APC website.

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](#)