

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

Meeting Date: 10th September 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, Rima Chauhan, Mark Clymer, Ruth Dils, Georgina Dyson, Eve Evans, Ruth Gooch, Grace Gough, Nicola Graham, Sue Haria, Claire Haynes, Kirn Hewitt, Helen Hill, Tim Hills, Steve Hulme, Susan Hume, Steve Jones, Emily Khaitb, Lynne Kennell, Esther Kirk, Gladys Maponese, Jenny Moss Langfield, Lara McLean, Kerrie Mearns, Ben Milton, Geogina Mills, Andy Mott, Vimbayi Mushayi, Clare Nichols, Clare Nowak, Allun Roebuck, Kathryn Sanderson, Glenn Spencer, Jacqui Toner Woods, Irina Varlan, Helen Walker, Sandya Wellwood, Ann Whitfield, Kim Willett.		
1	Apologies	Chair	Allan Reid, David Kellock, David Wicks, Fatima Malik, Jo Flemming, Paul Jenks, Simon Robinson, Steven Haigh		
2	Conflict of interest declarations	Chair	None declared		

	a. Register of interests		Unified register still in development		
3	Declarations of any other business	Chair	Susan Hume – Nefopam for significant post-operative pain following podiatric procedures. Alun Roebuck – Discontinuation of disopyramide		
4	Matters arising				
	a. NICE TA Log	Emily Khatib	For information		
	b. Traffic light comparison		For information		
5	DLN APC Decision and Justification Log August 2026	Chair	Additional wording requested to clarify the current implementation challenges for semaglutide (Wegovy) for reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity. A statement regarding these implementation challenges will be added to the public-facing formulary websites for each ICB (with a hyperlink to the August APC Decision & Justification Log where possible).	Ratified with minor amendment	Amend and circulate by email for agreement
6	Formulary additions and amendments				
	a. Glycopyrronium NICE TA1175	Emily Khatib	NICE TA1175, glycopyrronium bromide cream for treating severe primary axillary hyperhidrosis (PAAH) was published on 9 th July 2026 with compliance required by 7 th October 2026. NICE TA1175 recommends that 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.	Decision postponed until the October APC meeting	Develop local guideline to support primary care prescribing

			These initial treatment options are managed in primary care. Current additional treatment options in secondary care include Botulinum toxin type A (botulinum toxin). The APC agreed that a suitable outcome for glycopyrronium bromide cream (Axxidrox) would be for a guideline-supported primary care classification. A guideline will be produced in collaboration with local specialists and brought back to the APC October meeting for final decision.		
7	Clinical Guidelines				
	a. Fezolinetant pathway	Emily Khatib	Fezolinetant is recommended as suitable for primary care prescribing with specialist input, for treating moderate to severe vasomotor symptoms associated with menopause, as per NICE TA1143. The pathway was initially written for Lincolnshire and has since been developed for implementation across the DLN cluster to support appropriate patient selection and safe prescribing of fezolinetant. Within DLN the agreed position is for fezolinetant to be considered as an option in patients when HRT is unsuitable (contraindicated, not tolerated, or declined), and where other non-hormonal options (e.g. SSRIs/SNRIs and gabapentin) are ineffective, not tolerated, or not appropriate. APC approved the guideline for use across DLN with a minor revision to highlight that use of the second line non-hormonal options (SSRIs/SNRIs and gabapentin) is off label.	Approved	Publish pathway
8	Subgroups				

	a. DDICB Guideline Group Key Messages August 2026	Emily Khatib	Updates and decisions from the August Guideline Group meeting were shared for information	Noted	
	b. DDICB High-cost medicines working group – COPD and alopecia algorithms	Emily Khatib	The APC approved the revised Derbyshire 'Treatment of Severe Alopecia Areata' algorithm which has been updated in line with new NICE TA1178 'Deuruxolitinib for treating severe alopecia areata'. The updated algorithm has been shared with the DDICB High-Cost Drug Working Group (HCDWG) by email and amendments made as per member feedback, including the recommendation to align the timing of deuruxolitinib treatment reviews with other drugs in the algorithm. The APC approved the updated Derbyshire 'Maintenance Treatment of Uncontrolled Chronic Obstructive Pulmonary Disease (COPD) with Raised Blood Eosinophils' algorithm. This has been updated in line with new NICE TA1166 'Mepolizumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils'. The algorithm was circulated by email to DDICB HCDWG members and agreed.	Approved for use in Derbyshire	Publish updated algorithms
10	Any other business	Susan Hume (Community Podiatrist Independent Prescriber, Notts)	Discussion raised regarding the potential for nefopam to be prescribed for selected post-operative foot surgery patients who cannot take NSAIDs or opioids, and for whom paracetamol alone may be insufficient. No change to current formulary restrictions for nefopam was agreed. Members noted the limited evidence for efficacy, significant side-effect concerns, and previous specialist advice against wider use.	No change	Further discussions to take place outside the meeting regarding analgesia options for community podiatry patients
		Alun Roebuck (Senior Nurse Consultant –	Discussion raised regarding the discontinuation of disopyramide, a specialist medicine used for a small cohort of patients with hypertrophic cardiomyopathy. Members agreed that the issue should be taken through local governance processes, including the relevant	No decision	Discontinuation to be managed through DTCs or local processes via GPs and

		Cardiology, Lincs)	DTC/governance structures within each area, because local specialist pathways and governance requirements differ.		specialist cardiology teams
--	--	-----------------------	---	--	--------------------------------