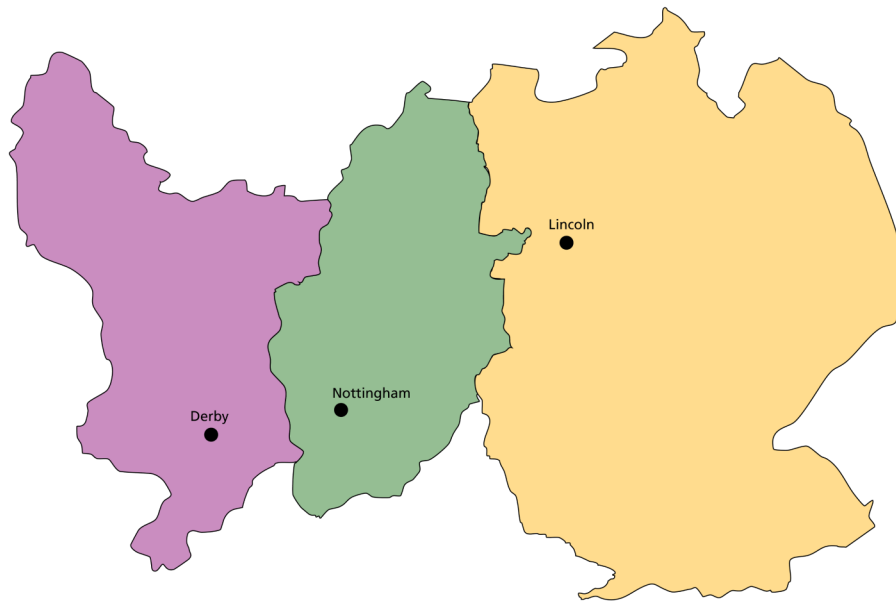




DLN Area Prescribing Committee Bulletin October 2026

Quick Overview

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

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

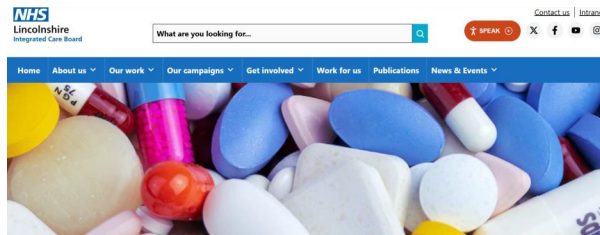
Derbyshire Medicines Management and Clinical
Policies



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Size guide: **A** **A** **A**

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](#)

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-Nottinghamshire - no updates in this edition

-Lincolnshire - 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

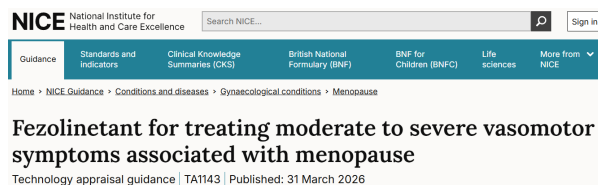


[NICE TA1175](#) recommends glycopyrronium bromide 2.2mg/pump cream (Axxidrox) as an option to treat severe primary axillary hyperhidrosis (PAAH) in adults, if lifestyle advice,

topical aluminium-based antiperspirants and oral antimuscarinics have not controlled underarm sweating, or are contraindicated or not tolerated.

The DLN APC agreed that a suitable outcome 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 a final decision.

Clinical Guidelines



Fezolinetant Primary Care Pathway

A guideline for the prescribing of fezolinetant for treating moderate to severe vasomotor symptoms associated with menopause has been approved for use across the DLN cluster. Fezolinetant is classified as suitable for primary care prescribing after specialist advice. The guideline aims to support with appropriate patient selection, initiation and ongoing monitoring. The locally agreed position is for fezolinetant to be considered when HRT is unsuitable (contraindicated, not tolerated or declined) and other non-hormonal options (e.g. SSRIs/SNRIs and gabapentin) are ineffective, not tolerated or inappropriate.

Other local updates

Derbyshire

Drug	Detail	Classification
Dapagliflozin	1 st line SGLT2i for heart failure (as per local guidance)	GREEN
Empagliflozin	2nd line SGLT2i for heart failure if dapagliflozin is not tolerated or otherwise unsuitable (as per local guidance)	GREEN
Metolazone	2nd line to bendroflumethiazide for heart failure (as per local guidance)	GREEN after specialist recommendation
Sacubitril/valsartan	As per local heart failure guidance	GREEN after specialist recommendation
Glycopyrronium bromide 1mg/5ml oral solution SF	An alternative cost-effective option for adults, equivalent to Assicco tablets (both off-label)	GREY after specialist recommendation
Colecalciferol (maintenance dose)	GREY TLC now states: Strivit D3 800units capsules. Cost-effective brand, only for prescribing in exceptional circumstances where self-care is not possible and use for maintenance following treatment of deficiency or insufficiency in patients with osteoporosis, osteopenia or hyperparathyroidism. DNP TLC now states: Vitamin D (colecalciferol) in strengths of 1000 units and below (generics and all brands other than Strivit D3). JAPC recommends that the patient is encouraged to make lifestyle changes and to purchase a supplement over the counter from a local pharmacy, health food shop or supermarket	

Derbyshire Heart Failure Guidance

The Derbyshire [heart failure guidance](#) was updated in April 2026 to align with NICE NG106, supporting primary care clinicians to initiate all four pillars of therapy (beta-blocker, ACE/ARB [or ARNI where appropriate], MRA and SGLT2) for heart failure with reduced ejection

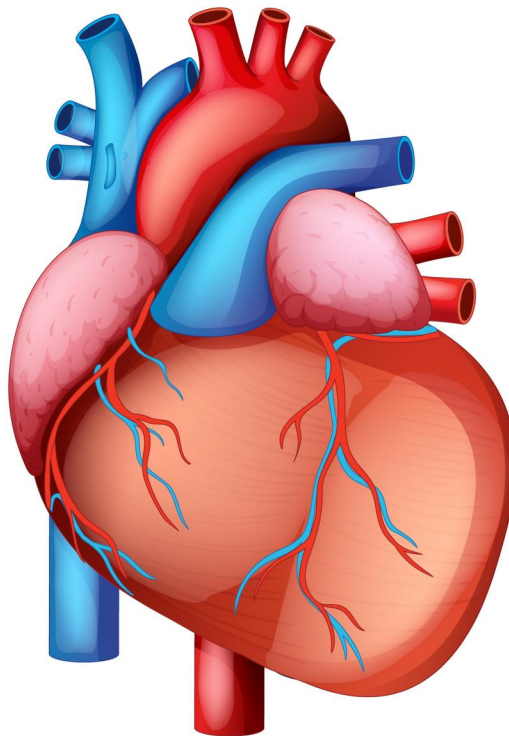
fraction (EF). This represents a move from specialist-led initiation to primary care initiation and supports GPs to meet QOF expectations for optimal heart failure management in primary care.

While the clinical content of the guideline and drug traffic light changes were approved by JAPC at this time, wider implementation planning (training, capacity, service impact etc) was required before the new recommendations could be published.

This concluded in August 2026 with the new guideline now published and the traffic light changes implemented.

SGLT2 inhibitors for heart failure have been reclassified to allow GP initiation (rather than requiring specialist initiation) to support earlier treatment and parallel initiation of medications. Metolazone and sacubitril/valsartan have been reclassified to allow for GP initiation following specialist advice (rather than specialist initiation).

The guidance provides structured management advice for HFrEF (reduced EF), HFmrEF (mildly reduced EF and HFpEF (preserved EF), including when to treat, when to refer and what therapies to consider in each group.



Derbyshire Guideline Group Key Messages for August 2026

The Derbyshire Guideline Group meeting focused on musculoskeletal (MSK) & eye chapter revisions and minor amendments to local clinical guidelines.

MSK chapter revisions:

-Added MHRA alert (May 2025) – Thiopurines and risk of intrahepatic cholestasis of pregnancy (ICP)

-Added NatPSA (November 2025) - Risk of patients' penicillin allergies being incorrectly recorded as penicillamine allergies in electronic prescribing systems, potentially leading to serious or fatal allergic reactions

Eye chapter revisions: No significant changes

Other guideline updates

The **Management of Hypertension using ABPM guideline** has been updated to align with NICE NG136 for the diagnosis of hypertension, reinforcing ambulatory blood pressure monitoring (ABPM) as the preferred method of diagnosis in individuals with a clinic blood pressure between 140/90 mmHg and 180/120 mmHg. Standards for ABPM monitoring have been clarified, including the requirement for at least two measurements per hour during usual waking hours and the use of an average of at least 14 daytime readings. Home blood pressure monitoring (HBPM) is recommended as an alternative where ABPM is unsuitable or not tolerated by the individual.

The **bisphosphonate treatment break guidance** has been updated to align with current National Osteoporosis Guideline Group (NOGG) recommendations. Key changes include:

- Recommendation to prescribe oral bisphosphonates for at least 5 years and intravenous zoledronate for at least 3 years before reassessment
- Updating the high-risk age criterion from 75 years to 70 years at treatment initiation
- Clarifying that longer treatment is recommended for at least 10 years for oral bisphosphonates and at least 6 years for zoledronate in high-risk patients-Refining the criteria for high, medium, and low fracture risk groups -Updating advice on patients who fracture during treatment
- Revising reassessment intervals after treatment is stopped to reflect drug-specific timeframes in NOGG (18 months for risedronate/ibandronate, 2 years for alendronate, and 3 years for zoledronate)
- Wording has been strengthened on shared decision making, adequate calcium and vitamin D intake, and the need for specialist input for patients treated continuously for more than 10 years
- The flow chart has been updated to reflect the above changes and to more accurately guide primary care clinicians about when to ask for A&G and STOP and THINK moments.

DDICB High-Cost Medicines Working Group

The Derbyshire Treatment of Severe Alopecia Areata algorithm has been updated in line with new [NICE TA1178](#) with the addition of deuruxolitinib as a new treatment option.

The Derbyshire Maintenance Treatment of Uncontrolled Chronic Obstructive Pulmonary Disease with Raised Eosinophils algorithm has been updated in line with new [NICE TA1166](#) with the addition of mepolizumab for add-on maintenance treatment.

The updated algorithms can be viewed [here](#).

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](#)