

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering North Derbyshire, South Derbyshire, Hardwick and Erewash clinical commissioning groups, Derbyshire Community Health Services Trust, Derbyshire Healthcare Foundation Trust, Derby and Chesterfield Royal Hospitals. It provides recommendations on the prescribing and commissioning of drugs. See

<http://www.derbyshiremedicinesmanagement.nhs.uk/home>

Key Messages from the JAPC April 2013 Meeting

Guidelines ([link](#))

- Urinary Tract Infections the diagnosis and management- updated and includes advice on catheterised patients
- Appropriate antibiotic prescribing, including the use of quinolones and cephalosporins and an update to Clostridium Difficile- updated
- Guidance on the management of Clostridium Difficile in primary care- updated

Shared care ([link](#))

None

Mirabegron (RED)

Mirabegron is a new drug launched for the symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence in adult patients with overactive bladder syndrome (OABs). JAPC noted the lack of head to head comparisons with other OAB drugs in appropriately designed trials, the relative short term safety data and its high comparative costs. Classified as red while awaiting NICE guidance

Ingenol mebutate gel ([Green specialist/consultant recommendation](#))

Ingenol is a new licensed preparation for the cutaneous treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis in adults. A Cochrane 2012 review concluded that field directed treatments are generally similar in efficacy, but that their associated adverse events and cosmetic outcomes are different which may drive therapeutic choice. Ingenol although more expensive than 5-FU has two distinct advantages; its short duration of treatment (3 day course for head or scalp and 2 days for trunk or extremities) and its side effect peaking usually after treatment, both these factors should improve patient compliance and concordance.

Prescribers should familiarise themselves with the SPC of this medicine noting the theoretical advantages but use cautiously as they would with any new drug. Lack of safety data for use in areas over 25cm², use in multiple areas and its repeated use after lesion recurrence are restrictions.

Guidance on the management of Clostridium Difficile infection (CDI) in primary care

The management and treatment of CDI remains a national and local priority. Local guidance has been pragmatically updated detailing new advice which includes the responsibilities of prescribers on assessment and the inclusion of patients and carers with on-going monitoring during treatment.

Polycystic ovary syndrome: metformin in women not planning pregnancy

NICE has started to undertake reviews for unlicensed or off-label medicines considered to be of significance to the NHS and where there are no clinically appropriate licensed medicines ([link](#)). NICE summary for this review is-

- There is no good evidence that regimens containing metformin are statistically significantly different from co-cyprindiol in controlling hirsutism in women with PCOS
- Two small studies found no statistical significant difference between metformin and co-cyprindiol in effects on acne
- Metformin was less effective at improving menstrual regularity than co-cyprindiol

Drug and usual dosage	Annual cost
Metformin 500mg three times a day	£30.03
Metformin 1000mg twice a day	£40.04
Metformin modified release 750mg twice a day	£83.20
Co-cyprindiol 1daily for 21 days each month	£20.67

Metformin use is associated with higher intestinal gastrointestinal adverse effects (nausea, vomiting and diarrhoea), so severe leading to higher treatment discontinuations, but has a significantly lower incidence of other severe adverse effects (weight gain, high blood pressure, depression, chest pain and headache) compared with co-cyprindiol.

Drug	BNF	Date considered	Decision	Details
Ingenol mebutate gel	Not listed	April 2013	Green (Specialist/consultant recommendation)	Short course treatments for actinic keratosis in adults
Mirabegron	Not listed	April 2013	Red	Lack of cost effectiveness and head to head studies with local formulary options
Latanoprost p/f UDV	Not listed	April 2013	Green (specialist initiation)	1 st choice preservative free prostaglandin analogue
Bimatoprost p/f UDV	Not listed	April 2013	Brown	
Tafluprost p/f UDVs	11.6	April 2013	Brown	
Colistimethate dry powder inhaler	Not listed	April 2013	Red	NICE TA 276 for cystic fibrosis
Tobramycin dry powder inhaler	Not listed	April 2013	Red	NICE TA 276 for cystic fibrosis
Apixaban	2.8.2	March 2013	Red	TA 275 for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation
Rivaroxaban	2.8.3	March 2013	Green (DVT/PE following specialist initiation)	Patients on long term LMWH following specialist initiation. Note dual classification for this indication, IV drug users under shared care for CRHFT
Circadin MR	4.1.1	March 2013	Brown (Specialist initiation)	Circadin MR for sleep disorders in disabled children and CAHMHS patients
Co-enzyme Q10	Not listed	March 2013	Red Black	Marketed as a food supplement with recognised use in Friedreich's ataxia – red. For all other indications BLACK
Bromfenac	11.8.2	March 2013	Red	Licensed for acute usage
Loteprednol	11.4.1	March 2013	Red	Licensed for acute usage
Saxagliptin + metformin	Not listed	March 2013	Brown	
Ranibizumab	11.8.2	March 2013	Red	TA 274 for diabetic macular oedema

RED drugs are those where prescribing responsibility lies with a hospital consultant or a specialist.
AMBER drugs are those that although usually initiated within a hospital setting, could appropriately become the responsibility of the GP, under a shared care agreement.
GREEN drugs are regarded as suitable for primary care prescribing.
BROWN drugs are those that JAPC does not recommend for use, except in exceptional circumstances, due to lack of data on safety, effectiveness, and/or cost-effectiveness.
BLACK drugs are not recommended or commissioned

Derbyshire Medicines Management, Prescribing and Guidelines website

This website is the first port of call for information on local NHS decisions and guidance on medicines use. It includes: local prescribing formularies, JAPC decisions, traffic lights, shared care guidelines, medicines guidelines, newsletters, controlled drug resources, and other medicines management resources. The site improves upon previous sites in several ways. It is faster, more reliable, has its own search engine, and it is easier to find information. Content is constantly being updated and you can sign up for e-mail alerts to keep you up to date.