

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS Derbyshire County, NHS Derby City, 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 February 2013 Meeting

Guidelines ([link](#))

None

Shared care ([link](#))

Nebulised colomycin injection (Colistin) for Pseudomonas aeruginosa lung infections in ADULTS with bronchiectasis patients (non CF patients).

This is an update to an existing shared care previously for Chesterfield Royal Hospital - only it now covers patients across all of Derbyshire. Users of the previous shared care should note that the GP responsibilities for sputum monitoring are now clearly defined. Patients with cystic fibrosis patients are NOT covered under this shared care.

Cerelle ([Green](#))

Cerelle is the preferred desogestrel preparation over Cerazette whose patent expired in Dec 2012. Cerelle contains the same active ingredient as Cerazette (desogestrel 75mcg) and at approximately half the cost of Cerazette (£4.30 (84) Vs £8.68 (84)) an estimated £132k per year could be saved across Derbyshire by switching. The change is supported by our provider trusts including the sexual health clinicians.

Fosfomycin ([Brown after consultant microbiologist advice](#))

Fosfomycin is a recognised treatment option (SIGN/HPA) for resistant urinary tract infections due to multi-resistant organisms in a small group of patients to prevent admissions. GPs may prescribe fosfomycin on the advice of a consultant microbiologist. Prescribers should note its unlicensed status in the UK and that it is not listed in the BNF. As a "special" drug, obtaining supplies in a timely manner may be an issue, although patients may have their FP10 dispensed at CRHFT.

JAPC monthly horizon scan ([link](#))

To help clinicians deal with queries and sometimes patient requests for new drugs, JAPC each month will be actively looking at all new drug launches to decide how they fit into the local formulary. To manage this process a "not yet classified" section will now be included into the full traffic light database to update clinicians on the agreed action plan. Until the reviews are undertaken these drugs are by default not on our local formulary.

Patient Group Directions (PGDs) ([link](#))

It has been noted that some of our PGDs predominantly related to travel have expired. To prevent risk where withdrawing the PGD could result in significant service disruption and potential patient safety issues due to lack of access to medicines these have been extended to May 2013. The extension is permissible during organisational transition to CCGs. For further information see ([link](#))

Opportunistically detecting atrial fibrillation during diagnosis and monitoring of hypertension

NICE has published Medical Technology Guidance (MTG) 13 on the Watch BP Home A device that detects AF as well as measuring BP ([link](#)). Although it is not mandatory to adopt this guidance, it provides a useful tool to be used in everyday clinical practice to identify atrial fibrillation and prevent stroke. The MTG cites overall savings from reductions in stroke and fewer ECGs. The decision to adopt this guidance should be made at CCG, locality or practice level.

Innovation scorecards for NICE technology appraisals

Innovation scorecards have been published by the Information Centre (IC) ([link](#)). Its aim is to drive compliance with NICE TAs by allowing CCGs and provider trusts to look at drug uptakes for their patients. These are experimental statistics not yet meeting the standards of the Office of National Statistics. There are gaps in the data and information collected by the IC.

Drug	BNF	Date considered	Decision	Details
Cerelle	Not listed	February 2013	Green (1 st line desogestrel)	Cost effective option over Cerazette
Fosfomycin	Not listed	February 2013	Brown	On consultant microbiologist advice for resistant UTIs
Degarelix	8.3.4	February 2013	Red	
Tadalafil (for BPH)	2.5.2	February 2013	Black	NICE terminated TA 273 for benign prostatic hyperplasia
Fluocinolone	Not listed	February 2013	Black	NICE negative TA 271 for diabetic macular oedema
Vinflunine	8.1.5	February 2013	Black	NICE negative TA 272 for Urothelial tract carcinoma
Atorvastatin	2.12	January 2013	Green	Atorvastatin 10mg is green second line to simvastatin 40mg. For ACS patients atorvastatin 80mg is green
Glycopyrronium bromide inhaler	Not listed	January 2013	Brown (2 nd line LAMA)	Lacks long term data. Second line to tiotropium, aclidinium is now 3 rd line LAMA for COPD
Racecadotril	Not listed	January 2013	Black	Lacks studies conducted in a UK primary care setting and contrary to NICE current guidance
Ivacaftor	Not listed	January 2013	Red	Specialised commissioning for cystic fibrosis
Testosterone patch (Intrinsa)	6.4.2	January 2013	Black	Re-classified from brown; lack of evidence and now un-licensed medicine
Ipilimumab	8.1.5	January 2013	Red	As per NICE TA 268
Vemurafenib	8.1.5	January 2013	Red	As per NICE TA 269
Decitabine	Not listed	January 2013	Black	As per NICE TA 270

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.