

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 March 2013 Meeting

Guidelines ([link](#))

None

Shared care ([link](#))

Acamprosate for alcohol abstinence updated with no major changes

Denosumab for the prevention of osteoporotic fractures in post-menopausal women updated to include patient advice from MHRA on the reporting of unusual thigh, hip or groin pain symptoms which may indicate atypical femoral fracture (rare caes reported with long-term use)

Circadin MR (**Brown** – after specialist initiation)

Circadin MR is a licensed medicine being used ‘off label’ for sleep disorders in disabled children and CAMHs patients. It requires no specific monitoring by the GP other than on-going efficacy and for this reason has been reclassified from amber to **Brown** following specialist initiation. The non-licensed melatonin preparations still remain the subject of shared care.

Hypomagnesaemia

NICE is undertaking evidence reviews for unlicensed/ off-label medicines. Hypomagnesaemia is not an uncommon condition but in the absence of national guidance is usually treated according to local hospital trust protocols. JAPC noted the evidence of preventing recurrent hypomagnesaemia with oral magnesium glycerophosphate as weak. This product is not listed in the BNF, is unlicensed and as a “special”, prescribers should consider more cost effective magnesium supplements such as Maalox 10-20mls four times a day.

Apixaban

NICE has issued a positive technology appraisal (TA 25) making apixaban another treatment option alongside rivaroxaban and dabigatran for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation. Until local guidance is updated it is classified as **Red**. Rivaroxaban remains the preferred new oral anticoagulant (NOAC) of choice until more experience is gathered on the efficacy and safety of apixaban.

Rivaroxaban

Following the advice of a consultant haematologist the NOAC atrial fibrillation guidance relating to rivaroxaban ([link](#)) now requires the use of the Cockcroft Gault formula to more accurately calculate the patient’s creatinine clearance to determine the correct dose
 As further development and for the prevention of recurrent DVT/ PE in patients taking long term LMWH (low molecular weight heparin) rivaroxaban is now a treatment option following specialist initiation. Multiple traffic light classifications can be confusing to prescribers but this summary may help.

Rivaroxaban for the prevention of VTE after total hip or total knee replacement in adults (TA170)	Dabigatran etexilate for the prevention of VTE after hip or knee replacement surgery in adults (TA157)	Apixaban for the prevention of VTE after total hip or knee replacement in adults (TA245)
Rivaroxaban for the prevention of stroke and systemic embolism in people with atrial fibrillation (TA256)	Dabigatran etexilate for the prevention of stroke and systemic embolism in atrial fibrillation (TA 249)	Apixaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation (TA275)
Rivaroxaban for the treatment of DVT and prevention of recurrent DVT and pulmonary embolism (TA261) IV drug users CRH – Amber Long term LMWH- Green (following specialist initiation)		

Drug	BNF	Date considered	Decision	Details
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 used 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
Cerelle	Not listed	February 2013	Green (1 st line desogestrel preparation)	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

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.