

Arden and Greater East Midlands Commissioning Support Unit in association with  
Lincolnshire Clinical Commissioning Groups, Lincolnshire Community Health Services,  
United Lincolnshire Hospitals Trust and Lincolnshire Partnership Foundation Trust

# Lincolnshire *PACE* Shorts

Summary of PACEF decisions from June 2016

For further details see *PACE Bulletin* Volume 10; Number 11 (August 2016)

## SUMMARY OF PACEF DECISIONS: JUNE 2016 UPDATE

Device, Dressing or Drug	Indication(s)	Traffic Light and <i>Joint Formulary</i> Status
Apremilast 10mg, 20mg and 30mg tablets ( <i>Otezla</i> ) (Celgene)	For the treatment of moderate to severe chronic plaque psoriasis in adults who have failed to respond to, have a contraindication to, or are intolerant to other systemic therapy including ciclosporin, methotrexate or PUVA.	RED-RED Not approved for inclusion in the <i>Lincolnshire Joint Formulary</i> for this indication.
Apremilast 10mg, 20mg and 30mg tablets ( <i>Otezla</i> ) (Celgene)	For the treatment of active psoriatic arthritis in patients with an inadequate response or intolerance to DMARDs.	RED-RED Not approved for inclusion in the <i>Lincolnshire Joint Formulary</i> for this indication.
Cabazitaxel 60 mg concentrate and solvent for solution for infusion ( <i>Jevtana</i> ) (Sanofi)	For use in combination with prednisone or prednisolone, for the treatment of adult patients with hormone refractory metastatic prostate cancer previously treated with a docetaxel-containing regimen.	RED Already approved for inclusion in the <i>Lincolnshire Joint Formulary</i> as part of the <i>New Cancer Drugs Fund</i> .
Fosfomycin 3g granules for oral solution (MercuryPharma)	For the treatment of uncomplicated lower urinary tract infections caused by multiple antibacterial resistant organisms when other antibacterials cannot be used	AMBER – should only be prescribed following a request from a consultant microbiologist. Replaces the unlicensed product on the <i>Lincolnshire Joint Formulary</i> .
Insulin lispro 200 units/ml ( <i>Humalog Kwik Pen</i> ) (Lilly)	For the treatment of diabetes mellitus when rapid acting insulin is required.	GREEN Approved for use through the <i>Lincolnshire Joint Formulary</i> .
Ivermectin 10mg/g cream ( <i>Soolantra</i> ) (Galderma)	For the topical treatment of inflammatory papulo-pustules of rosacea in adults.	GREEN Second line in those for whom topical treatment is considered necessary who have failed to respond to topical azelaic acid 15% gel ( <i>Finacea</i> ) or metronidazole 0.75% gel/cream. Approved for inclusion in the <i>Lincolnshire Joint Formulary</i> for this indication.
Mesalazine gastro-resistant modified release tablets 400mg and 800mg ( <i>Asacol 400mg and 800mg MR Tablets</i> ) (Allergan)	Mild to moderate acute exacerbations of ulcerative colitis. Maintenance of remission of ulcerative colitis and Crohn's ileo-colitis	AMBER –should be initiated by a gastroenterologist. Shared care guideline not required. <b>Second line choice; <i>Octasa MR 400mg or 800mg preferred.</i></b>
Mesalazine gastro-resistant modified release tablets 400mg and 800mg ( <i>Octasa 400mg and 800mg MR Tablets</i> ) (Tillotts)	Mild to moderate acute exacerbations of ulcerative colitis. Maintenance of remission of ulcerative colitis and Crohn's ileo-colitis	AMBER –should be initiated by a gastroenterologist. Shared care guideline not required. <b>First line preferred choice.</b>
Mesalazine sustained-release granules in 1g, 2g and 4g sachets ( <i>Pentasa Sachet</i> ) (Ferring)	Mild to moderate acute exacerbations of ulcerative colitis. Maintenance of remission of ulcerative colitis and Crohn's ileo-	AMBER –should be initiated by a gastroenterologist. Shared care guideline not required. <b>Consider in patients who struggle</b>

	colitis	<b>with the high pill burden associated with mesalazine MR tablets.</b>
Mesalazine gastro-resistant sustained-release granules in 500mg, 1g, 1.5g and 3g sachets ( <i>Salofalk</i> ) (Dr Falk)	For the treatment of acute episodes of ulcerative colitis, and maintenance of remission of ulcerative colitis.	<b>RED-RED.</b> Not approved for inclusion in the <i>Lincolnshire Joint Formulary</i> . Where a sustained release granule formulation of mesalazine is required <i>Pentasa Sachet</i> should be preferred.
Oxybutynin 2.5mg in 5ml and 5mg in 5ml oral solutions sugar-free (Thame Laboratories Ltd)	For urinary frequency, urgency and urge incontinence. Neurogenic bladder disorders. Nocturnal enuresis due to detrusor overactivity in children when other treatment has failed.	<b>GREEN</b> Approved for inclusion in the <i>Lincolnshire Joint Formulary</i> where the patient is unable to swallow standard or sustained release oxybutynin tablets and dispersal of the 2.5mg and 5mg tablets in water (unlicensed use) and/or oxybutynin transdermal patch are considered to be inappropriate.
Oxybutynin 3.9mg/24 hours transdermal patch ( <i>Kentera</i> ) (Orion)	Urinary frequency, urgency and urge incontinence.	<b>GREEN</b> Approved for inclusion in the <i>Lincolnshire Joint Formulary</i> where the patient is unable to swallow standard or sustained release oxybutynin tablets and dispersal of the 2.5mg and 5mg tablets in water (unlicensed use) is considered to be inappropriate. Not recommended for use in children.
Sacubitril valsartan 49/51mg tablets and 97/103mg tablets ( <i>Entresto</i> ) (Novartis)	For the treatment of symptomatic chronic heart failure with reduced ejection fraction.	<b>AMBER without shared care.</b> Should only be started by a heart failure specialist with access to a multi-disciplinary heart failure team. Subject to <i>Lincolnshire Guidance for the Treatment of Heart Failure with Reduced Ejection Fraction</i> .

**RED-RED:** This signifies that a product is **not recommended** for prescribing in **either** primary or secondary care. All new products are classified as RED-RED pending assessment by PACEF.

**RED:** This signifies that a product has been approved for use within secondary care, tertiary care or a primary care hosted specialist service only and **should not be routinely prescribed in primary care**. RED drugs may be used within ULHT or LPFT subject to approval for use within each Trust. ULHT and LPFT reserve the right to determine whether or not RED drugs will be used within their Trusts. RED classification does not automatically signify that a drug will be available within secondary/tertiary care.

**AMBER:** This signifies that a drug has been approved for use in primary care **subject to specialist initiation; a shared care guideline (SCG) may also be required**. The main purpose of the SCG will be to clearly define both specialist and GP responsibilities. Not all AMBER drugs that require SCGs are currently covered by formal documents; PACEF are working to rectify this.

**GREEN:** This signifies a product that is **approved for initiation in either primary or secondary care**.

### What's new this month?

- **As future prescribing arrangements for gluten-free foods go under review in Lincolnshire, prescribers are asked to ensure that they are fully compliant with existing guidance. Specifically, non-staple foods such as sweet biscuits and cake mixes should not be prescribed as this is not consistent with healthy eating messages. In addition quantities ordered should be within Coeliac UK defined quantity guidelines (see page 4 of the bulletin).**
- ***Octasa 400mg MR* and *800mg MR* tablets remain the 400mg and 800mg mesalazine MR formulations of choice on grounds of cost; ULH gastroenterologists have agreed to**

initiate *Octasa* in preference to *Asacol 400mg and 800mg MR* tablets in new patients (see pages 7-8 of the bulletin).

- *Asacol 400mg and 800mg MR* tablets continue to be widely prescribed for existing patients, but are prohibitively expensive compared to equivalent *Octasa* formulations (see pages 7-8 of the bulletin).
- Different mesalazine preparations cannot always be considered to be interchangeable. All prescribing of mesalazine preparations should clearly specify the brand name of the product prescribed. Prescribers are encouraged to review all patients currently taking mesalazine to ensure that future prescribing is brand specific (see pages 7 to 8 of the bulletin).
- No shared care guideline is required, but, Lincolnshire *Guidance for Patients with Heart Failure with Reduced Ejection Fraction* has been developed collaboratively between PACEF and ULH Cardiology (see page 17 of the bulletin).

This bulletin has been created specifically to convey details of decisions taken at the Prescribing and Clinical Effectiveness Forum (PACEF) to all stakeholders across the Lincolnshire Healthcare Community in both primary and secondary care. Back issues of the *PACE Bulletin* and *PACE Shorts* are available through the PACEF website (<http://lincolnshire-pacef.nhs.uk>); follow the commissioning link to PACEF. Electronic copies of the *PACE Bulletin* are circulated to a wide readership via email. If you are not currently on our distribution list and wish to receive regular copies of PACEF publications please contact Sandra France on [sandra.france@ardengemcsu.nhs.uk](mailto:sandra.france@ardengemcsu.nhs.uk).

Google searching can be a quick and effective way of finding back numbers of the *PACE Bulletin* relevant to a specific topic of interest. Searchers are advised to use the official version of the *Bulletin* available from the PACEF website rather than depend on a potentially unreliable draft or variant found through Google or an alternative search engine.

The *Lincolnshire Joint Formulary* is available on line and is fully searchable; it can be accessed at [www.lincolnshirejointformulary.nhs.uk](http://www.lincolnshirejointformulary.nhs.uk)

THIS DOCUMENT IS INTENDED FOR USE BY NHS HEALTHCARE PROFESSIONALS ONLY AND CANNOT BE USED FOR COMMERCIAL OR MARKETING PURPOSES WITHOUT PERMISSION
---