

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 September 2016

For further details see *PACE Bulletin* Volume 10 Number 16 (October 2016)

SUMMARY OF PACEF DECISIONS: SEPTEMBER 2016 UPDATE

Device, Dressing or Drug	Indication(s)	Traffic Light and <i>Joint Formulary</i> Status
Budesonide 9mg sustained release gastro-resistant multimatrix tablets (<i>Cortiment</i>) (Ferring)	For the induction of remission in mild to moderate active ulcerative colitis where mesalazine is not sufficient.	RED Approved for inclusion in the <i>Lincolnshire Joint Formulary</i> . Eight week courses will be prescribed in their entirety by ULH gastroenterology.
Budesonide/formoterol 200microgram/6microgram per actuation metered dose inhaler (<i>Symbicort pMDI</i>) (AstraZeneca)	Symptomatic treatment of COPD with a post-bronchodilator FEV1 <70% predicted and a history of exacerbations despite regular bronchodilator therapy.	GREEN Approved for inclusion in the <i>Lincolnshire Joint Formulary</i> .
Degarelix (<i>Firmagon</i>) 80mg and 120mg injection (Ferring Pharmaceuticals Ltd)	For the treatment of adult male patients with advanced hormone-dependent prostate cancer.	AMBER Included in the <i>Lincolnshire Joint Formulary</i> .
Fosfomycin trometamol 3g granules for oral solution (<i>Monuril</i>) (Profile Pharma Ltd)	For the treatment of acute lower uncomplicated urinary tract infections, caused by pathogens sensitive to fosfomycin in adult and adolescent females. For prophylaxis in diagnostic and surgical transurethral procedures.	AMBER on the advice of a microbiologist only. Approved for inclusion in the <i>Lincolnshire Joint Formulary</i> . Always prescribe by brand name.
Fosfomycin trometamol 3g granules for oral solution (Concordia International)	For the treatment of acute lower uncomplicated urinary tract infections, caused by pathogens sensitive to fosfomycin in adult and adolescent females. For periprocedural prophylaxis in diagnostic and surgical transurethral procedures.	RED-RED Removed from the <i>Lincolnshire Joint Formulary</i> on the grounds of cost. A lower cost equivalent <i>Monuril</i> is now available.
Loteprednol 0.5% eye drops (<i>Lotemax</i>) (Bausch & Lomb)	For the treatment of postoperative inflammation following ocular surgery (licensed) For the treatment of uveitis (unlicensed).	RED Approved for inclusion on the <i>Lincolnshire Joint Formulary</i> . All prescribing will be by ULH ophthalmology. AMBER initiation by an ophthalmologist. Approved for inclusion on the <i>Lincolnshire Joint Formulary</i> .
Nefopam 30mg tablets	For use in acute and chronic pain including post-operative, dental, musculoskeletal, acute traumatic and cancer pain.	RED-RED Removed from the <i>Lincolnshire Joint Formulary</i> . New initiation is not recommended. Should only be prescribed if paracetamol, NSAIDs and opioids

		are insufficiently effective or inappropriate. Not listed as a recommended treatment on the <i>Pain Ladder for Chronic Non-Malignant Pain</i> .
		AMBER without shared care within the context of ULH guidance on <i>Pain Management in Chronic Kidney Disease</i>
Tiotropium bromide 18 microgram per capsule (<i>Spiriva Handihaler</i>) (Boehringer Ingelheim)	For the maintenance treatment of COPD.	GREEN Included in the <i>Lincolnshire Joint Formulary</i> .
Tiotropium bromide monohydrate 2.5 microgram per puff (<i>Spiriva Respimat</i>) (Boehringer Ingelheim)	For the maintenance treatment of COPD. Add-on maintenance treatment for asthma in patients receiving inhaled corticosteroids (\geq 800 microgram budesonide/day or equivalent) and long-acting beta2 agonists with \geq 1 severe exacerbation in previous year.	GREEN Included in the <i>Lincolnshire Joint Formulary</i> . Now significantly lower cost than <i>Spiriva Handihaler</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?

- **The price of nefopam 30mg tablets is escalating rapidly and now constitutes a significant financial risk within Lincolnshire primary care. New initiations of nefopam should be kept to a minimum and existing patients should be reviewed and alternatives considered (see page 3 of the bulletin).**
- ***Symbicort pMDI* is a new lower cost metered dose inhaler alternative to *Symbicort Turbohaler 200/6*. The product has been approved for inclusion in the *Lincolnshire Joint Formulary*, but product switching is not advocated (see page 5 of the bulletin).**
- **Despite the recent price reduction of tiotropium bromide monohydrate 2.5 microgram per puff (*Spiriva Respimat*), prescribers are not advised to switch patients from the *Spiriva Handihaler* to the *Respimat* device due to: (1) Patient and clinician preference for the *Spiriva Handihaler* due to its ease of use; and (2) Patent expiry of tiotropium in March 2016 and the imminent launch of a lower cost generic alternative to the *Handihaler* later in the year (see page 5 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.

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

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