

Lincolnshire Prescribing and Clinical Effectiveness Bulletin

Volume 8; Number 11

June 2014

What's new this month?

- Changes to the legal classifications of tramadol, lisdexamfetamine, zopiclone and zaleplon came into force on Tuesday 10th June 2014. Tramadol is now a schedule 3 controlled drug (CD No Register POM), but is exempt from Safe Custody Regulations. Lisdexamfetamine (*Elvanse*) is now a schedule 2 controlled drug (CD POM). Zopiclone (generic/*Zimovane*) and zaleplon (*Sonata*) are now schedule 4 part 1 controlled drugs (CD Benz POM); zolpidem (generic/*Stilnoct*) is already a schedule 4 controlled drug. A table summarizing the practical implications for prescribing and dispensing is provided (see page 2).
- The *Vibro-Pulse* device and associated accessories, designed to deliver cycloidal vibration to promote the healing of cellulitis, venous leg ulcers and lower limb oedema have been designated RED-RED. GPs should refuse all requests to prescribe *Vibro-Pulse* cycloidal vibration accessories (see page 4).
- Fluticasone furoate/vilanterol inhalation powder (*Relvar Ellipta*) for the treatment of asthma and chronic obstructive pulmonary disease has been assessed and designated RED-RED; it has not been approved for inclusion in the *Lincolnshire Joint Formulary* (see page 5).
- *Coban 2* and *Coban 2 Lite* multi-layer compression bandage kits have been approved for use within the specialist lymphoedema service only; designation RED. *Actico* remains the preferred compression bandage outside of the lymphoedema service (see page 8).
- Prescribers are asked to ensure that all nystatin oral suspension 100,000 units/ml is prescribed as the *Nystan* brand (see page 9).
- Prescribers are encouraged to use generic naratriptan, sumatriptan or zolmitriptan as their 5HT₁-receptor agonists (or triptans) or choice in the treatment of acute migraine. All three products are now approved for use through the *Lincolnshire Joint Formulary* designation GREEN (see page 10).

CONTENTS

Page 2	Changes to controlled drug legal classifications: tramadol, lisdexamfetamine, zopiclone and zaleplon
Page 4	New Device Assessment: <i>Vibro-Pulse</i> and <i>Vibro-Pulse</i> cycloidal vibration accessories.
Page 5	New Drug Assessment: <i>Fluticasone furoate/vilanterol inhalation powder (Relvar Ellipta)</i>
Page 8	Rapid Wound Management Product Review: <i>Coban 2</i> and <i>Coban 2 Lite</i> multi-layer compression bandage kit
Page 9	Prescribe <i>nystatin</i> oral suspension as <i>Nystan</i>
Page 10	Rapid Cost Comparison: Prescribe low cost generic triptans preferentially for migraine

SUMMARY OF PACEF DECISIONS: May 2014 UPDATE

Drug	Indication(s)	Traffic Light and Joint Formulary Status
<i>Coban 2</i> and <i>Coban 2 Lite</i> multi-layer compression bandages	For the treatment of lymphoedema	RED for use within the lymphoedema service only.
Fluticasone furoate/ vilanterol inhalation powder (<i>Relvar Ellipta</i>) 92 microgram/ 22 microgram 184 microgram/ 22 microgram	For the symptomatic treatment of adults with COPD with a FEV1<70% predicted normal (post bronchodilator) with an exacerbation history despite regular bronchodilator therapy. For the regular treatment of asthma in adults and adolescents aged 12 years and older when use of a combination product is appropriate.	RED-RED Not approved for inclusion in the <i>Lincolnshire Joint Formulary</i>
Naratriptan 2.5mg tablets (generic)	Acute treatment of migraine with or without aura	GREEN Included in the <i>Lincolnshire Joint Formulary</i>
Sumatriptan 50mg and 100mg tablets (generic)	Acute treatment of migraine with or without aura	GREEN Included in the <i>Lincolnshire Joint Formulary</i>
<i>Vibro-Pulse</i> cycloidal vibration accessories.	Cycloidal vibration (CV) therapy for the treatment of cellulitis, venous leg ulcers and lower limb oedema.	RED-RED
<i>Zolmitriptan 2.5mg tablets (generic) and 2.5mg orodispersible tablets (generic)</i>	Acute treatment of migraine with or without aura	GREEN Included in the <i>Lincolnshire Joint Formulary</i>

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 other PACEF publications are available through the NHS in Lincolnshire website (www.lincolnshire.nhs.uk); follow the commissioning link to PACEF. Electronic copies of both the *PACE Bulletin* and our sister publication *PACE Shorts* (a short summary 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@gemcsu.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 NHS in Lincolnshire 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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CHANGES TO CONTROLLED DRUG LEGAL CLASSIFICATIONS: TRAMADOL, LISDEXAMFETAMINE, ZOPICLONE AND ZALEPLON

Changes to the legal classifications of tramadol, lisdexamfetamine, zopiclone and zaleplon came into force on Tuesday 10th June 2014.

- Tramadol is now a schedule 3 controlled drug (CD No Register POM), but is exempt from Safe Custody Regulations.
- Lisdexamfetamine (*Elvanse*) is now a schedule 2 controlled drug (CD POM).
- Zopiclone (generic/*Zimovane*) and zaleplon (*Sonata*) are now schedule 4 part 1 controlled drugs (CD Benz POM); zolpidem (generic/*Stilnoct*) is already a schedule 4 controlled drug.

The table below summarises the practical implication of these changes:

	Tramadol	Lisdexamfetamine	Zopiclone	Zaleplon
Designation from 10th June 2014	Schedule 3 (CD No Reg POM)	Schedule 2 (CD POM)	Schedule 4 (Part 1) (CD Benz POM)	Schedule 4 (Part 1) (CD Benz POM)
Do safe custody regulations apply?	No	Yes	No	No
Do controlled drug prescription requirements apply? *	Yes	Yes	No	No
How long are prescriptions valid for?	28 days	28 days	28 days	28 days
Are private prescriptions repeatable? (e.g. 'repeat x 3')**	No	No	Yes	Yes
Is a controlled drug requisition necessary?	Yes	Yes	No	No
Does the drug need to be denatured before disposal? *	Yes	Yes	Yes	Yes
Can the product be electronically prescribed and dispensed using EPS2? ***	No	No	Yes	Yes
Can the product be supplied using a Repeat Dispensing System (paper or electronic)? ***	No	No	Yes	Yes

Notes

*See Controlled Drugs Policy for more detail: <http://www.lincolnshire.nhs.uk/lincolnshire-prescribing-and-clinical-effectiveness-forum-pacef>

** Only applies to private prescriptions and prescriptions issued as part of the Repeat Dispensing Service.

*** Schedule 1, 2 and 3 controlled drugs cannot be prescribed using EPS2 (electronic prescribing) or within the Repeat Dispensing System.

The preparations affected by these changes in classification are tabulated below:

Drug	Preparations affected
Lisdexamfetamine	Lisdexamfetamine dimesylate capsules 30mg, 50mg and 70mg (<i>Elvanse</i>)
Tramadol	Tramadol 50mg capsules (generic) Tramadol 50mg capsules (<i>Zamadol Capsules</i>) Tramadol 50mg capsules (<i>Zydol Capsules</i>) Tramadol 50mg orodispersible tablets (<i>Zamadol Melt</i>) Tramadol 50mg dispersible tablets (<i>Zydol Soluble</i>) Tramadol 100mg/ml oral drops (generic) Tramadol SR tablets 100mg, 200mg and 300mg (<i>Tradorec XL</i>) Tramadol SR capsules 50mg, 100mg, 150mg and 200mg (<i>Zamadol SR</i>) Tramadol SR capsules 50mg, 100mg, 150mg and 200mg (<i>Zydol SR</i>) Tramadol SR tablets 150mg, 200mg, 300mg and 400mg (<i>Zamadol 24 hr</i>) Tramadol SR tablets 150mg, 200mg, 300mg and 400mg (<i>Zydol XL</i>) Tramadol hydrochloride injection 50mg/ml (<i>Zamadol Injection</i>) Tramadol hydrochloride injection 50mg/ml (<i>Zydol Injection</i>) Tramadol hydrochloride 37.5mg/paracetamol 325mg tablets (<i>Tramacet</i>) Tramadol hydrochloride 37.5mg/paracetamol 325mg effervescent tablets (<i>Tramacet Effervescent</i>) Other branded generic formulations may also exist
Zopiclone	Zopiclone tablets 3.75mg (generic) Zopiclone tablets 7.5mg (generic) Zopiclone tablets 3.75mg (<i>Zimovane</i>) Zopiclone tablets 7.5mg (<i>Zimovane LS</i>)
Zaleplon	Zaleplon 5mg capsules (<i>Sonata</i>) Zaleplon 10mg capsules (<i>Sonata</i>)

PACEF Recommendation:

In order to minimise the inappropriate or premature use of tramadol, it is recommended that prescribers follow the pain management strategy advocated by the National Prescribing Centre following the withdrawal of co-proxamol in 2006:

Step 1: Paracetamol 1g up to four times a day. Regular use is thought to be more effective than single PRN doses.

Step 2: Substitute low dose ibuprofen (e.g. 400mg three times a day), increased if necessary to a maximum of 2.4g/day. Doses may need to be more frequent if the analgesic effect wears off between doses. Add a proton pump inhibitor if the patient is over 55 or otherwise at high risk. Avoid this step if NSAIDs are contra-indicated due to a previous GI bleed or significant renal impairment.

Step 3: Add paracetamol 1g four times a day to low dose ibuprofen as described in Step 2. Consider PPI gastroprotection and NSAID contra-indications as detailed in Step 2.

Step 4: Regular paracetamol 1g four times a day plus naproxen 500mg twice daily instead of low dose ibuprofen. Consider PPI gastroprotection and NSAID contra-indications as detailed in Step 2.

Step 5: Add a therapeutic dose of a weak opioid (e.g. 30 – 60mg codeine or 30mg dihydrocodeine) to regular paracetamol plus NSAID (ibuprofen or naproxen). The effective dose of codeine is likely to vary considerably between individuals due to variation in speed of metabolism of codeine to morphine.

Step 6: For the small minority of patients with chronic stable pain who do not respond to steps 1 to 5, consider a trial of a tricyclic antidepressant (e.g. amitriptyline) for neuropathic pain or pain that disturbs sleep; antiepileptic drugs such as gabapentin can also be considered for neuropathic pain.

References

Trent Medicines Information, *Tramadol: new legal classification* (June 2014).

Royal Pharmaceutical Society, *Controlled drug changes to legal classification of tramadol, lisdexamfetamine, zopiclone and zaleplon – professional guidance and frequently asked questions* (10th June 2014)

NEW DEVICE ASSESSMENT: VIBRO-PULSE AND VIBRO-PULSE CYCLOIDAL VIBRATION ACCESSORIES

The *Vibro-Pulse* device is a rectangular soft pillow-like pad or plate approximately the size of the lower leg that has been developed to deliver cycloidal vibration (CV) therapy for the treatment of cellulitis, venous leg ulcers and lower limb oedema. CV is a form of small amplitude, low frequency, three-dimensional vibration therapy. When applied to the skin via a pad, it is claimed to stimulate fluid turnover in the dermis and epidermis and to increase the blood flow to and around the wound.

Evidence supporting the use of *Vibro-Pulse* derives from small scale short-term trials and case studies. There is one published randomized controlled trial in 36 patients with lower limb cellulitis comparing standard therapy (intravenous or oral antibiotics plus bed rest) to standard therapy plus CV therapy three times daily in a hospital setting. This trial showed some improvements in recovery time at seven days (defined as 100% reduction in erythema/cellulitis) in the *Vibro-Pulse* group compared to standard therapy. A further paper describes the use of *Vibro-Pulse* in 14 patients with cellulitis treated in a community setting; of the 14 patients presenting with lower limb pain, 13 were successfully treated with *Vibro-Pulse*. There are no comparative trials of CV therapy for venous leg ulcers or any other wounds.

PACEF were concerned about the paucity of evidence, the small patient numbers in trials and the applicability of the results of the some of the trials to the patient population in which the device is likely to be used. In some studies healthy volunteers or patients with grade 1 or

grade 2 pressure ulcers were used. In addition, the need to use *Vibro-Pulse* in combination with more conventional compression and elevation means that it is difficult to determine from trials whether CV therapy provides additional benefits over and above conventional therapy.

Vibro-Pulse therapy is applied for thirty minutes to the affected limb three times a day. The device is connected to a transformer and runs off mains electricity. A disposable cover is required for each new administration at a cost of £15 for three covers (one day's supply); this equates to a monthly treatment cost of £420. The manufacturer recommends that a period of 14 days is required to determine whether the therapy is having any effect. If no improvement is detected after 14 days, it is suggested that the therapy should be discontinued.

Provision of the *Vibro-Pulse* plate itself and all associated collection and delivery charges are funded by Lincolnshire Community Health Services and supplied through equipment services at a cost of £750 per plate (fully reimbursable on return). The disposable covers required for each administration can be obtained through NHS Supply Chain or directly from the company or through FP10 prescription.

PACEF Recommendation:

PACEF were concerned about the paucity of evidence around the use of *Vibro-Pulse*. The small patient numbers in trials and the applicability of the results to the patient population in which the device is likely to be used were also considered problematic. As a result of this, it was agreed that there is currently insufficient evidence to justify the use of this product and *Vibro-Pulse* was designated RED-RED. GPs should refuse all requests to prescribe *Vibro-Pulse* cycloidal vibration accessories.

NEW DRUG ASSESSMENT: FLUTICASONE FUROATE/VILANTEROL INHALATION POWDER (RELVAR ELLIPTA)

Relvar Ellipta is a new combination inhaler containing fluticasone furoate, an inhaled corticosteroid (ICS), and vilanterol, a long-acting beta agonist (LABA). Neither of the two individual components has previously held a UK marketing authorisation for the management of either chronic obstructive pulmonary disease (COPD) or asthma. *Relvar Ellipta* holds a dual marketing authorisation for:

- **the treatment of adults with COPD** with a $FEV_1 < 70\%$ predicted normal (post bronchodilator) with an exacerbation history despite regular bronchodilator therapy.
- **the regular treatment of asthma** in adults and adolescents aged 12 years and older when use of a combination product is appropriate.

Treatment of adults with COPD

Supporting evidence for the use of *Relvar Ellipta* in the management of COPD comes from five phase 3 trials of varying lengths and with different active comparators. PACEF reviewed these studies and concluded that:

- (1) In a randomized double blind short-term (12 week) trial comparing *Relvar Ellipta* with *Seretide Accuhaler*, *Relvar Ellipta* emerged as non-inferior in patients ≥ 40 with COPD ($FEV_1 \leq 70\%$ of predicted normal post bronchodilator).
- (2) From a pooled analysis of two one year trials comparing the efficacy of *Relvar Ellipta* to vilanterol monotherapy in terms of reductions in moderate to severe exacerbations of COPD, *Relvar Ellipta* significantly reduced exacerbation rates in COPD; this reduction was statistically significant but not clinically significant at one year. PACEF were concerned that vilanterol monotherapy was used as the active comparator when vilanterol does not exist as an authorized single component therapy in the UK.

- (3) There are no studies comparing *Relvar Ellipta* to any of the established LABAs currently available in the UK. As a result of this, it is very difficult to determine what *Relvar Ellipta* offers beyond already available treatment options.
- (4) The data that is available is short-term and provides no assurance around longer-term efficacy or safety.
- (5) The once daily administration of fluticasone furoate/ vilanterol compared to twice daily administration of alternative therapies may be an advantage for some patients.

The regular treatment of asthma

Supporting evidence for the use of the combination product in the management of asthma comes from two pivotal 24 week studies. PACEF reviewed these studies and concluded that:

- (1) In a randomized double blind short-term (24 week) trial comparing *Relvar Ellipta* with *Seretide Accuhaler*, *Relvar Ellipta* emerged as non-inferior in adults and young people aged 12 years and over with persistent asthma uncontrolled on a medium dose of ICS.
- (2) In a randomized double blind short-term trial comparing *Relvar Ellipta* with fluticasone furoate 92 microgram once daily in the treatment of adults and young people over 12 who had experienced one or more exacerbations of their asthma in the previous year requiring either systemic steroids or a hospital visit, *Relvar Ellipta* emerged as more effective than ICS monotherapy in terms of reduction in risk of severe exacerbation. PACEF were concerned that fluticasone furoate monotherapy was used as the active comparator when fluticasone furoate does not exist as an authorized single component therapy for this indication in the UK.
- (3) There are no published studies available that compare *Relvar Ellipta* with a currently available ICS/LABA combination inhaler or currently available ICS monotherapy for a patient orientated outcome such as asthma exacerbation rates.
- (4) The data that is available is short-term and provides no assurance around longer-term efficacy or safety.
- (5) The once daily administration of fluticasone furoate/ vilanterol compared to twice daily administration of alternative therapies may be an advantage for some patients.

A cost comparison with alternative therapies reveals that *Relvar Ellipta* is significantly lower in cost than some comparable breath actuated devices; it is also competitively priced with several metered dose inhaler formulations:

COPD

Drug	Brand Name and Manufacturer	Daily dose range	Cost 30 days
Vilanterol 22mcg/ fluticasone furoate 92mcg per dose inhalation powder	<i>Relvar Ellipta</i> (GlaxoSmithKline)	1 puff daily	£27.80 (30 doses)
Salmeterol 50mcg/fluticasone propionate 500mcg breath actuated inhaler	<i>Seretide Accuhaler</i> (GlaxoSmithKline)	1 puff twice daily	£40.92 (60 doses)
Formoterol 12mcg/budesonide 400mcg breath actuated dry powder inhaler	<i>Symbicort 400/12 Turbohaler</i> (AstraZeneca)	1 puff twice daily	£38.00 (60 doses)
Formotorol 6mcg/beclometasone dipropionate 100mcg metered dose inhaler *	<i>Fostair</i> (Chiesi)	2 puffs twice daily	£29.32 (120 doses)

*Fostair is now licensed for the symptomatic treatment of patients with severe COPD (FEV₁ <50% predicted normal) and a history of repeated exacerbations who have significant symptoms despite regular therapy with long-acting bronchodilators.

Asthma

Drug	Brand Name and Manufacturer	Daily dose range	Cost 30 days
Vilanterol 22mcg/ fluticasone furoate 92mcg per dose inhalation powder	<i>Relvar Ellipta</i> (GlaxoSmithKline)	1 puff daily	£27.80 (30 doses)
Vilanterol 22mcg/ fluticasone furoate 184mcg per dose inhalation powder	<i>Relvar Ellipta</i> (GlaxoSmithKline)	1 puff daily	£38.87 (60 doses)
Formoterol 6mcg/beclometasone dipropionate 100mcg metered dose inhaler	<i>Fostair</i> (Chiesi)	1-2 puffs twice daily	£29.32 (120 doses) Assuming 2 puffs twice daily
Formoterol 5mcg/fluticasone propionate 50mcg metered dose inhaler	<i>Flutiform</i> (Napp)	2 puffs twice daily	£18.00 (120 doses)
Formoterol 5mcg/fluticasone propionate 125mcg metered dose inhaler	<i>Flutiform</i> (Napp)	2 puffs twice daily	£29.26 (120 doses)
Formoterol 10mcg/fluticasone propionate 250mcg metered dose inhaler	<i>Flutiform</i> (Napp)	2 puffs twice daily	£45.56 (120 doses)
Salmeterol 50mcg/fluticasone propionate 100mcg breath actuated inhaler	<i>Seretide 100 Accuhaler</i> (GlaxoSmithKline)	1 puff twice daily	£18.00 (60 doses)
Salmeterol 50mcg/fluticasone propionate 250mcg breath actuated inhaler	<i>Seretide 250 Accuhaler</i> (GlaxoSmithKline)	1 puff twice daily	£35.00 (60 doses)
Salmeterol 50mcg/fluticasone propionate 500mcg breath actuated inhaler	<i>Seretide 500 Accuhaler</i> (GlaxoSmithKline)	1 puff twice daily	£40.92 (60 doses)
Salmeterol 25mcg/fluticasone propionate 50mcg metered dose inhaler	<i>Seretide 50 Evohaler</i> (GlaxoSmithKline)	2 puffs twice daily	£18.00 (120 doses)
Salmeterol 25mcg/fluticasone propionate 125mcg metered dose inhaler	<i>Seretide 125 Evohaler</i> (GlaxoSmithKline)	2 puffs twice daily	£35.00 (120 doses)
Salmeterol 25mcg/fluticasone propionate 250mcg metered dose inhaler	<i>Seretide 250 Evohaler</i> (GlaxoSmithKline)	2 puffs twice daily	£59.48 (120 doses)
Formoterol 6mcg/budesonide 100mcg breath actuated dry powder inhaler	<i>Symbicort 100/6 Turbohaler</i> (AstraZeneca)	1-2 puffs twice daily	£33.00 (120 doses)
Formoterol 6mcg/budesonide 200mcg breath actuated dry powder inhaler	<i>Symbicort 200/6 Turbohaler</i> (AstraZeneca)	1-2 puffs twice daily	£38.00 (120 doses)
Formoterol 12mcg/budesonide 400mcg breath actuated dry powder inhaler	<i>Symbicort 400/12 Turbohaler</i> (AstraZeneca)	1-2 puffs twice daily	£38.00 (120 doses)

In terms of patient safety, some concerns have been raised by the use of a shade of blue similar to that conventionally associated with salbutamol or 'reliever' therapies on the *Relvar Ellipta* device. There is a potential risk if patients misinterpret the colour and use *Relvar Ellipta* as an as required 'reliever' rather than a once daily 'preventer'.

In summary;

- *Relvar Ellipta* is non-inferior to *Seretide Accuhaler* in patients ≥ 40 with COPD ($FEV_1 \leq 70\%$ of predicted normal post bronchodilator).

- *Relvar Ellipta* significantly reduced exacerbation rates in COPD compared to vilanterol monotherapy; this reduction was statistically significant but not clinically significant at one year.
- *Relvar Ellipta* is non-inferior to *Seretide Accuhaler* in adults and young people aged 12 years and over with persistent asthma uncontrolled on a medium dose of ICS.
- *Relvar Ellipta* may be more effective than fluticasone furoate monotherapy in terms of reduced exacerbations in adults and young people aged 12 years and over with persistent asthma.
- None of the single component comparators used in trials (e.g. vilanterol and fluticasone furoate monotherapy) are currently commercially available in the UK.
- The data that is available is short-term and provides no assurance around longer-term efficacy or safety.
- The once daily administration of fluticasone furoate/ vilanterol compared to twice daily administration of alternative therapies may be an advantage for some patients.
- *Relvar Ellipta* offers a cost advantage over some breath actuated and metered dose inhaler therapies.

PACEF Recommendation:

PACEF remain unconvinced by the trial evidence associated with *Relvar Ellipta*. The product is non-inferior to *Seretide Accuhaler* and may be more effective than one of its components prescribed as monotherapy in asthma and COPD. At present, there is a serious lack of data comparing the product to ICS or LABA monotherapies that are actually available in the UK. The existing data is short-term and provides no assurance around longer-term efficacy or safety. The product has a cost advantage over some competitors and the once daily dosage frequency may be attractive to patients. Nonetheless, PACEF felt that it was premature to recommend the product for use when well proven alternatives already exist and the case for moving to *Relvar Ellipta* is so poorly made. Designation RED-RED; *Relvar Ellipta* is not recommended for inclusion in the *Lincolnshire Joint Formulary*.

RAPID WOUND MANAGEMENT PRODUCT REVIEW: COBAN 2 AND COBAN 2 LITE MULTI-LAYER COMPRESSION BANDAGE KIT

Compression bandaging is widely accepted as the treatment of choice for lymphoedema and *Actico* (cohesive) short stretch compression bandage is currently the formulary product of choice. *Coban 2* and *Coban 2 Lite* multi-layer compression bandages consist of a comfort layer and a medical foam layer laminated to a cohesive bandage and compression layer. While, *Actico* compression bandages require daily changes, *Coban 2* can be changed on alternate days or even twice weekly. Other advantages include: additional comfort, no requirement for additional padding (as required under *Actico*), less likelihood of displacement and lighter weight. The success of any compression therapy is linked directly the patient's concordance with therapy and these advantages have been shown to improve patient engagement with therapy. *Coban 2* compression bandages are not recommended for use in other clinical areas due to the competency requirements for application. *Actico* will continue to be the preferred compression bandage outside of the lymphoedema service.

A cost comparison reveals that, in terms of cost of the bandages, *Coban 2* and *Coban 2 Lite* are significantly more expensive than *Actico* (cohesive) even when the associated padding is taken into account:

Product	Cost per kit
<i>Actico</i> (cohesive) 4cm x 6m	£2.36
6cm x 6m	£2.76
8cm x 6m	£3.18
10cm x 6m	£3.30
12cm x 6m	£4.21
<i>K - Soft padding</i> 10 x 3.5 cm	45p
<i>K - Soft padding</i> 10 x 4.5 cm	56p
Coban 2 compression bandage kit	£8.17
Coban 2 Lite compression bandage kit	£8.17

However, factoring in the frequency of dressing changes reveals that the cost of these interventions is broadly comparable:

Product	Potential cost per week
Actico / K-soft padding combined (daily changes):	
4cm x 6m	£20.44
6cm x 6m	£23.24
8cm x 6m	£26.18
10cm x 6m	£27.02
12cm x 6m	£33.39
Coban 2 compression bandage kit (assuming 3 changes per week)	£24.51
Coban 2 Lite compression bandage kit (assuming 3 changes per week)	£24.51

PACEF Recommendation:

In view of the specialist nature of *Coban 2* and *Coban 2 Lite* compression bandages, they are approved for use solely within the specialist lymphoedema service; designation RED. They are approved for inclusion in the *Wound Management Formulary* for this indication under these restrictions. *Actico* will continue to be the preferred compression bandage outside of the lymphoedema service.

PRESCRIBE NYSTATIN ORAL SUSPENSION AS NYSTAN

Prescribers are reminded of the remarkably wide differential between the generic reimbursement price for nystatin oral suspension 100,000 units/ml and the *Nystan* brand:

	Pack Size	Cost
Nystatin oral suspension 100,000 units/ml (generic)	30ml	£20.46
Nystatin oral suspension 100,000 units/ml (<i>Nystan</i>)	30ml	£1.80

	Potential annual saving if all nystatin oral suspension prescribed as <i>Nystan</i> brand
Lincolnshire East CCG	£16,757
Lincolnshire West CCG	£3,825
South Lincolnshire CCG	£1,623
South West Lincolnshire CCG	£3,415
Lincolnshire	£25,620

PACEF Recommendation:

Prescribers are asked to ensure that all nystatin oral suspension 100,000units/ml is prescribed as the *Nystan* brand. The potential saving across Lincolnshire is £25,620pa.

RAPID COST COMPARISON: PRESCRIBE LOW COST GENERIC TRIPTANS PREFERENTIALLY FOR MIGRAINE

Generically available triptans are significantly lower in cost than branded products (see table below). The following products are approved for use through the *Lincolnshire Joint Formulary*:

- Naratriptan 2.5mg tablets (generic)
- Sumatriptan 50mg and 100mg tablets (generic)
- Zolmitriptan 2.5mg tablets (generic)
- Zolmitriptan 2.5mg and 5mg orodispersible tablets (generic)

Triptan	Dose	Cost and Cost/Dose
Almotriptan 12.5mg tablets (<i>Almogran</i>)	12.5mg repeated after 2 hours if migraine recurs; maximum 25mg in 24 hours	6 x 12.5mg tablets £18.14 Cost/Dose £3.02
Eletriptan 20mg and 40mg tablets (<i>Relpax</i>)	40mg repeated after 2 hours if migraine recurs; increase to 80mg for subsequent attacks if 40mg dose is inadequate; maximum 80mg in 24 hours	6 x 20mg/40mg tablets £22.50 Cost/Dose £3.75
Frovatriptan 2.5mg tablets (<i>Migard</i>)	2.5mg repeated after 2 hours if migraine recurs; maximum 5mg in 24 hours	6 x 2.5mg tablets £16.67 Cost/Dose £2.78
Naratriptan 2.5mg tablets (generic)	2.5mg repeated after at least 4 hours if migraine recurs; maximum 5mg in 24 hours	6 x 2.5mg tablets £1.74 Cost/Dose £0.29
Naratriptan 2.5mg tablets (<i>Naramig</i>)	2.5mg repeated after at least 4 hours if migraine recurs; maximum 5mg in 24 hours	6 x 2.5mg tablets £24.55 Cost/Dose £4.09
Rizatriptan 10mg tablets (generic)	10mg repeated after 2 hours if migraine recurs; maximum 20mg in 24 hours	3 x 10mg £5.79 Cost/Dose £1.93
Rizatriptan 10mg orodispersible tablets (generic)	10mg repeated after 2 hours if migraine recurs; maximum 20mg in 24 hours	3 x 10mg £9.00 Cost/Dose £3.00
Rizatriptan 10mg tablets (<i>Maxalt</i>)	10mg repeated after 2 hours if migraine recurs; maximum 20mg in 24 hours	6 x 10mg £26.74 Cost/Dose £4.46
Rizatriptan 10mg orodispersible tablets (<i>Maxalt Melt Wafers</i>)	10mg repeated after 2 hours if migraine recurs; maximum 20mg in 24 hours	6 x 10mg £26.74 Cost/Dose £4.46
Sumatriptan 50mg tablets (generic)	50 to 100mg repeated after at least 2 hours if migraine recurs; maximum 300mg in 24 hours	6 x 50mg £1.41 Cost/Dose £0.24
Sumatriptan 100mg tablets (generic)	50 to 100mg repeated after at least 2 hours if migraine recurs; maximum 300mg in 24 hours	6 x 100mg £1.78 Cost/Dose £0.30
Sumatriptan 50mg tablets (<i>Imigran</i>)	50 to 100mg repeated after at least 2 hours if migraine recurs; maximum 300mg in 24 hours	6 x 50mg £26.54 Cost/Dose £4.42
Sumatriptan 100mg tablets (<i>Imigran</i>)	50 to 100mg repeated after at least 2 hours if migraine recurs; maximum 300mg in 24 hours	6 x 100mg £42.90 Cost/Dose £7.15
Sumatriptan succinate 50mg tablets (<i>Imigran Radis</i>)	50 to 100mg repeated after at least 2 hours if migraine recurs; maximum 300mg in 24 hours	6 x 50mg £23.90 Cost/Dose £3.98
Sumatriptan succinate 100mg	50 to 100mg repeated after at least	6 x 100mg £42.90

tablets (<i>Imigran Radis</i>)	2 hours if migraine recurs: maximum 300mg in 24 hours	Cost/Dose £7.15
Zolmitriptan 2.5mg tablets (generic)	2.5mg repeated after not less than 2 hours if migraine recurs; maximum 10mg in 24 hours	6 x 2.5mg £1.21 Cost/Dose £0.20
Zolmitriptan 2.5mg orodispersible tablets (generic)	2.5mg repeated after not less than 2 hours if migraine recurs; maximum 10mg in 24 hours	6 x 2.5mg £1.33 Cost/Dose £0.22
Zolmitriptan 5mg orodispersible tablets (generic)	2.5mg repeated after not less than 2 hours if migraine recurs; maximum 10mg in 24 hours. If response inadequate, increase to 5mg doses for subsequent attacks.	6 x 5mg £11.04 Cost/Dose £1.84
Zolmitriptan 2.5mg tablets (<i>Zomig</i>)	2.5mg repeated after not less than 2 hours if migraine recurs; maximum 10mg in 24 hours	6 x 2.5mg £23.94 Cost/Dose £3.99
Zolmitriptan 2.5mg orodispersible tablets (<i>Zomig Rapimelt</i>)	2.5mg repeated after not less than 2 hours if migraine recurs; maximum 10mg in 24 hours	6 x 2.5mg £23.99 Cost/Dose £4.00
Zolmitriptan 5mg orodispersible tablets (<i>Zomig Rapimelt</i>)	2.5mg repeated after not less than 2 hours if migraine recurs; maximum 10mg in 24 hours. If response inadequate, increase to 5mg doses for subsequent attacks.	6 x 5mg £23.94 Cost/Dose £3.99

References:

Drug Tariff (June 2014)
MIMS, June – August 2014

PACEF Recommendation

Prescribers are encouraged to use generic naratriptan, sumatriptan or zolmitriptan as their 5HT₁-receptor agonists (or triptans) or choice in the treatment of acute migraine. All three products are now approved for use through the *Lincolnshire Joint Formulary* designation GREEN.

Acknowledgements

Many thanks to Cathy Johnson, Interface Lead Pharmacist, Lorna Adlington, Medicines Management Lead Nurse, Sharon Hayler, Prescribing Adviser and Richard Glet, Prescribing Adviser all at GEM Commissioning Support Unit for their help in the compilation of this *Bulletin*.

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June 2014