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 Prescribing and Clinical Effectiveness Bulletin

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What's new this month?

- **Effective from August 1st 2014, generic sildenafil tablets 25, 50 and 100mg have been removed from Part XVIIIB of the *Drug Tariff* (known as the Selected List). As a result of this, prescribing of generic sildenafil on the NHS is no longer restricted to Selected List criteria, although all other pharmacological treatments for erectile dysfunction are still restricted in this way (see page 3).**
- **NICE have approved canagliflozin (*Invokana*) for use as part of dual therapy, triple therapy or combination with insulin in the treatment of type 2 diabetes. Dapagliflozin (*Forxiga*) is lower cost and remains the SGLT-2 inhibitor of choice. Canagliflozin should be preferred where triple therapy is indicated or where the patient has predicted deteriorating renal function. Canagliflozin tablets 100mg and 300mg (*Invokana*) are designated GREEN within NICE approved indications (see page 4).**
- **Dapagliflozin/metformin 5mg/850mg and 5mg/1g tablets (*Xigduo*) are designated GREEN for the treatment of type 2 diabetes mellitus subject to marketing authorization and NICE guidance on the use of dapagliflozin. *Xigduo* is approved for inclusion within the *Lincolnshire Joint Formulary* within these criteria (see page 8).**
- **Fexofenadine 120mg and 180mg tablets are now available as low cost generics. Comparative data suggests that fexofenadine is the least sedating and one of the most effective second generation antihistamines. As a result, fexofenadine 120mg and 180mg tablets are designated GREEN and approved for use second line after cetirizine and loratadine in the treatment of chronic idiopathic urticaria and seasonal allergic rhinitis. Fexofenadine is approved for inclusion in the *Lincolnshire Joint Formulary* (see page 8).**
- ***DermaSilk*, *DreamSkin* and *Skinnies* silk garments should only be prescribed for patients with eczema/atopic dermatitis on the advice of a dermatologist. Designation: AMBER without shared care (see page 9).**

CONTENTS

SUMMARY OF PACEF DECISIONS: *JULY 2014 UPDATE*

Drug	Indication(s)	Traffic Light and Joint Formulary Status
Canagliflozin 100mg and 300mg tablets (*Invokana*) (Janssen Cilag)	For use in adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control either as: • monotherapy when diet	RED-RED for monotherapy. Not

	and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance. • or add-on combination therapy with other glucose-lowering agents, including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Approved by NICE for: • dual therapy with metformin or a sulfonylurea. • triple therapy with metformin and a sulfonylurea or metformin and pioglitazone. • as add on therapy with insulin.	approved for inclusion in the *Joint Formulary* for this indication GREEN Approved for inclusion in the *Lincolnshire Joint Formulary* Dapagliflozin is lower cost and remains the preferred SGLT-2 inhibitor. Canagliflozin should be preferred where triple therapy is indicated or where the patient has predicted deteriorating renal function.
Dapagliflozin 5mg and 10mg tablets (*Forxiga*) (AstraZeneca)	For use in adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control either as: • monotherapy when diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance. • or add-on combination therapy with other glucose-lowering agents, including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Approved by NICE for: • dual therapy with metformin or a sulfonylurea. • as add on therapy with insulin.	RED-RED for monotherapy. Not approved for inclusion in the *Joint Formulary* for this indication. GREEN for dual therapy with metformin and combination therapy with insulin. Approved for inclusion in the *Joint Formulary* for these indications. Dapagliflozin is lower cost than canagliflozin and remains the SGLT-2 inhibitor of choice. RED-RED for triple therapy with metformin and a sulfonylurea.. Not approved for inclusion in the *Joint Formulary* for this indication. Canagliflozin is approved by NICE for triple therapy and should be used in preference to dapagliflozin in this context.
Dapagliflozin/metformin 5mg/850mg and 5mg/1g tablets (*Xigduo*) (AstraZeneca)	For the treatment of: type II diabetes mellitus inadequately controlled by diet and exercise: (1) when metformin alone is inadequate; (2) in patients who are currently receiving the combination as separate tabs; (3) with other hypoglycaemic agents, including insulin, when these plus metformin are inadequate.	GREEN subject to marketing authorisation and NICE criteria. Approved for inclusion in the *Joint Formulary* for these indications. Dapagliflozin is lower cost than canagliflozin and remains the SGLT-2 inhibitor of choice.
DermaSilk silk garments	Range of knitted silk garments for patients with eczema/atopic dermatitis	AMBER without shared care. Only to be prescribed on the advice of a dermatologist.
DreamSkin silk garments	Range of knitted silk garments for patients with eczema/atopic dermatitis	AMBER without shared care. Only to be prescribed on the advice of a dermatologist.

Fexofenadine 120mg and 180mg tablets	For seasonal allergic rhinitis and chronic idiopathic urticaria	GREEN Second line after cetirizine and loratadine.
Sildenafil tablets 25mg, 50mg and 100mg (generic)	For the treatment of erectile dysfunction	GREEN No longer subject to restrictions defined in Part XVIIIB of the *Drug Tariff* (the Selected List)
Skinnies silk garments	Range of knitted silk garments for patients with eczema/atopic dermatitis	AMBER without shared care. Only to be prescribed on the advice of a dermatologist.

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

GENERIC SILDENAFIL TABLETS REMOVED FROM THE SELECTED LIST SCHEME

Effective from August 1st 2014, generic sildenafil tablets 25, 50 and 100mg have been removed from Part XVIIIB of the *Drug Tariff* (known as the Selected List). As a result of this, prescribing of generic sildenafil on the NHS is no longer restricted to Selected List criteria, although all other pharmacological treatments for erectile dysfunction (ED) are still restricted in this way.

Selected List criteria are as follows:

- any man suffering from diabetes, multiple sclerosis, Parkinson's disease, poliomyelitis, prostate cancer, severe pelvic injury, single gene neurological disease, spina bifida or spinal cord injury.
- any man receiving treatment for renal failure by dialysis
- any man who has had a prostatectomy or radical pelvic surgery or renal failure treated by transplant.
- Any man who has been diagnosed as suffering severe distress resulting from erectile dysfunction where the assessment has been made by a specialist service or GP under arrangements made with a local Health Board to provide such assessments.

PACEF Recommendation:
Prescribers should ensure that generic sildenafil tablets 25, 50 and 100mg tablets are always considered first line for the treatment of erectile dysfunction. Only patients that meet Selected List criteria can be considered for alternative treatments on the NHS (see above). Prescribers should review all arrangements for private prescribing of treatments for ED for patients who historically have not met the Selected List criteria. All of these patients should now be offered generic sildenafil tablets on NHS prescription; private prescribing of sildenafil tablets is no longer appropriate now that NHS restrictions have been lifted. Alternative erectile dysfunction treatments (including branded *Viagra*) can continue to be provided privately subject to patient preference. Prescribers should review their NHS prescribing of treatments for ED to ensure that patients who do not meet Selected List criteria are prescribed generic sildenafil 25, 50 and 100mg tablets. Prescribers are reminded that there are no

commissioning arrangements in place in Lincolnshire that support GP prescribing of treatments for severe distress resulting from ED. However, loosening of national restrictions on generic sildenafil tablets now enables NHS prescribing of generic sildenafil within this context. Quantities guidance remains in force with a recommended dosage frequency of one dose per week; higher quantities can be prescribed at the discretion of the prescriber. All other formulations of sildenafil or brands remain under the control of Part XVIIIB of the *Drug Tariff* and can only be prescribed within that context.

NICE TECHNOLOGY APPRASIAL 315: *CANAGLIFLOZIN IN COMBINATION THERAPY FOR TREATING TYPE 2 DIABETES* (JUNE 2014)

NICE have approved canagliflozin (*Invokana*) for use as part of dual therapy, triple therapy or combination with insulin in the treatment of type 2 diabetes. Dapagliflozin (*Forxiga*) is lower cost and remains the preferred SGLT-2 inhibitor. Canagliflozin should be preferred where triple therapy is indicated or where the patient has predicted deteriorating renal function. Canagliflozin tablets 100mg and 300mg (*Invokana*) are designated GREEN within NICE approved indications.

NICE guidance reads as follows:

Canagliflozin in a dual therapy regimen in combination with metformin is recommended as an option for treating type 2 diabetes, only if:

- a sulfonylurea is contraindicated or not tolerated or
- the person is at significant risk of hypoglycaemia or its consequences.

Canagliflozin in a triple therapy regimen is recommended as an option for treating type 2 diabetes in combination with:

- metformin and a sulfonylurea or
- metformin and a thiazolidinedione.

Canagliflozin in combination with insulin with or without other antidiabetic drugs is recommended as an option for treating type 2 diabetes.

Notes

European marketing authorisation

Canagliflozin (*Invokana*) is an orally administered selective sodium–glucose co-transporter‑2 (SGLT‑2) inhibitor. It lowers blood glucose in people with type 2 diabetes by blocking the reabsorption of glucose in the kidneys and promoting excretion of excess glucose in the urine. It holds a European marketing authorisation for treating type 2 diabetes in adults aged 18 years and older to improve glycaemic control as:

- monotherapy 'when diet and exercise alone do not provide adequate glycaemic control in patients for whom the use of metformin is considered inappropriate due to intolerance or contraindications' and
- add-on therapy 'with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control'.

Dosage Recommendations

The recommended starting dosage of canagliflozin is 100 mg once daily. In patients tolerating canagliflozin 100 mg once daily who have an estimated glomerular filtration rate

(eGFR) of at least 60 ml/minute/1.73m^2 or creatinine clearance (CrCl) of at least 60 ml/minute and need tighter glycaemic control, the dosage can be increased to 300 mg once daily.

Renal impairment

For patients with renal impairment, the summary of product characteristics (SPC) notes that canagliflozin should not be initiated in patients with an eGFR of less than 60 ml/minute/1.73m^2 (CrCl of less than 60 ml/minute). In patients tolerating canagliflozin whose eGFR falls persistently below 60 ml/minute/1.73 m^2 (CrCl persistently falls below 60 ml/minute), the dose of canagliflozin should be adjusted to or maintained at 100 mg once daily. **Canagliflozin should be discontinued when eGFR is persistently below 45 ml/minute/1.73m^2 or CrCl is persistently below 45 ml/minute.**

PACEF Comment:
Neither of the SGLT-2 inhibitors should be initiated in patients with an eGFR < 60 mL/min/1.73m2. However, those patients who have previously shown they can tolerate and respond to canagliflozin treatment can continue until eGFR is persistently below 45 mL/min/1.73 m^2. This potentially gives it an advantage over dapagliflozin in patients with predicted deteriorating renal function as the SPC for dapagliflozin (*Forxiga*) specifically recommends that treatment should be discontinued if renal function falls below eGFR 60 ml/minute/1.73 m^2 or CrCl below 60 ml/minute.

Canagliflozin vs dapagliflozin

Canagliflozin is the second SGLT‑2 inhibitor to gain a European marketing authorisation, the first being dapagliflozin. Dapagliflozin (*Forxiga*) was appraised by NICE in TA 288 (2013) and approved for use within the NHS. The tables below summarize and compare the authorised indications and the NICE recommendations for both products:

Comparison of authorised indications for canagliflozin and dapagliflozin

Indication	Canagliflozin	Dapagliflozin
Monotherapy (when diet and exercise alone do not provide adequate glycaemic control and metformin is not considered appropriate)	√	√
Combination therapy (in combination with other glucose lowering medicinal products including insulin.)	√ Dual therapy with metformin or a sulfonylurea. Triple therapy with metformin and a sulfonylurea or metformin and pioglitazone. As add on therapy with insulin.	√ Dual therapy with metformin or a sulfonylurea. Triple therapy with metformin and a sulfonylurea, metformin with sitagliptin. As add on therapy with insulin

Comparison of NICE recommendations

NICE recommendation	Canagliflozin	Dapagliflozin
Monotherapy	X (Not covered by NICE guidance)	X (Not covered by NICE guidance)
Dual therapy	√ In combination with metformin	√ In combination with metformin

Triple therapy	√ In combination with: metformin and a sulfonylurea or metformin and a thiazolidinedione.	X NICE did not approve triple therapy in combination with metformin and a sulfonylurea, except as part of a clinical trial.
With insulin	√ In combination with insulin with or without other antidiabetic drugs.	√ With or without other antidiabetic drugs.

PACEF Comment:
Canagliflozin has the advantage of being approved by NICE for use in triple therapy in combination with metformin plus either a sulfonylurea or pioglitazone. Dapagliflozin is not approved by NICE for triple therapy except as part of a clinical trial.

Cost Comparison

Drug	Daily dose	Cost (£) (28 doses)	Annual cost
Canagliflozin 100mg tablets (*Invokana*) (Janssen Cilag)	**100mg once daily before breakfast**	**£36.58**	**£475.63**
Canagliflozin 300mg tablets (*Invokana*) (Janssen Cilag)	**300mg once daily before breakfast**	**£46.66**	**£606.55**
Dapagliflozin 5mg tablets (*Forxiga*) (AstraZeneca)	5mg once daily	£36.59	£475.67
Dapagliflozin 10mg tablets (*Forxiga*) (AstraZeneca)	10mg once daily	£36.59	£475.67
DPP-4 inhibitors			
Alogliptin 25mg tablets (*Vipidia*) (Takeda)	25mg once daily	£26.60	£345.80
Alogliptin 12.5mg tablets (*Vipidia*) (Takeda)	12.5mg once daily	£26.60	£345.80
Alogliptin 6.25mg tablets (*Vipidia*) (Takeda)	6.25mg once daily	£26.60	£345.80
Linagliptin 5mg tablets (*Trajenta*) (Boehringer Ingelheim)	5mg once daily	£33.26	£432.38
Saxagliptin 5mg tablets (*Onglyza*) (AstraZeneca)	5mg once daily	£31.60	£410.80
Saxagliptin 2.5mg tablets (*Onglyza*) (AstraZeneca)	2.5mg once daily	£31.60	£410.80
Sitagliptin 100mg tablets (*Januvia*) (MSD)	100mg once daily	£33.26	£432.20
Sitagliptin 50mg tablets (*Januvia*) (MSD)	50mg once daily	£33.26	£432.20
Sitagliptin 25mg tablets (*Januvia*) (MSD)	25mg once daily	£33.26	£432.20

PACEF Comment:
Dapagliflozin is significantly lower cost at any dose than the higher dose of canagliflozin. Due to lack of direct comparative data between the agents and lack of long-term outcome data it is difficult to draw any firm conclusion as to which treatment offers better value for money in terms of clinical effectiveness and long term reduction in morbidity and mortality. In addition, there is a lack of information as to the number of patients initiated on canagliflozin treatment that are likely to require the higher daily dose of 300mg. As a result of this, PACEF have found it hard to quantify the financial risk associated with use of canagliflozin rather than dapagliflozin and remain unconvinced as to the benefits associated with this

additional cost. As a class of drugs, both canagliflozin and dapagliflozin are more expensive that the DPP-4 inhibitors; for example, the cost of treatment with the 300mg dose of canagliflozin is almost double that of any dose of alogliptin.

PACEF Recommendation

Canagliflozin tablets 100mg and 300mg (*Invokana*) are designated GREEN within NICE approved indications (i.e. as an add-on therapy with metformin or metformin and a sulfonylurea or metformin and rosiglitazone or insulin). They are designated RED-RED for use as monotherapy. In line with NICE guidance, canagliflozin (or dapagliflozin) are approved for use as part of dual therapy with metformin as detailed in the NICE Pathway for *Blood glucose lowering therapy for type 2 diabetes* (June 2013) (i.e. if HbA1c remains ≥ 6.5% despite monotherapy). A SGLT-2 inhibitor should only be considered at this stage where a sulfonylurea is contraindicated or not tolerated or if the person is at significant risk of hypoglycaemia or its consequences.

Prescribers should also be mindful of the significant increased cost of SGLT-2 inhibitors compared to potential alternatives such as DPP-4 inhibitors (see cost comparison) and the increased risks in patients with moderate to severe renal impairment or advanced age (75 and older). Canagliflozin, in common with dapagliflozin, is also approved for use in combination with insulin further down the pathway; PACEF support this view and recommend canagliflozin as an alternative to pioglitazone as add-on therapy to insulin in those patients where further weight loss or the prevention of additional weight gain would be of benefit. The NICE TA also allows for combination canagliflozin/ insulin therapy with or without other oral antidiabetic drugs. Canagliflozin is not recommended by NICE for monotherapy, but is approved for triple therapy with metformin and a sulfonylurea: this is in contrast to dapaglifozin that is not approved by NICE for triple therapy. As a result of this, canagliflozin should be preferred where triple therapy is indicated. There are particular concerns over the use of canagliflozin and dapagliflozin in those with deteriorating or compromised renal function (e.g. those aged 75 and older and/or those with moderate to severe renal impairment). Neither of the SGLT-2 inhibitors should be initiated in patients with an eGFR < 60 mL/min/1.73m2. However, those patients who have previously shown they can tolerate and respond to canagliflozin treatment can continue until eGFR is persistently below 45 mL/min/1.73 m^2. This potentially gives it an advantage over dapagliflozin in patients with predicted deteriorating renal function as the SPC for dapagliflozin (*Forxiga*) specifically recommends that treatment should be discontinued if renal function falls below eGFR 60 ml/minute/1.73 m^2or CrCl below 60 ml/minute. Within these constraints, canagliflozin tablets 100mg and 300mg (*Invokana*) are designated GREEN and approved for inclusion in the *Joint Formulary* subject to NICE criteria. Certain licensed indications remain RED-RED (i.e. monotherapy). Dapagliflozin (*Forxiga*) remains the SGLT-2 inhibitor of first choice on cost grounds; canagliflozin should be preferred where triple therapy requiring a SGLT-2 inhibitor component is indicated.

References

NICE Technology Appraisal 315: *Canagliflozin in combination therapy for treating type 2 diabetes* (June 2014)
Summary of Product Characteristics, *Canagliflozin tablets 100mg and 300mg (Invokana)*
Summary of Product Characteristics, *Dapagliflozin tablets 5mg and 10mg (Forxiga)*
NICE Pathway, *Blood glucose lowering therapy for type 2 diabetes* (June 2013)

RAPID DRUG ASSESSMENT: *DAPAGLIFLOZIN/METFORMIN 5MG/850MG and 5MG/1000MG (XIGDUO)*

Dapagliflozin/metformin 5mg/850mg and 5mg/1g tablets (*Xigduo*) are approved for use within marketing authorisation and NICE criteria for the use of dapagliflozin.

Xigduo is a new dapagliflozin/metformin combination product authorised for the treatment of:

- type 2 diabetes mellitus inadequately controlled by diet and exercise: (1) when metformin alone is inadequate; (2) in patients who are currently receiving the combination as separate tabs; (3) with other hypoglycaemic agents, including insulin, when these plus metformin are inadequate.

As detailed above, dapagliflozin (*Forxiga*) is already approved by NICE for dual therapy with metformin within authorised indications and NICE criteria. It is also the preferred SGLT-2 inhibitor in Lincolnshire.

A cost comparison reveals that dapagliflozin/metformin 5mg/850mg and 5mg/1g tablets (*Xigduo*) are no more expensive that single component dapagliflozin therapy:

Drug	**Daily dose**	**Cost (28 days)**
Dapagliflozin/metformin 5mg/850mg tablets (*Xigduo*) (AstraZeneca)	**1 tablet twice daily**	**£36.59**
Dapagliflozin/metformin 5mg/1000mg tablets (*Xigduo*) (AstraZeneca)	**1 tablet twice daily**	**£36.59**
Dapagliflozin 10mg tablets (*Forxiga*) (AstraZeneca)	1 tablet once daily	£36.59
Metformin 850mg tablets (generic)	1 tablet twice daily	£1.72
Metformin 500mg tablets (generic)	2 tablets twice daily	£4.64

Prices derived from *Drug Tariff* July 2014

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PACEF Recommendation:
Dapagliflozin/metformin 5mg/850mg and 5mg/1g tablets (*Xigduo*) are designated GREEN subject to marketing authorization and criteria defined in NICE TA 288 (see above). *Xigduo* is approved for inclusion within the *Lincolnshire Joint Formulary* for these indications.

RAPID DRUG ASSESSMENT: *FEXOFENADINE 120MG AND 180MG TABLETS*

Fexofenadine 120mg and 180mg tablets hold a marketing authorisation for the relief of symptoms associated with chronic idiopathic urticaria and seasonal allergic rhinitis. Lower cost non-sedating antihistamines such as cetirizine and loratadine are firmly established first line treatment choices in this therapy area.

PACEF undertook a review of non-sedating or second-generation antihistamines. Differences in overall efficacy and safety between available agents when administered in equivalent doses are not large. However, considerable variation in inter-patient response and tolerance has been identified. If the response to treatment with one non-sedating antihistamine is not satisfactory then an alternative one should be tried. In terms of the sedating effects of non-sedating antihistamines, cetirizine is the most sedating (about 10% of patients), but the quickest-acting, and fexofenadine is the least sedating with a near zero sedative effect.

A cost comparison reveals the following:

Drug	Dose	Cost (30 days)
Cetirizine 10mg tablets (generic)	10mg once daily	£1.01
Loratadine 10mg tablets	10mg once daily	£1.01

(generic)		
Fexofenadine 120mg tablets (generic)	120mg once daily	£2.76
Fexofenadine 180mg tablets (generic)	180mg once daily	£3.72

Drug Tariff, July 2014

PACEF Recommendation:
Fexofenadine 120mg and 180mg tablets are now available as low cost generics. Comparative data suggests that fexofenadine is the least sedating and one of the most effective second generation antihistamines. As a result, fexofenadine 120mg and 180mg tablets are designated GREEN and approved for use second line after cetirizine and loratadine in the treatment of chronic idiopathic urticaria and seasonal allergic rhinitis. Fexofenadine is approved for inclusion in the *Lincolnshire Joint Formulary.*

REVIEW OF PRESCRIBABLE MEDICAL DEVICES: *SILK GARMENTS FOR ECZEMA/ATOPIC DERMATITIS*

***DermaSilk*, *DreamSkin* and *Skinnies* silk garments should only be prescribed for patients with eczema/atopic dermatitis on the advice of a dermatologist.**

There are three brands of knitted silk garments currently listed in the *Drug Tariff*: *DermaSilk*, *DreamSkin* and *Skinnies*. All three brands market a wide range of different garments in different sizes including eye masks, socks, gloves, vests, pyjamas and body suits. Garments made for babies, children and adults are all available. The products are made from medical grade silk that has been treated to remove sericin, a natural gum and known allergen.

Published trials have been small, short-term and limited to infants and children. A systematic review of trials evaluating silk garments in atopic dermatitis published in 2012 concluded that evidence of effectiveness is weak and of low quality. The manufacturers claim that silk clothing is less irritant than standard cotton clothing and protects the skin from moisture loss while remaining breathable. Evidence to support this is lacking, but a long-term trial looking at the use of silk therapeutic clothing for the management of children in the UK and due to report in 2016 may help to substantiate or refute these claims.

A cost comparison reveals that all three brands are broadly similar in price:

	Pair of gloves	Bodysuit	Pyjamas (1 set)	Leggings
DermaSilk	£14 - £20	£37 - £42	£70 - £81	£27 - £78
DreamSkin	£14 - £20	£35 - £40	£67 - £77	£25 (baby) - £76
Skinnies	£13 - £19	£35 - £38 (baby only)	£69 - £146 (top + legging)	£25 - £74

PACEF Recommendation:
***DermaSilk*, *DreamSkin* and *Skinnies* silk garments should only be prescribed for patients with eczema/atopic dermatitis on the advice of a dermatologist. Designation: AMBER without shared care.**

Reference
Trent Medicines Information Service: *Prescribable Medical Devices – Silk garments for eczema/atopic dermatitis* (June 2014)

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