Northern Lincolnshire APC Newsletter June 2015

This newsletter provides a high level summary of the Northern Lincolnshire APC meetings during March to May 2015.

Formulary Changes

To visit the formulary please access the Northern Lincolnshire Website: Formulary - Area Prescribing Committee for Northern Lincolnshire

Decisions from May:

Fosfomycin 3g sachets are now available as a licenced product. Fosfomycin remains unchanged on the formulary but the supply route is now simplified due to the launch of a licenced product.

Alogliptin (Vipidia) Tablets has been added to the formulary and to be used as first choice DPP4 in the management of diabetes in primary care prescribing. The clinical outcomes of Alogliptin are comparable to other DPP4 inhibitors, yet have significant cost advantages.

Treclin Gel – further information requested to support a formulary approval. The committee would like an updated treatment pathway to support its place in therapy.

Decisions from April:

Tapentadol (Palexia), was accepted for severe pain, after appropriate trials of opioid analgesia. Tapentadol is for specialist initiation and titration. To note, addition to the formulary is pending an appropriate pain management pathway.

Roflumilast (Daxas) is not for routine commissioning, seek appropriate IFR routes as needed.

Dymista (Azelastine HCl / Fluticasone proprionate) is currently non-formulary, not for routine commissioning.

Decisions from March:

Nalmefene (Selincro) – NICE recommends use of nalmefene in line with psychological support. Awaiting confirmation of the pathway from public health commissioners. Until patient route confirmed it should not be prescribed within primary care, it would remain as specialist service.

Lurasidone (Latuda) - mental health trusts are considering formulary inclusion, it should sit as 'mental health only'.

Fluoxetine Dispersible Tablets have been added to the formulary as an option.

Vitaros - alprostadil cream is an addition to the formulary as a treatment option after use of PDE-5 inhibitors or where PDE-5 inhibitors are contraindicated in adult males.

Dapoxetine (Priligy); not for routine commissioning.

Pathways and Guidelines

- **AK pathway approved** [insert link when added to the APC website]
- **Vitamin D** primary care prescribing guidelines to support product selection and treatment pathways are approved. It is to note there is a rapid changing range of products available. A licensed and cost effective product should be used first line.

Treatment Advisory and NICE Clinical Guidance Updates.

Tiotropium Respimat in Asthma. The respiratory task group has recently reviewed Tiotropium Respimat, the decision is to position this as specialist initiation only. Prescribing may transfer to primary care once the patient is stable.

Subcutaneous Toziluzimab – currently the APC have not received any new line requests for Toziluzimab SC to be added to the formulary.

Drug Safety Updates

Domperidone. The MHRA safety statement from April 2014 regarding domperidone and an increased risk of cardiac side effects was discussed.

For further information see: Domperidone: risks of cardiac side effects Drug Safety Update - GOV.UK

- Domperidone is restricted to use in the relief of nausea and vomiting
- It should be used at the lowest effective dose for the shortest possible time

Domperidone is contraindicated in people:

- with conditions where cardiac conduction is, or could be, impaired
- with underlying cardiac diseases such as congestive heart failure
- receiving other medications known to prolong QT interval or potent CYP3A4 inhibitors
- with severe hepatic impairment

Prescribers must review existing patients in light of the MHRA guidance, decisions to continue treatment with domperidone for conditions other than nausea and vomiting should be made with the patient and appropriately documented. It is anticipated that this review will be undertaken in primary care.

Consultants wishing to initiate domperidone outside of the MHRA guidance must define the risks and benefits with the patient before initiation. There should be no expectations for

continued prescribing by GPs in primary care, though it must be acknowledged that domperidone may be the only suitable treatment for the patient.

Hydroxyzine. From the MHRA drug safety update April 2015 of significance is the maximum dosage reduction and prescribing amendments of Hydroxyzine.

The maximum adult daily dose of hydroxyzine is now 100 mg (50mg for elderly patients) and should not be prescribed to people with a prolonged QT interval or risk factors for QT interval prolongation. Existing patients should be reviewed in accordance with this information, with treatment adjusted as appropriate. Prescribing should be limited to the shortest time possible. Its place in treatment pathways should also be reviewed against the MHRA update.

When using hydroxyzine:

- do not prescribe hydroxyzine to people with a prolonged QT interval or who have risk factors for QT interval prolongation
- avoid use in the elderly
- Consider the risks of QT interval prolongation and Torsade de Pointes before prescribing to patients taking medicines that lower heart rate or potassium levels.