



Newsletter



Northern Lincolnshire
Area Prescribing Committee

February 2016

New Type 2 Diabetes Pathway

The APC has reviewed the Type 2 Diabetes Pathway due to a range of new medicines being available. Minor amendments to the stages of the Pathway have also been made in line with NICE guidance. The Diabetes Pathway can be seen [here](#).

LMWH Switch

The APC have approved the use of tinzaparin for VTE treatment and prophylaxis. There are two strengths of syringes available; 20,000 units/mL for treatment and 10,000 units/mL for prophylaxis. The dose to be administered is based on body weight. Further guidance on the suggested dose banding, use, contraindications and precautions can be found [here](#).

Newly Available Treatments

In January, the APC convened to review several treatments. The treatments and outcomes are below:

Colesevelam 625mg Tablets have been added to the Formulary for initiation in secondary care for the indication of bile acid malabsorption only i.e. use for reducing cholesterol is not supported, except in extraordinary circumstances. Colesevelam tablets can be found in Formulary Chapter 1.9.2.

iAluRil Pre-filled Syringe has been added to the Formulary for use in secondary care. iAluRil can be used for the treatment of interstitial cystitis, painful bladder syndrome, recurrent urinary tract infections and radiation/chemotherapy induced cystitis. This product contains sodium hyaluronate 800mg/50mL and sodium chondroitin sulphate 1g/50mL (2%). iAluRil can be found in Formulary Chapter 7.10.

Tinzaparin Pre-filled Syringes 20,000 units/mL and 10,000 units/mL have been added to the Formulary and will replace the use of dalteparin for VTE treatment and prophylaxis at the regional Acute Trust. This will also have an impact on primary care organisations. Tinzaparin can be found in Formulary Chapter 2.8.1.

Tedizolid 200mg Tablets and 200mg Powder for Infusion have been added to the Formulary and will be prescribed in secondary care only by consultant microbiologists. Tedizolid can be found in Formulary Chapter 5.1.7.

Oxycodone Injection 10mg/mL has been added to the Formulary. This will be used for severe pain e.g. in secondary care and palliative care in the community. This can be

considered if there is a shortage of other injectable analgesics. Oxycodone can be found in Formulary Chapter 4.7.2.

Fostair 200/6 MDI and Fostair NEXThaler 200/6 (DPI) have been added to the Formulary. These are a very high dose steroid and should be monitored at least 6 monthly. Initiation should only be by a specialist i.e. a chest physician, specialist respiratory nurse or GPSI-led primary care team. Fostair contains beclometasone dipropionate in fine particle form and formoterol. The 200/6 strengths may offer financial benefits over existing Step 4 patients (as defined by the BTS). Fostair can be found in Formulary Chapter 3.2. The regional asthma pathway will be updated at the scheduled annual review.

There have been several changes to the Formulary in relation to **methylphenidate**. There are several brands available. The Formulary will be written generically so that prescribers and internal contracts within the Acute Trust can determine what is selected. Some preparations have different release profiles but the same generic description e.g. Equasym XL and Medikinet XL (both can be written generically as methylphenidate MR capsules). These will remain on the Formulary as specific brands to highlight potential differences. These changes can be found in Formulary Chapter 4.4.

Ledipasvir–sofosbuvir is recommended as an option for treating chronic hepatitis C in adults. Ledipasvir–sofosbuvir has received a positive NICE Technology Appraisal (NICE TA363). The APC agreed that use as per [TA363](#) is in accordance with regional needs and ledipasvir–sofosbuvir has been added to Formulary Chapter 5.3.3.2.

Daclatasvir Tablets have received a positive NICE Technology Appraisal (NICE TA364). The APC agreed that use as per [TA364](#) is in accordance with regional needs and daclatasvir tablets have been added to Formulary Chapter 5.3.3.2.

Ombitasvir–paritaprevir–ritonavir with or without dasabuvir has received a positive NICE Technology Appraisal (NICE TA365). The APC agreed that use as per [TA365](#) is in accordance with regional needs and this has been added to Formulary Chapter 5.3.3.2.

Pembrolizumab Injection has received a positive Nice Technology Appraisal (NICE TA366). The APC agreed that use as per [TA366](#) is in accordance with regional needs and pembrolizumab injection has been added to Formulary Chapter 5.3.3.2.

NICE TA367 (Vortioxetine for treating major depressive episodes) was deferred to a later meeting due to the lack of mental health representatives attending the January APC meeting.

NICE TA368 (Apremilast for treating moderate to severe plaque psoriasis) is not recommended.

Please refer to the APC Formulary and relevant pathways for further information:

[Formulary](#) [Pathways](#) [New Requests](#) [Recent Additions](#) [Newsletters](#)

Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears has received a positive NICE Technology Appraisal (NICE TA369). The APC agreed that use as per [TA369](#) is in accordance with regional needs and ciclosporin 0.1% eye drops has been added to Formulary Chapter 11.4.2.

Bortezomib Injection has received a positive NICE Technology Appraisal (NICE TA370). The APC agreed that use as per [TA370](#) is in accordance with regional needs and bortezomib injection has been amended in Formulary Chapter 8.1.5 to include use in line with NICE TA370.

NICE TA371 (Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane) is not recommended.

NICE TA372 (Apremilast for treating active psoriatic arthritis) is not recommended.

NICE TA373 (Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis) has replaced NICE TA35. TA373 can be seen [here](#).

Erlotinib and gefitinib tablets for treating nonsmall-cell lung cancer that has progressed after prior chemotherapy have received a positive NICE Technology Appraisal (NICE TA374). The APC agreed that use as per [TA374](#) is in accordance with regional needs and erlotinib tablets (25mg, 50mg and 100mg) and gefitinib 250mg tablets have been amended in Formulary Chapter 8.1.5 to include NICE TA374 details.

The following HIV treatments have been added to the Formulary in Chapter 5.3.1:

- Tivicay (dolutegravir)
- Stribild (tenofovir/emtricitabine/elvitegravir/cobicistat)
- Tybost (Cobicistat)
- Eviplera (Rilpivirine/tenofovir/emtricitabine)

All the above are NHS England funded and will be used in specialist centres only.



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