



Newsletter



Northern Lincolnshire
Area Prescribing Committee

July 2016

Dovobet Price Increase

Dovobet (containing a combination of 50mcg of calcipotriol and 0.5mg of betamethasone) is not recommended for use in Northern Lincolnshire due to a considerable and unjustifiable (for the vast majority of patients) cost increase in relation to individual applications containing corticosteroids and vitamin D preparations. Dovobet ointment currently costs £19.84 per 30g tube. Non-proprietary calcipotriol ointment costs £24.04 per 120g tube. Clobetasol 0.05% (very potent steroid) ointment costs are: £2.69 per 30g and £7.90 per 100g. Clobetasone 0.05% (moderately potent steroid) ointment costs are: £1.86 per 30g and £5.44 per 100g. For information, betamethasone dipropionate (used in Dovobet) is classed as a potent steroid. Prices are from the Drug Tariff, June 2016.

The current NICE Clinical Knowledge Summary for Psoriasis states:

‘The recommendations regarding the choice and sequencing of treatments are based on evidence from a clinical and cost effectiveness analysis conducted by NICE [National Clinical Guideline Centre, 2012]. The main results of this analysis were:

With the exception of very potent corticosteroids, a once daily topical potent corticosteroid plus a once daily vitamin D preparation (applied separately in the morning and evening) was the most cost effective and clinically sensible initial treatment for psoriasis. Very potent steroids were excluded owing to safety concerns.

A twice daily vitamin D preparation was found to be cost effective when used as a second or third treatment option.

Twice daily coal tar was potentially cost effective if other treatments failed to bring clearance or near clearance.

A combined product containing calcipotriol monohydrate and betamethasone dipropionate was found to be the most effective treatment. However, this was not cost effective and the NICE guideline development group (GDG) felt that the modest additional benefits it produced were insufficient to justify the extra cost of this product.’

Newly Available Treatments

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

Dymista Nasal Spray has been added to the Formulary for initiation in either primary or secondary care for the relief of symptoms of moderate to severe seasonal and perennial

allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient. This should not be used in children under 12 years of age. Dymista contains 137 micrograms azelastine hydrochloride (releasing 125 micrograms of azelastine) and 50 micrograms fluticasone propionate. Dymista should not be used as a first line therapy and should only be considered when an oral antihistamine combined with a Formulary steroid nasal spray has seen a partial, but inadequate response. Oral antihistamines include cetirizine, loratadine, acrivastine and fexofenadine. Nasal sprays include beclometasone dipropionate 50mcg, mometasone furoate 50mcg and fluticasone furoate 27.5mcg. Dymista can be found in Formulary Chapter 12.2.1.

NICE TA386 replaces TA289 and states that **ruxolitinib is recommended** as an option for treating disease-related splenomegaly or symptoms in adults with primary myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis. [TA386](#) is only applicable to people with intermediate-2 or high-risk disease and if the manufacturer provides ruxolitinib with the discount agreed in the patient access scheme. TA386 has been included in Formulary Chapter 8.1.5.

Abiraterone Tablets have received a positive NICE Technology Appraisal (NICE TA387). The APC agreed that use as per [TA387](#) is in accordance with regional needs and this has been amended to include TA387 in Formulary Chapter 8.3.4.2.

Sacubitril-valsartan Tablets have received a positive NICE Technology Appraisal (NICE TA388). The brand name for sacubitril-valsartan is Entresto. The APC agreed that use as per [TA388](#) is in accordance with regional needs and sacubitril-valsartan tablets have been added to Formulary Chapter 2.5.5. Treatment with sacubitril-valsartan should be started by a heart failure specialist with access to a multidisciplinary heart failure team. Dose titration and monitoring should be performed by the most appropriate team member as defined in the NICE Guideline on Chronic Heart Failure in Adults. A local pathway will be published soon.

NICE TA389 replaces TA91 and TA222 and states that **Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine** are recommended for treating recurrent ovarian cancer. [TA389](#) has been included in Formulary Chapter 8.1.5.



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

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