NHS
Surrey Downs
Clinical Commissioning Group

Prescribing Clinical Network

Summary of recommendations made on 1st May 2013

Policy No: PCN 54-2013
Policy Statement: Yasmin® combined oral contraceptive

Recommendations:
The Prescribing Clinical Network recommends the following:

- The use of Yasmin® combined oral contraceptive as a 2nd or subsequent line treatment for patients with BMI ≤ 30.

Key Considerations:

- Due to concerns about safety (increased risk of VTE particularly in patients with BMI ≥30) and increased cost compared to other combined oral contraceptives, the PCN did not support the 1st line use of Yasmin®.

Cost impact: none – Yasmin is already being prescribed within Surrey, however there was no PCN position on this. Prescribing in accordance with PCN recommendations should not increase prescribing.

Current Surrey Downs CCG spend on Yasmin in 2012/13 approx: £110,704

Policy No: PCN 55-2013
Policy Statement: Plenadren® (modified release hydrocortisone tablets) for adrenal insufficiency

Recommendations:
The Prescribing Clinical Network recommends the following:

- The use of Plenadren® is supported as an AMBER* drug in patients with Addison's disease who have identified poor compliance with immediate release hydrocortisone which has been linked to unplanned attendances with prescribing staying with the specialist for an initial 6 months.

If after 6 months there has been a demonstrated reduction in the patient's unplanned attendances continued use is supported.

Key Considerations:

- Due to the considerable increase in cost, the PCN does not support the use of Plenadren® as first line therapy for adrenal insufficiency- immediate release hydrocortisone should be used as first line treatment.

Cost impact: Addisons Disease is a rare condition with a prevalence of 2 to 4 per 10,000 people.
Cost of treatment £3504 - £7752/patient per year (20-30mg dose).

Policy No: PCN 56-2013
Policy Statement: Probiotic drinks for the prophylaxis or treatment of *Clostridium difficile* associated diarrhoea (CDAD)

Recommendations:
The Prescribing Clinical Network recommends the following:

- The use of probiotics is not routinely supported for prophylaxis or treatment of *Clostridium difficile* associated diarrhoea outside of a clinical trial.

Key Considerations:

- In March 2013 Kent Surrey and Sussex Health Policy Support Unit's updated their evidence review on both the treatment and prevention of CDAD. The use of probiotics for both the treatment and prevention of CDAD were not recommended except in the context of a good quality clinical trial. The PCN agreed to adopt these recommendations.

Cost impact: **None**

Policy No: PCN 57-2013
Policy Statement: Retigabine for adjunctive treatment of partial onset seizures

Recommendations:
The PCN support the use of this drug as per NICE TA 232 as an amber* drug.

Key Considerations:
NICE guidance is available (TA 232) and retigabine is recommended as a treatment option in line with the NICE recommendations.

Cost impact: ***NICE guidance recommends the following:***

- ***Retigabine is recommended as an option for the adjunctive treatment of partial onset seizures with or without secondary generalisation in adults aged 18 years and older with epilepsy, only when previous treatment with carbamazepine, clobazam, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, sodium valproate and topiramate has not provided an adequate response, or has not been tolerated.***

Patient numbers are expected to be small
Retigabine total spend for Surrey Downs CCG for 2012/13 - £1,210

Policy No: PCN 58-2013
Policy Statement: Febuxostat for the treatment of chronic hyperuricaemia in gout

Recommendations:
The PCN support the use of this febuxostat as per NICE TA 164 with a GREEN status on the traffic light system

Key Considerations:

- NICE TA 164: *Febuxostat, within its marketing authorisation, is recommended as an option for the management of chronic hyperuricaemia in gout only for people who are intolerant of allopurinol or for whom allopurinol is contraindicated. For the purposes of this guidance, intolerance of allopurinol is defined as adverse effects that are sufficiently severe to warrant its discontinuation, or to prevent full dose escalation for optimal effectiveness as appropriate within its marketing authorisation.*

- Surrey Rheumatology Network discussed the NICE TA and the place of febuxostat in the treatment of gout and they recommended that febuxostat be classified as suitable for initiation in primary care (GREEN) as it should be a standard treatment after allopurinol (titrated up to maximum dose) and little monitoring is required. Rheumatologists have recommended that prophylaxis be given for an initial six weeks and then possibly longer if clinically indicated by continued gout flares.

Cost impact: ***Cost implications – list price of £24.36 per month.***

Patient numbers are expeced to be small – estimate from EPACT data - approximately 80 patients across the whole of Surrey over the last year.

Febuxostat total spend for Surrey Downs CCG for 2012/13 - £4839

Policy No: PCN 59-2013
Policy Statement: Aflibercept for wet age-related macular degeneration

Recommendations:
The PCN supports the use of intravitreal aflibercept in the following cohort – patients who have required 10 or more injections of ranibizumab in an eye for wet AMD in the previous year. This will be reviewed when a NICE TA is published.

Key Considerations

- Use of aflibercept in this defined cohort of patients could result in improved patient experience (less injections – 7 injections and 7 appointments for aflibercept vs. 10 or more injections and 12 appointments for ranibizumab), maintenance of visual acuity and cost-savings to CCGs due to the reduced number of injections and appointments required (administration and monitoring). The PCN noted that a NICE TA is expected in August 2013.

- The network noted that Surrey ophthalmologists supported this proposal. They agreed with the proposal that the initial 3 monthly loading doses of aflibercept should be given and if the patient does not respond at this point they can switch back to ranibizumab.

Cost impact: ***Information from invoices received from Epsom & St Helier University Hospitals NHS Trust has identified a couple of patients who have***

received 10 or more injections in the year 2012/13 (this has not been confirmed with the Ophthalmologists at Epsom). If more patients are identified in future months the cost of treatment with Ablifercept is expected to be less than ranibizumab as patients are seen less frequently (every 2 months).

A tick box proforma will be available for consultants to complete on the high cost drugs database

Policy No: PCN 60-2013
Policy Statement: Wound Care Formulary for Surrey CCGs and Providers

Recommendations:
The PCN supports the adoption and adherence to the Surrey wound care formulary by all staff. Use of non-formulary dressings should be justified and their use monitored.

Key Considerations

- Products on the wound-care formulary are available and can be ordered by nursing staff via ONPOS (Online Non Prescription Ordering Service) and supplied by community pharmacy. Different levels of access to dressings are available to nurses with different competencies (e.g. Tissue Viability Nurses have greater access than care home and practice nurses).
  Dressings may also be prescribed on FP10 by specialist nurses (Central Surrey Health) and GPs.
- FAQs are available to support the formulary and training is available for nursing staff across all sectors.

Cost impact: ***All dressings on the formulary have been selected to ensure clinical and cost effectiveness. E.g. increased wear time. Formulary adherence ensures cost containment and consistency of treatment.***

Additional item of discussion:

<u>Switch treatment options for refractory rheumatoid arthritis (RA) clinical trial</u>
Ashford & St Peters Hospital NHS Foundation Trust have expressed interest in entering the SWITCH trial which has some differences to the current Surrey Rheumatoid Arthritis pathway (trial does not take into account anti-CCP status when randomising treatment).

Recommendations: The PCN support the entry of patients into this trial. Trusts entering patients into the trial must notify the commissioner of trial entry via their usual route.

Key considerations:
The network noted that for patients randomised to receive subcutaneous abatacept who responded to treatment, CCGs would be asked to continue funding after 48 weeks (first 48 weeks funded by trial).

Cost impact: None – abatacept has now received a positive NICE TA and is available at a discounted patient access scheme price similar to that of currently available subcutaneous anti-TNF drugs for rheumatoid arthritis.
NICE Guidance update **TA276:** Cystic fibrosis (pseudomonas lung infection) – colistimethate sodium and tobramycin. No action required – now being commissioned by NHS England **TA277:** Methylnaltrexone for treating opioid-induced bowel dysfunction in people with advanced illness receiving palliative care (terminated appraisal). Currently on the formulary as RED at Royal Surrey County Hospital Foundation Trust, Surrey & Sussex Healthcare NHS Trust and Epsom & St Helier University Hospitals NHS Trust. ACTION: Acute trusts to review place on formulary with view to removal.

Minutes of the PCN meeting held on 1st May 2013 are embedded here:

FINAL minutes
Minutes 1st May 2013