NHS
Surrey Downs
Clinical Commissioning Group

Prescribing Clinical Network

Summary of recommendations made on 29th May 2013

Policy No: PCN 61-2013
Policy Statement: Long acting muscarinic antagonists (LAMAs) in COPD

Recommendations:
The Prescribing Clinical Network recommends the following:

- Glycopyrronium (Seebri Breezhaler®) to be the first line LAMA of choice on the basis of evidence and cost effectiveness.
- Aclidinium (Eklira Genuair®) can be considered as an alternative device for patients who are unable to use the Seebri Breezhaler® / Spiriva Handihaler® devices
- Tiotropium Respimat® should no longer be recommended due to increasing reports of cardiovascular side effects and will be given a BLACK status on the prescribing advisory database.

Key Considerations:

- Generally the current LAMA prescribed for patients is Tiotropium (delivered via Handihaler® or Respimat® devices) .There have been reports of cardiovascular side effects with patients using the Respimat® device, the local respiratory consultants and the network members concurred that this device should no longer be prescribed for patients moving forward. These safety warnings do not apply to tiotropium delivered via the Handihaler® device.
- Evidence to support the efficacy of glycopyrronium in COPD comes from two phase III trials comparing glycopyrronium to placebo and tiotropium (Glow 1 and Glow 2)
- Evidence to support the efficacy of aclidinium in COPD comes from two phase III trials comparing aclidinium to placebo (ACCORD 1 and ATTAIN).
- Patients with cardiovascular disease were excluded from trials for both glycopyrronium and aclidinium.
- The network concurred that glycopyrronium and aclidinium are currently a more cost effective treatment option for patients with COPD; noting that tiotropium however currently has more long term safety data.

Cost impact: *(Prices used taken from evidence review discussed at PCN in March 2013)*

Drug	Dose Regimen	Cost per 30 days (£)	Cost per year(£)
Glycopyrronium (Seebri Breezhaler®)	44 micrograms inhaled once daily	27.50	334
Aclidinium (Eklira Genuair®)	322 micrograms inhaled twice daily	28.60	347
Tiotropium (Spiriva Handihaler®)* refill	18 micrograms inhaled once daily	33.50	403
Tiotropium	5 micrograms	35.50	431

(Spiriva Respimat®)	**inhaled once daily**		

April 2012 – March 2013 (Financial Year)

11,974 items **Tiotropium Handihaler®** + refill were dispensed in Surrey Downs CCG at a cost of £472,817.23
i.e. approximately **14,113** devices (calculation based on cost per device and total annual prescribing cost)
Maximum savings potential:
If changed to 100% Glycopyrronium total saving would be £84,678
If changed to 100% Aclidinium total saving would be £69,153

3,256 items **Tiotropium Respimat ®** were dispensed in Surrey Downs CCG at a cost of £140,058.33
i.e. approximately 3,945 devices (calculation based on cost per device and total annual prescribing cost).
Maximum savings potential:
If changed to 100% Glycopyrronium total saving would be £31,560
If changed to 100% Aclidinium total saving would be £27,220

Policy No: PCN 62-2013
Policy Statement: Lixisenatide for the treatment of type 2 diabetes in adults

Recommendations:
The Prescribing Clinical Network does NOT currently recommend lixisenatide for the treatment of type 2 diabetes in adults.

The use of lixisenatide is therefore considered BLACK on the prescribing advisory database.

Key Considerations:
- The network noted that lixisenatide is a recently launched GLP-1 and that currently the PCN recommend that both exenatide and liraglutide (at the NICE approved dose of 1.2mg) are considered green on the traffic light system to be used in line with the agreed treatment pathway for type 2 diabetes.
- The network noted that none of the GLP-1s have outcome data currently.
- The network noted that there is limited comparative data available. They discussed the one available published trial (GetGoal-X) which concludes that lixisenatide demonstrated noninferior improvements in HbA1c, with slightly lower mean weight loss, lower incidence of hypoglycaemia, and better GI tolerability when compared with exenatide twice daily.
- The network noted that currently there is no SMC / NICE guidance available for lixisenatide

Cost impact: None

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Additional item of discussion:

Osteoporosis guideline update after strontium MHRA warning

The MHRA has recently issued a new safety update in relation to strontium. This has led to the need for the current guidelines to be updated. The consultant rheumatologist / ortho geriatricians have been consulted in relation to this and their comments were noted by the group. The concensus from the comments is that strontium should not be removed from the guidelines but should be restricted for selected pts in line with new licensed indication and noting the new contra-indications. This leaves limited drug choice for a large cohort of patients that will now be contraindicated to strontium and cannot take bisphosphonates. The drug choices are IV bisphosphonates (if appropriate) or denosumab. The network were informed that other areas have made denosumab green (currently amber recommended by PCN).

The network discussed the ammendments to the guidelines which now include the new license, the contraindications and the MHRA warning. The network discussed the MHRA warning and noted that this states that *treatment should only be initiated by a physician with experience in the treatment of osteoporosis, and the decision to prescribe strontium should be based on an assessment of the individual patient's overall risks.* The network agreed that this would include GPs who largely manage osteoporotic patients. Guideline embedded here for information:

FINAL NHS Surrey osteoporosis guidelin

NICE Guidance update

TA278: Asthma (Severe, persistent, patients aged 6+, adults – Omalizumab (review of TA133, TA201 **www.nice.org.uk/TA278**

- No action required – now being commissioned by NHS England

TA281: Gout – Canakinumab (terminated appraisal) **www.nice.org.uk/TA281**

- No action required as not currently commissioned. To go onto PAD as Black.

TA282: Idiopathic pulmonary fibrosis - pirfenidone **www.nice.org.uk/TA282**

- No action required – now being commissioned by NHS England

TA280: Rheumatoid arthritis - abatacept (2nd line) (rapid review of TA234) **www.nice.org.uk/TA280**

- Abatacept is included in the Surrey biologic RA pathway but not as first line. The guidelines will be reviewed in light of this new NICE guidance at the next Surrey rheumatology meeting (3rd July) and come to the PCN in July.

Shared Care documents sent to acute trusts for ratification through internal governance processes. These documents will be uploaded onto the PAD for information; documents embedded here:

- **Buccal Midazolam Amber* information sheet**

2013 06 03 Amber Star Medicines Inform

- **Retigabine for the Treatment of adjuvant treatment of partial onset seizures with or without secondary generalisation in adults aged 18 and above.**

2013 06 03 Shared Care for Retigabine F

- **Hydrocortisone MR tablets (Plenadren®) for the treatment of Addison's Disease in patients who have demonstrated poor compliance with immediate released hydrocortisone**

FINAL Amber star plenadren May 2013.

Minutes of the PCN meeting held on 29th May 2013 are embedded here:

FINAL Minutes May 29th 2013 PCN.pdf