



NORTHAMPTONSHIRE PRESCRIBING ADVISORY GROUP

Summary of Recommendations from meeting on Weds 22nd April 2015

- **Humalog 200 insulin KwikPen®**

Humalog 200 Kwikpen is the first 200 units/ml mealtime insulin to be launched and will be targeted at people who take large doses of rapid-acting mealtime insulin per day. NPAG were concerned at the potential for error with the 100 unit product and **categorised Humalog 200 insulin as double red (prior approval)**.

- **Magnaspartate® sachets**

Magnaspartate has been granted a product licence and as such is the only UK licensed magnesium supplement for the treatment and prevention of magnesium deficiency. This will be used first-line for all new patients. **NPAG categorised Magnaspartate as amber 2. All other unlicensed magnesium “specials” are now categorised as double red (prior approval) for new patients.**

- **Dulaglutide (Trulicity®)**

Dulaglutide is the 4th glucagon-like peptide-1 (GLP-1) agonist to come to market. NPAG noted that it is considerably more expensive than existing products and did not appear to offer any clinical advantages. **NPAG categorised dulaglutide as double red (prior approval).**

- **Phenindione**

Phenindione is now extremely expensive: NPAG agreed that this should be used only where all other anticoagulants were contraindicated or not tolerated. **NPAG categorised phenindione as double red (prior approval) for new patients.**

- **Meropenem and amikacin for cystic fibrosis**

In order to bring about consistency with other drugs for cystic fibrosis commissioned by Specialised Commissioning **NPAG categorised meropenem and amikacin as red.**

- **Silicone scar dressings**

NPAG agreed to amend the status of these from double red (IFR only) to double red (prior approval). Prior approvals will be agreed if the recommendation has come from a specialist burns unit or a plastic surgeon.

- **Molludab® and Molutrex®**

NPAG agreed to amend the status of Molludab and Molutrex from double red (IFR only) to double red (prior approval). The prior approvals will be agreed if the patient is immunosuppressed.

- **Multivitamins for prophylaxis post-bariatric surgery**

In line with advice from the British Obesity and Metabolic Surgery Society, NPAG agreed that multivitamins (e.g. Forceval) for prophylaxis post-bariatric surgery should not be prescribed at NHS expense and should be purchased OTC. Vitamins and minerals for specific deficiencies can be prescribed.

NPAG categorised multivitamins for prophylaxis post-bariatric surgery as double red (IFR)

- **Vitamin D guidance**

Revised Northamptonshire Vitamin D guidelines for adults and children were approved. The first-line formulary choice for adults is now Invita D3.

- **Asthma guidance**

Revised Northamptonshire asthma guidelines for adults were approved. **Tiotropium is now licensed for asthma and is included at step 3b but is categorised as amber 2 (specialist initiation – consultant or Rocket / Restart) for asthma. It remains green for COPD.**

- **Stepping down inhaled corticosteroids in COPD**

New guidance to promote safely stepping down high dose ICS in patients with an FEV1 of >50% was agreed.

- **Shared care protocols**

SCPs were agreed for denosumab (revision) and DMARDs (revision now agreed with consistency across both KGH and NGH).

- **NICE** - The following NICE TAs and guidance were noted

- Empagliflozin <http://www.nice.org.uk/guidance/ta336>

This will be added to the formularies and was categorised green

- Rivaroxaban for ACS <http://www.nice.org.uk/guidance/ta335>

This will be added to the formularies for this indication and was categorised amber 2

- Rifaximin <http://www.nice.org.uk/guidance/ta337>

This is already included on the acute trust formularies and currently remains red

- Medicines Optimisation <https://www.nice.org.uk/guidance/ng5>

All new guidelines and SCPs will shortly be available on Pathfinder.

Further information or clinical trial data may be obtained from the CCG Prescribing Advisers or Hospital Medicines Information Service.

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