



NORTHAMPTONSHIRE PRESCRIBING ADVISORY GROUP

Summary of Recommendations from meeting on Weds 24th June 2015

- **Levosert® Intrauterine Delivery System**

Levosert® is a levonorgestrel intrauterine system newly launched for contraception and heavy menstrual bleeding. It contains 52mg levonorgestrel (identical to Mirena®). Although it is less expensive than Mirena, it is currently only licensed for 3 years and its larger making insertion is potentially more difficult.

NPAG categorised Levosert® as double red

- **Fosfomycin 3g single-dose sachet**

Fosfomycin is indicated for the treatment of uncomplicated lower urinary tract infections caused by multi-drug resistant bacteria (ESBL producing Enterobacteriaceae such as *Escherichae coli* and *Klebsiella pneumoniae*) that are resistant to all other oral antibiotics including pivmecillinam. Although currently unlicensed, a licensed product is due to be launched at the end of June 2015.

NPAG categorised fosfomycin as amber 2 (microbiologist recommendation following sensitivity testing)

- **Soolantra® 10mg/g cream (topical ivermectin)**

Soolantra is licensed for the treatment of inflammatory lesions of rosacea (papulopustular) in adult patients. The mechanism of action is not known but may be linked to anti-inflammatory effects of ivermectin as well as causing the death of demodex mites that have been reported to be a factor in inflammation of the skin.

NPAG categorised Soolantra as grey, awaiting a view from local dermatologists

- **Dicycloverine**

Dicycloverine is licensed for the treatment of functional conditions involving smooth muscle spasm of the GI tract. Since the withdrawal of Merbentyl® from the market several years ago, dicycloverine has been subject to a 100 fold price increase in the drug tariff and is unlikely to be cost effective using current criteria.

NPAG categorised dicycloverine as double red (IFR) for new initiations

- **Octasa MR® (mesalazine)**

NPAG agreed Octasa MR as the first-line mesalazine MR 400 and 800mg formulary choice and that all generic mesalazine MR 400/800 prescribing would be changed to Octasa MR.

Branded Asacol prescriptions will be switched to Octasa MR in the north of the county only initially, as KGH gastroenterologists are in support of this. Data from the switch will be reviewed in 6 months' time to support a potential branded Asacol switch in the south of the county. NB Pentasa prescribing will not be affected.

NPAG categorised Octasa MR® as green

- **Flunarazine for migraine prophylaxis**

This is available only for use by specialists within secondary care.

NPAG categorised Flunarazine for migraine prophylaxis as red

- **Gentamicin cream 0.1% (for prophylaxis of pseudomonas in peritoneal dialysis exit sites)**

This is available only for use by specialists within secondary care.

NPAG categorised Gentamicin cream 0.1% for this indication as red

- **LimbO waterproof protectors**

These can be used to protect e.g. broken limbs, chemotherapy lines etc during bathing. NPAG agreed that patients should be advised to purchase these over-the-counter.

NPAG categorised LimbO waterproof protectors as double red (IFR)

- **Mefenamic acid**

NPAG discussed the current high cost of mefenamic acid compared to other NSAIDs and noted the RDTC safety warning from January 2104. <http://rdtc.nhs.uk/news/safer-medication-use-mefenamic-acid>

NPAG recommended that mefenamic acid should not be a first-line NSAID choice

- **Tocilizumab monotherapy for rheumatoid arthritis**

NPAG agreed to the use of tocilizumab monotherapy when methotrexate is not tolerated or contra-indicated as an additional option to those listed in the NICE algorithm.

- **NICE TAs**

Apixaban for PE / DVT <http://www.nice.org.uk/guidance/ta341>

Omalizumab for urticaria <http://www.nice.org.uk/guidance/ta339>

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

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