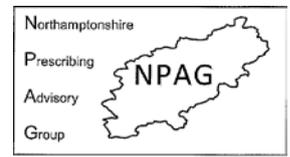


NORTHAMPTONSHIRE PRESCRIBING ADVISORY GROUP
(Advising Medical, Pharmacy Practitioners and Non-Medical Prescribers
on prescribing across the county)

Summary of Recommendations from meeting on Weds 17th February 2016

- **Ciclosporin ophthalmic emulsion (Ikervis®)**
NICE has issued TA369 (see below) which recommends ciclosporin (Ikervis®) as a possible treatment for people with dry eye disease that has not improved despite treatment with artificial tears. Shared care advice for GPs will be developed.
NPAG categorised Ikervis® ophthalmic emulsion (ciclosporin) as amber 2
 - **E-Voke® Electronic Inhaler**
E-voke is the first e-cigarette to be licensed by the MHRA and hence to be theoretically available on the NHS. Following consultation with the Public Health team at Northamptonshire County Council, who are the responsible commissioners for smoking cessation, **NPAG categorised E-Voke® as double red (IFR)**
 - **Catephen® (Green tea leaf extract)**
Catephen is licensed for the cutaneous treatment of external genital and perianal warts in immunocompetent patients from the age of 18 years.
NPAG categorised Catephen® as grey, pending a view from sexual health clinicians
 - **Avipectadil/phenolamine intercavernosal injection (Invicorp®)**
Further to the December meeting there have been no requests from urology to use this product
NPAG therefore categorised Invicorp as double red (prior approval)
 - **Guanfacine (Intuniv®)**
Guanfacine is licensed for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents 6-17 years old for whom stimulants are not suitable, not tolerated or have been shown to be ineffective.
NPAG categorised Guanfacine (Intuniv®) as grey, pending a new medicines summary from NICE which is due in March 2016
 - **Toujeo Solostar® (Insulin Glargine 300units/ml)**
Toujeo Solostar is a prefilled pen that contains insulin glargine 300units/ml which is licensed for the treatment of diabetes mellitus in adults. Toujeo (insulin glargine 300units/ml) and Lantus (insulin glargine 100units/ml) are not bioequivalent and therefore not interchangeable without dose adjustment.
NPAG agreed that Toujeo may be an option for patients who experience frequent or severe nocturnal hypoglycaemia with Lantus insulin or patients who need to inject a large volume of Lantus.
NPAG re-categorised Toujeo Solostar® as amber 2
The initiating specialist will retain prescribing for the first 3 months. GP and patient information will be developed.
 - **Dulaglutide (Trulicity®) and albiglutide ((Eperzan)**
These are new GLP-1 agonists to the market. Dulaglutide is a once weekly GLP-1 agonist which offers a potential patient advantage over the existing weekly exenatide formulation (Bydureon) as it is a pre-filled pen which does not require reconstitution.
NPAG re-categorised Dulaglutide (Trulicity®) as amber 2
- Discussion also took place regarding the need to rationalise the formulary choices of GLP-1 agonists to ensure that this is in line with NICE NG28 and this will be considered before the next meeting.
In the interim **NPAG categorised albiglutide as grey.**
- **Stiripentol**
Stiripentol is indicated for use in conjunction with clobazam and valproate as adjunctive therapy of refractory generalized tonic-clonic seizures in patients with severe myoclonic epilepsy in infancy (SMEI, Dravet's syndrome) whose seizures are not adequately controlled with clobazam and sodium valproate.
NPAG categorised stiripentol as red
 - **Apremilast (Otelza)**
NICE has not approved the use of apremilast in psoriasis and psoriatic arthritis (TA 368, TA 372). However, NPAG discussed a proposal from clinicians at NGH to use it as an alternative patient choice in certain scenarios, the details of which are being developed.
NPAG categorised apremilast as grey whilst the detail is drawn up



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- **Diconal® (dipipanone and cyclizine)**
Due to its potential for abuse, **NPAG re-categorised Diconal® as double red.**
There is no existing prescribing in Nene and Corby CCGs
- **Oscillating Positive Expiratory Pressure Devices (Acapella, Lungflute, PARI O-PEP)**
To bring them into line with the previous categorisation of the Flutter device, **NPAG categorised all Oscillating Positive Expiratory Pressure Devices as double red (IFR).**
Patients should be advised that these can be purchased OTC
- **Snufflebabe device**
Similarly, **NPAG categorised the Snufflebabe device as double red (IFR)** and it can be purchased OTC
- **Ropinirole M/R**
Following consultation with the Parkinson's Disease Specialist Nurse, **NPAG re-categorised ropinirole M/R as amber 2 for both restless legs' syndrome and Parkinson's disease.**
- **Tapentadol (Palexia®)**
Following a submission from the pain consultant at KGH, **NPAG re-categorised tapentadol as amber 2.**
- **Glycopyrrolate for hyperhidrosis – oral and topical**
Nene and Corby CCGs only commission botulinum toxin for hyperhidrosis of the axillae if prior approval criteria are met. Apart from iontophoresis and topical aluminium chloride, all other treatments for hyperhidrosis of the axillae, hands or feet are not routinely commissioned.
NPAG therefore categorised all oral and topical glycopyrrolate formulations for hyperhidrosis as double red
- **Shared Care**
The following shared care guidelines were agreed and will shortly be available on Pathfinder -
 - Neurology azathioprine
 - Neurology methotrexate
- **Local Guidelines**
The following local guidelines were agreed and will shortly be available on Pathfinder -
 - Glaucoma prescribing guidelines
 - Adult asthma inhaler guidelines (revised)
 - COPD guidelines (revised)
 - ICS step down in asthma (revised)
 - ICS step down in COPD (revised)
- **NICE guidance**
NPAG noted the following NICE guidance
 - Type 2 diabetes <http://www.nice.org.uk/guidance/ng28>
 - Ciclosporin eye drops for dry eyes <http://www.nice.org.uk/guidance/ta369>

Northamptonshire Prescribing Advisory Group Minutes and bullets can be viewed PathfinderRF via the following link:
<http://www.pathfinder-rf.northants.nhs.uk/nene>