

# MEDICINES COMMISSIONING NEWS

JANUARY 2020

## Area Prescribing Committee (APC) Update

Licensed acetylcysteine 600mg effervescent tablets have been APPROVED for use instead of currently prescribed **unlicensed** preparations, for existing patients. The tablets also represent a cost saving:

Acetylcysteine capsules 600mg: 30 - £39.98\*

Acetylcysteine effervescent tablets 600mg: 30 - £5.50

Prices from January 2020 Drug Tariff

\*Note that although 600mg capsules are listed in the Drug Tariff, no licensed product is available.

The use of acetylcysteine is restricted to those patients who have been prescribed it historically for idiopathic pulmonary fibrosis or interstitial lung disease. No new patients should be initiated for these or other indications, as agreed with Worcestershire Acute Hospitals NHS Trust.

## APC Update: Asthma Treatment Guideline

The [Adult Asthma Treatment Guideline](#) has been updated. The key changes from the 2016 document are as follows:

- **Terminologies:** The steps in the treatment pathway have been renamed in line with the updated 2019 BTS/SIGN guidance.
- **Place in treatment pathway for montelukast:** Worcestershire guidance recommends the consideration of montelukast **after** the initial addition of an inhaled LABA to a low dose ICS, in line with the updated BTS/SIGN guidance.
- **Use of MART (Maintenance & Reliever Therapy):** Previous guidance listed formulary MART regimes but did not explicitly state when to use them; the revised guidance states this as an option at both the add-on therapy (low dose) and additional controller therapies (medium dose) steps if control is not obtained with fixed-dose regimes.
- **Environmental impact of metered dose inhalers:** Prescribers and patients should be aware that there are significant differences in the global-warming potential of different devices and that inhalers with **low** global-warming potential should be used when they are likely to be equally effective.
- **Signposting to NICE decision aid:** NICE have produced a [decision aid toolkit](#) which can help to inform discussions with patients and facilitate a patient-centred choice of inhaler device type. The potential environmental impact of metered dose inhalers forms a part of this decision aid.

Medicines Commissioning News January 2020

[medicinescommissioning.worcestershire@nhs.net](mailto:medicinescommissioning.worcestershire@nhs.net) Formulary: <http://www.worcsformulary.nhs.uk/>

- **New formulary additions for asthma indication. Relvar Ellipta® 92/22 & 184/22** (fluticasone furoate/vilanterol) and **Fobumix Easyhaler® 80/4.5 160/4.5 & 320/9** (budesonide/formoterol) have now been added to the Worcestershire formulary for the regular treatment of asthma where use of a combination Dry Powder Inhaler (DPI) ICS/LABA device is appropriate, as specified in the Worcestershire Adult Asthma Treatment Guideline.

#### APC Update: Rivaroxaban NICE TA 607

[NICE TA 607](#) recommends rivaroxaban plus aspirin within its marketing authorisation, as an option for preventing atherothrombotic events in adults with coronary artery disease or symptomatic peripheral artery disease who are at high risk of ischaemic events.

For people with coronary artery disease, high risk of ischaemic events is defined as:

- aged 65 or over, or
- atherosclerosis in at least 2 vascular territories (such as coronary, cerebrovascular, or peripheral arteries), or
- 2 or more of the following risk factors:
  - current smoking
  - diabetes
  - kidney dysfunction with an estimated glomerular filtration rate (eGFR) of less than 60 ml/min (note that rivaroxaban is contraindicated if the creatinine clearance is less than 15 ml/min).
  - heart failure
  - previous non-lacunar ischaemic stroke.

The APC agreed that NICE TA 607 could be implemented in primary care, but clinicians should ensure the person's risk of bleeding is assessed before considering rivaroxaban. In line with the NICE TA, treatment should only be started after an informed discussion with the patient weighing up the risk of bleeding against the potential benefit in reduction of atherothrombotic events. The risks and benefits of continuing treatment with rivaroxaban should be regularly reviewed.

#### Valproate Pregnancy Prevention Programme - Guidance document

The Royal Medical Colleges have produced a guidance document on valproate use in women and girls of childbearing age which includes information on scenarios such as women declining or failing to attend specialist appointments.

<https://www.rcog.org.uk/globalassets/documents/guidelines/valproate-guidance-march-2019.pdf>

Clinicians are reminded that, in line with the [national guidance](#), all patients need to be seen by a specialist for annual review and completion of a Risk Acknowledgement Form, in order to comply with the Valproate Pregnancy Prevention Programme.