

AREA PRESCRIBING COMMITTEE – Birmingham, Sandwell, Solihull and environs

Decision Making Support Tool

The following document supports the committee to consider formulary applications against defined criteria.

Formulary application reference:		APCBSSE/0037
Drug name and formulations:		Midodrine (Bramox®)
Criteria	Example	Committee Consensus
Patient Safety	<i>Potential for abuse, toxicity, significant drug interactions</i>	Number of safety concerns which require regular monitoring and careful management e.g. risk of supine hypertension.
Clinical effectiveness	<i>Established licensed product</i>	Only licensed product for orthostatic hypotension. 2 RCTs found that midodrine significantly increased standing BP 1 hour post-dose compared to placebo. Improvements in patient and investigator-rated symptoms were seen with midodrine compared to placebo.
Strength of evidence		Moderate, sufficient to get licence. The main limitations of the RCTs was the focus on disease-orientated outcomes (changes in BP), as opposed to patient-orientated outcomes such as quality of life, falls etc.
Cost effectiveness or resource impact	£	Cost-effective provided the protocol discussed by clinician is followed.
Place of therapy relative to available treatments	<i>1/2nd tier</i>	After non-pharmacological intervention: second line pharmacological therapy, in line with licensing.
National guidance and priorities	<i>NICE, MTRAC</i>	NICE Evidence Summary (Oct 2015)
Local health priorities	<i>CCG views</i>	Would support.
Equity of access	<i>Equality assessment</i>	N/A
Stakeholder views	<i>Define wider groups to be engaged</i>	N/A
Implementation requirements	<i>Requires, RICAD ESCA etc.</i>	Requires ESCA but draft put forward with application needs reviewing to include: annual review with specialist, glaucoma monitoring and monitoring interval clarified.

Decision Summary

Resubmission is recommended to complete the information to enable a decision:	
Not approved and rationale:	
Formulary status (RAG) and rationale	<p>AMBER with ESCA.</p> <p>Rationale: the members felt that due to safety concerns and need for regular monitoring, shared care arrangements were more appropriate than RICaD.</p>
Implementation requirements:	
Implementation monitoring:	