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/0043
Drug name and formulations:		Alendronic acid 70mg effervescent tablet (Binosto®)
Criteria	***Example***	**Committee Consensus**
Patient Safety	*Potential for abuse, toxicity, significant drug interactions*	equivalent to other formulations of alendronate
Clinical effectiveness	*Established licensed product*	equivalent to other formulations of alendronate
Strength of evidence		equivalent to other formulations of alendronate
Cost effectiveness or resource impact	*£*	more expensive than tablet but less expensive than liquid formulation.
Place of therapy relative to available treatments	*1/2nd tier*	Third line option in individuals who have not tolerated first line alendronate tablets and second line risedronate tablets and in whom a bone-sparing agent is still considered clinically necessary.
National guidance and priorities	*NICE, MTRAC*	NICE TA
Local health priorities	*CCG views*	CCGs concerned about creep. Would require monitoring and Scriptswitch messages.
Equity of access	*Equality assessment*	N/A
Stakeholder views	*Define wider groups to be engaged*	N/A
Implementation requirements	*Requires, RICAD ESCA etc.*	None

Decision Summary

Resubmission is recommended to complete the information to enable a decision:	
Not approved and rationale:	
Formulary status (RAG) and rationale	GREEN £££ – Rationale: Third line option in individuals who have not tolerated first line alendronate tablets and second line risedronate tablets and in whom a bone-sparing agent is still considered clinically necessary.
Implementation requirements:	

Implementation monitoring:	Monitor prescribing to identify significant increase in prescribing. Add messages to Scriptswitch®