HERPC
Hull & East Riding Prescribing Committee

Prescribing Framework for Colistimethate Sodium (Promixin® or Colomycin®)

Patients Name:……..… NHS Number: ……

Patients Address:……..……(Use addressograph sticker)

GP's Name:……..

Communication

We agree to treat this patient within this Prescribing Framework

Specialist Prescriber's Name…… Prof Reg. No. ……

Specialist Prescriber's Signature…… Date:……

Where prescriber is <u>not</u> a consultant:

Consultant's Name: …… GMC No ……..

Consultant's Signature ……... …… Date:……

GP's Signature:…… Date:……..

GP's Name (if different from listed above)……..

The front page of this form should be completed by the specialist and the form sent to the patient's general practitioner.
<u>The patient's GP should sign and send back to specialist</u>, to confirm agreement to enter into shared care arrangement. If the General Practitioner is **<u>unwilling</u>** to accept prescribing responsibility for the above patient the specialist should be informed within two weeks of receipt of this framework and specialist's letter.

1. Background

These guidelines aim to provide a framework for the prescribing of colistimethate sodium by GPs Promixin® and Colomycin® and to set out the associated responsibilities of GPs and hospital specialists who enter into the shared care arrangements.

The guidelines should be read in conjunction with the general guidance on prescribing matters given in EL (91) 127 “Responsibility for prescribing between hospitals and GPs”.

2. Indication

For the treatment by nebulisation of colonisation and infections of the lung due to susceptible *Pseudomonas aeruginosa* in patients with chronic infection and who have had repeated exacerbations treated with antibiotics (most commonly seen in bronchiectasis and COPD) – unlicensed indication.

3. Dose and formulation

Children under 2 years (*Colomycin* only): 500,000-1 million units twice daily
Adults and children 2 years and above: 1-2 million units two or three times daily

Dose may be reduced in renal impairment.

Colistimethate should be prescribed by BRAND as advised by specialist.

Products require reconstitution with 1-4ml of sodium chloride 0.9% or water for injections prior to administration by nebulisation using a suitable nebuliser (for *Promixin* I-Neb®, for *Colomycin* Ventstream or Pari® LC Plus), as demonstrated by specialist.

4. Duration of treatment

Treatment should be ongoing unless otherwise directed by the specialist.

5. Contraindications and cautions

Use with extreme caution in patients with porphyria.

Colistimethate is renally excreted and toxicity has been reported where dose adjustment has not been made (see section 6).It is advisable to assess baseline renal function and to monitor during treatment.

Containment of the aerosol is necessary

6. Adverse effects

The commonest undesirable effects following nebulisation of colistimethate sodium are coughing and bronchospasm (indicated by chest tightness which may be detected by a decrease in FEV_1) in approximately 10% of patients.

Should hypersensitivity reactions such as skin rash occur treatment with colistimethate sodium should be withdrawn.
Cases of sore throat or sore mouth may be due to hypersensitivity or superinfection with *Candida* species.

7. Interactions

Nebulised antibiotics should not be given within an hour of dornase alpha (Pulmozyme®).

Details of contraindications, cautions, drug interactions and adverse effects listed above are not exhaustive. For further information always check with BNF www.bnf.org.uk or SPC (www.medicines.org.uk).

8. Monitoring

Initiation: Nebulisation of colistimethate sodium may induce coughing or bronchospasm. It is advisable to administer the first dose under medical supervision. Pre-dosing with a bronchodilator is recommended and should be routine, especially if this is part of the patient's current therapeutic regimen. FEV_1 should be evaluated pre and post dosing. If there is evidence of colistimethate sodium induced bronchial hyperreactivity in a patient not receiving pre-treatment bronchodilators the test should be repeated on a separate occasion using a bronchodilator. Evidence of bronchial hyperreactivity in the presence of a bronchodilator may indicate an allergic response and treatment should be discontinued. Bronchospasm that occurs should be treated as medically indicated.

On-going: Bronchial hyperreactivity in response to colistimethate sodium may develop with continued use over time and it is recommended that pre and post treatment FEV_1s are evaluated at regular clinic visits.

9. Information to patient

Patients will be provided with specific information relating to their treatment.including the benefits and risks of treatment, how to administer and how to obtain supply.

10. Responsibilities of clinicians involved

Stage of Treatment	Hospital Specialist	General Practitioner
Initiation	Initiate treatment and monitor lung function tests as per evaluation schedule Advise patient of side effects Review the patient in clinic. Send shared care framework with details of current prescription. (Usually first 2-3 months treatment provided by clinic).	Contact the specialist if there are concerns regarding patient.
Maintenance	Monitor lung function and microbiological surveillance	Prescribe colistimethate sodium by BRAND (*Colomycin*® or *Promixin*®). Identify adverse effects and treat appropriately referring to the specialist where necessary Report any non-compliance to therapy

Contact Details:

During Office hours:

Adult Service
Tanya Cavany, Cystic Fibrosis Clinical Nurse Specialist - 0790 0056 361 or 01482 622495

Anne Cracknell, Specialist Pharmacist - Respiratory Medicine - 01482 674043

Out of hours
Contact relevant on-call Registrar for specialty or on-call Pharmacist via switchboard (01482 875875).

APPROVAL PROCESS

Written by:	***Anne Cracknell, Specialist Pharmacist – Respiratory Reviewed May 16***
Consultation process:	***Tanya Moon – CF Clinical Specialist Nurse (Adults)*** ***Julie Mould – CF Specialist Nurse (Paeds)*** ***Prof Morice – Consultant in Respiratory Medicine*** ***Dr Beddis – Consultant in Paediatric Pulmonology***
Approved by:	***MMIG***
Ratified by:	***HERPC April 2011 Updated May 2016***
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