TAYSIDE PRESCRIBER

Tayside D&TC Supplement No. 29

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Produced by Tayside New Medicines Implementation Panel (NMIP)

In this issue:

Valdecoxib (Bextra®) – osteoarthritis (OA) and rheumatoid arthritis (RA)

- Valdecoxib is a further COX-2 selective Non-Steroidal Anti-Inflammatory Drug (NSAID). It is licensed for symptomatic relief of OA and RA and for the treatment of primary dysmenorrhoea. (Use in dysmenorrhoea has not been evaluated by the SMC).

➢ **Recommended for use** in accordance with guidance issued by NICE for COX-2 selective NSAIDs in the treatment of OA and RA.

Points for consideration:

- Valdecoxib is effective in the symptomatic treatment of OA and RA, and is associated with less gastro-intestinal adverse-effects than non-selective NSAIDs.
- In common with other COX-2 selective NSAIDs, valdecoxib should be reserved for patients at high risk of gastrointestinal adverse-effects to non-selective NSAIDs.
- There is no evidence that valdecoxib has advantages or disadvantages compared with other COX-2 selective NSAIDs. (All 'coxibs' are of comparable cost).
- The risk of cardiovascular events in patients receiving COX-2 selective NSAIDs is unclear and may be higher than shown with standard NSAIDs. Furthermore, in patients who take low dose aspirin for cardiovascular protection, the benefit of COX-2 selective agents (to decrease gastrointestinal toxicity) is reduced. **Prescribing COX-2 selective agents preferentially over standard NSAIDs in this situation is therefore not justified on current evidence.**
- COX-2 selective NSAIDs have a similar rate of renal adverse events to standard NSAIDs.
- Further advice on the management of patients with OA, including the place of COX-2 selective NSAIDs, is available within the Tayside Area Prescribing Guide (TAPG).
- Valdecoxib is also licensed for the treatment of primary dysmenorrhoea. This will be the subject of a separate SMC recommendation.

Memantine (Ebixa®) – Alzheimer's disease (AD)

- Memantine is the first treatment to be licensed for moderately severe to severe AD. It is a non-competitive inhibitor of the N-methyl D-aspartate (NMDA) receptor, which is one of a number of post-synaptic receptors stimulated by glutamate. (Excessive stimulation of glutamate receptors is thought to be a common pathogenic mechanism in neurodegenerative diseases). Memantine is the first NMDA antagonist to be licensed for AD.

➢ **Not recommended**

Points for consideration:

- Memantine shows minor statistically significant reduction in the rate of deterioration in global, functional and cognitive AD scales versus placebo in patients with moderately severe to severe AD. However, the magnitude of the effect shown by memantine is extremely small and the clinical relevance is unclear.
- On the basis of current evidence, health gain obtained through use of memantine appears to be marginal relative to the cost of therapy.
- Memantine is not stocked by the hospital pharmacy.

The following recommendations relate to HOSPITAL ONLY medicines

Adefovir dipivoxil (Hepsera®) – hepatitis B

- Adefovir dipivoxil is a nucleotide reverse transcriptase inhibitor licensed for the treatment of chronic hepatitis B in adults with:
  - compensated liver disease with evidence of active viral replication, persistently elevated serum alanine aminotransferase (ALT) levels and histological evidence of active liver inflammation and fibrosis.
  - decompensated liver disease.

➢ **Not recommended**

Points for consideration:

- Adefovir dipivoxil shows histological improvement in hepatitis B e antigen (HBeAg) positive and HBeAg-negative patients versus placebo. It also shows reduction in viral load in lamivudine-resistant infection.
- Comparative data to assess the efficacy and tolerability of adefovir dipivoxil relative to other treatments used for hepatitis B (lamivudine and interferon alfa) is limited.
- There is limited data on sustained response rates achieved through use of adefovir dipivoxil, and the optimum duration of therapy remains to be determined.
- The manufacturer failed to provide information on the cost-effectiveness of adefovir dipivoxil in the management of chronic hepatitis B.
- Adefovir dipivoxil is not stocked by the hospital pharmacy.

Enfuviritide (Fuzeon®) – HIV

- Enfuviritide is the first of a new class of antiretroviral agents - the 'fusion inhibitors'. It is licensed for use in combination with other antiretrovirals for the treatment of HIV-1 infected patients who have failed on regimens containing at least one agent from each of the 3 antiretroviral classes (protease inhibitors, non-nucleoside reverse transcriptase inhibitors, nucleoside reverse transcriptase inhibitors) or who have intolerance to previous antiretroviral regimens.

➢ **Recommended for restricted use**

Points for consideration:

- The addition of enfuviritide to optimised background therapy reduces HIV-1 viral load compared to optimised background therapy alone in end stage patients.
- Enfuviritide is administered as a subcutaneous injection. Local injection site reactions were reported by 98% of patients in clinical studies.
- Enfuviritide should be reserved for highly motivated end stage patients.
- **Enfuviritide is restricted to secondary care** for use by clinicians experienced in the management of HIV infected patients.

New medicines should not be prescribed locally until they have been evaluated by the SMC and a recommendation for use has been made.

Details of local recommendations for new medicines are available on the Tayside D&TC web-site (www.show.scot.nhs.uk/thb/adtc). Information on which new medicines will be considered by the SMC over the next two to three months is available on the SMC web-site (www.scottishmedicines.org.uk) under "Work Programme".

Contact details:
Local implementation of SMC recommendations is being taken forward by the Tayside Medicines Unit – contact Jan Jones, Pharmaceutical Prescribing Adviser (jan.jones@tpct.scot.nhs.uk) if you have any queries in relation to the introduction of new drugs within NHS Tayside