TAYSIDE PRESCRIBER



Tayside DTC Supplement No 87

March 2009

Produced by NHS Tayside Drug and Therapeutics Committee Medicines Advisory Group (MAG)

SMC Advice issued in March 2009

Medicine	Indication	Local recommendation category	Comments and useful links
Alitretinoin 10mg/30mg capsules (Toctino®)	In adults who have severe chronic hand eczema, unresponsive to treatment with potent topical corticosteroids	HOSPITAL ONLY (Dermatology clinic) Specialist patient pathway being considered	 <u>SMC advice</u> <u>SPC link</u> To be dispensed by a hospital pharmacy only Monitoring** will be undertaken by the Dermatology clinic
Betaine anhydrous oral powder (Cystadane®) - Resubmission	Adjunctive treatment of homocystinuria	Not recommended	<u>SMC advice</u>
Cetuximab 5mg/ml solution for infusion (Erbitux®) - Non submission	Treatment of patients with squamous cell cancer of the head and neck in combination with platinum based chemotherapy	Not recommended	<u>SMC advice</u>
Cladribine 2mg/ml solution for injection (Litak®) - Abbreviated submission	Treatment of hairy cell carcinoma	Pending OHMMG decision	<u>SMC advice</u>
Doripenem 500mg powder for infusion (Doribax®)	Nosocomial pneumonia (including ventilator-associated pneumonia) in adults	Pending AMG decision	<u>SMC advice</u> <u>SPC link</u>
Oxycodone/naloxone 10mg/5mg and 20mg/10mg prolonged release tablets (Targinact®)	/5mg and 20mg/10mg managed only with opioid analgesics and release tablets		<u>SMC advice</u>
Testosterone undecanoate 1000mg/4ml oily solution for injection (Nebido®)	Testosterone replacement therapy for male hypogonadism	GPs may prescribe under the direction of the Endocrine Clinic	<u>SMC advice</u> <u>SPC link</u>
Tobramycin 300mg/4ml nebuliser solution (Bramitob®) - Abbreviated submission (deferred)	Chronic pulmonary infection due to Pseudomonas aeruginosa in patients with cystic fibrosis aged 6 years and over	GPs may prescribe under the direction of Secondary Care (Cystic Fibrosis clinics)	SMC advice SPC link Shared care agreement for adults to be reviewed and updated

**Suggested monitoring requirements for alitretinoin:

- Monthly pregnancy prevention programme will be followed
- Baseline and 6 week FBC checked then monitored every 3 months
- Lipids, LFTs, TSH and fasting blood glucose monitored before treatment, 1 month after starting and then 3 monthly

Click here for March briefing note

TAPG Update

	TAPG section	Drug(s)/topic	Changes	
1.5	Treatment of Inflammatory bowel disease	Mesalazine	Mesren® MR – alternative to Asacol® added. Mezavant® XL* added – restricted to patients with compliance problems. Note inserted regarding monitoring of renal function with aminosalicylates.	
2.2	Diuretics	Thiazide diuretics	Sentence added – on use of thiazide and ACE inhibitor post stroke or TIA - with link to SIGN Guideline 108 –Management of patients with stroke or TIA.	
2.5	Drugs affecting the renin-angiotensin system	ACE inhibitors		
2.9	Antiplatelet drugs	Dipyridamole m/r	Link inserted at beginning of section to SIGN Guideline 108. Information about when to start combination antiplatelet therapy with aspirin (75mg daily) and dipyridamole m/r (200mg twice daily) added – i.e. should be initiated when the patient is discharged or at 14 days post stroke or TIA. Patients unable to tolerate aspirin and dipyridamole combination therapy or clopidogrel monotherapy should receive treatment with aspirin or dipyridamole monotherapy. Aspirin & clopidogrel combination is not recommended for long -term secondary prevention of ischaemic stroke.	
4.7	Analgesics	Dihydrocodeine tablets	Dihydrocodeine tablets removed from this section.	
6.4	Sex hormones	Tibolone	Link inserted to MHRA – increased risk of breast cancer recurrence with tibolone.	
10.1	Drugs used in rheumatic diseases and gout	Non-steroidal anti- inflammatory drugs (NSAIDs)	Reminder added – Patients should use the lowest effective dose of any NSAID for the shortest duration necessary to control symptoms.	

* SMC accepted drug

Forthcoming SMC Advice

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