



## Tayside DTC Supplement No 101 – December/January 2010/11

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

### Special points of interest for Primary Care

- Withdrawal of Mixtard® 30 insulin
- Change in formulation - etonogestrel implant
- Safety of inhaled tiotropium
- GI section of formulary updated

#### SMC advice:

- Etonogestrel implant 68mg (Nexplanon®)
- Tacrolimus granules for oral suspension (Modigraf®)
- Febuxostat tablets (Adenuric®)
- Lacosamide tablets, syrup, infusion (Vimpat®)



## Guidelines and Protocols

### Melatonin shared care agreement

The melatonin shared care agreement has been updated to include immediate release (IR) melatonin tablets (Bio-melatonin®) as well as modified release tablets (Circadian®). The IR tablets can be crushed, mixed with water and sprinkled on or mixed into food. They can also be administered via gastrostomy tubes. For further information [click here](#)

### Parenteral Methotrexate policy

This policy has been updated to include methotrexate injection 50mg/mL (Metoject®) as the recommended parenteral methotrexate for the treatment of rheumatoid arthritis, severe disabling psoriasis and severe psoriatic arthritis in adults. For further information [click here](#) for policy.

### Topical Tacrolimus shared care agreement

The shared care agreement for topical tacrolimus ointment 0.1% and 0.03% has been updated to include maintenance therapy. Tacrolimus ointment 0.1% and 0.03% is accepted for restricted use in adults and children ≥ 2 years respectively with moderate to severe atopic dermatitis who have failed conventional therapies. For further information [click here](#)

### Prescribing of liraglutide or exenatide with insulin

A protocol for the prescribing of liraglutide or exenatide with insulin in patients with type 2 diabetes has been approved. In transition from insulin to liraglutide or exenatide, eligible patients include- those with type 2 diabetes, a BMI>30kg/m<sup>2</sup> and insulin use ≤ 5 years. In combined use of liraglutide or exenatide with insulin, eligible patients include- those with type 2 diabetes, a BMI > 35kg/m<sup>2</sup> and /or an insulin requirement of more than 1unit/kg/day.  
For further information [click here](#)



## Drug Safety Updates

### Codeine containing liquids - OTC medicines should not be used for cough in the under 18's

The Commission on Human Medicines (CHM) and its Paediatric Medicines Expert Advisory Group have recently reviewed the safety and efficacy of codeine for the treatment of cough in children and found a lack of robust evidence supporting its efficacy in this patient group. The CHM has issued advice that:

- Over the counter (OTC) oral liquid medicines containing codeine should no longer be used to treat cough in children and young children under 18 years.
- All OTC oral liquid codeine medicines should be supplied in child-resistant containers to minimise the risk of accidental ingestion by children.

Packaging and leaflets for OTC cough medicines containing codeine are currently being updated. The new information will begin to appear in pharmacies from April 2011. In the meantime pharmacists should consider the new advice when recommending cough medicines containing codeine for children and young people under 18 years. Further information is available from

[Drug Safety Update, October 2010, volume 4, issue 3.](#)

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# Drug Safety Updates (continued..)

## Safety of inhaled tiotropium

The November edition of the Medicines and Healthcare products Regulatory Agency newsletter - [Drug Safety Update, Volume 4, Issue 4](#), provides information and advice for healthcare professionals on recent safety studies of Spiriva® Respimat®▼ (tiotropium).

Recent analyses found that Spiriva® Respimat®▼ was associated with a non-significant increase in all-cause mortality compared with placebo. By contrast, Spiriva® HandiHaler® was associated with a decrease in all-cause mortality compared with placebo. The reasons for the apparent difference are unclear, however differences between the Respimat®▼ and HandiHaler® study populations varied across studies. Furthermore, apparent differences may be a chance finding; further studies are ongoing.

The MHRA has advised:

- Spiriva® Respimat®▼ should be used with caution in patients with known cardiac rhythm disorders.
- Patients with COPD who use tiotropium should be reminded not to exceed the recommended once-daily dose of:
  - one Spiriva® HandiHaler® 18 microgram capsule, or
  - two puffs Spiriva® Respimat®▼ 2.5 micrograms

Tiotropium's place in pharmacological therapy for Chronic Obstructive Pulmonary Disease (COPD) remains unchanged as described in the recent [Respiratory MCN Formulary Update, Tayside Prescriber, Issue 119, December 2010](#).

## Tamoxifen and drug interactions with CYP2D6 inhibitors

There is some evidence that co-administration of tamoxifen with CYP2D6 inhibitors may decrease the efficacy of tamoxifen. Tamoxifen is a pro-drug, and the formation of the active metabolite, endoxifen, is mediated by the CYP2D6 enzyme. Concomitant use of medicines known to be potent CYP2D6 inhibitors, for example, paroxetine, fluoxetine, bupropion, quinidine and citalopram, should be avoided whenever possible in patients taking tamoxifen. Further information is available from [Drug Safety Update Nov 2010, vol 4, issue 4](#).



## Prescribing Changes

### Withdrawal of Mixtard 30 insulin

NovoNordisk discontinued Mixtard 30 insulin on the 31<sup>st</sup> December 2010. Any person with diabetes who uses this insulin should contact their diabetes healthcare team to discuss treatment options. The Diabetes MCN has issued guidance for [primary care](#) and [secondary care](#) teams which can be accessed by clicking on the links. There is also a Tayside Prescriber on [Withdrawal of Mixtard 30 Insulin: Advice for Secondary Care](#).

### Change in formulation of etonogestrel implant

The manufacturer has discontinued Implanon® and replaced it with Nexplanon®. Both products contain etonogestrel implant 68mg. The only differences are that Nexplanon® has a new pre-loaded applicator, designed to reduce the risk of insertion errors and is X-ray opaque to allow verification of presence and location of implant. Further information is available from [October 2010 issue of Drug Safety Update](#).

SMC Advice issued in December 2010

SMC website: [www.scottishmedicines.org.uk](http://www.scottishmedicines.org.uk)

Medicine	Indication	Local recommendation category	Comments and useful links
Atazanavir 150, 200 and 300 mg capsules(Reyataz®) (656/10) - Abbreviated submission	Treatment of HIV in paediatric patients 6 years of age and older in combination with other antiretroviral medicinal products.	<b>HOSPITAL ONLY</b> Can only be prescribed under specialist centre guidance (i.e. Glasgow or Edinburgh).	<a href="#">SMC advice</a> <a href="#">SPC link</a>

Medicine	Indication	Local recommendation category	Comments and useful links
Denosumab 60mg solution for injection in pre-filled syringe (Prolia®) (651/10) - Full submission	Osteoporosis in postmenopausal women at increased risk of fractures.	<b>Pending specialist feedback.</b> <b>SMC restriction:</b> use only in patients with a bone mineral density (BMD) T-score < -2.5 and ≥ -4.0 for whom oral bisphosphonates are unsuitable due to contraindication, intolerance or inability to comply with the special administration instructions.	<a href="#">SMC advice</a> <a href="#">SPC link</a>
Denosumab 60mg solution for injection in pre-filled syringe (Prolia®) (670 /10) - Non-submission	Bone loss associated with hormone ablation in men with prostate cancer at increased risk of fractures.	<b>Not recommended</b>	<a href="#">SMC advice</a>
Dexamethasone 700 microgram intravitreal implant (Ozurdex®) (652 /10) - Full submission	Adult patients with macular oedema following either BRVO or CRVO.	<b>Not recommended</b>	<a href="#">SMC advice</a>
Diclofenac 4% spray gel (Mobicgel Spray®) (667/10) - Non-submission	Local symptomatic relief of mild to moderate pain and inflammation following acute blunt trauma of small and medium-sized joints and periarticular structures.	<b>Not recommended</b>	<a href="#">SMC advice</a>
Etonogestrel implant 68mg (Nexplanon®) ( 655/10) - Abbreviated submission	Contraception.	<b>Formulary</b> <i>Replaces Implanon®</i>	<a href="#">SMC advice</a> <a href="#">SPC link</a> <a href="#">TAF link</a>
Fondaparinux sodium 1.5mg/0.3mL solution for injection, pre-filled syringe (Arixtra®) (668/10) - Non-submission	Acute symptomatic spontaneous superficial-vein thrombosis of the lower limbs without concomitant deep-vein thrombosis.	<b>Not recommended</b>	<a href="#">SMC advice</a>
Gefitinib 250mg film-coated tablets (Iressa®) (615 /10) - Re-submission	Adults patients with locally advanced or metastatic NSCLC with activating mutations of EGFR-TK.	<b>Not recommended</b>	<a href="#">SMC advice</a>
Moxifloxacin intravenous 400mg/250mL solution for infusion (Avelox®) (650/10) - Full submission	Community acquired pneumonia (CAP).	<b>Pending AMG decision</b> (decision deferred to February's meeting). <b>SMC restriction:</b> use only on the advice of microbiologists or specialists in infectious disease.	<a href="#">SMC advice</a> <a href="#">SPC link</a>
Prucalopride 1mg and 2mg tablet (Resolor®) (653/10) - Full submission	Symptomatic treatment of chronic constipation in women in whom laxatives fail to provide adequate relief.	<b>Not recommended</b>	<a href="#">SMC advice</a>
Ranolazine 375mg, 500mg and 750mg prolonged-release tablets (Ranexa®) (565/09) - Re-submission	Add-on therapy for the symptomatic treatment of patients with stable angina pectoris.	<b>Not recommended</b>	<a href="#">SMC advice</a>
Tacrolimus granules for oral suspension (Modigraf®) (657/10) - Abbreviated submission	Prophylaxis of transplant rejection in adult and paediatric, kidney, liver or heart allograft recipients.  Treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products in adults and paediatric patients	<b>GPs may prescribe under the direction of the renal unit or paediatrics.</b>  <b>To be initiated on specialist advice only.</b>  <b>SMC restriction:</b> for use in patients for whom tacrolimus is an appropriate choice for immunosuppressive therapy and where small changes (less than 0.5mg) in dosing increments are required (e.g. in paediatric patients) or seriously ill patients who are unable to swallow tacrolimus capsules.	<a href="#">SMC advice</a> <a href="#">SPC link</a>  <i>Modigraf® granules for oral suspension have a much greater bioavailability than immediate release capsules. Careful monitoring and possible dose changes are needed when introducing treatment with Modigraf®. This should be done in secondary care.</i>

Updates from previous SMC Advice

Medicine	Indication	Local recommendation category	Comments and useful links
Certolizumab pegol, 200mg/mL solution for injection (prefilled syringe) (Cimzia®) - Resubmission	<ul style="list-style-type: none"> <li>In combination with methotrexate for the treatment of moderate to severe active rheumatoid arthritis in adult patients when response to disease modifying anti-rheumatic drugs, including methotrexate have been inadequate.</li> <li>Monotherapy in case of intolerance to methotrexate or when continued treatment with methotrexate is inappropriate.</li> </ul>	<b>Hospital Only</b>  To be supplied via a Patient Access Scheme	<a href="#">SMC advice</a> <a href="#">SPC link</a>
Dutasteride 0.5mg plus tamsulosin 0.4mg capsule (Combodart®) - Abbreviated submission	Treatment of moderate to severe symptoms of benign prostatic hyperplasia (BPH); Reduction in the risk of acute urinary retention and surgery in patients with moderate to severe-symptoms of BPH.	<b>Non Formulary</b>	<a href="#">SMC advice</a> <a href="#">SPC link</a>
Febuxostat 80mg and 120mg tablets (Adenuric®) - Full submission	Treatment of chronic hyperuricaemia in conditions where urate deposition has already occurred.	<b>GPs may prescribe under the direction of rheumatology.</b>  Restricted to patients where allopurinol is inadequate, not tolerated or contraindicated.	<a href="#">SMC advice</a> <a href="#">SPC link</a> <a href="#">Local protocol - Management of Gout</a> <a href="#">Further info - TAF link</a>
Lacosamide 50mg, 100mg, 150mg and 200mg tablets, 15mg/mL syrup and 10mg/mL solution for intravenous infusion (Vimpat®) - Full submission	Adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in patients with epilepsy aged 16 years and older.	<b>GPs may prescribe under the direction of Neurology / Epilepsy clinic.</b>  Restricted to patients with refractory epilepsy and treatment should be initiated by physicians who have appropriate experience in the treatment of epilepsy.	<a href="#">SMC advice</a> <a href="#">SPC link</a>
Methotrexate injection 50mg/ml (Metoject®) pre-filled syringes 7.5mg, 10mg, 15mg, 20mg, 25mg - Abbreviated submission	Severe recalcitrant disabling psoriasis in adults not responsive to other forms of therapy such as phototherapy, PUVA, retinoids. Severe psoriatic arthritis in adults.	<b>Hospital Only</b> <b>May be administered in primary care</b>	<a href="#">SMC advice</a> <a href="#">SPC link</a> Also approved for severe active Rheumatoid Arthritis in adults <a href="#">Policy</a>
Tacrolimus 0.03% ointment (Protopic®) - Full submission	Maintenance treatment of moderate to severe atopic dermatitis in children (aged 2 to 15 years) for the prevention of flares and the prolongation of flare-free intervals in patients experiencing a high frequency of disease exacerbations (i.e. occurring 4 or more times per year) who have had an initial response to a maximum of 6 weeks treatment of twice daily tacrolimus ointment (lesions cleared, almost cleared or mildly affected).	<b>GPs may prescribe under the direction of the dermatology clinic.</b>	<a href="#">SMC advice</a> <a href="#">SPC link</a> <a href="#">Shared Care Agreement</a>
Tacrolimus 0.1% ointment (Protopic®) - Full submission	Maintenance treatment of moderate to severe atopic dermatitis for the prevention of flares and the prolongation of flare-free intervals in adult patients ( $\geq 16$ years) experiencing a high frequency of disease exacerbations (i.e. occurring 4 or more times per year) who have had an initial response to a maximum of 6 weeks treatment of twice daily tacrolimus ointment (lesions cleared, almost cleared or mildly affected).	<b>GPs may prescribe under the direction of the dermatology clinic.</b>	<a href="#">SMC advice</a> <a href="#">SPC link</a> <a href="#">Shared Care Agreement</a>



# Tayside Area Formulary (TAF) Updates - Dec/Jan

TAF Section	Drug(s)/topic	Changes
I.1	Dyspepsia and GORD	<i>Addition of Gastrocote® preparations and expansion of prescribing advice throughout.</i>
I.2	Antispasmodics and other drugs altering gut motility	<i>Addition of hyoscine butylbromide tablets for restricted use. Expansion of prescribing advice on metoclopramide and domperidone. Links to <a href="#">CKS Topic on Irritable bowel syndrome</a> and <a href="#">Palliative care guidelines</a> for symptom control - nausea and vomiting inserted.</i>
I.3	Ulcer healing drugs	<i>Addition of a quadruple therapy regimen for H.pylori eradication failure including addition of tripotassium dicitraborbismuthate (De-Noltab®). Lansoprazole oro-dispersible tablets (Zoton® FasTab®)* have been added for restricted use in patients with swallowing difficulties or who require a PPI via NG or PEG tube (unlicensed use). Advice on interactions between PPIs and clopidogrel inserted. Link to Medicine for the Elderly <a href="#">guidance on reducing inappropriate PPI use in older people</a> inserted. Minor amendments to prescribing advice.</i>
I.4	Antidiarrhoeal drugs	<i>Further prescribing advice added.</i>
I.5	Treatment of inflammatory bowel disease	<i>Further prescribing advice added. Mesalazine now highlighted as 1st choice topical aminosalicylate treatment and mesalazine foam enema (Asacol®) added. Prednisolone now highlighted as 1st choice topical steroid treatment and prednisolone foam (Predfoam®) added. Link to azathioprine / mercaptopurine <a href="#">shared care agreement</a> inserted.</i>
I.6	Laxatives	<i>Further prescribing advice added. Co-danthramer has been added - restricted to use in terminally ill patients. Link to <a href="#">treating constipation in palliative care</a> guidelines added. Bisacodyl suppositories added. Ispaghula husk now 1st choice bulk-forming laxative. Magnesium hydroxide removed and lactulose now 1st choice osmotic laxative. Glycerol suppositories now 1st choice locally administered laxative. Section on bowel cleansing preparations added with additions of Sodium picosulphate (Picolax®) and Klean-Prep®.</i>
I.7	Preparations for haemorrhoids	<i>Anusol® and Anusol-HC® highlighted as 1st line choices. Further prescribing advice added.</i>
I.9	Drugs affecting intestinal secretions	<i>New section added. Ursodeoxycholic acid, colestyramine and pancreatin (Creon®) now in formulary. Link to NHS Tayside Patient Information Leaflet on using Pancreatic Enzyme Replacement Therapy inserted. <a href="#">Click here</a>.</i>
<b>Section I Upper GI Guidelines</b>	<b>Helicobacter pylori Eradication Therapy</b>	<i>Removal of omeprazole 40mg once daily as an alternative to omeprazole 20mg twice daily in H.pylori eradication therapy.</i>
7.3	Contraceptives	<i>Nexplanon®* has replaced Implanon® for long-acting reversible contraception.</i>
10.1	Drugs used in rheumatic diseases and gout	<i>Addition of febuxostat▼* restricted to use either in patients who had an inadequate response to allopurinol (at maximum tolerated dosage), or in whom allopurinol is contraindicated or not tolerated, under the direction of a rheumatologist. Further prescribing advice added. Link to <a href="#">local protocol on Management of Gout</a> inserted.</i>
11.6	Treatment of glaucoma	<i>Addition of brinzolamide eye drops (Azopt®)* and brinzolamide with timolol (as maleate) eye drops (Azarga®▼)* as 2nd choice carbonic anhydrase inhibitors. Changes to layout of section and further prescribing advice added throughout.</i>

\* SMC accepted medicine

## SMC Briefing Note:

[Click here](#) for December Briefing Note

## Forthcoming SMC Advice

This bulletin is produced by the Medicines Advisory Group (MAG), which is a sub-group of the NHS Tayside Drug and Therapeutics Committee.

Please direct any queries to either:  
 Karen Harkness  
 Principal Pharmacist - Clinical Effectiveness  
 email: kharkness@nhs.net  
 or  
 Claire James  
 Senior Pharmacist  
 Clinical Effectiveness  
 email: clairejames@nhs.net

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