



Special points of interest for Primary Care

- **Cardiovascular risk of calcium supplements**
- **Prescribing of lidocaine 5% plasters in palliative care**
- **SMC advice on:**
 - Agomelatine
 - Aripiprazole
 - Betamethasone
 - Dronedarone
 - Indacaterol
 - Lacosamide
 - Sitagliptin plus metformin (Janumet®)



Guidelines and Protocols

Dronedarone Protocol

A new medicine treatment protocol for dronedarone (Multaq®) has been developed ([click here](#)). Dronedarone is indicated in clinically stable patients with a history of, or current non-permanent atrial fibrillation (AF) to prevent recurrence of AF or lower ventricular rate. It is restricted to those who would otherwise have been considered for long term amiodarone therapy and in whom conventional first-line anti-arrhythmic medicines are ineffective, contra-indicated or not tolerated.

Local recommendation

GPs may prescribe under the direction of a cardiologist.

Protocol highlights:

- Dronedarone has several drug interactions these are detailed within Section 8 of the protocol.

- Contra-indications, cautions and common side-effects are detailed within Section 7 and 8 of the protocol.
- Monitoring is detailed in Section 9 and 10 of the protocol.

Prescribing points:

Particular attention should be paid to symptoms of heart failure both in patients developing heart failure and signs of deterioration in patients with existing heart failure.

Serum creatinine should be measured 7 days after initiation of dronedarone. If an increase in serum creatinine occurs and reaches a plateau, this increased value should be used as the patients new baseline (does not indicate impaired renal function).

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Local Omalizumab Treatment Protocol (for children 6 to <12 years of age)

NHS Tayside Paediatric Services have developed a local protocol to support the prescribing of omalizumab in children (6 to <12 years of age) with severe persistent allergic asthma. [Click here](#) for further information.

Local recommendation

HOSPITAL ONLY
(Paediatrics)



Drug Safety Updates

Cardiovascular Risk of Calcium Supplements

A meta-analysis in the BMJ ⁽¹⁾ has suggested that calcium supplements are associated with an increased risk of myocardial infarction.

Limitations to the analysis include:

- Studies including calcium and vitamin D supplements were excluded
- None of the trials had cardiovascular outcomes as the primary end-points.

A seven year study in postmenopausal woman showed that calcium and vitamin D supplementation had no effect on the risk of coronary heart disease or stroke ⁽²⁾.

A previous meta-analysis of vitamin D use has shown that vitamin D is associated with reductions in mortality ⁽³⁾. Patients with osteoporosis should not be treated with calcium supplements alone (i.e. without vitamin D).

Calcium and vitamin D supplements in combination with bisphosphonates are the recommended treatment for patients with high risk of osteoporotic fracture.

References:

1. Bolland MJ et al. Effect of calcium supplements on risk of myocardial infarction and cardiovascular events: meta-analysis. BMJ 2010; 341:c3691
2. Hsia J et al. Calcium/ vitamin D supplementation and cardiovascular events. Circulation 2007; 115:846-54.
3. Autier P, Gandini S. Vitamin D supplementation and total mortality: a meta-analysis of randomised controlled trials. Arch Intern Med 2007; 167: 1730-7.

Intravenous paracetamol (Perfalgan® ▼): risk of accidental overdose, especially in infants and



Cases of accidental overdose have been reported during treatment with intravenous paracetamol 10mg/mL solution for infusion (Perfalgan® ▼).

In most cases this occurred in infants and neonates due to confusion between the prescribed dose of intravenous paracetamol being written in mg and then administered in mL, causing a 10-fold overdose. However, errors have also occurred in adults when

doses of 1g of intravenous paracetamol four times a day have been administered to adults weighing less than 50kg or when the patient has been given more than 4 doses in 24 hours.

Advice for healthcare professionals:

- Vigilance is advised when prescribing and administering intravenous paracetamol to ensure that the correct dose is given, especially in infants and neonates where there is a risk of confusion due to prescription in mg and administration in mL.
- All children should be dosed according to their weight and local guidelines [Click here](#)
- Adults weighing less than 50kg should receive a dose of 15mg/kg up to 4 times a day.
- The dosing schedule is up to four infusions a day with a minimum of 4 hours between each administration and a minimum of 6 hours for those with renal impairment (creatinine clearance less than or equal to 30 mL/minute).
- For infants and children who weigh less than 33 kg, the 50 mL vial should be used.
- In order to avoid overdose, intravenous paracetamol should not be given concomitantly with oral paracetamol, including combination products.
- Further information is available from [the BNF](#), [SPC for intravenous paracetamol \(Perfalgan\)](#) and [Drug Safety Update: July 2010](#)



Prescribing Changes

Lidocaine 5% medicated plaster (Versatis®)

Lidocaine is a local anaesthetic effective in some types of complex neuropathic pain such as post-herpetic neuralgia. The DTC has agreed that lidocaine patches should be available for use in palliative care patients according to the [Lothian palliative care guidelines](#) which have been adopted by NHS Tayside.

The use of lidocaine plasters in palliative care is outwith the product licence.

Local recommendation

Formulary – restricted off label use in palliative care.

GPs may prescribe on the recommendation of a palliative care specialist.

Medicine	Indication	Local recommendation category	Comments and useful links
Agomelatine, 25mg film-coated tablets (Valdoxan [®]) - Resubmission	Treatment of major depressive episodes in adults	Not recommended	SMC advice
Aripiprazole 5, 10, 15, 30mg oral tablets, 10, 15mg orodispersible tablets and 1mg/1ml oral solution (Abilify [®]) - Abbreviated submission	Treatment of schizophrenia in adolescents 15 years and older	HOSPITAL ONLY Restricted to initiation and management under the supervision of a child/adolescent psychiatrist.	SMC advice SPC link
Betaine anhydrous oral powder (Cystadane [®]) - 2 nd Resubmission	Adjunctive treatment of homocystinuria involving deficiencies or defects in cystathionine beta-synthase (CBS), 5,10-methylene-tetrahydrofolate reductase (MTHFR) or cobalamin cofactor metabolism (cbl)	HOSPITAL ONLY Restricted to use in patients who are not responsive to vitamin B ₆ treatment.	SMC advice SPC link
Betamethasone valerate 2.25mg medicated plaster (Betesil [®]) - Full submission	Treatment of inflammatory skin disorders which do not respond to treatment with less potent corticosteroids, such as eczema, lichenification, lichen planus, granuloma annulare, palmoplantar pustulosis and mycosis fungoides. Betamethasone medicated plaster is suitable for chronic plaque psoriasis localised in difficult to treat areas	Not recommended	SMC advice
Bivalirudin 250mg powder for concentrate for solution for injection or infusion (Angiox [®]) - Full submission	Anticoagulant in adult patients undergoing percutaneous coronary intervention (PCI), including patients with ST-segment elevation myocardial infarction (STEMI) undergoing primary PCI. Bivalirudin should be administered with aspirin and clopidogrel	Pending specialist feedback	SMC advice
Dronedarone, 400mg, film-coated tablets (Multaq [®]) - Full submission	In adult clinically stable patients with a history of, or current non-permanent atrial fibrillation (AF) to prevent recurrence of AF or to lower ventricular rate	GPs may prescribe under the direction of a Cardiologist To be initiated on specialist advice only	SMC advice SPC link Local protocol
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	Pending specialist feedback	SMC advice
Eltrombopag 25mg and 50mg film-coated tablets (Revolade [®]) - Full submission	For adult chronic immune (idiopathic) thrombocytopenic purpura (ITP) splenectomised patients who are refractory to other treatments (e.g. corticosteroids, immunoglobulins). Eltrombopag may be considered as second-line treatment for adult non-splenectomised patients where surgery is contraindicated	Pending OHMMG decision	SMC advice
Esomeprazole 10mg gastro-resistant granules for oral solution, sachet (Nexium [®]) - Abbreviated submission	Primarily indicated for treatment of gastro-oesophageal reflux disease in children 1 to 11 years old. Gastro-oesophageal reflux disease (GORD) - Treatment of endoscopically proven erosive reflux oesophagitis - Symptomatic treatment of gastro-oesophageal reflux disease	Pending specialist feedback	SMC advice

SMC Advice issued in August/September 2010 - continued.....

Medicine	Indication	Local recommendation category	Comments and useful links
Febuxostat 80mg and 120mg tablets (Adenuric®) - Full submission	Treatment of chronic hyperuricaemia in conditions where urate deposition has already occurred (including a history, or presence, of tophus and/or gouty arthritis)	Pending specialist feedback Treatment protocols for gout being updated	SMC advice
Filgrastim 30 million units (300 microgram)/ 0.5ml and 48 million units (480 microgram)/ 0.8ml prefilled syringe containing solution for injection or infusion (TevaGrastim®) - Abbreviated submission	See SMC summary advice for details of indications	HOSPITAL ONLY	SMC advice Biologics should be prescribed by brand name
Imatinib, 100mg and 400mg film-coated tablets (Glivec®) - Resubmission	Adjuvant treatment of adult patients who are at significant risk of relapse following resection of Kit (CD117)-positive gastrointestinal stromal tumours (GIST)	Pending OHMMG decision	SMC advice
Indacaterol 150 and 300 micrograms inhalation powder hard capsules (Onbrez Breezhaler®) - Full submission	Maintenance bronchodilator treatment of airflow obstruction in adult patients with chronic obstructive pulmonary disease (COPD)	Non formulary	SMC advice SPC link
Ofatumumab 100mg concentrate for solution for infusion (Arzerra®) - Full submission	Treatment of chronic lymphocytic leukaemia (CLL) in patients who are refractory to fludarabine and alemtuzumab	Not recommended	SMC advice
Olanzapine 210mg, 300mg, 405mg powder and solvent for prolonged release suspension for injection (ZypAdhera®) - Full submission	Maintenance treatment of adult patients with schizophrenia sufficiently stabilised during acute treatment with oral olanzapine	Not recommended	SMC advice
Sitagliptin plus metformin (Janumet® 50/1000) - Abbreviated submission	In combination with a sulphonylurea (ie triple combination therapy) as an adjunct to diet and exercise in patients inadequately controlled on their maximal tolerated dose of metformin and a sulphonylurea	Formulary – restricted use In patients for whom combined use of these medicines is preferred	SMC advice SPC link TAF ink Tayside Diabetes Handbook
Trabectedin, 250 microgram, 1mg powder for concentrate for solution for infusion (Yondelis®) - Full submission	Trabectedin in combination with pegylated liposomal doxorubicin (PLD) is indicated for the treatment of patients with relapsed platinum-sensitive ovarian cancer	Not recommended	SMC advice
Trastuzumab 150mg powder for concentrate for solution for infusion (Herceptin®) - Full submission	In combination with capecitabine or 5-fluorouracil and cisplatin for the treatment of patients with HER2 positive metastatic adenocarcinoma of the stomach or gastro-oesophageal junction who have not received prior anti-cancer treatment for their metastatic disease	Not recommended	SMC advice

Updates from previous SMC Advice

Medicine	Indication	Local recommendation category	Comments and useful links
Filgrastim, 30 million units (300 microgram)/0.5mL and 48 million units (480 microgram)/0.8mL, prefilled syringe containing solution for injection or infusion (Ratiograstim®) - Full submission	See SMC summary advice for details of indications	HOSPITAL ONLY	SMC advice SPC link SPC link Biologics should be prescribed by brand name
Lacosamide 50mg, 100mg, 150mg and 200mg tablets, 15mg /mL syrup & 10mg /mL solution for intravenous infusion (Vimpat®) -Full submission	Add- on therapy in the treatment of partial-onset seizures with or without secondary generalisation in patients with epilepsy aged 16 years or older	Not routinely used in Tayside	SMC advice SPC link



Tayside Area Formulary (TAF) Updates - Aug/Sept

	TAF Section	Drug(s)/topic	Changes
4.10	Drugs used in the management of substance dependence	Management of substance misusers while in hospital	Link to ' Management of Patients With Substance Misuse and NOT on Methadone ' inserted.
	Adverse drug reaction reporting		New section added summarising reporting of adverse drug reactions (ADRs) with a link to the on-line Yellow Card Reporting Scheme.

And Finally.....



What's in a Name?

The Tayside Area Prescribing Guide has been renamed as the Tayside Area Formulary (TAF).

Take a look at the Staff intranet to view the changes

SMC Briefing Notes:

[Click here](#) for [August](#) and [September](#) Briefing Notes

[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.

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