



Special points of interest for Primary Care

- Cardiology specialist formulary list
- Tayside Prescriber - fentanyl preparations for breakthrough cancer pain

SMC advice:

- Fentanyl nasal spray (PecFent®)
- Fentanyl sublingual tablets (Abstral®)
- Levetiracetam 100mg/mL oral solution (Keppra®)
- Valganciclovir (Valcyte®)
- Oxycodone 50mg/mL injection (Oxynorm®)



Specialist lists - progress

Work is underway to extend the scope of the Tayside Area Formulary (TAF) to include more specialist medicines. Guidance on timescales, process for the development of specialist lists and what to include is now available from the Medicines Governance section of the Pharmacy website under [Formulary Development - Specialist Lists](#).

The first clinical speciality to complete this new process has been Cardiology. The specialist cardiology drugs are now included in the main Cardiovascular system section of the formulary with an appendix listing the medicines and a link to their protocols - [Click here](#)

The symbols in the specialist lists are:



- Hospital Only



- May be prescribed in General Practice under the direction of a Specialist

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Guidelines and Protocols

Omalizumab - treatment protocol

Omalizumab, a monoclonal antibody, is a hospital specialist medicine restricted in Tayside for add-on therapy in patients with severe persistent allergic asthma. The local protocol for the use of omalizumab has been updated. [Click here](#) for protocol.



Drug Safety Updates

Please follow link - [Drug Safety Update, volume 4, issue 5, December 2010](#)

Medicine	Indication	Local recommendation category	Comments and useful links
Botulinum toxin type A (Azzalure®) (679/11) - Non-submission	Temporary improvement in the appearance of moderate to severe glabellar lines (vertical “frown” lines between the eyebrows) in adult patients under 65 years and younger, when the severity of these lines has an important psychological impact on the patient.	Not recommended	SMC advice
Botulinum toxin Type A (Vistabel®) (680/11) - Non-submission	Temporary improvement in the appearance of moderate to severe glabellar lines (vertical “frown” lines between the eyebrows) in adult patients under 65 years and younger, when the severity of these lines has an important psychological impact on the patient.	Not recommended	SMC advice
Degarelix (Firmagon®) (560/09) - Re-submission	Gonadotropin-releasing hormone (GnRH) antagonist indicated for the treatment of adult male patients with advanced hormone-dependent prostate cancer.	Pending specialist feedback	SMC Advice
Erlotinib (Tarceva®) (664/10) - Full submission	Monotherapy for maintenance treatment in patients with locally advanced or metastatic non-small cell lung cancer with stable disease after 4 cycles of standard platinum-based first-line chemotherapy.	Not recommended	SMC advice
Fentanyl nasal spray (PecFent®) (663/10) - Full submission	Management of breakthrough pain in adults who are already receiving maintenance opioid therapy for chronic cancer pain.	GPs may prescribe under the direction of palliative care or oncology. SMC restriction: restricted to use in patients unsuitable for short-acting oral opioids, as an alternative to other fentanyl preparations.	SMC advice SPC link CLICK HERE for Tayside Prescriber No 120
Ferric carboxymaltose (Ferinject®) (463/08) - Re-submission	Treatment of iron deficiency when oral iron preparations are ineffective or cannot be used. The diagnosis must be based on laboratory tests.	Not recommended	SMC advice
Histamine dihydrochloride (Ceplene®) (666/10) - Full submission	Maintenance therapy for adult patients with acute myeloid leukaemia in first remission concomitantly treated with interleukin-2. The efficacy of histamine dihydrochloride has not been fully demonstrated in patients older than age 60 years.	Not recommended	SMC advice
Levetiracetam 100mg/ml oral solution (Keppra®) (661/10) - Abbreviated submission	Adjunctive therapy in the treatment of partial onset seizures with or without secondary generalisation in children and infants from 1 month of age to 4 years with epilepsy.	GPs may prescribe under the direction of paediatric neurology SMC restriction: to initiation and management under the supervision of a paediatric neurologist.	SMC advice SPC link
Prilocaine hydrochloride 2% hyperbaric solution for injection (Prilotekal®) (665/10) - Full submission	Spinal anaesthesia.	Pending specialist feedback SMC restriction: for use in spinal anaesthesia in ambulatory surgery settings such as day surgery units.	SMC advice
Sorafenib (Nexavar®) (482/08) - Re-submission	Treatment of hepatocellular carcinoma.	Not recommended	SMC advice

SMC Advice issued in January 2011 - continued.....

Medicine	Indication	Local recommendation category	Comments and useful links
Valganciclovir (Valcyte®) (662/10) - Full submission	Prevention of cytomegalovirus (CMV) disease in CMV negative patients who have received a solid organ transplant from a CMV positive donor. The marketing authorisation has been amended to allow the duration of CMV prophylaxis in kidney transplant patients to be increased from 100 days to 200 days post-transplantation.	Hospital only. Renal.	SMC advice SPC link (tabs) SPC link (powder)
Valsartan (Diovan®) (649/10) - Abbreviated submission	Treatment of hypertension in children and adolescents 6 to 18 years of age.	GPs may prescribe under the direction of a tertiary centre. SMC restriction: use should be on the recommendation of a paediatric specialist consultant.	SMC advice SPC link (40mg caps) SPC link (80mg caps) SPC link (160mg caps)
Velaglucerase (Vpriv®) (681/11) - Non-submission	Long-term enzyme replacement therapy (ERT) in patients with type I Gaucher disease.	Not recommended	SMC advice

Updates from previous SMC advice

Medicine	Indication	Local recommendation category	Comments and useful links
Fentanyl sublingual tablets (Abstral®) - Abbreviated submission	Breakthrough pain (BTP) in adults using opioid therapy for chronic cancer pain.	GP under the direction of palliative care or oncology. Restricted to patients who are unsuitable for other short-acting opioids. Treatment should be initiated by and remain under the supervision of a physician experienced in the management of opioid therapy in cancer patients.	SMC advice SPC link CLICK HERE for Tayside Prescriber No 120
Fentanyl buccal tablets (Effentora®) - Full submission	Breakthrough pain (BTP) in adults using opioid therapy for chronic cancer pain.	Not recommended in Tayside	SMC advice CLICK HERE for Tayside Prescriber No 120
Fentanyl nasal spray (Instanyl®) - Full submission	Management of breakthrough pain(BTP) in adults already receiving maintenance opioid therapy for chronic cancer pain.	Not recommended in Tayside	SMC advice CLICK HERE for Tayside Prescriber No 120
Oxycodone 50mg/mL solution for injection or infusion (OxyNorm®) - Full submission	Treatment of moderate to severe pain in patients with cancer.	GPs and hospital doctors may prescribe under the direction of palliative care / oncology. SMC restriction: patients who have difficulty in tolerating morphine or diamorphine therapy and who require a high dose of oxycodone delivered via a syringe pump which necessitates the daily preparation of an additional syringe pump if oxycodone 10mg/mL is used.	SMC advice SPC link Palliative Care Guidelines - Oxycodone Care should be taken to minimise any risk of administration error with the introduction of this increased strength formulation.
Moxifloxacin intravenous 400mg/250mL solution for infusion (Avelox®) (650/10) - Full submission	Community acquired pneumonia (CAP). It should be used only when it is considered inappropriate to use antibacterial agents that are commonly recommended for the initial treatment of these infections.	Not recommended in Tayside	SMC advice



Tayside Area Formulary (TAF) Updates - Jan/Feb

TAF Section	Drug(s)/topic	Changes
Using the Tayside Area Formulary		Addition of information on symbols (H and S) relating to medicines within the formulary that are included on a specialist list. H - Hospital Only S - May be prescribed in General Practice under the direction of a Specialist
Specialist formulary lists and formulary development		New section with links to the cardiology specialist formulary list and links to documents on formulary development.
Appendices—Specialist formulary lists	Cardiology	New section containing the Cardiology specialist formulary list.
2.2	Diuretics	Eplerenone▼ * added to Cardiology specialist formulary list.
2.3	Anti-arrhythmics	Flecainide, propafenone, amiodarone, disopyramide and sotalol added to Cardiology specialist formulary list. Dronedarone* added to formulary (restricted use) and Cardiology specialist formulary list to prevent recurrence of AF or lower ventricular rate in clinically stable patients with history of, or current non-permanent AF in whom beta-blockers, class Ic drugs or amiodarone are ineffective, contra-indicated or not tolerated.
2.4	Beta-blockers	Carvedilol added to Cardiology specialist formulary list.
2.6	Nitrates, calcium-channel blockers and potassium-channel activators	Glyceryl trinitrate injection / infusion added to formulary (hospital only) and Cardiology specialist formulary list.
2.7	Sympathomimetics	New section. Dobutamine, dopamine and isoprenaline (unlicensed) added to formulary (hospital only) and Cardiology specialist formulary list.
2.8	Anticoagulants	Dalteparin highlighted as first choice for prophylaxis of DVT and treatment of DVT and PE. Unfractionated heparin added to Cardiology specialist formulary list. Fondaparinux* added to formulary (hospital only) and Cardiology specialist formulary list as first choice for acute coronary syndrome.
2.9	Antiplatelet drugs	Prasugrel▼ * added to Cardiology specialist formulary list. Tirofiban (first choice) and abciximab added to formulary (hospital only) and Cardiology specialist list for use in accordance with cardiac catheterisation laboratory protocol.
2.10	Stable angina, acute coronary syndromes, and fibrinolysis	New section. Tenecteplase added to formulary and Cardiology specialist list as first choice for pre-hospital or in-hospital thrombolysis in STEMI.
7.4	Drugs for genito-urinary disorders	Removal of dutasteride* due to cost. Finasteride remains first choice for benign prostatic enlargement.

* SMC accepted medicine

[Click here](#) for January 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

Local implementation of SMC recommendations is taken forward by the Tayside Medicines Governance Unit. This bulletin is based on evidence available to the Tayside Medicines Governance Unit at time of publication and is covered by the Disclaimer and Terms & Conditions of use.

[CLICK HERE](#) for access to the Medicines Governance section of the Pharmacy Staffnet site.