# TAYSIDE PRESCRIBER

NHS Tayside

## Tayside DTC Supplement No 118 – July 2012

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


### Special points of interest for Primary Care

- Domperidone and cardiac safety
- Yellow card reporting
- Aggressive lipid lowering

**SMC advice:**

- Alteplase (Actilyse®)
- Belatacept (Nulojix®)
- Dexamethasone (Ozurdex®)
- Dexmedetomidine (Dexdor®)
- Exenatide (Byetta®)
- Pregabalin (Lyrica®)
- Tobramycin (TOBI Podhaler®)
- Triptorelin pamoate (Salvacyl®)
- Vandetanib (Caprelsa®)

Inside this issue :



## Specialist list - Gastroenterology

The Gastroenterology specialist formulary list has been finalised. The list includes several hospital-only medicines (such as esomeprazole for intravenous infusion, terlipressin, ferric carboxymaltose, some antibiotics and treatments for chronic hepatitis B and C infection). The list also includes some medicines that may be prescribed in General Practice under the direction of a specialist. See the specialist formulary list on the Tayside Area Formulary website for full details.

Links have been added at the bottom of the specialist formulary list to the Acute Medicine Unit website which has some gastroenterology clinical guidelines, the NHS Tayside Guide to Antibiotic Use website which has information on treatment of gastrointestinal infections and the NHS Tayside Blood Borne Virus Managed Care Network website for information and guidelines on Hepatitis B or C.

## Drug Safety Updates

Please follow link - Volume 5, Issue 11, June 2012

### Domperidone and cardiac safety

Some epidemiological studies have shown that domperidone may be associated with a small increased risk of serious ventricular arrhythmia or sudden cardiac death. These risks may be higher in patients older than 60 years and in patients who receive daily oral doses of more than 30mg. Non-prescription domperidone products are not recommended for use in patients with underlying cardiac disease, without medical supervision. Please see Drug Safety Update Volume 5, Issue 10, May 2012 for further information.

**The following is a summary of advice for healthcare professionals:**

- Domperidone should be used at the lowest effective dose in adults and children, for example in adults & adolescents (over 12 years and weighing 35kg or more): 10 mg three times a day.
- Prescribers should exercise caution for patients who have:
  - ⇒ existing prolongation of cardiac conduction intervals (particularly QTc);
  - ⇒ significant electrolyte disturbances; or
  - ⇒ underlying cardiac diseases such as congestive heart failure,
- Prescribers should exercise caution in:
  - ⇒ patients older than 60 years and
  - ⇒ patients who receive daily oral doses of more than 30mg
- Domperidone should be avoided in patients who are taking concomitant medication known to cause QT interval prolongation ( e.g. ketoconazole, erythromycin, citalopram).
- Non-prescription domperidone products are not recommended for use in patients with underlying cardiac disease, without medical supervision or in adolescents less than 16 years.
- Patients should be advised to seek prompt medical attention if symptoms such as syncope or tachyarrhythmias appear during treatment.

Product information for domperidone is being updated to reflect the above information.

# Yellow card reporting

## Yellow card reporting for NHS Tayside - April 2010 to March 2011

The yellow card reporting rate for suspected adverse drug reactions for NHS Tayside increased in 2010/11 as compared to 2009/10.

One hundred and nine incidents were reported over this period with the highest number being from hospital doctors, closely followed by GPs then nurses. A reasonable number were reported by pharmacists from a variety o f settings.

NHS Tayside's reporting rate per 100,000 population is higher than the Scottish average ( 27 reports per 100,000 population compared to 19 per 100,000 population for Scotland) and is the third highest in Scotland.

However, there is still room for improvement and all healthcare professionals across NHS Tayside should be vigilant in their clinical practice and **report all suspected serious reactions for all medicines, and all suspected reactions in Black Triangle status medicines via the Yellow Card Scheme.** It is important that all healthcare professionals specify their professional affiliation and location (hospital or community) on the Yellow Card report when reporting.

A recent venture with the MHRA and UK Medicines Information pharmacists allows Medicines Information pharmacists to submit completed adverse drug reaction enquiries from their in-house database directly to the MHRA yellow card scheme. It is hoped that this may improve reporting.

# Prescribing Changes

## Updated formulary application form

The application form for the introduction of a medicine into the Tayside Area Formulary (TAF) has been updated in line with development of specialist formulary lists.
The TAF core formulary includes basic first and second line choices appropriate for use by non-specialists and which cover the majority of common conditions. The TAF specialist formulary lists include medicines that are routinely prescribed in hospital or recommended by a specialist clinic to be prescribed in primary care. Medicines on the specialist formulary lists will be noted as either 'H' (may be prescribed by Hospital Specialists only) or 'S' (may be prescribed in General Practice under the direction of a Specialist).

The application form should be used for all applications to add a medicine into the formulary or substitute medicines within the formulary including specialist formulary lists, with the exception of:

⇒ **Medicines that have been accepted for use in NHS Scotland by the Scottish Medicines Consortium (SMC)** - These are routinely referred to the Medicines Advisory Group for formulary consideration around the time SMC issues advice, and so individual application is unnecessary. Where a previously SMC accepted medicine has not been included in the formulary and is now felt appropriate for inclusion, then a clinician interested in having the medicine included should complete this application form.

⇒ **Medicines that are awaiting Scottish Medicines Consortium (SMC) advice or for which the SMC has not recommended for use in NHS Scotland** – Requests for such medicines should follow the IPTR (Individual Patient Treatment Request) route according to the following policy: NHS Tayside Policy on the Prescribing of Medicines that are Non-formulary (including Individual Patient Treatment Requests).

For further information see the updated formulary application form. This form and the IPTR policy are available from the Tayside Area Formulary website under the section heading "Making a formulary application, formulary process and new medicines".

# Prescribing Changes - continued ...

## Aggressive lipid lowering therapy in patients with Acute Coronary Syndromes (ACS)

A guideline to advise prescribers on the use of atorvastatin 80mg daily in patients with Acute Coronary Syndromes (ACS) has been finalised and has been linked to section 2.12 of the Tayside Area Formulary.

The guideline advises that aggressive lipid lowering therapy with atorvastatin 80mg may be beneficial for some patients, e.g. :

- Total Cholesterol >6.0 mmol/L on admission
- ACS event despite current treatment with Simvastatin 40mg
- Extensive / diffuse disease on angiogram
- Additional risk factors such as diabetes mellitus or cerebrovascular disease

However, this may be equally unattractive in other patient groups, e.g.:

- Very elderly
- Patients with known liver disease
- Patients with known intolerance to lipophilic statins

Patients on atorvastatin 80mg should continue this for a period of three months. At this point the statin therapy should be reviewed in primary care and the patient either switched to simvastatin 40mg or down titrated to atorvastatin 20mg with a cholesterol profile to be re-checked after three months. Atorvastatin 80mg may need to be continued if initial total cholesterol >6.0mmol/L and it is well tolerated.

Existing patients on atorvastatin 80mg should therefore be reviewed, to ensure continued prescription of atorvastatin 80mg is appropriate.

Atorvastatin 80mg should be stepped down to simvastatin 40mg after 3 months unless any of the following apply:

⇒ ACS event despite treatment with simvastatin 40mg
⇒ Total Cholesterol >6.0 mmol/L on admission
⇒ Previous specialist recommendation to treat long-term with atorvastatin 80mg

**SMC Advice issued in June 2012** **SMC website: www.scottishmedicines.org.uk**

| Medicine | Indication | Local recommendation category | Comments and useful links |
|---|---|---|---|
| Alteplase, 10mg, 20mg, 50mg, powder and solvent for solution for injection and infusion (Actilyse®) (714/11)<br>*- Full submission* | Fibrinolytic treatment of acute ischaemic stroke. Treatment must be started as early as possible within 4.5 hours after onset of the stroke symptoms and after exclusion of intracranial haemorrhage by appropriate imaging techniques (e.g. cranial computerised tomography or other diagnostic imaging method sensitive for the presence of haemorrhage). | **HOSPITAL ONLY** (NW Stroke Unit/A&E, PRI Gen Med )<br>**Stroke specialist list** | ***SMC advice***<br>***SPC link*** |
| Belatacept powder for concentrate for solution for infusion 250mg vial and disposable syringe (Nulojix®) (786/12)<br>*- Full submission* | In combination with corticosteroids and a mycophenolic acid, is indicated for prophylaxis of graft rejection in adults receiving a renal transplant. It is recommended to add an interleukin-2 receptor antagonist for induction therapy to this belatacept-based regimen. | **Not recommended** | ***SMC advice*** |
| Dexamethasone 700 microgram intravitreal implant (Ozurdex®) (652/10)<br>*- 2nd Resubmission* | Treatment of adult patients with macular oedema following either branch retinal vein occlusion or central retinal vein occlusion. | Pending* specialist feedback | ***SMC advice*** |
| Dexmedetomidine 100 micrograms/mL concentrate for solution for infusion (Dexdor®) (784/12)<br>*- Full submission* | For sedation in adult intensive care unit (ICU) patients requiring a sedation level not deeper than arousal in response to verbal stimulation (corresponding to Richmond Agitation-Sedation Scale [RASS] 0 to -3). | **HOSPITAL ONLY** (ICU) | ***SMC advice***<br>***SPC link***<br>Local use excludes patients requiring deeper sedation to facilitate ventilation, patients requiring paralysis and patients with neuro-logical/neurosurgical issues. |

| Medicine | Indication | Local recommendation category | Comments and useful links |
|---|---|---|---|
| Exenatide, 5 micrograms & 10 micrograms, solution for injection, prefilled pen (Byetta®) (785/12)<br>*- Full submission* | As adjunctive therapy to basal insulin with or without metformin and/or pioglitazone in adults with type 2 diabetes who have not achieved adequate glycaemic control with these agents. | Pending* specialist feedback | ***SMC advice*** |
| Pregabalin oral solution (Lyrica®) (765/12)<br>*- Abbreviated submission* | Treatment of peripheral and central neuropathic pain in adults, as adjunctive therapy in adults with partial seizures with or without secondary generalization and the treatment of Generalised Anxiety Disorder (GAD) in adults. | Epilepsy/peripheral neuropathic pain:<br>Pending* specialist feedback<br>Central neuropathic pain/GAD:<br>**Not recommended** | ***SMC advice*** |
| Tobramycin 28mg inhalation powder, hard capsules (TOBI Podhaler®) (783/12)<br>*- Full submission* | Suppressive therapy of chronic pulmonary infection due to *Pseudomonas aeruginosa* in adults and children aged 6 years and older with cystic fibrosis. | Non-formulary – pending update of shared care protocol | ***SMC advice*** |
| Triptorelin pamoate (Salvacyl®) 11.25mg powder and solvent for suspension for injection (796/12)<br>*- Non-submission* | Reversible reduction of testosterone to castrate levels in order to decrease sexual drive in adult men with severe sexual deviations. | **Not recommended** | ***SMC advice*** |
| Vandetanib (Caprelsa®) 100 mg / 300mg film coated tablets (797/12)<br>*- Non-submission* | Treatment of aggressive and symptomatic medullary thyroid cancer (MTC) in patients with unresectable locally advanced or metastatic disease. | **Not recommended** | ***SMC advice*** |

## Updates from previous SMC Advice

| Medicine | Indication | Local recommendation category | Comments and useful links |
|---|---|---|---|
| Bendamustine hydrochloride 25mg, 100mg powder for solution for infusion (Levact®) (694/11) | First-line treatment of chronic lymphocytic leukaemia (CLL) (Binet stage B or C) in patients for whom fludarabine combination | Non-formulary - pending protocol update | ***SMC advice*** |
| Everolimus, 5mg, 10mg tablets (Afinitor®) (777/12)<br>*– Full submission* | Treatment of unresectable or metastatic, well- or moderately-differentiated neuroendocrine tumours of pancreatic origin (pNET) in adults with progressive | Non-formulary - pending protocol update | ***SMC advice*** |
| Rituximab 100mg in 10mL, 500mg in 50mL, concentrate for solution for infusion (MabThera®) (675/11)<br>*- Full submission* | Follicular lymphoma patients responding to induction therapy. | **HOSPITAL ONLY** (Haematology)<br>Restricted to patients who have responded to induction with rituxi-mab plus chemo-therapy. | ***SMC advice***<br>***SPC link***<br>***Low Grade B-cell/Follicular NHL Protocol*** |

* 'pending' means that no local recommendation to support use is in place at the current time

Local processes exist to allow consideration of prescribing outwith SMC advice or outwith NHS Tayside formulary. Details are available in the NHS Tayside Policy on the Prescribing of Medicines that are non-Formulary (including Individual Patient Treatment Requests).

# Tayside Area Formulary (TAF) Updates - July 2012

| TAF Section | Drug(s)/topic | Changes |
|---|---|---|
| Making a formulary application, formulary process and new medicines | Formulary application form | *The formulary application form has been updated. See page 2 for details. The text in this section has also been updated to include specialist formulary lists.* |
| Specialist formulary lists and formulary development | Gastroenterology | *Gastroenterology specialist formulary list added.* |
| | Stroke | *Baclofen, tizanidine [unlicensed use] and botulinum toxin type A (Botox®)* added.* |
| 1.3 | Ulcer healing drugs | *Prescribing note on sucralfate liquid added for the prevention of re-bleeding following oesophageal/gastric variceal banding [unlicensed indication]. Sucralfate liquid added to the gastroenterology specialist formulary list.*<br>*Esomeprazole infusion* added to the formulary as a prescribing note (hospital-only) and the gastroenterology specialist formulary list.* |
| 1.5 | Treatment of inflammatory bowel disease | *Methylprednisolone (as sodium succinate) (Solu-Medrone®) injection added to formulary as first choice parenteral corticosteroid (hospital-only) and added to gastroenterology specialist formulary list.*<br>*Once weekly intramuscular or subcutaneous methotrexate (Metoject®) (hospital-only but may be administered in primary care) added to formulary and gastroenterology specialist formulary list to induce remission in severe Crohn's disease (and allow steroid tapering for steroid-refractory or steroid-dependent patients with Crohn's disease) [unlicensed indication]. Oral methotrexate once weekly (prescribed and dispensed using 2.5mg tablets) for the maintenance of remission in severe Crohn's disease [unlicensed indication] added to formulary and gastroenterology specialist formulary list.*<br>*Prescribing note on VSL#3® powder and a link to the local treatment protocol added to formulary. VSL#3® powder added to gastroenterology specialist formulary list.* |
| 1.6 | Laxatives | *Phosphate enema (Fleet® Ready-to-use Enema, with standard tube), (Phosphate Enema BP Formula B, with standard tube or long rectal tube) added to formulary.* |
| 2.4 | Beta-blockers | *Propranolol for the prophylaxis of upper gastro-intestinal bleeding in patients with portal hypertension and oesophageal varices added to formulary and gastroenterology specialist formulary list. Carvedilol added to formulary and gastroenterology specialist formulary list as an alternative to propranolol (if not tolerated) [unlicensed indication].* |
| 2.12 | Statins | *Link to guideline on aggressive lipid lowering in patients with Acute Coronary Syndromes (ACS) inserted. See page 3 for details.* |
| 4.6 | Domperidone | *Addition of safety information and link to Drug Safety Update, Volume 5, Issue 10, May 2012. See page 1 for details.* |
| | Post-operative nausea and vomiting | *Link to current NHS Tayside guideline on prophylaxis and treatment of post-operative nausea and vomiting updated.* |
| 4.7 | Morphine | *Morphine preparations listed more clearly. Addition of link to the Pain Management in Palliative Care Guideline (from the NHS Scotland Palliative Care Guidelines) and addition of statement that dosage requirements should be reviewed for modified-release preparations of morphine if the brand is altered.* |
| 5 - NHS Tayside Guide to Antibiotic Use | GI Infections | *Oral co-trimoxazole (hospital-only) added to gastroenterology specialist formulary list for treatment and prophylaxis of Spontaneous Bacterial Peritonitis (SBP) and antibiotic prophylaxis for variceal bleeding in patients with liver cirrhosis [unlicensed indication].*<br>*Piperacillin with tazobactam injection for intravenous infusion (hospital-only) added to gastroenterology specialist formulary list for severe Spontaneous Bacterial Peritonitis (SBP) with step down to co-trimoxazole to complete course when clinically improved (if patient usually on prophylaxis complete course given as piperacillin with tazobactam).*<br>*Link to Antimicrobial Treatment and Prophylaxis of Spontaneous Bacterial Peritonitis and Antibiotic Prophylaxis for Variceal Bleeding in Patients with Liver Cirrhosis protocol added to gastroenterology specialist formulary list.* |

* = SMC accepted medicine

TAF Updates continued on next page……...

# TAF Updates continued - July 2012

| TAF Section | Drug(s)/topic | Changes |
|---|---|---|
| 5 - NHS Tayside Guide to Antibiotic Use | Blood Borne Viruses (BBV) | *The following hospital-only medicines (prescribed by hospital specialists only however may be supplied from either hospital or community pharmacies) have been added to the gastroenterology specialist formulary list:*<br>*Peginterferon alfa-2a (Pegasys®)*, peginterferon alfa-2b (ViraferonPeg®)*, ribavirin capsules, oral solution (Rebetol®), telaprevir tablets (Incivo®▼)*, boceprevir capsules (Victrelis®▼)*, tenofovir disoproxil tablets (Viread®▼)*, lamivudine tablets (Zeffix®), adefovir dipivoxil tablets (Hepsera®)*, and entecavir tablets (Baraclude®▼)*.*<br>*See gastroenterology specialist formulary list for full details of indications and links to local clinical guidelines.* |
| 6.1 | Glipizide | *Removal of 2.5mg strength tablets as discontinued.* |
| 6.5 | Pituitary hormones | *Terlipressin acetate injection 1mg (Variquel®) added to formulary and gastroenterology specialist formulary list as a hospital-only medicine.* |
| 9.1 | Anaemias and other blood disorders | *Prescribing note for Ferric carboxymaltose (Ferinject®▼)* as first choice parenteral iron preparation amended to include patients with inflammatory bowel disease.* |
| 9.5 | Minerals | *Indications for oral magnesium glycerophosphate expanded to include hypomagnesaemia due to Crohn's disease, bowel resection or intestinal failure. Oral magnesium glycerophosphate added to gastroenterology specialist formulary list.*<br>*Selenium-ACE® capsules added to formulary and gastroenterology specialist formulary list for selenium deficiency that may occur in patients on prolonged parenteral nutrition (due to intestinal failure).* |
| 9.6 | Vitamins | *Parenteral vitamins B and C (Pabrinex® I/V High Potency injection) added to formulary and gastroenterology specialist formulary list as a hospital-only medicine.*<br>*Vitamin K as Menadiol sodium phosphate tablets added to formulary and a prescribing note on Phytomenadione (Vitamin $K_1$) added.*<br>*Forceval® capsules and Ketovite® tablets and liquid added to formulary.* |
| 12.3 | Oral ulceration and inflammation | *Removal of Adcortyl in Orabase as discontinued. Addition of chlorhexidine dental gel.* |
| 13.6 | Topical retinoids | *Removal of tretinoin cream as discontinued, gel still available.* |

* = SMC accepted medicine

## SMC Briefing Note:

**Click here** for June 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.

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