



Special points of interest for Primary Care

- Souvenaid® - Alzheimer's disease
- Mistletoe - cancer patients

SMC advice:

- Apixaban (Eliquis®)
- Etanercept (Enbrel®)
- Ferumoxytol (Rienso®)
- Linagliptin (Trajenta®)
- Linagliptin + metformin (Jentaduo®)
- Mannitol (Bronchitol®)
- Palonosetron (Aloxi®)
- Ulipristal acetate (Esmya®)

Inside this issue :

Guidelines & Protocols	1
Prescribing changes	1-2
Drug Safety Updates	1
SMC Advice issued in February 2012	3-4
Updates from previous SMC Advice	4
TAF Updates	5
SMC Briefing Note	5
Forthcoming SMC Advice	5



Guidelines and Protocols

Melatonin Local Treatment Protocol

The shared care agreement for use of melatonin in children has now been replaced by a [local treatment protocol](#). Melatonin is used to treat chronic sleep disturbance in children where other measures have failed. It may be prescribed by a GP under direction of a specialist (paediatrics or child and adolescent psychiatry).

Bio-melatonin® 3mg tablets is the formulation that is recommended for first line use in NHS Tayside. Bio-melatonin® tablets can be crushed, mixed with water, sprinkled on or mixed into food. They can also be administered via gastrostomy tubes.



Prescribing Changes

Apixaban

Apixaban is a new oral anticoagulant (NOAC) which has been licensed for the prevention of stroke and systemic embolism in adults with non-valvular atrial fibrillation (AF) with one or more of the following risk factors: congestive heart failure, hypertension, age ≥75years, diabetes mellitus, prior stroke or transient ischaemic attack. Locally, use is restricted to those patients with poor INR control on warfarin despite evidence of compliance, or those with allergy to, or intolerable side effects from, coumarin anticoagulants. Use may also be considered where there are logistical difficulties in receiving warfarin therapy.

Apixaban does not require regular anticoagulant monitoring, but it is recommended that renal function is checked before commencing treatment and annually thereafter. The dose should be reduced in patients who are aged ≥80years **and** have a bodyweight ≤60kg. Locally, the use of both rivaroxaban (AF, PE or DVT) and apixaban (AF) are restricted to use in those patients with eGFR >30mls/min. Please see [TAF section 2.8](#) for dosing information.

There are several drug-drug interactions to be aware of, most notably rifampicin (plasma apixaban levels reduced), some antifungals (plasma apixaban levels increased) and certain antivirals. Please see [BNF - Apixiban](#) for more information.

For information on changing patients from warfarin or parenteral anticoagulants to apixaban, as well as how to manage bleeding and discontinuation prior to surgery, please see the [Guidelines for Management of Patients on Rivaroxaban or Apixaban](#)

Rivaroxaban

Rivaroxaban's licence has been extended to include first presentation uncomplicated pulmonary embolism (PE) and deep vein thrombosis (DVT), and prevention of recurrent PE and DVT.

Local recommendations and information will be published in the April DTC Supplement.



Prescribing Changes continued

Slow K supply problem

Slow-K Tablets 600mg (Potassium Chloride MR)

Alliance Pharmaceuticals is currently unable to supply Slow-K Tablets 600mg (potassium chloride) due to manufacturing issues. The company is working to resolve this disruption via a new supplier but stock is unlikely to be available until the end of 2013. There are no other forms of modified-release potassium on the market.

Slow-K contains 8mmol each of K⁺ and Cl⁻ in each 600mg tablet. It is a preparation deemed by the Joint Formulary Committee of the BNF to be less suitable for prescribing.

The BNF suggests that modified-release potassium chloride preparations should be avoided unless effervescent tablets or liquid preparations are inappropriate. Modified-release preparations have been associated with gastric erosions. Sando-K effervescent tablets (each tablet contains 12mmol of K⁺ and 8mmol of Cl⁻) is the first choice oral potassium preparation in the Tayside Area Formulary. An alternative preparation is Kay-Cee-L syrup (1mmol/mL each of K⁺ and Cl⁻).

Data from prescribing information systems shows that the majority of patients in Tayside on Slow-K are also on a thiazide or loop diuretic. This is a good opportunity to undertake a clinical and medication review.

Souvenaid® - dietary supplement in early Alzheimer's Disease

Souvenaid® may have very modest benefit in patients with early Alzheimer's Disease in terms of improving memory, however there is no evidence that it improves the ability of patients to carry out daily activities. It is also unclear whether it has any additional benefit over a healthy diet.

The main trial¹ followed participants for 24 weeks, so the longer term benefits or disadvantages of the product are unknown. Souvenaid® is not a licensed medicinal product and is not on the Advisory Committee on Borderline Substances (ACBS) list (Appendix 2 of BNF). Local Psychiatry of Old Age specialists do not recommend prescription of the product. Patients may buy Souvenaid® if they wish.

The Alzheimer's Society suggests that regular exercise is a far more effective way of reducing cognitive decline. [Click Here](#) for news article.

¹ Scheltens P. et al. Efficacy of Souvenaid in mild Alzheimer's disease: results from a randomised, controlled trial. J Alzheimers Dis. 2012;31(1):225-36

Mistletoe Extracts in Cancer Therapy



Broadly speaking there are two types of mistletoe, American and European. American mistletoe is considered unsafe and should not be confused with European mistletoe. European mistletoe is commonly used in cancer patients as it is claimed to improve the survival and quality of life of cancer patients. Orally, European mistletoe is used for cancer; claiming to reduce side effects of chemotherapy and radiation therapy.

Subcutaneously, European mistletoe is used for cancer and for degenerative joint disease. It is available in Europe as a subcutaneous injection in a number of proprietary brands, with Iscador probably being the most well known and used in the UK. Iscador is made by Weleda and is considered an anthroposophic medicine, which is in between a homeopathic and herbal preparation.

There are no licensed mistletoe products in the UK and whilst *in vitro* testing has been promising, clinical evidence of its effectiveness is lacking. Currently available positive evidence is confounded by poor study design, whereas more high quality trial data suggest little or no difference in those treated with mistletoe. Until more high quality evidence is available, there is currently no compelling evidence to support the use of mistletoe extracts in cancer therapy.

NHS Tayside Oncology and Haematology Medicines Management Group (OHMMG) do not recommend the use of mistletoe in cancer patients.



Drug Safety Updates

Please follow link - [Volume 6, Issue 8, March 2013](#)

Medicine	Indication	Local recommendation category	Comments and useful links
Apixaban 2.5mg and 5mg film-coated tablets (Eliquis®) (836/13) - Full submission	For the prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF), with one or more risk factors, such as prior stroke or transient ischaemic attack (TIA); age ≥75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA class ≥II).	Formulary Restricted to patients who have poor INR control on warfarin or with allergy to, or uncontrollable side effects from coumarin anticoagulants	SMC advice SPC link (2.5mg) SPC link (5mg) Guidelines for Management of Patients on Rivaroxaban or Apixaban Rivaroxaban remains the first-choice newer oral anticoagulant (NOAC) for non-valvular AF on the formulary. Apixaban has replaced dabigatran on the formulary.
Etanercept 10mg and 25mg powder and solvent for solution for injection for paediatric use, 25mg and 50mg solution for injection in pre-filled syringe, 50mg solution for injection in pre-filled pen (Enbrel®) (842/13) - Abbreviated submission	For the treatment of: – polyarthritis (rheumatoid factor positive or negative) and extended oligoarthritis in children and adolescents from the age of 2 years who have had an inadequate response to, or who have proved intolerant of, methotrexate; – psoriatic arthritis in adolescents from the age of 12 years who have had an inadequate response to, or who have proved intolerant of, methotrexate; – enthesitis-related arthritis in adolescents from the age of 12 years who have had an inadequate response to, or who have proved intolerant of, conventional therapy.	HOSPITAL ONLY (Paediatric Rheumatology Clinic)	SMC advice SPC link (10mg paed use) SPC link (25mg paed use) SPC link (25mg syringe) SPC link (50mg syringe) SPC link (50mg pen)
Ferumoxylol, 30mg/mL solution for injection (Rienso®) (833/13) - Full submission	Intravenous treatment of iron deficiency anaemia in adult patients with chronic kidney disease.	Non-formulary - alternatives preferred SMC restriction: treatment of iron deficiency anaemia in non-haemodialysis dependent adult patients with CKD when oral iron preparations are ineffective or cannot be used.	SMC advice SPC link Ferric carboxymaltose (Ferinject®) is included in the formulary for use in pre-dialysis patients.
Linagliptin 5mg film-coated tablets (Trajenta®) (850/13) - Full submission	Treatment of type 2 diabetes mellitus to improve glycaemic control in adults; – as monotherapy in patients inadequately controlled by diet and exercise alone and for whom metformin is inappropriate due to intolerance, or contraindicated due to renal impairment; – as combination therapy in combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these medicinal products does not provide adequate glycaemic control. in combination with insulin with or without metformin, when this regimen alone, with diet and exercise, does not provide adequate glycaemic control.	<u>Monotherapy</u> Non-formulary - alternatives preferred <u>Triple therapy with SU + metformin</u> Non-formulary - alternatives preferred <u>Combination with insulin</u> Not recommended	SMC advice SPC link Sitagliptin is the first-choice DPP-4 inhibitor in the formulary

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

Medicine	Indication	Local recommendation category	Comments and useful links
Linagliptin 2.5mg plus metformin 850mg and linagliptin 2.5mg plus metformin 1000mg film-coated tablets (Jentadueto®) (841/13) - <i>Abbreviated submission</i>	Treatment of adult patients with type 2 diabetes mellitus as an adjunct to diet and exercise to improve glycaemic control in adult patients inadequately controlled on their maximal tolerated dose of metformin alone, or those already being treated with the combination of linagliptin and metformin; in combination with a sulphonylurea (i.e. triple combination therapy) as an adjunct to diet and exercise in adult patients inadequately controlled on their maximal tolerated dose of metformin and a sulphonylurea.	Non-formulary - alternatives preferred	SMC advice SPC link (850mg) SPC link (1000mg) Sitagliptin/metformin (Janumet®) is included in the formulary for patients that require a DPP-4 inhibitor/metformin combination preparation.
Mannitol 400mg, inhalation powder, hard capsule (Bronchitol®) (837/13) - <i>Full submission</i>	Treatment of cystic fibrosis (CF) in adults aged 18 years and above as an add-on therapy to best standard of care.	Not recommended	SMC advice
Palonosetron 500microgram soft capsules (Aloxi®) (838/13) - <i>Abbreviated submission</i>	Prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy in adults.	HOSPITAL ONLY (Oncology)	SMC advice SPC link
Ulipristal acetate, 5mg, tablet (Esmya®) (824/13) - <i>Full submission</i>	Pre-operative treatment of moderate-to-severe symptoms of uterine fibroids in adult women of reproductive age. The duration of treatment is limited to three months.	Formulary - Endocrinology specialist list GPs can prescribe under the direction of Gynaecology	SMC advice SPC link

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

Updates from previous SMC Advice

Medicine	Indication	Local recommendation category	Comments and useful links
Dabigatran etexilate 110mg and 150mg hard capsules (Pradaxa®) (672/11) - <i>Full submission</i>	For the prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation with one or more of the following risk factors: <ul style="list-style-type: none"> • previous stroke, transient ischaemic attack, or systemic embolism • left ventricular ejection fraction <40% • symptomatic heart failure, ≥ New York Heart Association (NYHA) Class 2 • age ≥75 years • age ≥65 years associated with one of the following: diabetes mellitus, coronary artery disease or hypertension 	Non-formulary - alternatives preferred HIS consensus statement: restriction: patients with poor INR control on warfarin, or with allergy to, or intolerable side effects from, coumarin anticoagulants.	SMC advice SPC link (110mg) SPC link (150mg) Rivaroxaban is the first-choice newer oral anticoagulant (NOAC) for non-valvular AF in the Formulary. Apixaban has replaced dabigatran as the second-choice NOAC.

'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 - Mar 2013

TAF Section	Drug(s)/topic	Changes
2.8	Anticoagulants	Apixaban added to the formulary. Dabigatran now 'non formulary'.
6.1	Drugs used in diabetes	First line testing strips for Type 1 and 2 diabetes are now TRUEresult® for use with TRUEresult® or TRUEresult® twist meters. For those with dexterity problems the first line testing strips are One Touch Ultra® for use with the One Touch Ultra 2® meter. Please note meters are not prescribable on NHS prescription.
7.3	Contraceptives	Desogestrel should be prescribed generically –brand name 'Cerazette®' removed from the formulary.
13.6	Preparations for acne and rosacea	Tretinoin gel 0.01% and 0.025% (Retin-A® gel) have been discontinued. They have been removed from the formulary. Suitable formulary alternatives include isotretinoin gel and adapalene cream or gel.
10.1.1	Non-steroidal anti-inflammatory drugs	Mefenamic acid added to the formulary for use in menorrhagia.
Wound Management Formulary	Pain control in wound management	Section 2 updated.
	Pressure ulcers dressing selection	Section 6 updated.

SMC Briefing Notes:

[Click here](#) for February Briefing Note

[Click here](#) for March 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

Clare Balfour
Specialist Pharmacist - Clinical Effectiveness
email: clarebalfour@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.