



### Special points of interest for Primary Care

#### SMC advice:

- Aripiprazole (Abilify®)
- Caffeine citrate (Peyona®)
- Eculizumab (Soliris®)
- Etravirine (Intelence®)
- Lixisenatide (Lyxumia®)
- Medroxyprogesterone acetate (Sayana® Press)
- Ocriplasmin (Jetrea®)
- Raltegravir (Isentress®)
- Rifaximin (Targaxan®)
- Rituximab (MabThera®)
- Tenofovir disoproxil oral granules (Viread®)
- Tenofovir disoproxil 123/163/204mg film-coated tablets (Viread®)
- Tenofovir disoproxil 245mg film-coated tablets (Viread®)



### Specialist lists - progress

The oncology & haematology (non chemo drugs) specialist list has been finalised. This list includes several medicines that may be prescribed in General Practice under the direction of a specialist, such as tranexamic acid oral solution (used as a mouthwash), levomepromazine, granisetron, lorazepam, ibandronic acid, sodium clodronate, medroxyprogesterone acetate, megestrol acetate, anastrozole, exemestane, fulvestrant, letrozole, tamoxifen, bicalutamide, cyproterone, goserelin, triptorelin, lanreotide, octreotide and magnesium glycerophosphate. Some hospital-only drugs are also included, such as, aprepitant, palonosetron, disodium pamidronate, zoledronic acid, Caphosol® and Gelclair®.

Links to the Multinational Association of Supportive Care in Cancer ([MASCC guidelines](#)) for nausea and vomiting, as well as links to the relevant [Clinical Management Guidelines](#) and Protocols are available.

See the [specialist formulary list](#) on the Tayside Area Formulary website for full details.



### Guidelines and Protocols

#### Rifaximin protocol

Rifaximin (Targaxan®) is licensed for the reduction in recurrence of episodes of overt hepatic encephalopathy (HE) in patients  $\geq 18$  years of age.

It has been accepted for use by SMC.

Rifaximin may be indicated in patients that meet the following criteria: recurrent hepatic encephalopathy, not responding to standard therapy (lactulose), intolerant of standard therapy, MELD (Model for End-Stage Liver Disease) score  $\leq 18$  AND once any underlying cause (e.g. infection) is appropriately treated.

In NHS Tayside rifaximin may be prescribed by GPs under the direction of gastroenterology (as second line in combination with lactulose, after standard lactulose therapy).

[CLICK HERE](#) for protocol.

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### Drug Safety Updates

Please follow link - [Volume 7, Issue 2, September 2013](#)



## Drug Safety Updates - continued....

### Oral ketoconazole - should no longer be prescribed

Oral ketoconazole is non-formulary in NHS Tayside. As risk of liver injury outweighs benefits oral ketoconazole should no longer be prescribed for fungal infections. Further information can be found in [Drug Safety Update August 2013](#).

### Intravenous iron - new recommendations

A Europe-wide review of intravenous iron products for iron deficiency and anaemia has recommended strengthened measures are taken to manage and minimise the risk of hypersensitivity reactions, which may be life-threatening or fatal. Further information can be found in [Drug Safety Update August 2013](#) and [Drug Safety Update September 2013](#) (clarification of advice from August Drug Safety Update).



## Prescribing Changes

### Accrete D3 - administration

The manufacturer of Accrete D3<sup>®</sup> (calcium and vitamin D3) has confirmed that the timing suggested (within 60-90mins after food) for administration is the period with maximum bioavailability for this product. It may be taken with or without food but clinical information suggests that this is the timescale with respect to food for the maximum absorption. This advice is also consistent with the patient information leaflet.

The absorption of calcium supplements, particularly less soluble ones such as calcium carbonate (including vitamin D preparations combined with calcium), is improved when taken with acidic liquids, such as orange juice or in combination with meals.

However there is a potential interaction with food for preparations containing calcium. Foods containing oxalic acid (e.g. spinach, rhubarb, sorrel, cocoa, and tea), phosphate (e.g. ham, sausages, cheese spread, food additives) or phytic acid (e.g. pulses, whole cereals, chocolate) can form insoluble complexes with calcium, thereby reducing absorbability. It is therefore recommended that foods high in phosphate, oxalic acid, and phytic acid be taken some time (e.g. two hours) before or after ingestion of a product containing calcium. See individual Summaries of Product Characteristics (SPCs) on the [eMC](#) for more details. Calcium salts may also interfere with absorption of other medicines, see [BNF](#) or relevant [SPC](#).

As the potential effect of some foods on the absorption of calcium is one of many contributing factors, local specialists recommend that in practice, where it is favourable for patient compliance, it is acceptable to simplify advice to patients. This may help to ensure doses are taken, despite potential reduced absorption, rather than doses missed.

Information has been added to the Tayside Area Formulary sections [9.5](#) and [9.6](#), on the potential interaction with food for products containing calcium.

For patients unable to swallow Accrete D3<sup>®</sup> (despite halving tablets to aid administration), Calceos<sup>®</sup> chewable tablets have been included in the Tayside Area Formulary for this restricted use. Calfovit D3<sup>®</sup> powder (sachets), are a further formulary option restricted to use in those with swallowing difficulties. There is no evidence to support the administration of Calfovit D3<sup>®</sup> powder via feeding tubes. Please seek advice from pharmacy for suitable products in this circumstance.

### Methotrexate injection 50mg/mL

[DTC supplement 127](#) containing the local recommendation for methotrexate injection for severe rheumatoid arthritis, disabling psoriasis and psoriatic arthritis has been updated ( see page 7 of supplement). A general practice minor surgery fee is available for the administering of methotrexate injection.

Medicine	Indication	Local recommendation category	Comments and useful links
Aripiprazole 5mg, 10mg, 15mg, 30mg tablets, 10mg, 15mg orodispersible tablets, 1mg/mL oral solution (Abilify®) (891/13) - Full submission	Treatment up to 12 weeks of moderate to severe manic episodes in Bipolar I Disorder in adolescents aged 13 years and older. <b>SMC restriction:</b> restricted to initiation and management under the supervision of a child/adolescent psychiatrist.	<b>Hospital Only</b>  Child & Adolescent Mental Health services (CAMHS)	<a href="#">SMC advice</a> <a href="#">SPC link</a>
Caffeine citrate, 20mg/mL, solution for infusion and oral solution (Peyona®) (814/12) - Full submission	Treatment of primary apnoea of premature newborns.	<b>Hospital Only</b>  Neonatal Intensive care  Supplied via a Patient Access Scheme (PAS).	<a href="#">SMC advice</a> <a href="#">SPC link</a>  Training & education will be undertaken prior to introduction of this higher strength of caffeine citrate. Will replace caffeine citrate 10mg/mL.
Eculizumab (Soliris®) 300 mg concentrate for solution for infusion (915/13) - Non-submission	In children for the treatment of patients with paroxysmal nocturnal haemoglobinuria (PNH). Evidence of clinical benefit of Soliris® in the treatment of patients with PNH is limited to patients with history of transfusions.	<b>Not recommended</b>	<a href="#">SMC advice</a>
Etravirine 25mg, 100mg, 200mg tablets (Intelence®) (901/13) - Abbreviated submission	In combination with a boosted protease inhibitor and other antiretroviral medicinal products, for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in antiretroviral treatment-experienced paediatric patients from 6 years to less than 18 years of age. <b>SMC restriction:</b> to be prescribed under the supervision of specialists in paediatric HIV.	<b>Hospital Only</b>  Paediatrics under supervision of HIV specialists in Glasgow and Edinburgh.	<a href="#">SMC advice</a> <a href="#">SPC link (25mg)</a> <a href="#">SPC link (100mg)</a> <a href="#">SPC link (200mg)</a>
Lixisenatide 10microgram/0.2mL, 20microgram/0.2mL solution for injection in pre-filled disposable pen (Lyxumia®) (903/13) - Full submission	Treatment of adults with type 2 diabetes mellitus to achieve glycaemic control in combination with oral glucose-lowering medicinal products and/or basal insulin when these, together with diet and exercise, do not provide adequate glycaemic control. <b>SMC restriction:</b> to use in patients for whom a glucagon-like protein-1 (GLP-1) agonist is appropriate, as an alternative to existing GLP-1 agonists.	<b>Formulary</b>  GP under direction of diabetes clinic  2nd Line GLP-1 agonist.  Endocrinology specialist list	<a href="#">SMC advice</a> <a href="#">SPC link (10mcg)</a> <a href="#">SPC link (20mcg)</a>  1st choice - liraglutide. Replaces exenatide.
Medroxyprogesterone acetate 104mg/0.65mL suspension for subcutaneous depot injection (Sayana® Press) (896/13) - Abbreviated submission	For long-term female contraception. Each subcutaneous injection prevents ovulation and provides contraception for at least 13 weeks (+/- 1 week). However, it should be taken into consideration that the return to fertility (ovulation) may be delayed for up to one year.	<b>Formulary</b>  Restricted to patients where intramuscular injection inappropriate.	<a href="#">SMC advice</a> <a href="#">SPC link</a>
Ocriplasmin, 0.5mg/0.2 mL, concentrate for solution for injection (Jetrea®) (892/13) - Full submission	In adults for the treatment of vitreomacular traction, including when associated with macular hole of diameter less than or equal to 400 microns.	<b>Not recommended</b>	<a href="#">SMC advice</a>

'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 \(including Individual Patient Treatment Requests\)](#)'

\* '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
Raltegravir 25mg, 100mg chewable and 400mg film-coated tablets (Isentress®) (902/13) - Abbreviated submission	In combination with other anti-retroviral medicinal products for the treatment of human immunodeficiency virus (HIV-1) infection in adolescents and children aged 2 to 17 years. <b>SMC restriction:</b> to patients who are intolerant or resistant to non-nucleoside reverse transcriptase inhibitors (NNRTIs) or protease inhibitors (PIs) or when these options are compromised due to drug-drug interactions; raltegravir to be prescribed under the supervision of specialists in paediatric HIV.	<b>Hospital Only</b> Paediatrics under supervision of HIV specialists in Glasgow and Edinburgh.	<a href="#">SMC advice</a> <a href="#">SPC link</a> (25 & 100mg) <a href="#">SPC link</a> (400mg)
Rifaximin 550mg film-coated tablets (Targaxan®) (893/13) - Full submission	Reduction in recurrence of episodes of overt hepatic encephalopathy (HE) in patients ≥18 years of age.	<b>GPs under the direction of Gastroenterology</b>  2nd line.  Gastroenterology Specialist list	<a href="#">SMC advice</a> <a href="#">SPC link</a> <i>1st line- lactulose monotherapy.</i> <i>Used in combination with lactulose.</i> <a href="#">Rifaximin protocol</a>
Rituximab 100mg, 500mg solution for infusion (MabThera®) (894/13) - Full submission	In combination with glucocorticoids for the induction of remission in adult patients with severe, active granulomatosis with polyangiitis (Wegener's) (GPA) and microscopic polyangiitis (MPA). <b>SMC restriction:</b> to use in patients who have relapsed following treatment with cyclophosphamide or who are intolerant to or unable to receive cyclophosphamide.	<b>Pending* specialist feedback</b>	<a href="#">SMC advice</a> <a href="#">SPC link</a>
Tenofovir disoproxil (as fumarate) 33mg/g oral granules (Viread®) (905/13) - Abbreviated submission	<i>HIV-1 infection</i> - in combination with other antiretroviral agents for the treatment of HIV-1 infected paediatric patients, with nucleoside reverse transcriptase inhibitor (NRTI) resistance or toxicities precluding the use of first line agents, from 2 to < 6 years of age, and above 6 years of age for whom a solid dosage form is not appropriate; and, in combination with other antiretroviral agents for the treatment of HIV-1 infected adults for whom a solid dosage form is not appropriate. <i>Hepatitis B infection</i> - for the treatment of chronic hepatitis B in adults for whom a solid dosage form is not appropriate with compensated liver disease, with evidence of active viral replication, persistently elevated serum alanine aminotransferase (ALT) levels and histological evidence of active inflammation and/or fibrosis; decompensated liver disease; and, for the treatment of chronic hepatitis B in adolescents 12 to <18 years of age for whom a solid dosage form is not appropriate with compensated liver disease and evidence of immune active disease, i.e. active viral replication, persistently elevated serum ALT levels and histological evidence of active inflammation and/or fibrosis. <b>SMC restriction:</b> in patients <18 years, to be prescribed under the supervision of specialists in paediatric infectious diseases.	<b>Hospital Only</b> Paediatrics under supervision of HIV specialists in Glasgow and Edinburgh.	<a href="#">SMC advice</a> <a href="#">SPC link</a>

'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 \(including Individual Patient Treatment Requests\)](#)'

Medicine	Indication	Local recommendation category	Comments and useful links
Tenofovir disoproxil (as fumarate) 123mg, 163mg, 204mg film-coated tablets (Viread®) (900/13) - Abbreviated submission	In combination with other antiretroviral medicinal products for the treatment of human immunodeficiency virus (HIV-1) infected paediatric and adolescent patients aged 6 to < 12 years, with nucleoside reverse transcriptase inhibitor (NRTI) resistance or toxicities precluding the use of first line agents.  <b>SMC restriction:</b> to be prescribed under the supervision of specialists in paediatric infectious diseases.	<b>Hospital Only</b>  Paediatrics under supervision of HIV specialists in Glasgow and Edinburgh.	<a href="#">SMC advice</a> <a href="#">SPC link (123mg)</a> <a href="#">SPC link (163mg)</a> <a href="#">SPC link (204mg)</a>
Tenofovir disoproxil (as fumarate) 245mg film-coated tablets (Viread®) (904/13) - Abbreviated submission	<i>HIV-1 infection</i> - in combination with other antiretroviral agents for the treatment of human immunodeficiency virus (HIV-1) infected paediatric and adolescent patients aged 12 to < 18 years, with nucleoside reverse transcriptase inhibitor (NRTI) resistance or toxicities precluding the use of 1st line agents. <i>Hepatitis B infection</i> - for the treatment of chronic hepatitis B in adolescents aged 12 to < 18 years of age with compensated liver disease and evidence of immune active disease, i.e. active viral replication, persistently elevated serum ALT levels and histological evidence of active inflammation and/or fibrosis.  <b>SMC restriction:</b> to be prescribed under the supervision of specialists in paediatric infectious diseases.	<b>Hospital Only</b>  Paediatrics under supervision of HIV specialists in Glasgow and Edinburgh.	<a href="#">SMC advice</a> <a href="#">SPC link</a>

## Updates from previous SMC Advice

Medicine	Indication	Local recommendation category	Comments and useful links
Pirfenidone 267mg capsule (Esbriet®) (835/13) - Resubmission	In adults for the treatment of mild to moderate idiopathic pulmonary fibrosis (IPF). <b>SMC restriction:</b> For use in patient with a predicted forced vital capacity (FVC) less than or equal to 80%.	<b>Hospital Only</b>  Respiratory specialist list  Supplied via a Patient Access Scheme (PAS)	<a href="#">SMC advice</a> <a href="#">SPC link</a>  Protocol pending



## Tayside Area Formulary (TAF) Updates - Sept/Oct 2013

TAF Section	Drug(s)/topic	Changes
<a href="#">Specialist formulary lists and formulary development</a>	Oncology & Haematology - non-chemotherapy drugs	Oncology & Haematology specialist formulary list (non-chemotherapy drugs) added.
<a href="#">1.6 Gastroenterology specialist list</a>	Laxatives	Rifaximin (Targaxan®) added to the formulary (for prescribing under the direction of Gastroenterology) and added to the Gastroenterology specialist formulary list. See SMC advice (page 4) for indication. Rifaximin is second line – in combination with lactulose, after standard lactulose therapy. Link to <a href="#">local protocol</a> added.
<a href="#">2.11</a>	Antifibrinolytic drugs and haemostatics	New section - addition of tranexamic tablets to formulary, and tranexamic acid oral solution (used as a mouthwash) (for prescribing under the direction of an oncology or haematology specialist) to the formulary and Oncology & Haematology specialist formulary list.
<a href="#">3.7 Respiratory specialist list</a>	Mucolytics	Idiopathic pulmonary fibrosis (IPF) indication removed for azathioprine in combination with N-acetylcysteine (unlicensed) and prednisolone, indication for other types of alveolitis added. N-acetylcysteine as monotherapy listed for IPF.
<a href="#">3.11 Respiratory specialist list</a>	Antifibrotics	New section - addition of pirfenidone▼ (Esbriet®) to formulary and Respiratory specialist formulary list (hospital only). See above for SMC advice.

TAF updates continued on page 6 .....

# TAF Updates - Sept/Oct 2013 (continued).....

TAF Section	Drug(s)/topic	Changes
<a href="#">4.6</a>	Management of nausea and vomiting induced by chemotherapy	Antiemetics used in the management of nausea and vomiting induced by chemotherapy included in formulary (dexamethasone added for this indication). Levomepromazine, granisetron and lorazepam added to formulary and Oncology & Haematology specialist formulary list (for prescribing under the direction of an oncology or haematology specialist) for chemotherapy-induced nausea and vomiting (levomepromazine and granisetron), and anticipatory nausea and vomiting (lorazepam). Aprepitant and palonosetron also added to formulary and Oncology & Haematology specialist list (hospital only).
<a href="#">4.7</a> <a href="#">Pain guidance notes</a> <a href="#">Palliative Care specialist list</a>	Fentanyl immediate release (IR)	Links to guidance on <a href="#">Abstral®</a> and <a href="#">PecFent®</a> from national <a href="#">Palliative care guidelines</a> replace links to Tayside Prescriber Issue 120 - January 2011 (Fentanyl preparations for breakthrough cancer pain).
<a href="#">6.1</a> <a href="#">Endocrinology specialist list</a>	Other antidiabetic drugs	Lixisenatide▼ (Lyxumia®) replaces exenatide in formulary and Endocrinology specialist formulary list. See SMC advice (page 3) for further information.
<a href="#">6.6</a>	Bisphosphonates	Sodium clodronate 400mg capsules and ibandronic acid 50mg tablets added to formulary and Oncology & Haematology specialist list (for prescribing under the direction of an oncology or haematology specialist). Additional indications for disodium pamidronate (hospital only) included. Zoledronic acid intravenous infusion (Zometa®) added to formulary and Oncology & Haematology specialist list (hospital only).
<a href="#">7.3</a>	Parenteral contraceptives	Medroxyprogesterone acetate subcutaneous depot injection (Sayana® Press) added to formulary. See SMC advice (page 3) for further information.
<a href="#">8.3.2</a>	Progestogens	New section - addition of megestrol acetate and medroxyprogesterone acetate tablets to formulary and Oncology & Haematology specialist list (for prescribing under the direction of an oncology or haematology specialist).
<a href="#">8.3.4.1</a>	Breast cancer	Addition of letrozole, exemestane and fulvestrant to formulary and Oncology & Haematology specialist list (tamoxifen and anastrozole added to specialist list) (for prescribing under the direction of an oncology or haematology specialist).
<a href="#">8.3.4.2</a>	Gonadorelin analogues	Addition of goserelin 3.6mg implant (Zoladex®) for breast cancer indication to formulary and Oncology & Haematology specialist list.
<a href="#">9.5</a>	Calcium supplements	Addition of information on possible interaction of calcium supplements with some foods. See page 2, Accrete D3 administration for further information.
<a href="#">9.6</a>	Vitamin D	Calceos® chewable tablets added to formulary for patients unable to swallow Accrete D3®. Addition of information on administration of vitamin D and calcium preparations and on possible interaction of calcium supplements with some foods. See page 2, Accrete D3 administration for further information.
<a href="#">12.3</a>	Oral ulceration and inflammation	Caphosol® oral rinse (medical device) and Gelclair® sachets (medical device) added to formulary and Oncology & Haematology specialist list (hospital only) for the relief of mucositis and ulceration in cancer patients.
	Treatment of dry mouth	Normasol® sachets, Biotene Oralbalance® gel and Glandosane® spray added to formulary.
	Oropharyngeal fungal infections	Fluconazole added as second line treatment for mucosal candidiasis and oral suspension first line in patients with head and neck cancers receiving chemotherapy and radiotherapy.

## SMC Briefing Note:

[Click here](#) for September 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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