TAYSIDE PRESCRIBER

NHS Tayside

Tayside DTC Supplement No 138 – May / June 2014

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

Special points of interest for Primary Care

- Oral prednisolone for COPD exacerbation
- Strontium– removal from formulary

SMC advice:

- Aripiprazole (Abilify Maintena®)
- Certolizumab pegol (Cimzia®)
- Cobicistat (Tybost®)
- Dolutegravir (Tivicay®)
- Elvitegravir (Vitekta®)
- Infliximab (Remicade®)

Inside this issue :

MHRA advice - Antiepileptic drugs

Prescribing and supply of antiepileptic drugs (AEDs)

Drug safety advice was issued by the Medicines and Healthcare Products Regulatory Agency (MHRA) in November 2013 (MHRA Drug Safety Update, Volume 7, Issue 4) on prescribing of AEDs and when it is advisable to maintain continuity of supply of a specific manufacturer's product. AEDs have now been divided into 3 risk-based categories to help prescribers and patients decide whether it is necessary for them to be maintained on a specific manufacturer's product. **This advice relates only to AED use for treatment of epilepsy** and does not apply **to** patients taking AEDs for other conditions e.g. for management of neuropathic pain.

The categories are:

- **Category 1 -** phenytoin, carbamazepine, phenobarbital, primidone

For these drugs, doctors are advised to ensure that their patient is maintained on a specific manufacturer's product

- **Category 2 -** valproate, lamotrigine, perampanel, retigabine, rufinamide, clobazam, clonazepam, oxcarbazepine, eslicarbazepine, zonisamide, topiramate

For these drugs, the need for continued supply of a particular manufacturer's product should be based on clinical judgement and consultation with patient and/or carer, taking into account factors such as seizure frequency and treatment history

- **Category 3 -** levetiracetam, lacosamide, tiagabine, gabapentin, pregabalin, ethosuximide, vigabatrin

For these drugs, it is usually unnecessary to ensure that patients are maintained on a specific manufacturer's product unless there are specific reasons such as patient anxiety and risk of confusion or dosing errors

If it is desirable for a patient to be maintained on a specific manufacturer's product, this should be prescribed either by specifying a brand name, or by using the generic drug name and name of the manufacturer (otherwise known as Marketing Authorisation Holder).

Dispensing pharmacists should ensure the continuity of supply of a particular product when the prescription specifies it. If the prescribed product is unavailable, it may be necessary to dispense a product from a different manufacturer to maintain continuity of treatment of that antiepileptic drug. Such cases should be discussed and agreed with both the prescriber and patient (or carer). Usual dispensing practice can be followed when a specific product is not stated.

The MHRA website also has a page with further information.

This MHRA advice will be reviewed by the Department of Neurology if required, following publication of the SIGN guideline on Epilepsy.

Drug Safety Updates

Please follow link - Volume 7, Issue 11, June 2014

Prescribing Changes

Prednisolone for COPD exacerbation

The Tayside Respiratory MCN have updated their dose recommendations for oral prednsisolone in COPD exacerbation following their recent Formulary sub-group meeting. Where oral corticosteroids are required to treat an exacerbation, the minimum effective dose for the minimum duration is advised and therefore the recommended dose is now prednisolone 40mg for 5 days (30mg if <60kg / 9½ stone).

Oral corticosteroids are indicated to treat exacerbations causing a significant increase in breathlessness that interferes with daily activities and when the response to increased bronchodilators has been inadequate.

Strontium ranelate- removal from the formulary

Further to MHRA advice on strontium ranelate (restricted indication and new monitoring requirements due to cardiovascular risk) issued in the March 2014 Drug Safety Update, and availability of other preferred treatment options with better safety profiles (e.g. denosumab and zoledronic acid) for those patients who are non-adherent to, or intolerant of, oral bisphosphonates, it has been decided to remove strontium ranelate from the Tayside Area Formulary (including Endocrinology & Medicine for the Elderly specialist formulary lists), and the Tayside Medicine for the Elderly (MFE) Osteoporosis treatment algorithm.

Strontium ranelate is now non-formulary in Tayside. It has been restricted by the European Medicines Agency (EMA) to the treatment of severe osteoporosis in postmenopausal women and adult men at high risk of fracture (SMC not recommended for men at high risk of fracture) who cannot use other osteoporosis treatments due to, for example, contraindications or intolerance. Treatment with strontium should not be started in people who have or have had: ischaemic heart disease, peripheral arterial disease, cerebrovascular disease, or uncontrolled hypertension. The risk of developing cardiovascular disease should now be assessed before starting treatment and monitored every 6-12 months.

Treatment should be stopped if the individual develops ischaemic heart disease, peripheral arterial disease, or cerebrovascular disease, or if hypertension is uncontrolled.

As previously advised by the MHRA in April 2013, prescribers are advised that patients with significant risk factors for cardiovascular events (e.g. hypertension, hyperlipidaemia, diabetes mellitus, smoking) should only be treated with strontium after careful consideration, and healthcare professionals should review patients at a routine appointment and consider whether or not to continue treatment.

Cardiovascular disease and osteoporosis frequently co-exist (particularly in older patients). In addition, there is evidence of a direct association between cardiovascular disease and osteoporosis. Therefore it is prudent to ensure patients with osteoporosis are not prescribed strontium unnecessarily.

Prescribing of strontium in Tayside has been under the direction of MFE or the Bone Clinic (Tayside DTC Supplement No128- June/July 2013), therefore patients prescribed strontium should be identified by specialists and routinely reviewed.

However, if GPs or any other primary care healthcare professionals identify patients prescribed strontium that have not recently been reviewed by specialists, these patients should be reviewed, and referred to the appropriate specialists for consideration of alternative treatment.

Medicine	Indication	Local recommendation category	Comments and useful links
Aripiprazole 400mg powder and solvent for prolonged release suspension for injection (Abilify Maintena®) (962/14) *- Full submission*	Maintenance treatment of schizophrenia in adult patients stabilised with oral aripiprazole.	**HOSPITAL ONLY** **Mental Health Specialist List**	*SMC advice* *SPC link*
Certolizumab pegol 200mg/mL solution for injection in pre-filled syringe (Cimzia®) (960/14) *- Full submission*	Treatment of adult patients with severe active axial spondyloarthritis, comprising: • Ankylosing spondylitis (AS) - Adults with severe active ankylosing spondylitis who have had an inadequate response to, or are intolerant to non-steroidal anti-inflammatory drugs (NSAIDs). • Axial spondyloarthritis without radiographic evidence of AS (nr-axSpA) - Adults with severe active axial spondyloarthritis without radiographic evidence of AS but with objective signs of inflammation by elevated CRP and /or MRI, who have had an inadequate response to, or are intolerant to NSAIDs.	**HOSPITAL ONLY** **Rheumatology Specialist List** Supplied via a Patient Access Scheme	*SMC advice* *SPC link*
Cobicistat (Tybost®) 150 mg film coated tablet (933/13) *- Non-submission*	Pharmacokinetic enhancer of atazanavir 300 mg once daily or darunavir 800 mg once daily as part of antiretroviral combination therapy in human immuno-deficiency virus-1 (HIV-1) infected adults.	**Not recommended**	*SMC advice*
Dolutegravir 50mg film-coated tablets (Tivicay®) (961/14) *- Full submission*	In combination with other antiretroviral medicinal products for the treatment of Human Immunodeficiency Virus (HIV) infected adults and adolescents above 12 years of age.	**HOSPITAL ONLY - HIV Service** Supplied via a Patient Access Scheme	*SMC advice* *SPC link*
Infliximab 100mg powder for concentrate solution for infusion (Remicade®) (374/07) *- Resubmission*	Treatment of moderately to severely active ulcerative colitis in adult patients who have had an inadequate response to conventional therapy including corticosteroids and 6-mercaptopurine or azathioprine, or who are intolerant to or have medical contraindications for such therapies.	**Not recommended**	*SMC advice*

'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 - May/Jun 2014

TAF Section	Drug(s)/topic	Changes
3 - Respiratory guidance notes & netFormulary*	Chronic Obstructive Pulmonary Disease (COPD) Guidelines	Recommended dose and duration of oral prednisolone in COPD exacerbation updated. Dose now oral prednisolone 40mg for 5 days (30mg if <60kg / 9½ stone). See page 2 for further information.
4.2.2 & netFormulary* **Mental Health Specialist List**	Antipsychotic depot injections	Aripiprazole 400mg powder and solvent for prolonged release suspension for injection (Abilify Maintena®) added to formulary (Hospital-Only) and Mental Health Specialist Formulary List for patients who have responded to oral aripiprazole and depot medication is required due to problems with compliance. See SMC advice on page 3.
4.6 & netFormulary*	Drugs used in nausea and vertigo	Domperidone - new restrictions, new contraindications, and reduced dose and duration of use updated following MHRA advice. Link to MHRA Drug Safety Update, Volume 7, Issue 10, May 2014 added. Link to UKMi Rapid Communication – Domperidone: new restrictions in use, May 2014 added.
netFormulary only*	Tramadol	Tramadol - note that tramadol has been re-classified as a schedule 3 Controlled Drug (exempt from safe custody requirements). Link to NHS Tayside memo added.
6.6 & netFormulary* **Endocrinology Specialist List**	Other drugs affecting bone metabolism	Strontium ranelate removed from the formulary. The Tayside Medicine for the Elderly (MFE) Osteoporosis treatment algorithm has also been updated to remove strontium. For further information see page 2.
10.1.3 & netFormulary* **Rheumatology Specialist List**	Cytokine modulators	Certolizumab pegol 200mg/mL solution for injection in pre-filled syringe (Cimzia®) added to formulary (Hospital-Only) and Rheumatology Specialist Formulary List for ankylosing spondylitis (AS) and axial spondyloarthritis without radiographic evidence of AS (nr-axSpA). See SMC advice on page 3 for further information.

* Tayside netFormulary currently under development and not available for open access

SMC Briefing Note:

Click here for May 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