



Special points of interest for Primary Care

- Tayside Area Formulary new website - coming soon

SMC advice:

- Avanafil (Spedra®)
- Budesonide (Budenofalk®)
- Canagliflozin (Invokana®)
- Defibrotide (Defitelio®)
- Fluticasone furoate / vilanterol (Relvar Ellipta®)
- Nab-paclitaxel (Abraxane®)
- Natalizumab (Tysabri®)
- Sofosbuvir (Sovaldi®)

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Guidelines and Protocols

Using Antidepressants in Primary care

Guidance in the Tayside Area Formulary on using antidepressants in primary care has been reviewed and updated.

Click [HERE](#) to see the updated guidance.

The following updates have been made:

Changing to another Tayside formulary antidepressant

- The table which includes information on switching between the most commonly used antidepressants has had the order of the listings changed. The table now has switching 'To' along the top and switching 'From' down the side. Some additional information on switching relating to clomipramine has also been added.
- The note on reviewing antidepressants for other indications (e.g. neuropathic pain) before initiating treatment for depression has been made clearer.

Choosing an antidepressant algorithm

- Notes added on non-drug interventions.
- Generic SSRIs highlighted as first choice drug treatment - fluoxetine is 1st choice SSRI.
- Information on when to avoid SSRIs has been updated and includes additional information on when to avoid citalopram or escitalopram.
- Advice on use of antidepressants in pregnancy and breastfeeding has been updated in line with more recent evidence.
- Advice on managing patient expectation has been added under initiating treatment.

Monitoring treatment with antidepressants algorithm

- Additional guidance on assessing response to treatment added.
- Link to NICE guideline updated.
- Non-formulary antidepressants removed from table on recognised minimum effective doses.

The algorithms on choosing an antidepressant and monitoring treatment with antidepressants can be accessed by clicking on the links at the top of the 'Using Antidepressants in Primary Care' guidance.

This updated guidance can be accessed from the Psychiatric Guidance Notes section of the Central Nervous system Guidelines within the Tayside Area Formulary.

This guidance will also be accessible as a link within section 4.3 of the formulary when the new Tayside Area Formulary website is launched on the netFormulary web platform. See page 2 for further information on this.



Prescribing Changes

New website for the Tayside Area Formulary (TAF) - coming soon.....

The Tayside Area Formulary (TAF) will be going live on the netFormulary web platform on the 13th of August. This will coincide with the launch of a new formulary app available on Apple (iOS) and Android operating systems.





Access the new website via the internet at www.taysideformulary.scot.nhs.uk; or from the 'Formulary' tab on the main tool bar on Staffnet; or via the 'netFormulary' app (free to download from the App Store or Google Play).

The key features of the new platform are:

- Search Function
- Direct links to e-BNF and e-Medicines Compendium (for manufacturers Summary of Product Characteristics)
- Links to local & national guidance
- New Traffic light system for formulary status

The Traffic light system is a new way of describing the prescribing status for medicines within the formulary. Medicines within the specialist formulary lists will become re-classified from **S** to Amber traffic light or **H** to Red traffic light.

Traffic Light Status Information:

Formulary Status	Description
 Green	General Use. Primary or secondary care
 Amber	GP under direction of a Specialist
 Red	Hospital Specialists Only
 Black	SMC not recommended medicine

Pharmacy staff will be available at the following venues to provide demonstrations and answer any questions regarding the new TAF website and formulary app:

Venue	Dates
Ninewells Hospital - level 5 (outside Doctor's Mess) - 10am to 2pm	18 th , 22 nd & 25 th August, 9 th & 10 th September 2014
Perth Royal Infirmary - outside ward 5, level 4 - 12noon to 2pm	25 th , 26 th , 27 th , 28 th & 29 th August 2014
Stracathro Hospital - Dining room (The Pavilion) - 12.30pm to 1.30pm	25 th , 26 th , 27 th , 28 th & 29 th August 2014
Tayside GP Protected Learning Time event - Dundee - in foyer at break times	27 th August 2014

There will be user guides available for both the new formulary website and the new app. These will be available from the home page of the new site.

Further information on the new formulary website and app will be published around the time of their launch.

Medicine	Indication	Local recommendation category	Comments and useful links
Avanafil (Spedra®) 50mg, 100mg and 200mg tablets (980/14) - Non-submission	Treatment of erectile dysfunction in adult men.	Not recommended	SMC advice
Budesonide 9mg gastro-resistant granules (Budenofalk®) (970/14) - Abbreviated submission	Induction of remission in patients with mild to moderate active Crohn's disease affecting the ileum and/or ascending colon.	Formulary Alternative to capsules in patients with swallowing difficulties	SMC advice SPC link Allows once daily dosing
Canagliflozin, 100mg and 300mg film-coated tablets (Invokana®) (963/14) - Full submission	In adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control as add-on therapy with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. SMC restriction: to use in the following situations: <ul style="list-style-type: none"> dual therapy in combination with metformin triple therapy in combination with metformin plus standard of care add-on to insulin therapy in combination with insulin plus standard of care 	Formulary Dual & triple therapy as per SMC restrictions GP under direction of diabetes team - for add on to insulin Endocrine specialist List Alternative to dapagliflozin SMC not recommended for monotherapy	SMC advice SPC link 100mg <ul style="list-style-type: none"> Do not initiate in patients with eGFR < 60mL/min. Withdraw if eGFR falls to 45mL/min. Max dose 100mg daily Do not use with loop diuretics. Increases levels of digoxin & dabigatran
Defibrotide, 80mg/mL, concentrate for solution for infusion (Defitelio®) (967/14) - Full submission	Treatment of severe hepatic veno-occlusive disease (VOD) also known as sinusoidal obstruction syndrome (SOS) in haematopoietic stem-cell transplantation (HSCT) therapy.	Non-formulary - absence of clinician demand Supplied via a Patient Access Scheme	SMC advice SPC link Treatment undertaken at tertiary centres
Fluticasone furoate / vilanterol 92/22, 184/22 micrograms inhalation powder (Relvar Ellipta®) (966/14) - Full submission	The regular treatment of asthma in adults and adolescents aged 12 years and older where use of a combination medicinal product (long-acting beta ₂ -agonist and inhaled corticosteroid) is appropriate in patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short acting beta ₂ -agonists.	Non-Formulary - alternatives preferred	SMC advice SPC link See Adult Asthma - Inhaled Medicine Chart for formulary choices
Natalizumab (Tysabri®) 300 mg concentrate for solution for infusion (979/14) - Non-submission	Single disease modifying therapy in highly active relapsing remitting multiple sclerosis (RRMS) for adult patients aged 18 years and over with high disease activity despite treatment with glatiramer acetate.	Not recommended	SMC advice
Nab-paclitaxel formulated as albumin bound nanoparticles 5mg/mL powder for suspension for infusion (Abraxane®) (968/14) - Full submission	In combination with gemcitabine for the first-line treatment of adult patients with metastatic adenocarcinoma of the pancreas.	Not recommended	SMC advice
Sofosbuvir 400mg tablet (Sofaldi®) (964/14) - Full submission	In combination with other medicinal products for the treatment of chronic hepatitis C (CHC) in adults. SMC restriction: Sofosbuvir is accepted for use in patients with genotypes 1 to 6. Use in treatment-naïve patients with genotype 2 is restricted to those who are ineligible for, or are unable to tolerate, peginterferon alfa. Use of the 24-week interferon-free regimen of sofosbuvir in combination with ribavirin in patients with genotype 3 is restricted to those who are ineligible for, or are unable to tolerate, peginterferon alfa.	Hospital Only - Hepatitis Team GI Specialist List As triple therapy in all genotypes for 12 weeks, dual therapy for 24 weeks as per SMC restriction for those unsuitable for peginterferon based therapy.	SMC advice SPC link Sofosbuvir will replace current use of the protease inhibitors telaprevir or boceprevir in genotype 1 patients.

'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 - Jun/Jul 2014

TAF Section	Drug(s)/topic	Changes
1.5 & netFormulary*	Corticosteroids	Mild to moderate Crohn's disease affecting the ileum or ascending colon added as a further indication for budesonide 9mg gastro-resistant granules (Budenofalk®). See SMC advice on page 3.
2.5 & netFormulary* Endocrinology Specialist List	Alpha-adrenoceptor blocking drugs	Phenoxybenzamine hydrochloride injection concentrate for intravenous infusion (Hospital-Only) now removed from formulary as not in use.
4- Central Nervous System Guidelines & netFormulary*	Psychiatric Guidance Notes - Using antidepressants in primary care	This guidance has been reviewed and updated along with the algorithm on choosing an antidepressant and the algorithm on monitoring treatment with antidepressants
5 & netFormulary* Gastroenterology Specialist List	Hepatitis C	Sofosbuvir▼ 400mg tablet (Sovaldi®) added to formulary and Gastroenterology specialist formulary list for the treatment of chronic hepatitis C in adults (Hospital-Only - Hepatitis team). See SMC advice on page 3.
6.1 & netFormulary* Endocrinology Specialist List	Other antidiabetic drugs	Canagliflozin▼ 100mg film-coated tablets (Invokana®) added to formulary as dual therapy with metformin or as triple therapy with metformin plus a sulphonylurea or triple therapy with metformin plus pioglitazone. Canagliflozin▼ in combination with insulin added to formulary and Endocrinology specialist formulary list (GPs may prescribe under direction of the Diabetes Clinic). See SMC advice on page 3.
netFormulary only* Obstetrics & Gynaecology Specialist List	6.5.1- Anterior pituitary hormones	Choriogonadotrophin alfa (HcG) injection (Ovitrelle®), follitropin alfa pre-filled pen injection (Gonal-F®), and menotrophin (human menopausal gonadotrophins) injection (Menopur®), added to formulary and Obstetrics & Gynaecology specialist formulary list as infertility treatments (Hospital-Only- under specialist supervision - Assisted Conception Unit).
	6.7.2 - Drugs affecting gonadotrophins and gonadorelin analogues	Triptorelin (Decapeptyl® SR) 3mg and 11.25mg injection added to formulary and Obstetrics & Gynaecology specialist formulary list as an alternative to goserelin for endometriosis (GPs may prescribe under specialist direction). Buserelin 150 micrograms/dose nasal spray and injection (Suprecur®), and cetrorelix (Cetrotide®) injection added to formulary and Obstetrics & Gynaecology specialist formulary list as infertility treatments (Hospital-Only - under specialist supervision - Assisted Conception Unit).
	7.1.1 - Prostaglandins and oxytocics	Dinoprostone pessaries (Propess®) and vaginal gel (Prostin E2®), ergometrine injection, ergometrine with oxytocin (Syntometrine®) injection, oxytocin (Syntocinon®) injection, and carboprost injection added to formulary and Obstetrics & Gynaecology specialist formulary list (Hospital-Only, but may be used by community midwives).
7.2 & netFormulary*	Vaginal atrophy / Topical HRT	Estriol intravaginal cream 0.1% (Ovestin®) added to formulary.
	Preparations for other vaginal infections	Clindamycin vaginal cream 2% (Dalacin®) added to formulary restricted to use in bacterial vaginosis in pregnancy as an alternative to oral metronidazole (as per local guidance).
7.3 & netFormulary*	Oral contraceptives / Combined hormonal contraceptives	Microgynon 30 ED® (30mcg ethinylestradiol with levonorgestrel) added to formulary as an 'every day' (28-day) preparation.
11.8.2 & netFormulary* Ophthalmology Specialist List	Subfoveal Choroidal Neovascularisation	Aflibercept▼ solution for intravitreal injection 40mg/mL added to formulary and Ophthalmology specialist formulary list for treatment of neovascular (wet) age-related macular degeneration (AMD) as an alternative to ranibizumab (Hospital-Only). Aflibercept▼ is also an alternative to ranibizumab for macular oedema secondary to central retinal vein occlusion (CRVO).

* Tayside Area Formulary on the netFormulary platform will be available from the 13th of August - see page 2 for further information.

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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