



Special points of interest for Primary Care

- COPD Inhaled Medicine Chart
- Ivabradine - in angina - new advice

SMC advice - December:

- Cholecalciferol (InVita D3[®])
- Clindamycin/tretinoin (Treclin[®])
- Dolutegravir/abacavir/lamivudine (Triumeq[®])
- Indacaterol maleate/glycopyrronium bromide (Ultibro[®] Breezhaler[®])
- Obinutuzumab (Gazyvaro[®])
- Pemetrexed (Alimta[®])
- Pomalidomide (Imnovid[®])
- Riociguat (Adempas[®])
- Tocilizumab (RoActemra[®])
- Umeclidinium (Incruse[®])

Inside this issue :

Specialist lists - progress	1
Guidelines & Protocols	1
Drug Safety Updates	1-2
SMC Advice issued in December 2014	3-4
Updates from previous SMC Advice	4
TAF Updates	4-5
SMC Briefing Note	5
Forthcoming SMC Advice	5



Specialist lists - progress

Work has begun on a General Surgery specialist formulary list. The Epilepsy specialist formulary list is due to be presented at the Medicines Advisory Group meeting following publication of the SIGN Guideline Epilepsy in adults which is due in March 2015.



Guidelines and Protocols

COPD Inhaled Medicine Chart

The Respiratory MCN formulary group has developed an [inhaled medicine chart for COPD](#). This outlines choices of inhaled medicines at each treatment step. The chart reinforces formulary choices of inhaled medicines for COPD. The chart has been added as a link from Chapter 3 of the Tayside Area Formulary.



Drug Safety Updates

Ivabradine

Advice has been issued by the European Medicines Agency (EMA),¹ Medicines and Healthcare Products Regulatory Agency (MHRA)² and the manufacturer³ of ivabradine regarding new recommendations to minimise the risk of cardiovascular events and severe bradycardia. These recommendations are based on the EMA's review of the final data from the SIGNIFY study⁴ which demonstrated that in a subgroup of patients who had symptomatic angina there was a small but significant increase in the combined risk of cardiovascular death or non-fatal heart attack with ivabradine compared with placebo. The data also indicated a higher risk of bradycardia with ivabradine compared with placebo. Participants in the study were given higher doses of ivabradine than currently recommended in clinical practice, however this did not fully explain the findings.

Local advice on ivabradine for **both** stable angina and chronic heart failure has been updated to the following:

- **Only initiate ivabradine for patients in sinus rhythm with a heart rate of ≥ 75 beats per minute**
- **Do not prescribe with heart rate reducing calcium channel blockers (verapamil, diltiazem)**
- **Do not prescribe with strong cytochrome P450 3A4 inhibitors such as azole anti-fungals (ketoconazole, itraconazole, voriconazole), macrolide antibiotics (clarithromycin, erythromycin), protease inhibitors for HIV or hepatitis C (ritonavir, saquinavir, boceprevir, telaprevir)**
- **See SPC for advice on moderate CYP3A4 inhibitors (e.g. fluconazole)**
- **Cardiology/specialist review required if atrial fibrillation or bradycardia develops**

The following advice has also been added to the Tayside Area Formulary when using ivabradine to treat the symptoms of chronic angina:

- **If no or only limited symptom improvement after 3 months, patients should be reviewed by cardiology**



Drug Safety Updates continued....

Ivabradine (continued)

Ivabradine is indicated to treat symptoms of chronic angina in patients unable to tolerate or with a contra-indication to beta-blockers. It can also be used in combination with beta-blockers in patients for whom an optimal beta-blocker dose is not enough. Ivabradine is also indicated in combination with standard therapy including a beta-blocker (unless contra-indicated or not tolerated), an ACE inhibitor and an aldosterone antagonist, as an option for treating mild to severe stable chronic heart failure (NYHA classes II to IV) in patients who have a left ventricular ejection fraction of <35% and are in sinus rhythm with a heart rate of ≥ 75 beats per minute.

Ivabradine has now been re-classified from Green traffic light to Amber traffic light (Can be prescribed by GPs under specialist direction) within the [Tayside Area Formulary](#) for stable angina.

References

1. EMA Press release. European Medicines Agency recommends measures to reduce risk of heart problems with Corlentor/Procoralan (ivabradine). 21 November 2014. Available at: http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2014/11/news_detail_002217.jsp&mid=WCOB01ac058004d5c1 (accessed 3/2/15).
2. MHRA Drug Safety Update. Ivabradine (Procoralan) in the symptomatic treatment of angina: risk of cardiac side effects - new advice to minimise risk. 19 December 2014. Available at: <https://www.gov.uk/drug-safety-update/ivabradine-procoralan-in-the-symptomatic-treatment-of-angina-risk-of-cardiac-side-effects> (accessed 3/2/15).
3. Servier Laboratories Ltd. Direct Healthcare Professional Communication [letter] ▼ Procoralan (ivabradine hydrochloride) - New contraindication and recommendations to minimise the risk of cardiovascular events and severe bradycardia. 10 December 2014.
4. Fox K, Ford I, Steg PG, et al. Ivabradine in stable coronary artery disease without clinical heart failure. N Eng J Med 2014; 371: 1091-9. Available at: <http://www.nejm.org/doi/full/10.1056/NEJMoa1406430> (accessed 3/2/15).

Medicine	Indication	Local recommendation category	Comments and useful links
Cholecalciferol 25,000 international units oral solution (InVita D3 [®]) (1011/14) - Abbreviated submission	Prevention and treatment of vitamin D deficiency.	GPs under recommendation of a paediatric specialist	SMC advice SPC link
Clindamycin 1% / tretinoin 0.025% gel (Treclin [®]) (1010/14) - Abbreviated submission	For the topical treatment of acne vulgaris when comedones, papules and pustules are present in patients 12 years or older.	Formulary GPs where the combination of the two products is clinically indicated Supplied via a Patient Access Scheme	SMC advice SPC link
Dolutegravir 50mg, abacavir 600mg plus lamivudine 300mg film-coated tablets (Triumeq [®]) (1009/14) - Abbreviated submission	For the treatment of Human Immuno-deficiency Virus (HIV) infected adults and adolescents above 12 years of age weighing at least 40 kg.	Formulary - Hospital Only (HIV Clinic) Supplied via a Patient Access Scheme	SMC advice SPC link *Triumeq is a 'one pill once a day' option with minimal drug interactions *Consider using first line in naive patients, and as a switch in treatment experienced patients to reduce pill burden and minimise interactions if: <ul style="list-style-type: none"> • HLAB5701 test negative • No integrase inhibitor resistance • Cardiovascular risk considered
Indacaterol maleate 143micrograms (equivalent to 110microgram indacaterol) with glycopyrronium bromide 63micrograms (equivalent to 50microgram glycopyrronium) inhalation powder hard capsules (Ultibro [®] Breezhaler [®] 85microgram/43microgram [delivered dose]) (922/13) - Abbreviated advice	Maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).	Formulary 1st line choice of combined LABA/LAMA.	SMC advice SPC link
Obinutuzumab 1,000mg concentrate for solution for infusion (Gazyvaro [®]) (1008/14) - Full submission	In combination with chlorambucil, obinutuzumab is indicated for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL) and with comorbidities making them unsuitable for full-dose fludarabine based therapy.	HOSPITAL ONLY (Haematology)	SMC advice SPC link National protocol under development
Pemetrexed, 100mg & 500mg, powder for concentrate for solution for infusion (Alimta [®]) (770/12) - Full submission assessed under the end of life process	Monotherapy for the maintenance treatment of locally advanced or metastatic non-small cell lung cancer other than predominantly squamous cell histology in patients whose disease has not progressed immediately following platinum-based chemotherapy.	HOSPITAL ONLY (Oncology)	SMC advice SPC link Regional protocol under development
Pomalidomide 1mg, 2mg, 3mg and 4mg hard capsules (Imnovid [®]) (972/14) - Resubmission	In combination with dexamethasone for the treatment of adult patients with relapsed and refractory multiple myeloma who have received at least two prior treatment regimens, including lenalidomide and bortezomib, and have demonstrated disease progression on the last therapy.	HOSPITAL ONLY (Haematology) Supplied via a Patient Access Scheme	SMC advice SPC link

Medicine	Indication	Local recommendation category	Comments and useful links
Riociguat 0.5mg, 1mg, 1.5mg, 2mg, 2.5mg film-coated tablets (Adempas®) (1001/14) - Full submission considered under the end of life/orphan medicine process	Chronic thromboembolic pulmonary hypertension (CTEPH): Treatment of adult patients with World Health Organisation (WHO) functional class II to III with: <ul style="list-style-type: none"> inoperable CTEPH, persistent or recurrent CTEPH after surgical treatment, to improve exercise capacity. SMC restriction: for patients in whom a PDE5 inhibitor is inappropriate, not tolerated, or ineffective.	Non-formulary - Restricted to the Scottish Pulmonary Vascular Unit (SPVU) (Tertiary referral) Supplied via a Patient Access Scheme	SMC advice SPC link (0.5mg) SPC link (1mg) SPC link (1.5mg) SPC link (2mg) SPC link (2.5mg)
Tocilizumab (RoActemra®) 20 mg/ml concentrate for solution for infusion (1020/14) - Non-submission	Treatment of severe, active and progressive rheumatoid arthritis in adults not previously treated with methotrexate.	Not recommended	SMC advice
Umeclidinium, 55 micrograms, powder for inhalation (Incruse®) (1004/14) - Full submission	As a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).	Non-formulary - absence of clinician demand	SMC advice SPC link

'Local processes exist to allow are available in the [NHS Tayside Policy on the Prescribing of Medicines that are Non-formulary \(including Individual Patient Treatment Requests\)](#)'

Updates from previous SMC Advice

Medicine	Indication	Local recommendation category	Comments and useful links
Azelastine hydrochloride 137micrograms plus fluticasone propionate 50micrograms per actuation nasal spray (Dymista® nasal spray) (921/13) - Abbreviated submission	For the relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient.	Formulary Supplied via a Patient Access Scheme	SMC advice SPC link Restricted to patients where a combination of nasal corticosteroid and nasal antihistamine is appropriate - see formulary updates on page 5



Tayside Area Formulary (TAF) Updates - Jan 2015

TAF Section	Drug(s)/topic	Changes
02.06.03	Ivabradine	Link to MHRA advice - Ivabradine: risk of cardiac side effects, Dec 2014 added. Prescribing advice updated following advice issued by the EMA & MHRA regarding recommendations to minimise risk of cardiovascular events and bradycardia. Ivabradine now categorised as Amber traffic light (GPs may prescribe under direction of Cardiology) and added to the Cardiology specialist formulary list for stable angina indication (was previously Green traffic light for stable angina indication).
Chapter 3: Respiratory System	COPD	NHS Tayside Respiratory MCN COPD Inhaled Medicine Chart added as a Chapter link.
03.01.04	Compound bronchodilator preparations	Addition of Indacaterol maleate with glycopyrronium bromide inhalation powder hard capsules (Ultibro® Breezhaler®) to formulary as first choice LAMA/LABA combination inhaler. See also SMC advice on page 3.

Continued see over.....

TAF Updates - Jan 2015 continued.....

TAF Section	Drug(s)/topic	Changes
05.03.01	HIV infection	Dolutegravir 50mg, abacavir 600mg plus lamivudine 300mg film-coated tablets (Triumeq [®]) added to formulary (Hospital Only). See also SMC advice on page 3.
06.06.02	Bisphosphonates and other drugs affecting bone metabolism	Click here for updated recommendations on osteonecrosis of the jaw and hypocalcaemia, added to denosumab entry.
10.01.02.02	Local corticosteroid injections	Triamcinolone acetonide 10mg/mL Intra-articular/Intradermal injection (Adcortyl [®]) entry updated to include Hospital Only use by Dermatology (intradermal injection) for keloids and hypertrophic scars.
12.02.01	Drugs used in nasal allergy	Azelastine hydrochloride 137micrograms plus fluticasone propionate 50micrograms per actuation nasal spray (Dymista [®] nasal spray) added to formulary - restricted to patients where a combination of nasal corticosteroid and nasal antihistamine is appropriate e.g. where monotherapy with nasal corticosteroid is not considered sufficient and an oral non-sedating antihistamine is not preferred or not tolerated. Additional prescribing notes added to section to help clarify treatment options.
Dermatology Specialist Formulary List		Addition of Triamcinolone acetonide 10mg/mL Intradermal injection (Adcortyl [®]) (Hospital Only) for keloids and hypertrophic scars. Addition of Fluorouracil 50mg/mL (5-FU) intralesional injection [off-label] (Hospital Only) for patients who have not responded to intradermal triamcinolone acetonide injection for keloids and hypertrophic scars.
13.6	Preparations for Acne and Rosacea	Addition of statement on combined preparations containing a topical antibiotic with topical retinoid which may be suitable where both are clinically indicated. See also SMC advice on page 3. Clindamycin 1% / tretinoin 0.025% gel (Treclin [®]) now formulary.
15.02	Local anaesthesia - Lidocaine	Tetracaine / lidocaine (Pliaglis 70 mg/g + 70 mg/g cream [®]) now also for restricted use (Hospital Only) by Consultants from Plastic Surgery (and Dermatology) for anaesthesia before laser treatment where alternatives are not suitable.

SMC Briefing Note:

[Click here](#) for December 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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