R TAYSIDE PRESCRIBER NHS

Tayside DTC Supplement No 152 – November/December 2015

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

Special Points of Interest for Primary Care

SMC Advice - October:

- Abiraterone acetate (Zytiga®)
- Budesonide (Cortiment®)
- Ciclosporin (lkervis®)
- Empagliflozin plus metformin (Synjardy®)
- Everolimus (Afinitor®)
- Insulin degludec/liraglutide (Xultophy®)
- Midodrine hydrochloride (Bramox®)
- Nintedanib (Ofev®)
- Radium-223 dichloride (Xofigo®)
- Trastuzumab (Herceptin®)
- Travoprost (Travatan®)

SMC Advice - November:

- Atazanavir/cobicistat (Evotaz®)
- Bevacizumab (Avastin®)
- Edoxaban (Lixiana®)
- Edoxaban tosilate (Lixiana®)
- Everolimus (Certican®)
- Pembrolizumab (Keytruda®)
- Raltegravir (lsentress®)
- Regorafenib (Stivarga®)
- Tiotropium/olodaterol (Spiolto® Respimat®)
- Triamcinolone (Hexacetonide®)

Drug Safety Updates

Please follow link to Drug Safety Updates for - November 2015 and December 2015.

Mirabegron (Betmiga ▼): risk of severe hypertension and associated risks

Mirabegron is restricted to use in patients who are unable to tolerate or who have had an unsatisfactory response to antimuscarinics, for the treatment of urinary incontinence. It has been approved for use in NHS Tayside as a 2nd line formulary medicine since 2013.

Hypertension is a recognised but uncommon side effect (1 in 100) and blood pressure should be monitored at baseline and periodically during treatment, especially in hypertensive patients.

A European wide review of the safety of mirabegron has highlighted cases of severe hypertension, including hypertensive crisis associated with reports of cerebrovascular and cardiac events (mainly transient ischaemia attack or stroke).

Main Points

- Mirabegron is now contraindicated in patients with severe uncontrolled hypertension (systolic blood pressure ≥180 mm Hg or diastolic blood pressure ≥110 mm Hg, or both)
- Use mirabegron with caution in patients with systolic blood pressure ≥160 mmHg or diastolic blood pressure ≥100 mm Hg
- Monitor blood pressure at baseline and periodically during treatment with mirabegron, especially in hypertensive patients

See <u>Summary of Product Characteristics</u> for further information including dosing in renal & hepatic impairment and important drug interactions.

Further information can be found in Drugs Safety Update October 2015

<u>Note</u>: mirabegron ∇ is a relatively new drug. All suspected ADRs associated with new drugs identified by the black triangle ∇ should be reported to the MHRA yellow card scheme, either directly or locally, via Tayside Medicines Information service: Tay-UHB.medinfo@nhs.net.

Mirabegron has been updated to an amber traffic light (under direction of Urology) in the Tayside Area Formulary.

| Inside this issue: | | | |
|----------------------------------|-----|----------------------------------|-----|
| Drug Safety Updates | I-2 | Updates from previous SMC Advice | 6 |
| Specialist Lists Updates | 2 | TAF Updates | 7-8 |
| Prescribing Changes | 2 | SMC Briefing Note | 8 |
| SMC Advice issued September 2015 | 3-4 | Forthcoming SMC Advice | 8 |
| SMC Advice issued October 2015 | 4-6 | | |

Drug Safety Updates - cont.

Nicorandil - Risk of Ulcerations and Progression to Complications

A 'Dear Healthcare Professional' letter in November has highlighted the risk of ulcerations and potential complications with nicorandil. This follows reviews by European medicines regulatory agencies of the risk of skin and mucosal ulceration with nicorandil and the indications for its use. GI ulceration with nicorandil was previously reported in <u>Drug Safety Update June 2008</u>.

Key recommendations:

- Nicorandil is now indicated for treatment of stable angina only in patients whose angina is inadequately controlled by 1st line antianginal therapies or who have a contraindication or intolerance to first line anti-anginal therapies such as beta-blockers and or calcium antagonists.
- Nicorandil can cause serious skin, mucosal, and eye ulceration, which persists unless treatment is discontinued.
- Stop nicorandil treatment if ulceration develops on any part of the body. If stopping nicorandil treatment worsens angina symptoms, consult a cardiologist.
- Gastrointestinal ulcers may progress to perforation, haemorrhage, fistula or abscess.
- Patients with diverticular disease may be at particular risk of fistula formation or bowel perforation compared with patients without diverticular disease.
- Taking aspirin, non-steroidal anti-inflammatory drugs (NSAIDs) or corticosteroids concomitantly with nicorandil increases the risk of gastrointestinal ulceration, perforations, and haemorrhage compared with taking either medicine alone.
- Nicorandil is now contraindicated in hypovolaemia, acute pulmonary oedema and for use with soluble guanylate cyclase stimulators such as riociguat.
- Use nicorandil with caution in combination with medicines which increase potassium levels, especially in patients with moderate to severe renal impairment

The 'Dear Healthcare Professional' letter can be accessed <u>here</u>, or from the Ikorel[®] (nicorandil) Summary of Product Characteristics from the <u>electronic Medicines Compendium</u> (eMC).

The nicorandil entry in the Tayside Area formulary has been updated with a summary of the above recommendations.



Specialist List Updates

Palliative Care Specialist Formulary List

The <u>Palliative Care Specialist Formulary List</u> within the <u>Tayside Area Formulary</u> has been reviewed and updated. Less medicines are listed in the specialist formulary list than before as most medicines are already included within the <u>Scottish Palliative Care Guidelines</u>. Please refer to the Scottish Palliative Care Guidelines website for evidence based or best-practice guidance on a range of common clinical issues for the management of adult patients with life-limiting illness, including: advice and information on specific medicines; pain management; symptom control; palliative emergencies; end of life care; subcutaneous infusion of medication and compatibility of drugs that can be given subcutaneously via a syringe driver. The Scottish Palliative Care Guidelines website is easily accessible as a link from the Tayside Area Formulary homepage.



Lithium Carbonate (Camcolit[®] 250mg) Proprietary Name Change

Lithium carbonate (Camcolit[®]) 250mg tablets have been renamed to 'Lithium Carbonate Essential Pharma 250mg tablets'. The strength and formulation remain the same. Camcolit[®] 400mg prolonged release tablets have not been rebranded. As lithium should be prescribed by brand name due to differing bioavailability between products, patients taking Camcolit[®] 250mg tablets should be informed of the proprietary name change and lithium cards and lithium treatment booklets should be updated where appropriate.

SMC Advice issued in September 2015 (publication date 12 October 2015) SMC website: www.scottishmedicines.org.uk

| Medicine | Indication | Local Recommendation Category | Comments and Useful Links |
|--|--|--|--------------------------------------|
| Abiraterone acetate 250mg tablets (Zytiga®) SMC No. (873/13) Independent Review Panel Accepted | Indicated with prednisone or prednisolone for the treatment of metastatic castration resistant prostate cancer (mCRPC) in adult men who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated. | Non Formulary Pending local Agreement | <u>SMC advice</u> |
| Budesonide 9mg prolonged release tablets (Cortiment [®]) SMC No. (1093/15) Abbreviated Submission Not Recommended | For use in adults for induction of remission in patients with mild to moderate active ulcerative colitis (UC) where 5-ASA treatment is not sufficient. | Not Recommended | <u>SMC advice</u> |
| Ciclosporin 1mg/mL (0.1%) eye drops emulsion (Ikervis [®]) SMC No. (1089/15) Full Submission Accepted | For treatment of severe keratitis in adult patients with dry eye disease, which has not improved despite treatment with tear substitutes. | Formulary GP under direction of Ophthalmology (Corneal Clinic) | <u>SMC advice</u> <u>SPC link</u> |
| Empagliflozin plus metformin 5mg/850mg, 5mg/1000mg, 12.5mg/850mg, 12.5mg/1000mg film-coated tablets (Synjardy®) SMC No. (1092/15) Abbreviated Submission Accepted restricted | For use in adults aged 18 years and older with type 2 diabetes mellitus as an adjunct to diet and exercise to improve glycaemic control: - in patients inadequately controlled on their maximally tolerated dose of metformin alone - in patients inadequately controlled with metformin in combination with other glucose-lowering medicinal products, including insulin - in patients already being treated with the combination of empagliflozin and metformin as separate tablets. SMC restriction: for use in patients for whom this fixed dose combination of empagliflozin and | Non Formulary Absence of Clinician demand | <u>SMC advice</u> |
| | metformin is considered appropriate. For use as dual therapy (empagliflozin and metformin) when a sulphonylurea is inappropriate. | | |
| Everolimus 2.5mg, 5mg and 10mg tablet (Afinitor®) SMC No. (872/13) Re-submission assessed under the end of life process Not Recommended | For the treatment of hormone receptor-positive, HER2/neu negative advanced breast cancer, in combination with exemestane, in postmenopausal women without symptomatic visceral disease after recurrence or progression following a non-steroidal aromatase inhibitor. | Not Recommended | <u>SMC advice</u> |
| Insulin degludec/liraglutide 100 units/mL / 3.6mg/mL solution for injection pre-filled pen (Xultophy [®]) SMC No. (1088/15) Full Submission Accepted restricted | Treatment of adults with type 2 diabetes mellitus to improve glycaemic control in combination with oral glucose-lowering medicinal products when these alone or combined with a GLP-I receptor agonist or with basal insulin do not provide adequate glycaemic control. | Formulary GP under direction of Diabetes Clinic | <u>SMC advice</u> <u>SPC link</u> |
| | SMC restriction: for use in patients who are uncontrolled on basal insulin analogues (glycosylated haemoglobin [HbA1c] >7.5% [59mmol/mol]) and for whom a GLP-1 receptor agonist is appropriate as an add-on intensification therapy to basal insulin to obtain glucose control. | | |

Local processes exist to allow prescribing of non-SMC approved medicines for individual patients and are available in the <u>NHS Tayside Policy</u> on the Prescribing of Medicines that are Non-formulary (including Individual Patient Treatment Requests).

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

SMC Advice issued in September 2015 (publication date 12 October 2015) SMC website: www.scottishmedicines.org.uk

| Medicine | Indication | Local Recommendation Category | Comments and Useful Links |
|---|--|--|--------------------------------------|
| Midodrine hydrochloride 2.5mg, 5mg tablets (Bramox®) SMC No. (1094/15) Abbreviated Submission Accepted | For use in adults for the treatment of severe orthostatic hypotension due to autonomic dysfunction when corrective factors have been ruled out and other forms of treatment are inadequate. | Non Formulary Pending local protocol under development | SMC advice |
| Nintedanib 100mg and 150mg capsules (Ofev®) SMC No. (1076/15) Full Submission assessed under the orphan process Accepted restricted | For use in adults for the treatment of idiopathic pulmonary fibrosis (IPF). SMC restriction: For use in patients with a predicted forced vital capacity (FVC) less than or equal to 80%. | Non Formulary Pending protocol review | <u>SMC advice</u> |
| Radium-223 dichloride 1000kBq/ mL solution for injection (Xofigo®) SMC No. (1077/15) Full submission assessed under the end of life and orphan process Accepted | For the treatment of adults with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastases. | Non Formulary Absence of Clinician demand | <u>SMC advice</u> |
| Trastuzumab 150mg powder for concentrate for solution for infusion (Herceptin [®]) SMC No. (623/10) Second re-submission considered under the ultra-orphan and end of life process Accepted restricted | In combination with capecitabine or fluorouracil and cisplatin for the treatment of patients with HER2 positive metastatic adenocarcinoma of the stomach or gastro-oesophageal junction who have not received prior anti-cancer treatment for their metastatic disease. It is indicated for use only in patients with metastatic gastric cancer whose tumours have HER2 overexpression as defined by IHC2+ and a confirmatory FISH+ result, or IHC 3+, as determined by an accurate and validated assay. SMC restriction: for use in patients whose tumours have HER2 overexpression defined by immunohistochemistry (IHC) 3+ ("HER2 high expresser"). | Non Formulary Pending local agreement | <u>SMC advice</u> |
| Travoprost 40 micrograms/mL eye drops (Travatan®) SMC No. (1091/15) Abbreviated Submission Accepted | Decrease of elevated intraocular pressure in paediatric patients aged 2 months to <18 years with ocular hypertension or paediatric glaucoma. | Formulary GP under direction of ophthalmology/paediatrics | <u>SMC advice</u> <u>SPC link</u> |

SMC Advice issued in October 2015 (publication date 9 November 2015) SMC website: www.scottishmedicines.org.uk

| Medicine | Indication | Local Recommendation Category | Comments and Useful Links |
|--|--|---|--------------------------------------|
| Atazanavir/cobicistat 300mg/150mg film-coated tablets (Evotaz®) SMC No. 1098/15 Abbreviated submission Accepted | In combination with other antiretroviral medicinal products for the treatment of HIV-1 infected adults without known mutations associated with resistance to atazanavir. | Formulary Hospital Use only (HIV clinic) | <u>SMC advice</u> <u>SPC link</u> |
| Bevacizumab 25mg/mL, concentrate for solution for infusion (Avastin®) SMC No. 806/12 2nd Resubmission Accepted restricted | In combination with carboplatin and paclitaxel, for the front-line treatment of advanced (International Federation of Gynaecology and Obstetrics (FIGO) stages IIIB, IIIC and IV) epithelial ovarian, fallopian tube, or primary peritoneal cancer. SMC restriction : In patients with FIGO stage IV disease. | Non Formulary Pending local Agreement | <u>SMC advice</u> |

 \ast '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 |
|--|--|--|--------------------------------------|
| Edoxaban tosilate 15mg, 30mg, 60mg film-coated tablets (Lixiana®) SMC No. 1090/15 Full submission Accepted | Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults. | Non Formulary | <u>SMC advice</u> |
| Edoxaban tosilate 15mg, 30mg and 60mg film-coated tablets (Lixiana®) SMC No. 1095/15 Full submission Accepted | Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF) with one or more risk factors, such as congestive heart failure, hypertension, age ≥75 years, diabetes mellitus, prior stroke or transient ischaemic attack (TIA). | Non Formulary Pending local agreement | <u>SMC advice</u> |
| Everolimus 0.25mg, 0.5mg and 0.75mg tablets (Certican®) SMC No. 1117/15 Non-submission Not Recommended | Prophylaxis of organ rejection in adult patients at low to moderate immunological risk receiving a cardiac transplant. Prophylaxis of organ rejection in patients receiving a hepatic transplant. | Not Recommended | <u>SMC advice</u> |
| Pembrolizumab 50mg powder for concentrate for solution for infusion (Keytruda®) SMC No. 1087/15 Full submission Not Recommended | As monotherapy for the treatment of advanced (unresectable or metastatic) melanoma in adults. This submission relates to use in adults previously treated with ipilimumab. | Not Recommended | <u>SMC advice</u> |
| Pembrolizumab 50mg powder for concentrate for solution for infusion (Keytruda®) SMC No. 1086/15 Full submission Accepted | As monotherapy for the treatment of advanced (unresectable or metastatic) melanoma in adults. This submission relates to use in adults previously untreated with ipilimumab. | Non Formulary Pending local Agreement | <u>SMC advice</u> |
| Raltegravir granules for oral suspension 100mg (Isentress®) SMC No. 1102/15 Abbreviated submission Accepted restricted | In combination with other anti-retroviral medicinal products for the treatment of human immunodeficiency virus (HIV-1) infection in adults, adolescents, children, toddlers and infants from the age of 4 weeks. SMC restriction : 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 granules should be prescribed under the supervision of specialists in paediatric HIV. | Formulary Hospital Use (HIV and Paediatrics only) | <u>SMC advice</u> <u>SPC link</u> |
| Raltegravir chewable tablets 25mg, 100mg (lsentress®) SMC No. 1113/15 Abbreviated submission Accepted restricted | In combination with other anti-retroviral medicinal products for the treatment of human immunodeficiency virus (HIV-1) infection in children from the age of 4 weeks to <2 years. SMC restriction: 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 interactions; raltegravir chewable tablets should be prescribed under the supervision of specialists in paediatric HIV. | Formulary Hospital Use (HIV Paediatrics only) | <u>SMC advice</u> <u>SPC link</u> |

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SMC Advice issued in October 2015 (publication date 9 November 2015) SMC website: www.scottishmedicines.org.uk

| Medicine | Indication | Local Recommendation Category | Comments and Useful Links |
|---|---|--|--------------------------------------|
| Regorafenib 40mg film-coated tablets (Stivarga®) SMC No. 1118/15 Non-submission Not Recommended | Adult patients with metastatic colorectal cancer (CRC) who have been previously treated with, or are not considered candidates for, available therapies. | Not recommended | <u>SMC advice</u> |
| Tiotropium/olodaterol 2.5 micro- gram/2.5 microgram inhalation solution (Spiolto® Respimat®) SMC No. 1099/15 Abbreviated submission Accepted | Maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). | Formulary | <u>SMC advice</u> <u>SPC link</u> |
| Triamcinolone 20mg/ml suspension for injection (Hexacetonide®) SMC No. 1103/15 Abbreviated submission Accepted | Juvenile idiopathic arthritis (JIA). | Formulary Hospital Use only (Paediatric rheumatology and orthopaedics) | <u>SMC advice</u> <u>SPC link</u> |

Updates from previous SMC Advice

| Medicine | Indication | Local Recommenda- tion | Comments and Useful Links |
|---|--|--|--------------------------------------|
| Tedizolid phosphate 200mg film- coated tablets and 200mg powder for concentrate for solution for infusion (Sivextro®) SMC No. (1080/15) Full submission Accepted restricted | Use in adult patients with acute bacterial skin and skin structure infections (ABSSSI). SMC restriction : - ABSSSI caused by Gram- positive <i>Staphylococcus aureus</i> (specifically methicillin -resistant <i>Staphylococcus aureus</i> [MRSA] isolates). - Tedizolid phosphate is restricted to use as an alternative oxazolidinone antibacterial on the specific advice of local microbiologists or specialists in infectious disease. | Non-formulary | <u>SMC advice</u> |
| Rufinamide 40mg/ml oral suspension (Inovelon®) SMC No. (795/12) Abbreviated submission Accepted restricted | Adjunctive therapy in the treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 4 years of age or older. SMC restriction : restricted to use in patients who have failed treatment with or are intolerant of other antiepileptic drugs. | GPs under the direction of Paediatric Neurology Clinic | <u>SMC advice</u> <u>SPC link</u> |
| Rufinamide 100mg, 200mg and 400mg tablets (Inovelon®) SMC No. (416/07) Resubmission Accepted restricted | Adjunctive therapy in the treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 4 years of age or older. SMC restriction : to use in patients who have failed treatment with or are intolerant of alternative traditional antiepileptic drugs. | GPs under the direction of Paediatric Neurology Clinic | <u>SMC advice</u> <u>SPC link</u> |

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Tayside Area Formulary (TAF) Updates - Nov 2015

| TAF Section | Drug(s)/Topic | Changes |
|-------------------------------|--------------------------------------|---|
| Specialist Formulary Lists | <u>Dermatology</u> | 5-fluorouracil 1% cream in ungentum M cream (unlicensed special) added to the Dermatology specialist formulary list for Hospital Only prescribing in Darier's disease (keratosis follicularis). |
| | Palliative Care | Palliative Care specialist formulary list reviewed and updated. Medicines removed that are already within the <u>Scottish Palliative Care Guidelines</u> . Duloxetine (Cymbalta [®]) and lidocaine infusion added to the Palliative Care specialist formulary list in line with the Chronic Pain Specialist formulary list. See page 2 for further information. |
| | <u>Renal</u> | Renal Specialist formulary list reviewed and the following changes have been undertaken this month: removal of Methoxy polyethylene glycol-epoetin beta (Micera®), calcium acetate (PhosLo®), and sevelamer hydrochloride (Renagel®). Indication amended for cyclophosphamide tablets. Indication expanded for mycophenolate mofetil, azathioprine, tacrolimus and ciclosporin. Link to guidance on <u>medical management of adult patients with ESKD undergoing parathyroidectomy</u> added for alfacalcidol entry. |
| <u>02.06.03</u> | Nicorandil | Now restricted to symptomatic treatment of patients with stable angina who are inadequately controlled or have a contraindication or intolerance to first-line antianginal therapies (such as beta- blockers and/or calcium antagonists). This is further to the risk of ulcerations and progression to complications with nicorandil. See page 2 for further information. |
| <u>02.07</u> | Midodrine | Licensed midodrine tablets now available. Non-formulary entry updated to include licensed preparation. See SMC advice on page 4 for further information. |
| <u>Chapter 3</u> | Useful links | Removal of previous Guidance on inhaler devices 12 years +, as this was out of date. Relevant information from this previous guidance has been incorporated into a new sub-section 03.01.05 - see below. |
| <u>03.01.04</u> | Compound bronchodilator preparations | Spiolto Respimat [®] added to the formulary as Green traffic light as an option for patients with COPD at Step 3 as per <u>Inhaled Medicine Chart for COPD</u> . See SMC advice on page 6. |
| <u>03.01.05</u> | Spacer devices | AeroChamber Plus [®] and Volumatic [®] from previous Guidance on inhaler devices for 12 years +, now formulary entries. Relevant information from previous guidance incorporated into the notes section of this new formulary sub-section. |
| <u>03.02</u> | Compound preparations - asthma | Budesonide and formoterol dry powder for inhalation (DuoResp Spiromax [®]) added to formulary as Green traffic light option for combined ICS/LABA in asthma steps 3-5 as per <u>Inhaled Medicine Chart</u> <u>Asthma</u> . Symbicort Turbohaler [®] and Seretide Accuhaler [®] now non-formulary. |
| <u>03.02</u> | Compound preparations - COPD | Budesonide and formoterol dry powder for inhalation (DuoResp Spiromax [®]) added to formulary as Green traffic light option for COPD as per <u>Inhaled Medicine Chart COPD</u> . Seretide Accuhaler [®] now non-formulary. |
| | | Note added that the place of combined ICS/LABA in COPD is limited to those patients with more severe disease, and those having 2 or more exacerbations over a 12 month period (i.e. frequent/ regular exacerbators). |
| <u>04.02.01</u> | Haloperidol injection | Link to <u>memo</u> on haloperidol injection shortage added. |
| <u>04.02.03</u> | Lithium carbonate | Information on rebranding of lithium carbonate 250mg tablets added. See page 2 for further information. |
| <u>04.07.01</u> | Nefopam | Wording of formulary indication clarified as reserved for patients who have a proven contraindication, intolerance or a poor response to both opioid and NSAID analgesia or on advice of the Pain team, following nefopam supply shortage. |
| <u>04.07.02</u> | Morphine | Link to <u>Breathlessness guideline</u> from the <u>Scottish Palliative Care Guidelines</u> added. |
| <u>04.07.02</u> | Fentanyl nasal spray (PecFent®) | Restricted to patients unsuitable for Abstral [®] added to formulary entry for clarification of local formulary status. |
| <u>04.07.03</u> | Ketamine | Controlled drug symbol added as now a Schedule 2 controlled drug. Link to <u>Tayside Prescriber Issue</u> <u>136 - Ketamine Rescheduling to Schedule 2 Controlled Drug</u> added. |

| | AF Updates - | Nov 2015 - cont. |
|--|--------------|------------------|
|--|--------------|------------------|

| TAF Section | Drug(s)/Topic | Changes |
|--------------------|--|--|
| <u>05.01.07</u> | Some other antibacterials | Sivextro [®] (tedizolid phosphate) added to formulary as Hospital-Only use: restricted to only under ID/ microbiology advice (Alert Antibiotic). Only licensed for skin and soft tissue infection and for a maximum 6 days duration. See previous SMC advice on page 6. |
| <u>05.03.01</u> | HIV infection | Evotaz® (atazanavir/cobistat) and Isentress® (raltegravir) added to formulary as Hospital-Only (Red Traffic light) by HIV clinic. See SMC advice on page 4 and 5. |
| <u>06.01.02.05</u> | Glucagon-like peptide-l receptor agonists | Insulin degludec/liraglutide 100 units/mL / 3.6mg/mL solution for injection pre-filled pen (Xultophy [®]) added to formulary as a note within liraglutide entry and added to the <u>Endocrinology Specialist</u> <u>formulary list</u> (Amber traffic light) (prescribing by GPs under direction of the diabetic clinic). See SMC advice on page 3. |
| <u>07.04.02</u> | Mirabegron | New contra-indications added to formulary entry and a link to the <u>MHRA Drug Safety Update -</u> <u>Mirabegron: risk of severe hypertension and associated cerebrovascular and cardiac events, October</u> <u>2015</u> . See page 1 for further information. |
| <u>08.02.01</u> | Antiproliferative immuno- suppressants | Additional indication 'Maintenance of remission of ANCA associated systemic vasculitis and SLE nephritis following induction therapy with cyclophosphamide or rituximab ' added for mycophenolate mofetil and azathioprine. |
| <u>08.02.02</u> | Corticosteroids and other immunosuppressants | Additional indication 'Maintenance of remission of nephrotic syndrome' added for tacrolimus [off-label] and ciclosporin. |
| <u>09.01.03</u> | Erythropoietin | Methoxy polyethylene glycol-epoetin beta (Mircera®) now non-formulary. |
| <u>09.05.02.02</u> | Phosphate-binding agents | Calcium acetate (PhosLo [®]) discontinued - now non-formulary and annotated as discontinued. Sevelamer hydrochloride (Renagel [®]) now non-formulary, generic sevelamer carbonate preferred. |
| <u>09.06.04</u> | Vitamin D | Alfacalcidol - link added to <u>medical management of adult patients with ESKD undergoing</u> <u>parathyroidectomy</u> guidance. |
| <u>11.08.01</u> | Tear deficiency, ocular lubricants, and astringents | VitA-POS [®] added back into formulary as not discontinued. Xailin Night [®] remains in formulary as an alternative to VitA-POS [®] if it is unavailable. |
| | | Ciclosporin I mg/mL (0.1%) eye drops emulsion (Ikervis®) added to formulary and <u>Ophthalmology</u> <u>Specialist formulary list</u> (Amber traffic light) for severe keratitis in adults with dry eye disease in addition to tear substitutes. This has replaced the previous ciclosporin 2% eye drops which were unlicensed. See SMC advice on page 3. |

SMC Briefing Note: November 2015

Forthcoming SMC Advice

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.

<u>CLICK HERE</u> for access to the Medicines Governance section of the Pharmacy Staffnet site.

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:

David Gill Lead Clinician - Pharmacoeconomics email: <u>david.gill@nhs.net</u>

or

Claire James Senior Pharmacist - Clinical Effectiveness email: <u>clairejames@nhs.net</u>