



### Methylprednisolone Sodium Succinate

There have been reports of serious allergic reactions to methylprednisolone sodium succinate 40mg products\* (which contain lactose) in patients with an allergy to cow's milk. The other available strengths of methylprednisolone sodium succinate injection 125mg, 500mg, 1g and 2g do not contain lactose. \**Solu-medrone or generic equivalent*

The 40mg strength of methylprednisolone sodium succinate should therefore not be used in patients with a known or suspected allergy to cow's milk. The incidence is greater in

children less than 12 years of age with childhood asthma. See [Drug Safety Update Volume 11 Issue 3 October 2017](#) for further information

In Tayside, the GI team plan to continue to use this strength in adults with inflammatory bowel disease and no known allergy to cow's milk. Paediatrics have agreed **not** to use the 40mg strength and use higher strengths to obtain the appropriate dose. The paediatric monograph for methylprednisolone sodium succinate will be updated to reflect this change.

### Ranolazine for Stable Angina

Ranolazine has been approved for restricted use in NHS Tayside. It can be prescribed in primary care under the direction of Cardiology (amber traffic light) as per the [Ranolazine Local Treatment Protocol](#) and [Stable Angina Flow Chart](#).

It no longer requires an IPTR to be completed prior to prescribing. The rationale for this is because there are no plans for ranolazine to be resubmitted to SMC (it remains SMC not recommended). However, there is some evidence of its effectiveness in a specific group of angina patients.

#### Patient Selection

Patients with stable angina pectoris who are inadequately controlled or intolerant to first-line anti-anginal therapies and other second-line anti-anginal therapies, who **remain unsuitable for surgical revascularisation procedures**.

### Clozapine - potential risk of intestinal obstruction, faecal impaction and paralytic ileus

[October's Drug Safety Update](#) reminds healthcare professionals of this potentially fatal adverse effect. Constipation is a common side effect of clozapine and should be treated promptly if it occurs during treatment. If left untreated it can lead to intestinal obstruction, faecal impaction

and paralytic ileus. Clozapine should be used with caution in patients receiving other drugs that may cause constipation (e.g. antimuscarinic drugs), patients with a history of colonic disease or lower abdominal surgery and in patients aged 60 years or older.

### Pharmacotherapy for Attention Deficit Hyperactivity Disorder (ADHD) in Children - Local Treatment Protocol

Following the acceptance of guanfacine by SMC for use in children & adolescents, the Child and Adolescent Mental Health Service (CAMHS) has updated the [NHS Tayside Local Treatment Protocol](#) on the treatment of ADHD in children. This provides information on methylphenidate, dexamfetamine, lisdexamfetamine, atomoxetine and guanfacine.

Following referral into the service, CAMHS will initiate and titrate the

appropriate medication until the optimum dose is achieved. A request will then be sent to the GP to continue regular prescribing of the medication at this dose. The patient will continue to be reviewed and monitored regularly by the CAMHS team.

As no monitoring is required by primary care, the **local protocol** will replace the Shared Care Agreement as per ADTC recommendation ([DTC Supplement 153, Jan/Feb 2016](#)).



For full information on any of the drugs listed below use the link to the Scottish Medicines Consortium (SMC) website below to search by generic, brand or SMC no.  
See NHS Tayside 'Local Decisions on SMC Advice' database (link below) for full details on Board decisions - these are currently listed alphabetically by page.

## SMC Advice

### Published 13 November 2017

glecaprevir 100mg, pibrentasvir 40mg film-coated tablet (Maviret®)  
SMC No. 1278/17

midazolam (as maleate) 10mg/1mL oromucosal solution prefilled syringe (Epistatus® PFS)  
SMC No. 1279/17

olatumab 10mg/mL concentrate for solution for infusion (Lartruvo®)  
SMC No. 1273/17

pegvisomant 10mg, 15mg, 20mg, 25mg and 30mg powder and solvent for solution for injection (Somavert®)  
SMC No. 158/05

raltegravir 600mg film-coated tablets (Isentress®)  
SMC No. 1280/17

### 13 November - SMC 'Not recommended' medicines

abatacept 125mg solution for injection (pre-filled syringe); 125mg solution for injection in pre-filled pen; 250mg powder for concentrate for solution for infusion (Orencia®)  
SMC No. 1287/17

everolimus 0.25mg, 0.5mg and 0.75mg tablets (Certican®)  
SMC No. 1288/17

ibrutinib 140-mg hard capsules (Imbruvica®)  
SMC No. 1289/17

mercaptamine, 25mg and 75mg (as bitartrate), gastro-resistant hard capsules (Procysbi®)  
SMC No. 1272/17

## New & Updated Formulary Links

Links updated or added within the formulary include:

[Tayside Local Treatment Protocol for the use of Verapamil for Cluster Headache prophylaxis](#)

[Nintedanib Local Treatment Protocol](#)

[Nintedanib – letter to GP from Clinic](#) (Staffnet link)

[Edoxaban Switch Frequently Asked Questions](#)

[Scottish Government CMO letter New Recommendations on Vitamin D supplementation](#)

## Other Formulary Updates

The [Acute Pain Specialist Formulary List](#) has been reviewed and updated.

Formulary section [04.01 – Hypnotics & anxiolytics](#) has been reviewed and updated.

Formulary sections [13.03 – Topical local anesthetics, antipruritics, urticaria](#) and [13.05.03 – Drugs affecting the immune response](#) reviewed and updated.

Podophyllotoxin solution 0.5% and cream 0.15% have been added to the formulary for genital warts. Imiquimod 5% cream is now a Green traffic light for external genital and perianal warts. See formulary section [13.07 – Anogenital warts](#).

This bulletin is produced by the Medicines Advisory Group (MAG), which is a sub-group of the NHS Tayside Area Drug and Therapeutics Committee. Please direct any queries to:

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Local implementation of SMC recommendations is taken forward by the Tayside Prescribing Support Unit (PSU). This bulletin is based on evidence available to Tayside PSU at time of publication and is covered by the Disclaimer and Terms & Conditions of Use.

Medicines within the Tayside Area Formulary are intended to guide choice on a rational selection of medicines for **adults** which have been included on the basis of clinical efficacy, safety, patient acceptability and cost-effectiveness.

## Links to Additional Information

Monthly Drug Safety Updates:

[www.gov.uk/government/publications/drug-safety-update-monthly-newsletter](http://www.gov.uk/government/publications/drug-safety-update-monthly-newsletter)

For full details of medicines and forthcoming SMC Advice see SMC Website:

[www.scottishmedicines.org.uk](http://www.scottishmedicines.org.uk)

For a Summary of a Product's Characteristics (SPCs) see Electronic Medicines Compendium Website:

<http://www.medicines.org.uk/emc/>

For full details on NHS Board decisions see Tayside Area Formulary - Local Decisions on SMC Advice database:

<http://www.nhstaysideadtc.scot.nhs.uk/approved/formular/medsearchmain.htm>

Local processes exist to allow prescribing of non-SMC approved medicines for individual patients and are available in the

[NHS Tayside Policy on the Prescribing of Medicines that are Non-formulary \(including Individual Patient Treatment Requests\)](#).