TAYSIDE PRESCRIBER
ADTC Supplement No 168 - May 2018

Midazolam 10mg/1mL oromucosal solution prefilled syringe (Epistatus®)

Paediatrics

This product is only suitable for giving a dose of 10mg (this dose is likely to be suitable for children weighing 33kg or more or age 10 years and above). Children requiring doses less than 10mg should continue to receive the Epistatus® 10mg/mL 5mL bottle.

Patients should only be switched after parents have received training by an epilepsy nurse. This will happen as part of each patient's annual review.

Adults

The Tayside Area Formulary has been updated to include the licensed prefilled syringes of midazolam 10mg/mL for use in status epilepticus instead of the midazolam 10mg/mL unlicensed 5mL bottle. Epistatus® prefilled syringes are only licensed in children and adolescents 10 to 18 yrs, so their use in adults is off label.

Buccolam ®, midazolam 10mg/2mL pre-filled oral syringes are a different strength

To reduce the risk of errors, the Buccolam® brand is non-formulary (not recommended) in NHS Tayside.

Discontinuation of albiglutide

Albiglutide, (Eperzan®), a once weekly glucagon-like peptide-1 agonist, is being discontinued at the end of June 2018. It is non-formulary in NHS Tayside.

Patients currently on albiglutide as add-on therapy should be switched to dulaglutide 1.5mg weekly. A dose of 0.75mg weekly can be considered for those patients that are over 75 years old. Dulaglutide is SMC not recommended for monotherapy.

If a patient is on monotherapy with albiglutide the diabetes Referral Management System (RMS) should be contacted for advice.

Humulin R U500 Insulin availability

Humulin R U500 vials are no longer available in UK. Humulin R U500 is now available in a prefilled disposable KwikPen device.

Key messages:

- Prescribe BD Viva 4mm insulin pen needles for use with KwikPen device
- Instruction on the use of prefilled KwikPen device is required as the method of delivery and dosing by Humulin R U500 KwikPen differs from vials/syringes
- Further information on Humulin R U500 is available on the Diabetes MCN website
- Contact Diabetes Specialist Nurse team 01382 632293, 01738 473476, 01241 447811 for advice re education, dosing and follow up
- Always store Humulin R U500 Insulin (500units/ml) separately from regular insulin (100units/ml) to prevent drug errors. It is stable at room temperature for 28 days.

Cardiology Formulary Review

Chapter 2 (Cardiovascular system) of the formulary has been reviewed in relation to SIGN 149 Risk estimation and the prevention of cardiovascular disease, June 2017.

Notable changes have been made to formulary section 02.12 Lipid-regulating drugs:

- For **secondary prevention** of cardiovascular disease - dose of atorvastatin should be **80mg daily**. If patient is on concomitant treatment with medication that may interact with atorvastatin (e.g. amlodipine, ciclosporin, fibrates, clarithromycin) then a lower dose should be considered. If there is increased risk of adverse effects (frailty, low muscle mass, previous statin intolerance, untreated hypothyroidism), then lower starting dose can be considered, with aim to increase to target 80mg if tolerated.
- Information on statin interactions has been updated
- Pravastatin is non-formulary
- Ezetimibe is only to be prescribed under the direction of a Cardiologist/Cardiology specialist (Amber traffic light)
- Omega-3-Acid Ethyl Esters are only to be prescribed under the direction of the Cardiovascular risk clinic for use in patients with resistant hypertriglyceridaemia (for prevention of pancreatitis) (Amber traffic light)

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Cardiology Formulary Review

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In line with NICE Clinical Guideline 181 and SIGN 149, **there is no ongoing requirement to recheck cholesterol levels after initial check at 3 months of treatment with atorvastatin (for primary or secondary prevention)**.

If at the 3 month check a greater than 40% reduction in non-HDL cholesterol is not achieved:

- discuss adherence and timing of dose
- optimise adherence to diet and lifestyle measures
- consider increasing the dose if started on less than atorvastatin 80 mg and the person is judged to be at higher risk because of comorbidities, risk score or using clinical judgement

If a patient is commenced on atorvastatin 80mg for secondary prevention, then they should remain on this dose as long as they are able to tolerate it. If a patient is unable to tolerate 80mg, then the dose should be reduced to 40mg (unless true muscle toxicity is suspected, then treatment should be stopped).

When a statin is suspected to be the cause of myopathy, and creatine kinase concentration is markedly elevated (more than 5 times upper limit of normal), or if muscular symptoms are severe, treatment should be discontinued.

If symptoms resolve and creatine kinase concentrations return to normal, the statin should be reintroduced at a lower dose and the patient monitored closely; an alternative statin should be prescribed if unacceptable side-effects are experienced with a particular statin.

Statins should not be discontinued in the event of small, asymptomatic elevations of creatine kinase. Routine monitoring of creatine kinase is unnecessary in asymptomatic patients.

Respiratory Formulary Review

Chapter 3 (Respiratory system) of the formulary and the Respiratory Specialist list have been reviewed and rationalised to reflect the most up to date evidence. The inhaled medicine charts for COPD and Asthma have been reviewed and updated.

The Aerochamber Plus FlowVu® has now replaced Aerochamber Plus® as the formulary choice of spacer device.

Key Messages COPD:

- **Acetylcysteine 600mg effervescent tablets (NACSYS®) have replaced carbocisteine as the formulary choice of mucolytic**. As a once daily dose preparation NACSYS® allows a reduction in pill burden and is more cost-effective. To ensure the correct preparation is selected, this medicine should be prescribed by brand. Administration of antibiotics needs to be avoided 2 hours before and 2 hours after NACSYS® i.e. 12 noon suggested as standard regimen.

- **If patients require an inhaled corticosteroid for maintenance in COPD the triple combination preparations Trimbow® or Trelegy® are recommended.** Note use of Trimbow® or Trelegy® in patients who have not previously been prescribed an inhaled corticosteroid and long-acting beta2-agonist (ICS/LABA) is currently off-label. However, the individual components prescribed for these patients would be the same (ICS/LABA + long-acting muscarinic antagonist (LAMA)), use of a triple combined device offers an easier regimen for patients, is more cost-effective, and stepping up treatment (if appropriate to initiate ICS) directly to a triple combined device would prevent the need for an additional consultation for these patients. This off-label use has been approved by the NHS Tayside Respiratory MCN (to be ratified at the June ADTC meeting).

- Fostair NEXThaler®, Fostair® metered-dose inhaler (MDI), Symbicort® MDI, Relvar® Ellipta® are now non-formulary in COPD.

- **Patients currently appropriately prescribed an ICS/LABA for moderate to severe COPD should continue on their prescribed inhalers until their next Respiratory review.**

- Formoterol fumarate Easyhaler®, Indacaterol (Onbrez Breezhaler®), Olodaterol (Striverdi Respimat®) are non-formulary as a LAMA (rather than a LABA) is the preferred addition for step 2 COPD.

- NHS Tayside Hospital Guidance: Management of Acute COPD Exacerbation updated to latest version.

Key Messages Asthma:

- Relvar® Ellipta® is now formulary first choice combined ICS/LABA dry-powder inhaler (DPI) and Fostair® NEXThaler® is now formulary second choice combined ICS/LABA DPI

- Fostair MART® Regimen guidance has been updated.

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 12 March 2018

pembrolizumab 50mg powder for concentrate for solution for infusion and 25mg/mL concentrate for solution for infusion (Keytruda®) SMC No 1296/18

ribociclib 200mg film-coated tablets (Kisqali®) SMC No 1295/18

SMC 'Not recommended' medicines - 12 March 2018

atezolizumab 1,200mg concentrate for solution for infusion (Tecentriq®) SMC No 1297/18

clostridium botulinum type A toxin-haemagglutinin complex 300 and 500 units (Dysport®) SMC No 1321/18

dexamethasone 40mg tablets (Neofordex ®) SMC No 1322/18

elvitegravir 150mg / cobicistat 150mg / emtricitabine 200mg / tenofovir alafenamide 10mg (Genvoya ®) SMC No 1323/18

lacosamide, 50mg, 100mg, 150mg, 200mg tablets, 10mg/mL syrup and 10mg/mL solution for intravenous infusion (Vimpat®) SMC No 1324/18

nilotinib 150mg and 200mg hard capsules (Tasigna ®) SMC No 1325/18

sofosbuvir 400mg film-coated tablets (Sovaldi ®) SMC No 1326/18

Published April 2018

ciprofloxacin ear drops solution, single dose container 2mg/mL (Cetraxal®) SMC No 1320/18

dimethyl fumarate 30mg and 120mg gastro-resistant tablets (Skilarence®) SMC No 1313/18

recombinant E.coli asparaginase 10,000 units powder for concentrate for solution for infusion (Spectrila®) SMC No 1319/18

sarilumab 150mg and 200mg solution for injection in pre-filled syringe and pre-filled pen (Kevzara®) SMC No 1314/18

sofosbuvir 400mg, velpatasvir 100mg film-coated tablets (Epclusa®) SMC No 1271/17

sofosbuvir 400mg, velpatasvir 100mg, voxilaprevir 100mg film-coated tablet (Vosevi®) SMC No 1317/18

teduglutide 5mg and 1.25mg vials of powder and solvent for solution for injection (Revestive®) SMC No 1139/16

SMC 'Not recommended' medicines - April 2018

ceritinib 150mg hard capsules (Zykadia ®) SMC No 1333/18

parathyroid hormone 25, 50, 75 and 100 micrograms/dose powder and solvent for solution for injection (Natpar ®) SMC No 1334/18

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.

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).

New & Updated Formulary Links

NHS Scotland Polypharmacy guidance

IUS & IUD device characteristics, advice from TSRHS, April 2018

Azathioprine GP letter (Respiratory)

Other Formulary Updates

Trimovate® cream (oxytetracycline, nystatin, clobetasone butyrate 0.05%) now non-formulary as now only available as an unlicensed preparation.

Betamethasone dipropionate 0.064% with clotrimazole 1% cream (Lotriderm®) (Potent topical steroid with antifungal) added to formulary as Amber traffic light.

Fumaderm® (fumaric acid esters) replaced with dimethyl fumarate 30mg and 120mg gastro-resistant tablets (Skilarence®) (Hospital only) Red traffic light. Fumaderm® now non-formulary but may be continued in existing patients under specialist direction (prescribed by Dermatology clinic).

Links to Additional Information

Monthly Drug Safety Updates:
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

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

New Medicines Complete: Knowledge Services Scotland are advising users to use the new platform as all subscriptions are now active on this site. CLICK HERE for guidance.

The links on the home page of the Knowledge Network and the BNF links on the Tayside Area Formulary will be updated soon.

New URL: https://www.new.medicinescomplete.com/#/ (not compatible with IE8)

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.

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