TAYSIDE PRESCRIBER

ADTC Supplement No 179 - May 2020

Please note: the majority of the content in this bulletin (except the omeprazole suspension) was approved at the January or February Medicines Advisory Group (MAG) meetings before MAG was postponed due to COVID-19 pandemic

Omeprazole Suspension – Guidance From Paediatrics

A licensed omeprazole suspension (manufactured by Rosemont) is now available. Previously an unlicensed omeprazole suspension was restricted by paediatrics for patients with feeding tubes who did not tolerate esomeprazole granules.

Whilst we should now use the licensed product as the liquid preparation of choice, it is significantly more expensive than alternative proton pump inhibitors (PPIs). Omeprazole gastro-resistant capsules and dispersible gastro resistant tablets (MUPs) are licensed in children and should be used 1st line if the oral route is available. Esomeprazole granules for suspension are recommended 1st line in children with enteral feeding tubes as they are considerably more cost effective than licensed omeprazole suspenison. Please see Tayside Paediatric PPI guidance for further information.

It should be noted that two different licensed omeprazole suspension strengths are available: 10mg/5mL & 20mg/5mL. If a prescription is required, the 20mg/5mL suspension should be supplied, regardless of the dose or age of the patient. This is the recommended strength of choice by the Neonatal & Paediatric Pharmacist Group (NPPG).

Please note in adults lansoprazole orodispersible tablets are recommended locally for patients with swallowing difficulties or for use via feeding tubes.

Skin Anti-infectives Formulary Review

The Anti-infective skin preparations (13.10) and Skin cleansers, antiseptics, and desloughing agents (13.11) sections of the Tayside Area Formulary have been reviewed and updated.

Guidance on the treatment of skin and soft tissue infections and infestations in adults within the NHS Tayside Guide to Antimicrobial Use was also produced and is linked to from within section 13.10 of the formulary.

Key updates include:

- Silver sulfadiazine (Flamazine®) cream changed from Green to Amber traffic light under the direction of Plastics/Dermatology/ Vascular.
- Mupirocin 2% ointment added to formulary (Hospital Only, Red traffic light) restricted to use in Renal dialysis patients as part of the buttonhole cannulation technique.
- Metronidazole 0.75% gel added to formulary (Green traffic light) for secondary infections of fungating tumours (to reduce the odour associated with anaerobic infections).
- Terbinafine 1% cream is now 1st choice for ringworm (dermatophyte skin) infections.
- Clotrimazole 1% cream specified as 1st choice for Candida (skin) infections.
- Ketoconazole 2% cream is now non-formulary.
- Potassium permanganate 400mg tablets for solution added to formulary (Green traffic light) along with link to Patient safety alert: Risk of death or serious harm from accidental ingestion of potassium permanganate preparations, 2014.

The following links have also been added to the formulary:

- NHS Tayside guidance on management of suspected infection in chronic wounds and ulcers
- NHS Tayside guidance on management of cellulitis in adults
- PGD for the Supply and/or Administration of Fusidic Acid 2% Cream
- PGD for the supply of Fusidic Acid 2% Cream from community pharmacies
- Coldsores section of the Minor Ailments Service Formulary
- Sections on head lice, scabies and crab lice in the Minor Ailments Service formulary

E-cigarette Use or Vaping: Reporting Suspected Adverse Reactions, including Lung Injury

January's Drug Safety Update is reminding healthcare professionals and patients to report any suspected adverse reactions associated with the use of e-cigarettes or vaping (including lung injury) to the MHRA via the e-cigarette reporting tool from the electronic Yellow Card Scheme home page.

The MHRA has also sent a letter to healthcare professional organisations to raise awareness of these reporting arrangements.

Rheumatology Formulary Review

The Rheumatology specialist formulary list and relevant sections from Chapter 10 (Musculoskeletal and joint diseases) in the Tayside Area Formulary have been reviewed and updated.
Key updates include:

- Indometacin now non-formulary as no longer recommended for use in acute attacks of gout.
- Naproxen effervescent tablets removed from formulary and replaced with 50mg/mL oral suspension due to cost.
- Triamcinolone Acetonide (Kenalog®) added to formulary for intramuscular injection in accordance with NHS Tayside Guidance for the Management of Flare of Rheumatoid Arthritis/Psoriatic Arthritis and NHS Tayside Diagnosis and Management of Gout
- Minocycline (off-label for rheumatoid arthritis) – no longer in use – removed from formulary for this indication.
- Sodium aurothiomalate (Myocrisin®) now non-formulary as discontinued in June 2019.
- Tofacitinib tablets (Xeljanz®) added to formulary as Red traffic light (Hospital Only) and restricted to use as a second choice for Active psoriatic arthritis (PsA) (with or without methotrexate) when response to at least 2 standard DMARDs (individually or in combination) has been inadequate and when TNF-alpha inhibitor therapy is contraindicated. Tofacitinib may also be used in patients in whom the 150mg dose of secukinumab is not appropriate.
- Sarilumab (Kevzara®) subcutaneous injection (pre-filled syringe, pre-filled pen) added to formulary as Red traffic light (Hospital Only) and restricted to use in severe RA (with methotrexate) in patients who have not responded to intensive therapy with a combination of conventional DMARDs or in patients with severe disease inadequately controlled by a TNF antagonist.
- Sarilumab can be given as monotherapy in accordance with these restrictions in case of intolerance to methotrexate or when treatment with methotrexate is inappropriate.
- Rheumatic diseases including: Sero-positive rheumatoid arthritis (RA); Sero-negative RA; Ankylosing spondylitis (AS); Psoriatic arthritis (PsA); and Giant cell arteritis (GCA) have 1st line biologic therapy choices specified and for some conditions 2nd and 3rd line biologic therapy choices are specified where appropriate.
- NHS Tayside Diagnosis and Management of Gout guidance has been updated with new dosage advice for the allopurinol starting regimen according to eGFR and also advice on long term management has been added.

The following links have also been added to the formulary:

- BSR biologic DMARD safety guidelins in inflammatory arthritis, August 2018
- NICE guideline (NG65) Spondyloarthritis in over 16s: diagnosis and management, Feb 2017, updated June 2017
- NICE (Multiple) TA445: Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs, May 2017
- NHS Tayside Diagnosis and Management of Osteoarthritis (OA)
- Tofacitinib Rheumatology GP letter
- MHRA Drug Safety Update - Tofacitinib (Xeljanz): restriction of 10mg twice daily dose in patients at high risk of pulmonary embolism while safety review is ongoing, May 2019
- Sarilumab Rheumatology GP letter

SMC Advice

Published January 2020
abiraterone acetate 500mg film-coated tablets (Zytiga®) SMC 2215
brentuximab vedotin 50mg powder for concentrate for solution for infusion (Adcetris®) SMC 2229
dupilumab 200mg and 300mg solution for injection in pre-filled syringe (Dupixent®) SMC 2232
fremanezumab 225mg solution for injection in pre-filled syringe (Ajovy®) SMC2226
ocrelizumab 300mg concentrate for solution for infusion (Ocrevus®) SMC 2223
SMC 'Not recommended' medicines - January 2020
voretigene neparvovec 5 x 1012 vector genomes/mL concentrate and solvent for solution for injection (Luxturna®) SMC 2228

Published February 2020
burosumab 10mg, 20mg, and 30mg solution for injection (Crysvita®) SMC 2240
cemiplimab 350mg concentrate for solution for infusion (Libtayo®) SMC 2216
encorafenib 50mg and 75mg hard capsules (Braftovi®) SMC 2238
plerixafor 20mg/mL solution for injection (Mozobil®) SMC 2249
teduglutide 5mg vial of powder and solvent for solution for injection (Revestive®) SMC 2225
SMC 'Not recommended' medicines - February 2020
sodium zirconium cyclosilicate 5g and 10g powder for oral suspension (Lokelma®) SMC 2233

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.

New & Updated Formulary Links

- NHS Tayside: The Management of Osteoporosis and the Prevention of Fragility Fractures based on SIGN 142
- Local Treatment Protocol: Denosumab (Prolia®)
- Local Treatment Protocol: Teriparatide
- HRT Quick Reference Guide – 20 April 2020
- MHRA Drug Safety Update Jan 2020. Ondansetron: small increased risk of oral clefts following use in first 12 weeks of pregnancy
- MHRA Drug Safety Update March 2020. Esmya (ulipristal acetate): suspension of the licence due to risk of serious liver injury

Other Formulary Updates

- Dipyridamole – extension of formulary indication to include patients with reduced therapeutic efficacy / poor metabolisers of clopidogrel.
- Advice on 'tailored' combined oral contraceptive pill regimens added to formulary section 07.03.01 along with a link to the FSRH Clinical Guidance: Combined Hormonal Contraception (January 2019, Amended July 2019) and the NHS Tayside PIL: Different ways to use the combined pill.
- Itraconazole – indication added - second line for fungal nail infection (Green traffic light) after terbinafine as per NHS Tayside Treatment of Skin and Soft Tissue Infections & Infestations in adults guidance.
- Lanthanum (Fosrenol®) formulation updated from tablets to chewable tablets.
- RESPeRATE® removed from formulary as no longer used.
- Vacuum therapy device removed from main formulary – to be reviewed at a later date for inclusion in prescribing of non-medicines guidance.
- The non formulary entry for oral liothyronine has been updated to include restricted use by Endocrine (Hospital Only) as part of a local audit to assess response to treatment.

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/NewMeds Homepage.htm

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:

Hazel Steele, Lead Pharmacist, Prescribing Support
E-mail: hazelsteele@nhs.net

Claire James, Senior Pharmacist - Clinical Effectiveness
E-mail: clairejames@nhs.net

Karen Harkness, Principal Pharmacist, Clinical Effectiveness
E-mail: kharkness@nhs.net

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.

Local processes exist to allow prescribing of non-SMC approved medicines for individual patients and are available in the Policy on Prescribing of Non-Formulary Medicines (including PACS Tier 1 & 2)