TAYSIDE PRESCRIBER

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SMC Advice Issued in September 2004

Atazanavir (Reyataz®) – HIV

SMC recommendation

Advice: following a full submission.

Atazanavir (Reyataz®) is accepted for restricted use within NHS Scotland for the treatment of HIV-1 infected, antiretroviral treatment experienced adults, in combination with other antiretroviral medicinal products in those patients who do not require concomitant statin use.

The combination of atazanavir and ritonavir was non-inferior to a standard boosted protease inhibitor (PI) regimen in patients with moderate previous exposure to PIs, however, it was inferior in patients with PI-resistant viruses. It was associated with lower incidences of diarrhoea and lipid adverse-effects and a higher incidence of hyperbilirubinaemia. The health economic case for use is acceptable when atazanavir is compared with a standard boosted protease inhibitor regime in patients receiving concomitant statins.

Tayside recommendation

Not currently recommended – pending anti-infectives policy decision

Points for consideration:

- Atazanavir is a further HIV protease inhibitor. It is licensed for use in combination with ritonavir 100mg once daily. (Ritonavir increases concentrations of atazanavir by pharmacokinetic interactions).
- Atazanavir should not be used in patients with virus strains resistant to multiple protease inhibitors (>4 PI mutations).
- The clinical importance of the improved lipid profile associated with atazanavir is uncertain.
- Three other PIs (amprenavir, saquinavir and lopinavir) are licensed for combination use with ritonavir, as boosted PI regimens.
- Atazanavir has the advantage of once daily administration of three capsules rather than twice daily dosing of three to six capsules (including ritonavir).
- Costs and benefits associated with azatanavir appear similar to existing boosted PI regimens used in patients receiving concomitant statins to lower cholesterol.
- **The place of atazanavir in the management of HIV will be addressed by the Acute Services Division Anti-infectives Committee. Prescribers are advised to await the anti-infectives policy decision.**
- Atazanavir is not currently stocked by the hospital pharmacy.

Buprenorphine (Transtec®) patch – moderate to severe pain

SMC recommendation

Advice: following a full submission.

Buprenorphine (Transtec®) patch is not recommended for use within NHS Scotland for the treatment of moderate to severe cancer pain and severe pain that does not respond to non-opioid analgesics.

No comparative data have been provided with alternative transdermal or oral opioid preparations. The case for buprenorphine patches as a cost-minimising option when compared to the other transdermal opioid preparation marketed in the UK was not demonstrated.

Tayside recommendation

Not recommended

Points for consideration:

- Buprenorphine is a partial agonist at mu-opioid receptors and an antagonist at kappa-opioid receptors in CNS and peripheral tissues.
- Studies of buprenorphine patches fail to show a significant difference in response versus placebo. In these studies patients achieved satisfactory pain relief with sublingual buprenorphine (allowed as rescue medication).
- The adverse event profile of buprenorphine patches appears similar to other opioid analgesics.
- No comparative data versus other opioid transdermal patches, eg fentanyl (Durogesic®) are available.
- At roughly equivalent doses, buprenorphine patches cost more than fentanyl patches (£2-8 per day for buprenorphine versus £2-5 for fentanyl).
- Unlike buprenorphine, fentanyl patches have shown similar efficacy in pain relief to oral morphine, and transdermal fentanyl is recommended in the SIGN Guideline 'Control of pain in patients with cancer' as an alternative to morphine in patients with stable moderate to severe chronic pain.
- A voluntary ban on the prescribing of sublingual buprenorphine in general practice in Tayside has been in place since January 1994.
- Advice on the management of cancer pain is available in the Pain Guidance Notes within the Tayside Area Prescribing Guide (TAPG).
- Transtec® patches are not stocked by the hospital pharmacy.

Rabeprazole (Pariet®) – on-demand therapy in symptomatic GORD without oesophagitis

SMC recommendation

Advice: following a full submission

Rabeprazole is accepted for use within NHS Scotland for on-demand symptomatic treatment of moderate to severe gastro-oesphageal reflux disease (GORD) in patients without oesophagitis.

It is the second proton-pump inhibitor (PPI) with a specific licence for on-demand therapy. Provided that there is a clearly defined need for maintenance therapy following acute treatment of GORD and that rabeprazole is considered to be the most appropriate PPI, on-demand use of rabeprazole is an effective treatment option in patients without oesophagitis.

Tayside recommendation

Not currently recommended – pending formulary decision

Points for consideration:

- The licence for rabeprazole has been extended to cover on-demand therapy in symptomatic moderate to very severe gastro-oesophageal reflux disease (GORD). The licence excludes patients with oesophagitis.
- A single study of on-demand rabeprazole as maintenance therapy in GORD shows a lower rate of treatment discontinuation due to inadequate heartburn control versus placebo (6% versus 20%). With a placebo discontinuation rate of 20%, this study also shows that 4 patients in 5 were adequately controlled on placebo (rescue antacids allowed).
- Rabeprazole is more expensive than lansoprazole and generic omeprazole (44p per day for rabeprazole 10mg versus 42p for lansoprazole 15mg, 35p for omeprazole 10mg, and 39p for omeprazole 20mg).
- Omeprazole and lansoprazole are the PPIs of choice locally. Studies of on-demand omeprazole and lansoprazole also show significantly lower rates of treatment discontinuation versus placebo.

Continued over

Rabeprazole continued

- Recent NICE guidance on managing dyspepsia in adults in primary care recommends that patients with GORD whose symptoms recur following initial treatment should receive the lowest PPI dose possible to control symptoms, possibly on an on-demand basis, with a limited number of repeat prescriptions.
- Advice on the management of GORD is available in the Upper Gastro-Intestinal Guidelines within the TAPG).
- **The place of rabeprazole in relation to other PPIs used in the management of GORD will be addressed by the Formulary Committee. Prescribers are advised to await the formulary decision.**

Valsartan/hydrochlorothiazide (Co-Diovan®) – hypertension

SMC recommendation

Advice: following a full submission.

Valsartan/hydrochlorothiazide (Co-Diovan®) is accepted for use within NHS Scotland for the treatment of essential hypertension in patients whose blood pressure is not adequately controlled on valsartan monotherapy.

No increased costs are associated with this product compared with valsartan (Diovan®) alone.

Angiotensin receptor blockers are an alternative to ACE inhibitors where these are not tolerated. This fixed dose combination is one of many options for the treatment of hypertension, including other angiotensin receptor blocker/diuretic combinations, many of which are less expensive.

Tayside recommendation

Not currently recommended – pending formulary decision

Points for consideration:

- Co-Diovan® is the fourth angiotensin receptor blocker (ARB)/thiazide combination product to be licensed in the UK.
- The recently published VALUE study shows that valsartan/hydrochlorthiazide based therapy reduces cardiac events in high risk hypertensive patients to a similar extent as amlodipine/hydrochlorthiazide therapy.
- Data on long-term outcomes compared to other combination regimens are unavailable.
- Combination products may theoretically improve patient compliance. However, they may limit the flexibility of patients' medication regimens with respect to dose and drug adjustments.
- Advice on the management of hypertension is available in the Cardiovascular Guidance Notes within the TAPG.
- **The place of Co-Diovan® in the treatment of hypertension will be addressed by the Formulary Committee. Prescribers are advised to await the outcome of the formulary decision.**

Formulary Decisions – August 2004

The following SMC recommendation was deferred to the Formulary Committee for consideration of local place in therapy. The Tayside Formulary includes first and second-line treatment options for the majority of conditions seen in both primary and secondary care. Decisions made at the August 2004 meeting of the Formulary Committee are summarised below:

Deferred Medicine	Indication	Formulary Decision
Losartan	Hypertension with left ventricular hypertrophy (extension to licence)	Formulary

Tayside recommendations in relation to all medicines that have been evaluated by the SMC are available on the DTC website under "New Medicines" and "Recommendations".

As part of a rolling program of review the Formulary Committee has updated sections 6 & 7 (endocrine, obstetrics & gynaecology and urinary tract) of the TAPG. The following drugs and formulations have been **added** to the formulary; dutasteride 500mcg capsules, tamsulosin m/r capsules 400 mcg (Flomax®), doxazosin 1mg, 2mg and 4mg tablets, oxybutynin m/r tablets 5mg and 10mg, tolterodine m/r capsules 4mg, desogestrel (Cerazette®), propylthiouracil tablets 50mg. Cerazette® is included as a second choice POP for those women who need a POP and in whom the first line formulary choices are not appropriate. Like other

POPs its use should be restricted to those individuals who cannot tolerate oestrogen-containing contraceptives or in whom those preparations are contraindicated. Propylthiouracil has been added as a second choice antithyroid drug where carbimazole is not tolerated

The following drugs have been **deleted** from the formulary; indoramin, Prempak C®, Premique®. Some changes to the text and its arrangement in sections 6 & 7 have also been made. We hope to incorporate the drug and text changes into the relevant TAPG section on the intranet in the near future.

Olanzapine IM Update

The July 2004 SMC recommendation for olanzapine IM injection was deferred to the Mental Health Prescribing Group for consideration of criteria for use. See below for final decision:

Tayside recommendation
Recommended within specialist protocol – **HOSPITAL ONLY**

- Olanzapine IM is restricted to the Intensive Psychiatric Care Unit (IPCU)/acute wards for the rapid control of agitation and disturbed behaviours in patients with a history of oral atypical use, when oral therapy is not appropriate.

New Medicine Recommendations on GPASS

Practices in Perth & Kinross have incorporated SMC and NMIP advice alongside new medicines listed on the GPASS system. General Practitioners are therefore instantly aware of this advice when considering whether to prescribe a new medicine. Contact Shona Wales, Practice Pharamacist, Loch Leven Medical Centre for further details.

Forthcoming SMC Advice

Gastro-intestinal system
Esomeprazole IV (Nexium®)
Beclometasone Dipropionate 5mg
Cardiovascular system
Candesartan (Amias®)
Eplerenone (Inspra®)
Respiratory
Ciclesonide (Alvesco®)
Central nervous system
Sumatriptan (Imigran Radis®)
Methylphenidate (Equasym XL®)
Atomoxetine (Strattera®)
Aprepitant (Emend®)
Oxycodone (OxyNorm®)
Paracetamol infusion (Perfalgan®)
Tracacet (Tramadol®)
Infections
Mycophenolate (Myfortic®)
Ertapenem (Invanz®)
Lamivudine OD (Epivir®) and Abacavir OD (Kivexa®)
Fosamprenavir (Telzir®)
Abacavir (Ziagen®)
Endocrine system
Strontium ranelate (Protelos®)
Testosterone buccal SR (Striant SR®)
Somatropin (Norditropin SimpleXx®)
Ibandronic acid (Bondronat®)
Premique® low dose

Obstetrics, gynaecology & urinary tract disorders
Solifenacin (Vesicare®)
Duloxetine (Yentreve®)
Malignant disease & immunosuppression
Letrozole (Femara®)
Rituximab (MabThera®)
Giladel wafer
Docetaxel (Taxotere®)
Cetuximab (Erbitux®)
Bortezomib (Velcade®)
Darbepoetin alfa (Aranesp®)
Oxaliplatin (Eloxatine®)
Ibandronic acid (Bondronat®)HCM
Gemcitabine (Gemzar®)
Nutrition & Blood
Miglustat (Zavesca®)
Laronidase (Aldurazyme®) *Resubmission*
Musculoskeletal & joint diseases
Lumiracoxib (Prexige®)
Skin
Vaniga 11.5% Cream (Vaniga®)
Efalizumab (Raptiva®)

Contact details: Local implementation of SMC recommendations is being taken forward by the Tayside Medicines Unit – contact Jan Jones, Pharmaceutical Prescribing Adviser (jan.jones@tpct.scot.nhs.uk) if you have any queries in relation to the introduction of new drugs within NHS Tayside