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SMC Advice Issued in April 2004

Clindamycin 1%/benzoyl peroxide 5% gel (Duac[®]) – acne

SMC recommendation

Advice: following a full submission.

Duac[®] once daily gel is accepted for restricted use within NHS Scotland for the treatment of mild to moderate acne vulgaris. It should be considered after using benzoyl peroxide monotherapy and only when the addition of a topical antibiotic is deemed clinically necessary. Compared to other combination products, Duac offers the advantage of once daily use at no additional cost.

Tayside recommendation

Not currently recommended – pending formulary decision

Points for consideration:

- Duac[®] contains benzoyl peroxide, an oxidising agent with antibacterial and anti-comedogenic properties effective against inflammatory and non-inflammatory acne, and clindamycin, an antibiotic used in mild to moderate inflammatory acne.
- Studies show that Duac[®] is generally more effective than clindamycin. Superiority over benzoyl peroxide is less well established, particularly in non-inflammatory lesions. The clinical advantage of Duac[®] over benzoyl peroxide alone is therefore unclear.
- No comparative data versus other similar combination acne products eg Benzamycin[®] (benzoyl peroxide/erythromycin) and Zineryt[®] (erythromycin/zinc acetate) are available.
- Combined use of single preparations of benzoyl peroxide 5% gel plus clindamycin 1% lotion is considerably cheaper than Duac[®] combination gel (£1.51 for 40g benzoyl peroxide 5% gel, £4.34 for 30ml clindamycin 1% solution versus £9.95 for 25g Duac[®] gel.)
- Benzoyl peroxide plus topical antibiotics are recommended locally for the treatment of mild to moderate **inflammatory acne**. Non-inflammatory acne should be treated with benzoyl peroxide alone, or a retinoid or adapalene. Further advice on the management of acne is available in the Dermatology Guidance Notes within the [Tayside Area Prescribing Guide](#) (TAPG).
- **The place of Duac[®] in relation to other topical acne preparations will be addressed by the Formulary Committee. Prescribers are advised to await the outcome of the formulary decision.**

Macrogol 4000 (Idrolax[®]) – constipation

SMC recommendation

Advice: following a full submission.

Macrogol 4000 (Idrolax[®]) is not recommended for use within NHS Scotland for the treatment of constipation in adults and children aged 8 years and above.

Macrogol 4000 is as effective as lactulose, but the available evidence does not justify the additional cost of this product.

Tayside recommendation

Not recommended

Points for consideration:

- Macrogol 4000 is a long-chain polyethylene glycol which acts as an osmotic laxative.
- In comparative safety studies, the incidence and nature of adverse events were similar for macrogol 4000 and lactulose.
- No comparative data versus the other available macrogol preparation (Movicol[®]) are available.
- The TAPG advises that Movicol[®] should be reserved for the treatment of patients with severe constipation unresponsive to first-line laxatives.
- Macrogol 4000 (Idrolax[®]) is not stocked by the hospital pharmacy.

Nicotinic acid modified release tablets (Niaspan[®]) – dyslipidaemia

SMC recommendation

Advice: following a full submission.

Niaspan[®] is not recommended for use within NHS Scotland for the treatment of primary hypercholesterolaemia and mixed dyslipidaemia.

Limited information comparing Niaspan[®] with standard release nicotinic acid tablets showed similar efficacy in improving lipid parameters and a similar adverse-effect profile. However, there is a lack of information from prospective, double-blind trials comparing Niaspan[®] with statins, fibrates and in combination with other lipid-lowering agents.

Tayside recommendation

Not recommended

Points for consideration:

- Nicotinic acid is a water-soluble B-complex vitamin. Niaspan[®] is a modified release formulation for once daily dosing.
- Niaspan[®] is targeted primarily as an adjunct to statins, to increase HDL cholesterol levels.
- Clinical studies show that flushing is the most frequent adverse event – experienced by 88% of patients.
- December 2003 [European Society of Cardiology Guidelines](#) note that the concentration of HDL cholesterol is not considered a goal of therapy, instead low HDL is considered a marker of increased risk that should be addressed through attention to lifestyle and management of high LDL cholesterol and high blood pressure.
- Niaspan[®] is not stocked by the hospital pharmacy.

Funding of High Cost Secondary Care Mental Health New Medicines in TPC

The Mental Health Directorate is to reserve funds for high cost secondary care new medicines in 2004-05. Following receipt of NMIP documentation in relation to a high cost hospital-only new medicine, Lead Clinicians should submit funding bids to the Directorate Management Team.

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

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