

TAYSIDE PRESCRIBER

Tayside DTC Supplement No 65

January 2007

Produced by NHS Tayside Drug and Therapeutics Committee

SMC Advice issued in January 2007

Medicine	Indication	Local recommendation category	Comments and useful links
Busulfan IV (Busilvex [®])	Conditioning treatment prior to conventional haematopoietic progenitor cell transplantation (HPCT) in paediatric and adult patients	Restricted to tertiary bone marrow transplantation centres	SMC advice
Clofarabine (Evoltra [®])	Acute lymphoblastic leukaemia (ALL) in paediatric patients	Restricted to tertiary paediatric oncology centres	SMC advice
Daptomycin 500mg inj (Cubicin [®]) - <i>abbreviated submission</i>	Complicated skin and soft-tissue infections in adults	HOSPITAL ONLY (on the recommendation of an ID Specialist/ Microbiologist)	Alternative to linezolid for 2 nd -line treatment of MRSA skin and soft tissue infection. SMC advice SPC link Local adult antibiotic policy
Dorzolomide 2%/timolol 0.5% (Cosopt [®]) preservative-free - <i>abbreviated submission</i>	Glaucoma	Non-formulary	SMC advice SPC link
Ertapenem (Invanz [®])	Diabetic foot infections	Pending Antimicrobial Management Group decision	SMC advice
Omalizumab (Xolair [®]) - <i>resubmission</i>	Severe asthma	Not recommended	SMC advice
Varenicline (Champix [®])	Smoking cessation in adults	Formulary (prescribing note)	2 nd -line anti-smoking agent ie patients unable to quit with NRT – for further local advice click here SMC advice SPC link Local smoking cessation guidelines

Cilostazol Update

Further to a recommendation in the recent SIGN guideline [Diagnosis and management of peripheral arterial disease](#), local advice for the use of cilostazol for the treatment of intermittent claudication has been revised as follows:

Tayside recommendation

Non-formulary

- A three-month trial of cilostazol may be considered in patients with intermittent claudication who are not receiving concomitant aspirin or other antiplatelet agents.

Note

- All patients with intermittent claudication should receive antiplatelet therapy as long-term prophylaxis against cardiovascular events. Low dose aspirin is the first-line antiplatelet agent within the TAPG.
- The cilostazol [SPC](#) advises caution when co-administering drugs which inhibit platelet aggregation, such as low dose aspirin and clopidogrel. It states that if co-administration is undertaken, consideration should be given to monitoring bleeding time.
- The majority of cilostazol studies excluded patients taking antiplatelet doses of aspirin. Therefore efficacy, safety, effectiveness and cost-effectiveness of cilostazol in combination with aspirin are unclear.
- Cilostazol is contraindicated in patients with any degree of heart failure and should not be used in patients with severe renal impairment, moderate to severe hepatic impairment, any known predisposition to bleeding or any history of ventricular tachycardia, ventricular fibrillation or multifocal ventricular ectopics and in patients with prolongation of QTc interval.
- [Click here](#) for SMC advice.

Inhaled Insulin Update

Further to the issue of the NICE MTA [Inhaled insulin for the treatment of diabetes \(types 1 and 2\)](#), local advice for the use of inhaled insulin has been revised as follows:

Tayside recommendation

Recommended within specialist treatment pathway (GPs may prescribe under the direction of the diabetes clinic)

- Inhaled insulin is restricted for use in accordance with NICE MTA *Inhaled insulin for the treatment of diabetes (types 1 and 2)* ie for patients unable to initiate or intensify preprandial sc insulin therapy because of either a marked and persistent fear of injections (meeting DSM-IV criteria) or severe and persistent problem with injection sites. Treatment should be initiated* and monitored by the diabetes clinic.

* first inhaler kit should be prescribed by the clinic

Note

- Patients should have a baseline lung function examination and follow-up after 6 months, repeated again after a further 3 months if there has been a fall in FEV₁ of greater than 15% or 500ml. If at 6 months the fall in FEV₁ is less than 15%, spirometry should be repeated at one year and then annually. Patients with a confirmed fall in FEV₁ of greater than 20% should stop treatment.
- Inhaled insulin is contraindicated in smokers, patients with COPD, and those with poorly controlled, unstable or severe asthma.

Methotrexate injection (Metoject®) Update

Due to the limited range of methotrexate doses available and the large volume required for the administration of higher doses, Metoject® 10mg/ml injection is not recommended for use in Tayside for the treatment of rheumatoid arthritis.

Pre-filled methotrexate 25mg/ml syringes at a full range of doses will continue to be supplied by the Pharmacy Aseptic Unit.

Tacrolimus ointment Update

Local advice for the use of tacrolimus ointment has been updated to allow prescribing in general practice as follows:

Tayside recommendation

Recommended within specialist treatment pathway (GPs may prescribe under the direction of the dermatology clinic)

- Tacrolimus ointment may be considered as an alternative to systemic therapy in adults or children (2 years of age and above) with body eczema requiring continuous use of potent topical steroid, or facial eczema requiring continuous use of a moderate strength topical steroid. Treatment should be initiated and monitored by the dermatology clinic according to the local [shared care topical tacrolimus protocol](#).

TAPG Update

	TAPG section	Drug(s)/topic	Changes
1.3	Ulcer healing drugs	Omeprazole	Further to recent Drug Tariff pricing, omeprazole is a 1 st -choice PPI alongside lansoprazole.
2.6	Nitrates	GTN (Suscard [®] Buccal)	Link to nitrate (GTN Suscard [®] Buccal) protocol for chest pain of suspected cardiac origin.
2	Cardiovascular guidance notes	Hypertension	Update of hypertension guidance (prepared by Angus practice pharmacists) in-line with recent NICE/BHS guidelines.
4	Smoking cessation guidelines	Bupropion Varenicline*	Varenicline replaces bupropion as 2 nd -line anti-smoking agent. Bupropion removed from the TAPG.

* SMC accepted medicine

Forthcoming SMC Advice

Contact details: Local implementation of SMC recommendations is being taken forward by the Tayside Medicines Unit - contact Jan Jones, Principal Pharmacist - Pharmacoeconomics (janjones@nhs.net) if you have any queries in relation to the introduction of new drugs within NHS Tayside.

This bulletin is based on evidence available to the Tayside Medicines Unit at time of publication and is covered by the Disclaimer and Terms & Conditions of use and access to the NHS Tayside Drug and Therapeutics Committee website (www.nhstaysideadtc.scot.nhs.uk).