TAYSIDE PRESCRIBER

Tayside DTC Supplement No 69

June 2007

Produced by NHS Tayside Drug and Therapeutics Committee

SMC Advice issued in June 2007

Medicine	Indication	Local recommendation category	Comments and useful links
Budesonide/formoterol 100/6, 200/6 Turbohaler® (Symbicort Smart®)	Asthma maintenance and reliever therapy in patients over 18 years	Formulary	Restricted to SIGN/BTS step 3 patients. Alternative option to traditional fixed dose steroid/LABA plus as needed SABA – for further local advice click here ***SMC advice*** ***SPC link***
Darifenacin (Emselex®)	Overactive bladder	Non-formulary	Alternative to other 2nd-line antimuscarinic agents ***SMC advice*** ***SPC link***
Darunavir (Prezista®)	HIV-1	Hospital only (HIV clinic)	Reserved for patients with multi-PI resistance ***SMC advice*** ***SPC link*** ***TAPG antivirals for HIV***
Esomeprazole (Nexium®)	GORD in patients 12-17 years	GPs may prescribe under the direction of the GI clinic	Restricted to patients with endoscopically proven grades 3/4 oesophagitis unresponsive to max. licensed doses of other PPIs. 8-week treatment course ***SMC advice*** ***SPC link***
Formoterol (Easyhaler®) - *abbreviated*	Asthma/COPD	Formulary	Prescribe by brand name ***SMC advice*** ***SPC link***
Posaconazole (Noxafil®)	Prophylaxis of invasive fungal infections in immunocompromised patients	Awaiting AMG anti-fungal policy decision	***SMC advice*** ***SPC link***
Ranibizumab (Lucentis®)	Neovascular (wet) age-related macular degeneration (AMD)	Hospital only (Ophthalmology Clinic)	1st-line VEGF antagonist. Restricted to patients with recent visual loss and visual acuity of 6/12 or below ***SMC advice*** ***SPC link*** ***Local protocol***
Testosterone gel (Tostran®) - *abbreviated*	Male hypogonadism	GPs may prescribe under the direction of the endocrine clinic to commence testosterone	***SMC advice*** ***SPC link***

Methotrexate 10mg tablets

Further to the NPSA specifying a range of safe practice action points to prevent safety incidents involving methotrexate, **only the 2.5mg strength of methotrexate tablets should be prescribed and dispensed locally**. Rheumatology and dermatology GP information sheets have been updated to reflect this local policy.

TAPG Update

<table>
<tr><th></th><th>TAPG section</th><th>Drug(s)/topic</th><th>Changes</th></tr>
<tr><td>2</td><td>Cardiovascular</td><td>Digoxin</td><td>Permanent atrial fibrilliation - digoxin does not control rate effectively during exercise and should only be used 1st line for patients who are sedentary, or in overt heart failure. It should be considered as add on therapy for heart failure patients in sinus rhythm who are still symptomatic after optimum therapy.</td></tr>
<tr><td></td><td></td><td>Beta-blockers</td><td>All patients with heart failure due to left ventricular systolic dysfunction of all NYHA functional classes should be started on beta-blocker therapy as soon as their condition is stable (unless contraindicated by a history of asthma, heart block or symptomatic hypotension).</td></tr>
<tr><td></td><td></td><td>ACE inhibitors</td><td>Starting and target doses for treatment of heart failure:
<table>
<tr><th>ACE inhibitor</th><th>Starting dose</th><th>Target dose</th></tr>
<tr><td>lisinopril</td><td>2.5mg – 5mg once daily</td><td>20mg once daily</td></tr>
<tr><td>ramipril</td><td>2.5mg once daily</td><td>5mg twice daily or 10mg once daily</td></tr>
<tr><td>enalapril</td><td>2.5mg twice daily</td><td>10 – 20mg twice daily</td></tr>
</table>
Start with a low dose (see starting and target doses) and double dose at no less than two weekly intervals. Aim for target dose, or the highest tolerated dose.
All patients with stable angina should be considered for treatment with ACE inhibitors.</td></tr>
<tr><td></td><td></td><td>Clopidogrel in combination with aspirin</td><td>
<table>
<tr><th>Indication</th><th>Duration of clopidogrel*</th></tr>
<tr><td>ST elevation ACS</td><td>4 weeks</td></tr>
<tr><td>Non-ST elevation ACS</td><td>3 months</td></tr>
<tr><td>Post angioplasty / stent insertion</td><td>3 to 12 months on advice of cardiologist (depends on stent used)</td></tr>
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*Note – there is a small group of patients who should remain on long-term combination therapy.
Advice regarding the duration of clopidogrel plus aspirin should be under the decision of the hospital specialist and the stop date should be clearly stated on the discharge prescription or after outpatient review.
Refer to DTC Supplement 70, June 07.</td></tr>
<tr><td></td><td></td><td>Dipyridamole mr</td><td>Dipyridamole mr added to the formulary. Individuals with a history of stroke or TIA and who are in sinus rhythm should be considered for low dose aspirin and dipyridamole to prevent stroke recurrence and other vascular events.</td></tr>
<tr><td></td><td></td><td>Statins</td><td>Simvastatin 40mg should be considered for primary prevention in adults over 40 years having a ten-year risk of a first cardiovascular event ≥ 20%.
More intensive statin therapy should be considered for secondary prevention of cardiovascular disease. Measure cholesterol every three to six months for adults with a cardiovascular disease risk clinically determined ≥ 20% (secondary prevention). Aim for cholesterol < 5mmol/l (minimum standard of care).</td></tr>
<tr><td></td><td></td><td>General</td><td>Please refer to the Cardiovascular section of the TAPG for the complete update. The Management of Stable Angina guideline includes a flow diagram on the pharmacological management of angina (taken from SIGN 96). The Prevention of Cardiovascular Disease guideline includes a table of recommended interventions, goals and follow-up based on cardiovascular risk assessment (taken from SIGN 97).</td></tr>
<tr><td>3</td><td>Respiratory</td><td>Symbicort SMART®*</td><td>Symbicort SMART® regimen added as an alternative option to traditional fixed-dose ICS/LABA plus as needed SABA</td></tr>
<tr><td>13</td><td>Skin</td><td>Calcipotriol</td><td>Calcipotriol ointment removed (product discontinued)</td></tr>
<tr><td>14</td><td>Adult Antibiotic Policy</td><td>Darunavir*</td><td>Added to antiviral treatments for HIV listed in local policy</td></tr>
</table>

*SMC accepted

Forthcoming SMC Advice

Contact details: Local implementation of SMC recommendations is 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.