

Tayside DTC Supplement No 72

Sept 2007

Produced by NHS Tayside Drug and Therapeutics Committee

SMC Advice issued in August & September 2007

Medicine	Indication	Local recommendation category	Comments and useful links
Abatacept (Orencia [®])	Moderate to severe active rheumatoid arthritis	Not recommended	SMC advice
Beclometasone oral (Clipper [®])	Mild to moderate ulcerative colitis	Not recommended	SMC advice
Bortezomib (Velcade [®]) <i>resubmission</i>	Multiple myeloma (2 nd -line)	Not recommended	SMC advice
Capecitabine (Xeloda [®])	Advanced gastric cancer	HOSPITAL ONLY	Update to protocol awaited SMC advice SPC link
Celecoxib (Celebrex [®]) <i>non-submission</i>	Ankylosing spondylitis	Not recommended	SMC advice
Clopidogrel (Plavix [®])	STEMI in combination with low dose aspirin	HOSPITAL ONLY (Cardiology or General Medicine inpatients)	Clopidogrel limited to max. duration of 4 weeks SMC advice SPC link DTC supplement no. 70
Cytarabine liposomal (DepoCyte [®]) <i>resubmission</i>	Lymphomatous meningitis	Not recommended	SMC advice
Idursulfase (Elaprase [®])	Hunter syndrome Mucopolysaccharidosis II	Not recommended	SMC advice
Insulin detemir (Levemir [®]) via Innolet [®] device <i>abbreviated submission</i>	Diabetes mellitus	Non-formulary	SMC advice SPC link Tayside Diabetes Handbook
Levetiracetam (Keppra [®])	Adjunctive therapy in partial onset seizures in children	Not recommended	NB treatment should not be discontinued in existing patients SMC advice
Levetiracetam (Keppra [®])	Adjunctive therapy in juvenile myoclonic epilepsy (JME)	Not recommended	NB treatment should not be discontinued in existing patients SMC advice
Levetiracetam (Keppra [®])	Adjunctive therapy in primary generalised tonic-clonic seizures (PGTC)	Not recommended	NB treatment should not be discontinued in existing patients SMC advice
Levetiracetam (Keppra [®])	Monotherapy in partial onset seizures	Not recommended	NB treatment should not be discontinued in existing patients SMC advice
Natalizumab (Tysabri [®]) <i>resubmission</i>	Relapsing remitting multiple sclerosis (RRMS)	Pending development of local protocol	SMC advice
Nebivolol (Nebilet [®]) <i>resubmission</i>	Heart failure in patients over 70 years	Non-formulary	Restricted to elderly patients unable to tolerate bisoprolol or carvedilol. SMC advice SPC link TAPG heart failure guidance

Continued/

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Pioglitazone (Actos [®])	Type 2 diabetes mellitus in combination with insulin	May be prescribed under the direction of the Diabetes Clinic	SMC advice SPC link Tayside Diabetes Handbook
Pregabalin (Lyrica [®])	Central neuropathic pain	Not recommended	SMC advice
Risperidone orodispersible (Risperdal Quicklet [®]) <i>abbreviated submission</i>	Acute and chronic schizophrenia, bipolar disorder	May be prescribed under the direction of Psychiatry to commence risperidone	Restricted to patients with swallowing difficulties SMC advice SPC link
Rotigotine Transdermal Patch (Neupro [®])	Advanced Parkinson's Disease in combination with levodopa	May be prescribed under the direction of the Neurology Clinic or Geriatric Medicine	Alternative to oral non-ergolinic dopamine agonists when transdermal administration would facilitate treatment SMC advice SPC link
Sodium oxybate (Xyrem [®]) <i>resubmission</i>	Cataplexy with narcolepsy	Not recommended	SMC advice
Tacrolimus prolonged-release (Advagraf [®]) <i>abbreviated submission</i>	Immunosuppression in kidney/liver transplant	May be prescribed under the direction of a tertiary Transplant Centre	SMC advice SPC link
Testosterone transdermal patch (Intrinsa TTP [®])	Hypoactive sexual desire disorder (HSDD) post surgically induced menopause	Not recommended	SMC advice SPC link
Vinorelbine soft capsules (Navelbine [®])	Advanced breast cancer	HOSPITAL ONLY	SMC advice SPC link

Rituximab in rheumatoid arthritis – Update

Further to the development of local guidelines, NHS Tayside advice for the use of rituximab in rheumatoid arthritis has been updated as follows:

Tayside recommendation

HOSPITAL ONLY (Rheumatology clinic)

- Rituximab is recommended for use as a second or third-line biological agent in the treatment of severe active rheumatoid arthritis. Local guidelines will be posted on the DTC website shortly.

Oral Isotretinoin Update

The availability of branded oral isotretinoin (Roaccutane[®]) for the treatment of severe acne has been restricted to hospital since it was first licensed in the UK. Treatment is supplied within strict prescribing and dispensing controls. Generic isotretinoin products are now also available and should be supplied subject to the same controls.

The first issue of the new MHRA/CHM bulletin '[Drug Safety Update](#)' states: **"Isotretinoin should be prescribed only by consultant dermatologists or in consultant dermatologist led teams, and dispensed only by a hospital pharmacy"**.

TAPG Update

	TAPG section	Drug(s)/topic	Changes												
2	Cardiovascular Guidance Notes	Management of Hypertension	<p>General information inserted on benefits of lowering blood pressure in relation to cardiovascular risk, ways of measuring cardiovascular risk including the ASSIGN tool, http://assign-score.com and advice on lifestyle changes.</p> <p>Blood pressure thresholds and targets adapted from SIGN 97</p> <table><tr><th>Blood pressure thresholds</th><th>Patient factors</th><th>Blood pressure targets</th></tr><tr><td>≥160/≥100mmHg</td><td>Treat all patients</td><td><140/<85mmHg</td></tr><tr><td>>140/>90mmHg</td><td>Treat if 10-y CVD risk ≥20%</td><td><140/<85mmHg</td></tr><tr><td>>130/>80 mmHg</td><td>Treat if established CVD, or chronic renal disease or diabetes** with complications, or target organ damage*</td><td><130/<80mmHg</td></tr></table> <p>CVD – cardiovascular disease</p> <p>A/CD Algorithm - beta blockers should be considered at step 4, after alpha-blockers and spironolactone unless specific indication for beta blocker.</p>	Blood pressure thresholds	Patient factors	Blood pressure targets	≥160/≥100mmHg	Treat all patients	<140/<85mmHg	>140/>90mmHg	Treat if 10-y CVD risk ≥20%	<140/<85mmHg	>130/>80 mmHg	Treat if established CVD, or chronic renal disease or diabetes** with complications, or target organ damage*	<130/<80mmHg
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5	Infections	Hospital Adult Antibiotic Policy	<p>Alert Antibiotic Policy - list of restricted anti-infectives and indications updated</p> <p>UTI section - updated as per SIGN guideline and local urology advice</p> <p>Current policies section - major updates to;</p> <ul style="list-style-type: none">- Community Acquired Pneumonia - updated guidance on assessment of severity and initial antibiotic choice- Gentamicin Once Daily Protocol - guidance on dosing in obese patients and maximum treatment duration without discussion with Infection Specialist. Further advice will be issued soon regarding use in patients with or potentially at risk of renal impairment.- Treatment of Clostridium difficile Infection - updated guidance on assessment of severity and initial antibiotic choice and duration of therapy.- MRSA Treatment Protocol - updated information on oral antibiotic treatments available.- Sepsis Protocol - updated advice on empirical treatment for CNS infections.- Cellulitis Protocol - updated advice on flucloxacillin dosing.- Vancomycin Dosing Protocol - updated advice on dosing and contact information for advice.- Antibiotic Drug Dosages Section - more complete information on dosages and links to protocols or other information.												
13	Skin	Dermovate NN®	Dermovate NN® cream and ointment removed from formulary (discontinued)												

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.

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).