

TAYSIDE PRESCRIBER

Tayside DTC Supplement No 74

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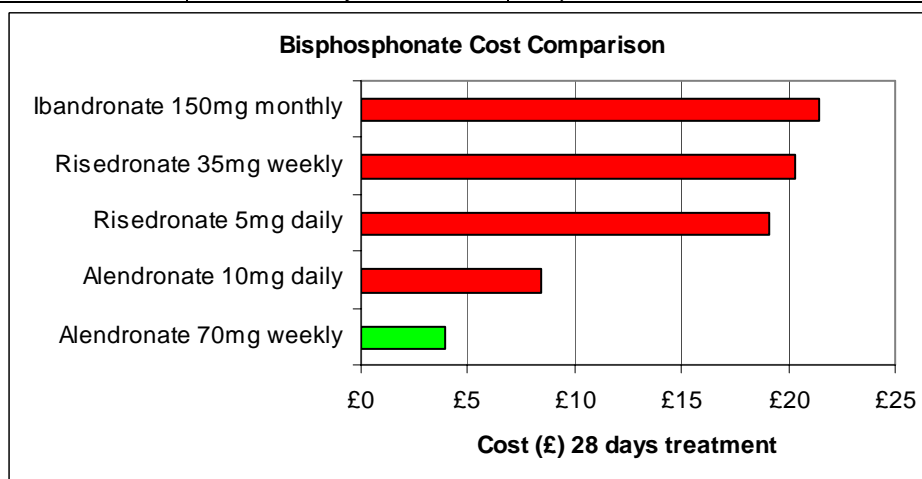
Produced by NHS Tayside Drug and Therapeutics Committee

SMC Advice issued in November 2007

Medicine	Indication	Local recommendation category	Comments and useful links
Adalimumab (Humira [®])	Severe Crohn's disease	Not recommended	SMC advice
Ciclesonide inhaler (Alvesco [®]) <i>abbreviated submission</i>	Asthma – max dose increased to 640mcg daily for up to 12 weeks	Formulary (prescribing note)	NB not licensed in children under 12 years SMC advice SPC link
Conjugated estrogen 0.3mg tablets (Premarin [®]) <i>abbreviated submission</i>	Estrogen deficiency symptoms in postmenopausal women	Non-formulary	Low dose estradiol HRT preparations are 1 st -choice in the TAPG SMC advice SPC link TAPG HRT algorithm
Dexrazoxane (Cardioxane [®]) <i>non-submission</i>	Prevention of cardiotoxicity associated with doxorubicin/epirubicin	Not recommended	SMC advice
Epoetin delta (Dynepo [®])	Anaemia in patients with chronic renal failure	Not recommended	Darbepoetin alfa and epoetin beta are the ESAs of choice locally SMC advice
Erdosteine (Erdotin [®])	Acute exacerbations of chronic bronchitis	Not recommended	SMC advice TAPG COPD guidelines
Formoterol (Atimos Modulite [®]) inhaler <i>abbreviated submission</i>	COPD	Formulary	Only formoterol aerosol MDI available (CFC-free) SMC advice
Rufinamide (Inovelon [®])	Lennox-Gastaut syndrome	Not recommended	SMC advice

TAPG Update

	TAPG section	Drug(s)/topic	Changes
6	Endocrine	Alendronate	Alendronate once-weekly selected as first-choice bisphosphonate in-line with recent NICE Final Appraisal Determination. Note cost comparison below (Oct 07 Drug Tariff and MIMS prices).
13	Eye	Framycetin	Preparations discontinued.



Co-proxamol update

All co-proxamol licences in the UK will expire at the end of 2007. Thereafter, as with any unlicensed medicine, prescribers will have a personal liability for their prescription that cannot be transferred to the manufacturer or the importer of the medicine. The supplying pharmacist may also assume some liability. Note that co-proxamol has been withdrawn by the MHRA on the grounds that the benefits of taking co-proxamol are not considered to outweigh the risks. Patients currently receiving co-proxamol should be reviewed and changed to an alternative at the earliest opportunity. Click here for [CSM pain management guidance](#).

Clopidogrel update – STEMI

Further to feed back from rural GPs, [Sept 07 local advice](#) for the use of clopidogrel in combination with aspirin in STEMI has been updated to include rural GPs when administering thrombolytics.

Combivent® inhaler discontinuation

Discontinuation of Combivent® inhaler is planned during 2008. Note that individual ipratropium and salbutamol CFC-free inhalers are available.

Outpatient prescribing

Following recent discussions at the Drug and Therapeutics Committee, a reminder of the current policy with respect to outpatient prescribing is provided below:

Medicines should not normally be supplied for outpatients by the hospital, since clinical responsibility will normally rest with the GP. However, there may be some circumstances, which demand exception to this general principle:

- Where it is agreed between consultant and GP that the consultant shall retain clinical responsibility. Such circumstances may arise from the special needs of the patient or from characteristics of the medicine (eg hospital only items, clinical trial).
- Where the patient needs to commence therapy before they are able to see their GP. In such circumstances medicines may be supplied as a pre-dispensed pack or obtained from the hospital pharmacy or prescribed using an HBP form that the patient takes to a community pharmacy. In these circumstances, no more than one month's treatment must be supplied.

Ertapenem update – surgical prophylaxis, diabetic foot infections

January 07 and October 07 SMC advice for the use of ertapenem for the above indications was recently discussed by the Antimicrobial Management Group. See below for final decisions:

Tayside recommendations:

Surgical prophylaxis

Not recommended

- Prescribers should consult the [prophylaxis section](#) of the hospital antibiotic policy for guidance on antibiotic choice

Diabetic foot infections

HOSPITAL ONLY (under the recommendation of an ID Specialist or Microbiologist)

- Restricted to outpatient or home IV therapy (OHPAT) for ESBL producing coliforms

[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).