

TAYSIDE PRESCRIBER

Tayside DTC Supplement No 89

May 2009

Produced by NHS Tayside Drug and Therapeutics Committee Medicines Advisory Group (MAG)

SMC Advice issued in May 2009

Medicine	Indication	Local recommendation category	Comments and useful links
Caffeine base* 5mg/ml solution for injection	Treatment of apnoea of prematurity in preterm infants	HOSPITAL ONLY To be used on the advice of specialists in neonatal paediatrics	SMC advice SPC link
Caspofungin 50 and 70 mg powder for concentrate for solution for infusion (Cancidas®) - <i>Abbreviated submission</i>	Empirical therapy for presumed fungal infections (such as <i>Candida</i> or <i>Aspergillus</i>) in febrile, neutropenic paediatric patients (12 months to 17 years)	HOSPITAL ONLY To be used on the advice of ID or Microbiology specialists	SMC advice SPC link
Caspofungin 50 and 70 mg powder for concentrate for solution for infusion (Cancidas®) - <i>Abbreviated submission</i>	Restricted use for the treatment of invasive candidiasis in paediatric patients (12 months to 17 years)	HOSPITAL ONLY To be used on the advice of ID or Microbiology specialists	SMC advice SPC link
Paclitaxel (Abraxane®) – <i>Non submission</i>	Treatment of metastatic breast cancer in patients who have failed first-line treatment for metastatic disease and for whom standard anthracycline containing therapy is not indicated	Not recommended	SMC advice
Pregabalin 25, 50, 75, 100, 150, 200 and 300mg capsules (Lyrica®) – <i>2nd resubmission</i>	Treatment of peripheral neuropathic pain in patients who have not achieved adequate pain relief from, or did not tolerate, first or second line drug treatments	Pending update of neuropathic pain management guidelines and algorithm	SMC advice SPC link

*Caffeine base 5mg/ml solution for injection - Prescribing note

Prescribers should note that the SPC describes this product in terms of caffeine base (5mg/ml) but the neonatal formulary and the British National Formulary for Children currently recommend prescribing the dose as caffeine citrate (equivalent to 10mg/ml).

To avoid any errors or confusion, this drug must always be prescribed as caffeine citrate!

Click here for [May Briefing note](#)

Updates from previous SMC advice

Medicine	Indication	Local recommendation category	Comments and useful links
Doripenem solution for infusion (Doribax®)	Complicated intra-abdominal infections in adults	Not recommended	SMC advice
Doripenem 500mg powder for infusion (Doribax®)	Nosocomial pneumonia (including ventilator-associated pneumonia) in adults	Not recommended	SMC advice

TAPG Update May 2009

	TAPG section	Drug(s)/topic	Changes
2.12	Lipid regulating drugs	Statins	80mg dose of simvastatin removed. Rosuvastatin added. Rosuvastatin should be reserved for patients who cannot tolerate simvastatin or do not reach cholesterol targets with either simvastatin or atorvastatin.
		Ezetimibe	Note on risk of myopathy with ezetimibe alone or in combination with a statin.
3.7	Mucolytics	Carbocisteine	Initial duration changed to 1 month. Only continue with maintenance dose if improvement of symptoms. Mucolytics should be used with caution in those with a history of peptic ulceration and are contra-indicated in patients with active peptic ulceration.
13.10	Anti-infective skin preparations	Treatment of lice and scabies	Alcoholic malathion 0.5% deleted from TAPG and Minor Ailment Scheme (MAS) formulary.

*SMC accepted drug

Drug Interactions with Statins

Care should be taken when prescribing simvastatin or atorvastatin with potentially interacting drugs. **For example, prescribers should consider discontinuing simvastatin or atorvastatin when short courses of clarithromycin or erythromycin are prescribed. Itraconazole and ketoconazole are contra-indicated with simvastatin** and should be used with caution with atorvastatin. Grapefruit and grapefruit juice should also be avoided with simvastatin and atorvastatin.

Pravastatin and rosuvastatin do not appear to be metabolised by the cytochrome P450 system and are alternatives in patients with concomitant long-term drugs that interact with simvastatin or atorvastatin.

Refer to individual Summary of Product Characteristics, the BNF and the [MHRA Drug Safety Update](#) January 2008 for further information on statin interactions.

Use of Proton Pump Inhibitors (PPIs) with clopidogrel

Recent evidence suggests that concurrent use of clopidogrel and all currently used PPIs may be associated with poorer cardiovascular outcomes, possibly because of interactions that reduce the metabolic activation of clopidogrel.

Recommendations:

- Patients should not routinely be prescribed a PPI on dual antiplatelet therapy.
- If there is a history of gastric ulceration or dyspepsia on combination antiplatelets then ranitidine 300mg twice daily (unlicensed dose) should be prescribed for the duration of dual antiplatelet therapy.
- If there is an absolute indication for a PPI, then pantoprazole should be prescribed for the duration of dual antiplatelet therapy.

For further information on combination of aspirin and clopidogrel in acute coronary syndrome refer to [Section 2.9](#) Antiplatelet drugs in the Tayside Area Prescribing Guide.

Forthcoming SMC Advice

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