

TAYSIDE PRESCRIBER

Tayside DTC Supplement No 93

October/November 2009

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

SMC Advice issued in October and November 2009

Medicine	Indication	Local recommendation category	Comments and useful links
Agomelatine, 25mg film-coated tablets (Valdoxan®)	Treatment of major depressive episodes in adults	Not recommended	SMC advice
Bortezomib 3.5mg vial of powder for solution for intravenous injection (Velcade®)	Mono-therapy for the treatment of progressive multiple myeloma in patients who have received at least one prior therapy and who have already undergone or are unsuitable for bone marrow transplantation	Pending OHMMG decision	SMC advice SPC link
Esomeprazole, 40mg vial of powder for solution for intravenous injection or infusion (Nexium I.V.®)	Prevention of re-bleeding following therapeutic endoscopy for acute bleeding gastric or duodenal ulcers	Pending specialist feedback	SMC advice SPC link
Estradiol/dienogest (Qlaira®) <i>Non submission</i>	Oral contraception	Not recommended	SMC advice
11.7mg Etonogestrel/2.7mg ethinylestradiol vaginal ring (NuvaRing®) <i>Re-submission</i>	Contraception	Pending review of Section 7.3 of TAPG	SMC advice SPC link
Fentanyl 50 micrograms/dose, 100 micrograms/dose, 200 micrograms/dose nasal spray (Instanyl®)	Breakthrough pain in adults already receiving maintenance opioid therapy for chronic cancer pain.	Pending specialist feedback	SMC advice SPC link
Filgrastim, 30 million units (300 microgram)/0.5mL and 48 million units (480 microgram)/0.8mL, prefilled syringe containing solution for injection or infusion (Ratiograstim®)	See SMC summary advice	Pending OHMMG decision	SMC advice <i>Biologics should be prescribed by brand name</i>
Hydroxycarbamide (Siklos®) <i>Non submission</i>	Prevention of recurrent painful vaso-occlusive crises including acute chest syndrome in paediatric and adult patients suffering from symptomatic Sickle Cell Syndrome	Not recommended	SMC advice
Metformin hydrochloride prolonged release tablets 500mg, 750mg, 1000mg (Glucophage SR®) <i>2nd Re-submission</i>	Restricted use for the treatment of Type 2 diabetes mellitus in patients who are intolerant of immediate release metformin and in whom the prolonged release tablet allows the use of a dose not previously tolerated or in patients for whom a once daily preparation offers a clinically significant benefit	Non formulary	SMC advice SPC link Tayside Diabetes Handbook.
Methotrexate injection 50mg/ml (Metoject®) pre-filled syringes 7.5mg, 10mg, 15mg, 20mg, 25mg <i>Abbreviated submission</i>	Severe recalcitrant disabling psoriasis in adults not responsive to other forms of therapy such as phototherapy, PUVA, retinoids. Severe psoriatic arthritis in adults	Pending specialist feedback	SMC advice SPC link <i>Also approved for severe active Rheumatoid Arthritis in adults</i>
Nepafenac (Nevanac®) <i>Non-submission</i>	Prevention and treatment of postoperative pain and inflammation associated with cataract surgery	Not recommended	SMC advice

SMC Advice issued in October and November 2009- continued ...

Medicine	Indication	Local recommendation category	Comments and useful links
Olmesartan medoxomil/amlodipine as besilate tablet 20mg/5mg, 40mg/5mg, 40mg/10mg (Sevikar [®]) <i>Abbreviated submission</i>	Essential hypertension in patients whose blood pressure is not adequately controlled on olmesartan or amlodipine monotherapy	Not recommended in Tayside (Non formulary)	SMC advice
Quetiapine, 25mg, 100mg, 200mg, 300mg tablets (Seroquel [®])	Treatment of major depressive episodes in the framework of bipolar disorder	Not recommended	SMC advice
Romiplostim, 250 microgram vial of powder for solution for subcutaneous injection (Nplate [®])	Adult chronic immune (idiopathic) thrombocytopenic purpura (ITP) splenectomised patients who are refractory to other treatments (e.g. corticosteroids, immunoglobulins). Second line treatment for adult non-splenectomised patients where surgery is contra-indicated. Romiplostim is restricted to use in patients with severe symptomatic ITP or patients with a high risk of bleeding.	HOSPITAL ONLY Non formulary (Haematology)	SMC advice SPC link <i>Monitored in secondary care. Dose adjustments as listed in SPC</i>
Sunitinib 12.5mg, 25mg, 50mg hard capsule (Sutent [®])	Treatment of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST) after failure of imatinib mesilate treatment due to resistance or intolerance	Pending OHMMG decision	SMC advice SPC link
Vildagliptin 50mg tablets (Galvus [®])	Type 2 diabetes mellitus as dual oral therapy in combination with a sulphonylurea in patients with insufficient glycaemic control despite maximal tolerated dose of a sulphonylurea or for whom metformin is inappropriate due to contraindications or intolerance.	Non formulary for this indication	SMC advice SPC link Tayside Diabetes Handbook

Click here for [October](#) and [November](#) Briefing Notes

Etanercept (Enbrel[®]) – An update

Following submission of a local introduction form, NHS Tayside advice for the use of etanercept in chronic severe plaque psoriasis in children and adolescents is:

Local recommendation

HOSPITAL ONLY

Non formulary

To be prescribed under the direction of the Paediatric Dermatology Clinic

Clopidogrel and Proton Pump Inhibitors (PPIs)- An Update

Although the evidence of CYP2C19 inhibition varies between PPIs, clinical studies suggest an interaction between clopidogrel and possibly all members of this class of drug.

Therefore, concomitant use with Proton Pump Inhibitors should be avoided unless absolutely necessary.

Refer to the [SPC for Plavix](#) (clopidogrel) and the [MHRA Drug Safety Update](#) for further information.

The interim recommendations from the Tayside DTC supplement no. 90 – June 2009 remain valid and are as follows:

Recommendations:

- Review the need for a PPI in all patients prescribed clopidogrel.
- Patients should not routinely be prescribed a PPI on dual anti-platelet therapy.
- Prescribe PPIs strictly in line with their licensed indications.
- Check that patients on clopidogrel are not buying over the counter omeprazole
- If there is a history of gastric ulceration or dyspepsia on combination antiplatelets then ranitidine 300mg twice daily (unlicensed indication) should be prescribed for the duration of dual antiplatelet therapy.
- In complicated cases, for example, Barrett's oesophagus, advice should be sought between the cardiologist and gastroenterologist on an individual patient basis.

Clopidogrel and Other Medicines that inhibit CYP2C19

Concomitant use of other medicines that inhibit CYP2C19 would also be expected to reduce the efficacy of clopidogrel and should be discouraged.

Examples include: fluoxetine, carbamazepine, ciprofloxacin, fluconazole, voriconazole, fluvoxamine, moclobemide, oxcarbazepine, cimetidine, ticlopidine and chloramphenicol.

Refer to the [SPC for Plavix](#) (clopidogrel) and the [MHRA Drug Safety Update](#) for further information.

Droperidol injection and prophylaxis of post-operative nausea and vomiting (PONV) in adults

A new preparation of droperidol 2.5mg/ml solution for injection (Xomolix[®]) is now available and indicated for the prevention and treatment of PONV in adults, and as a second line treatment in children and adolescents. Within the local Tayside PONV guideline for adults, droperidol has been included as an option for the prevention of PONV in combination with other drugs, when the patient is at medium to high risk of PONV.

Droperidol will be reserved for treatment of PONV:

- in the recovery room when it has not been used for prophylaxis
- in ward areas on the advice of the consultant anaesthetist or the Acute Pain Team for patients with established symptoms

Tayside recommendation

HOSPITAL ONLY

Non formulary

To be prescribed under the direction of Consultant Anaesthetists and the Acute Pain Team

Droperidol will **not** be available on wards for routine use

Levomepromazine use in palliative care

Levomepromazine (Nozinan®) is commonly used in palliative care as a second- or third-line anti-emetic (unlicensed use), if first-line anti-emetics are inadequate or inappropriate and in the management of terminal agitation and/or delirium. The parenteral formulation is available as a 25 mg/mL (1mL) product. In the interests of patient safety and to assist in administration, practitioners are advised to prescribe subcutaneous doses, both for bolus and for continuous subcutaneous infusion, in multiples of 2.5 mg (i.e. 0.1mL).

The following guidance for the use of subcutaneous levomepromazine in the management of nausea and vomiting in palliative care should be used pending the full review of the Tayside Palliative Care Guidelines.

Nausea & vomiting
(Second- or third-line anti-emetic)

	Stat Dose	By CSCI/24hr
Levomepromazine	2.5 – 5 mg SC	5 - 25 mg

The guidance, as set out in the Tayside Palliative Care Guidelines, for the use of levomepromazine in the management of distressing restlessness/agitation in the last days of life remains unchanged.

TAPG documentation update

The Tayside Area Prescribing Guide (TAPG) Review Rolling Programme has now been stopped. Reviews or updates to the TAPG will be made as and when necessary on a priority basis. The TAPG Formulary Process flow diagram has been updated to reflect this [Click here](#). A list of TAPG Review Dates and Updates by Formulary section is now available for information [Click here](#). These updates can be accessed from the Staffnet Home page through the following links: Our Websites → Pharmacy → Medicines Governance → TAPG documentation is on the Right Hand Side.

TAPG Update – October/November 2009

	TAPG section	Drug(s)/topic	Changes
13.2	Emollients and barrier preparations	Barrier preparations	Link to Skin Care Guidelines in the management of urinary and faecal incontinence inserted.

[Forthcoming SMC Advice](#)

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