



## In this edition:

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### Dependency from opiates may develop quickly.

Weak opioids can be prescribed for the treatment of mild-to moderate pain in people who have an inadequate response to paracetamol and/or a NSAID. Examples of weak opioids are:

- Co-codamol 30/500
- Codeine Phosphate
- Dihydrocodeine
- Tramadol (schedule 3 controlled drug therefore subject to legal prescription requirements, can cause seizures, reduce seizure threshold in epileptics and increase QTc interval)

It can only take a short period of time to develop opioid dependency. Caution should be taken when prescribing opioids to the following groups of people as there may be at increased risk of developing dependence.

- Those with a history of alcohol or drug dependence
- Those with psychiatric illness

When prescribing 'weak' opioids; only prescribe small quantities for acute symptoms.

## Inhaled Triple therapy for COPD

There are now two triple therapy inhalers approved by SMC for treatment of severe COPD (Trelegy® and Trimbrow®). Whilst using these inhalers will represent a cost saving over the use of an inhaled corticosteroid (ICS) /long acting beta agonist (LABA) combination plus a long acting muscarinic antagonist (LAMA), it is important that only those people are reviewed as to the appropriateness of the use of an ICS. Inappropriate use of an ICS in COPD is not only costly but leads to a significant risk of pneumonia and other steroid related side effects. ICS use in COPD should therefore be restricted to high risk COPD patients. Patients with a documented history of asthma, a high risk of exacerbations ( $\geq 2$  exacerbations or  $\geq 1$  leading to hospitalisation in the previous 12 months) and elevated blood eosinophils ( $>400$  cells/mm<sup>3</sup>) are those with COPD who will benefit from continued use of ICS. People with COPD who do not need an ICS can have their ICS withdrawn and continue with bronchodilation, either a LABA or a LAMA and if they continue to be symptomatic, may benefit from a combination LAMA/LABA. Please see detailed guidelines on our website for further information on formulary choices.

## Flash Glucose monitoring availability in NHS D&G (Free Style Libre)

The Board Management Team has considered the Flash Glucose Monitoring options for this financial year. Whilst acknowledging the potential benefits to people with type 1 diabetes, in light of the considerable financial challenges in 2017/2018 are currently unable to identify funding for Flash Glucose Monitoring.

This has been referred to the Scottish Technologies Group (part of Healthcare Improvement Scotland) to consider and advise Scottish Health boards on the evidence regarding the clinical and cost effectiveness of this technology. This advice is expected to be published mid 2018.

FreeStyle Libre 

## Pharmacy first

Please remember that there are over the counter and pharmacy only medicines that can be obtained from your local pharmacy. These can be purchased or if symptoms deemed suitable by the pharmacist may be supplied via the minor ailment scheme.

Some examples:

- Infant Gaviscon – even available in supermarkets
- Infacol
- Chloramphenicol 0.5% eye drops (2 years and over and a Patient Group Direction is available to cover the supply to patients aged 1 and above)

## Specific Drug Issues

### Co-phenotrope 2.5mg tablets

Co-phenotrope can be used for acute diarrhea and for control of faecal consistency after colostomy or ileostomy, however there is a long-term manufacturing issue with co-phenotrope, with no resolution date. This would be a good time to review any patients taking this medicine and switching them to an alternative is possible e.g. loperamide.

### MHRA safety warning - Esmya (ulipristal acetate) for uterine fibroids

Five reports of serious liver injury, including four cases of hepatic failure needing liver transplantation, have been reported worldwide in women using Esmya for uterine fibroids. MHRA's current advice is:

- **Do not** start any new courses of Esmya
- Check liver function tests at least once a month in all women currently taking Esmya.
- **Stop treatment if transaminases 2x the upper limit of normal**
- Check transaminases immediately in current or recent users who present with signs or symptoms suggestive of liver injury.

For further information see MHRA letter issued 9 February 2018

### Forceval®

Both Forceval capsules and soluble preparations are now out of stock. Please take this as an opportunity to discontinue or substitute these preparations if necessary.



## Summary of the latest Scottish Medicines Consortium decisions; for full advice see:

[www.scottishmedicines.org.uk](http://www.scottishmedicines.org.uk)

### Accepted:-

**fluticasone furoate/Umeclidinium/vilanterol (Trelegy Ellipta)** GSK UK SMC No 1303/18 - maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting  $\beta$ 2-agonist.

**SMC restriction:** in patients with severe COPD (forced expiratory volume in one second [FEV<sub>1</sub>] <50% predicted normal).

**lopinavir / ritonavir (Kaletra)** AbbVie Ltd - in combination with other antiretroviral medicinal products for the treatment of human immunodeficiency virus (HIV-1) infected children aged from 14 days to  $\leq$ 2 years.

**5-aminolaevulinic acid hydrochloride (Ameluz)** Biofrontera Pharma Gmb Treatment of superficial and/or nodular basal cell carcinoma (BCC) unsuitable for surgical treatment due to possible treatment-related morbidity and /or poor cosmetic outcome in adults.

**darunavir/cobicistat/emtricitabine/tenofovir alafenamide fumarate (Symtuza)** Janssen-Cilag Ltd - the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults and adolescents (aged 12 years and older with body weight at least 40kg).

**pembrolizumab (Keytruda)** UC Merck Sharp and Dohme Ltd - as monotherapy for the treatment of locally advanced or metastatic urothelial carcinoma in adults who have received prior platinum-containing chemotherapy.

**SMC restriction:** treatment with pembrolizumab is subject to a two-year clinical stopping rule.

### Accepted by SMC but NOT routinely available in D&G currently:-

**levonorgestrel (Kyleena)** Bayer - contraception for up to 5 years (IUD)

**cladribine (Mavenclad)** Merck - treatment of adult patients with highly active relapsing multiple sclerosis (MS) as defined by clinical or imaging features. **SMC restriction:** Patients with rapidly evolving severe relapsing-remitting MS; patients with two or more relapses in the prior year whether on treatment or not, and at least one T1 gadolinium-enhancing lesion. Patients with sub-optimal therapy relapsing-remitting MS; patients with one or more relapses in the previous year while on disease modifying therapy, and at least one T1 gadolinium-enhancing lesion or nine T2 lesions.

**lacosamide (Vimpat)** UCB Pharma - as adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in adolescents and children from 4 years of age with epilepsy. **SMC restriction:** patients with refractory epilepsy. Treatment should be initiated by physicians who have appropriate experience in the treatment of epilepsy.

**sevelamer carbonate (Renvela®)** Sanofi - control of hyperphosphataemia in paediatric patients (>6 years of age and a Body Surface Area of >0.75m<sup>2</sup>) with chronic kidney disease. **SMC restriction:** the second-line management of hyperphosphataemia in patients receiving haemodialysis

**tofacitinib (Xeljanz)** Pfizer UK Ltd - In combination with methotrexate for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). Tofacitinib can be given as monotherapy in case of intolerance to methotrexate or when treatment with methotrexate is inappropriate.

### Not recommended for use in NHS Scotland and NOT added to D&G formulary:-

**Nivolumab (Opdivo)** for UC Bristol-Myers Squibb- Nivolumab as monotherapy is indicated for the treatment of locally advanced unresectable or metastatic urothelial carcinoma in adults after failure of prior platinum-containing therapy.

**eluxadoline (Truberzi)** Allergan Ltd - in adults for the treatment of irritable bowel syndrome with diarrhoea (IBS-D).

**ceftaroline fosamil 600 mg powder for concentrate for solution for infusion (Zinforo®)** Pfizer Limited - treatment of

- complicated skin and soft tissue infections in children from the age of 2 months
- community-acquired pneumonia in children from the age of 2 months

**ceftazidime/avibactam 2g/0.5g powder for concentrate for solution for infusion (Zavicefta®)** - Treatment of the following infections in adults:

- complicated intra-abdominal infection (cIAI)
- complicated urinary tract infection (cUTI), including pyelonephritis
- hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP)
- infections due to aerobic Gram-negative organisms in adult patients with limited treatment options

**metformin hydrochloride 500mg, 750mg and 1000mg prolonged release tablets (Glucophage SR®)** Merck Serono Ltd - Reduction in the risk or delay of the onset of type 2 diabetes mellitus in adult, overweight patients with impaired glucose tolerance and/or impaired fasting glucose, and/or increased HbA<sub>1c</sub> who are:

- at high risk for developing overt type 2 diabetes mellitus and
- still progressing towards type 2 diabetes mellitus despite implementation of intensive lifestyle change for 3 to 6 months.

**daptomycin (Cubicin®)** - Treatment of paediatric (1 to 17 years of age) patients with *Staphylococcus aureus* bacteraemia associated with complicated skin and soft-tissue infections.

See SMC website for further information - **obinutuzumab (Gazyvaro)**, **carbetocin (Pabal)**, **elvitegravir / cobicistat / emtricitabine / tenofovir disoproxil (Stribild®)**, **pasireotide (Signifor®)**, **peginterferon alfa-2a (Pegasys®)**, **adalimumab 40mg/0.4ml pre-filled syringe and pre-filled**

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