



## In this edition:

- Clarithromycin & cardiac risk
- Good & important news
- DOACs & SSRIs
- Lithium liquid shortage
- Specific drug issues
- SMC information



Tighter control by prescribers and PST on drugs of limited value (less suitable for prescribing) has resulted in a reduction of £32,543 (24%) in expenditure compared to 2016/17. Top ten drugs are:

Clonidine 25mcg  
Methocarbamol 750mg  
Omacor  
Isocarboxazid 10mg  
Dosulepin 25mg  
Vitamin B co  
Calc & Ergocalciferol BP tabs  
Ascorbic Acid 500mg  
Targinact 40/20mg MR

\*Cyanocobalamin 50mcg \*(noted that recommended in some guidelines)



New Medicines Process to ensure appropriate patient access to drugs has been launched by Scottish Government called **PACS Tier2**. The process should be followed when submitting a request to ADTC to use a non-SMC approved drug. For all other requests e.g. unlicensed use, unlicensed indication or a non-SMC approved drug due to non-submission, then the IPTR form should still be used. The forms are available on Beacon and dgprescribingmatters website. Further information to follow.

## Clarithromycin and Cardiac risk

There have been concerns raised about clarithromycin and cardiac risk over the past few years. A 10 year follow up of the CLARICOR<sup>1</sup> trial seemed to confirm that there was a small increase in absolute risk of cardiovascular mortality in 4373 patients with stable coronary heart disease given a 2-week course of clarithromycin. Interestingly, those on a statin seemed to be protected from the effects of the clarithromycin. (Although we would, of course suspend a patient's statin during a course of clarithromycin.)

In February 2018 the FDA issued a warning to prescribers advising caution when prescribing clarithromycin in patients with heart disease.<sup>2</sup> The advice was to weigh the benefits and risks of clarithromycin for patients with heart disease and to consider whether another antibiotic might prove to be safer.

We have discussed this issue at the June meeting of the antimicrobials management team and our advice to local prescribers is that clarithromycin remains a useful antibiotic, but that where a patient has existing heart disease and a high cardiovascular risk, alternative antibiotics should be considered. Please seek the advice of the microbiologist for patient-specific queries.

Could we also issue a reminder that Clarithromycin may interact with apixaban and increase the risk of bleeding,<sup>3</sup> so the combination should be prescribed with great caution or avoided if at all possible

References supplied

Susan Coyle Antimicrobial Pharmacist

## DOACs

Given the increasing use of DOAC anticoagulants and the incidence of depression after major cardiac and cardiovascular illness, this is a very useful summary on what is known about the interactions between these drug groups

[https://www.sps.nhs.uk/wp-content/uploads/2018/07/SW\\_QA\\_225.2\\_NOACS\\_Antidepress\\_Final.docx](https://www.sps.nhs.uk/wp-content/uploads/2018/07/SW_QA_225.2_NOACS_Antidepress_Final.docx)

## LITHIUM

There is a current shortage of Priadel liquid expected to last at least the next month. 5ml of Priadel 520mg/5ml is roughly equivalent to a 200mg Priadel tablet or a 5ml dose of Li-Liquid (Rosemont) **509mg/5ml**, both of which are still available. (Note Li-liquid also comes as a 1018mg/5ml strength so don't get them mixed up!). e.g. 5ml Priadel liquid twice per day, could be given as one 400mg Priadel tablet at night OR 5ml Li-liquid BD Those who can swallow tablets should be given tablets, ideally. Tablets should not be crushed. The preparations are not entirely bio-equivalent, but these alternatives are about as close as can be done. A Lithium level should be taken after 5-7 days and adjustments made in dose as necessary to ensure Lithium levels remain within the usual for the individual. If you need specific advice on an individual patient or help with a conversion, contact your local community pharmacist first or Wendy Ackroyd, lead clinical pharmacist for mental health, on [w.ackroyd@nhs.net](mailto:w.ackroyd@nhs.net) (Mon-Fri)

## SPECIFIC DRUG ISSUES

### Fobumix Easyhaler DPI



We now have a combination (budesonide/formoterol) DPI in the Easyhaler range 23% less expensive than Symbicort and DuoResp. We will be encouraging respiratory nurses to use this as first line especially where patients are already using an Easyhaler salbutamol. Potential cost savings per annum >£105k



Scriptswitch currently highlights a switch from Opticrom Aqueous 13.5ml (£8.03) and sodium cromoglycate 13.5ml (£7.56) eye drops to Opticrom Allergy 5ml/10ml (£2.74/£3.35) eye drops. Scriptswitch shows this as a negative saving as it calculates 3 x 5ml bottles as a closest match to 13.5mls. However, if prescribed as suggested, and if the patient does not need multiple bottles/month, then it is still a cost saving switch. Note stock is Intermittent.

#### New Insulin Pen

Sanofi have updated their cartridge pen device the replacement for ClickStar is AllStar PRO.

#### Discontinuations

**Testim** (testosterone) gel - other brands available  
**Asacol** (mesalazine) suppositories - other brands available  
**Modecate** Injection - advice available on switching

#### Out of Stock

**Menadiol** tablets (Vitamin K) are out of stock until October 2018. An unlicensed special from Alcura is available. This product is the same formulation.

Summary of the latest Scottish Medicines Consortium decisions; for full advice see: [www.scottishmedicines.org.uk](http://www.scottishmedicines.org.uk)

#### Accepted and available from a specialist center

**tivozanib 890 mcg/1,340mcg hard capsules**, (Fotivda®) SMC No 1335/18 Eusa Pharma Ltd As first-line treatment of adult patients with advanced renal cell carcinoma and for adult patients who are vascular endothelial growth factor receptor and mammalian target of rapamycin pathway inhibitor-naïve following disease progression after one prior treatment with cytokine therapy for advanced renal cell carcinoma (RCC). **SMC restriction:** to first-line treatment of advanced RCC. **Restricted with PAS**

**tezolizumab 1,200mg concentrate for solution for infusion** (Tecentriq®) SMC No 1336/18 Roche Products Ltd As monotherapy for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) after prior chemotherapy. Patients with epidermal growth factor receptor (EGFR) activating mutations or anaplastic lymphoma kinase (ALK)-positive tumour mutations should also have received targeted therapy before receiving atezolizumab. **SMC restriction:** treatment with atezolizumab is subject to a two-year clinical stopping rule. **Restricted with PAS**

**lutetium (177Lu) oxodotreotide 370MBq/mL solution for infusion** (Lutathera®) SMC No 1337/18 Advanced Accelerator Applications for the treatment of unresectable or metastatic, progressive, well differentiated (G1 and G2), somatostatin receptor positive gastroenteropancreatic neuroendocrine tumours (GEP-NETs) in adults.

**progesterone 25mg solution for injection (Lubion®)** SMC2017 Pharmasure Ltd in adults for luteal support as part of an Assisted Reproductive Technology (ART) treatment program in infertile women who are unable to use or tolerate vaginal preparations.

#### Not recommended

**ocrelizumab 300mg concentrate for solution for infusion** (Ocrevus®) SMC No 1344/18 Roche Products LTD The treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active disease defined by clinical or imaging features.



### PHARMACOTHERAPY

The prescribing support team is working with the locality managers, clinical leads and finance to produce realistic workforce plans to deliver the pharmacotherapy services. Scottish Government has calculated funding based on one WTE pharmacist per GP practice (5,000 list size) by 2021. Ability to achieve this vision, will depend on the local prioritisation of financial investment from SG and the ability to recruit. Recruitment to the GP Clinical Pharmacists posts are on-going and the successful candidates with either be independent prescribers or we will support them to become an IP. The priority for the proposals is to pump prime the workforce with student technicians and newly qualified pharmacists who will develop into highly skilled workforce able to deliver the GMS contract as outlined by 2021.

Use of technology such as remote access and attend anywhere are also being considered. These proposals will be discussed with GP Sub-committee



#### Contact the Prescribing Support Team @

Dorothy Kirkpatrick [dot.kirkpatrick@nhs.net](mailto:dot.kirkpatrick@nhs.net)  
Dr Jennifer Dillett [jennifer.dillett@nhs.net](mailto:jennifer.dillett@nhs.net)  
Mandy Mackintosh [mandy.mackintosh@nhs.net](mailto:mandy.mackintosh@nhs.net)  
Alison Bell [alisonbell@nhs.net](mailto:alisonbell@nhs.net)  
Susan Roberts [susan.roberts10@nhs.net](mailto:susan.roberts10@nhs.net)

Gordon Loughran [gordon.loughran@nhs.net](mailto:gordon.loughran@nhs.net)  
Dr Emily Kennedy [emily.kennedy@nhs.net](mailto:emily.kennedy@nhs.net)  
Leanne Drummond [leannedrummond@nhs.net](mailto:leannedrummond@nhs.net)  
Liane Holmes [liane.holmes@nhs.net](mailto:liane.holmes@nhs.net)  
Nikki Cameron [nicola.cameron2@nhs.net](mailto:nicola.cameron2@nhs.net)  
Shona McKinley [smckinley1@nhs.net](mailto:smckinley1@nhs.net)