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Quality Prescribing Strategies

The Effective Prescribing & Therapeutics Branch is pleased to publish three new pieces of guidance (2018-2021):

- Quality Prescribing for Diabetes: A Guide for Improvement
- Quality Prescribing for Respiratory: A Guide for Improvement
- Quality Prescribing for Chronic Pain: A Guide for Improvement

The Diabetes and Respiratory Prescribing guides succeed those published in 2014. These areas continue to be the focus of improvement, with a range of new medicine and evidence available. The document on Chronic Pain is a new piece of work, looking at an area of increasing importance, particularly in light of the focus on prescribing of opioids and gabapentinoids. There is a very useful link to opioid dose converter and tapering guides. These documents serve to support Polypharmacy Guidance, which will be published shortly.

They can be downloaded [from this link](#).

Formulary updates 2018

Here is a summary of changes to the D&G Joint Formulary; a copy will be with you shortly. Remember the formulary is also available on our website:

<http://www.dgprescribingmatters.co.uk/> Paper copies arrive mid-April.

If you do not receive a copy please contact your PST/GP clinical pharmacist.

BNF Chapter	Drug added	Drug removed	Comments
1.	Gaviscon double action		Salofaulk® first line 5ASA
2.	edoxaban	perindopril Monomax 40	All iso mono & prescribe generically In line with national procurement
3.	Trimbow® (Triple combination MDI) Trelegy® (Triple combination dry powder) Fobumix® Easyhaler (LABA/ICS combination)		
4.	Pipexus® (pramipexole)	Citalopram Oprymeal® (pramipexole)	Drug tariff price increase Pipexus® cheapest available
	Frovatriptan Xaggitin®	Sumatriptan Matoride®	
5.	Camellia sinensis (green tea) leaf extract 10% ointment (Catephen)	Ciprofloxacin in the management of epididymo-orchitis probably due to enteric organism	
6.	Contour Next BG strips CareSense Pro KetoSense CareSense lancets duaglutide alogliptin	glucoMen LX sensors GlucoMen LX ketone Glucoject	For use only on Medtronic pump
7.	Daylette® 0.02/3 and Lucette® 0.03/3 Tadalafil Levosert Kyleena Alprostadil urethral cream (Vitaros®)	Vardenafil Alprostadil urethral application (Muse®)	
8.	Testosterone gel (Testogel®) 16.2mg/g pump		
9.	Magnaspartate and Neomag Neocate Junior®	Neocate Active®	
11.	Nedocromil eye drops Cyclopentolate minims Clinitas multi-drops		
12.	Beclomethason inh Beclomethasone sol / hydrocortisone buccal Miconazole gel		For mouth ulceration
13.		Modrasone®	Has been discontinued

Specific Drug Issues

Coagucheck Testing

The introduction of Coagucheck testing across the Health Board (along with many other potential developments) will be considered for funding for the year 2018 / 2019, as part of the Financial Planning process of the Board for next year. This will be evaluated alongside other clinical developments and reviewed as part of the clinical effectiveness and prioritisation process to be undertaken by the senior management team. Until then any request for funding must follow the current IPTR process as usual.

Gaviscon Double Action

Gaviscon Double Action is an antacid, alginate reflux suppressant for the treatment of symptoms of gastro-oesophageal reflux, is available as a GSL and may be used to manage symptoms after stopping a PPI.

Patients prescribed Gaviscon Advance can be offered the chance of Gaviscon Double Action. **This new product is the same cost as Peptac.** Switching patients to Gaviscon Double Action will not impact on LES targets.



Hazards of paraffin-based emollients

A reminder of the Drug Safety Update that was issued in April 2016 which warns of the risks of paraffin-based emollients. Smoking or a naked flame could cause patients' dressings or clothing to catch fire when being treated with paraffin-based emollient that is in contact with the dressing or clothing.

A few points to keep in mind:

- Advise patient not to: smoke, use naked flames (or be near people who are smoking or using naked flames); or go near anything that may cause fire
- Change patient clothing and bedding regularly – preferably daily because emollients soak into fabric and can become a fire hazard.
- The risk is greater when these preparations are applied to large areas of the body, or when dressings or clothing become soaked with emollient.
- Examples of paraffin-based emollients include; white soft paraffin, white soft paraffin plus 50% liquid paraffin, emulsifying ointment

None of these emollients are recommended as first line in the formulary, current first line emollients are water based; Epimax®, ExoCream® and Ismol Gel®. Emulsifying ointment is recommended to be used as a soap substitute/emollient bath additive.

For further information, see link;

<https://www.gov.uk/drug-safety-update/paraffin-based-skin-emollients-on-dressings-or-clothing-fire-risk>

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

www.scottishmedicines.org.uk

Accepted by SMC but NOT routinely available in D&G currently or from a specialist centre:-

pembrolizumab (Keytruda) cHL Merck Sharp & Dohme SMC No 1296/18 ; As monotherapy for the treatment of adult patients with relapsed or refractory classical Hodgkin lymphoma who have failed autologous stem cell transplant and brentuximab vedotin, or who are transplant-ineligible and have failed brentuximab vedotin.

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

In a phase II study, pembrolizumab was associated with a clinically meaningful overall response rate in adults with classical Hodgkin lymphoma who had failed autologous stem cell transplant and brentuximab vedotin, or who were transplant-ineligible and had failed brentuximab vedotin.

ribociclib (Kisqali) Novartis Pharmaceuticals UK Ltd SMC No 1295/18 ; In combination with an aromatase inhibitor, for the treatment of postmenopausal women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer as initial endocrine-based therapy.

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

atezolizumab (Tencentriq) for urothelial carcinoma Roche Products Ltd SMC No 1297/18 ; As

monotherapy for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma after prior platinum-containing chemotherapy or who are considered cisplatin ineligible.

clostridium botulinum type A toxin-haemagglutinin complex 300 and 500 units (Dysport®) Ipsen Ltd SMC No 1321/18; Symptomatic treatment of focal spasticity of lower limbs in adults affecting the ankle joint due to stroke or traumatic brain injury.

dexamethasone 40mg tablets (Neofordex ®) Aspire Pharma Ltd SMC No 1322/18; In adults for the treatment of symptomatic multiple myeloma in combination with other medicinal products

elvitegravir 150mg / cobicistat 150mg / emtricitabine 200mg / tenofovir alafenamide 10mg (Genvoya ®) Gilead Sciences Ltd SMC No 1323/18; Treatment of human immunodeficiency virus-1 (HIV-1) infection without any known mutations associated with resistance to the integrase inhibitor class, emtricitabine or tenofovir in children aged from 6 years and with body weight at least 25 kg for whom alternative regimens are unsuitable due to toxicities.

lacosamide, 50mg, 100mg, 150mg, 200mg tablets, 10mg/mL syrup and 10mg/mL solution for intravenous infusion (Vimpat®) UCB Pharma Limited SMC No 1324/18; As monotherapy in the treatment of partial-onset seizures with or without secondary generalisation in adolescents and children from 4 years of age with epilepsy.

nilotinib 150mg and 200mg hard capsules (Tasigna ®) Novartis Pharmaceuticals UK Ltd SMC No 1325/18; paediatric patients with newly diagnosed Philadelphia chromosome positive chronic myelogenous leukaemia (CML) in the chronic phase. Paediatric patients with Philadelphia chromosome positive CML in chronic phase with resistance or intolerance to prior therapy including imatinib

sofosbuvir 400mg film-coated tablets (Sovaldi ®) Gilead Sciences Ltd SMC No 1326/18; In combination with other medicinal products for the treatment of chronic hepatitis C in adolescents aged 12 to <18 years.

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