Summer 2017

Nostrum

A newsletter from the Prescribing Support Team, NHS Dumfries and Galloway

In this edition:

Strontium Ranelate (Protelos®) discontinued

The pharmaceutical company Servier has announced that it will cease production of Strontium Ranelate (Protelos®) for osteoporosis by the end of August 2017. Community prescribing data suggests there are 15 patients in D&G currently prescribed this. The relevant practices have been contacted however this list may be incomplete therefore it is recommended that all practices perform a search.

Patients can be reassured that this is a safe effective treatment and they will have gained benefit for the time period they have received this for. Most patients can now stop treatment and do not require an alternative; however it may be appropriate for some to be reviewed at the osteoporosis clinic. Referrals can be made to the osteoporosis clinic via SCI-gateway as per usual and Dr Anne Drever, Clinical Lead Osteoporosis Dumfries and Galloway, can be contacted for additional information either via "SCI-gateway advise" (Rheumatology) or directly if required.

Scriptswitch Reminder

A reminder that should a suggestion appear on Scriptswitch that you may not have time to deal with as it would involve some form of communication with the patient, please pass this on to either the practice pharmacist or technician to follow up with the patient and explain any changes made. Also, the feedback button can be used to pass any messages to members of the Prescribing Support Team regarding a specific recommendation.

It's useful to remember that the Health Board pay a fee for Scriptswitch and we want to maximise its full potential.

Hepatitis B Vaccination Shortage

There is currently a global shortage of hepatitis B antigen resulting in intermittent supply of vaccines which manufacturers predict will continue into the first quarter of 2018. New guidance has therefore been issued for prescribers to ensure that the limited vaccines are preserved for those at greatest risk of contracting the virus. Prioritisation of cases is required by risk assessing each individually; factors which impact upon this include risk of acquiring infection and risk of exposure. Top priority should be given to babies born to mothers infected with hepatitis B, followed by other exposure to a hepatitis B infected source. In cases where the hepatitis B status of the source is unknown urgent testing of the source should be carried out where possible before further vaccination is given. Consideration should be given to health care workers and others who have a high risk of catching and transmitting hepatitis B. Other pre-exposure situations are lower priority, such as those who have household contact with people infected with hepatitis B and those travelling to endemic countries. During the shortage, vaccination is unlikely to be available for travel and for booster doses. As always, those at risk of hepatitis B should be given advice to prevent infection, such as avoiding contact with blood and bodily fluids.

Alternative vaccination schedules and options may need to be considered in order to ensure vaccines are available for those with the highest risk. In the event of unavailability of paediatric vaccines there are no perceived safety issues in using the adult doses. Some of these options may be off-label.

For further information the full guidance published by Public Health England can be found here https://www.gov.uk/government/publications/hepatitis-b-vaccine-recommendations-during-supply-constraints along with information for patients.

What's happening in our patch?

Changes to prescribing for smoking cessation

There is consistent evidence that shows that smokers who are referred to specialist services - Smoking Matters and Community Pharmacies - have a higher quit rate than smokers who are prescribed Nicotine Replacement Therapy (NRT) alone. We also know that by providing a smoker with the most intensive support we can, along with the right medications to support a quit attempt, we can bring about the best chance of success for smoking cessation in the long term.

On that basis GP subcommittee and Area Drugs & Therapeutics committee have agreed that prescribing of NRT will only take place with a supported quit attempt through **Smoking Matters** or a **Community Pharmacy**. All GPs are being asked to stop prescribing NRT and to refer their patients to our local stop smoking services. Dr Angus Cameron has said that if a patient does not want to attend either service then NRT can only be prescribed through a private prescription. This change took place locally on 1st July 2017.

To support this change in prescribing, Smoking Matters has circulated information to all practices providing more information about the services that are available for smokers who want to stop smoking. Smoking Matters and all Community Pharmacies do offer flexibility and availability across the region. Smoking Matters will also provide home visits, telephone and texting services in addition to face to face appointments and can provide more information on the E.cigarette. Community Pharmacies offer instant access for a smoker who may wish to stop smoking today.

For more information phone **0845 602 2862**, text **07736 955 211** or email dgsmokingmatters@nhs.net

Specific drug issues

Loperamide: There has been an increased rate of C.difficile infection(CDI) and in at least one of these cases loperamide had been prescribed. Please remember to avoid loperamide if CDI is suspencted or indeed any infective diarrhoea is suspected as it increases the risk of pseudomembranous colitis.

Tacrolimus reminder: The MHRA/CHM advice for oral tacrolimus products is to prescribe and dispense by brand name only. This is to minimise the risk of inadvertent switching between products, which has been associated with reports of toxicity and graft rejection. See BNF for further information.

Specials reminder: When seeking authorisation for specials please email; **dumf-uhb.Pharmacy-Specials@nhs.net,** with patient ID, prescriber and product details and prices. A reference number will be allocated at this point. Please quote the reference number in all correspondence. Further guidance will follow.

Galatamine: to be prescribed as branded generic GALZEMIC. This represents a cost saving to the NHS D&G for a bioequivalent product; the switch is endorsed by local Mental Health Services and stock availability has been guaranteed by the suppliers.

Mesalazine: When initiating therapy with mesalazine, new patients should be commenced on Salofalk as first line therapy. Patients stable on Asacol should be switched to Octasa as a more cost effective option. In this case, if therapy with Octasa is not tolerated patients should be switched to Salofalk, not back to Asacol.
This advice is based on information from the West of Scotland gastroenterology prescribing sub-group which is supported by National Procurement.

Summary of the latest Scottish Medicines Consortium decisions; for full advice see: www.scottishmedicines.org.uk

Accepted with restricted use

glycopyrronium bromide (Sialanar) Proveca Limited (No.1254/17; symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders.
saxagliptin/dapagliflozin fixed dose combination (Qtern) AstraZeneca (No.1255/17); in adults aged 18 years and older with type 2 diabetes mellitus: to improve glycaemic control when metformin and/or sulphonylurea and one of the monocomponents of Qtern® do not provide adequate glycaemic control, when already being treated with the free combination of dapagliflozin and saxagliptin
ciprofloxacin 3mg/mL/ dexamethasone 1mg/mL ear drops (Cilodex) Novartis (No.1256/17); Treatment of the following infections in adults and children: Acute otitis media in patients with tympanostomy tubes (AOMT) Acute otitis externa
desmopressin oral lyophilisate (Noqdirna), Ferring Pharmaceuticals (No. 1218/17); Symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults.

Accepted by SMC but NOT added to D&G formulary as available from other specialist centers

aprepitant (Emend) Merck Sharp and Dohme Ltd (No.1252/17); As part of combination therapy, for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy in children, toddlers and infants from the age of six months to <12 years (powder for oral suspension) and adolescents from the age of 12 years to 17 years (hard capsules).

dolutegravir (Tivicay®) ViiV Healthcare UK Ltd (No.1253/17); In combination with other anti-retroviral medicinal products for the treatment of Human Immunodeficiency Virus (HIV) infected children aged >6 to 12 years of age.

carfilzomib (Kyprolis), Amgen Limited (No. 1242/17); In combination with dexamethasone alone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy.

venetoclax (Venclyxto), AbbVie (No. 1249/17); as monotherapy for the treatment of chronic lymphocytic leukaemia (CLL): in the presence of 17p deletion or *TP53* mutation in adult patients who are unsuitable for or have failed a B-cell receptor pathway inhibitor. In the absence of 17p deletion or *TP53* mutation in adult patients who have failed both chemoimmunotherapy and a B-cell receptor pathway inhibitor.

pembrolizumab (Keytruda) MSD (No.1239/17) ; As monotherapy for the first-line treatment of metastatic non-small cell lung carcinoma (NSCLC) in adults whose tumours express programmed death ligand 1 (PD-L1) with a ≥50% tumour proportion score (TPS) with no epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) positive tumour mutations.

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

selexipag (Uptravi) Actelion (No 1235/17); For the long-term treatment of pulmonary arterial hypertension (PAH) in adult patients with WHO functional class (FC) II to III, either as combination therapy in patients insufficiently controlled with an endothelin receptor antagonist (ERA) and/or a phosphodiesterase type 5 (PDE-5) inhibitor, or as monotherapy in patients who are not candidates for these therapies.
sufentanil citrate (Zalviso), Grunenthal Ltd (No. 1270/17); Management of acute moderate to severe post-operative pain in adult patients.
follitropin delta (Rekovelle), Ferring Pharmaceuticals Ltd (No. 1269/17); Controlled ovarian stimulation for the development of multiple follicles in women undergoing assisted reproductive technologies such as an in vitro fertilisation or intracytoplasmic sperm injection cycle.
canakinumab (Ilaris), Novartis Pharmaceuticals UK Ltd, (No. 1268/17); Treatment of the following autoinflammatory periodic fever syndromes in adults, adolescents and children aged 2 years and older: tumour necrosis factor receptor associated periodic syndrome , hyperimmunoglobulin D syndrome / evalonate kinase deficiency, Familial Mediterranean Fever
5-aminolevulinic acid hydrochloride (Ameluz) Biofrontera Pharma (No. 1260/17); 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
trametinib 0.5mg, 2mg film-coated tablets (Mekinist®) (No: 1264/17) Novartis Pharmaceuticals UK Limited; in combination with dabrafenib for the treatment of adult patients with advanced non-small cell lung cancer with a BRAF V600 mutation.
emtricitabine / tenofovir disoproxil 200mg/245mg film-coated tablets (Truvada®) (No: 1263/17) Gilead Sciences Ltd; Treatment of HIV-1 infected adolescents aged 12 to <18 years with nucleoside reverse transcriptase inhibitor resistance or toxicities precluding the use of first line agents.

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