**Formulary Changes**

**Pregabalin approved for 3rd line use in the Management of Anxiety Disorders**

The ADTC have approved the inclusion of pregabalin in the Fife Formulary as a 3rd line treatment option for the management of patients with GAD and anxiety associated with schizophrenia.

For these indications, pregabalin is restricted to specialist initiation / specialist recommendation after failure with/intolerance to at least two different formulary SSRIs/SNRIs (see table below). Treatment should be reviewed after a 12 week trial period and discontinued if found to be ineffective.

<table>
<thead>
<tr>
<th>1st Choice</th>
<th>Citalopram, fluoxetine or sertraline +/- psychological therapies</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Choice</td>
<td>Clomipramine or venlafaxine +/- psychological therapies</td>
</tr>
<tr>
<td>3rd Choice</td>
<td>Pregabalin +/- psychological therapies</td>
</tr>
</tbody>
</table>

For further guidance on the management of anxiety disorders in adults refer to Appendix 4F of the Fife Formulary (see below).

**Co-trimoxazole for the Prophylaxis of Spontaneous Bacterial Peritonitis**

Due to an ongoing shortage of norfloxacin the ADTC have approved the off-label use of co-trimoxazole 960mg/day for spontaneous bacterial peritonitis prophylaxis.

Co-trimoxazole is equally as effective as norfloxacin and is currently being used by many hospitals across Scotland for this indication.

Prescribers are reminded that co-trimoxazole use is associated with rare but serious side-effects which are more likely to occur in the elderly e.g. Stevens-Johnson Syndrome and blood dyscrasias. Long-term use requires regular blood monitoring and treatment should be stopped immediately if blood disorders or a rash develop.

The dose of co-trimoxazole should be modified if there is renal impairment (see BNF for further details).

**Safety Advice**

**Use of I.V. Iron**

Following a review of the use of intravenous (IV) iron products for iron deficiency and anaemia, the MHRA¹ has issued the following advice for healthcare professionals:

- An IV iron product should not be used in patients with known hypersensitivity to the active substance, the product itself, or any of its excipients; it should also not be used in patients with known serious hypersensitivity to any other parenteral iron product.
- The risk of hypersensitivity is increased in patients with: known allergies (including drug allergies); immune or inflammatory conditions; or those with a history of severe asthma, eczema, or other atopic allergy. In these patients, IV iron products should only be used if the benefits are clearly judged to outweigh the potential risks.
- IV iron should not be used during pregnancy unless clearly necessary. Treatment should be confined to the 2nd or 3rd trimesters, if the benefit is clearly judged to outweigh the potential risks for both mother and foetus.
- Caution is needed with every dose of IV iron that is given, even if previous administrations have been well tolerated.
- IV iron products should only be administered when staff trained to evaluate and manage anaphylactic or anaphylactoid reactions - as well as resuscitation facilities - are immediately available.
- Patients should be closely monitored for signs of hypersensitivity during, and for at least 30 minutes after every administration of an IV iron product.
- In the event of a hypersensitivity reaction, treatment should be stopped immediately and appropriate management initiated.

**Reference**


www.mhra.gov.uk/home/groups/dsu/documents/publication/con300408.pdf

²
Prescribing of Antiepileptic Drugs (AEDs) by Brand Name

The MHRA¹ have issued new advice on the switching between different manufacturers' products of a particular drug for patients being managed for epilepsy.

Antiepileptic drugs have been divided into 3 categories (see table below) in order to determine whether it is necessary to maintain continuity of supply of a specific manufacturer's product.

The categories relate only to the treatment of epilepsy, it does not apply to the use of these drugs for other indications e.g. mood stabilisation, neuropathic pain.

If a patient has to be maintained on a particular product this should be prescribed by brand name or the name of the manufacturer should be stated on the prescription.

In order to maintain continuity of supply, when a specified product is unavailable, pharmacists may dispense a product from a different manufacturer if discussed and agreed with both the prescriber and patient/carer.

<table>
<thead>
<tr>
<th>Category</th>
<th>Anti-epileptic drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1 – Ensure patient is maintained on a specific manufacturer's product</td>
<td>Carbamazepine, phenobarbital, phenytoin, primidone</td>
</tr>
<tr>
<td>Category 2 – Need for continued supply of a particular manufacturer’s product should be based on clinical judgement and consultation with patient and/or carer. Taking into account factors such as seizure frequency and treatment history.</td>
<td>Clobazam, clonazepam, eslicarbazepine, lamotrigine, oxcarbazepine, perampanel, retigabine, rufinamide, sodium valproate, topiramate, zonisamide</td>
</tr>
<tr>
<td>Category 3 – Usually unnecessary to ensure patients are maintained on a specific manufacturer’s product unless specific patient reason e.g. patient anxiety and risk of confusion or dosing errors.</td>
<td>Ethosuximide, gabapentin, lacosamide, levetiracetam, pregabalin, tiagabine, vigabatrin</td>
</tr>
</tbody>
</table>

The Fife Formulary section on antiepileptics has been updated to reflect the MHRA advice.

Reference

Guidance Documents

The following guidance documents have been approved for use by the ADTC:

**New**

Appendix 4F - Guidance for the use of Pharmacological Agents for the Treatment of Anxiety Disorders in Adults
The guidance provides advice on symptoms associated with anxiety, differential diagnosis to be considered, classification of anxiety disorders, non-pharmacological and pharmacological management of patients.

**New**

Guidance on the Management of Patients with a Splenectomy and Dysfunctional Spleen Prophylaxis
The guidance provides recommendations for the prevention of infection in patients with an absent or dysfunctional spleen e.g. patients with sickle cell disease, those who have received therapeutic splenic irradiation or those with active chronic-graft-versus-host disease.

The following areas are covered in the guidance - when to immunise patients, which immunisations patients should receive, the use of antibiotic prophylaxis (antibiotic choices, duration of treatment), information that should be provided to patients including foreign travel, dealing with animal bites.

**Updated**

**Guidance on the use of Vancomycin and Gentamicin**
NHS Fife guidance on the use of vancomycin and gentamicin have been reviewed and updated. Updated versions along with dose calculators can be accessed via the ADTC website.

**Updated**

**Penicillin Allergy**
The guidance provides advice on the appropriate prescribing of antibiotics in patients with Type 1 penicillin allergy. The guidance lists –

- Antibiotics that are contraindicated in patients with penicillin allergy e.g. amoxicillin, co-amoxiclav, flucloxacillin, piperacillin, temocillin.
- Antibiotics that should be used with caution e.g. cefalosporins, aztreonam, meropenem, ertapenem.
- And those antibiotics that are considered safe to use in patients with Type 1 penicillin allergy.

Copies of all the above guidance documents can be accessed/downloaded from the ADTC website by clicking on the link for Fife Formulary or via the Fife Formulary Quicklinks on the NHS Fife intranet homepage.
### SMC Recommendations

**Medicines accepted for use by SMC**

**Formulary Choices** - Products that are recommended within Fife and should be used in the majority of patients.

**Restricted Use** - Products that have been approved by the SMC for a limited indication or for a niche group of patients. Appropriate for them to be prescribed for patient groups that have been approved by the SMC / Fife ADTC.

**Not Preferred** - Products that have been approved by the SMC but agreed in Fife that suitable Formulary choices are already available. These products should only be used when Formulary products have been ineffective, not tolerated or are contra-indicated.

<table>
<thead>
<tr>
<th>Product</th>
<th>Indication Assessed</th>
<th>Fife ADTC Decision &amp; Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>** Atomoxetine 10mg, 18mg, 25mg, 40mg, 60mg, 80mg and 100mg capsules** <em>(Strattera®)</em></td>
<td>Treatment of attention-deficit/hyperactivity disorder (ADHD) in adults as part of a comprehensive treatment programme. The presence of symptoms that were pre-existing in childhood should be confirmed.</td>
<td>Approved for 2&lt;sup&gt;nd&lt;/sup&gt; line use for initiation in adults. Specialist initiation only. 1&lt;sup&gt;st&lt;/sup&gt; line choice Methylphenidate (off-label for initiating in adults). Atomoxetine should normally be used 2&lt;sup&gt;nd&lt;/sup&gt; line in patients who do not respond to methylphenidate or when methylphenidate is contraindicated or not tolerated. May be used 1&lt;sup&gt;st&lt;/sup&gt; line in patients where drug diversion is a concern or if substance misuse is also an issue.</td>
</tr>
<tr>
<td>** Ranibizumab, 10mg/mL, solution for injection** <em>(Lucentis®)</em></td>
<td>Treatment for visual impairment due to choroidal neovascularisation secondary to pathologic myopia in adults.</td>
<td>Included on the Fife Formulary for this indication.</td>
</tr>
<tr>
<td>** Saxagliptin 2.5mg and 5mg film-coated tablets** <em>(Onglyza®)</em></td>
<td>In adult patients aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control as triple oral therapy in combination with metformin plus a sulphonylurea when this regimen alone, with diet and exercise, does not provide adequate glycaemic control. <strong>SMC restriction:</strong> as an alternative dipeptidyl peptidase-4 inhibitor option.</td>
<td>Included on the Fife Formulary as a 2&lt;sup&gt;nd&lt;/sup&gt; choice gliptin. Sitagliptin 1&lt;sup&gt;st&lt;/sup&gt; choice.</td>
</tr>
<tr>
<td>** Eliotmopag, 25mg, 50mg, 75mg film-coated tablets** <em>(Revolade®)</em></td>
<td>In adult patients with chronic hepatitis C virus infection, for the treatment of thrombocytopenia, where the degree of thrombocytopenia is the main factor preventing the initiation or limiting the ability to maintain optimal interferon-based therapy.</td>
<td>Included on the Fife Formulary for this indication. Hospital use only.</td>
</tr>
<tr>
<td>** Vemurafenib 240mg film-coated tablet** <em>(Zelboraf®)</em></td>
<td>Monotherapy for the treatment of adult patients with BRAF V600 mutation-positive unresectable or metastatic melanoma. <strong>SMC restriction:</strong> for use in the first-line treatment of BRAF V600 mutation-positive unresectable or metastatic melanoma.</td>
<td>Not included pending protocol. Await Lothian Formulary Committee decision following SCAN submission.</td>
</tr>
</tbody>
</table>
| ** Ondansetron 4mg, 8mg orodispersible films** *(Setofilm®)* | In adults:  
- Prophylaxis of acute nausea and vomiting induced by moderately emetogenic chemotherapy.  
- Prophylaxis and treatment of delayed nausea and vomiting induced by moderately to highly emetogenic chemotherapy.  
- Prophylaxis and treatment of acute and delayed nausea and vomiting induced by highly emetogenic radiotherapy.  
- Prophylaxis and treatment of post-operative nausea and vomiting (PONV). In paediatric populations:  
- Management of chemotherapy-induced nausea and vomiting in children aged ≥6 months.  
- Prophylaxis and treatment of post-operative nausea and vomiting (PONV) in children aged ≥4 years. | Not included on the Fife Formulary because clinicians do not support formulary inclusion for this formulation. ‘Not preferred’. Ondansetron tablets are the Fife Formulary choice. Specialist initiation only. |
## SMC Recommendations
Medicines accepted for use by SMC

<table>
<thead>
<tr>
<th>Product</th>
<th>Indication Assessed</th>
<th>Fife ADTC Decision &amp; Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium phenylbutyrate granules 483mg/g (Pheburane®)</td>
<td>Adjunctive therapy in the chronic management of urea cycle disorders, involving deficiencies of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinate synthetase.</td>
<td>Not included on the Fife Formulary because clinicians do not support Formulary inclusion. Specialist tertiary centre use.</td>
</tr>
<tr>
<td>Axitinib, 1mg and 5mg, film-coated tablets (Inlyta®)</td>
<td>Treatment of adult patients with advanced renal cell carcinoma (RCC) after failure of prior treatment with sunitinib or a cytokine</td>
<td>Not included pending protocol. Await Lothian Formulary Committee decision following SCAN submission.</td>
</tr>
<tr>
<td>Enzalutamide 40mg soft capsules (Xtandi®)</td>
<td>Treatment of adult men with metastatic castration-resistant prostate cancer (mCRPC) whose disease has progressed on or after docetaxel therapy.</td>
<td>Not included pending protocol. Await Lothian Formulary Committee decision following SCAN submission.</td>
</tr>
<tr>
<td>Vildagliptin 50mg tablets (Galvus®)</td>
<td>Treatment of type 2 diabetes mellitus in adults as triple oral therapy in combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these medicinal products do not provide adequate glycaemic control. SMC restriction: as an alternative dipeptidyl peptidase-4 inhibitor option.</td>
<td>Not included on the NHS Fife Formulary because the Board decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question. ‘Not preferred’ Formulary choices 1st Sitagliptin 2nd Saxagliptin</td>
</tr>
<tr>
<td>Mannitol 40mg inhalation powder hard capsule (Bronchitol®)</td>
<td>Treatment of cystic fibrosis (CF) in adults aged 18 years and above as an add-on therapy to best standard of care.</td>
<td>Not included on the Fife Formulary because clinicians do not support formulary inclusion. Specialist tertiary centre use only.</td>
</tr>
<tr>
<td>Pirfenidone 267mg capsule (Esbriet®)</td>
<td>In adults for the treatment of mild to moderate idiopathic pulmonary fibrosis (IPF). SMC restriction: For use in patient with a predicted forced vital capacity (FVC) less than or equal to 80%.</td>
<td>Included on the Fife Formulary for the treatment of adults with mild to moderate idiopathic pulmonary fibrosis with a forced vital capacity ≤ 80% predicted. Treatment should be in line with the NHS Fife Pirfenidone Protocol. Hospital use only.</td>
</tr>
<tr>
<td>Nalmefene 18mg film-coated tablets (Selincro®)</td>
<td>The reduction of alcohol consumption in adult patients with alcohol dependence who have a high drinking risk level (DRL), without physical withdrawal symptoms and who do not require immediate detoxification. Nalmefene should only be prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption. Nalmefene should be initiated only in patients who continue to have a high DRL two weeks after initial assessment.</td>
<td>Not included on the Fife Formulary as clinicians do not support formulary inclusion.</td>
</tr>
</tbody>
</table>
**Medicines not recommended by SMC**
*(Require the submission and approval of an IPTR before prescribing)*

**Bosutinib 100mg, 500mg film-coated tablets (Bosulif®)** is not recommended for treatment of adult patients with chronic phase, accelerated phase, and blast phase Philadelphia chromosome positive chronic myelogenous leukaemia previously treated with one or more tyrosine kinase inhibitor(s) and for whom imatinib, nilotinib and dasatinib are not considered appropriate treatment options.

**Canakinumab (Ilaris®) 150mg powder for solution for injection** is not recommended for treatment of active Systemic Juvenile Idiopathic Arthritis (SJIA) in patients aged two years and older who have responded inadequately to previous therapy with non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids.

**Lapatinib (Tyverb®) 250 mg film-coated tablets** is not recommended for treatment of adult patients with breast cancer, whose tumours overexpress HER2 (ErbB2) in combination with trastuzumab for patients with hormone receptor-negative metastatic disease that has progressed on prior trastuzumab therapy(ies) in combination with chemotherapy.

**Azelastine hydrochloride 137micrograms plus fluticasone propionate 50micrograms per actuation nasal spray (Dymista® nasal spray)** is not recommended for the relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient.

**Micronized progesterone (Utrogestan Vaginal®) 200 mg capsules** is not recommended for supplementation of the luteal phase during Assisted Reproductive Technology (ART) cycles.

**Imiquimod (Zyclara®) 3.75% cream** is not recommended for topical treatment of clinically typical, nonhyperkeratotic, nonhypertrophic, visible or palpable actinic keratosis (AK) of the full face or balding scalp in immunocompetent adults when other topical treatment options are contraindicated or less appropriate.

**Cefuroxime sodium (Aprokam®) 50 mg powder for solution for injection** is not recommended for antibiotic prophylaxis of postoperative endophthalmitis after cataract surgery.

**Botulinum toxin type A 50, 100, 200 Allergan units (Botox®)** is not recommended for management of bladder dysfunctions in adult patients with overactive bladder with symptoms of urinary incontinence, urgency and frequency who are not adequately managed with anticholinergics.

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**Summary of Approved Lothian Formulary Committee Decisions for SCAN**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Indication Assessed</th>
<th>Place in Therapy</th>
<th>Lothian Formulary Committee Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crizotinib, 200mg and 250mg, hard capsule (Xalkori®)</td>
<td>Treatment of adults with previously treated anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC).</td>
<td>Crizotinib would replace current second-line treatment docetaxel chemotherapy 1st line treatment would be a platinum based chemotherapy regimen.</td>
<td>Included on the Additional List Specialist hospital use only.</td>
</tr>
</tbody>
</table>

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**Dates for 2014 ADTC Meetings**

<table>
<thead>
<tr>
<th>ADTC meeting</th>
<th>Deadline for submission of papers and agenda items</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 April</td>
<td>31 March</td>
</tr>
<tr>
<td>18 June</td>
<td>02 June</td>
</tr>
<tr>
<td>20 August</td>
<td>04 August</td>
</tr>
<tr>
<td>15 October</td>
<td>29 September</td>
</tr>
<tr>
<td>17 December</td>
<td>01 December</td>
</tr>
</tbody>
</table>

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**Contact the Clinical Effectiveness Pharmacist on 01592 226915 for advice on making a formulary submission or for clarification on the process for approval of guidance documents.**

**The information provided in this bulletin is correct at the time of publishing but is subject to change as new clinical information becomes available.**

**If you require this newsletter in alternative formats please call 01592 226915**