Update from Fife Area Drug and Therapeutics Committee

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Fife Formulary Changes

Section 9 – Nutrition and Blood

Key changes to section 9 (Nutrition and Blood) include the following -

- 1st choice oral iron preparation is ferrous sulphate, 2nd choices are ferrous fumarate or sodium feredate liquid (Sytron®).
- Combined iron/folic acid products e.g. Pregaday® are now non-formulary and should not be routinely prescribed.
- Women taking anti-epileptic drugs, with diabetes, with coeliac disease, with sickle cell anaemia or with a BMI >30 should all be prescribed 5mg folic acid daily before conception and during the 1st 12 weeks of pregnancy (rather than folic acid 400microgrammes).
- Wysoy® is no longer recommended as a formulary option for babies with cow’s milk protein allergy. Nutramigen products should be used instead.
- Preferred formulary options for magnesium supplements have been updated to clarify which products should be prescribed.
- Fluoride supplements for dental care, including high strength fluoride toothpastes, should only be prescribed by dentists.
- Clarification on patients who should be tested for vitamin D deficiency.

Section 15 (Anaesthesia)

Key changes to section 15 (Anaesthesia) include the following –

- New sections have been added on Formulary choices for use as topical anaesthetics and those used by dentists.

The Fife Formulary can be accessed / downloaded from the ADTC website www.fifeadtc.scot.nhs.uk/ by clicking on the link for Fife Formulary or via the Fife Formulary Quicklinks on the NHS Fife intranet homepage.

Gluten Free Food Formulary

The latest changes to the Gluten free food formulary are –

- Additions - Glutafin® G/F W/F crackers, Glutafin® G/F W/F Multipurpose fibre mix
- Deletion – Orgran® G/F self raising flour 500g – removed due to excessive delivery charge

A copy of the updated Formulary and Patient List has been sent out to all GP Practices and Community Pharmacies – further copies can be downloaded from the ADTC website www.fifeadtc.scot.nhs.uk/ by clicking on the link for Fife Formulary or via the Community Pharmacy Scotland Website.
**Safety Alerts**

**Changes to Nitrofurantoin Contraindication in Patients with Renal Impairment**

The MHRA Drug Safety Update¹ has recently advised on changes to the use of nitrofurantoin in patients with renal impairment.

Nitrofurantoin is used for the treatment and prevention of urinary tract infections. The antibacterial efficacy in this infection depends on the renal secretion of nitrofurantoin into the urinary tract. In patients with renal impairment, renal secretion of nitrofurantoin is reduced. This may reduce the antibacterial efficacy, increase the risk of side effects (e.g., nausea, vomiting, loss of appetite), and may result in treatment failures.

Nitrofurantoin was previously contraindicated in patients with a creatinine clearance of less than 60 ml/min. After review of the evidence, nitrofurantoin is now contraindicated in patients with an estimated glomerular filtration rate (eGFR) less than 45 ml/min. The NHS Fife Antimicrobial Management Team are currently reviewing the MHRA advice and will be updating local guidance accordingly.

**Key Messages:**
- Nitrofurantoin is contraindicated in patients with an estimated glomerular filtration rate (eGFR) of less than 45 ml/min.
- Nitrofurantoin should not be used to treat sepsis syndrome secondary to urinary tract infection or suspected upper urinary tract infections.
- Consider checking renal function when choosing to treat with nitrofurantoin, especially in the elderly.
- Closely monitor for signs of pulmonary, hepatic, neurological, haematological, and gastrointestinal side effects during treatment.


**Denosumab and the Risk Of Osteonecrosis of the Jaw/Hypocalcaemia**

The MHRA have recently issued² new safety information regarding the risk of osteonecrosis of the jaw (ONJ) and hypocalcaemia with patients prescribed denosumab. Denosumab is available as 2 strengths 60mg (Prolia®) – 6 monthly injection for osteoporosis and a 120mg injection (Xgeva®) – 4 weekly injection for the prevention of skeletal related events in adults with bone metastases from solid tumours.

**Osteonecrosis of the Jaw**

Denosumab 60 mg (osteoporosis indication)
- Check for ONJ risk factors before starting denosumab 60 mg. A dental examination and appropriate preventive dentistry are now recommended for patients with risk factors.
- Risk factors for ONJ include being older than 65 years of age, invasive dental procedures (e.g., tooth extractions, dental implants, oral surgery), history of bisphosphonate therapy.
- Tell all patients to maintain good oral hygiene, receive routine dental check-ups, and immediately report any oral symptoms such as dental mobility, pain, or swelling to a doctor or dentist.

**Hypocalcaemia**

Denosumab is also associated with a risk of hypocalcaemia. This risk increases with the degree of renal impairment. Hypocalcaemia usually occurs in the first weeks of denosumab treatment, but it can also occur later.

Calcium levels should now be monitored as follows:
- Denosumab 60 mg (osteoporosis indication)
  - before each dose
  - within two weeks after the initial dose in patients with risk factors for hypocalcaemia (e.g., severe renal impairment, creatinine clearance <30 ml/min)
  - if suspected symptoms of hypocalcaemia occur.

Tell all patients to report symptoms of hypocalcaemia to their doctor (e.g., muscle spasms, twitches, or cramps; numbness or tingling in the fingers, toes, or around the mouth).

For safety information relating to the prescribing of Xgeva® refer to the MHRA Drug Safety Update².
The following cardiovascular guidance documents have recently been reviewed and updated by the Vascular MCN and approved for use in NHS Fife by the ADTC -

- **Guidance on Management of Hypertension (Appendix 2A)** – No significant changes compared to previous version. Includes information on lifestyle modifications, appropriate measurement of blood pressure, treatment targets, criteria for referral to specialists and appropriate drug choices.

- **Prevention of Cardiovascular Disease (Appendix 2B)** – Appendix updated to reflect wording in latest JBS3 Guidelines. Electronic links to local appendices/guidance included.

- **Medical Management of Chronic Stable Angina (Appendix 2E)** – The potential use of cardioselective beta-blockers in patients with either asthma or COPD has been clarified.

Dieticians have recently reviewed and updated the following guidance documents which have been approved for use in NHS Fife by the ADTC -

- **Guidance on the Appropriate use of Oral Nutritional Supplements in the Community (Adults) (Appendix 9A)** - No significant changes compared to previous version. This guidance provides information relating to the following areas –
  - Advice on determining if a patient is clinically malnourished.
  - The use of “Food First” dietary information sheets e.g. how to maintain calorie intake, nourishing drinks, high calorie snack list and a patient guide to nutritional supplements.
  - The appropriate use of oral nutritional supplements.
  - Specific guidance on the appropriate use of ONS in Palliative Care and Substance Misuse.

- **NHS Fife Guidance on the Diagnosis and Management of Infants with Suspected Cow’s Milk Protein Allergy (CMPA) (Appendix 9B)**

  Contains information relating to the following areas –
  - A care pathway for infants with suspected CMPA.
  - Taking an allergy focused clinical history.
  - Introduction of specialist formulas in primary care.
  - Formulary choices for specialist hypoallergenic formulas are Nutramigen® 1 and 2. Wysoy® is no longer recommended.
  - Advice on the quantity of tins that should be prescribed on a monthly basis.

Further copies of any of the above guidance documents can be accessed / downloaded from the ADTC website.

The editorial team at ADTC Bulletin would like to thank you for reading the newsletter throughout the year - we hope you find it informative, timely and relevant. We’d like to wish you all a Merry Christmas and a Happy New Year for 2015. If you have any suggestions for articles/ safety alerts or formulary issues, please do not hesitate to contact Ishtiaq Mohammed on 01592 226915.
### SMC Recommendations
**Medicines accepted for use by SMC**
www.scottishmedicines.org.uk/SMC_Advice/Advice_Directory/SMC_Advice_Directory/

**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>
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<tbody>
<tr>
<td>Simeprevir 150mg hard capsules (Olysio®)</td>
<td>In combination with other medicinal products for the treatment of chronic hepatitis C in adult patients.</td>
<td>Included on the Fife Formulary. Hospital specialist use only. Boceprevir to be removed from the Fife Formulary.</td>
</tr>
<tr>
<td>Fingolimod, 0.5mg, hard capsules (Gilenya®)</td>
<td>Single disease modifying therapy in highly active relapsing remitting multiple sclerosis for the following adult patient groups: Patients with high disease activity despite treatment with at least one disease modifying therapy. or Patients with rapidly evolving severe relapsing remitting multiple sclerosis defined by two or more disabling relapses in one year, and with one or more Gadolinium enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to a previous recent MRI.</td>
<td>Included on the Fife Formulary for the treatment of patients with rapidly evolving severe relapsing remitting multiple sclerosis. Alternative to natalizumab. Hospital use only.</td>
</tr>
<tr>
<td>Capsaicin, 179mg, cutaneous patch (Qutenza®)</td>
<td>Treatment of peripheral neuropathic pain in non-diabetic adults either alone or in combination with other medicinal products for pain. <strong>SMC restriction:</strong> for use in patients who have not achieved adequate pain relief from, or have not tolerated, conventional first and second line treatments.</td>
<td>Included on the Fife Formulary for restricted use. Restricted to the treatment of adults with peripheral neuropathic pain (non-diabetics) or post-herpetic neuralgia who have not achieved adequate pain relief from or who have not tolerated conventional first, second and third-line oral treatments. Hospital use only by specialists in pain management.</td>
</tr>
<tr>
<td>Brentuximab vedotin (Adcetris®) 50mg powder for concentrate for solution for infusion</td>
<td>Treatment of adult patients with relapsed or refractory CD30+ Hodgkin lymphoma (HL): 1. following autologous stem cell transplant (ASCT) or 2. following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option and treatment of adult patients with relapsed or refractory systemic anaplastic large cell lymphoma (sALCL). <strong>SMC restriction:</strong> treatment of adult patients with relapsed or refractory CD30+ Hodgkin lymphoma (HL): 1. following autologous stem cell transplant (ASCT) or 2. following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option.</td>
<td>Included on the Fife Formulary for the treatment of adult patients with relapsed or refractory CD30+ Hodgkin lymphoma (HL): 1. following autologous stem cell transplant (ASCT) or 2. following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option. Hospital use only by haematology.</td>
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# SMC Recommendations

**Medicines accepted for use by SMC**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Description</th>
<th>SMC Restriction</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Posaconazole 100mg gastro-resistant tablets (Noxafil®)</td>
<td>Treatment and prophylaxis of fungal infections.</td>
<td>SMC restriction: to patients in whom there is a specific risk of Aspergillus infection or where fluconazole or itraconazole are not tolerated on the advice of local microbiologists or specialists in infectious diseases.</td>
<td>Included on the Fife Formulary as an alternative to posaconazole suspension. Restricted hospital use only. (See restricted antimicrobial list).</td>
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<tr>
<td>Alogliptin, 25mg, 12.5mg, 6.25mg, film-coated tablets (Vipidia®)</td>
<td>For adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control in combination with other glucose lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control.</td>
<td>SMC restriction: dual therapy in combination with metformin in combination with a sulfonylurea</td>
<td>Not included on the Fife Formulary as clinicians do not support formulary inclusion. Not preferred. Fife Formulary choice gliptins are - 1st choice sitagliptin 2nd choice saxagliptin</td>
</tr>
<tr>
<td>Lurasidone, 18.5mg, 37mg, 74mg film-coated tablets (Latuda®)</td>
<td>Treatment of schizophrenia in adults aged 18 years and over.</td>
<td>SMC Restriction: as an alternative treatment option in patients in whom it is important to avoid weight gain and metabolic adverse effects.</td>
<td>Not included on the Fife Formulary because NHS Fife’s decision is that the medicine does not represent sufficient added benefit to other comparator medicines. Not preferred. Current Fife Formulary antipsychotics are - 1st Choice Chlorpromazine, Olanzapine and Risperidone. 2nd Choice Aripiprazole (Abilify®), Haloperidol and Quetiapine (standard tablets).</td>
</tr>
<tr>
<td>Misoprostol, 200 microgram, vaginal delivery system (Mysodelle®)</td>
<td>Induction of labour in women with an unfavourable cervix, from 36 weeks gestation, in whom induction is clinically indicated.</td>
<td></td>
<td>Not included on the Fife Formulary pending protocol.</td>
</tr>
<tr>
<td>Alogliptin 12.5mg plus metformin1000mg combination tablet (Vipdomet®)</td>
<td>Treatment of adult patients aged 18 years and older with type 2 diabetes mellitus.</td>
<td>SMC restriction: to use in patients for whom this fixed dose combination of alogliptin and metformin is an appropriate choice of therapy and only when the addition of a sulphonylurea to metformin monotherapy is not appropriate.</td>
<td>Not included on the Fife Formulary as clinicians do not support formulary inclusion. Not preferred. Fife Formulary choice gliptins are - 1st choice sitagliptin 2nd choice saxagliptin</td>
</tr>
<tr>
<td>Azelastine hydrochloride 137micrograms plus fluticasone propionate 50micrograms per actuation nasal spray (Dymista® nasal spray)</td>
<td>Relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient.</td>
<td></td>
<td>Not included on the Fife Formulary as clinicians do not support formulary inclusion. Not preferred. Fife Formulary choice steroid nasal sprays are - Beclometasone Mometasone Futicasone furoate (Avamys®)</td>
</tr>
<tr>
<td>Dabigatran etexilate, 110mg, 150mg capsules (Pradaxa®)</td>
<td>Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults.</td>
<td></td>
<td>Not included on the Fife Formulary as clinicians do not support formulary inclusion. Not preferred. Fife Formulary choice NOAC for this indication is rivaroxaban.</td>
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<tr>
<td>Empagliflozin 10mg and 25mg tablet (Jardiance®)</td>
<td>Treatment of type 2 diabetes to improve glycaemic control in adults as add-on combination therapy: in combination with other glucose–lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control.</td>
<td></td>
<td>Not included on the Fife Formulary as clinicians do not support formulary inclusion. Not preferred. Fife Formulary ‘gliiflozin’ is dapagliflozin. (Restricted to use with insulin only).</td>
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Medicines not recommended by SMC
(Require the submission and approval of an IPTR before prescribing)

www.scottishmedicines.org.uk/SMC_Advice/Advice_Directory/SMC_Advice_Directory/

**Golimumab (Simponi®)** - Treatment of moderately to severely active ulcerative colitis in adult patients who have had an inadequate response to conventional therapy including corticosteroids and mercaptopurine or azathioprine, or who are intolerant to or have medical contraindications for such therapies.

**Tetracaine / lidocaine (Pliaglis®)** - Local dermal anaesthesia on intact skin prior to dermatological procedures in adults

**Trastuzumab emtansine (Kadcyla®)** - As a single agent, for the treatment of adult patients with human epidermal growth factor type 2 (HER2)-positive, unresectable locally advanced or metastatic breast cancer who

### Dates for 2015 ADTC Meetings

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<tr>
<th>ADTC meeting</th>
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<tr>
<td>18th February</td>
<td>2nd February</td>
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<tr>
<td>15th April</td>
<td>30th March</td>
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<td>17th June</td>
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<td>21st October</td>
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<td>16th December</td>
<td>30th November</td>
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Contact Ishtiaq Mohammed, 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