Area Drug and Therapeutics Committee Prescribing Supplement
No 2 October 2003

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The Lanarkshire Joint Formulary - Progress Report

The joint formulary meeting held at Strathclyde Fire Brigade HQ on 28 August proved to be a very useful and well attended meeting with a good cross-section of health care professionals from NHS Lanarkshire. The consensus of opinion was to favour the development of a single prescribing formulary for Lanarkshire based on other good examples from other NHS Boards in Scotland. The speaker presentations on that evening provided an insight into the extensive development work that was required to produce the Lothian Joint Formulary.

As a result of this meeting and following the last meeting of the Lanarkshire Area Drug and Therapeutics Committee it was agreed that NHS Lanarkshire should follow the Lothian formulary model and develop a suitable document to cover recommendations in both Trusts. There was also a strong consensus of opinion that the Lanarkshire formulary should be developed within a fairly short timescale and certainly within the next 4 months at the latest.

The next steps are therefore to –

- Agree suitable formats for the formulary e.g. paper copy, web version and electronic copy for GPASS system.
- Agreement on the content of each therapeutic section in case there are significant differences between Lothian and Lanarkshire drug choices
- Establish a Joint Formulary Implementation Group to oversee –
  - Publication of the formulary
  - Available formats
  - IT issues relating to electronic and GPASS versions of the formulary
  - Implementation strategy
- Establish formulary review groups for the following therapeutic sections of the formulary
  - Cardiovascular
  - Respiratory
• Rheumatology and other musculoskeletal disorders
• Gastroenterology
• Antimicrobials and infection
• Diabetes
• Palliative care and pain control
• Mental Health drug prescribing
• Dermatology
• Contraception and HRT
• ENT
• Ophthalmology
• Oncology/haematology
• Urology
• Tissue viability and wound management

Membership of the groups

• Three hospital specialists
• Three general practitioners
• Two pharmacists (one from acute trust, one from primary care)
• Nursing input where appropriate
• Formulary Pharmacist

Group tasks

❖ Review the previous Lanarkshire formulary section and the Lothian formulary section
❖ Agree a new Lanarkshire formulary section
❖ Continue with twice yearly meetings to advise the ADTC on addition or removal of established drugs from the formulary
❖ Consider applications from Lanarkshire prescribers for formulary addition of an established drug (i.e. those not reviewed by the SMC.

Points for consideration

❖ Consider only one drug from each therapeutic class along with one acceptable alternative
❖ Consider whether all drugs in the formulary sections are still necessary or could be removed or replaced by an alternative.
❖ Implications of new treatment guidelines and evolving therapeutic evidence

Those wishing to join the specialist groups should notify their interest to –

Mr A Thorburn, Formulary Pharmacist, at the address printed at the foot of the prescribing supplement. Notifications of interest by Tuesday 28 October would be appreciated.

The SMC has the responsibility for making recommendations to all NHS Boards and their Area Drug and Therapeutics Committees (ADTCs) about the status of all newly licensed medicines, all major new formulations of existing medicines and any major new...
indications for established products. The advice is issued as soon as possible after marketing of the medicine.

NHS Lanarkshire ADTC recommends that new drugs should not be prescribed until the Scottish Medicines Consortium (SMC) has provided advice and the decision to add the new medicine to the Lanarkshire Joint Formulary has been agreed by the ADTC.

The following new medicines are currently awaiting review by the SMC and should not be prescribed in Lanarkshire until a recommendation is made by the SMC and the Lanarkshire ADTC –

- Cilostazol (Pletal®) Treatment of intermittent claudication
- Olmesartan (Olmetec®) Angiotensin II antagonist for the treatment of hypertension
- Travoprost (Travatan®) Treatment of glaucoma
- Pimecrolimus (Elidel®) Topical treatment of atopic dermatitis
- Methyl aminolevulinate (Metvix®) Topical treatment of actinic keratosis
- Methyl aminolevulinate (Metvix®) Topical treatment of basal cell carcinoma
- Testosterone gel (Testogel®) Male hormone replacement
- Ibandronate (Bonjive®) Parenteral treatment for tumour induced hypercalcaemia
- Teriparatide (Forsteo®) Treatment of established osteoporosis
- Ertapenem (Invanz) Parenteral antibiotic
- Pegylated liposomal doxorubicin (Caelyx®) Cytotoxic agent

Reviews of the above new medicines are due to be completed by the end of 2003.

Marketing of new medicines by Pharmaceutical companies.

The SMC has recently recommended that anybody quoting SMC advice (including representatives of pharmaceutical companies and the media) must quote all of the advice. This will avoid any confusion over the terminology used by the SMC. The SMC will continue to use the following in their recommendations -

- Recommendation for general use in NHS Scotland
- Recommendation for restricted use
- Not recommended

A recommendation for ‘general use’ does not necessarily mean that the SMC advises Health Boards to add this drug to their formulary but rather that the drug could be prescribed by any suitably qualified prescriber. A recommendation for ‘restricted use’ restricts either the category of prescriber or the indication for use beyond the limits set by the license.

The following recommendations have been published by the SMC and reviewed by the Lanarkshire ADTC during October 2003 -
<table>
<thead>
<tr>
<th>Date of SMC recommendation</th>
<th>Drug/product</th>
<th>Indication</th>
<th>SMC recommendation</th>
<th>Lanarkshire recommendation and ADTC comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/10/03 No 63/03</td>
<td>Modafinil (Provigil®)</td>
<td>Not recommended for use in NHS Scotland. Modafinil may have a small beneficial effect on daytime sleepiness suffered by patients with obstructive sleep apnoea/hypoapnoea syndrome and thus improves some quality of life assessments. However, the economic case for its use within NHS Scotland has not been demonstrated in the data submitted.</td>
<td>Not approved for use in NHS Lanarkshire.</td>
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<tr>
<td>13/10/03 No 66/03</td>
<td>Mirtazapine (Zispin SolTab®)</td>
<td>New formulation of existing treatment for depression</td>
<td>Recommended for general use in NHS Scotland. Zispin SolTab® is an orodispersible tablet formulation, which is less expensive than mirtazapine tablets of the same dose and is therefore a suitable alternative preparation in patients receiving this drug for the treatment of depressive illness.</td>
<td>Approved for use in NHS Lanarkshire with the new formulation added to the existing formulations of mirtazapine already in the formulary.</td>
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<tr>
<td>13/10/03 No 67/03</td>
<td>Pegfilgrastim (Neulasta®)</td>
<td>To reduce the duration of neutropenia and the incidence of febrile neutropenia in patients treated with cytotoxic chemotherapy within the context of current practice guidelines</td>
<td>Recommended for restricted use within NHS Scotland. Pegfilgrastim is a pegylated form of colony stimulating factor (CSF), with a sustained duration of action allowing administration once per chemotherapy cycle. It has benefits of convenience for patients and staff.</td>
<td>The ADTC noted the SMC recommendation but agreed to refer this drug to the haematologists for further information and to provide a business case for use.</td>
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<tr>
<td>13/10/03 No 69/03</td>
<td>Moxifloxacin (Avelox®)</td>
<td>Treatment of community acquired pneumonia caused by bacteria susceptible to moxifloxacin</td>
<td>Recommended for restricted use in NHS Scotland. Moxifloxacin, a new fluoroquinolone antibiotic, should be reserved as a second line treatment for community acquired pneumonia in accordance with British Thoracic Society (BTS) and Scottish Intercollegiate Guidelines Network (SIGN) guidance.</td>
<td>The ADTC agreed to recommend moxifloxacin, for use in Lanarkshire, as a second line therapy for this indication. To be added to the formulary but referred to the antimicrobial sub-group for further comments about place in therapy.</td>
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<tr>
<td>13/10/03 No 70/03</td>
<td>Moxifloxacin (Avelox®)</td>
<td>Treatment of acute exacerbations of chronic bronchitis caused by bacteria susceptible to moxifloxacin</td>
<td><strong>Recommended for restricted use in NHS Scotland.</strong> Moxifloxacin, a new fluoroquinolone antibiotic, for the treatment of acute exacerbations of chronic bronchitis, should be restricted to patients who fail to respond to conventional therapy or in whom this is contra-indicated. Its use should be in accordance with British Thoracic Society (BTS) and Scottish Intercollegiate Guidelines Network (SIGN) guidance.</td>
<td>The ADTC agreed to recommend moxifloxacin, for use in Lanarkshire, as a second line therapy for this indication. To be added to the formulary but referred to the antimicrobial sub-group for further comments about place in therapy.</td>
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<tr>
<td>13/10/03 No 72/03</td>
<td>Calcium phosphate and cholecalciferol (Calfovit D3®)</td>
<td>Correction of calcium and vitamin D deficiency in the elderly</td>
<td><strong>Recommended for general use in NHS Scotland.</strong> This product is a once-daily formulation of calcium and cholecalciferol and is an appropriate less expensive alternative to existing treatments</td>
<td>Approved for use in NHS Lanarkshire and added to the formulary as an alternative formulation choice to Adcal-D3®tablets.</td>
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