PostScriptOncology

NHS Greater Glasgow and Clyde

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In this issue:

1. New GGC prescribing website

A dedicated website aimed at providing key information on prescribing and medicines use for prescribers in NHS Greater Glasgow and Clyde (www.ggcprescribing.org.uk) went live in November 2011. It can be accessed from any device with an internet connection and if viewed on a mobile phone or similar portable device, the Formulary search facility and content is automatically resized to make it easier to read on a small screen.

The core focus of the site is the Greater Glasgow and Clyde Medicines Formulary (the GGC Formulary), which is updated following each Area Drug and Therapeutic Committee (ADTC) meeting. This replaces the previous printed editions of the GGC Formulary. A useful feature is that , if the site is accessed from the NHS GGC network, many of the medicines also have links to the British National Formulary.

Key features of the website include:

- Live integrated GGC Adult Formulary Database that is searchable by drug name or by navigating by BNF classification
- Dedicated mobile site for accessing Formulary information on mobile phones
- A link to *Therapeutics: A Handbook for Prescribing in Adults.*
- GGC policies & procedures on the management of medicines
- Links to the Clinical Guidelines portal on StaffNet.
- Access to PostScript range of bulletins (soon to include PostScript Oncology) and the option to subscribe electronically to these bulletins via email or a RSS feed
- A designated patient information area allows members of the public to obtain information about access to new medicines on the NHS
- A discussion forum for prescribers from within NHS GGC (initially aimed at non-medical prescribers) to share best practice and discuss issues of relevance to their practice.

2. Guideline news – local and national

New NICE clinical guidelines on Colorectal cancer have recently been published. See www.nice.org.uk

Coming soon…….Updated West of Scotland Cancer Network (WoSCAN) Guidelines on the use of bisphosphonates in cancer patients.

WoSCAN have recently updated these guidelines and have sent them to NHS boards in the West of Scotland for consideration. To coincide with the updated guidelines, a Patient Information Leaflet (PIL) has been produced. The PIL outlines some of the common side effects of bisphosphonates and also gives practical advice on steps to reduce the dental problems associated with osteonecrosis of the jaw.

The updated guideline and PIL will be considered for use within NHSGGC early in the New Year. The revised guidelines contain a number of changes. More details to follow.

3. Drug Safety Update

MHRA safety update: Lenalidomide – risk of secondary malignancies

In November 2011, the MHRA issued a drug safety update on the risk of secondary malignancies in patients receiving lenalidomide as maintenance treatment for newly diagnosed multiple myeloma. It should be noted that this is an off-label indication. When used, within licence, for the treatment of patients with relapsed or refractory myeloma the risk appears to be smaller.

The MHRA have issued the following advice to healthcare professionals;

- Use of lenalidomide in unlicensed indications is not recommended unless it takes place as part of a clinical trial
- Patients should be carefully evaluated before and during treatment with lenalidomide using routine cancer screening for occurrence of second primary malignancy and treatment should be instituted as indicated
- Healthcare professionals should report all suspected adverse reactions, including second primary malignancy promptly to the MHRA via the Yellow Card Scheme

Prescribers are reminded of the importance of reporting adverse drug reactions to the MHRA via the yellow card reporting scheme. This can be done at http://yellowcard.mhra.gov.uk/

Caelyx® Supply problem

The MHRA have recently issued a press release regarding a supply problem with Caelyx® (liposomal doxorubicin). All Caelyx® batches released to the market comply with release specifications and procedures. However, the supply problem has arisen following an inspection of its US manufacturing site, that highlighted some quality assurance problems in the sterilisation process. Consequently, the benefit/risk for Caelyx® can only be considered positive for absolutely essential use. To preserve existing stocks for those currently on this therapy, the product is not to be prescribed to any new patients. However those already on this treatment will continue to receive it because the benefits still outweigh the risk.

4. Regional roll-out of electronic chemotherapy prescribing system continues

The electronic chemotherapy prescribing system, Chemocare 5.2bi, continues to be launched throughout the WoS region. This single database is now LIVE in the BWOSCC, NVH/SGH, VOL, IRH, RAH, Ayr Hospital and Forth Valley Royal (FVR) and will continue to be rolled-out to Crosshouse Hospital and Lanarkshire sites in the forthcoming months.

Non-formulary / IPTR regimens

Prescribers are reminded that regimens which are non-formulary can be made available temporarily for specific patients if a non-formulary/IPTR request has been approved. In such cases please contact your local clinical pharmacist or Chemocare 'superuser'.

Reason codes

Users are asked to ensure they are familiar with the Chemocare reason codes which must be entered whenever a drug is modified, substituted, deleted or added or a chemotherapy cycle is deferred. Any clinical situations arising where one of the current reasons cannot be used should be highlighted to the Lead CEPAS Pharmacist (see below) or a Clinical Superuser.

Change notices

Users are also reminded that any important clinical changes to existing regimens or information on prescribing/scheduling practice, will be highlighted via email in the form of a Chemocare Communication Notice and particular attention should be paid to these.

Contact details

CEPAS Lead Pharmacist sarah.coulter@ggc.scot.nhs.uk
BWOSCC and NG 'superusers' carla.forte@ggc.scot.nhs.uk or paula.morrison@ggc.scot.nhs.uk
SG and Clyde 'superuser' Fiona.maclean2@ggc.scot.nhs.uk

5. Other news: Festive period

With Christmas nearly upon us please remember that pharmacy opening hours will be affected by the public holidays/ Please check with your local pharmacy department re arrangements at your hospital.

Merry Christmas and Best wishes for 2012!

CEL (2010) 17 set out a policy framework to ensure that there was a consistent and transparent approach to the introduction of newly licensed medicines in NHS Scotland

6. CEL (2010) 17: Introduction and availability of newly licensed medicines in the NHS in Scotland– One year on

In May 2010 the Scottish Government issued guidance on the introduction and availability of newly licensed medicines in the NHS in Scotland. NHS boards were asked to ensure that their policies were in line with this guidance by 1st April 2011. The guidance set out a policy framework to ensure there was a consistent and transparent approach to the introduction of newly licensed medicines. Within the guidance there was a framework for NHS boards to develop policies for individual patient treatment requests (IPTR's) for medicines not recommended by SMC.

Within Specialist Oncology Services (SOS) in NHSGGC new non-Formulary processes and paperwork were introduced on 1st December 2010. These processes were confluent with the guidance set out in CEL (2010) 17. A key component of this process is that all IPTR's are considered by a panel prior to approval or otherwise. Data relating to these requests are collated and discussed quarterly at the GGC Cancer Therapeutics Group.

Since 1st April 2011 top line data regarding IPTR's has been reported quarterly to the Scottish Government to ensure that processes are in line with good practice guidance issued in March 2011 (CMO(2011)03). A summary of this information is given below:

Time period	Number of IPTR's received within SOS	Number of IPTR's approved	Mean time between request and decision (range)
April – June 2011	20	11	9.25 days (0-20)
July – Sep 2011	30	23	14 days (0-31)

The NHSGGC policy for management of IPTR's can be found within the medicines policies section on the GGC prescribing website www.ggcprescribing.org.uk. IPTR request forms for use within Speciliast Oncology Services can be found within the Oncology notice board within Outlook. Plans for the future include moving to an electronic form for IPTR requests to improve accessibility of information and streamline reporting.

Produced by NHS Greater Glasgow and Clyde Medicines Information Service

7. Recent National Guidance and GGC formulary decisions

Table 1 provides an overview of GGC formulary decisions, from September 2011 to December 2011, relating to SMC advice / relevant NICE advice

Drug	Indication	SMC / NICE advice	GGC formulary status
bendamustine hydrochloride (Levact®)	first-line treatment of chronic lymphocytic leukaemia (CLL) (Binet stage B or C) in patients for whom fludarabine combination chemotherapy is not appropriate.	SMC No. 694/11 Apr 2011 Accepted for use	Added to formulary. Restricted to use according to WoSCAN protocol.
bortezomib	First line treatment for multiple myeloma	NICE multi technology appraisal TA228 Recommended as possible treatment	Added to formulary. Restricted to use according to WoSCAN protocol. Protocol No MMWOS-006/1
cetuximab (Erbitux®)	treatment of patients with epidermal growth factor receptor (EGFR)-expressing, Kirsten rat sarcoma (KRAS) wild-type metastatic colorectal cancer in combination with chemotherapy.	SMC No. 543/09 Feb 2010 Accepted for restricted use	Added to formulary. Restricted to use according to WoSCAN protocols. Protocol No GIWOS-009/1 and GIWOS-010/1 Patient access scheme in place.
mifamurtide (Mepact®)	In combination with post-operative multi-agent chemotherapy for the treatment of high-grade resectable non-metastatic osteosarcoma after macroscopically complete surgical resection, in children, adolescents and young adults.	SMC No. 621/10 Aug 2011 Accepted for use	Added to formulary. Restricted to use according to WoSCAN protocol. Protocol No SAWOS-004/01
rituximab (Mabthera®)	Treatment of patients with previously untreated and relapsed/refractory chronic lymphocytic leukaemia (CLL) in combination with chemotherapy	SMC No 591/09 Dec 2009 Accepted for restricted use	Added to formulary. Restricted to use according to WoSCAN protocols.
azacitidine (Vidaza®)	Treatment of adult patients not eligible for haematopoietic stem cell transplant (SCT) with intermediate-2 and high risk myelodysplastic syndrome (MDS), chronic myelomoncytic leukaemia (CMML) or acute myeloid leukaemia (AML)	SMC No. 589/09 Sep 2011 (resubmission) Accepted for use	Non-formulary until WoSCAN protocol developed and approved
nilotinib (Tasigna®)	Treatment of adult patients with newly diagnosed Philadelphia chromosome positive chronic myelogenous leukaemia (CML) in the chronic phase.	SMC No. 709/11 Aug 2011 Accepted for use	Non-formulary until WoSCAN protocol developed and approved and PAS in place
aprepitant (Emend®)	As part of combination therapy for prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy	SMC No 242/06 Nov 2011 (resubmission) Not recommended	Non-formulary
cabazitaxel (Jevtana®)	In combination with prednisone or prednisolone for treatment of patients with hormone refractory metastatic prostate cancer previously treated with a docetaxel containing regimen	SMC No 735/11 Nov 2011 Not recommended	Non-formulary
denosumab (Xgeva®)	Prevention of skeletal related events (pathological fracture, radiation to bone, spinal cord compression or surgery to bone) in adult patients with bone metastasis from solid tumours	SMC No 752/11 Dec 2011 (non-submission) Not recommended	Non-formulary
Eribulin (Halaven®)	Monotherapy for treatment of patients with locally advanced or metastatic breats cancer who have progressed after at least 2 chemotherapy regimens for advanced disease. Prior therapy should have included an anthacycline and a taxane unless patients were not suitable for these treatments	SMC No 762/11 Oct 2011 Not recommended	Non-formulary

All WoSCAN protocols available at www.intranet.woscan.scot.nhs.uk

If there is anything you would like to see included in future issues of this bulletin please let us know. Please direct any feedback to aly.branch@ggc.scot.nhs.uk or jennifer.laskey@ggc.scot.nhs.uk