



Northern Lincolnshire
Area Prescribing Committee

>>>>>> November 2014

## **New Formulary Medicines**

**Rituximab** (MabThera) subcutaneous injection has been added to the Formulary. This is only to be used in indications commissioned by NHS England. Rituximab IV infusion has been used previously in this region, but the formal recognition and support for the new 120mg/ml subcutaneous injection (1400mg total delivered dose) has been made. Rituximab can be located in Formulary Chapter 8.2.3.

**Filgrastim** (Zarzio) injection (pre-filled syringe 48MU/0.5ml, equivalent to 480 micrograms) has been added to Formulary Chapter 9.1.6. This will be used for the reduction in the duration of neutropenia and the incidence of febrile neutropenia in patients treated with established cytotoxic chemotherapy for malignancy. This medicine is commissioned through NHS England.

## **Anticoagulation Guidance**

New guidance on initiating anticoagulation is available on the APC website. Please click <a href="https://example.com/here">here</a> to view the Anticoagulation Pathway. There are now several treatment options for atrial fibrillation (AF) and venous thromboembolism (VTE), including apixaban, dabigatran, rivaroxaban and warfarin. The Pathway should be used as part of an informative discussion with patients as to which treatments are suitable. Licenced indications, NICE TAs, safety profiles, contra-indications, patient lifestyle, patient preferences and other relevant topics should all be disused prior to initiation. Other regionally approved assessment tools should also be used as well as referring to the up-to-date Summary of Product Characteristics (SPC), the current BNF and other relevant literature.

## **Safety Updates**

Domperidone is no longer available over-the-counter from pharmacies. This is due to concerns relating to a very small risk of severe cardiac side effects. Domperidone can continue to be prescribed, but relevant assessments should be made prior to initiation and other treatment options should be considered.

Nitrofurantion is currently the antibiotic of choice for acute, uncomplicated urinary tract infections (UTIs). Previous guidance relating to the use of this medicine in patients with renal impairment has been issued, but now nitrofurantion is contraindicated in patients with an estimated glomerular filtration rate (eGFR) of 45 of less.