in adults who previously received trastuzumab and a taxane, separately or in combination. Patients should have either received prior therapy for locally advanced or metastatic disease or developed disease recurrence during or within 6 months of completing adjuvant therapy.

Trastuzumab emtansine is recommended only if the manufacturer provides it with the discount agreed in the patient access scheme.
www.nice.org.uk/guidance/TA458

Scottish Medicines Consortium (SMC) decisions
The *Scottish Medicines Consortium* has advised (April 2017) that trastuzumab emtansine (*Kadcyla*®) is accepted for use within NHS Scotland as monotherapy for the treatment of patients with human epidermal growth factor type 2 (HER2)-positive, unresectable locally advanced or metastatic breast cancer who previously received trastuzumab and a taxane, separately or in combination, and have either received prior therapy for locally advanced or metastatic disease *or* developed disease recurrence during or within six months of completing adjuvant therapy. This advice is contingent upon the continuing availability of the Patient Access Scheme in NHS Scotland or a list price that is equivalent or lower.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Powder for solution for infusion

- **Kadcyla** (Roche Products Ltd)
  Trastuzumab emtansine 100 mg Kadcyla 100mg powder for concentrate for solution for infusion vials | 1 vial PoM £1,641.01
  Trastuzumab emtansine 160 mg Kadcyla 160mg powder for concentrate for solution for infusion vials | 1 vial PoM £2,625.62

2 Carcinoid syndrome

ENZYME INHIBITORS

Telotristat ethyl

06-Jul-2018

- **DRUG ACTION** Telotristat ethyl and its active metabolite inhibit L-tryptophan hydroxylases TPH-1 and TPH-2 which reduces the production of serotonin, thereby alleviating symptoms associated with carcinoid syndrome.

- **INDICATIONS AND DOSE**

Carcinoid syndrome diarrhoea (specialist use only)

- BY MOUTH
- Adult: 250 mg 3 times a day, review treatment if no response after 12 weeks

- **INTERACTIONS** → Appendix 1: telotristat ethyl
- **SIDE-EFFECTS**
- **Common or very common** Appetite decreased · constipation · fatigue · fever · gastrointestinal discomfort · gastrointestinal disorders · headache · peripheral oedema
- **PREGNANCY** Manufacturer advises avoid—toxicity in *animal* studies.
- **BREAST FEEDING** Manufacturer advises avoid—no information available.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution in mild to moderate impairment; avoid in severe impairment (no information available).
  Dose adjustments Manufacturer advises consider dose reduction to 250 mg twice daily in mild impairment and to 250 mg once daily in moderate impairment, according to tolerability.
- **RENAL IMPAIRMENT** Manufacturer advises caution in mild-to-moderate impairment; avoid in severe impairment—no information available.
- **MONITORING REQUIREMENTS** Manufacturer advises monitor liver function at initiation and during treatment as clinically indicated—discontinue if liver injury suspected.
- **PATIENT AND CARER ADVICE** Manufacturer advises inform patients to report any symptoms of depression or decreased interest.
- **NATIONAL FUNDING/ACCESS DECISIONS**

Scottish Medicines Consortium (SMC) decisions
SMC No. 1327/18
The *Scottish Medicines Consortium* has advised (June 2018) that telotristat ethyl (*Xermelo*®) is accepted for restricted use within NHS Scotland for the treatment of carcinoid syndrome diarrhoea in adults who experience an average of four or more bowel motions per day, despite receiving somatostatin analogue therapy. This advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland or a list price that is equivalent or lower.

All Wales Medicines Strategy Group (AWMSG) decisions
AWMSG No. 2037
The *All Wales Medicines Strategy Group* has advised (July 2018) that telotristat ethyl (*Xermelo*®) is recommended as an option for restricted use within NHS Wales for the treatment of carcinoid syndrome diarrhoea in adults who are inadequately controlled by somatostatin analogue therapy and who experience an average of four or more bowel movements a day. This recommendation applies only in circumstances where the approved Wales Patient Access Scheme (WPAS) is utilised or where the list/contract price is equivalent or lower than the WPAS price.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Tablet

CAUTIONARY AND ADVISORY LABELS 3, 21

- **Xermelo** (Ipsen Ltd) ▼
  Telotristat ethyl 250 mg Xermelo 250mg tablets | 90 tablet PoM £1,120.00

3 Cytotoxic responsive malignancy

Cytotoxic drugs

27-Sep-2018

Overview

The chemotherapy of cancer is complex and should be confined to specialists in oncology. Cytotoxic drugs have both anti-cancer activity and the potential to damage normal tissue; most cytotoxic drugs are teratogenic. Chemotherapy may be given with a curative intent or it may aim to prolong life or to palliate symptoms. In an increasing number of cases chemotherapy may be combined with radiotherapy or surgery or both as either neoadjuvant treatment (initial chemotherapy aimed at shrinking the primary tumour, thereby rendering local therapy less destructive or more effective) or as adjuvant treatment (which follows definitive treatment of the primary disease, when the risk of subclinical metastatic disease is known to be high). All cytotoxic drugs cause side-effects and a balance has to be struck between likely benefit and acceptable toxicity.

Combinations of cytotoxic drugs, as continuous or pulsed cycles of treatment, are frequently more toxic than single drugs but have the advantage in certain tumours of enhanced response, reduced development of drug resistance and increased survival. However for some tumours, single-agent chemotherapy remains the treatment of choice.