



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

**TERTIARY AND QUATERNARY LEVEL
ESSENTIAL MEDICINES RECOMMENDATIONS**

Reviewed Items

June 2017

**SUMMARY OF CHANGES TO THE TERTIARY AND QUATERNARY LEVEL ESSENTIAL MEDICINES
RECOMMENDATIONS
(JUNE 2017)**

ATC CODE	MEDICINE	INDICATION	RECOMMENDATION
B02BD03	Recombinant Factor VIIa (rFVIIa)	Intractable bleeding.	Not recommended
L01XC03	Trastuzumab	Early stage, adjuvant breast cancer.	Recommended
L04AA04	ATG	Induction therapy in <u>high risk</u> patients renal transplantation recipients.	Recommended
L04AC02	Basiliximab	Induction therapy in <u>low risk</u> patients renal transplantation recipients	Recommended
L04AD02	Tacrolimus	<ul style="list-style-type: none"> • Primary therapy in high immunological risk renal allograft recipients. • Renal allograft recipients on ciclosporin who experience steroid resistant acute allograft rejection. 	Recommended

TERTIARY AND QUATERNARY LEVEL ESSENTIAL MEDICINES RECOMMENDATIONS

ATC CODE	MEDICINE	INDICATION	RECOMMENDATION
A ALIMENTARY TRACT AND METABOLISM			
A04AA01/ A04AA02	Serotonin-3 (5HT3) antagonists Ondansetron, Granisetron	Highly emetogenic chemotherapy.	Recommended
A05AA02	Ursodeoxycholic acid	Primary biliary cirrhosis.	Not recommended
A07EC02	Mesalazine	Ulcerative colitis – maintenance of remission.	Not recommended - May be used on a named-patient basis, on recommendation by PTC for patients with sulphonamide hypersensitivity.
A10BG03	Pioglitazone	Type 2 diabetes mellitus.	Not recommended
A10AE05/ A10AE04	Long acting insulin analogues Insulin detemir, Insulin glargine	Diabetes mellitus.	Not recommended
A16AA03	Glutamine	Glutamine as a component of enteral and parenteral nutrition in critically ill patients.	Not recommended
B BLOOD AND BLOOD FORMING ORGANS			
B01AC04	Clopidogrel	Percutaneous coronary intervention (stenting).	Recommended Clopidogrel plus aspirin recommended for a minimum of: <ul style="list-style-type: none"> • 30 days in situations where a bare metal stent is inserted. • 90 days in situations where a sirolimus drug-eluting stent is inserted. • 180 days when a paclitaxel drug-eluting stent is inserted. Thereafter allow aspirin indefinitely. The evidence currently available to the Committee does not provide support for use beyond 6 months although there are recommendations endorsing longer term use in high risk patients.
B01AC04	Clopidogrel	Ischaemic heart disease (non myocardial infarction).	Recommended for use only in patients intolerant to aspirin, i.e. allergy or bleeding episodes.

TERTIARY AND QUATERNARY LEVEL ESSENTIAL MEDICINES RECOMMENDATIONS

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B01AC04	Clopidogrel	Stroke.	Only recommended for long-term therapy where patient has confirmed aspirin intolerance.
B01AC04	Clopidogrel	Transient ischaemic attack with/without atrial fibrillation.	Not recommended
B01AD02	Tissue plasminogen activator	For acute ischaemic stroke.	Recommended: with the following provisos: 1. Patients presenting within 3 hours of onset, and where specialised neuro-radiological services are available.
B02BD03	Recombinant Factor VIIa (rFVIIa)	Intractable bleeding.	Not recommended
C CARDIAC THERAPY			
C02DC01	Minoxidil	Severe hypertension not responding to other drugs.	Recommended
C09CA	Angiotensin receptor blockers (ARBs)	Add on therapy in cardiac failure on patients already on standard treatment including ACE-inhibitors, β -Blockers and spironolactone.	Not recommended
C09CA	Angiotensin receptor blockers (ARBs)	As add on therapy in proteinuric nephropathies in patients already using an ACE-inhibitor.	Not recommended Insufficient evidence to support its use.
D ANTIPRURITICS, INCLUDING ANTIHISTAMINES, ANAESTHETICS, ETC.			
D07AC	Potent topical corticosteroid – Group III e.g. <i>Betamethasone 0.05%-0.1%, Fluticasone 0.05%, Methylprednisolone aceponate 0.1%, Mometasone 0.1%</i>		Recommended Lowest price high potency corticosteroid to be used.
D07AD	Very potent topical corticosteroid – Group IV e.g. Clobetasol 0.05% Examples: Cream/ointment: <ul style="list-style-type: none"> • Clobetasol propionate 0.05%. • Betamethasone 0.05% (as dipropionate). • Diflucortolone 0.3% 		Recommended Lowest price high potency corticosteroid to be used.

TERTIARY AND QUATERNARY LEVEL ESSENTIAL MEDICINES RECOMMENDATIONS

ATC CODE	MEDICINE	INDICATION	RECOMMENDATION
	(as valerate).		
D10BA01	Isotretinoin	Cystic nodular acne.	Not recommended
G GENITO URINARY SYSTEM AND SEX HORMONES			
G03HB01	Cyproterone, Ethinyl Oestradiol	Hirsutism.	Recommended
G04BD10	Urinary antispasmodics Darifenacin	Over active bladder (OAB) with symptoms of urinary urgency, frequency and/or urge incontinence.	Not recommended
G04CB01	Finasteride	Benign prostatic hyperplasia.	Not recommended
H SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS			
H01AA01	Adrenocorticotrophic hormone (ACTH)	Infantile spasms.	Not recommended
H01AC01	Somatropin (Growth Hormone)	Turner's syndrome.	Not recommended
H01AC01	Somatropin (Growth Hormone)	Prader Willi syndrome.	Not recommended
H01AC01	Somatropin (Growth Hormone)	Intrauterine growth failure.	Not recommended
H01AC01	Somatropin (Growth Hormone)	Idiopathic short stature.	Not recommended
H01AC01	Somatropin (Growth Hormone)	Chronic renal insufficiency.	Not recommended
H01AC01	Somatropin (Growth Hormone)	Growth hormone deficiency.	Recommended Recommended for confirmed growth hormone deficiency for use by endocrinologists only. Rationale:

TERTIARY AND QUATERNARY LEVEL ESSENTIAL MEDICINES RECOMMENDATIONS

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			<ul style="list-style-type: none"> The condition is a well defined deficiency state that can be managed and monitored. Number of patients requiring treatment is small.
H01BA05	Ornipressin	Bleeding associated with bronchoscopy and renal biopsy.	Not recommended
H01CB02	Octreotide (Short-acting)	Persistent neonatal hyperinsulinism and hypoglycaemia.	Recommended The condition is rare; usage is for short term; alternative agents are limited and the consequences of not having treatment available are serious.
H01CB	Somatostatin analogs	Neuro-endocrine tumours.	Not recommended
	Octreotide, Lanreotide		
J ANTI-INFECTIVES FOR SYSTEMIC USE			
J01XC01	Fusidic acid	Treatment of staphylococcal infections, mainly involving bone and joints: <ul style="list-style-type: none"> Methicillin-sensitive organisms, as alternative to cloxacillin or flucloxacillin. Methicillin-sensitive organisms, in combination with cloxacillin or flucloxacillin. Methicillin-resistant organisms, as an alternative to e.g. glycopeptides or oxazolidinones (linezolid), especially in cases where prolonged treatment is required. 	Not recommended
J01XX08	Linezolid	Resistant gram positive infections where vancomycin is contra-indicated.	Recommended
J02AB02	Ketoconazole	Cushing's syndrome.	Recommended
J02AC02	Itraconazole	Histoplasmosis.	Not recommended
J02AC03	Voriconazole (VCZ)	Treatment of invasive Aspergillosis.	Not recommended
J05AB04	Ribavirin	Viral haemorrhagic fever (VHF).	Recommended To be supplied on motivation from a central supply point.
J06BB16	Palivizumab	Respiratory syncytial virus (RSV) infection.	Not recommended
L ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS			
L01	Chemotherapy	Uterine Cancer/ Endometrial Cancer (Advanced stage and	Not recommended

TERTIARY AND QUATERNARY LEVEL ESSENTIAL MEDICINES RECOMMENDATIONS

ATC CODE	MEDICINE	INDICATION	RECOMMENDATION
	Platinum coordination compounds, Taxanes, Doxorubicin, Cyclophosphamide	recurrent.	
L01AA01	Cyclophosphamide	Adjuvant breast cancer.	Recommended (Cyclophosphamide plus Doxorubicin (AC)).
L01AA01	Cyclophosphamide	Adjuvant breast cancer.	Recommended (Cyclophosphamide plus methotrexate plus fluoro-uracil (CMF)).
L01AA01	Methotrexate	Adjuvant breast cancer.	Recommended (Cyclophosphamide plus methotrexate plus fluoro-uracil (CMF)).
L01AA01	Cyclophosphamide	Adjuvant breast cancer.	Recommended (Fluoro-uracil plus Doxorubicin plus cyclophosphamide (FAC)).
L01AX03	Temozolomide	Glioblastoma multiforme.	Not recommended
L01BA04	Pemetrexed	Lung mesothelioma.	Not recommended
L01BA04	Pemetrexed	Non-small cell lung cancer.	Not recommended
L01BC06	Capecitabine	Relapsed metastatic breast cancer failing an anthracycline and a taxane.	Not recommended
L01BC06	Capecitabine	Metastatic colorectal – first-line.	Recommended (as part of the XELOX regimen).
L01BC06	Capecitabine	First-line therapy for advanced stomach/gastro-oesophageal junction cancer.	Recommended
L01BC52	Fluoro-uracil	Adjuvant breast cancer.	Recommended (Cyclophosphamide plus methotrexate plus fluoro-uracil (CMF)).
L01BC52	Fluoro-uracil	Adjuvant colorectal cancer.	Recommended (Fluoro-uracil plus Doxorubicin plus cyclophosphamide (FAC)).
L01BC52	Fluoro-uracil	Adjuvant breast cancer.	Recommended (Fluorouracil plus Doxorubicin plus cyclophosphamide (FAC)).
L01CA04	Vinorelbine	Adjuvant non-small cell lung cancer – completely resected.	Recommended
L01CD	Taxanes	Adjuvant breast cancer.	Recommended Recommended for patients with high grade, node positive ER negative disease.
	Docetaxel, Paclitaxel		
L01CD01	Paclitaxel	Neoadjuvant/recurrent/metastatic head and neck cancer.	Not recommended
L01CD01	Paclitaxel	First-line chemotherapy in advanced non-small cell lung cancer (NSCLC).	Recommended

TERTIARY AND QUATERNARY LEVEL ESSENTIAL MEDICINES RECOMMENDATIONS

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L01CD	Taxanes	Metastatic breast cancer – first- and second-line.	Recommended
L01CD02	Docetaxel	Squamous cell carcinoma of head and neck.	Recommended Recommended for patients with good performance status and adequate follow-up used in combination with cisplatin plus 5-fluoro-uracil.
L01CD02	Docetaxel	Second-line therapy for advanced non-small cell lung cancer (NSCLC) in selected patients with good performance status (ECOG 0;1).	Recommended
L01DB01	Doxorubicin	Adjuvant breast cancer.	Recommended (Doxorubicin plus cyclophosphamide (AC)).
L01DB01	Doxorubicin	Adjuvant breast cancer.	Recommended (Fluoro-uracil plus Doxorubicin plus cyclophosphamide (FAC)).
L01DB06	Idarubicin	Acute Myeloid Leukemia.	Recommended
L01DB07	Mitoxantrone	General oncology.	Recommended Indications for consideration: Advanced stage carcinomas, paediatric relapsed acute lymphoblastic leukaemia (ALL), paediatric acute myeloid leukaemia (AML).
L01DB03	Epirubicin	Advanced stage or metastatic oesophageal junction and gastric carcinoma.	Recommended
L01XA01	Cisplatin	Adjuvant small cell lung cancer.	Recommended
L01XA01	Cisplatin	Adjuvant lung cancer.	Recommended
L01XA02	Carboplatin	Adjuvant lung cancer.	Recommended
L01XA02	Etoposide	Adjuvant small cell lung cancer.	Recommended
L01XA03	Oxaliplatin	Adjuvant colorectal.	Not recommended
L01XA03	Oxaliplatin	First or second-line metastatic colorectal cancer.	Recommended
L01XC07	Bevacizumab	Sub-retinal neovascular membranes and non-resolving macular odema.	Recommended (off label indication).
L01XE01	Imatinib	Chronic phase of chronic myeloid leukemia.	Recommended
L01XE01	Imatinib	Gastrointestinal Stromal Tumours (GIST) - adjuvant therapy.	Recommended
L01XE01	Imatinib	Gastrointestinal Stromal Tumours (GIST) - metastatic therapy.	Recommended
L01XE08	Nilotinib	Chronic Myeloid Leukemia in patients resistant or intolerant to imatinib.	Recommended

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L01XC02	Rituximab	CD20 positive B-cell non-Hodgkin's lymphoma: first-line.	Recommended for treatment in diffuse large B-cell non-Hodgkin's lymphoma (DLBCL) patients except those with International Prognostic Index (IPI) of 0.
L01XC03	Trastuzumab	Early stage, adjuvant breast cancer.	Recommended
L01XX19	Irinotecan	Adjuvant colorectal.	Not recommended
L01XX19	Irinotecan	First- or second-line metastatic colorectal cancer.	Recommended
L02AE03	Gonadotrophin-releasing hormone (GnRH) analogue Goserelin, Buserelin	Endometriosis.	Recommended for use in the following situations: <ul style="list-style-type: none"> For endometriosis-associated infertility prior to in vitro fertilisation (IVF). For medical management in situations in which a trial of adequate analgesia or the use of combined oral contraceptives is unsuccessful.
L02AE03	Gonadotrophin-releasing hormone (GnRH) analogue	Precocious puberty.	Recommended Choice of GnRH analogue will depend on best tender price.
L02AE03	Gonadotrophin-releasing hormone (GnRH) analogue	As bridging therapy until orchiectomy.	Recommended Only recommended as bridging therapy - not long term management.
L02AE03	Goserelin	Hormone receptor positive breast cancer in premenopausal women.	Not recommended
L02BA01	Tamoxifen	Adjuvant breast cancer.	Recommended
L02BA01	Tamoxifen	Metastatic breast cancer.	Recommended
L02BB01/ L02BB03	Anti-androgens Flutamide, Bicalutamide	Advanced prostate cancer.	Not recommended Orchiectomy preferred.
L01BC05	Gemcitabine	Pancreatic cancer.	Not recommended
L01BC05	Gemcitabine	First-line chemotherapy in advanced non-small cell lung cancer (NSCLC) in patients intolerant to paclitaxel.	Recommended Recommended in patients intolerant to paclitaxel.
L02BG	Aromatase inhibitors Anastrozole, Letrozole, Exemestane	Adjuvant breast cancer.	Recommended for use in women with confirmed intolerance to tamoxifen, i.e. thrombo-embolic disease or endometrial hyperplasia (proven on ultrasound). Choice of aromatase inhibitor will depend on best tender price.

TERTIARY AND QUATERNARY LEVEL ESSENTIAL MEDICINES RECOMMENDATIONS

ATC CODE	MEDICINE	INDICATION	RECOMMENDATION
L02BG	Aromatase inhibitors	Metastatic breast cancer.	Recommended for use as second-line therapy after tamoxifen in advanced breast cancer in postmenopausal women who do not have visceral metastases. Choice of aromatase inhibitor will depend on best tender price.
L03AA02	Filgrastim	Neutropenic sepsis.	Recommended under the following conditions: <ul style="list-style-type: none"> Patients must have had 3 days of appropriate antimicrobial therapy without resolution of infection. Filgrastim can be used up to a maximum of 5 days with a daily review of white cell count (WCC). Failure to respond must prompt further investigation of neutropenia.
L03AA02	Filgrastim	ARV-induced neutropenia.	Not recommended This does not preclude the use of filgrastim in the management of febrile neutropenia (see above) in HIV infected patients.
L03AA02	Filgrastim	Prophylactic use in children with high-risk acute lymphoblastic leukaemia (HR-ALL).	Not recommended
L03AA10	Filgrastim	Peripheral blood stem cell harvesting in autologous stem cell harvesting in haematological malignancies.	Recommended
L03AA02	Filgrastim	Chemotherapy-induced febrile neutropenia.	Recommended for secondary prophylaxis in curable cancers requiring full dosing on-schedule, i.e. Hodgkins and germ cell tumours. Not recommended for primary prophylaxis as no overall survival benefit and limited mortality benefit has been shown.
L04AA04	ATG	Induction therapy in <u>high risk</u> patients renal transplantation recipients.	Recommended
L04AA10	Sirolimus	Renal transplant.	Recommended for use only patients with biopsy-confirmed calcineurin inhibitor toxicity because of deteriorating kidney function (i.e. in patients at ongoing risk of acute rejection with no overt proteinuria and preserved GFR > 40mL/min) where mycophenolate mofetil is contra-indicated.
L04AA06	Mycophenolate mofetil (MMF)	Lupus Nephritis.	Recommended for both the induction and maintenance phases of treatment of lupus nephritis.
L04AA06	Mycophenolate mofetil (MMF)	Prevention of acute rejection post-renal transplantation.	Recommended for prevention of acute rejection post-renal transplantation.
L04AA13	Leflunomide	As add-on therapy in Rheumatoid Arthritis.	Not recommended May be used on a named-patient basis, on recommendation by PTC for intolerance to standard therapy.
L04AA04	Antithymocyte immunoglobulin (ATG)	Aplastic Anaemia.	Recommended
L04AB02	Infliximab	Fistulising Crohn's Disease.	Not recommended

TERTIARY AND QUATERNARY LEVEL ESSENTIAL MEDICINES RECOMMENDATIONS

ATC CODE	MEDICINE	INDICATION	RECOMMENDATION
L04AB02	Infliximab	Rheumatoid Arthritis.	Not recommended
L04AC02	Basiliximab	Induction therapy in <u>low risk</u> patients renal transplantation recipients.	Recommended
L04AD01	Ciclosporin	Organ transplantation.	Recommended
L04AD02	Tacrolimus	<ul style="list-style-type: none"> Primary therapy in high immunological risk renal allograft recipients. Renal allograft recipients on ciclosporin who experience steroid resistant acute allograft rejection. 	Recommended
L04AX02	Thalidomide	Multiple myeloma.	Not recommended
M MUSCULOSKELETAL SYSTEM			
M03BX01	Baclofen	Spasticity.	Not recommended
M03AX01	Botulinum toxin	Focal dystonias.	Recommended for use in carefully selected patients. Only to be administered by suitably experienced practitioners.
M03AX01	Botulinum toxin	Spastic cerebral palsy.	Not recommended
M05BA	Bisphosphonates	Malignant bone disease in multiple myeloma.	Recommended
	Zoledronate, Ibandronic acid		
M05BA03	Pamidronate	Hypercalcaemia of malignancy.	Recommended
M05BA04	Alendronate	Osteogenesis imperfect.	Not recommended
M05BA04	Alendronate	Corticosteroid induced osteoporosis.	Recommended for use only in patients fulfilling criteria similar to those for postmenopausal osteoporosis (i.e. patients who have a T-score of -2.5 plus established fracture).
M05BA04	Alendronate	Paget's.	Not recommended
M05BA04	Alendronate	Osteogenesis imperfect.	Not recommended
N NERVOUS SYSTEM			
N03AG04	Vigabatrin	Refractory partial epilepsy.	Not recommended
N03AG04	Vigabatrin	Infantile spasms.	Not recommended
N03AX11	Topiramate	Initial therapy (epilepsy).	Not recommended
N03AX11	Topiramate	Add-on therapy for resistant epilepsy.	Recommended
N03AX14	Levetiracetam	Epilepsy.	Not recommended

TERTIARY AND QUATERNARY LEVEL ESSENTIAL MEDICINES RECOMMENDATIONS

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N03AX14	Levetiracetam	Add-on therapy for resistant epilepsy.	Not recommended
N04BC04/ N04BC05 G02CB01	Dopamine agonist Ropinarole, Pramipexole, Bromocriptine	Parkinson's disease.	Recommended for use as add-on therapy to levodopa. The choice of dopamine agonists and selegiline will depend on the lowest tender price.
N05AH03	Olanzapine, IM	Emergency management of psychotic conditions.	Not recommended
N05AH04	Quetiapine	Third-line Schizophrenia	Not recommended Amisulpride recommended for this indication.
N05AH04	Quetiapine	Bipolar depression	Not recommended
N05AX08	Risperidone depot	Schizophrenia.	Not recommended
N05AL05	Amisulpride	Psychosis.	Recommended for use as an appropriate alternative to existing agents in patients with negative symptoms failing first and second generation antipsychotics.
N05AX12	Aripiprazole	Schizophrenia in children.	Recommended for use as a third-line agent in children with psychotic disorders who are intolerant to typical and atypical antipsychotic agents with: <ul style="list-style-type: none"> • Obesity, defined as BMI \geq 30 or age appropriate measures, or • Excessive weight gain, if associated with metabolic syndrome in adherent patients on other atypical antipsychotics, not responsive to other interventions (e.g. dietary management and/or physical exercise). Aripiprazole be initiated, in these cases, in consultation with or, where available, by a subspecialist (i.e. child and adolescent psychiatrist).
N05BA12	Alprazolam	"As required" adjunctive medication in the treatment of panic disorder.	Recommended for panic disorder only. To be prescribed by a psychiatrist.
N05CF01/ N05CF02	Benzodiazepine related drugs Zopiclone, Zolpidem	Short term use for insomnia associated with a primary psychiatric condition.	Not recommended
N06AB10	Escitalopram	Depressive and anxiety disorders.	Not recommended
N06AX12	Bupropion	Major depressive disorder.	Recommended for use as a third-line treatment of major depressive disorder and anxiety associated with depression. To be prescribed by a psychiatrist only. The cheapest of bupropion or venlafaxine to be used.

TERTIARY AND QUATERNARY LEVEL ESSENTIAL MEDICINES RECOMMENDATIONS

ATC CODE	MEDICINE	INDICATION	RECOMMENDATION
N06AX16	Venlafaxine	Major depressive disorder.	Recommended for use as a third-line treatment of major depressive disorder and anxiety associated with depression. To be prescribed by a psychiatrist only. The cheapest of bupropion or venlafaxine to be used.
N06DX01	Memantine	Alzheimer's Disease.	Not recommended
R RESPIRATORY SYSTEM			
R03DC03	Montelukast	Chronic management of severe uncontrolled asthma.	<p>Recommended for use in:</p> <ul style="list-style-type: none"> In adults (>12 years) with difficult to control asthma despite receiving high dose inhaled steroids and long-acting β_2 agonist, a trial of low dose sustained release theophylline should be tried before use of montelukast. If there is no response to low dose theophylline, a 2-week trial of montelukast may be used. In children between 6 and 12 years of age with severe uncontrolled asthma despite being on high dose corticosteroids and long acting β_2 agonist, a 2-week trial of montelukast could be considered. <p>In children less than 6 years with severe uncontrolled asthma on high dose inhaled corticosteroids, a 2-week trial of montelukast could be considered. If no benefit can be demonstrated after this period, montelukast should be discontinued.</p>
V VARIOUS			
V03AC03	Deferasirox	Treatment of transfusional iron overload	Recommended Added as an oral alternative to deferoxamine.
V03AF03	Folinic acid, intravenous	Adjuvant colorectal cancer.	Recommended
V03AE	Lanthanum carbonate, Sevelamer	Hyperphosphataemia in patients with chronic renal failure.	Not recommended - May be used on a named-patient basis, on recommendation by the PTC.

PTC: Pharmaceutical and Therapeutics Committee