

SHARED CARE AGREEMENT



Name of medicine Tobramycin for inhalation

Indication Chronic pulmonary *Pseudomonas aeruginosa* infection in children and adults with cystic fibrosis

Version: **3.0**

Approval date: **June 2022**

Review date: **June 2025**

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer's Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Procedure for the Shared Care of Medicines, available [here](#).

Roles and responsibilities

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care. Please refer to the policy for core roles and responsibilities that apply to all Shared Care Agreements.

Consultant or Specialist Prescriber

- Initiating and supplying the first 28 days of treatment
- Training of patient/carer in the use of the medicine
- Promoting patient compliance/ adherence
- Checking renal function at baseline and annually thereafter
- Lung function assessment pre- and post- first dose to check for bronchospasm and ongoing monitoring of clinical parameters including lung function

General Practitioner

- Prescribing after first 28 days of treatment in addition to the standard responsibilities listed in NHS Lothian 'Policy and Procedures for the Shared Care of Medicines'

Patient, Relatives, Carers

- As listed in NHS Lothian Policy and Procedures for the Shared Care of Medicines

Support and Advice for the GP and primary care non-medical prescribers

Contact Points (Paediatrics)

CF secretaries for CF nurses and consultants

Tel: 0131 312 0454

Steve Cunningham, Consultant Respiratory Paediatrician

Kenny MacLeod, Consultant Respiratory Paediatrician

Dr Don Urquhart, Consultant Paediatrician

Emilie Tennant, Senior Clinical Pharmacist

Tel: 0131 312 0591 Bleep: 9156

Carolyn Aitken-Arbuckle, CF Physiotherapist

Tel: 0131 312 1047 Bleep: 9163

Zoe Johnstone, CF Physiotherapist

Tel: 0131 312 1047 Bleep: 9163

Contact Points (Adults)

Specialist Cystic Fibrosis Nurses, WGH

Tel: 0131 537 1783

Dr Usma Koser, Consultant Physician, WGH

Tel: 0131 537 1783

Dr Robert Gray, Consultant Physician, WGH

Tel: 0131 537 1783

Dr Crichton Ramsay, Consultant Physician, WGH

Tel: 0131 537 1783

Dr Helen Rodgers, Consultant Physician, WGH

Tel: 0131 537 1783

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SCA Template Revised February 2022

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Key Information on the Medicine

Please refer to the current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Background to disease and use of drug for the given indication

Lung damage associated with persistent infection by *Pseudomonas aeruginosa* is the major cause of morbidity and mortality in people with cystic fibrosis (CF). Inhaled antipseudomonal antibiotic treatment controls the burden of infection and has been shown in randomised controlled trials to improve lung function, slow the rate of respiratory decline and reduce the frequency of exacerbations of infection. This reduces the need for intravenous antibiotic treatment, admission and the subsequent risk of developing antibiotic-related toxicity.

Indication

Tobramycin nebuliser solution 300mg/5ml (Tymbrineb®) is indicated for the long-term management of chronic pulmonary infection due to *Pseudomonas aeruginosa* in patients with cystic fibrosis aged 6 years and older.

Bramitob® nebuliser solution 300mg/4ml is indicated for the management of chronic pulmonary infection due to *Pseudomonas aeruginosa* in patients with cystic fibrosis aged 6 years and older.

The two brands of tobramycin for nebulisation are not interchangeable and therefore should not be switched in the community. Tymbrineb® brand is approved by the LJF, however Bramitob® may be recommended on occasion by the specialist teams. Please ensure that the correct brand is prescribed.

Tobi Podhaler® inhaler is indicated for the suppressive therapy of chronic pulmonary infection due to *Pseudomonas aeruginosa* in adults and children aged 6 years and older with cystic fibrosis.

Dosage and Administration

Please refer to www.bnf.org and www.medicines.org.uk

Monitoring

There are no specific monitoring requirements for the GP. All monitoring will be carried out by the CF clinics including regular monitoring of lung function, adherence and adverse effects.

Cautions, contraindications - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Adverse effects - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Drug interactions - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

The presence of this SCA does not compel a primary care prescriber to prescribe if they feel that it is out with the scope of their competencies (as per GMC guidance on safe prescribing) or resources, as ultimate responsibility lies with the prescribing, not the recommending, clinician.