Health and Social Care Board

July 2020

Northern Ireland Medicines Management

Pharmaceutical Clinical Effectiveness (PCE) Programme 2020 / 2021

The HSCB Pharmaceutical Clinical Effectiveness (PCE) Plan seeks to deliver a total of £20M of efficiencies across the HSC in 2020/21, £12M from primary care and £8M from secondary care medicines budgets.

It is comprised of 34 initiatives which are based upon the principle that improvement in the quality and safety of medicines will lead to health gains and associated efficiencies.

Delivery of improvements and efficiencies across the HSC requires collaborative support across the entire HSC. Hence it is vital that community pharmacists and GP practice staff consider the implementation of actions as outlined in this bulletin, by focusing on medicines review and deprescribing.

Good Clinical Practice and Governance Initiatives

Antimicrobials: Plan now for the winter

Antibiotics for urinary tract infection increased by over 8% during the initial COVID-19 period, compared to 2019.

Antimicrobial resistance (AMR) remains as important as ever during the ongoing COVID-19 pandemic. The HSCB and PHA will actively work on redesign of antibiotic resources over the coming months to take account of new ways of working. We also plan remote training for practice staff, details to be arranged.

- **FOCUS ON UTI:** Review long-term prescriptions, especially in the care-home population.
- **REDESIGN:** Review how acute infection consultations can continue to take place with new ways of working.
- **RESOURCES:** Some practices are now using SMS to send links to patients - check what your system can do.

INITIATIVES

GOOD CLINICAL PRACTICE / GOVERNANCE

- Antimicrobials
- PPIs
- Nutrition
- Cows milk allergy
- Opioids for chronic non-malignant pain
- Tapentadol
- Pregabalin and gabapentin
- Hypnotics and anxiolytics
- Mefenamic acid

DEPRESCRIBING

- Stop / Limited evidence list
- Bladder antimuscarinics
- Oral bisphosphonates
- Vitamins
- Lidocaine plasters
- Methocarbamol

COST SAVING

- Generic prescribing
- Generic levetiracetam
- Topical corticosteroids
- Oral contraceptive pills
- Lamotrigine dose optimisation
- Atorvastatin 30mg and 60mg
- LHRH analogues
- Gliptins
- Insulin / GLP-1 needles
- Glucose and ketone test strips
- Stool antigen test
- Hepa-Merz®

Resources

Proton pump inhibitors (PPIs): Review in children

COMPASS data (Jan – Mar 2020) indicates that 5% of infants under 2 years of age are prescribed a PPI in Northern Ireland (NI).

- **REVIEW:** As with all prescribing, to minimise long term effects from PPIs, regular review for continued appropriateness should be undertaken.

Cows milk allergy

According to the Infant Feeding Guidelines (see Nutrition chapter of NI Formulary),extensively hydrolysed formula (EHF) is first line for suspected cows' milk allergy (CMA).

- Parents should be advised that this is a ***trial***, and cows' milk proteins (CMP) will be reintroduced in 2 to 4 weeks to confirm diagnosis.
- Milk-ladder re-introduction for non IgE mediated CMP should commence from 9-12 months and when free from CMP for 6 months.
- Children over 1 year who are still symptomatic should be transitioned to a suitable dairy-free alternative in line with regional dietetic advice.
- Advice and information leaflets are available for parents on common infant feeding issues such as colic, reflux, suspected CMA on the NI Formulary website.

Nutrition

Malnutrition is a key public health issue and has significant impact on health outcomes. Appropriate risk assessment and intervention is vital to ensure malnutrition is adequately managed and health resources are optimised.

- The "**7 Steps**" approach should be followed to identify at risk patients and to appropriately manage their care
- A fortified '**food first'** approach is recommended, before starting oral nutritional supplements (ONS), and a leaflet with advice on fortifying foods is available for patients.
- If ONS is required, the first line choice in the NI Formulary is **powdered** ONS (50% cheaper than ready-made ONS, and fresh milk is used to reconstitute the product).

Almost £12 million was spent on oral nutritional products in NI last year, with around half of this in care homes, where significant waste was also identified. Please ensure all prescriptions for ONS are appropriately actioned:

- Prescribe a limited quantity initially (e.g. 7 days) and no more than a monthly acute prescription thereafter.
- Regularly review need, checking compliance and quantity required / requested
- Discontinue promptly when goals have been met.

Opioids for chronic non-malignant pain

Opioids are only effective in about 1 in 10 patients with chronic pain. They can cause serious side effects including addiction, respiratory depression and fertility problems, especially if taken for long periods. Regular clinical monitoring of controlled drugs by prescribers (including opioids and gabapentinoids) is a legal requirement.

Prescribing points:

- Where possible, avoid opioids and use simpler analgesics (e.g. paracetamol, NSAIDs) instead.
- Do not prescribe more than one opioid, or immediate release opioids, on a regular basis.
- Use the lowest dose that will achieve treatment goals.
- Review early and regularly to check benefit, impact on daily activities, adverse effects and potential for misuse. If opioids are not effective, reduce and stop (carefully) even if there is no alternative.
- Prioritise patients for review, including those receiving high doses (e.g. non palliative patients on oral morphine equivalent >90mg daily), taking combination opioids, or with other risk factors, e.g. concurrent benzodiazepines / "z" hypnotics or gabapentinoid use, history of drug/alcohol misuse.
- If pain remains severe, despite opioid treatment, the opioids are not working and should be stopped, even if no other treatment is available.

Tapentadol

Despite an overall reduction in opioid prescribing in NI, tapentadol prescribing is increasing, and is significantly higher than other regions of the UK.

- The NI Formulary advises that tapentadol prolonged-release tablets may be considered as a **sole agent** for mixed (neuropathic/nociceptive) pain **in a specialist setting only**.
- Be aware that tapentadol has the potential for opioid side-effects including dependence / addiction, and that regular review by the prescriber is needed.
- Refer to Medicines Management supplement (Feb 2020) on NI Formulary website for further information and action points.

Pregabalin and gabapentin

The classification of gabapentin and pregabalin to Schedule 3 controlled drugs, due to the risks of dependence, misuse and diversion, should be considered before making treatment decisions (see HSCB letter).

- Prescribers should be aware of the risks of overuse and can refer to clinical resources on gabapentinoids for tapering plans, posters and prescribing review support. Please see Primary Care intranet.
- Amitriptyline should be used first line where possible for neuropathic pain. See NI Formulary for further details.

Hypnotics and anxiolytics

Benzodiazepines, zopiclone, zolpidem and buspirone are only meant for short-term use, maximum 2 to 4 weeks, but are often continued long-term. They are associated with many risks to the patient, including drowsiness persisting the next day, tolerance, dependence and potentially dementia.

- Non-drug measures should be considered before initiating a hypnotic or anxiolytic, for example “The Good Sleep Guide” or “The Good Anxiety Guide. Refer to the NI Formulary website for further details.
- As there is little to choose between short acting hypnotics, the one with the lowest acquisition cost should be chosen (currently, generic zopiclone tablets).
- Hypnotics / anxiolytics should not be routinely added to repeat prescribing systems.
- Patients on long-term therapy should be reviewed and offered support to withdraw where appropriate. Refer to Primary Care intranet for resources.

Mefenamic acid

Mefenamic acid is more likely to cause seizures in overdose than other NSAIDs and has a narrow therapeutic window, which increases the risk of accidental overdose. Additionally it should be used with caution in patients who have epilepsy. If a NSAID is required for primary dysmenorrhoea, ibuprofen or naproxen are the preferred N.Ireland Formulary choices. Paracetamol is also an option.

REVIEW:

- GP practices should review all patients on repeat prescriptions for mefenamic acid; assess on-going need for a NSAID and change to alternative where appropriate.
- A NSAID and COX-2 review tool (with a specific emphasis on review of COX-2s, diclofenac and mefenamic acid) is available on the Primary Care Intranet.

Deprescribing Initiatives

Stop / Limited Evidence list

The Northern Ireland Department of Health (NI DH) and Health and Social Care Board (HSCB) do not support prescribing of products on the Health Service where there is insufficient evidence of effectiveness.

- Medicines on the **Limited Evidence List** should be reviewed to ensure that they are used only in the approved circumstances. Examples include lidocaine patches and quinine.
- Prescribing of products on the **Stop List** is not supported by HSCB. Examples include probiotics and glucosamine. Some of these products may be purchased by the patient from community pharmacies or supermarkets.
- Refer to Deprescribing & OTC section of NI Formulary website for further details.

Oral bisphosphonates

- The first line Formulary product choice in the treatment of osteoporosis is alendronic acid 70mg weekly plus calcium and vitamin D.
- Bisphosphonate medication has shown efficacy in fracture risk reduction over 3 to 5 years of treatment. Treatment longer than 5 years has been noted in some cases to cause atypical femoral fractures.
- **REVIEW:** Evaluation of patients receiving bisphosphonate treatment and their risk level can be carried out using the HSCB Osteoporosis Review Tool. The use of drug holidays as well as discontinuing treatment will reduce the potential risk of atypical fractures occurring.

Lidocaine plasters

Although licensed for symptomatic relief of neuropathic pain associated with previous herpes zoster infection, most prescribing of lidocaine plasters is for unlicensed indications. Evidence for use in non-neuropathic pain such as chronic back pain or rib fractures is limited. The NI regional expert group on pain management made the following recommendation regarding the use of lidocaine plasters:

Lidocaine plasters should only be considered as third line treatment where satisfactory pain reduction is not achieved with second line oral treatment:

- to treat post herpetic neuralgia
- to treat localised allodynia (unlicensed use), e.g. painful scarring
- lidocaine plasters should not normally be used for treatment of back pain.

Refer to standard operating procedure (SOP) on Primary Care intranet.

Bladder antimuscarinics

The elderly are particularly at risk from the adverse effects of anticholinergic medicines which include cognitive impairment, dementia, falls risk, increased morbidity and all-cause mortality.

REVIEW:

- Anticholinergic Cognitive Burden Scale should be used to calculate total ACB load
- Each medicine should be considered individually - can it be stopped or switched to a medicine with a lower ACB score?
- A number of practice support pharmacists are available to assist GP practices to review patients prescribed bladder antimuscarinics. GP practices should contact their HSCB Pharmacy Adviser to avail of this support.

Refer to Deprescribing \ Anticholinergic burden section on the NI Formulary for further details.

Vitamins

- Prescribing of vitamins should be in line with an **ACBS approved indication**, i.e. only in the management of an actual or potential deficiency: they are not to be prescribed as a dietary supplement. **Multivitamins should not be routinely prescribed** (refer to Stop list on NI Formulary website).
- Patients who wish to take vitamins for dietary supplementation should be supported to purchase over the counter.
- The Healthy Start scheme provides vitamins to eligible women/children. It is available to low income families and all pregnant women under 18 years of age. Details of how Healthy Start can be accessed are found at the following link: https://www.health-ni.gov.uk/articles/healthy-start-scheme.
- Where a compound vitamin B product is required, vitamin B Co **Strong** should be prescribed as it is cost effective.

Methocarbamol

Although methocarbamol is licensed as a short-term adjunct to the symptomatic treatment of acute musculoskeletal disorders associated with painful muscle spasms, there is limited evidence for use in muscle spasm or spasticity. Methocarbamol is listed in the BNF as 'less suitable for prescribing' and is not a choice in the NI formulary for skeletal muscle relaxants.

REVIEW:

- Patients receiving repeat prescriptions for methocarbamol to ensure it is effective for the patient and is being prescribed appropriately.
- Remember that half of the maximum recommended dose (or less) may be sufficient to produce a therapeutic response in the elderly.

Cost Saving Initiatives

Generic prescribing

The Department of Health policy position remains that generic medicines should be prescribed in preference to branded products in all appropriate circumstances* irrespective of whether a generic medicine is currently available.

*Note there are a number of exceptions to this rule — see Generic Exceptions list and Cost-effective Choices list.

The most recent NI COMPASS report (January-March 2020) highlights the top twenty missed generics which account for approximately £3.2 million missed efficiencies annually across NI. The drugs listed in the table below account for the majority of these potential efficiencies:

Brand	Generic	Potential Annual Saving from Switching to Generic
Keppra® tablets (all strengths)	Levetiracetam	£1,907,596
Nexium® 20mg, 40mg, Losec® 20mg	Esomeprazole omeprazole	£556,068
Lyrica® 150mg, 300mg	Pregabalin	£124,920
Crestor® 10mg, 20mg, Lipitor® 20mg, 40mg, Ezetrol®	Rosuvastatin atorvastatin ezetimibe	£294,124

- Review the prescribing of these drugs within your practice.
- Review your practice's COMPASS report and consider if there are any further generic switches that could be undertaken in your practice to maximise generic prescribing and the associated efficiency savings.
- A range of materials to support generic prescribing on the Primary Care intranet.

Generic levetiracetam

Following MHRA advice, practices should review patients where appropriate to discuss the option of switching to the generic. Although generic levetiracetam is considered bioequivalent to the brand, it is recognised that patient anxiety over a change to their medication may have a detrimental effect on epilepsy control. Therefore a proposal to undertake a generic switch should be undertaken by direct contact with the patient / carer on a case-by-case basis.

If a hospital letter is received which recommends initiation of the branded product, GP practices are encouraged to query the recommendation directly with the initiating prescriber in secondary care.

Community pharmacists are encouraged to counsel patients on any changes to their medication. A patient information leaflet is available on the NI Formulary website and the Primary Care Intranet, along with other resources.

Topical corticosteroids

Hydrocortisone is classed as a 'mildly potent' steroid, used in the management of mild inflammatory skin conditions, such as eczema. It is available as both a cream, which is well-absorbed and preferred for moist or weeping skin, and an ointment, which is thicker and greasier, often chosen for dry or scaly lesions. There is little clinical difference noted between the different strengths (0.1 – 2.5%). Not all preparations are available at similar prices however, as the table shows.

Hydrocortisone strength	Price (15g)
0.5% ointment	**£44.00**
0.5% cream	£1.38
1% ointment	£1.39
Drug Tariff, July 2020	

REVIEW:

- Patients prescribed hydrocortisone 0.5% ointment, identifying if there is a clinical reason for this formulation and strength. Where appropriate, consider switching to hydrocortisone 0.5% cream or hydrocortisone 1% ointment.

Oral Contraceptive pills

Chapter 7 of the NI Formulary provides information on the preferred first and second line choices of oral contraceptive pills, for combined oral contraceptives (COC) (low-strength and standard strength) and progestogen-only oral contraceptives (POP).

ACTION:

- For patients commencing a COC or a POP, prescribe in line with NI Formulary choices listed in the table.
- Identify and consider switching patients prescribed equivalent brands of COCs and POPs relevant to the NI Formulary choice; a SOP for this switch is available on primary care intranet.
- Prescribe oral contraceptive pills by brand name.

Monophasic standard-strength combined oral contraceptives	
1st Choice	Rigevidon®
2nd Choices	Cilique® Millinette® 30/75 Gedarel® 30/150
Monophasic low-strength combined oral contraceptives	
Formulary choices	Gedarel® 20/150 Millinette® 20/75
Progestogen-only oral contraceptives	
Formulary choices	Cerelle®

Lamotrigine dose optimisation

- The dose of lamotrigine (generic or Lamictal®) should be administered as the lowest number of whole tablets.
- If the dose of lamotrigine is being titrated, it is important to remember to change the strength prescribed.
- Practices are encouraged to review patients currently on multiple tablets of lamotrigine and consider switching to the equivalent dose of higher strength tablets as per example in the table.
- We have been advised that this will have no impact on patients' epilepsy care plans, whilst supporting medicines governance and cost-effective prescribing.
- Community pharmacists are encouraged to counsel patients on any changes to their medication.

Current Strength and dose	**New strength and dose**	**Annual Saving per Patient**
Lamotrigine 100mg x 2 tablets	Lamotrigine 200mg x 1 tablet	£15.08
Lamictal® 100mg x 2 tablets	Lamictal® 200mg x 1 tablet	£134.68

Atorvastatin 30mg and 60mg tablets

Atorvastatin 30mg and 60mg tablets are much more expensive than the other strengths of atorvastatin tablets available, as detailed in the table.
The first choice lipid-regulating drug in the NI Formulary is atorvastatin, in strengths of 10mg, 20mg, 40mg or 80mg.

REVIEW:

- Where possible, prescribers should use the Formulary strengths for lipid management, alongside advice on diet and lifestyle measures.

The Lipid pathway is available on the NI Formulary website.

Atorvastatin strength	**Price of 28 tablets***
10mg	£0.97
20mg	£1.15
30mg	£24.51
40mg	£1.42
60mg	£28.01
80mg	£1.96
* Prices based on NI Drug Tariff July 2020	

LHRH analogues

- **OVER-PRESCRIBING:** On-going monitoring of prescribing data continues to uncover incidents of 'over prescribing' by GP practices, and within community pharmacies incidents of 'over supply' or non-dispensed items coded are submitted to BSO for payment in error. Please refer to Medicines Management Newsletter Nov 2018 on NIF website for further details.
- **COST-EFFECTIVE CHOICE:** Practices are reminded that **Decapeptyl® 3 and 6 monthly injections** are the cost effective choice of LHRH analogue for the treatment of prostate cancer in NI, as agreed by secondary care Urology colleagues.

Reduce expenditure on gliptins

Alogliptin is listed in the NI Formulary as joint first choice agent, for dual and triple therapy, as per its licenced indication. NICE recommends that, if two drugs in the same class are appropriate, the one with the lowest acquisition cost should be chosen, in line with its licensed indications.

- If a gliptin is indicated, **alogliptin is the most cost-effective option for adults requiring dual or triple therapy.**
- Some patients currently prescribed another gliptin may be suitable for a switch to alogliptin. A SOP to aid the review and switch is available on the Primary Care intranet. Further prescribing information on gliptins is available from the NI formulary website.

Reduce prescribing costs of insulin/GLP1 needles

Needles are used for the self-administration of insulin and GLP-1 agonists (Victoza®, Byetta®, Lyxumia®, Trulicity®, Ozempic®) using pen devices. The July 2020 NI Drug Tariff lists needles which vary in price from £2.74 to £23 for pack size of 100.

- **REVIEW:** patients with type 2 diabetes who are prescribed needles to ensure that they are using a cost effective needle (<£6/100) and, where appropriate, switch to a cost effective brand. A needle switch SOP is available on the Primary care Intranet.
- At routine hospital reviews, Trusts have also been switching patients (adults and children) with type 1 diabetes to a cost effective needle choice.
- Community pharmacists should provide reassurance and advice to patients who have their insulin / GLP1 needle switched.

Reduce prescribing costs of glucose and ketone test strips

HSCB has developed glucometer and ketometer guidelines (available on the NI Formulary website) for:

1. Adults with type 2 diabetes (for use by GP practices)
2. Adults with type 1 diabetes (for use by Trusts)
3. Children and young people with type 1 diabetes (for use by Trusts)

GP practices have been switching patients with type 2 diabetes to cost effective blood glucose strips (less than £10 for 50) and cost effective ketone strips (less than £10 for 10). New patients have also been initiated on cost effective blood glucose or blood ketone strips.

Trusts are also initiating new patients with type 1 diabetes on cost effective blood glucose or blood ketone strips. **Only Trusts can switch patients with type 1 diabetes to cost effective blood glucose or blood ketone test strips.**

Hepa-Merz®: New supply option

- Given the wide variation in price for Hepa-merz®, community pharmacies are encouraged to order from a cost-effective supplier such as Victoria Pharmaceuticals (VP) via Movianto.
- As a pilot (commencing 3/8/20), VP will also offer through Sangers/AAH at the same price (current price £45.53/pack 30 sachets).

Stool antigen test

Prescribers are reminded to test for the presence of *H. Pylori* using a stool antigen test instead of a urea breath test.

- All samples should be sent to the Ulster Hospital microbial lab for testing.
- Please refer to HSCB website for further details.

Further Information and Resources

- NI Formulary website http://niformulary.hscni.net
- Medicines Governance website www.medicinesgovernance.hscni.net
- Medicines Management Newsletters https://niformulary.hscni.net/prescribing-newsletters/
- Primary Care Intranet resources http://primarycare.hscni.net/pharmacy-and-medicines-management/
- PrescQIPP www.prescqipp.info/

If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:

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