

NEWSLETTER



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Cost-Effective Choices update: Combodart®

Previously the most cost effective way of prescribing Combodart® was to prescribe the ingredients (tamsulosin and dutasteride) as separate generic medicines. However, combination tamsulosin 400 micrograms / dutasteride 500 micrograms capsules are now available generically — see table for cost comparison.

Cost of 30 capsules (Drug Tariff, May 2021)	
Combodart®	£19.80
Tamsulosin 400 / Dutasteride 500 DT	£6.33
Total savings per patient per year	£161.64

At current NI prescribing levels, a switch from Combodart® to generic equivalent would generate annual savings of approximately **£167,000**.

GPs may also wish to consider the generic combination product as an alternative to the separate medicines in existing patients where compliance is an issue.

ACTION for all GP practices:

- Search GP clinical system for patients prescribed Combodart® and switch to generic tamsulosin 400 / dutasteride 500 capsules in line with DH generic prescribing policy.

ACTION for community pharmacists:

- Explain to patients that their medicine has not changed (except in appearance) and they should continue to take one capsule per day.

Sign up: MHRA Drug Safety Updates

The MHRA Drug Safety Update is a monthly newsletter for healthcare professionals, with clinical advice on the safe use of medicines.

Recent articles include:

- Emollients and risk of severe and fatal burns: new resources available
- Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products
- Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration

ACTION: Subscribe [here](#) to receive email updates.

693 updates ✉ Get emails 📡 Subscribe to feed

Search

^ Therapeutic area

Anaesthesia and intensive care

Breastfeeding

Cancer

Cardiovascular disease

^ Published

Emollients and risk of severe and fatal burns: new resources available

We inform healthcare professionals of the recent campaign to promote awareness of the risk and new resources available to support safe use following previous advice to health and care professionals.

Therapeutic area: Dermatology and 1 others Published: 26 August 2020

Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products

If a patient reports persistent symptoms when switching between different levothyroxine tablet formulations, consider consistently prescribing a specific product known to be well tolerated by the patient. If symptoms or poor...

Therapeutic area: Endocrinology, diabetology and metabolism Published: 19 May 2021

COVID-19 vaccines: updates for May 2021

A summary of advice recently issued by the MHRA relating to coronavirus (COVID-19), up to 13 May 2021.

Pregabalin and reports of severe respiratory depression

The MHRA issued a [Drug Safety Update In February 2021](#) following reports of severe respiratory depression associated with pregabalin, in some cases without concomitant opioid treatment. Similar warnings are already in place for gabapentin ([Drug Safety Update, October 2017](#)).

ACTION:

- Prescribers should consider adjusting the dose or dosing regimen in patients at increased risk of experiencing this severe adverse reaction, including patients:
 - ◇ with compromised respiratory function or respiratory disease
 - ◇ with neurological disease
 - ◇ with renal impairment (pregabalin clearance is directly proportional to creatinine clearance, and dose reductions in patients with compromised renal function should be individualised – see [SPC](#))
 - ◇ using concomitant CNS depressants (including opioid-containing medicines - studies show use of high doses of pregabalin >300mg a day alongside opioids to be particularly associated with an increased risk of opioid-related death)
 - ◇ older than 65 years.
- Prescribers should advise patients and carers that:
 - ◇ some patients experience breathing difficulties with pregabalin and certain people need lower doses to reduce this risk. They should contact their doctor if they notice new or increased trouble in breathing or experience shallow breathing after taking pregabalin; a noticeable change in breathing might be associated with sleepiness
 - ◇ they should avoid drinking alcohol during pregabalin treatment.

Please note: this is in addition to current advice on pregabalin (evaluating patients for a history of drug abuse before prescribing, monitoring for signs of abuse / dependence, giving patients information on expected benefits / potential risks, etc.) and the legal requirements associated with prescribing a Schedule 3 CD (clinical monitoring, etc.).

Reminder: Travelling with controlled drugs (CDs)

For the most up to date travel advice for NI in light of coronavirus restrictions, please refer to [NI Direct website](#).

In relation to Schedule 2, 3 and 4 CDs travelling out of the UK, patients should be advised to contact the relevant authorities in each country for advice on the legal requirements regarding movement of CDs to and from the UK.

Patients will need to demonstrate that the item(s) is a medicine prescribed for them. Therefore a letter, signed and dated by the prescriber, that states (as a minimum) the patient's name, medicine(s) (including strength, dose and quantity), the countries being visited and on what dates. Practices may charge a fee for issuing such a letter.

A Home Office personal import/export licence is required if a traveller is carrying a supply of controlled drugs (into or out of the UK) that will last more than 3 months or will be travelling with controlled drugs for 3 months or more. Further information is available at <https://www.gov.uk/travelling-controlled-drugs>.



NICE GUIDANCE — NI SERVICE NOTIFICATIONS

Service Notifications have been issued in Northern Ireland for the following:
[NICE TA704](#) — Trastuzumab deruxtecan for treating HER2- positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies
[NICE TA699](#) — Ofatumumab for treating relapsing multiple sclerosis.
[NICE TA698](#) — Ravulizumab for treating paroxysmal nocturnal haemoglobinuria.
[NICE TA697](#) — Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban.

NOT recommended:
[NICE TA696](#) - Tafamidis for treating transthyretin amyloidosis with cardiomyopathy.

MANAGED ENTRY DECISIONS

- | | | |
|--|---|--|
| • Lenalidomide (Revlimid [®]) | deruxtecan (Enhertu [®]) | (Jorveza [®]) |
| • Pembrolizumab (Keytruda [®]) | • Ofatumumab (Kesimpta [®]) | • Indacaterol (as acetate) and mometasone furoate (Atecura Breezhaler [®]) |
| • Avelumab (Bavencio [®]) | • Ravulizumab (Ultomiris [®]) | • Andexanet alfa (Ondexxya [®]) |
| • Trastuzumab | • Budesonide orodispersible tablet | |

For full details see [Managed Entry section](#) of NI Formulary

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. 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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