NORTHERN IRELAND MEDICINES MANAGEMENT

Health and Social Care Board

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NEWSLETTER

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Enoxaparin: prescribe by brand

Enoxaparin is a biological medicine. Biological medicines are made by, or derived, from a biological source using biotechnology processes, such as recombinant DNA technology. The MHRA recommend that biological medicines must be **prescribed by brand name** and the brand name specified on the prescription should be dispensed in order to avoid inadvertent switching. Automatic substitution of brands at the point of dispensing is not appropriate for biological medicines. There are a number of brands of enoxaparin on the market: Arovi®, Clexane® Inhixa®, and Ledraxen®. Refer to the SPC for licensed indications and available forms.

Enoxaparin should be prescribed and dispensed in line with the Shared Care Guideline.

Trusts across N. Ireland are moving to dispensing Inhixa® as the biosimilar of choice.

A training video for health care professionals is available on the Techdow website: www.techdow-pharma.co.uk/videoplay.html. Booklets of 'How to Inject with Inhixa®' are available directly from the company.

Clexane® note: there is a current supply problem with some Clexane® products. Therefore a number of Clexane® strengths are being provided in a different device — refer to Medicines Supply Notification for more information.

Action by GP Practices:

- **Enoxaparin should be prescribed by brand**.
- Patients discharged on enoxaparin should ideally remain on the same brand they have been supplied with in hospital where the patient has been counselled on administration.
- The brand the patient has been supplied should be available on the discharge letter. If not, this is available on the patient's ECR records displayed within a tab in '**Medications**' within '**Hospital Supplied Specialist Medicines**'.

Action by Community Pharmacy:

- **Dispense Enoxaparin by brand**. Pharmacists receiving a generic prescription should take necessary steps to try to confirm the brand required before dispensing. If this isn't possible, or if the required brand is not available, a professional judgement will need to be made in discussion with the prescriber, taking into account the clinical urgency for supply. Ensure that patients switching brands receive counselling on differences in administration technique.

Self management resources for chronic pain

Medicines play only one part in managing chronic pain. Research shows that non pharmaceutical options such as **movement are also important and** can be very helpful to reduce **pain** and improve function. To support people living with chronic pain arthritis, the following self management resources are available:

Versus Arthritis 'Keep Moving' booklet

Versus Arthritis have launched a new version of the 'Keep Moving' booklet, designed to support people with arthritis to become more active. The popular booklet now includes more detail on goal setting and self-reward, to help facilitate behaviour change among people with arthritis and MSK conditions. The booklet comes with an updated poster and activity tracker. A digital PDF can be downloaded from VA's exercise pages or the booklet can be purchased from VA's publications (https://www.versusarthritis.org/order-our-information/). All information in the booklet is on VA's exercise pages, along with animated explanations of the benefits of exercise, physical activity guidelines and how to get started.

This is part of VA's Let's Move programme. The tailor-made content ranges from movement routines to top tips from experts and myth-busting advice. All resources are free and online. The best way to hear about content is to sign up to the Let's Move newsletter.

MSK-Tracker project

Keele University have put together a list of MSK self-management resources as part of the MSK-Tracker project (funded by Versus Arthritis): https://www.keele.ac.uk/media/k-web/k-schools/pcsc/msk-self-management-resources-v6.pdf. A plethora of MSK conditions are included, as well as information on investigations, medicines, surgery and general health.

Deprescribing: Benzodiazepines and Z-drugs

Northern Ireland prescribes more benzodiazepines per head of the population than other parts of the UK, as shown in the table below:

Items per head of the population					
Year	**Generic Name**	**England**	**Wales**	**Scotland**	**NI**
2016	Diazepam	0.10	0.18	0.16	0.32
2017	Diazepam	0.09	0.18	0.16	0.32
2018	Diazepam	0.09	0.17	0.16	0.31
2019	Diazepam	0.09	0.17	0.16	0.31
2020	Diazepam	0.08	0.16	0.15	0.32

The rate of drug-related death associated with benzodiazepine use was 102 (out of 191) deaths in 2019

[Ref — Drug-Related and Drug-Misuse Deaths 2009-2019 \| Northern Ireland Statistics and Research Agency (nisra.gov.uk)].

The many risks associated with prescribing of Benzodiazepine and Z-drugs are well known. These include memory problems, drowsiness, clumsiness, falls, dependence, pneumonia, tolerance, etc. Another concern is the contribution to the anticholinergic burden, particularly when combined with other anticholinergic medications. Furthermore, the MHRA highlighted in their Drug Safety Update in March 2020 about the risk of potentially fatal respiratory depression when benzodiazepines and opioids are combined (see July 2020 newsletter).

Whilst benzodiazepines and Z-drugs are only licensed for short-term use, they are frequently continued long-term in many patients, exposing prescribers and patients to additional risk. Prescribers are reminded that benzodiazepines and Z-drugs are controlled drugs and as such it is essential that there are procedures in place for regular clinical monitoring and review.

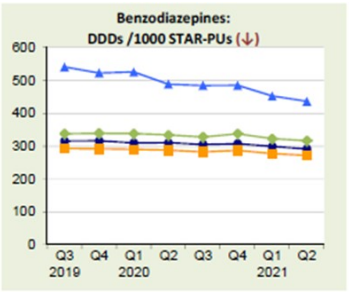
Action for GP practices:

- prescribers should seek to identify appropriate patients for withdrawal, especially those co-prescribed with opioids
- new patients should not be put on a repeat prescription system
- ensure only short course of benzodiazepines are prescribed.

Benzodiazepine withdrawal

Refer to NI Formulary chapter 4.10.3 and primary care intranet resources for how to withdraw benzodiazepines.

The COMPASS graph shows the significant reduction in benzodiazepine prescribing in a practice currently engaging patients in the withdrawal process (light blue line).



Resources

A patient information leaflet is available on the primary care intranet to explain the risks of taking these medications, to encourage patients to try to reduce or stop taking them. It also contains useful tips on making this easier, including helpful websites that may be used and support organisations that may be contacted.

Prescribers are encouraged to share this patient information leaflet with all appropriate patients to encourage them to consider dose reduction with a view to stopping.

Additional supporting resources are available on the Primary Care Intranet.

NICE GUIDANCE — RECENTLY PUBLISHED

Service Notifications have been issued in Northern Ireland for the following:

NICE TA725 – Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (review of TA579)

NICE TA728 — Midostaurin for treating advanced systemic mastocytosis

MANAGED ENTRY DECISIONS

- Natalizumab subcutaneous injection (Tysabri®)
- Luspatercept (Reblozyl®)
- Avatrombopag tablets (Doptelet®)
- Elotuzumab (Empliciti®)
- Nivolumab (Opdivo®)
- Sapropterin (Kuvan®)
- Midostaurin (Rydapt®)
- Avelumab (Bavencio®)
- Pemigatinib (Pemazyre®)
- Bimekizumab (Bimzelx®)

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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