NORTHERN IRELAND MEDICINES MANAGEMENT

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NEWSLETTER

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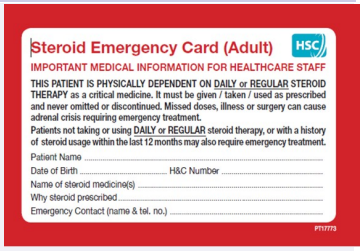
Northern Ireland Steroid Emergency Card



Adrenal crisis is a medical emergency which if left untreated can be fatal.

Patients with primary adrenal insufficiency (e.g. Addison's disease, congenital adrenal hyperplasia, hypothalamo-pituitary damage from tumours or surgery) are steroid dependent. Some patients may develop secondary adrenal insufficiency and become steroid dependent, as a result of taking oral, inhaled or topical steroids. All of these groups of patients are potentially at risk of an adrenal crisis if they do not take or use their steroids as directed. Omission of steroids for patients with adrenal insufficiency can lead to adrenal crisis. Patients with adrenal insufficiency may require higher doses of steroids if they become acutely ill or are subject to major body stressors, such as from trauma or surgery, to prevent an adrenal crisis.

In response to a National Patient Safety Alert, a **Steroid Emergency Card (SEC)** for use in NI has been developed.

The alert asks healthcare providers to ensure:

- That all eligible patients are issued with a patient-held SEC
- Processes are in place to check if a patient has a SEC ahead of any emergency treatment, elective surgery, or other invasive procedures.

The purpose of the SEC is to help healthcare professionals identify patients with adrenal insufficiency / experiencing adrenal crisis and provide information on emergency treatment if the patient is acutely ill, experiences trauma, surgery or other major stressors.

SECs were recently distributed to all Trusts, GP practices and community pharmacies in Northern Ireland. Additional copies can be ordered by GPs and community pharmacists by emailing pharmacystationeryorders@hscni.net.

Action for GP practices:

- Ensure SECs are readily available for relevant healthcare professionals to provide to patients when necessary.
- Review processes and digital systems / prompts to ensure that prescribers issue a SEC to all eligible patients (PrescQIPP *provides descriptions of clinical system searches to identify patients*).
- Prescribers undertaking reviews, e.g. in clinics or when authorising repeat prescriptions, should ensure all eligible patients prescribed steroids have been assessed, and where necessary issued a SEC *(read code 8B317).*
- Guidance from an expert working group (Society of Endocrinology) defines those patients who are receiving steroids and are at risk of adrenal insufficiency and should be issued a SEC.

Action for Community Pharmacies:

- Maintain a supply of SECs to replace those lost by patients or become damaged.
- During clinical check processes consider if patient is eligible for a SEC. Confirm with patient that they have a SEC and provide one if required.

Do not stop post-transplant medicines without clinical input

An adverse incident (AI) was reported to HSCB when a patient was admitted to hospital because the GP practice had stopped their anti-rejection medications post-transplant. The prednisolone had not been supplied for around 8 weeks, despite the patient requesting this. The GP practice reported that the patient had not attended monitoring numerous times, therefore the GP decided to stop supply.
Apart from the potential for lost immunosuppression and transplant rejection, abrupt cessation of corticosteroids (oral/inhaled/topical) risks adrenal insufficiency, which is a life-threatening endocrine emergency, as described above

Action for GP practices:

- Flag high-risk patients on clinical systems.
- **All** prescribers should be involved in the clinical decision to withhold any medication including relevant secondary care consultants in particularly high risk patients.
- Ensure there is discussion with patients about the importance of monitoring and not attending. [*cont. over page*]

- Patients at risk of adrenal insufficiency / crisis should be offered a new SEC by healthcare professionals responsible for their care.
- Practice staff: report under-compliance when processing repeat prescriptions — be aware of patients who do not order all of their repeat medication.
- Contact secondary care if patient is non-compliant with anti-rejection drugs or monitoring requirements.

Action for community pharmacies:

- Add an alert to the patient medication records (PMRs) of patients on high risk medicines.
- Confirm patient has received a steroid emergency card and provide one if required.
- Encourage patients to attend clinic for regular monitoring as required.
- When clinically checking medicines, particularly for high risk or immunosuppressed patients, question any change with the patient or prescriber to ensure the changes are intentional. This includes medicines which appear to be missing from the normal repeat list.
- Be alert to post-transplant immunosuppressant regimen changes. Check with prescriber / clinic if concerned.

Things to consider when prescribing NSAIDs

Northern Ireland prescribing Formulary **first line** NSAID choices are:

- **Ibuprofen**

OR

- **Naproxen** (PLAIN, not enteric coated)

NSAID	Dose	Cost of 28 days
Ibuprofen 400mg	Three times a day	£5.74
Naproxen plain 500mg	Twice a day	£3.52
Etodolac 600mg	Once a day	£14.47

Second Line Choice (if naproxen not tolerated or treatment failure):

- The second line choice depends on individual patient factors and safety factors of individual NSAIDs.
- Differences between NSAIDs are small in terms of analgesic effect, but there is variation in individual response and tolerance.
- Diclofenac, etoricoxib and high dose ibuprofen (>1200mg/day) should be avoided in patients with a high risk of cardiovascular (CV) complication
- Celecoxib is a cost-effective option if a COX-2 inhibitor is required (due to concerns about gastrointestinal (GI) risks).

Etodolac

- £125,000 is spent annually in NI on etodolac 600mg (Lodine®) and it is not a NI Formulary choice.
- Etodolac 600mg (Lodine®) is more expensive than either of the first line Formulary NSAID choices.
- Patients prescribed etodolac should be reviewed:
  - ⇒ For some patients it may be appropriate to stop the NSAID or consider a trial of an alternative analgesic, e.g. paracetamol. A useful NSAID review tool and data collection form are available on the Primary care intranet.
  - ⇒ For patients who need to continue a NSAID, consider switching to a first line NSAID choice in suitable patients: ibuprofen or naproxen plain (providing an adequate trial of both has not already taken place).

NSAID general prescribing points:

- All NSAIDs should be used at the lowest effective dose and for the shortest period of time.
- Low-dose ibuprofen (≤1200mg per day) is an appropriate first choice NSAID in view of its low risk of GI and CV side effects.
- Consider prescribing a PPI in those who are at high GI risk (>65 years) and long-term NSAID users.
- Further information can be found in chapter 10 of the NI Formulary website.

NICE GUIDANCE — RECENTLY PUBLISHED

NICE TA740 — Apalutamide with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer
NICE TA741 — Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer
NICE TA742 — Selpercatinib for treating advanced thyroid cancer with RET alterations
NICE TA743 — Crizanlizumab for preventing sickle cell crises in sickle cell disease
NICE TA744 — Upadacitinib for treating moderate rheumatoid arthritis
NICE TA746 — Nivolumab for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer
NICE TA747— Nintedanib for treating progressive fibrosing interstitial lung diseases

MANAGED ENTRY DECISIONS

- Isatuximab (Sarclisa®)
- Cabozantinib (Cabometyx®)
- Olaparib (Lynparza®)
- Atezolizumab (Tecentriq®)
- Nivolumab (Opdivo®)
- Nintedanib (Ofev®)
- Dupilumab (Dupixent®)
- Nivolumab (Opdivo®)
- Avapritinib (Ayvakyt®)
- Crizanlizumab (Adakveo®)
- Upadacitinib (Rinvoq®)
- Selpercatinib (Retsevmo®)

For full details see Managed Entry section of NI Formulary

Wishing everyone a Happy and Healthy Christmas and New Year

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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