NORTHERN IRELAND MEDICINES MANAGEMENT

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Health and Social Care Board

NEWSLETTER

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Care with prescribing and dispensing high doses of opioids

When a patient registers with a new practice, the repeat medication list from their old practice cannot be seen on NIECR once the registration process is complete. An incident occurred when a GP was transferring a new patient's medication to the practice system. One repeat medication was MST **20mg** bd. However, **200mg** (at the bottom of the pick list) was selected in error. This was subsequently prescribed and dispensed. The patient noticed and returned the medication to the pharmacy.

Action for GP Practices

- Consider contacting your software supplier to put alerts on MST 100mg / 200mg to reduce risk of future errors.
- Double check opioid doses ordered above 60mg bd oral morphine equivalent (OME)
- Be aware MST is available in 5mg, 10mg, 15mg, 30mg, 60mg, 100mg and 200mg strengths **i.e. there is no 20mg**. If 20mg is required, prescribe 10mg tablets, 2 tablets twice daily.
- When prescribing multiple tablets to make one dose, add total daily dose to clarify what is required e.g. MST 10mg tablets, two to be taken twice daily (total daily dose 40mg)
- Checking new patients' medication:
  - ◊ When patients present to register, obtain consent to access NIECR early for medication summaries and allergy sheets before registration closes with "old" practices.
  - ◊ Not all medications may be on NIECR. Ask about recent ED visits, etc.
  - ◊ Have a high index of suspicion regarding potentially misused medications and unusual combinations, etc. Prescribers could check these with previous practices.
  - ◊ Corroborate new patients' medication against other sources, e.g. right hand side of recent HS21, recent boxes of medication etc.

Further resources:

- Opioids Aware
- Opioid prescribing for chronic pain resource pack and Primary care intranet resources
- Medicines Governance High-risk medicine poster, including opioids (although for pharmacies, practices may find it useful).

Action for Community Pharmacies

- Double-check new opioid doses with prescribers if concerned, especially if above current recommended levels for non-palliative care indications.
- Show patients the opioid medicine pack on collection to confirm expected strength.
- Practices and pharmacies may wish to add identifying / checking high opioid doses in SOPs and governance plans.

Held medication errors

An adverse incident was reported to HSCB in which a patient was incorrectly prescribed a medication that was temporarily discontinued or 'held'. In this particular incident, the patient did not commence the medication before directed to by the GP, however it has highlighted the need for GP practices to ensure they have robust processes in place for 'held medication' to ensure patients do not inadvertently receive medication that has been temporarily discontinued.

Action for GP Practices

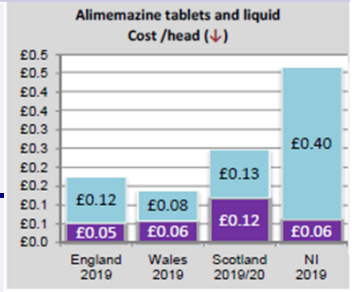
- Review practice procedures for 'held medication' to ensure robust processes are in place. Consider the addition of the word 'held' in the directions of the prescription or some other mechanism of identifying 'held' medication. Taking the medicine off a repeat list could be considered if appropriate.
- Practices may also wish to consider issuing a new prescription when directions change in particular for high risk medications

Action for Community Pharmacies

- Be vigilant for any 'held' directions present on a prescription and contact the prescriber if in doubt.
- Ensure patients, in particular those receiving high risk medicines, are adequately counselled each time a prescription is dispensed.

Alimemazine prescribing in primary care

Alimemazine is licensed for urticaria and pruritus in adults and children over two years, although it is sometimes used outside license. A review of alimemazine prescribing in GP practices indicated that the majority of prescribing followed recommendations from secondary care, although some prescribing was initiated in primary care.
Northern Ireland spends a total of over **£900k** each year on alimemazine, and continues to spend more per head than any other part of the UK, as the graph shows.



Primary care initiation

The only licensed indication in primary care is for urticaria and pruritis. Prescribing for insomnia is unlicensed and should be avoided.

Urticaria (Licensed Indication)

NICE Clinical Knowledge Summaries (CKS) recommends:

- A non-sedating antihistamine as a first line option if treatment required.
- Chlorphenamine as a 1st line choice if a sedating antihistamine is required.

There is **no** published evidence to state that alimemazine is superior in efficacy to other antihistamines.

For further information see newsletter.

Insomnia (Unlicensed indication)

- Sedating antihistamines are sometimes prescribed or purchased OTC as a perceived 'safer' alternative to benzodiazepines in the management of insomnia in adults. NICE CKS **do not** recommend sedating antihistamines for the management of insomnia in adolescents and adults 16 years+, noting insufficient evidence to support their use, and significant potential for adverse effects.
- Children under 16 years of age are not included in the NICE CKS summary, although it is known that children have higher susceptibility to adverse drug effects than general adult population. BNFc states that the prescribing of hypnotics to children, except for occasional use, e.g. for sedation for procedures, is not justified.

Secondary care recommendation

There may be occasions where secondary care specialists deem it appropriate to recommend alimemazine, for example:

- Sleep issues in children with complex needs where all other treatment options have been explored (CAMHS & Community Paediatrics)
- Chronic vomiting or retching associated with Nissen fundoplication (GI)
- Chronic urticaria (Dermatology).

HSCB has worked closely with Trust colleagues to review prescribing of alimemazine. Secondary care prescribers have been asked to:

- Recommend sedative antihistamines in line with guidance, for the least amount of time, and to use the most cost effective antihistamine.
- Consider potential to stop or switch to a more cost-effective alternative, as patients present for review.
- State indication and the anticipated duration of treatment/review should they recommend alimemazine. **A time limited trial is suggested in the first instance.**

Alimemazine Drug Tariff (DT) Prices (Mar 21)

Item	Pack Size	Price
Alimemazine 10mg tablets	28	£112.88
Alimemazine 30mg/5ml oral soln	100ml	£243.51
Alimemazine 7.5mg/5ml oral soln	100ml	£179.58

Action for Primary Care Prescribers:

- Review all patients on alimemazine for urticaria. If a sedating antihistamine is required, consider changing to a first line sedating antihistamine such as chlorphenamine.
- Ensure new patients requiring a sedating anti-histamine for urticaria are commenced on chlorphenamine as per NICE CKS for short term use as appropriate.
- Practices should review all patients prescribed alimemazine for an unlicensed indication and take appropriate action, discuss with secondary care specialists where necessary.

All prescribers are reminded that sedative medications have the potential to be misused. Please see learning letter for more detail.

MANAGED ENTRY DECISIONS

- Fostamatinib disodium (Tavlesse®)
- Dupilumab (Dupixent®)
- Talazoparib (Talzenna®)
- Brolucizumab (Beovu®)
- Trifluridine + tipiracil (Lonsurf®)
- Brigatinib (Alunbrig®)
- Filgotinib (Jyseleca®)
- Mepolizumab (Nucala®)
- Autologous anti-CD19-transduced CD3+ cells (Tecartus®)
- Niraparib (Zejula®)
- Erenumab (Aimovig®)
- Budesonide + formoterol + glycopyrronium (Trixeo Aerosphere®)
- Relabactam + cilastatin + imipenem (Recarbrio®)

For full details see Managed Entry section of NI Formulary website.

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:

Belfast Office: 028 9536 3926 South Eastern Office: 028 9536 1461 Southern Office: 028 9536 2104
Northern Office: 028 9536 2812 Western Office: 028 9536 1010