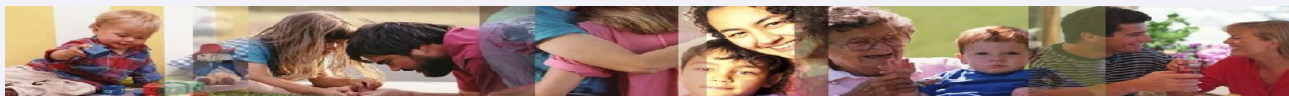


NEWSLETTER



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Updated HSC Agreed List of Paediatric Liquid Medicines

Adverse incidents involving medicines are a common cause of avoidable morbidity. Within the paediatric setting in particular, medicines related incidents occur more frequently and can have significant consequences. A project was undertaken in 2017 to improve the safety, regarding the prescribing of liquids, as children make the transition between secondary and primary care. As a result of this work, the five Trust Pharmacy Departments in Northern Ireland standardised the products that they stock and dispense/supply. This list has now been reviewed and can be found on the [NI Formulary website](#).



Action for GP practices:

For new patients

- Trusts should recommend the formulations as listed. Please ensure that those formulations are selected when presented with particular attention to the formulation and strength specified.
- Where the Trust clinician has specified an alternative formulation to those listed, please confirm with the initiating clinician.

For existing patients

- Review patients for appropriateness to switch to a standardised formulation on an case-by-case basis.
- Consider whether switching to a standardised formulation would reduce the risk of error at interface, particularly for regular inpatients.
- The patient, carer or guardian (as appropriate) should be involved in the decision to switch with careful consideration of any dose change.
- Inform the community pharmacy in advance of the switch highlighting in particular any strength or dose change.

Action for Community Pharmacists:

- Make a record of the change in the patients PMR.
- Ensure the patient, carer or guardian is aware of any change in formulation, strength and dose.
- Ensure all staff are aware of this guidance.

Oral Hydrocortisone costs

There is significant variation in the cost between immediate release (IR) and modified release (MR) formulations of hydrocortisone tablets, as shown in the table. Within the last 12 months, £193,350 was spent on prescriptions for hydrocortisone MR tablets in Northern Ireland.

It is acknowledged that, in some cases, it may not be clinically appropriate to use the IR formulation, but in other cases (including new patients) where it is clinically appropriate to do so and on the advice of a secondary care consultant, an IR formulation should be prescribed.

Patients should not be switched from the MR to the IR formulation without seeking advice from a secondary care consultant.

Total daily dose	Drug	Cost 28 days
20mg	Hydrocortisone MR 20mg	£224
20mg	Hydrocortisone IR 10mg x 2 tablets	£4.98
30mg	Hydrocortisone MR 20mg + Hydrocortisone MR 5mg x 2 tabs	£496
30mg	Hydrocortisone IR 10mg x 3 tablets	£7.48
30mg	Hydrocortisone IR 20mg x 1 tablet + Hydrocortisone IR 10mg	£4.79
40mg	Hydrocortisone MR 20mg x 2 tablets	£448
40mg	Hydrocortisone IR 20mg x 2 tablets	£4.59
50mg	Hydrocortisone MR 20mg x 2 tablets + Hydrocortisone MR 5mg x 2 tabs	£720
50mg	Hydrocortisone IR 20mg x 2 tablets + Hydrocortisone IR 10mg	£7.08

Deprescribing: Antihistamines



Antihistamines

Acrivastine, alimemazine, brompheniramine, cetirizine, chlorphenamine maleate, clemastine, cyproheptadine, desloratadine, diphenhydramine, fexofenadine, hydroxyzine, levocetirizine, loratadine, promethazine.

When reviewing antihistamine prescribing consider the following:

- Oral antihistamines relieve ocular symptoms, rhinorrhoea and sneezing but have little effect on nasal congestion. They are also of value in preventing urticaria or treating urticarial rashes, pruritus, insect bites and drug allergies.
- Patients are encouraged to self-care and seek advice from their community pharmacist to help manage minor conditions and self-limiting illnesses, as per [HSCB bulletin](#).
- If a decision is taken to prescribe an antihistamine, the [NI Formulary](#) first line oral choices are the 2nd generation non-sedating antihistamines cetirizine or loratadine. 1st generation (older) antihistamines, e.g. promethazine and chlorphenamine, have a higher anticholinergic score. Clearance is reduced with advanced age, resulting in a greater risk of confusion, dry mouth, constipation and sedation. Promethazine ([SPC](#)) is licensed for short-term treatment of insomnia in adults. Long term treatment may lead to tolerance and reduced efficacy.
- Promethazine is sometimes used at **above licensed dosage** for the management of chronic urticaria **under specialist advice**. Patients should be reviewed regularly with a view to reducing or stopping treatment. Consult secondary care colleagues as required.

Action for GP practices:

- Review patients taking regular antihistamines to ensure there is a **valid indication**. If no longer indicated, **stop**.
- Prioritise chlorphenamine and promethazine for deprescribing or, if appropriate, switch to a medicine with fewer cholinergic side effects such as loratadine or cetirizine.
- When carrying out medication reviews remember that patients may purchase over-the-counter (OTC) antihistamines for a variety of reasons such as travel sickness and sleeping aids.
- Involve patients and their carers in the decision to deprescribe medicines.
- Reduce the prescribing of medicines for the treatment of minor conditions, encourage self-care and where appropriate refer patients to the pharmacy to buy OTC medication.

NICE GUIDANCE — RECENTLY PUBLISHED

[NICE NG188](#) — COVID-19 rapid guideline: managing the long-term effects of COVID-19

[NICE NG191](#) — COVID-19 rapid guideline: managing COVID-19

[NICE TA748](#) — Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders

[NICE TA751](#) — Dupilumab for treating severe asthma with type 2 inflammation

[NICE TA752](#) — Belimumab for treating active autoantibody-positive systemic lupus erythematosus (review of TA397)

[NICE TA753](#) — Cenobamate for treating focal onset seizures in epilepsy

[NICE TA754](#) — Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome

[NICE TA755](#) — Risdiplam for treating spinal muscular atrophy

[NICE TA756](#) — Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis

NOT recommended:

[NICE TA706](#) — Ozanimod for treating relapsing–remitting multiple sclerosis

[NICE TA724](#) — Nivolumab with ipilimumab and chemotherapy for untreated metastatic non-small-cell lung cancer

Competition Winner!

Congratulations to Fiona Savage, a practice nurse based in Newcastle, the winner of our recent World Antimicrobial Awareness Week competition to win an iPad. Her entry was randomly selected from over 100 entries. Thank you to everyone who took part.

As we enter 2022, we ask that you continue to use antibiotics responsibly to protect their use for future years. For more information and resources, please see the Antimicrobial newsletter [here](#).



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

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