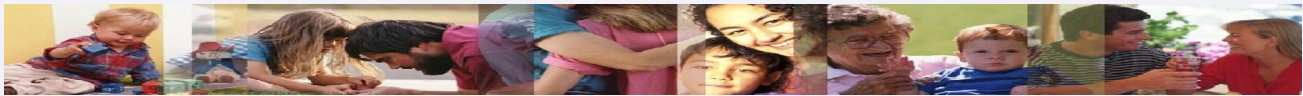


NEWSLETTER



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Northern Ireland Formulary Correction

Section 13.2.1.1 Emollient bath and shower preparations.

The table for emollient bath and shower preparations containing antimicrobials was displaying twice on this page in error. The formulary choices are Hydromol® bath and shower emollient, Oilatum® emollient bath additive or Cetraban® emollient bath additive - click [here](#) for further information. Note - evidence is lacking on the clinical effectiveness of bath emollients and they should **not be routinely prescribed**.

Deprescribing Anticholinergic Drugs

Anticholinergic burden (ACB) - a major polypharmacy escalator

Table 1

Over the last 30 years, older people have been prescribed an increasing number of medicines. Polypharmacy increases the risk of adverse drug events, falls and hospital admissions. One of the major contributing factors to polypharmacy is the use of anticholinergic medicines. Table 1 outlines the common adverse effects of these and the medicines which are often prescribed to counteract adverse effects. Structured medication reviews should help to maximise positive patient outcomes, improve quality of life and reduce the anticholinergic burden. A flowchart showing a patient-centred approach to managing polypharmacy in practice can be viewed by scanning the barcode.



Scan the QR code to access the person-centred approach to polypharmacy

Actions for prescribers

- Start your review with less complicated patients
- Use a validated tool to calculate a patient’s cumulative ACB score e.g. [ACB aging brain care](#) or [ACB calculator](#). An ACB score of 3 or more is clinically significant.
- Enquire regarding potential use of over-the-counter medicines with cholinergic activity eg remedies for sleeping, allergy, indigestion, colds, travel sickness
- Consider deprescribing potentially harmful medicines
- Consider non-pharmacological alternatives to prescribing
- Involve patients (and/or carers) in deprescribing decisions to increase the chance of success

<u>Common adverse effects of anticholinergic medicines</u>	<u>Medicines often prescribed to treat these adverse effects</u>
Constipation	Laxatives
Nausea	Antiemetics
Dyspepsia	PPIs H ₂ RAs
Dry mouth	Artificial saliva sprays Lozenges
Dry eyes	Lubricating eye drops
Dry skin / rash	Emollients Antihistamines
Urinary retention	Alpha-adrenoceptor blockers

Benefits of Deprescribing Anticholinergic Medicines

- Reduces polypharmacy and unnecessary tablet burden
- Improves quality of life
- Reduces risk of falls and hospital admission
- Creates efficiencies for the health service
- Reduces future risk of dementia

Dapagliflozin no longer licenced for use in type 1 diabetes

The authorisation holder for dapagliflozin has withdrawn the indication for type 1 diabetes mellitus. The SPC now states: 'In type 1 diabetes mellitus studies with dapagliflozin, diabetic ketoacidosis (DKA) was reported with common frequency. Dapagliflozin should not be used for treatment of patients with type 1 diabetes.' The other indications of dapagliflozin are unchanged.

It is recognised that in a number of individual cases, specialist teams may deem it appropriate for dapagliflozin to continue, outside of license, in a person with type 1 diabetes.

Action for GP practices: Identify patients on dapagliflozin and insulin for type 1 diabetes. Ensure that this drug combination has been reviewed by their specialist team.

Note that : Dapagliflozin is still licensed for use in type 2 diabetes with insulin (see SPC for full details).

“Supply Issues Update for Primary and Secondary Care” has moved Online

This report, which has been produced monthly by the Department of Health and Social Care (DHSC) Medicine Supply Team is routinely shared with GPs and community pharmacists via the Primary Care Intranet at the link [DHSC Monthly Bulletin – Primary Care Intranet \(hscni.net\)](#).

DHSC and NHSE/I have now launched an online Medicines Supply Tool, which provides up to date information about medicine supply issues. The contents of the monthly report can now be viewed on the Tool. To access the Tool, you will be required to register with the SPS website at [SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#) using your “hscni.net” email. You can then choose either “Community Pharmacist” or “General Medical Practitioner” under Role, and then “Other” under Organisation Type.

These monthly bulletins will no longer be produced; the last monthly update was issued in **February 2022**.



Accountable Officer and Controlled Drugs Documents

These documents have moved and are live on the HSCB website. Please use these links in the future as the previous pages at the Medicines Governance website may no longer be updated.

- Accountable Officer - <http://www.hscboard.hscni.net/our-work/integrated-care/pharmacy-and-medicines-management/accountable-officer-controlled-drugs/>
- Controlled Drugs Resources - <http://www.hscboard.hscni.net/our-work/integrated-care/pharmacy-and-medicines-management/controlled-drugs/>

NICE GUIDANCE RECENTLY PUBLISHED

[NICE TA757](#) NICE Technology Appraisal TA757 - Cabotegravir with rilpivirine for treating HIV-1

[NICE TA758](#) - Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy

[NICE TA759](#) - Fostamatinib for treating refractory chronic immune thrombocytopenia

[NICE TA760](#) - Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer

[NICE TA761](#) Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection

[NICE TA764](#) Fremanezumab for preventing migraine (rapid review of TA631)

[NICE TA 610](#) - Pentosan polysulfate sodium for treating bladder pain syndrome

MANAGED ENTRY DECISIONS

- | | | |
|--|--|--------------------------|
| • Opicapone (Ongentys®) | • Tirbanibulin (Klisyri®) | • Solriamfetol (Sunosi®) |
| • Budesonide prolonged release tablet (Cortiment®) | • Mometasone + olopatadine (Ryaltris®) | |

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

Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.

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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