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NI Formulary Nutrition Chapter Update

This chapter has recently been updated and the [adult ONS webpage](#) refreshed with a focus on the steps required for optimum management of prescribing. **Oral Nutritional Supplements (ONS) should only be prescribed where it is not possible to meet nutritional requirements from food intake alone.** Food first advice is available as a [print-off sheet](#).

Products have been categorised into [“First-line choices”](#) and [“Dietitian led products”](#). When ONS are necessary, the powdered version remains the first line primary care choice. Please ensure that:

- ONS is only prescribed when appropriate to do so
- cost-effective products are chosen
- patients are monitored
- prescribing stops when the patient meets their nutritional goals

£8 Million Spend
Adult ONS
2020 / 2021

A multidisciplinary Formulary Implementation Group has been convened and a work-plan drafted to support these steps. Plans include guidance on management of prescribing for specific patient groups and prescribing recommendations across the interface.

Metformin: If not, why not?

The NICE guidance on management of type 2 Diabetes was recently [updated](#). It continues to recommend metformin as first choice for initial treatment of all patients for many reasons, such as its positive effect on weight loss, reduced risk of hypoglycaemic events and additional long-term cardiovascular benefits.

The dose of **standard-release metformin** should be **gradually increased** over several weeks to minimise the risk of gastrointestinal (GI) side effects. A trial of modified-release (MR) metformin should be prescribed if GI side effects are a problem.

Action for GP Practices

- Check if all type 2 diabetics are on metformin* and if they are not check why not
- Check if the patient got an adequate trial of metformin, with slow titration and as appropriate the option to switch to metformin MR to overcome GI side effects
- Check if the importance of persevering with metformin was explained to the patient

**exclude patients with eGFR <30ml/min. Consider starting patients with eGFR 30-45ml/min on metformin with specialist involvement.*

Modified release metformin should be prescribed generically (see [NIMM newsletter April 2022](#)).

Cardiovascular (CV) Risk Management in Type 2 Diabetes

All patients being initiated on drugs to manage blood glucose (including metformin) should have their CV status and risk assessed to determine whether they have chronic heart failure or established atherosclerotic CV disease or are at [high risk of developing CV disease](#).

See the [recommendations on using risk scores and QRISK2 to assess cardiovascular disease risk in adults with type 2 diabetes in NICE's guideline on cardiovascular disease: risk assessment and reduction, including lipid modification](#).

Following these updated recommendations in the [NICE G28 guideline](#), more patients will now be eligible for treatment with SGLT2 inhibitors (gliflozins). For more details, refer to the following NICE guidance summary page : [NG28 Visual summary \(short version: choosing medicines for first-line treatment\)](#).

Deprescribing – Bath and Shower Emollients

Management of Dry Skin Conditions

- Emollients should not be prescribed in the absence of a dermatological diagnosis.
- Soap should be avoided in patients with dry skin conditions.
- Many leave-on emollient products can also be used as an alternative to soap for handwashing, showering or in the bath.
- White soft paraffin/liquid paraffin 50:50 is unsuitable as a soap substitute as it is immiscible with water.
- A soap substitute should not replace regular use of a leave-on emollient.
- It is important to ensure that adequate supplies of leave-on emollients are prescribed and the importance of regular use of these is understood.



Northern Ireland Formulary Products

- The NI Formulary lists [three emollient bath and shower preparations](#). The [BATHE study](#) (2018) found no benefit from the addition of emollient bath additives to standard management of childhood eczema.
- The NI Formulary lists three emollient [bath and shower preparations that contain an antimicrobial agent](#). These should not be prescribed unless infection is present or is a frequent complication. They should only be used short-term and shouldn't be prescribed on repeat.

Safety First!

- There is a risk of severe and fatal burns with all emollients, including paraffin-free products. It is essential to ensure that patients/carers understand the fire risk and take action to minimise this. A [toolkit of resources](#) is available to support safe use of emollients.
- Patients should be warned that emollients used in the shower or bath can leave surfaces slippery.

**Caution
Slip hazard**

Action

- Prescribers in primary care should not initiate emollient bath and shower preparations for any patient newly diagnosed with a dry skin condition.
- Current prescribing of bath and shower emollients should be reviewed, with a view to discontinuation. Suitable emollients should be recommended as soap substitutes.
- Patients/carers who wish to continue using bath and shower emollient preparations should be advised that they can be purchased over the counter.
- Prescribing of bath and shower emollients containing an antimicrobial agent should be reviewed to ensure that their use is short-term and appropriate.

RECENT NICE GUIDANCE

NICE TA772 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies

NICE TA781 Sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer

NICE TA783 Daratumumab monotherapy for treating relapsed and refractory multiple myeloma (review of TA510)

NICE TA784 Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer (review of TA528)

MANAGED ENTRY DECISIONS

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| <ul style="list-style-type: none"> • Tucatinib (Tukysa®) • Icatibant (Firazyr®) • Lorlatinib (Lorviqua®) • Blinatumomab (Blincyto®) | <ul style="list-style-type: none"> • Daratumumab (Darzalex®) • Atidarsagene autotemcel (Libmeldy®) • Nivolumab (Opdivo®) | <ul style="list-style-type: none"> • Sotorasib (Lumakras®) |
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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, please contact one of the [Pharmacy Advisors](#) .

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