

# NORTHERN IRELAND MEDICINES MANAGEMENT

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NEWSLETTER

Strategic Planning and Performance Group



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## Generic Prescribing of Levetiracetam

### Switching Tips

- Patients should be considered for switching on a case-by-case basis.
- Face-to-face consultation is not essential, many patients being successfully switched by telephone.
- Switching should only be carried out with patient agreement as anxiety may affect seizure control.

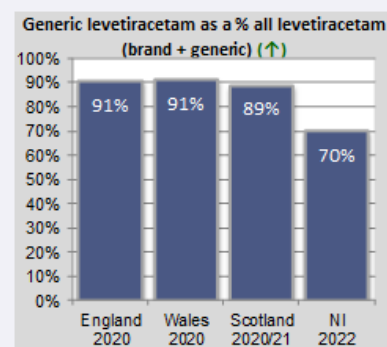
### Progress

Since November 2016 the levetiracetam generic rate across NI has risen to 70% (2022Q1), releasing significant efficiencies for reinvestment in patient care. Well done to all those involved!

Many GP practices across NI have a generic rate at or above the UK average of 91% and share positive feedback from switching. However, the brand Keppra<sup>®</sup> still accounts for £1.7 million potential missed efficiencies annually (see UK generic rate comparator graph). A consensus statement published in September 2020 stated “[There are no specific data to suggest that switching causes problems in clinical practice...it seems reasonable to allow switching for most patients](#)”.

All five Trusts have agreed to:

- Initiate new patients on the generic form of the drug
  - Stock generic levetiracetam
  - Reinforce and support generic switches carried out in primary care
- GP practices should therefore expect to see the generic form of levetiracetam on hospital letters for all new-starts. There may be a clinical need to maintain a small number of patients on the brand - this should be specifically stated in correspondence from secondary care.



### Action for Practices

- Continue to review patients as appropriate to discuss switching to the generic on a case-by-case basis and with patient agreement (see [support materials](#)).
- Ensure that new patients are initiated on the generic form of the drug.
- Query any trust recommendations not in line with the three actions agreed across all trusts.

### Action for Community Pharmacies

It is recognised that community pharmacists may dispense either branded or generic medication against a generic prescription, whilst being reimbursed for the generic. However, it would be very helpful if generic levetiracetam could be dispensed in order to reinforce the switching message.

## Propranolol Safety Risks

### Safety Concerns

- A specific group of patients with co-existing migraine, depression or anxiety may present an increased risk of using propranolol for self-harm.
- A [Healthcare Safety Investigation Branch](#) report highlighted this risk.
- In 2017, **fifty-two deaths** in the UK were recorded as linked to propranolol overdose.

### What is propranolol prescribed for?

- Propranolol is predominately used to treat migraine and anxiety.
- NICE guidance on [generalised anxiety disorder and panic disorder](#) and [social anxiety disorder](#) do not recommend propranolol for these indications.
- The Northern Ireland Formulary only lists Propranolol as first line for the treatment of thyrotoxicosis.

### Actions

- Patients should be regularly reviewed to consider step down, avoiding abrupt withdrawal.
- Consider adding alerts to the GP clinical system to encourage review of patients on propranolol.

# Hormone Replacement Therapy (HRT) Supply Issues

In response to concerns regarding the availability and supply of a number of Hormone Replacement Therapy (HRT) medicines, the Minister of Health has approved the issue of a number of Serious Shortage Protocols (SSPs) in NI which may be [accessed on the BSO website](#).

## Resources

- [SSPs currently active](#) in Northern Ireland (flowcharts).
- The Specialist Pharmacy Service (SPS) has developed a [resource providing information on the current availability of HRT preparations](#).
- The British Menopause Society (BMS) has produced a [document to guide healthcare professionals on equivalent, alternative HRT products](#) (published March 2022).

## Action for Community Pharmacists:

- Pharmacists should use their professional judgement to decide whether it is reasonable and appropriate to either substitute the patient's prescribed order for a supply under an active SSP or amend the quantity supplied.
- The patient/carer will also need to agree to the supply under the SSP.
- Pharmacists should provide information on the supply to the patient's prescriber as soon as possible and within three working days.
- Should the quantity on the prescription be unclear, the pharmacist should consult with the patient and use their professional judgement to make an appropriate supply under these SSPs.



## Action for GP practices:

- Prescribe a maximum of three months' supply of HRT treatments to reduce stockpiling and help alleviate shortages.
- Consider reviewing patients in order to optimise therapy. Advice and information on appropriate initiation and review is available on the Northern Ireland Formulary website or in a recently published [PresQIPP bulletin 299 | April 2022 | 2.0](#) (requires registration).

**GP practices and community pharmacies should liaise regarding local stock issues and plans for management of affected patients and refer to the available resources.**

## NICE GUIDANCE

**NICE TA786** Tucatinib with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies

**NICE TA788** Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy

**NICE TA789** Tepotinib for treating advanced non-small-cell lung cancer with MET gene alterations

## MANAGED ENTRY DECISIONS

Filgotinib (Jyseleca®)	Niraparib (Zejula®)	Avelumab (Bavenico®)
Nivolumab (Opdivo®)	Elosulfase alfa (Vimizim®)	Romosozumab (Evenity®)
Risankizumab (Skyrizi®)	Tepotinib (Tepmetko®)	Oritavancin (Tenkasi®)
Upadacitinib (Rinvoq®)	Tepotinib (Tepmetko®)	Relugolix + estradiol + norethisterone (Ryeqo®)
Carfilzomib (Kyprolis®)	Daratumumab (Daralex®)	
Belimumab (Benlysta®)		
Ibrutinib (Imbruvica®)		
Diroximel fumarate (Vumerity®)		

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

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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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