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NORTHERN IRELAND MEDICINES MANAGEMENT

October 2022 Volume 13, Issue 10 **NEWSLETTER** Strategic Planning and Performance Group

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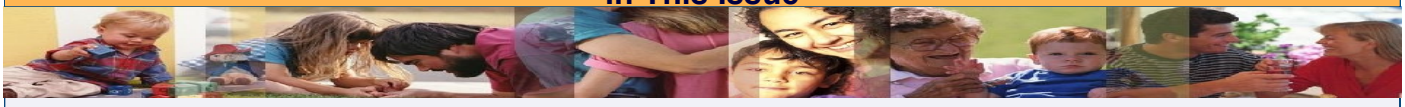

Health Minister Launches Know Check Ask Campaign

At the recent launch of the **'Know Check Ask' campaign** Minister Robin Swann said: "This campaign plays a key role in supporting the Department of Health's strategic plan 'Transforming Medication Safety in Northern Ireland' to improve safe practices with medicines and embed a medication safety culture within our population. It has been developed in line with the World Health Organization's Global Patient Safety Challenge 'Medication without Harm' and gives us the opportunity to highlight patient safety as an absolute priority for everyone working in or receiving treatment across health and social care in Northern Ireland."

The **'Know Check Ask' (KCA)** campaign promotes the use of a three-step approach to help increase awareness of, and educate the public and healthcare professionals about the importance of using medication safely. It will also support people to be more involved in decisions about their medication and encourage them to report any issues and concerns. The call to action is for:

Patients to Know Check Ask – Before you take it

KNOW your medicines and keep an up-to-date list
CHECK that you are using your medicines in the right way
ASK your healthcare professional if you're not sure

Health Care staff to Know Check Ask – Before you give it

KNOW your medications
CHECK you have the right: patient, medicine, route, dose and time
ASK your patient if they understand and ask your colleagues when you are unsure

Scan here for more info

Resources include a "My Medicines List" Patient Leaflet, video testimonials from healthcare staff, patients and service users, video animations and printed posters. Hard copies are available by emailing medicine.safety@hscni.net.

Non-Medical Prescriber Governance Reminder

On a number of occasions practice or federation employed non-medical prescribers (NMPs), including nurses and pharmacists, have used the incorrect prescribing cipher number or prescribed for patients of a practice in which they are not a registered prescriber. NMPs are reminded of the following:

- Prescribing cipher numbers issued to NMPs are unique to individual GP practices
- Cipher numbers are not transferable across practices
- Those employed as a NMP across multiple practices must apply for a new cipher number for each practice in which they intend to prescribe, by completing a NMPP1 form
- Those leaving the employment of a practice or ceasing to fulfil a NMP function must deactivate their cipher number by completing a NMPP2 form
- Old and redundant HS21 prescription pads must be returned to the relevant staff member for destruction
- Each NMP must use their own prescriptions and not those of GPs or other NMPs in the practice or federation
- NMPs should refer to the Guidance for Prescription Security in Primary Care for further information

Tacrolimus Post-Transplant Adult SCG Update

The Medicines and Healthcare Regulatory Agency (MHRA) recommends that all oral tacrolimus products should be **prescribed and dispensed by brand name only**, to minimise any risk of inadvertent switching between products which has been associated with reports of toxicity and graft rejection. See "Items unsuitable for Generic Prescribing" list.

Currently the main brands of tacrolimus used in Northern Ireland transplant units are Prograf® and Advagraf®. Envarsus® is used by some transplant centres in a smaller cohort of patients. However, following the update of treatment protocols, prescribing of the brand Envarsus® is likely to increase, specifically in new liver transplant patients. The tacrolimus post solid organ transplant shared care guideline (SCG) has been updated to include this brand. **It should be noted that existing transplant patients will be maintained on current therapy.**

Note: Prograf® is an immediate release formulation that is taken twice a day; Advagraf® and Envarsus® are prolonged release formulations taken once daily, usually in the morning. Prograf®, Advagraf® and Envarsus® are not interchangeable without careful therapeutic monitoring. Substitution should be made only under the close supervision of a transplant specialist.

Actions

Prescribe and dispense tacrolimus by BRAND name only as either Prograf®, Advagraf® or Envarsus® as specified by the specialist and in line with the SCG. Community pharmacists noticing a change to the patient's brand on prescription should check with the GP practice before dispensing.

PCI Gastrointestinal Resources Update

The gastrointestinal section of the Primary Care Intranet (PCI) has recently been updated. A new standard operating procedure (SOP) has been published to assist practices with switching and stepping down of Proton Pump Inhibitors (PPIs) in adults. Practices should consider reviewing appropriate patients in certain categories such as those on treatment dose PPIs for more than eight weeks.

Patients may find reducing PPI treatment difficult due to "rebound acid hypersecretion", leading to the short-term appearance of symptoms such as indigestion, heartburn or regurgitation.

The low-acid environment caused by PPI treatment increases gastrin production in order to stimulate gastric acid secretion and decrease the gastric pH. When a PPI is withdrawn, the mechanism to suppress gastric acid secretion has gone and the increase in gastric acid production can cause rebound symptoms that are often indistinguishable from the symptoms of gastro-oesophageal reflux disease (GORD).

Counselling patients who are reducing their PPI on how to manage rebound acid hypersecretion may help to support them through the review process. A new patient information leaflet (PIL) is available. Please also refer to the recent letter regarding the prescribing of PPIs and H_2-receptor antagonists (H2RA).

NICE GUIDANCE

NICE TA802 Cemiplimab for treating advanced cutaneous squamous cell carcinoma (review of TA592)

NICE TA815 Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs (rapid review of TA711)

NICE TA817 Nivolumab for adjuvant treatment of invasive urothelial cancer at high risk of recurrence

NICE TA820 Brolucizumab for treating diabetic macular oedema

NICE TA821 Avalglucosidase alfa for treating Pompe disease

NICE TA823 Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer

NICE TA824 Dexamethasone intravitreal implant for treating diabetic macular oedema (partial review of TA349)

NICE TA825 Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis

MANAGED ENTRY DECISIONS

Estradiol / micronised progesterone (Bijuve®)

Abrocitinib (Cibinqo®)

Avacopan (Tavneos®)

Trifarotene (Aklief®)

Dexamethasone intravitreal implant (Ozurdex®)

Daratumumab subcutaneous (Darzalex® 1,800mg solution for injection)

Opicapone (Ongentys®)

Upadacitinib (Rinvoq®)

Asciminib (Scemblix®)

See NI Formulary Managed Entry section

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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, please contact one of the Pharmacy Advisors .