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NORTHERN IRELAND MEDICINES MANAGEMENT

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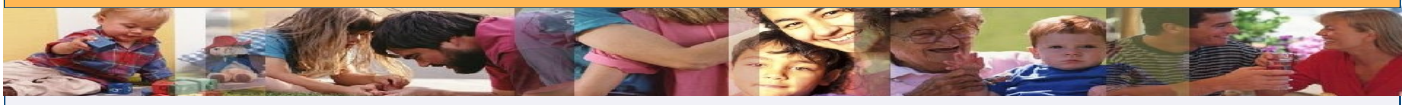
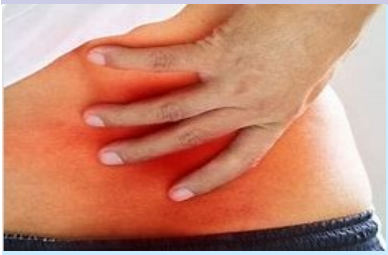


Avoid Opioids for Chronic Non-Malignant Pain



Opioids should **not** routinely be prescribed for chronic non-malignant pain.

There has generally been a move away from the use of medication for treatment of chronic pain due to its limited benefit (estimated 30% only). **Pharmacological treatment when considered necessary,** should be in line with NICE Guidance for Chronic Pain, where opioids have a limited role; see table for examples. Opioids are also associated with significant risks.

Pain Type		Opioid recommendation [1,2]
Chronic Primary e.g. fibromyalgia		Do not initiate opioids
Chronic Secondary	Osteoarthritis	**Do not routinely offer** paracetamol or weak opioids (e.g. codeine) unless: • they are only used infrequently for short-term pain relief ***and*** • all other pharmacological treatments are contraindicated, not tolerated or ineffective. **Do not offer** strong opioids (e.g. tramadol, buprenorphine, morphine, oxycodone, tapentadol)
	Low Back Pain (LBP)	• Consider weak opioids with/without paracetamol for acute LBP **only** if NSAIDs are contraindicated, not tolerated or ineffective, but do not routinely offer for acute LBP • **Do not** offer opioids for chronic LBP
	Sciatica	**Do not** offer opioids for chronic sciatica
	Neuropathic Pain	**Do not** initiate morphine or tramadol in non-specialist settings. Tramadol may be considered as acute rescue therapy

[1]Refer to relevant NICE Guidance for further details

[2]NI Formulary is under review and will be updated to reflect NICE guidance

In Northern Ireland, 2.3 million prescriptions for opioids were issued in the last year

Actions

- Prescribers should review opioid prescribing for chronic non-malignant pain in line with this guidance, aiming to reduce/stop (slowly) as appropriate
- Prescribing review should focus on shared decision making and take account of best practice relating to medicines associated with dependence or withdrawal
- Healthcare professionals should educate patients on the importance of utilising non-pharmacological strategies to manage their pain, and signpost to supporting resources, e.g: Better Days Pain Support Programmes, Versus Arthritis , My live well with Pain, Flippin Pain, The Pain Toolkit

NI Formulary Correction

The higher strength of Femoston conti 1mg/5mg is licensed for both menopausal symptoms and osteoporosis prophylaxis. The lower strength of Femoston conti 0.5mg/2.5mg is only licensed for menopausal symptoms and not for osteoporosis prophylaxis. Please ensure patients requiring osteoporosis prophylaxis are on the appropriate strength. For further information on HRT refer to the NI Formulary.

Appropriate prescribing of Calcium and Vitamin D supplements

The Royal Osteoporosis Society recommends that patients who have had a fragility fracture or documented osteoporosis should increase their intake of calcium and vitamin D. This can be achieved by either increasing dietary intake or taking supplements. NICE guidelines recommend a daily intake of at least 1g of calcium and 400 units of vitamin D.

Cost effective supplements are readily available over the counter (OTC). If self-care is not appropriate a NI formulary choice should be prescribed, either a combined calcium/vitamin D preparation (see table), or a licensed vitamin D only preparation (for calcium replete patients).

	Combined Calcium / Vitamin D Preparation	Dose
1st Choice Options	Adcal-D3® Caplets (300mg calcium and 200IU vitamin D)	Two tablets twice a day
	Accrete D3® film-coated tablets (600mg calcium and 400IU vitamin D)	One tablet twice a day
	Accrete D3® One a Day 1000mg / 880 IU chewable tablets	One tablet daily
2nd Choice	Calceos 500mg/400IU chewable tablets	One tablet twice a day

Actions

- Patients should be advised regarding dietary sources of calcium and vitamin D
- When supplements are required patients should be encouraged to purchase OTC
- If self-care is not appropriate and prescribing is required, a NI formulary product should be chosen
- Prescribers should review current prescribing of single or combination calcium and vitamin D products to ensure adherence to NI formulary

Strep A Update: Refer to these links for current guidance

Notifications for Group A streptococcal infections have been higher than normal across the UK which has resulted in a fast-changing situation in relation to presentations, guidance and antibiotic availability.

In early December 2022 NICE took the unprecedented step of reducing the criteria for case management of sore throat presentations, in particular to lower the FeverPAIN score for an antibiotic to 3 or more in children. This was because of the increased likelihood of a sore throat presentation being due to Strep A. Serious Shortage Protocols (SSPs) were introduced to allow community pharmacies to make therapeutic and formulation substitutions if **phenoxymethylpenicillin** is not available**.**

It is important to note both these measures are **temporary.** At the point of writing both were due for review at end of January 2023 — email communication will be shared when either are stepped down. The following links should be used for guidance which will be updated as and when the situation changes.

NI Formulary Microguide Group A Streptococcus in Children

Serious Shortage Protocols (SSPs)

NICE GUIDANCE

NICE TA787 Venetoclax with low dose cytarabine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable

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

NICE TA814 Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis

NICE TA816 Alpelisib with fulvestrant for treating hormone receptor-positive, HER2-negative, PIK3CA-mutated advanced breast cancer

NICE TA836 Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (review of TA619)

NICE TA849 Cabozantinib for previously treated advanced hepatocellular carcinoma (review of TA582)

NICE TA850 Amivantamab for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy

NICE TA851 Pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer

NICE TA852 Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments (review of TA669)

NICE TA853 Avatrombopag for treating primary chronic immune thrombocytopenia

NICE TA854 Esketamine nasal spray for treatment-resistant depression

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 .