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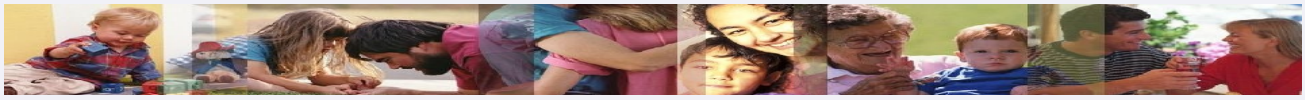
NEWSLETTER



In This Issue

Formulary update: Dry Eye and Glaucoma

Chapter 11 Eye (covering Dry Eye and Glaucoma) has been reviewed and updated.
Please note, there have been some changes to the Formulary products for dry eye.
See Chapter 11 for the full information or the chapter summary sheet for an overview of Formulary choices.

Review: Mefenamic acid

Mefenamic acid is more likely to cause seizures in overdose than other NSAIDs and has a narrow therapeutic window, which increases the risk of accidental overdose. It should also be used with caution in patients who have epilepsy.

If an NSAID is required for primary dysmenorrhoea, ibuprofen or naproxen are the preferred NI Formulary choices. Paracetamol is also an option. Where possible, patients should be encouraged to purchase over the counter.

Additionally, mefenamic acid is significantly more expensive than either ibuprofen or naproxen.

NSAID	Dose	Cost for 28 days of treatment (NI Drug Tariff, Jan 2023)
Naproxen 250mg	1 twice a day	£2.12
Naproxen 500mg	1 twice a day	£2.90
Ibuprofen 400mg	1 three times a day	£3.22
Mefenamic acid 250mg	2 three times a day	£52.72
Mefenamic Acid 500mg	1 three times a day	£51.51

Action for GPs:

- If treatment is required for heavy menstrual bleeding, consider one of the options, as outlined in the NI Formulary.
- Review all patients on repeat prescriptions for mefenamic acid; assess ongoing need for an NSAID and change to alternative where appropriate.
- An NSAID and COX-2 review tool (with a specific emphasis on review of COX-2s, diclofenac and mefenamic acid) is available on the Primary Care Intranet.

Action for Community Pharmacists:

- Provide reassurance and advice to patients who have been changed from mefenamic acid to an alternative treatment option.
- Highlight patients currently prescribed mefenamic acid and who may be at risk of overdose, to the relevant GP.

Sublingual lorazepam in palliative care

Lorazepam is well absorbed and an effective anxiolytic when given sublingually (a recognised off-label route). In palliative care, sublingual lorazepam is commonly used for breathlessness, when anxiety exacerbates symptoms. The sublingual route provides a faster onset of action compared to oral use, which is important in reducing anxiety and preventing further symptoms.

However, not all lorazepam tablets are suitable for sublingual use, as some dissolve more readily in the mouth than others. This can result in therapeutic failure. The most commonly used product which can be used sublingually is manufactured by Genus Pharmaceuticals. Other tablets which may be used sublingually include those produced by Teva, Mylan and Lexon.

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Lorazepam tablets should be prescribed generically in the 1mg strength for this use. The most common dose is 500 micrograms every 4 to 6 hours when required (maximum four doses in 24 hours) (the appropriate 1mg tablets are scored, so they can be halved to facilitate this). The prescription should also specify that the lorazepam is for **sublingual use** so that the community pharmacist is aware and can counsel the patient appropriately, e.g. counselling patient/carer to moisten the mouth with a small amount of water if needed.

Note: it is important to review other benzodiazepines being used concurrently, e.g. midazolam, diazepam, temazepam.

For more information, see the Macmillan Palliative Care Resource Folder for Pharmacists.

Duration of ticagrelor 90mg

Treatment with ticagrelor **90 mg** twice daily is recommended for up to **12 months** unless discontinuation is clinically indicated. After 12 months the dose should be reduced, or the drug discontinued, as per directions of the initiating consultant cardiologist. Ticagrelor 90mg twice daily is not licensed beyond 12 months use.

Adverse incidents continue to be reported to SPPG in relation to incorrect dosing of ticagrelor.
In February 2019 this newsletter alerted healthcare professionals that ticagrelor **90mg twice daily** is not licensed beyond 12 months use. After 12 months the dose should be reduced, or the drug discontinued, as per directions of the initiating consultant cardiologist. Since then, there have been more cases of this high dose being inadvertently continued beyond a year.

Action for GPs:

- review all patients prescribed ticagrelor 90mg for greater than 12 months.
  - In line with the initial secondary care recommendation either discontinue ticagrelor 90mg or reduce to 60mg.
  - If unclear contact cardiology for clarification.
  - Communicate the change to both the patient and the community pharmacy.
- Search clinical system for all patients prescribed ticagrelor (both strengths) and add an alert for review.
- When treatment with ticagrelor is initiated add a similar alert for review.

Action for Community Pharmacists:

- Check initiation date when dispensing ticagrelor 90mg.
- Be alert to prescriptions of ticagrelor 90 mg where the duration has been for 12 months or more and contact prescriber.

NICE GUIDANCE — RECENTLY PUBLISHED

NICE TA855 — Mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy
NICE TA856 — Upadacitinib for treating moderately to severely active ulcerative colitis
NICE TA857 — Nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma
NICE TA858 — Lenvatinib with pembrolizumab for untreated advanced renal cell carcinoma
NICE TA860 — Maribavir for treating refractory cytomegalovirus infection after transplant

MANAGED ENTRY DECISIONS

For full details see Managed Entry section of NI Formulary

- Somatrogon (long-acting formulation of somatotropin) (Ngenla®)
- Micronised progesterone (Utrogestan®)
- Bedaquiline (Sirturo®)
- Estetrol + drospirenone (Drovelis®)
- Ferric maltol (Feraccru®)
- Angiotensin II (Giapreza®)
- Pembrolizumab (Keytruda®)
- Cabozantinib (Cabometyx®)
- Amivantamab (Rybrevant®)
- Trifluridine + tipiracil (Lonsurf®)
- Avatrombopag tablets (Doptelet®)
- Nivolumab (Opdivo®)
- Upadacitinib (Rinvoq®)
- Lenvatinib (Kisplyx®)
- Upadacitinib (Rinvoq®)
- Esketamine nasal spray (Spravato®)
- Nintedanib (Ofev®)
- Maribavir (Livtencity®)
- Trastuzumab deruxtecan (Enhertu®)
- Regorafenib (Stivarga®)
- Nivolumab (Opdivo®)
- Everolimus (Votubia®)

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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