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NORTHERN IRELAND MEDICINES MANAGEMENT

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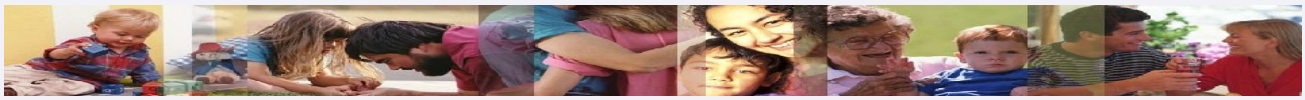
NEWSLETTER



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Learning from a SAI: Opiate toxicity

A local Trust has recently shared learning from a Serious Adverse Incident (SAI) where a patient sadly died as a result of toxicity from an opiate that had been prescribed for another member of the household. Reducing suicide through safer prescribing is cited in Northern Ireland's suicide prevention strategy Protect Life 2 (health-ni.gov.uk).

Evidence indicates that a key measure in reducing suicide risk includes safer prescribing in primary and secondary care of:

- opiates/opioids prescribed for people with long-term physical illness (especially older patients) and
- benzodiazepines prescribed for people with anxiety disorders.

Learning / Action:

- Prescribers are reminded to take into account the risk to both the individual and household members when prescribing.
- Regular medication review is recommended.

NICE CG225 Self-harm: assessment, management and preventing recurrence recommends that, when prescribing medicines to someone who has previously self-harmed or who may self-harm in the future, healthcare professionals should take into account the following:

- the toxicity of the prescribed medicines for people at risk of overdose (for example, opiate-containing painkillers and tricyclic antidepressants)
- their recreational drug and alcohol consumption, the risk of misuse, and possible interaction with prescribed medicines
- the person's wider access to medicines prescribed for themselves or others
- the need for effective communication where multiple prescribers are involved.

The National Confidential Inquiry into Suicide and Safety in Mental Health has developed a safer services toolkit for specialist mental health services and primary care which may be viewed here.

Dosing of oral paracetamol in patients at risk of hepatotoxicity

The British Hepatology Pharmacy Group has a position statement on prescribing weight-adjusted oral paracetamol in adults. (Note: guidance on the dosing of *IV* paracetamol for patients under 50kg is available in the BNF and product literature, and should be followed)

Issues:

- Paracetamol is metabolised mainly in the liver. A small fraction is metabolised to a hepatotoxic metabolite, NAPQI. At therapeutic doses, this is inactivated and eliminated in the urine but in overdose more paracetamol is metabolised to NAPQI, which accumulates and exerts a direct hepatotoxic effect.
- Data suggests that pharmacokinetics of paracetamol is altered in severe liver disease.
- There are case reports of malnourished patients, frail elderly patients, and patients with a history of liver disease developing acute liver failure following administration of oral paracetamol at a dose of 4g daily.
- Medication, including paracetamol, has a limited role in managing chronic pain.

Action:

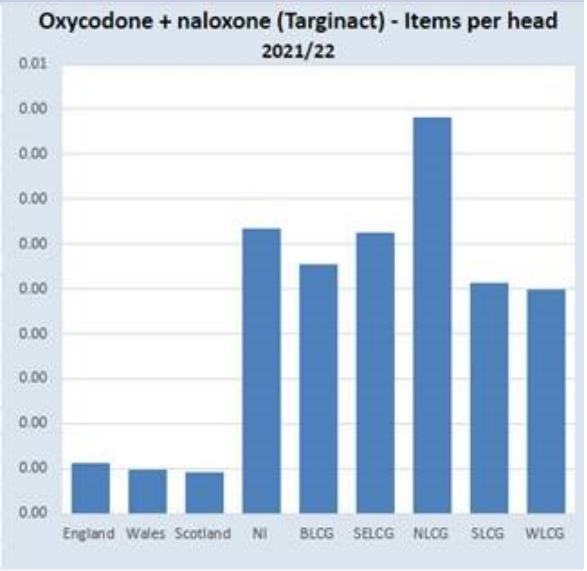
- Regularly review the risks and benefits of oral paracetamol if a patient has a low body weight, increased age and/or frailty.
- Consider reducing the maximum dose of oral paracetamol for patients with
  - ◊ Risk factors for hepatoxicity, regardless of weight.
  - ◊ Decompensated cirrhosis, particularly with long term use.
- If reducing the dose, counsel the patient as to why this is being done and advise them to avoid the use of other medicines that may contain paracetamol including OTC purchases.
- Review regular paracetamol prescribing in line with relevant **NICE Guidance**.

Non-palliative Prescribing of Oxycodone/Naloxone Combinations

If a strong opioid is required to manage severe pain, morphine is the recommended first line choice. Oxycodone has 2 x times the potency of morphine and should only be used in certain clinical situations. There are combinations which include naloxone, such as Targinact® and Myloxifin® (the naloxone component is intended to counteract opioid-induced constipation). However, such products are expensive and offer limited benefit over morphine plus a regular laxative and lifestyle advice; some patients on combination products will still need additional laxatives.

Opioids Aware advise that combination products have *'a limited place in the management of opioid-induced bowel symptoms … after an adequate trial of other options'.*

Despite this, NI prescribes much more on combination products than other parts of the UK, with £372,000 spent in 2022.



Action:

- Prescribe morphine as the first-line strong opioid, where possible, along with a regular laxative and lifestyle advice.
- Don't initiate oxycodone/naloxone combination products in non-palliative patients.
- Don't initiate strong opioids for *chronic* non-malignant pain - review patients with this indication for whom they are currently prescribed (see newsletter article).

NICE GUIDANCE — RECENTLY PUBLISHED

NICE TA862 — Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 1 or more anti-HER2 treatments
NICE TA863 — Somatrogon for treating growth disturbance in children and young people aged 3 years and over
NICE TA864 — Nintedanib for treating idiopathic pulmonary fibrosis when forced vital capacity is above 80% predicted (partial review of TA379)
NICE TA865 — Nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma
NICE TA866 — Regorafenib for previously treated metastatic colorectal cancer

MANAGED ENTRY DECISIONS

For full details see Managed Entry section of NI Formulary

- Macitentan (Opsumit®)
- Tisagenlecleucel (Kymriah®)
- Cannabidiol (Epidyolex®)
- Polatuzumab (Polivy®)
- Eptinezumab (Vyepti®)
- Vutrisiran (Amvuttra®)
- Mobocertinib (Exkivity®)
- Finerenone (Kerendia®)
- Venetoclax (Venclyxto®)
- Alpelisib (Piqray®)
- Teriflunomide - 7mg tablet formulation (Aubagio®)
- 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