HSC

NORTHERN IRELAND MEDICINES MANAGEMENT

Department of Health
An Roinn Sláinte
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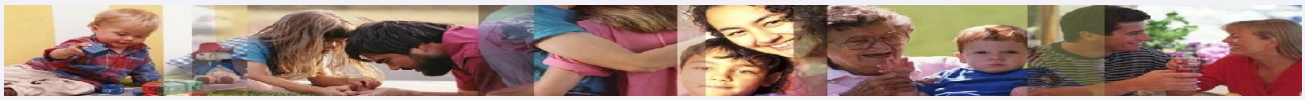
NEWSLETTER



In This Issue

Case Study: Levetiracetam Switch

If generic prescribing of levetiracetam in NI increased in line with other parts of the UK, £1.4 million per year would be saved. This report details a review of patients in a practice to switch from Keppra® to generic levetiracetam, in line with MHRA guidance and Department of Health policy.
Prescribing Support Pharmacists (PSP) from SPPG are involved in a range of medicines management activities in GP practices. A PSP provided support to this GP practice to help review patients on Keppra®.

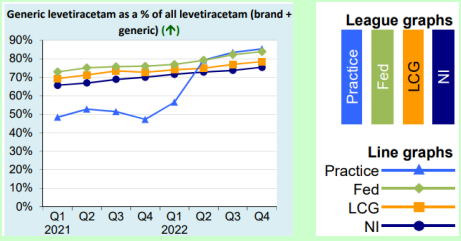
What Happened?

- PSP reviewed the records of all 17 patients on Keppra® and identified 10 as potentially suitable to switch to the generic
- GP checked the list of suggested patients and agreed all 10 for switching, subject to patient agreement
- PSP phoned patients and explained the evidence for the generic policy, answering any queries and requesting agreement to switch
- All 10 patients agreed to have their medication switched to generic levetiracetam
- PSP switched the 10 patient medication records from Keppra® to generic levetiracetam
- PSP produced a letter for each patient detailing the telephone discussion and attached a patient information leaflet to reinforce the advice given

Outcomes

- No seizures reported or negative feed-back from patients
- Annual efficiencies of £10,000 per annum were generated in the practice
- The practice's levetiracetam generic rate increased from 51% to 80%

Practice generic levetiracetam rate



Action for Prescribers

- Review patients currently prescribed the brand Keppra® on a case by case basis to consider switching to generic levetiracetam as appropriate and with patient agreement.
- Contact your pharmacy adviser if you would like to be considered for PSP help with reviewing patients to discuss switching to the generic.

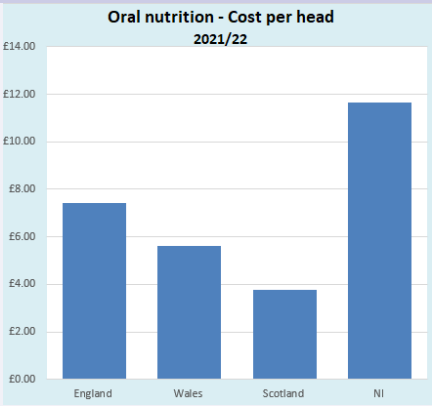
Resources to support implementation of this generic switch are available on the Primary Care intranet.

Choice of Oral Nutritional Supplement (ONS) in Primary Care

NI continues to have a significantly higher spend per head on oral nutrition than other UK regions. £8.5million was spent on oral nutritional supplements in NI in 2021/22. Product costs have increased significantly this year and first line powdered ONS use is low in NI. NI Formulary choices of powdered ONS cost 52 to 57p, while ready to drink 1.5kcal/ml products are >£1.10 and compact products >£1.38 per dose.

For initiation of products in primary care **without dietetic input** the following key actions should be considered first:

- Has the patient been weighed and the malnutrition risk assessed using MUST ?
- Have underlying causes been identified?



- Have treatment goals been set?
- Have food fortification measures been tried for 4 weeks?

After these steps have been completed:

- Are you prescribing a first line product?
- Powdered 1.5kcal ONS made up with fresh milk will be suitable for the majority of patients as a first line option
  - ◊ **Aymes® Shake, Ensure® Shake and Foodlink® Complete** are the NI Formulary first line choice products
  - ◊ They are not suitable for patients with Stage 4 or 5 CKD, those without access to fresh milk and refrigeration or who dislike milk-based foods
    - ⇒ Advice on alternative products is available on the NI Formulary page
- Compact style ONS should not be prescribed without consideration of the patient's overall fluid balance and risk of dehydration and are usually recommended after dietetic assessment.
- Dessert/pudding style products should only be prescribed following dietetic recommendation.

Comprehensive guidance is available on NI Formulary website.

Lithium and NSAIDs Adverse Incidents

A number of medication incidents have been reported recently concerning the prescribing and administration of non-steroidal anti-inflammatory drugs (NSAIDs) to patients on lithium.

Co-administration of a NSAID or cyclo-oxygenase (COX)-2 inhibitor, with lithium **increases the risk of lithium toxicity.** NSAIDs and COX-2 inhibitors reduce the renal excretion of lithium resulting in increased plasma lithium levels. The level of increase is unpredictable (from 10-400%), and the onset of effect is variable (a few days to several months). Risks are increased in patients with impaired renal function, renal artery stenosis or heart failure, and who are dehydrated or on a low salt diet.

Co-prescription of NSAIDs or COX-2 inhibitors with lithium is not an absolute contra-indication, but should be undertaken with extreme caution and only when clinically essential.

'As required' use of NSAIDs should be avoided where possible as it may cause fluctuations in lithium levels and makes monitoring levels challenging.

Reminder for GP practices:

- All prescribers are reminded of this high-risk drug interaction which is potentially fatal.
- If co-prescription of lithium and an NSAID/COX-2 inhibitor is unavoidable: a dose adjustment of lithium may be required, levels must be monitored more frequently, and patients should be assessed for signs and symptoms of lithium toxicity. **Primary care prescribers should liaise with the specialist for advice** as per SCG.

Reminder for Community Pharmacy:

- Pharmacy staff are reminded to be vigilant and to bring co-prescription of NSAIDs or COX-2 inhibitors with lithium to the attention of prescribers.
- All pharmacy staff should be aware of this high-risk drug interaction when making OTC sales of NSAIDs.

Please refer to the Lithium SCG and Choice & Medication websites for further information.

ACP Live workshop on Type 2 diabetes — spaces still available

Dr Hamish Courtney, Consultant Endocrinologist, BHSCT and Ms Roisin McQuillan, Pharmacy Advisor, SPPG

Wednesday 24th May (10am to 1pm) in Stranmillis College, Belfast.

GPs, nurses and AHP prescribers can enrol via the Medicines NI website; pharmacists can enrol via the NICPLD website.

MANAGED ENTRY DECISIONS

For full details see Managed Entry section of NI Formulary

- Axicabtagene ciloleucel (Yescarta®)
- Ixazomib (Ninlaro®)
- Ataluren (Translarna®)

NICE GUIDANCE — RECENTLY PUBLISHED

NICE TA868 — Vutrisiran for treating hereditary transthyretin-related amyloidosis
NICE TA870 — Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma
NICE TA871 — Eptinezumab for preventing migraine
NICE TA872 — Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies
NICE TA873 — Cannabidiol for treating seizures caused by tuberous sclerosis complex
NICE TA874 — Polatuzumab vedotin in combination for untreated diffuse large B-cell lymphoma
NICE TA875 — Semaglutide for managing overweight and obesity
NICE TA876 — Nivolumab with chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer
NICE TA877 — Finerenone for treating chronic kidney disease in type 2 diabetes
NICE TA878 — Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19

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