HSC

NORTHERN IRELAND MEDICINES MANAGEMENT

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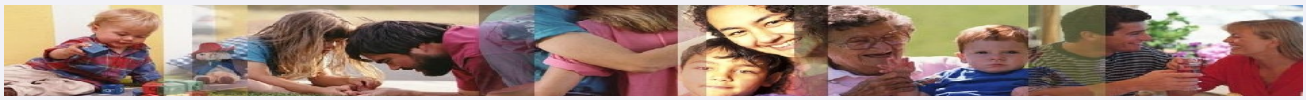
NEWSLETTER



In This Issue

Trusts moving to using licensed Xaqua® (metolazone) 5mg tablets

The MHRA advises caution if switching patients between different metolazone preparations as the rate and extent of absorption of metolazone are formulation dependent, which can impact the bioavailability of the product. The prescription and supply of metolazone should therefore be product-specific and documented clearly, especially for transfers of care.
Due to supply routes in secondary care, some inpatients may now be actively changed to the Xaqua® (metolazone) brand. This will not apply in all cases.

Trusts should indicate clearly on the discharge letter if a change in product has occurred.

Action for primary care:

- Ensure that the prescribing and supply of metolazone is product specific.
- Do not switch between unlicensed imported metolazone and Xaqua® without secondary care advice.
- If a patient is prescribed metolazone in a Trust setting, the name of the preparation supplied should be available on all communication from secondary to primary care. If not, the prescriber should take necessary steps to try and confirm if the patient was supplied and counselled on Xaqua® or metolazone.
- Pharmacists receiving a generic prescription for metolazone should take necessary steps to try to confirm the required preparation before dispensing. If this is not possible, or if the required preparation is not available, pharmacist must contact the prescriber for clarification.

More information on the need to exercise caution when switching patients between metolazone preparations can be found on the MHRA website and via Specialist Pharmacy Services (SPS) recently published guidance to healthcare professionals.

Avoid Selecting a DPI / Breath-Actuated Inhaler when a Spacer Device is Required

A number of adverse incidents have been reported where breath-actuated inhalers have been prescribed for patients who are using a spacer device.

In one instance, a patient previously prescribed a Salamol® inhaler along with an Aerochamber® spacer device was issued a Salamol Easi-breathe® inhaler on acute request. This incorrect selection occurred on 2 subsequent occasions (copied from original acute prescription) when the prescription was reordered. This selection error contributed to the patient being admitted to hospital with difficulty breathing and increased wheeze.

Additional occurrences found - A subsequent search by the GP practice found 6 further cases where breath-actuated inhalers had been issued to patients using a spacer device.

Action for GPs:

- Review any patients co-prescribed a spacer and auto-inhaler or DPI
- Exercise additional caution when selecting inhaler devices where spacer devices are being used.
- Consider updating dose defaults on the clinical system or patient notes to highlight that a spacer is being used
- Consider amending medication pick lists or drug synonyms to reduce the risk of incorrect product selection.

Action for Community Pharmacists:

- If a patient is using a spacer device ensure any new inhaler is compatible.

Please contact your local Pharmacy Adviser if you have any queries about this article or options for GP practices to implement.

Changes to Red Amber List Medicines

There have been a number of changes to the Red Amber medicines this month. Some changes to note:

House dust mite immunotherapy (Acarizax®)

Note there is a change in status from Amber to Red for house dust mite immunotherapy (Acarizax®).

No new patient should be started on treatment in primary care (link).

People already being prescribed treatment in primary care should be able to continue to complete their course of treatment in primary care.

Hydroxychloroquine

Following review by both primary care, secondary care and SPPG, the Shared Care Guideline (SCG) for hydroxychloroquine has been updated and is now published on the Interface Pharmacist Network Specialist Medicines Website (Link).

The updated SCG now includes an update in ophthalmic screening. This reflects The Royal College of Ophthalmologists updated guidelines.

Riluzole

Following review by both primary care, secondary care and SPPG, the Shared Care Guideline (SCG) for riluzole has been updated and is now published on the Interface Pharmacist Network Specialist Medicines website (Link).

The updated SCG allows for riluzole to be prescribed by the patient's GP on the recommendation of a specialist and accessed through a community pharmacy.

Those patients who are currently receiving their prescription from secondary care will be reviewed gradually over time to consider transferring the responsibility of prescribing to the patient's GP with their agreement.

Riluzole is already included in the Amber NILES.

Did you see? Changes to NI Formulary for Chronic Pain

Buprenorphine patches and tramadol are no longer formulary options for chronic non-malignant pain - in line with NICE guidance,

Avoid opioids for chronic non-malignant pain – weak opioids like codeine may be considered in limited circumstances only. Refer to January 2023 newsletter for a summary of NICE opioid recommendations, and examples of non-pharmacological support.

Review patients on tramadol or buprenorphine for chronic non-malignant pain and consider stepping down (slowly) as appropriate. See link for further details.

NICE GUIDANCE — RECENTLY PUBLISHED

NICE TA891 - Ibrutinib with venetoclax for untreated chronic lymphocytic leukaemia
NICE TA893 - Brexucabtagene autoleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over
NICE TA895 - Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy
NICE TA896 — Bulevirtide for treating chronic hepatitis D
NICE TA897— Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma (review of TA573)
NICE TA898 — Dabrafenib plus trametinib for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer
NICE TA902— Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction
NICE TA903 — Darolutamide with androgen deprivation therapy and docetaxel for treating hormone-sensitive metastatic prostate cancer

NOT recommended -
NICE TA892 - Mosunetuzumab for treating relapsed or refractory follicular lymphoma
NICE TA894 - Axicabtagene ciloleucel for treating relapsed or refractory follicular lymphoma
NICE TA900 — Tixagevimab plus cilgavimab for preventing COVID-19

MANAGED ENTRY DECISIONS

For full details see Managed Entry section of NI Formulary

- Risankizumab (Skyrizi®)
- Pembrolizumab (Keytruda®)
- Upadacitinib (Rinvoq®)
- Tixagevimab + cilgavimab (Evusheld®)
- Mosunetuzumab (Lunsumio®)
- Lorlatinib (Lorviqua®)
- Dabrafenib (Tafinlar®)
- Bulevirtide (Hepcludex®)
- Brexucabtagene autoleucel (Tecartus®)
- Axicabtagene ciloleucel (Yescarta®)
- Ibrutinib (Imbruvica®)
- Eladocagene exuparvovec (Upstaza®)
- Lumasiran (Oxlumo®)
- Onasemnogene abeparvovec (Zolgensma®)
- Ravulizumab (Ultomiris®)
- Olaparib (Lynparza®) x 2
- Dapagliflozin (Forxiga®)
- Empagliflozin (Jardiance®)
- Rimegepant (Vydura®)
- Difelikefalin (Kapruvia®)

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