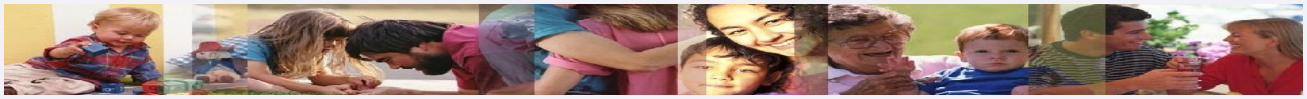


NEWSLETTER

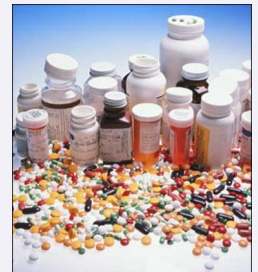


In This Issue

- ⊕ **A Focus on Deprescribing**
- ⊕ **Generic savings opportunity – Toviaz® to Fesoterodine**
- ⊕ **Getting your child to take a tablet**
- ⊕ **NICE Guidance (Recently Published)**
- ⊕ **Deprescribing: vitamins**
- ⊕ **Managed Entry Decisions**

A Focus on Deprescribing

A focus of activity for this year in primary care will be “Deprescribing”. As per [correspondence](#) on 18th July, a programme of activity for the year around Deprescribing is being developed which will include monthly priority areas for prescribers to address. The ‘topic/s of the month’ will be highlighted to prescribers via this newsletter which will include details of the key messages and signpost to resources to assist prescribers to stop prescribing where there is no or limited clinical benefit. This will be aligned with a new DOH policy around “Valuing Medicines” which is currently in development.



A [Deprescribing Supplement](#) has been developed which summarises the key areas of focus in 23/24, accompanied by a [Deprescribing Factsheet](#) for patients, to help explain the process of Deprescribing.

The programme of work will be accompanied by a patient-facing publicity campaign. This will provide direct messaging to patients and the public via social media to seek their support, and aims to help them understand why they are likely to see some changes in their medicines. The messaging will be aligned to the monthly deprescribing topics.

Upcoming social media campaigns in September 2023:

Medicines Waste Social Media Campaign

Every year in Northern Ireland, the public disposes of an estimated 165 tonnes of unused medicines through community pharmacies. Most of these medicines have been prescribed for patients. This campaign will focus on the following messages:

- Only order what you need
- Environmental factors around disposal
- Safe disposal via community pharmacy

Deprescribing Social Media Campaign

We use a lot more medicines in Northern Ireland than in other parts of the UK. Savings on the medicines’ budget can free up much-needed funds for other essential services such as surgery and reducing lengthy waiting lists. To achieve these savings, the Department of Health is working with local GPs and community pharmacists to focus on how medicines and appliances are prescribed more appropriately. The Sep campaign will focus on: OTC paracetamol.

Keep an eye out for these social media campaigns that will be starting soon. Details can be found on the Health and Social Care NI Facebook page (<https://www.facebook.com/healthandsocialcareni>) or the website (<https://online.hscni.net/category/news-stories/>).

Getting your child to take a tablet

Sometimes there isn’t always a liquid preparation of a medicine available and a child may need to take a tablet or capsule. Being able to swallow tablets or capsules is an important life skill.

Children may prefer to swallow tablets rather than having unpleasant-tasting liquid medicines or crushed tablets mixed with food.

[Medicines for Children have produced a leaflet](#) for parents to give advice about helping children to swallow tablets, and some of the different approaches that can be tried.



Deprescribing: vitamins

In Northern Ireland in 2022/23, over **£2.65 million** was spent on specific vitamin products (excluding vitamin D), with £488,000 and £456,000 spent individually on vitamin C and vitamin B compound strong — see [recent SPPG correspondence](#).

The [Northern Ireland Drug Tariff](#) stipulates that vitamin and mineral preparations are suitable for prescribing *Only in the management of actual or potential vitamin or mineral deficiency; not to be prescribed as dietary supplements or "pick-me-ups"*.

SPPG have adopted PrescQIPP guidance [Vitamin and Mineral Prescribing Guidelines \(for Adults\)](#) to assist prescribers in determining if a vitamin or mineral preparations is clinically appropriate to prescribe on a HSC prescription as per ACBS indications or if a patient should be advised to purchase a product as a dietary supplement. The ACBS indication for vitamin C is solely for the treatment of scurvy. Vitamin B Compound is 55x more expensive than vitamin B Compound Strong, therefore if it is deemed necessary, always prescribe vitamin B Compound Strong.



Actions for GP practices:

- Do not prescribe vitamins and minerals unless in line with an ACBS approved indication, i.e. only in the management of actual or potential vitamin or mineral deficiency
- Do not prescribe vitamin C for prevention of re-feeding problems or as an aid to acidify urine while undergoing treatment with Hiprex[®] (methenamine hippurate).
- Where it is justifiable to prescribe vitamin B compound tablets, prescribe the vitamin B compound strong tablets. **Do not initiate** vitamin B compound or vitamin B compound strong tablets for any of the following indications:
 - ◊ Prevention of WE in alcoholism
 - ◊ Dietary supplementation
 - ◊ Prevention of deficiency
 - ◊ Maintenance treatment following treatment of deficiency
- Refer to resources for patients: social media campaign and patient information leaflet.

Resources for patients

Social media campaign

Choosing the right foods to ensure you have a balanced diet

<https://vimeo.com/showcase/10417322>

Patient information leaflet

[Enjoy-Healthy-Eating.pdf](#)
(hscni.net)

Generic savings opportunity – Toviaz[®] to Fesoterodine

Toviaz[®] came off-patent in April 2022 and in the 15 months since then, the Drug Tariff price for generic fesoterodine has dropped significantly. Whilst the vast majority of prescribing across all practices in NI is for generic fesoterodine (92%), there is potential to save a further £46,000 annually if all prescriptions were written generically.

Actions for GP practices

- Search clinical systems to identify patients prescribed Toviaz[®] 4mg and 8mg tablets
- Switch all patients to generic fesoterodine in line with DoH generic prescribing policy

Practices are encouraged to review the use of long-term bladder anticholinergic medicines regularly in line with NICE guidance. A review tool and supporting leaflets are available on the Primary Care intranet at [Contraception, Gynaecology and Urinary Disorders – Primary Care Intranet \(hscni.net\)](#).

NICE GUIDANCE — RECENTLY PUBLISHED

[NICE TA904](#) — Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer
[NICE TA908](#) — Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy (partial review of TA620)
[NICE TA911](#) — Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer
NOT recommended:
[NICE TA909](#) — Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer

MANAGED ENTRY DECISIONS

For full details see [Managed Entry section](#) of NI Formulary

- | | |
|--|--|
| • Baricitinib (Olumiant [®]) | • Deucravacitinib (Sotyktu [®]) |
| • Selpercatinib (Retsevmo [®]) | • Daratumumab (Darzalex [®]) |
| • Nivolumab (Opdivo [®]) | • Axicabtagene ciloleucel (Yescarta [®]) |
| • Cabozantinib (Cabometyx [®]) | |

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](#)

Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. Throughout the newsletter, external links are provided to other sites. These links are provided to improve access to information and exist only for the convenience of readers of the Newsletter; SPPG cannot accept responsibility for their content. The SPPG does not necessarily endorse the views expressed within these external websites. We cannot guarantee that these links will work all of the time and we have no control over the availability of the linked pages.

This newsletter is not to be used for commercial purposes.