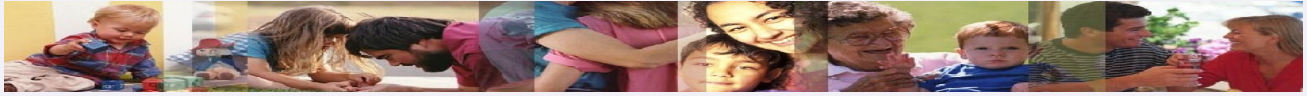


NEWSLETTER



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Melatonin Paediatric Product Selection Guide

A new [Melatonin Paediatric Product Selection Guide](#) has been developed to accompany the recently updated [Melatonin Paediatric Shared Care Guideline](#). This document details first line choices which should be used by clinicians in both primary and secondary care for paediatric patients. It also highlights those products which are recommended for limited use only, including liquid melatonin preparations which are considerably more expensive than solid dosage forms. Prescribers should utilise the new product selection guide to support and inform choice at initiation and review for paediatric patients across the interface and prescribe in line with shared care guidelines. In addition, recent [correspondence](#) from SPPG has highlighted a number of actions for GP practices when prescribing melatonin for paediatric patients:

Actions for GP practices:

- Switch paediatric patients from Circadin® 2mg MR tablets to generic melatonin MR 2mg tablets.
- Review paediatric patients on melatonin capsules (licensed and unlicensed) to change to melatonin tablets.

Actions for community pharmacists:

- Assess melatonin stock levels in advance of potential prescribing change.
- Provide direction and reassurance to parents/carers whose child's prescription has been changed. In particular, address any concerns a parent/carer may have in respect of any change to the product now prescribed.

Medicines Supply Issues: Where to go to get the most up-to-date information?

In early 2022, DHSC and NHSE/I launched an online [Medicines Supply Tool](#), which provides up to date information about medicine supply issues.

To access the Tool, you will be required to register with the SPS website using your [hscni.net](#) email.

You can then choose either 'Community Pharmacist' or 'General Medical Practitioner' under role, and then 'Other' under organisation type.

The Medicines Supply Tool is the **key resource** for all information on medicines supply issues.

In the Tool, you will note that each medicine's supply issue is categorised by an "impact tier". Full information on each of these impact tiers is available at [NHS England » A Guide to Managing Medicines Supply and Shortages](#).

For the majority of tier 2 (medium impact) and tier 3 (high impact) a Medicines Supply Notification will be issued by DHSC and in turn, DHNI. SPPG Primary Care Directorate will then email these to all GPs and community pharmacies; they are also available on the [Shortages Information](#) section of the BSO website.

For tier 1 (low impact shortages), the SPS website should be accessed in order to understand how long the shortage is likely to last and to review information on alternative medications which might be available.

The Medicines Supply Tool has a search function allowing you to easily search for a particular medicine.

SPPG Pharmacy and Medicines Management team continue to recommend that GP practices and community pharmacies liaise regarding the local stock situation and plans for the management for their patients.

Deprescribing

This month the focus on deprescribing is on urinary disorders.

Refer also to [Deprescribing section](#) on the NI Formulary website for resources to support deprescribing.

A patient-facing social media campaign will accompany this work. Weekly videos are available on the [HSC NI Facebook](#) page and will cover:

Week 1: Specialist Continence Adviser offers advice on caffeine, alcohol, fizzy drinks and appropriate fluid intake

Week 2: Specialist Continence Adviser provide tips on voiding and the importance of bladder training

Week 3: Pelvic Health Specialist Physiotherapist delivers key messages around simple, regular pelvic floor exercises

Week 4: Dr Laura McDonnell gives advice on medicines, potential side effects and the importance of medication review.



Deprescribe: medicines for overactive bladder

Oxybutynin prescribed for frail older people

Prescribing data suggests that there are approximately 1000 female patients and 600 male patients in NI, aged 65 years or older, prescribed oxybutynin. **These patients should be prioritised for review and deprescribing:**

- **Female patients** – in line with [NICE NG123](#) oxybutynin immediate release (IR) should **not** be offered to older women, who may be at higher risk of a sudden deterioration in their physical or mental health, for urinary incontinence / overactive bladder (UI/OAB).
- **Male patients** – in line with NICE CKS [Management of LUTs in men](#) oxybutynin (IR) should **not** be offered to frail older men, for the management of lower urinary tract symptoms (LUTs), due to the risk of impairment of daily functioning, chronic confusion, or acute delirium.

Flavoxate, propantheline and imipramine for UI/OAB

[NICE](#) states that women should **not** be offered flavoxate, propantheline or imipramine to treat UI/OAB. Patients prescribed these medicines should be reviewed for indication, efficacy and potential to stop or switch to a more suitable alternative in line with NICE recommendations. Prescribing data shows that approximately £109K is spent on these medicines annually.

Dementia and UI

These conditions often coexist in older adults. Side effects of cholinesterase inhibitors (ChIs) (commonly used to treat dementia) include urinary frequency or incontinence. Therefore, patients treated with ChIs are at an increased risk of receiving an anticholinergic medicine to manage UI. Anticholinergics and ChIs are in pharmacological opposition, and the simultaneous pharmacological treatment of dementia and UI could lead to reduced effectiveness of one or both drugs — see previous [newsletter](#) article for further information. **All** patients with a diagnosis of dementia (even those not receiving treatment) should be reviewed to ensure they are not prescribed bladder anticholinergic medicines. Refer to [NICE guideline on dementia](#) for further information.

Bladder Anticholinergics	Cholinesterase Inhibitors
<ul style="list-style-type: none">• Darifenacin• Flavoxate• Propiverine• Tolterodine	<ul style="list-style-type: none">• Donepezil• Galantamine• Rivastigmine
<ul style="list-style-type: none">• Fesoterodine• Oxybutynin• Solifenacin• Trospium	

NICE GUIDANCE — RECENTLY PUBLISHED

[NICE TA905](#) — Upadacitinib for previously treated moderately to severely active Crohn's disease

[NICE TA906](#) — Rimegepant for preventing migraine

[NICE TA907](#) — Deucravacitinib for treating moderate to severe plaque psoriasis

MANAGED ENTRY DECISIONS

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

- C1-esterase inhibitor (human) (Cinryze®)
- Ropoginterferon alfa-2b (Besremi)
- Voxelotor (Oxbryta®)
- Afamelanotide (Scenesse®)
- Belantamab mafodotin (Blenrep®)
- Cipaglucosidase alfa (Pombiliti®)
- Olaparib (Lynparza®)

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 Advisers](#)

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