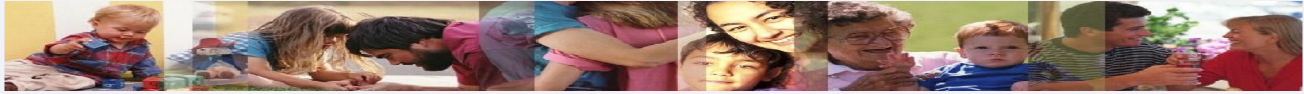
NORTHERN IRELAND MEDICINES MANAGEMENT

Department of Health An Roinn Sláinte Männystrie O Poustie www.health-ni.gov.uk

October 2023 Volume 14, Issue 10 **DoH Strategic Planning and Performance Group**

NEWSLETTER



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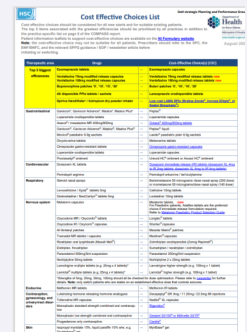
New CEC: Venlafaxine modified release tablets

The following switches have the potential to generate over £80,000 of efficiency savings annually and have been added to the cost-effective choices (CEC) list.



Venlafaxine 75mg modified release capsules	→	Venlafaxine 75mg modified release **tablets**
Venlafaxine 150mg modified release capsules	→	Venlafaxine 150mg modified release **tablets**

Action for Practices

- Identify all patients on venlafaxine 75mg or 150mg modified release capsules
- Consider switching patients to venlafaxine modified release tablets
- Choose the tablet formulation for new initiations
- Inform local community pharmacies of any planned switches.

Deprescribing and social media campaigns

This month the focus is on deprescribing of opioids for chronic pain and bath/shower products.
A patient-facing social media campaign will accompany this work. 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/) and will cover:

- 'Understanding Pain in less than 5 mins' video
- Role and limitations of opioid medicines video
- Self management of pain resources
- Bath and shower products

Please share further on your social media platforms.
Refer also to Deprescribing section on the NI Formulary website for resources to support deprescribing.

Deprescribe: Bath and shower products

Emollient bath and shower preparations are not routinely recommended for use due to a lack of robust evidence of clinical effectiveness. The BATHE study (2018) found no clinical benefit from the addition of emollient bath additives to the standard management of childhood eczema. The standard management included soap avoidance and the use of leave-on emollients. There is no good quality evidence to show that emollient bath and shower preparations are more effective than leave-on emollients used as a soap substitute. The Northern Ireland Formulary (NIF) has recently been updated and all emollient bath and shower preparations have been removed.

Advice on the management of dry skin conditions can be found on the NI Formulary website and further information and patient resources to support this initiative are available at Skin – Primary Care Intranet (hscni.net).

Image by Freepik

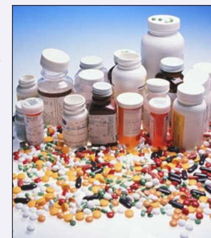
Actions for GP practices

- Do not initiate emollient bath and shower preparations.
- Review current prescribing with a view to discontinuation.
- Suitable leave-on emollients may be prescribed as a soap substitute.
- Patients who wish to continue using emollient bath and shower preparations should be advised to purchase.

Actions for community pharmacy

- Patients should be advised on how to use leave-on emollients as a soap substitute.
- Patients who wish to continue using emollient bath and shower preparations should be advised on suitable products that can be purchased.

Deprescribe: Opioids for chronic pain



Opioids are useful in acute and palliative pain, but evidence is limited in chronic non-malignant pain. It is estimated that only 1 in 10 people may benefit from opioids for chronic pain so this should be checked within a reasonable period following initiation. Given the high-risk nature of opioids, they should be used in line with NICE guidance as summarised in a previous article in the Jan 2023 newsletter. Note: NICE does not recommend **strong opioids** for chronic pain, and they are not included in the NI Formulary for this purpose.

Top Tips for Opioid Deprescribing

A local GP practice pharmacist has shared their top tips for successful opioid deprescribing:

BEFORE STARTING REDUCTIONS

1. Review practice COMPASS report, seeking advice from your pharmacy adviser if necessary. Start with highest area of opioid prescribing (e.g. fentanyl patches) and risk stratify for those on highest total oral morphine equivalent (OME).
2. Have a practice team meeting to discuss reduction strategy and ensure **everyone** is on board.
3. Detail how reductions will be flagged on patient notes so that all staff are aware that the patient is on a reduction plan, adding alerts where helpful.
4. Discuss as a practice how you will deal with setbacks, involving multi-disciplinary team members as available.
5. Involve local community pharmacies and advise them on reduction plans.
6. Know what resources are available in your area to refer to for further non-pharmacological support, e.g. Better Days and Versus Arthritis pain support programmes/information sessions, and Live Well with Pain and Flippin' Pain websites.

WHEN STARTING REDUCTIONS

1. Listen to the person's pain story.
2. Identify and explain the different types of pain (nociceptive, neuropathic, chronic secondary and/or primary) including acute vs chronic.
3. Explain how chronic pain develops, including sensitisation: explain faulty car alarm analogy.
4. Explain non-pharmacological strategies known to help chronic pain, e.g. physical activity, actions to improve mental health, Pain Toolkit.
5. Discuss limitations of opioids and side-effects – see Opioid Side-Effect Lottery - PIL.
6. Be honest about possibility of not being pain-free – instead the importance of managing pain.
7. Provide information leaflets, signpost to videos, and allow patient to digest, e.g.
   - Understanding Pain in less than 5 minutes
   - *Understanding Chronic Pain Leaflet*
   - Understanding Pain: Brainman stops his opioids – YouTube
   - Sean's story (Youtube video)
   - Faye's Story: newsletter and video
   - Actions to improve mental health
8. Arrange follow up appointment to begin reductions. Go Slow. Prepare person for possibility of increased pain when beginning reduction.
9. Be aware that human factors/life events may lead to setbacks.

NICE GUIDANCE — RECENTLY PUBLISHED

No new guidance published this month.

MANAGED ENTRY DECISIONS

For full details see Managed Entry section of NI Formulary

- Tirzepatide (Mounjaro®)
- Daridorexant (QUVIVIQ®)
- Rimegepant (Vydura®)
- Pembrolizumab (Keytruda®)
- Birch bark extract (Filsuvez®)
- Tebentafusp (Kimmtrak®)
- Dermatophagoides pteronyssinus and Dermatophagoides farina (Acarizax®)
- Aflibercept (Eylea®)
- Mavacamten (Camzyos®)
- Darolutamide (Nubeqa®)

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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