DoH Strategic Planning and Performance Group

NORTHERN IRELAND MEDICINES MANAGEMENT
Newsletter

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NI Formulary: Management of Glaucoma and Dry Eye

The eye chapter of the NI Formulary was updated earlier this year. This chapter covers two therapeutic areas – glaucoma and dry eye.

image: Freepik

Glaucoma

Treatment for glaucoma is usually initiated by specialists. The prostaglandin analogue, latanoprost, is the first line pharmacological treatment option, with timolol, the first line beta blocker, as the next option. Other drugs and classes are reserved in case of intolerance, treatment failure, or for use in combination to further lower intraocular pressure (IOP). Eye drops should be prescribed generically, including combination products, as shown below.

Generic version to prescribe	Brand name
Latanoprost 50micrograms/ml / Timolol 5mg/ml eye drops x 2.5ml	Xalacom®
Travoprost 40micrograms/ml / Timolol 5mg/ml eye drops x 2.5ml	Duotrav®
Bimatoprost 300micrograms/ml / Timolol 5mg/ml eye drops x 3ml	Ganfort®
Brimonidine 2mg/ml / Timolol 5mg/ml eye drops x 5ml	Combigan®
Brinzolamide 10mg/ml / Timolol 5mg/ml eye drops x 5ml	Azarga®
Dorzolamide 20mg/ml / Timolol 5mg/ml eye drops x 5ml	Cosopt®

Shortages of glaucoma eye drops

Recently there has been a number of shortages of eye drops for glaucoma. This has resulted in a large volume of calls to the glaucoma service from both patients and healthcare professionals. GPs and community pharmacists are asked to consider where a switch can be made in primary care, for example if there is an alternative available with the same constituent ingredient(s), and liaise regarding the local stock situation and plans for the management for their patients. The BHSCT glaucoma lead has advised that for the majority of patients, a short-term change in the preparation of drops is unlikely to have an adverse clinical effect.

The most up-to-date information on shortages and what alternative products are available is available from the SPS Medicines Supply Tool and the Shortages Information section of the BSO website.

Dry eye

Patients who have simple dry eye should be referred to the patient information leaflets on the NI Formulary website and advised to self-care including the purchase of dry eye lubricants.

If proceeding to prescribe, first line products are:

- Hypromellose 0.3% (if preservative free is needed, Evolve Hypromellose 0.3%)
- Carbomer 980 0.2%

Second line products, if no improvement after 4-6 weeks:

- Eyeaze® 0.1%, 0.2% or 0.4% - preservative free sodium hyaluronate (alternative to HYLO -Tear® and HYLO-Forte®)
- Eyeaze® Carmellose 1% - preservative free carmellose.

In this issue

NICE Guidance (Recently published)

NICE TA912 - Cipaglucosidase alfa with miglustat for treating late-onset Pompe disease

Dysphagia Newsletter

Please see link to the October 23 edition of the Dysphagia NI Newsletter.

New Training Video: Controlled Drugs in Primary Care

A new 30 minute training video for GPs, nurses and pharmacists on controlled drugs in primary care is available on the Primary Care Intranet.

Content includes: background to CDs (relevant legislation and CD Schedules); CD management (Health Service and private stock and prescribing, registers and destruction); CD Assurance (visits); CD Monitoring (COMPASS); and CD Resources.

Deprescribing social media campaigns

This month the focus of deprescribing is antimicrobials for acne and respiratory conditions. A patient-facing social media campaign will accompany this work and will include advice on avoiding triggers for COPD, signposting to Stop Smoking Services, and signposting to NI Chest, Heart & Stroke resources to support patients with respiratory conditions. Details can be found on the Health and Social Care NI Facebook page or our website. Please share further on your social media platforms.
Refer also to Deprescribing section on the NI Formulary website for resources to support deprescribing.

Deprescribe: Antimicrobials in Acne

Topical and oral antibiotics are commonly prescribed for acne because they have antimicrobial and anti-inflammatory properties. However overuse of these antibiotics can lead to antimicrobial resistance.

Good practice points:

- Ensure antimicrobial prescribing appropriateness is as per NICE Acne guidance NG198 through regular patient reviews.
- Do not use oral antibiotic monotherapy; combine oral antibiotic with a topical non-antibiotic treatment to treat acne.
- Do not prescribe a combination of a topical antibiotic and an oral antibiotic.
- Limit the duration of oral antimicrobial treatment to 3 months, followed by maintenance therapy with topical retinoid (e.g. adapalene or tretinoin) and/or antiseptic (e.g. benzoyl peroxide) for 3 months (then review whether to continue)
- Treatments including topical or oral antibiotics should generally not last longer than 6 months, except in exceptional circumstances. Patients should be reviewed at 3-monthly intervals; the aim being to discontinue the antibiotic as soon as possible.

Action for GP practices:

- Review the appropriateness of long-term antibiotic (topical or oral) prophylaxis (repeat prescription) and repeated acute antibiotic courses (defined as 3 or more courses in the past 6 months) for the prevention or treatment of acne.
- Review efficacy of antibiotic (topical or oral) treatment after 3 months. This is an adequate trial to assess the effectiveness of treatment.
- Provide skin care advice.

Resources

- Acne vulgaris | Health topics A to Z | CKS | NICE
- TARGET **"How to …?"** guide to review the appropriateness of long-term antibiotic prophylaxis for the prevention or treatment of acne
- Self-care forum acne face sheet
- British Association of Dermatologists acne patient information leaflet

Deprescribe: Mucolytics

NICE recommend considering mucolytics for people with chronic obstructive pulmonary disease (COPD) who have a chronic cough productive of sputum. Treatment should be commenced as a trial and should **only** be continued if there is symptomatic improvement (e.g. reduction in frequency of cough and sputum production). Mucolytics should not be used routinely to prevent exacerbations in people with stable COPD.

In the past 12 months over £1.3 million has been spent on the prescribing of mucolytics in primary care in NI.

If mucolytic therapy is deemed clinically appropriate, **carbocisteine (375mg capsules or 250mg/5ml oral solution) or NACSYS (acetylcysteine) 600mg effervescent tablets** are currently the preferred products as per the NI Formulary.

Mucolytic therapy should be reviewed after 4 weeks and only continued in patients where there is clear symptomatic improvement. If a satisfactory response to carbocisteine is obtained, the dose should be reduced to a maintenance of 1.5 g daily in divided doses, as the patient's condition improves.

Consider all relevant prescribing safety information (e.g. mucolytics should be used with caution in those with a history of peptic ulceration).
Refer to PrescQIPP bulletin 283 COPD for further information on mucolytics.

Action for GP practices:

- Review patients currently prescribed a mucolytic and assess continued need.
- Only prescribe mucolytics to COPD patients with chronic cough productive of sputum. Do **not** offer mucolytics for acute conditions (e.g. "chesty cough", upper respiratory tract infection) or as a "cough bottle."
- Review mucolytic therapy after 4 weeks and only continue in patients with clear symptomatic improvement. **Stop** if no symptomatic improvement is evident.
- Reduce carbocisteine to maintenance dose where appropriate.
- If prescribing mucolytics choose products recommended in the NI Formulary.

Action for Community Pharmacy:

- Counsel patients newly initiated on mucolytic therapy about the need for review of symptoms.
- Refer patients back to their GP if lack of effectiveness is identified.

Product	Cost per 28 days (Initial)	Cost per 28 days (Maintenance)
NACSY(Acetylcysteine) 600mg effervescent tablets	**£5.13**	**£5.13**
Carbocisteine 375mg capsules	**£7.49**	**£4.99**
Carbocisteine oral solution 250mg/5ml	**£24.32**	**£16.21**
Carbocisteine 750mg capsules	£26.57	£17.71
Mucodyne 375mg capsules	£26.57	£17.71
Carbocisteine sugar-free oral solution 250mg/5ml	£35.24	£23.49
Mucodyne 250mg/5ml syrup	£35.24	£23.49
Carbocisteine 750mg/5ml oral solution sugar-free	£70.22	£46.82
A-CYS 600mg effervescent tablets	£91.28	£91.28
Acetylcysteine 600mg capsules	£95.01	£95.01
Acetyl-NAC 200mg oral powder sachets sugar free	£195.38	£195.38
Acetylcysteine 200mg sachets oral powder sachets	£315.00	£315.00
Acetylcysteine 200mg sachets oral powder sachets sugar-free	£315.00	£315.00
A-CYS 200mg granules sachets	£315.00	£315.00