DoH Strategic Planning and Performance Group

NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

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Generic Prescribing of Category 3 Antiepileptics

In July 2013 the Medicines and Healthcare Regulatory Agency (MHRA) advised that for Category 3 antiepileptics it is acceptable to prescribe generically unless there is a patient-specific reason not to. It is appreciated that significant work has been undertaken and is ongoing across Northern Ireland to increase the generic rate of levetiracetam, which now sits at 77%.

Lacosamide is also now available as a generic. 50% of lacosamide prescriptions are already issued as the generic. Increasing the level of generic prescribing of lacosamide has the potential to release at least £80,000 annually for re-investment in the Health Service.

In line with the Department of Health policy, we are asking for your support to increase generic prescribing of lacosamide and other category 3 antiepileptic drugs. Support materials are available in the NI Formulary Patient area.

Actions for Prescribers:

- All new patients should be initiated on generic lacosamide
- Patients currently on the brand Vimpat® should be reviewed and a switch to generic lacosamide considered on a case-by-case basis following agreement with the patient.

These actions for lacosamide continue to apply to levetiracetam prescribing also. If Trust colleagues have decided that there is a clinical need for the patient to be maintained on the brand this should be clearly stated in correspondence issued to primary care. Where no clinical reason is stated, the **generic form of the drug, i.e. lacosamide / levetiracetam should be prescribed**.

Prescribing of sodium chloride 5% eye ointment

Recurrent corneal erosion syndrome (RCES) is a condition affecting the outer surface layer of the cornea. The surface becomes unstable and breaks down to form an erosion or raw area, exposing the nerves that lie just beneath the surface. This can happen as a result of an injury, e.g. a scratch to the eye or a corneal disease, such as corneal dystrophy. RCES is characterised by the repeated occurrence of this epithelial breakdown and can cause moderate to severe eye pain, photophobia, lacrimation, and corneal scarring.

Image by jemastock on Freepik

As part of treatment for RCES, evidence is increasing for the use of sodium chloride 5% eye ointment. This ointment both lubricates and draws fluid out of the corneal surface. **Sodium chloride 5% eye ointment in a 5g preservative free tube** is available as a prescribable medical product, manufactured by Alissa Healthcare. It is listed in Part III of the Drug Tariff and should be prescribed as such, to ensure the correct product is dispensed and coded for. Alternative unlicensed special order products can be expensive and should not be used.

Hold the date: GPNI Webinar – Supporting GP Practices with Opioid Reduction

Thursday 25th January: 1-2pm

- Focuses on opioid reduction for chronic (non-malignant) pain
- For the **whole practice team** – all healthcare professionals and reception teams.
- A pain specialist, GP and GP Pharmacist (GPP) will share their expertise and experiences with opioid reduction.
- Opportunity to ask questions and find out more about resources available to support both practice staff and their patients.

If you are on the GPNI mailing list, in January you will receive a link to register. If you aren't on the mailing list, click here to join. Details will also be available on the GPNI website in January.

In this issue

NICE Guidance Recently published:

NICE TA876
NICE TA880
NICE TA882
NICE TA888
NICE TA891
NICE TA902
NICE TA903
NICE TA904
NICE TA905
NICE TA906
NICE TA907
NICE TA908
NICE TA911
NICE TA913
NICE TA916
NICE TA914
NICE TA917
NICE TA922
NICE TA924
NICE TA925
NICE TA929

Not recommended:

NICE TA926
NICE TA928
NICE TA930

Managed Entry Decisions

Full details here

- Empagliflozin (Jardiance®) x 2
- Daridorexant (Quviviq®)
- Rimegepant (Vydura®)
- Pegunigalsidase alfa (Elfabrio®)
- Bimekizumab (Bimzelx®) x 2
- Ruxolitinib (Jakavi®)
- Tofacitinib (Xeljanz®)
- Daratumumab (Darzalex®)
- Mirikizumab (Omvoh®)
- Crizotinib (Xalkori®)
- Indacaterol, glycopyrronium bromide and mometasone furoate (Enerzair Breezhaler®)
- Secukinumab (Cosentyx®)
- Baricitinib (Olumiant®)
- Zanubrutinib (Brukinsa®)
- Glofitamab (Columvi®)

Deprescribing social media campaigns

This month the focus of deprescribing is proton pump inhibitors (PPIs) in acid reflux and heartburn. A patient-facing social media campaign will accompany this work and will include:

- advice for patients on what acid reflux and heartburn is
- common triggers
- how to reduce PPI medication
- rebound reflux on reducing a PPI and how to manage this
- red flag symptoms and when to seek medical attention.

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: Proton pump inhibitors (PPIs) in acid reflux and heartburn in adults

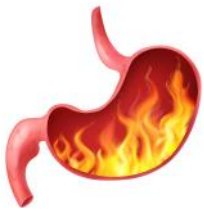

Image by macrovector on Freepik

NICE encourages people who need long term management of dyspepsia symptoms to reduce their use of prescribed medications in a stepwise manner: by using the lowest effective dose, by trying "as needed" use when appropriate, and by returning to self-treatment with an antacid and/or alginate therapy (unless there is an underlying condition or concurrent medication that needs continuing treatment).
If the need for ongoing therapy is not reviewed, patients may continue to take unnecessarily high doses of PPIs or continue treatment beyond therapeutic need and may, therefore, be at risk of adverse effects associated with long term use. Local specialists are now strongly endorsing a reduction in PPI use due to evidence of adverse effects.

Long term adverse effect of PPIs include:

- *Clostridium difficile* infection
- Hypomagnesaemia (see MHRA for further information)
- Bone fracture (see MHRA for further information)
- Vitamin B12 deficiency
- Acute interstitial nephritis
- Subacute cutaneous lupus erythematosus (see MHRA for further information)

Resources:

- PrescQIPP resources on PPI's long-term safety and gastroprotection
- PPI's long-term safety and gastroprotection-deprescribing algorithm (adults)
- SOP for switching and stepping down of PPI's in adults
- Cost Effective Choice: Esomeprazole capsules
- Patient Information Leaflet: Stepping down your PPI: Heartburn and Reflux

Best Practice Points:

- Offer lifestyle advice to all people to manage dyspepsia, see patient information leaflet in Resources.
- Review medications for possible causes of dyspepsia. These include calcium antagonists, nitrates, theophyllines, bisphosphonates, corticosteroids and NSAIDs.
- PPIs should only be prescribed when needed for a recognised indication and for an appropriate duration at the lowest effective dose.
- The use of short courses, as needed doses, and self-treatment with antacid and/or alginate therapy, should be **first line** unless there is a recognised indication for long-term PPI treatment, e.g. in Barrett's oesophagus, prevention of NSAID-associated ulcers, history of bleeding, GI ulcers or severe oesophagitis.
- All PPIs should be reviewed 4 to 8 weeks after starting treatment.
- Due to adverse effects, people who need long term therapy should be offered annual review with a view to stepping down their PPI therapy to the lowest dose needed to control symptoms.
- Medication that requires gastroprotection should be reviewed regularly. If that medication is stopped then the PPI should be deprescribed too.

Wishing everyone a Happy and Healthy Christmas and New Year