DoH Strategic Planning and Performance Group

NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

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Folic acid use in pregnancy and pre-conception

400 microgram v 5 milligram

Supplementation with folic acid should be advised for all women who are pregnant or who wish to become pregnant from before conception until the end of the 12th week of pregnancy. Folic acid is needed to reduce the risks of neural tube defects (NTD) in the baby.

Image by Freepik

When should folic acid be purchased?
Women who are considered at a low risk of conceiving a child with an NTD should be advised to take supplementation with folic acid 400 micrograms before conception and until end of week 12 of pregnancy. Folic acid 400 microgram tablets are readily available from pharmacies, supermarkets and health food shops, and patients should be advised to **purchase** these.
Certain pregnant women may be eligible to receive free Healthy Start Vitamins.

When should folic acid be prescribed?
Women at high risk of NTDs who wish to become pregnant (or who are at risk of becoming pregnant) should be **prescribed** folic acid 5mg daily prior to conception and until the end of the 12th week of pregnancy. Folic acid 5mg is a **prescription only medicine (POM)** and cannot be purchased, therefore it MUST be prescribed. N.B. For women with sickle-cell disease, thalassaemia or thalassaemia trait, folic acid 5mg should be prescribed throughout pregnancy.

Ensure all staff are made aware of this difference so that patients who need the 5mg are not inappropriately turned down for prescriptions if they ask for them.

Resources

- PHA patient information leaflet on folic acid.

Category 3 antiepileptics questionnaire

All patients newly initiated on a Category 3 antiepileptic should be prescribed the generic form of the drug, e.g. levetiracetam, lacosamide. This has been outlined in previous correspondence over recent years and secondary care colleagues have agreed that **all new starts would be initiated on the generic**.

Analysis of dispensing data has shown that from January to December 2023, 240 patients across 136 practices (1 to 5 patients per practice) were initiated on the brand Keppra®. A questionnaire has been developed to help us understand the reasons for these brand initiations. Information gleaned from this should help to facilitate discussions across primary and secondary care.

Practices who have one or more patients who commenced the brand Keppra® from January to December 2023 will receive an email asking them to complete a short online questionnaire for each relevant patient, ensuring that no patient identifiable information is included. Your support with this work would be appreciated. If you have any queries about this please contact your pharmacy adviser.

ACP webinars and workshop: Nutrition

Spaces available: 1st May, 14th, 16th May

SPPG are running a series of webinars, plus one in person workshop, on nutrition. This will include the safe, effective and appropriate use of oral nutritional supplements (including for specific patient groups, e.g. palliative care), and the appropriate use of amino acid formula in the management of cow's milk allergy.
To book a place go to the NICPLD or Medicines NI websites.

In this issue

NICE Guidance

Recently published:

NICE TA878 — Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 (partial review)
NICE TA953 — Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema (review of TA613 and TA301)
NICE TA954 — Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments
NICE TA956 — Etrasimod for treating moderately to severely active ulcerative colitis in people aged 16 and over
NICE TA957— Momelotinib for treating myelofibrosis-related splenomegaly or symptoms

Not recommended:

NICE TA955 — Dupilumab for treating moderate to severe prurigo nodularis

Managed Entry Decisions

Full details here

- Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab
- Epcoritamab (Tepkinly®)
- Dupilumab (Dupixent®)
- Fluocinolone acetonide (Iluvien®)
- Momelotinib (Omjjara®)
- Ritlecitinib (Litfulo®)
- Daratumumab - subcutaneous (Darzalex® 1,800mg solution for injection)
- Ravulizumab (Ultomiris®) x 2

Management of Vaginal Atrophy

Estriol 0.1% cream is the **first line choice** for the management of vaginal atrophy in the Northern Ireland Formulary. *The branded product Ovestin® 1mg cream (estriol 0.1% cream) has recently been discontinued, however generic estriol 0.1% cream is readily available.*

Estradiol 10 microgram pessaries are considered a **second line choice.** They are more expensive than estriol 0.1% cream and should be reserved for those patients who may find using estriol 0.1% cream difficult. All prescriptions for estradiol 10 microgram pessaries should be written generically**.**

Estriol 0.01% cream, which is not on the NI formulary, is significantly more expensive than estriol 0.1% cream.

Actions for GP practices:

- Switch suitable patients as outlined in the table below:

Currently prescribed:	Switch to:
Ovestin® 1mg cream	Estriol 0.1% cream
Estriol 0.01% cream	Estriol 0.1% cream
Estradiol 10 microgram pessaries	Switch suitable patients to estriol 0.1% cream
Vagifem 10 microgram vaginal tablets Vagirux 10 microgram vaginal tablets	Switch suitable patients to estriol 0.1% cream. If switching is not an option, prescribe vaginal tablets generically (estradiol 10 microgram pessaries).

Actions for Community Pharmacists:

- Estriol 0.1% cream is readily available in wholesalers and can be ordered using PIP code 127 1055.
- Provide direction and reassurance to patients whose prescription has been changed.

Deprescribe: Preparations for allergic rhinitis

£4.5 million was spent on preparations for the management and treatment of allergic rhinitis in 22/23

Patients should be able to manage mild and intermittent allergic rhinitis symptoms by purchasing medication directly from a pharmacy. First line treatment may be suggested depending on patient preference and symptoms. NICE CKS first line over the counter (OTC) treatment options include: oral non-sedating antihistamines, intranasal corticosteroid (INCS) or a combination of both. Allergy UK provides advice on self-help measures including allergen avoidance.

Cetirizine Products

Over £503k was spent on cetirizine oral liquid preparations and £20k on cetirizine capsules in 22/23

Cetirizine 10mg tablets are:

- NI Formulary first line choice non-sedating antihistamine
- licensed from 6 years and above
- available to purchase over the counter (OTC)

Cetirizine oral liquid preparations are considerably more expensive than cetirizine 10mg tablets

- The Medicines For Children website provides useful information for parents on how to give tablets to children

Cetirizine 10mg **capsules** are approximately seventeen times more expensive than cetirizine **tablets**

Action for practices

- Switch from cetirizine capsules to tablets where appropriate
- Switch from cetirizine liquid to tablets where appropriate

Combination nasal sprays

Combination nasal sprays such as Dymista® (azelastine and fluticasone propionate) or Ryaltris® (olopatadine and mometasone) **should not be used as a first line treatment choice**. If a person has refractory symptoms while using a regular INCS preparation, compliance and technique should be checked. After other causes for treatment failure have been considered, treatment may be stepped up to manage the predominate symptom(s) in line with NICE CKS.

Combined use of oral and intranasal antihistamine is not recommended.

Action for practices

- Discontinue oral antihistamines if co-prescribed with a combination nasal spray