DoH Strategic Planning and Performance Group

NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

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Reminder: adrenaline stock prescribing for the treatment of anaphylaxis in primary care

In line with Green Book guidance and SPPG letter, **adrenaline ampoules** and not auto-injectors should be used by healthcare professionals for the management of anaphylaxis.

There have been supply chain issues in recent months for the auto-injectors and it is important that supplies are reserved for patient prescribing. Analysis of stock (HS21S) prescribing data from September 2023-April 2024 has identified that 521 EpiPen® adrenaline autoinjectors (AAIs) were requisitioned by GP practices.

In addition to reserving auto-injectors for patient use, the cost for these inappropriate stock requisitions was £36,682. A comparison of product prices is outlined in the table:

Adrenaline product	Price (DT Aug 2024)
Adrenaline (base) 1:1000 (1mg/1ml) 1ml ampoules x10	£11.81
Adrenaline (base) 1:1000 (10mg/10ml) ampoules x10	£162.98
EpiPen® 300micrograms/0.3ml autoinjector x1	£60.69
EpiPen® Jr 150micrograms/0.3ml autoinjector x1	£60.69

Actions for GP practices:

- Ensure all staff (including treatment room staff) are aware of Green Book guidance on use of adrenaline **ampoules**
- Only request **adrenaline (base) 1:1000 (1mg/1ml) x 10 ampoules** on HS21S forms i.e. full packs must be requested
- Only prescribe AAIs for patient use, and limit the quantity to 2 autoinjectors per prescription, in order to help maintain the supply line
- Query prescription requests for more than 2 AAIs. Patients should carry 2 AAIs at all times, including between locations.
- Whilst individual circumstances may vary, consideration should be given to the appropriateness of requests for additional AAIs for childcare, grandparents houses, etc.

Actions for community pharmacies:

- Query any stock requisitions for adrenaline where strength or ampoule size are not in line with guidance
- Only original packs must be dispensed on HS21S forms. Smaller quantities must not be dispensed.

Important prescribing changes for Tegretol® 100mg/5ml liquid

The **maximum daily dose of Tegretol® 100mg/5ml liquid** has been reduced from 2000mg/day to **1200mg/day** due to manufacturing constraints associated with the sorbitol excipient content of Tegretol® 100 mg/5ml liquid.

Further information including actions to be taken by prescribers is included in the letter to healthcare professionals issued by the manufacturer of Tegretol® 100mg/5ml liquid.

Please note this information applies to the liquid preparation only. Other formulations of Tegretol® are not impacted. Patients can continue receiving doses of Tegretol® immediate release (IR) or prolonged release (PR) tablets up to 2000 mg/day as appropriate.

In this issue

NICE Guidance

Recently published:

NICE TA985 — Selective internal radiation therapy with QuiremSpheres for treating unresectable advanced hepatocellular carcinoma (partial review of TA688)

NICE TA986 — Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over

NICE TA988 — Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis (review of TA398)

NICE TA990 — Tenecteplase for treating acute ischaemic stroke

Managed Entry Decisions

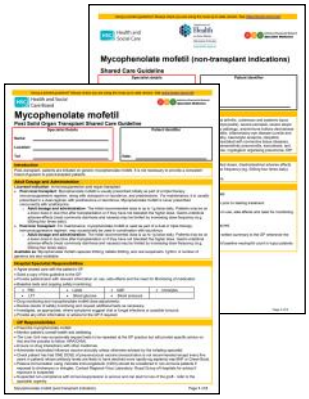
Full details here

- Tenecteplase (Metalyse®)
- Remimazolam (Byfavo®)
- Follitropin delta (Rekovelle®)
- Lebrikizumab (Ebglyss®)
- Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor
- Burosumab (Crysvita®)
- Abaloparatide (Eladynos®)
- Dupilumab (Dupixent®)
- Pembrolizumab (Keytruda®)
- Cedazuridine + decitabine (Inaqovi®)
- Clostridium botulinum neurotoxin type A (Xeomin®)
- Trastuzumab deruxtecan (Enhertu®)

Mycophenolate Shared Care Guideline Update

There are two shared care guidelines (SCG) available for mycophenolate mofetil on the Interface Pharmacist Network Specialist Pharmacist website:

- Mycophenolate mofetil shared care guideline for non-transplant indications
- Mycophenolate mofetil shared care guideline Post Solid Organ Transplant



In both SCGs the recommendation is that mycophenolate mofetil should be prescribed generically. The Items Unsuitable for Generic Prescribing list has been updated to reflect this. Generic prescribing of mycophenolate mofetil has the potential to generate significant efficiency savings.

Actions for practices and community pharmacists:

1. **Non-transplant Indications:**
   Prescribe and dispense as GENERIC mycophenolate mofetil, for all patients in line with SCGs. Patients already established on brands such as CellCept® or Myfenax® can be switched to generic mycophenolate mofetil capsules 250mg, tablets 500mg, and oral suspension 1g/5ml as appropriate in line with the SCG.

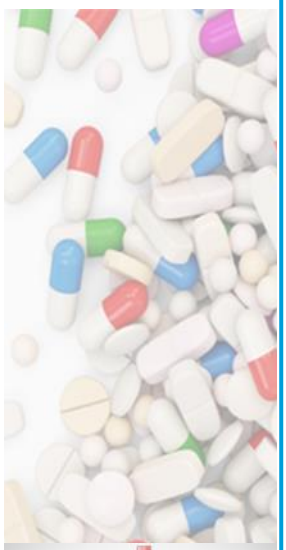
2. **Transplant Indications:**
   New Patients: initiate new patients on generic mycophenolate mofetil in line with the relevant SCG.
   Existing Renal Transplant Patients: a switch programme from brands to generics has been completed across all five Trusts in NI. An exceptional small number of patients have not been switched, this recommendation NOT to switch will have been shared via letter with the patient's GP from the renal team.
   Non-renal Transplants: Please consult with the relevant speciality.

Deprescribe: Proton pump inhibitors (PPIs)

SPPG has introduced an initiative regarding deprescribing of medications. An important area in this is the deprescribing of proton pump inhibitors (PPIs) and H_2 receptor antagonists. The key points are as follows:

Proton pump inhibitors (PPIs)

- Use cost effective PPIs such as omeprazole capsules or lansoprazole capsules
- Do not routinely prescribe esomeprazole. If esomeprazole is required, use generic capsules rather than tablets (do not prescribe brand, e.g. Nexium®)
- Dispersible and orodispersible PPIs should be reserved for children and infants, people with dysphagia, and those with enteral feeding tubes
- Liquids should be reserved for patients with narrow feeding tubes (≤ 6Fr or jejunal extension in situ), or in paediatrics where a dose of <5mg is indicated
- If liquid is required, use licensed omeprazole suspension - avoid use of 'specials'
- Long term prescribing should be reviewed. Risks of PPIs if used long-term include increased fractures, C difficile infections, diarrhoea, community acquired pneumonia, vitamin B12 deficiency, hypomagnesaemia, dementia, acute interstitial nephritis and chronic kidney disease. The risk of side effects may outweigh the benefits when an on-going indication is unclear.



H_2 antagonists

- Prescribers should review all patients prescribed famotidine for continued need. Where medication is still found to be appropriate, consider a switch to either omeprazole or lansoprazole capsules
- Prescribers should review all patients co-prescribed famotidine and a PPI for periods longer than 8 weeks. Patients should be advised to step down and stop famotidine if refractory symptoms have resolved.

Image by brgfx on Freepik

Resources are available to assist with review, including a Review of Medication for heartburn and Indigestion patient information leaflet.