NORTHERN IRELAND MEDICINES MANAGEMENT
Newsletter
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Powdered oral nutritional supplements

The most cost effective formulation and first line choice is a **powdered** oral nutritional supplement (ONS), to be made up in accordance with the manufacturer's instructions. These products should only be prescribed if a patient is unable to meet nutritional needs using food alone and they are able to prepare a powdered product. Choose a powdered ONS in line with the NI Formulary.

Powdered ONS products are more than 50% cheaper than ready-made ONS and are a cost-effective option in primary care for adults.

Readymade 1.5kcal/ml products milkshake style	→	Powdered ONS >1.5kcal/ml (made up with 100ml whole milk)
• Ensure® Plus milkshake style • Fortisip®		• Aymes® Shake • Ensure® Shake • Foodlink® Complete
***Readymade ONS 2.4kcal/ml Compact milkshake style**	→	***Powdered ONS 2.4kcal/ml Compact (made up with 100ml whole milk)**
• Altraplen® Compact • Ensure® Compact • Fortisip® Compact		• Aymes® Shake Compact • Foodlink® Complete Compact
** Compact style ONS should NOT be prescribed without consideration of the individual's overall fluid balance and risk of dehydration and are usually recommended after dietetic assessment.*		

Approximate efficiencies based on **ONE** patient taking **ONE** supplement **TWICE DAILY** are as follows:

- Switch from Ensure® Plus Milkshake Style to Aymes® Shake - **£700 per annum**
- Switch from Ensure® Compact to Aymes® Shake Compact - **£883 per annum.**

A ready reckoner for primary care cost effective choices can be found here.

Action for GP practices:

- Identify patients prescribed ONS, review and discuss with patients with a view to switching to powdered ONS. Exclude paediatric patients, patients receiving dialysis, patients with chronic kidney disease stage 4 and 5 and enterally fed patients
- Discuss with dietitian / speech and language therapist before making any switch if the patient is under the care of a dietitian or has swallowing difficulties
- Refer to NI Formulary for prescribing information on powdered ONS.

In this issue

Image by Freepik

NICE Guidance Recently published:

NICE TA1007 — Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer (review of TA611)

NICE TA1008 — Trifluridine–tipiracil with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments

Can distilled or purified water be prescribed for use in a continuous positive airway pressure (CPAP) machine?

Image by rawpixel.com on Freepik

A continuous positive airway pressure (CPAP) machine may be used by patients with sleep apnoea. It is used whilst sleeping, gently pumping air into a mask to improve breathing and improve quality of sleep.

Some patients may require a humidifier to moisten the air whilst using a CPAP machine.

Patients often request a prescription for purified or distilled water to use in the humidifier, but this is not necessary. Trust Respiratory teams have reported that in these cases, patients are advised to purchase an inexpensive water filter jug. They can then use tap water which has been **boiled, cooled and filtered** in the CPAP humidifier. Alternatively, the patient may wish to purchase distilled water which can be used directly in the humidifier. Distilled water is not listed on the Drug Tariff. Purified water that has not been distilled is unsuitable for use in a CPAP machine.

Managed Entry Decisions

Full details here

- Zanubrutinib (Brukinsa®)
- Faricimab (Vabysmo®)
- Evinacumab (Evkeeza®)
- Relugolix (Orgovyx®)
- Ganaxolone (Ztalmy®)
- Risankizumab (Skyrizi®)
- Trifluridine–tipiracil (Lonsurf®)
- Trastuzumab deruxtecan (Enhertu®)
- Talquetamab (Talvey®)

Reminder: Etoricoxib 60mg maximum dose recommended for rheumatoid arthritis and ankylosing spondylitis

MHRA issued a Drug Safety Update in 2016 in relation to the recommended dose of etoricoxib (Arcoxia®) for the treatment of rheumatoid arthritis or ankylosing spondylitis. Etoricoxib is available in the following strengths: 30mg, 60mg, 90mg and 120mg. Etoricoxib 120mg is licensed for the treatment of gout for 8 days; it is not currently on the NI Formulary for the treatment of gout.


GOV.UK

Home › Drug Safety Update

Etoricoxib (Arcoxia): revised dose recommendation for rheumatoid arthritis and ankylosing spondylitis

Prescribing information has been updated to introduce a lower recommended dose of 60 mg daily for patients with rheumatoid arthritis or ankylosing spondylitis.

From: Medicines and Healthcare products Regulatory Agency
Published 17 October 2016

Important points:

- The cardiovascular and other important risks of etoricoxib may increase with dose and duration of exposure. **Therefore, the lowest effective daily dose should be used, and the continued need for treatment should be regularly reassessed**
- The recommended dose for the treatment of rheumatoid arthritis or ankylosing spondylitis is **60mg once daily**
- In patients with insufficient relief from symptoms, an increased dose of 90mg once daily may improve efficacy
- Once the patient is clinically stabilised, down-titration to 60mg once daily may be appropriate
- In the absence of therapeutic benefit, other treatment options should be considered

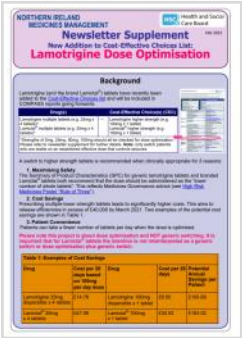
Action for GP practices:

- For new patients commenced on etoricoxib for the treatment of rheumatoid arthritis or ankylosing spondylitis, the recommended starting dose is **60mg once daily**
- Patients currently prescribed 90mg etoricoxib or more, should be identified and reviewed in line with this guidance
- If secondary care have recommended a 90mg dose for a patient, consult with the relevant Trust clinician for advice, before reducing the dose.

Reminder: Lamotrigine dose optimisation

The SPCs of generic lamotrigine and the brand Lamictal® recommend that the dose should be administered as the nearest whole tablet. Minimising administration of multiple low dose tablets has benefits for safety, cost efficiencies and patient convenience.

Whilst most practices may have reviewed this before, prescribers are encouraged to check again for patients who may be taking multiple tablets of lamotrigine or branded Lamictal® to see if they could be switched to the equivalent dose of a higher strength tablet/s. This switch is on the cost-effective choices list and is explained in more detail on a previous newsletter supplement.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Newsletter Supplement

Now Added to Cost-Effective Choices List:

Lamotrigine Dose Optimisation

Background

Deprescribe: Emollient bath and shower preparations

Emollient bath and shower preparations are not routinely recommended 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. Emollient bath and shower preparations have been removed from the Northern Ireland Formulary.

As an alternative, suitable leave-on emollients may be recommended and, where clinically indicated, prescribed for use as a soap substitute, body wash or bath additive. A resource page, including a patient guide, to support this initiative is available here.

Actions for GP practices

- Do not routinely initiate emollient bath and shower preparations
- Review current prescribing with a view to discontinuation
- Prescribe suitable leave-on emollients if clinically indicated, as a soap substitute, body wash or bath additive
- Advise patients who wish to continue using emollient bath and shower preparations to purchase them.