

# NORTHERN IRELAND MEDICINES MANAGEMENT

## Newsletter

Volume 15 Issue 7      July 2024

### Bisphosphonate prescribing and the importance of regular review

Risedronate 35mg tablets (weekly dose) have been added back into the [NI Formulary](#) as another option of bisphosphonate for the prevention and treatment of osteoporosis (along with alendronic acid 70mg tablets (weekly dose)). The advice for patients on how to take risedronate 35mg tablets is the same as that for alendronic acid 70mg tablets but it is important to remember that renal clearance should be an important consideration when making the drug choice:

Risedronate should be avoided if creatinine clearance < 30mL/min; while the value is <35mL/min for alendronic acid.

It is important that patients taking an oral bisphosphonate medication for 5 or more years are reviewed because of the risk of an atypical fracture occurring. Patients on therapy for 5 years or more should be reviewed with regards to either the bisphosphonate being discontinued or a “drug holiday” being offered. Patients who have been on a bisphosphonate for 10 years or more should have their treatment discontinued and if necessary specialist advice sought about ongoing management.

A review of the number of patients on treatment for 10 or more years has shown a steady decline. In 2020, 2846 patients were receiving treatment and in 2023 this had fallen to 2131 patients. It is hoped that this decline will continue as GPs continue to regularly review this patient cohort. The [Review tool](#) for oral bisphosphonates prescribed for osteoporosis can be used to support deprescribing.



#### In this issue

- Bisphosphonate prescribing and the importance of regular review
- NICE Guidance Recently published / Withdrawn
- Managed Entry Decisions
- Co-codamol 8/500 and 15/500 — prescribe TABLETS, not capsules
- Prescribing Antacid and Oxetacaine Oral Suspension
- Pain Toolkit Booklets - Supplies Available

#### NICE Guidance

##### Recently published :

- [NICE TA981](#) — Voxelotor for treating haemolytic anaemia caused by sickle cell disease
- [NICE TA984](#) — Tafamidis for treating transthyretin amyloidosis with cardiomyopathy (review of TA696)

##### Not recommended:

- [NICE TA983](#) — Pembrolizumab with trastuzumab and chemotherapy for untreated locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma

### Co-codamol 8/500 and 15/500 — prescribe TABLETS, not capsules

There are significant differences in price between co-codamol 8/500 and 15/500 capsules and tablets. Therefore co-codamol 8/500 and 15/500 **tablets** have been added to the [Cost-effective choices list](#).

Strength of co-codamol	Price for 100 capsules	Price for 100 tablets
8/500	£28.58	£3.67
15/500	£7.25	£3.15

Ref — [Drug Tariff](#), July 2024

#### Action for GP practices:

- Where possible, prescribe the **tablet** formulation for **8/500** and **15/500** co-codamol
- Review patients prescribed **8/500** and **15/500** co-codamol capsules and change to tablets where appropriate
- Communicate planned review with local community pharmacies in advance, to allow consistent management of patient queries
- Ensure all prescribers and staff involved in prescription requests are made aware of this information.

#### Managed Entry Decisions

Full details [here](#)

- Remdesivir (Veklury<sup>®</sup>) and tixagevimab plus cilgavimab (Evusheld<sup>®</sup>)
- Human alpha1-proteinase inhibitor (Respreeza<sup>®</sup>)
- Setmelanotide (Imcivree<sup>®</sup>)
- Fenfluramine (Fintepla<sup>®</sup>)
- Selinexor (Nexpovio<sup>®</sup>)
- Dabrafenib (with trametinib)
- Pembrolizumab (Keytruda<sup>®</sup>)
- Voxelotor (Oxbryta<sup>®</sup>)
- Selinexor (Nexpovio<sup>®</sup>)
- Ivosidenib (Tibsovo<sup>®</sup>)
- Tafamidis (free acid formulation 61mg capsules (Vyndaqel<sup>®</sup>))
- Tisagenlecleucel-T (Kymriah<sup>®</sup>)
- Iptacopan (Fabhalta<sup>®</sup>)
- Zanubrutinib (Brukinsa<sup>®</sup>)
- Pembrolizumab (Keytruda<sup>®</sup>)
- Tisagenlecleucel (Kymriah<sup>®</sup>)

**Reminder:** Codeine may have a role in acute pain (short term use only) and palliative care, however it has a limited role for chronic non-cancer pain. Long term codeine use is associated with increased risks. Refer to [NI Formulary](#) and NICE guideline on chronic pain [NG193](#). Review and deprescribe as appropriate.

## Prescribing Antacid and Oxetacaine Oral Suspension

Antacid and Oxetacaine oral suspension is an unlicensed medicine. It may be used for the management of radiation induced mucositis, oesophagitis and pharyngitis (i.e. acute radiotherapy toxicities).



This medicine is commenced by hospital teams in both outpatient and in-patient settings. It is supplied to patients from hospital pharmacy throughout radiotherapy treatment with an additional four weeks supply to cover the post radiotherapy recovery phase. Typically toxicities subside within four weeks of completing treatment and symptoms may therefore be managed with appropriate analgesia.

Antacid and Oxetacaine oral suspension may occasionally be used for patients receiving high dose chemotherapy, however, this is generally in the in-patient setting and, if needed on discharge, sufficient quantities would be supplied.

The dose is 10ml 3 to 4 times daily, 30 minutes before meals. When symptoms ease, the dose can be reduced to 10ml four times a day as required. Treatment is rarely needed beyond six weeks.

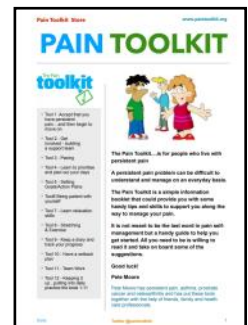
In the last year in NI, 69 prescriptions were issued in primary care for Antacid and Oxetacaine oral suspension, at a cost of £20,735. The common preparation available in primary care is a Rosemont 'unlicensed special' which costs approximately £300 for a 150ml bottle.

### Action for Primary Care:

- Only initiate on the advice of secondary care and do not add to repeat list
- Review the dose as symptoms ease, reducing to 'as required' and then stop
- Patients with persistent oesophagitis/pharyngitis symptoms that are insufficiently controlled with analgesia beyond the four weeks post radiotherapy, should be directed back to their specialist Oncology team. Patients should have direct contact details for these teams.

## Pain Toolkit Booklets - Supplies Available

Chronic pain can be difficult to understand and manage. Non-pharmacological strategies play an important role in this. [The Pain Toolkit](#) is a simple booklet that offers a set of tips and skills to patients, carers and healthcare professionals, to help people to better understand, and self-manage, their pain. Limited supplies of Pain Toolkit booklets are available (free of charge) from SPPG. A short version can be found [here](#).



### Action for GP Practices and Community Pharmacies:

- Consider using, or highlighting, the Pain Toolkit in your conversations to support patients with chronic pain management.
- Contact [pharmacyservicessouth@hscni.net](mailto:pharmacyservicessouth@hscni.net) to request a supply of Pain Toolkit Booklets.

This newsletter has been produced for GP practices and community pharmacies by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisers](#).

Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. Throughout the newsletter, external links are provided to other sites. These links are provided to improve access to information and exist only for the convenience of readers of the Newsletter; SPPG cannot accept responsibility for their content. The SPPG does not necessarily endorse the views expressed within these external websites. We cannot guarantee that these links will work all of the time and we have no control over the availability of the linked pages. This newsletter is not to be used for commercial purposes.