NORTHERN IRELAND MEDICINES MANAGEMENT
Newsletter
Volume 16 Issue 1 January 2025

Fluticasone/salmeterol pMDI Cost-effective inhaler choices

Avenor® or Combisal® are recommended as **cost-effective choices** for fluticasone/salmeterol pMDIs for asthma in patients 12 years+.

Product	50/25mcg	125/25mcg	250/25mcg
Avenor®	**12.99**	**£10.33**	**£13.66**
Combisal®	**£13.50**	**£10.48**	**£13.99**
Sereflo®		£14.99	£19.99
Airflusal®		£16.42	£20.52
Sirdupla®		£22.45	£28.32
Seretide®	£17.46	£23.45	£29.32
Fluticasone/ salmeterol (Drug Tariff)	£17.46	£23.45	£29.32

Drug Tariff, Jan 2025

Action for GP Practices:

- Prescribe these preferred brands for new patients
- Review **all** patients currently prescribed generic fluticasone/salmeterol pMDI or other brands and consider switching to one of the preferred brands where appropriate
- SOPs have been developed to help practices identify suitable patients, along with sample patient letters.

Prescribing Avenor® or Combisal® inhalers, in preference to other brands or generic prescribing, could save £1.6 million each year in NI. These inhalers are equivalent to the commonly prescribed Seretide® and Sirdupla® inhalers.

In this issue

Image by wahyu_t on Freepik

NICE Guidance Recently published:

NICE TA1025
NICE TA1027

Deprescribe: NSAIDs and COX-2 inhibitors

All NSAIDs (including selective COX-2 inhibitors) have been associated with serious GI toxicity, a small increased risk of thrombotic events (e.g. myocardial infarction and stroke) and, rarely, precipitating renal failure.

The appropriateness of NSAID and COX-2 selective inhibitor prescribing should be reviewed on a routine basis, especially in people who are at higher risk of GI, renal and cardiovascular morbidity and mortality, e.g. older people.

- Consider alternatives, such as a topical NSAIDs (e.g. ibuprofen 5% gel), physiotherapy or an alternative analgesic, such as paracetamol
- The focus of treatment should be reducing a person's pain and improving their quality of life
- When an NSAID/COX-2 selective inhibitor is needed, prescribe **the lowest dose for the shortest duration**
- Choose the NSAID with the lowest cardiovascular, renal and/or GI risk, depending upon the individual patient's risk factors. If more than one product is suitable for an individual patient, choose the product with the lowest acquisition cost. First line NI Formulary choices are low dose ibuprofen (≤1.2g) and naproxen
- Be aware that COX-2 selective inhibitors, diclofenac (at a dose of 150mg daily) and ibuprofen (at a dose of ≥ 2.4g daily) are associated with an increased risk of thrombotic events
- Address factors which put patients at higher risk of adverse events, regularly monitor and review treatment, empower patients to KNOW, CHECK, ASK about their medicines and deprescribe NSAIDs through shared decision making.

Deprescribing resources:
PrescQIPP have a range of useful resources available to assist with reviewing patients who are prescribed a NSAID or COX-2 selective inhibitor. These include:

- NSAID medicines safety checklist
- Review and monitoring checklist
- NSAID patient review letter and information.

Methocarbamol — not for long term use

In 2024, the annual prescribing cost of methocarbamol in NI was £307,000.

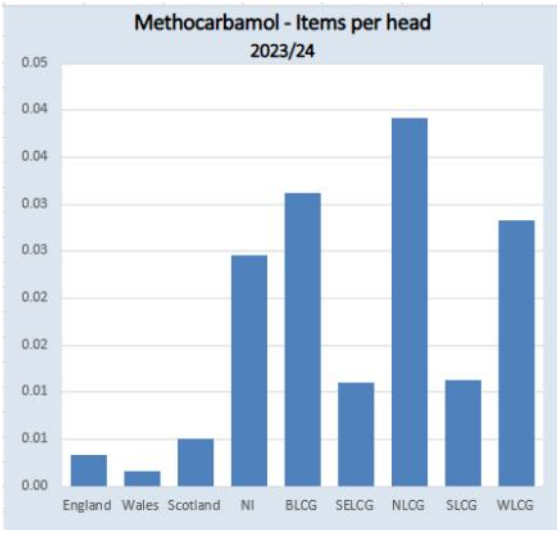
Methocarbamol is indicated as a short-term adjunct to the symptomatic treatment of acute musculoskeletal disorders associated with painful muscle spasms.

It should not be used continuously for long periods of time (some SPCs state that use should not exceed 30 days).

It is poorly tolerated by older adults due to anticholinergic adverse effects (ACB score of 3), sedation, and increased risk of fractures.

The clinical efficacy of methocarbamol as a muscle relaxant is not well established. The BNF notes methocarbamol as 'less suitable for prescribing', it is on the Limited Evidence List, and it is not a NI Formulary option.

New graphs have been added to COMPASS reports for methocarbamol.



Action for GP practices:

- Review patients to see if methocarbamol benefits them.
- If no benefit, deprescribe:
  - ⇒ If used daily for >3 to 4 weeks: reduce by 25%/week (i.e. week 1: 75%, week 2: 50%, week 3: 25%). Extend/decrease if needed (10% dose reductions)
  - ⇒ If intolerable withdrawal symptoms appear (usually 1 to 3 days post-dose change, e.g. muscle pain/spasm), return to previously tolerated dose until resolves and taper more gradually
  - ⇒ Slow reductions as reach smaller doses (i.e. 25% of original dose). The patient should control the rate
- If patient benefits from the drug:
  - ⇒ **Elderly patients:** try reducing the dose, and review the patients to assess response, as half the maximum dose or less may be sufficient to produce a therapeutic response
  - ⇒ **Patients with chronic hepatic disease:** consider increasing the dose interval (prolonged elimination half-life)
  - ⇒ **All patients:** do not put methocarbamol on repeat, keep on the acute list. Patients should be advised to only take at times of muscle tension and then stop, i.e. not to be used continuously. Consider adding this wording to dosing instructions.

Did you see? Valproate in men — reproductive risks

The Medicines and Healthcare products Regulatory Agency (MHRA) issued a Drug Safety Update (DSU) to advise that, as a precaution, men on valproate and their partners should use effective contraception throughout the valproate treatment period and for 3 months after stopping valproate. This is in addition to the contraception used by their female sexual partner. Full details are available in the DSU.


GOV.UK

Valproate use in men: as a precaution, men and their partners should use effective contraception

A retrospective observational study has indicated a possible association between valproate use by men around the time of conception and an increased risk of neurodevelopmental disorders in their children. Inform male patients who may father children of this possible increased risk and the recommendation to use effective contraception during valproate treatment and for at least 3 months after stopping valproate.

This is because of a possible association between valproate use by men around the time of conception and an increased risk of neurodevelopmental disorders in their children.

The Chief Medical Officer has issued a letter to this effect; a MHRA patient leaflet to support this is also available.

Action for GP practices:

- Male patients who may father children should be informed of the possible risk, at initiation of valproate, or at their next regular review.

This newsletter has been produced for GP practices and community pharmacies by the DoH Strategic Planning and Performance Group 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.