

NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

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1kcal/ml oral nutritional supplements added to STOP list



Adult 1kcal/ml oral nutritional supplements (ONS) have recently been added to the [Stop list](#) and therefore prescribing of these products is not supported by the DoH.

Adult 1kcal/ml ONS Ensure® liquid and Fresubin Original® are **low calorie** supplements. They are not cost-effective and should not be prescribed. Patients who only require a small additional nutritional intake should instead be advised on how to use fortified food.

Action for GP practices

- No new patients should be initiated on Ensure® Liquid or Fresubin® Original
- Review existing patients and discuss with patients with a view to stopping. If, after [review](#), continued use of ONS is clinically appropriate, a [NI Formulary first line product](#) should be prescribed

Action for community pharmacies

- Promote and encourage the '[Food First](#)' approach to patients who request to purchase ONS.

Note: If the patient is under the care of a dietitian or has swallowing difficulties, discuss with the relevant healthcare professional before making any changes.

Fortified food alternatives:

- Full fat milk: 1 pint will provide **387kcal, 19g protein**. To enrich further simply add 4xtablespoons of skimmed milk powder to milk ('fortified milk') and this will provide **580kcal, 38g protein**.
- Simple home-made milkshake by including; 130ml fortified milk, 2 tablespoons of strawberry milkshake powder, 125g strawberry yoghurt, 1 heaped teaspoon of honey and 30ml double cream will provide **475kcal, 10g protein**
- Cheddar cheese and crackers (3xcrackers, 10g butter, 50g cheddar cheese) will provide **370kcal, 15g protein**.

In this issue

- 1kcal/ml oral nutritional supplements added to STOP list
- Managed Entry Decisions
- Deprescribe: Cows' milk allergy specialised formula > 12 months
- Review lidocaine plasters
- Self-harm awareness day — Think Medicines
- NICE Guidance Recently Published

Managed Entry Decisions

Full details [here](#)
 Ciclosporin (Cequa®)
 Relugolix / estradiol / norethisterone acetate (Ryeqo®)
 Cytisinicline
 12 SQ-HDM SLIT (Acarizax®)
 Olaparib (Lynparza®)
 Bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy®)
 Rozanolixizumab (Rystiggo®)
 Sirolimus (Hyfort®)
 Efgartigimod (Vyvgart®)
 Durvalumab (IMFINZI®)
 Osimertinib (Tagrisso®)
 Elacestrant (Korserdu®)
 Fenfluramine (Fintepla®)
 Lecanemab (Leqembi®)
 Cemiplimab (Libtayo®)
 Cabotegravir (Apretude®)
 Selpercatinib (Retsevmo®)
 Lisocabtagene maraleucel
 Breyanzi®
 Selpercatinib (Retsevmo®)

Deprescribe: Cows' milk allergy specialised formula > 12 months Prescribing policy reminder



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NI prescribing data indicates that **900 children over the age of 12 months are prescribed cows' milk allergy formula**. In August 2024, prescribing [policy](#) was issued by DoH NI to support deprescribing of CMA formula. This is in line with other regions of UK.

PHA and SPPG issued [correspondence](#) to healthcare professionals involved in the management of children with CMA advising on actions to be taken to review and deprescribe patients falling outside the listed **exceptions** to this policy.

Reminder of Actions

- GP practices should refer to their latest COMPASS report for details of the number of patients over 12 months of age
- All healthcare professionals should adhere to the [Prescribing Guidance](#) for Specialist Infant Formula Feeds in Mild to Moderate Non-IgE Cows' Milk Allergy
- Online training for non-pharmacist healthcare professionals can be accessed at [MedicinesNI.com](#) by registering using HSC email address and searching for Management of Cows' Milk Allergy in Primary Care in the recorded lectures section. The training is also available to pharmacists at [nicpld.org](#).

Cows' milk allergy prescribing policy:

Children aged 12 months and over should no longer be prescribed specialised formula for CMA unless **ONE OR MORE** of the following **exceptions** applies:

- Multiple food allergies
- Elemental diet requirement
- Gastro-intestinal disorders
- Short bowel syndrome
- Confirmed CMA who also have faltering growth/poor dietary intake.

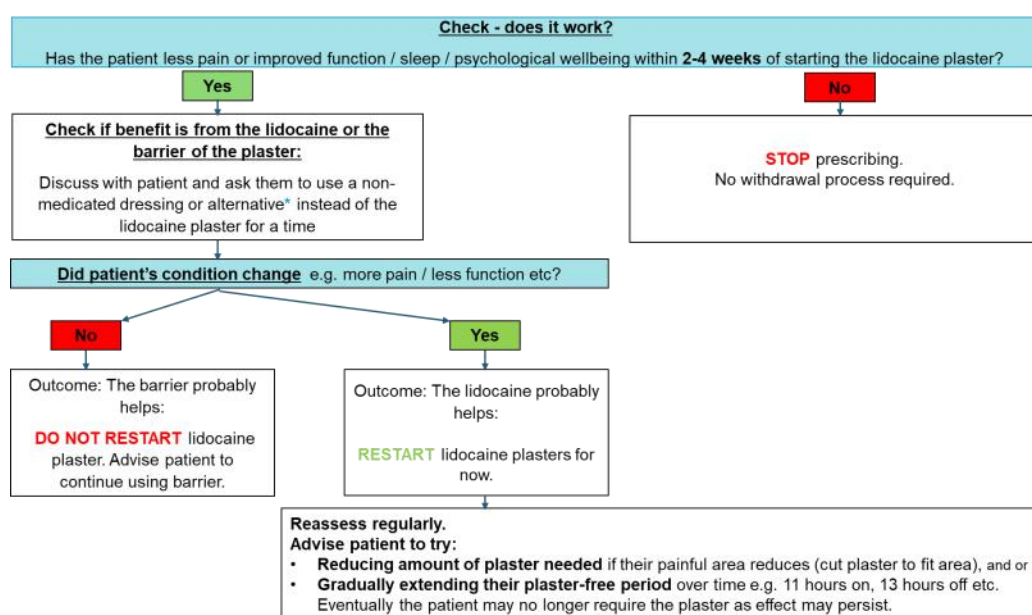
Review lidocaine plasters

Last year £2.4 million was spent in primary care in NI on lidocaine patches.

Treatment should be assessed at 2 to 4 weeks. If continued, treatment should be reassessed at regular intervals to decide whether the amount of plasters needed to cover the painful area can be reduced, or if the plaster-free period can be extended.

Key points

- Lidocaine plasters are **ONLY** licensed for symptomatic relief of neuropathic pain associated with post-herpetic neuralgia in adults
- NICE **do not recommend** lidocaine plasters in neuropathic pain, noting further research is needed. The products are not on the NI Formulary and are on the [HSC Limited evidence list](#)
- Ralvo® lidocaine plasters are no longer available. This is an opportunity to review patients prescribed lidocaine plasters to check if they are obtaining any benefit and to provide a [patient information leaflet](#)
- If treatment goals are not achieved after 2 to 4 weeks, treatment **must** be discontinued as per product [SPC](#)
- If there is a response, confirm if this is due to the protective barrier of the hydrogel plaster on the painful area, or the lidocaine diffusing into the skin. Remember: lidocaine will diffuse to a maximal depth of 8 to 10 mm so cannot reach deeper areas.



* Non-medicated plaster trial

A [trial](#) of non-medicated physical protection such as a plastic wound dressing for a short period of time can be helpful in assessing whether the individual has continued need for treatment.

Further information

- [PrescQIPP NI bulletin](#)
- [PrescQIPP resources, audit and searches](#)

Self-harm awareness day — Think Medicines

Each year around the world, 1st March is Self-Harm Awareness Day. Self harm is when someone intentionally damages or hurts their body. The intent behind the self-harm can vary widely. NICE has made recommendations regarding safer prescribing and dispensing to reduce the risk of medicines being used in self-harm. See [NICE](#) for further details.

When prescribing medicines to someone who has previously self-harmed or who may be at risk of self-harming healthcare professionals should take into account:

- the toxicity of prescribed medicines (for example, opiate-containing painkillers and tricyclic antidepressants)
- the person's recreational drug and alcohol consumption and possible interaction with prescribed medicines and the risk of misuse of prescribed medicines
- the need for effective communication where multiple prescribers are involved
- the person's wider access to medicines prescribed for themselves or others in their household.

Training for staff regarding self-harm and suicide is available at: [Training | Minding Your Head](#)

PHA has also provided further information on [help and support available](#) for anyone affected by self-harm.



NICE Guidance Recently published: [NICE TA1036](#), [NICE TA1043](#)

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](#).

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