

# NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

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## Allergic rhinitis (hay fever) management

**£4.5 million was spent on preparations for the management and treatment of hay fever in NI in 23/24.**

Patients should be advised on non-pharmacological management of allergic rhinitis (hay fever) symptoms. These include allergen avoidance measures, such as keeping car and building windows shut, wearing sunglasses and using nasal barriers when the pollen count is high, and the use of over-the-counter (OTC) saline drops / sprays.

It is also useful to signpost to sources of information including [Allergy UK](#) and [NI Direct](#).

Patients do not normally need to seek medical advice and should be able to manage mild and intermittent hay fever symptoms by purchasing OTC medication directly from pharmacy or retail outlets. Any first line treatment may be suggested depending on patient preference and symptoms. [NICE CKS](#) first line OTC treatment options include:

- Oral non-sedating antihistamine or
- Intranasal corticosteroid (INCS) or
- Both

SPPG has also developed leaflets for patients, found in the [Patient Area](#) of the Northern Ireland Formulary.

If recommending that a nasal spray is used, provide the patient with information on [how to use a nasal spray](#) as poor technique will lead to treatment failure.

For further information on the management of hay fever, please see [Hay fever Supplement May 2024](#).



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### NICE Guidance Recently published:

[NICE TA1049](#)  
[NICE NG245](#)

Not recommended:  
[NICE TA1046](#)

## Epimax<sup>®</sup> ointment and Epimax<sup>®</sup> Paraffin-free ointment removed from NI Formulary

In July 2024, the Medicines and Healthcare products Regulatory Agency (MHRA) issued a [Drug Safety Update](#) for Epimax<sup>®</sup> ointment and Epimax<sup>®</sup> Paraffin-free ointment following reports of ocular surface toxicity and ocular chemical injury. These ointments can harm the eyes if used on the face. They should not be prescribed for use on the face and patients should wash their hands and avoid touching their eyes after using these products.

**Given the restrictions with their use, Epimax<sup>®</sup> ointment and Epimax<sup>®</sup> Paraffin-free ointment have been removed from the Northern Ireland Formulary (NIF).**

Note: Epimax<sup>®</sup> creams (Epimax<sup>®</sup> original, Epimax<sup>®</sup> oatmeal and Epimax<sup>®</sup> excetra) remain on the formulary.

### Action for prescribers

- For new patients with a documented dermatological condition prescribe an emollient included in the [NIF](#) and choose a cost-effective option where applicable
- Patients who are established on and are safely using Epimax<sup>®</sup> ointment or Epimax<sup>®</sup> Paraffin-free ointment may continue to have this prescribed but should be advised:
  - ⇒ Not to use these products on their face and to avoid contact with the eyes
  - ⇒ Wash their hands thoroughly and avoid touching their eyes after using these products
  - ⇒ If the product accidentally gets into their eyes, rinse well with water and seek medical advice

### Action for community pharmacists

- When dispensing Epimax<sup>®</sup> ointment or Epimax<sup>®</sup> Paraffin-free ointment, patients should be counselled on their safe use (as above).



### Notes:

- Mild dry skin can be managed via self-care. Emollients should not be prescribed for non-clinical cosmetic purposes
- Provide advice on the [safe use of emollients](#) to all patients who are prescribed them
- Report suspected adverse reactions via the [Yellow Card](#) scheme or if involving a medical device to the [NI Adverse Incident Centre](#).

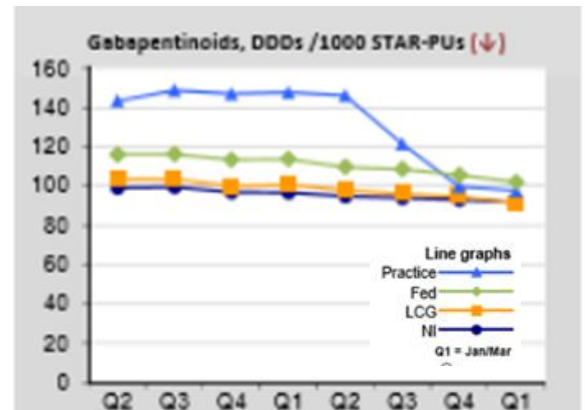
## Tips to help patients reduce their dose of pregabalin

A GP practice which successfully completed a pregabalin reduction programme shares their top tips:

- 1) Become familiar with, and educate patients on, alternative pain management strategies – we need to shift our mindset when it comes to treating chronic pain in order to help patients make changes
- 2) Don't be afraid to start the conversation - lots of patients are happy to have their pain medications reviewed – many have been on them for >10years!
- 3) A bad experience from missing a dose doesn't mean patients will struggle with reduction (missing a pregabalin 300mg dose is very different to a 50mg/week reduction)
- 4) A little bit of negotiating goes a long way, e.g. try a small step and see how it goes, we can slow things down/pause if you are struggling, etc.
- 5) It was their experience that approx. 50-60% of patients can completely stop their pregabalin, a further 20-30% will tolerate a lower dose with little effect on the level of pain they are experiencing – share this statistic to show patients what is achievable.

**Reminder: gabapentinoids are recommended for neuropathic pain but not for other types of [chronic pain](#)**

See the results for yourself on the practice's COMPASS report:



## MHRA Safety Round-up

The MHRA have launched a new safety bulletin, the [MHRA Safety Roundup](#). This provides a summary of all the MHRA safety alerts for the past month including drug safety updates (DSU), device safety information (DSI), national patient safety alerts, recalls and medicines notifications, and letters sent to healthcare professionals.

Subscribe to receive the new Safety Roundup bulletin [here](#) and keep up to date with all the safety information in one place.



## Do not prescribe Migraleve® for migraine

The BNF categorises Migraleve® as 'less suitable for prescribing'. Patients with acute migraine should be managed in line with the [NI Formulary](#).

Migraleve® is not recommended for treatment of migraine because:

1. Yellow and pink Migraleve® contain codeine:
  - Codeine is not significantly effective in migraine
  - Codeine has a risk of medication overuse and protracted withdrawal
  - Codeine can delay gastric emptying and contribute to nausea.
2. Migraleve® is more than 4 times as expensive than using recommended analgesia +/- triptan.
3. Migraleve® Pink contains the anti-emetic buclizine. Buclizine is not a recommended anti-emetic for the treatment of acute migraine in the [BASH](#) guideline; buclizine has [anticholinergic](#) effects.

### Action for GP practices

- Search for patients prescribed "Migraleve®" tablets including Migraleve® Pink tablets and Migraleve® Yellow tablets. Consider suitability of alternative treatment options for acute migraine in line with [NI Formulary](#), e.g. simple analgesia, triptans, antiemetics.

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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