NORTHERN IRELAND MEDICINES MANAGEMENT
Newsletter
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Travelling Abroad: Vaccine and Health Advice

It is important for people to be aware of the health risks when travelling abroad, and take appropriate precautions including pre-exposure vaccination and malaria prophylaxis. This information can be found on the TravelHealthPro country information pages.

Rabies vaccine
Rabies can be a key risk for travellers if they come into contact with animals or bats. UKHSA and the National Travel Health Network and Centre (NaTHNaC) have an information leaflet about rabies for travellers. Pre-exposure vaccination may be appropriate for some travellers depending on where they are travelling to and what activities they will be doing.

MMR vaccine
Measles is always a major risk travelling abroad so being up to date with MMR vaccination is a great way of staying safe abroad. All travellers to epidemic or endemic areas should ensure that they are fully immunised according to the UK schedule.

Health Service or Private?
There are some travel vaccinations for which GPs are paid to provide on the HSC through the global sum and patients cannot be charged for the administration of these vaccinations. These vaccines are typhoid, cholera, polio (given as a combined diphtheria/tetanus/polio vaccine) and infective hepatitis (hepatitis A). A HS21 prescription should be issued for these vaccines. **Stock prescriptions or vaccines allocated to the childhood vaccination programme should not be used**. All other vaccinations for travel and malaria prophylaxis are not available on the HSC. A private prescription should be issued.

For information on charging for administration of travel vaccines and the provision of advice refer to BMA website.

Further information:
- Travelling abroad: Vaccine and health advice patient information leaflet
- Guidance on vaccines and chemoprophylaxis for travel in primary care
- PrescQIPP Travel vaccines bulletin

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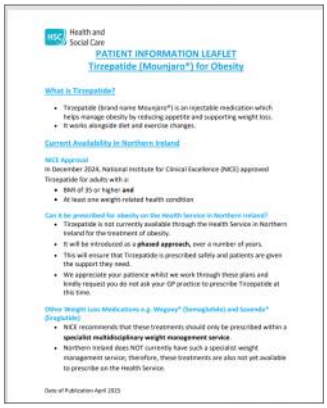
Managed Entry decisions:
- Cemiplimab (Libtayo®)
- Bismuth subcitrate potassium / metronidazole/ tetracycline (Pylera®)

Patient Information Leaflet: Tirzepatide (Mounjaro®) for Obesity


Health and Social Care
PATIENT INFORMATION LEAFLET
Tirzepatide (Mounjaro®) for Obesity

Tirzepatide is not currently available through the Health Service in Northern Ireland for the treatment of obesity. The Department of Health (DoH) issued correspondence on 3rd March 2025: Update on GLP1 agonists; Liraglutide, Semaglutide and Tirzepatide for managing overweight and obesity.

Subsequently, SPPG have developed a patient information leaflet which summarises to patients the current position for the prescribing of these drugs for obesity in NI.

This leaflet can be printed and given to patients who are seeking advice about access to these medications or patients can be directed to read the leaflet on the Patient Area of the NI Formulary website.

NICE Guidance Recently published:
NICE TA878 — Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 (update)
NICE TA1053 — Cladribine for treating active relapsing forms of multiple sclerosis
NICE TA1054 — Ruxolitinib for treating acute graft versus host disease that responds inadequately to corticosteroids in people 12 years and over (review of TA839)
NICE TA1056 — Molnupiravir for treating COVID-19
NICE TA1057 — Relugolix–estradiol–norethisterone for treating symptoms of endometriosis
NICE TA1062 — Erdafitinib for treating unresectable or metastatic urothelial cancer with FGFR3 alterations after a PD-1 or PD-L1 inhibitor

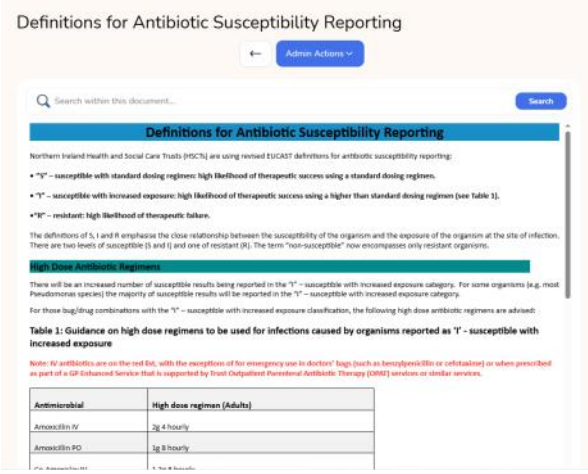
New section on Primary Care Antimicrobial Guideline: Definitions for Antibiotic Susceptibility Reporting

A new section has been added to the Primary Care Antimicrobial Guideline on Definitions for Antibiotic Susceptibility Reporting.

From May 2025, all labs in NI will report as follows:

- **''S" – susceptible with standard dosing regimen:** high likelihood of therapeutic success using a standard dosing regimen
- **"I" – susceptible with increased exposure:** high likelihood of therapeutic success using a higher than standard dosing regimen
- **"R" – resistant:** high likelihood of therapeutic failure

For those bug/drug combinations with the "I" – susceptible with increased exposure classification, the high dose antibiotic regimens can be found in the Primary Care Antimicrobial Guideline, by downloading the Eolas app or through the NI Formulary website.



Deprescribe: Omega-3 Fatty Acid Compounds

Image by Freepik

In 2024, over £370,000 was spent on omega-3 fatty acid products in Northern Ireland. These products, containing EPA and DHA, are essential fatty acids with several licensed formulations. Most oral omega-3 medicines are indicated for use as an adjunct in secondary prevention of myocardial infarction or for hypertriglyceridaemia when dietary interventions are insufficient.

Prescribing Guidance:

- As per NICE NG238 do not initiate omega-3 fatty acid compounds or other fish oils in new primary care patients, except icosapent ethyl when prescribed in accordance with NICE TA805
- Deprescribe omega-3 products for existing patients unless icosapent ethyl is being used in line with NICE TA805
- Refer patients back to the relevant specialist if omega-3 compounds are being used for specialist indications (e.g. unlicensed use in schizophrenia or lipid clinic recommendations). Ongoing prescribing for such indications should occur in secondary care
- For patients on statins and omega-3s to reduce cardiovascular risk with raised triglycerides, consider switching to icosapent ethyl if appropriate and supported by NICE TA805

Additional Considerations:

- Patients on warfarin who stop taking omega-3 compounds should inform their anticoagulant clinic. Practices should also notify the clinic of this change to ensure accurate INR monitoring and dosing
- If patients choose to continue omega-3 supplements over-the-counter, they should be informed of the risk of atrial fibrillation, especially at high doses. Advise discontinuation and prompt medical review if symptoms occur

Omega-3 fatty acid compounds and other fish oils are considered to be a low priority for prescribing as there is insufficient evidence to support their use and they are not considered to be cost-effective.