

NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

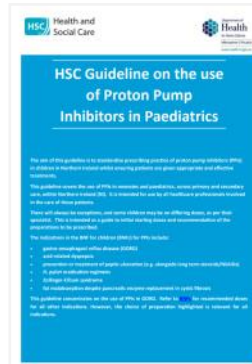
Volume 16 Issue 6 June 2025

New: HSC Guideline on the use of Proton Pump Inhibitors in Paediatrics

A new regional HSC guideline on the use of proton pump inhibitors (PPIs) in paediatrics has been published and is available on the [NI Formulary](#) website.

Over £2 million is spent each year in primary care in Northern Ireland on PPI suspensions / solutions. While a liquid preparation may be needed in some patients, it is often not the best option. Within Paediatrics, dispersible / orodispersible tablet and capsule formulations of PPIs have been used successfully with little need for alternatives.

This guideline aims to standardise prescribing practice of PPIs in children, across primary and secondary care, whilst ensuring patients are given appropriate and effective treatments. Refer to guideline for full details.



Actions:

- For new patients, prescribe omeprazole dispersible tablets or lansoprazole orodispersible tablets in doses rounded to the nearest whole / half tablet where possible (quarter tablets are possible for lansoprazole)
- Review existing paediatric patients in line with this guidance
- Provide parent or carers with information on how to administer omeprazole dispersible tablets or lansoprazole orodispersible tablets. Information leaflets for parents and carers are available:
 - ⇒ [Medicines for children](#) have produced leaflets on how to use the following medicines: [Omeprazole for gastro-oesophageal reflux disease \(GORD\)](#) and [Lansoprazole for gastro-oesophageal reflux disease \(GORD\) and ulcers](#)
 - ⇒ SPPG leaflets on the [administration of lansoprazole orodispersible tablets](#) and [omeprazole tablets to an infant or child](#) are available on the NI Formulary website
- Review all patients on PPIs regularly, to consider continued need, dose optimisation or reduction and suitability of formulation.

Updates to NI Management of Infection Guidelines for Primary Care

There have been an number of updates to the [NI Management of Infection Guidelines for Primary Care](#).

Updates to current sections:

- Meningitis - immediate treatment
- Lower UTI Children and Young People under 16 years
- Recurrent UTIs – Adults

Further information on management of urinary tract infections (UTIs) can be found in the [SPPG UTI supplement](#), including patient review, use of non antimicrobial options such as vaginal oestrogens and methenamine, self care measures and how to discontinue antibiotic prophylaxis.



In this issue



Image by [Freepik](#)

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- GLP-1 and dual GIP/ GLP-1 receptor agonists and hormonal therapies
- Lansoprazole dosing error in a baby

NICE Guidance

Recently published:

[NICE NG246](#) Overweight and obesity management

Managed Entry decisions:

- Efanesoctocog alfa (Altuvoct[®])
- Talazoparib (Talzenna[®])
- Rucaparib (Rubraca[®])
- Cladribine (Mavenclad[®])
- Zolbetuximab (Vyloy[®])
- Atezolizumab (Tecentriq[®])
- Amivantamab (Rybrentav[®])
- Ruxolitinib (Jakavi[®])
- Blinatumomab (Blincyto[®])
- Brentuximab (Adcetris[®])
- Erdafitinib (Balversa[®])
- Osimertinib (Tagrisso[®])
- Capivasertib (Truqap[®])
- Leniolisib (Jojenja[®])
- Molnupiravir (Lagevrio[®])
- Olipudase alfa (Xenpozyme[®])

GLP-1 and dual GIP/GLP-1 receptor agonists and hormonal therapies

MHRA has recently issued [guidance](#) for patients and clinicians in relation to GLP-1 (e.g. semaglutide) and dual GIP/GLP-1 receptor agonists (e.g. tirzepatide) in relation to contraception and pregnancy:

Pregnancy

- GLP-1 and dual GIP/GLP-1 receptor agonists should not be used during pregnancy or just before trying to get pregnant
- Contraception should be used while using GLP-1 and dual GIP/GLP-1 receptor agonists and, in most cases, for a defined wash-out period before trying to become pregnant.

Contraception

- Those using tirzepatide and oral contraception should add a barrier method of contraception alongside the pill, or switch to a non-oral contraceptive method, for four weeks after starting tirzepatide and for four weeks after any dose increase
- There is currently no evidence that GLP-1 receptor agonists affect oral contraceptive use
- The effect of emergency oral contraception is still uncertain. The copper IUD coil remains the most effective option. Clinicians should ask patients about GLP-1 and dual GIP/GLP-1 receptor agonists use when they seek emergency contraception
- See [MHRA](#) and [FSRH](#) for further information.

Hormone replacement therapy (HRT)

The British Menopause society has issued [guidance](#) on the 'Use of incretin-based therapies in women using hormone replacement therapy (HRT)':

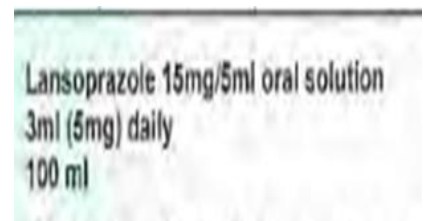
- Concurrent use of HRT and GLP-1 and dual GIP/GLP-1 receptor agonists may result in reduced absorption of oral progestogens used within HRT regimens and therefore potentially reduced endometrial protection
- Potential dose changes and non-oral route for the progestogen are discussed in the [guidance](#).
- More information is also available from the [Primary Care Women's Health Society](#).

Actions:

- Ask about weight loss injections, as patients may be receiving these privately
- Ensure patients who are prescribed GLP-1 or dual GIP/GLP-1 receptor agonists are aware of the MHRA [guidance](#) in relation to contraception and pregnancy
- For patients who are prescribed GLP-1 and dual GIP/GLP-1 receptor agonists and oral progestogens within HRT, consider the [guidance](#) issued by the British Menopause Society.

Lansoprazole dosing error in a baby

Lansoprazole oral solution 15mg/5ml [unlicensed special] was prescribed for an 8 week old baby. A 3ml dose, i.e. lansoprazole 9mg, was prescribed and dispensed rather than the intended 5mg as shown in brackets. The prescription was repeated twice. The error was detected by the community pharmacist and subsequently corrected. There was no reported patient harm. The incident was reported to SPPG which allows us to share learning with the aim of preventing recurrence of a similar incident in the future.



Learning / Action to Prevent Re-occurrence

GP Practices / Community Pharmacies:

- Double check doses when calculations or conversions (e.g. mg to ml) are required, both at the point of first prescribing and at dispensing, and for subsequent 'repeats', i.e. don't assume the previous dose / instruction is correct. A second check (or self-check if a second person is unavailable) is recommended
- Take extra care to check doses are appropriate when prescribing and dispensing for high risk groups such as young children.

GP practices:

- When prescribing a PPI for children, dispersible/orodispersible tablets are the preferred formulation. Refer to the new [HSC Guideline on Proton Pump Inhibitors in Paediatrics](#)
- If a liquid is necessary, refer to the [HSC Agreed list of Paediatric liquid medicines](#)

Community Pharmacies:

- Complete refresher training on dose calculations, including converting milligrams (mg) to the equivalent number of millilitres (ml), with relevant staff as necessary
- Highlight for the pharmacist's attention, prescriptions where directions require a calculation or interpretation
- Ensure details of interventions or errors that have been detected are recorded in the pharmacy PMR.

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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