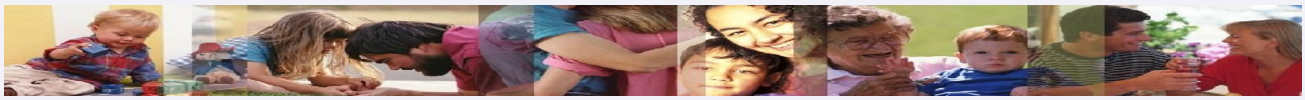
Correction (amended 27/2/19): ticagrelor article — duration of treatment for 60mg BD dose should be 36 months (not 24 months as previously stated).

NORTHERN IRELAND MEDICINES MANAGEMENT

February 2019 Volume 10, Issue 2

Health and Social Care Board

NEWSLETTER

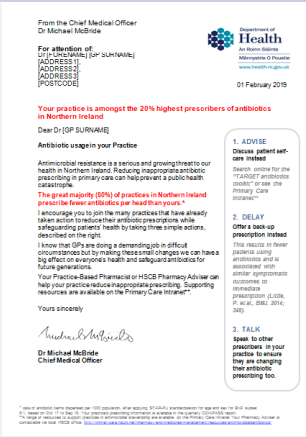


In This Issue

Antibiotic Prescribing Fell in 4 out of 5 Practices Following CMO Letter

In October 2017, Dr Michael McBride, Chief Medical Officer (CMO) wrote to each GP whose practice was in the top 20% for antibiotic prescribing in Northern Ireland. The letter focussed on 3 areas to help reduce antimicrobial resistance (AMR):

1. **ADVISE** - Discuss patient self-care instead
2. **DELAY** - Offer a delayed prescription instead
3. **TALK** - Speak to other prescribers in your practice to ensure they are changing their antibiotic prescribing too.



From the Chief Medical Officer
Dr Michael McBride

Department of Health

For attention of
[DR [SURNAME] [OR SURNAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[POSTCODE]

01 February 2019

Your practice is amongst the 20% highest prescribers of antibiotics in Northern Ireland

Dear Dr [GP SURNAME]

Antibiotic usage in your Practice

Antimicrobial resistance is a serious and growing threat to our health in Northern Ireland. Reducing inappropriate antibiotic prescribing in primary care can help prevent a public health catastrophe.

The great majority (80%) of practices in Northern Ireland prescribe fewer antibiotics per head than yours.*

I encourage you to join the many practices that have already taken action to reduce their antibiotic prescriptions while safeguarding patients' health by taking three simple actions, described on the right.

I know that GPs are doing a demanding job in difficult circumstances but by making these small changes we can have a big effect on everyone's health and safeguard antibiotics for future generations.

Your Practice-Based Pharmacist or HSCB Pharmacy Adviser can help your practice reduce inappropriate prescribing. Supporting resources are available on the Primary Care Intranet**.

Yours sincerely

Dr Michael McBride
Chief Medical Officer

1. ADVISE
Discuss patient self-care instead
Search online for the "TARGET antibiotics toolkit" or see the Primary Care Intranet**

2. DELAY
Offer a back-up prescription instead
This results in fewer patients using antibiotics and is associated with similar symptomatic outcomes or immediate prescription (Little, P. et al., BMJ, 2014; 349).

3. TALK
Speak to other prescribers in your practice to ensure they are changing their antibiotic prescribing too.

Of the 66 practices who received the letter, and for which follow-up data was available:

- **79% reduced their antibiotic prescribing**
- **There was a total reduction of 5.3% in antibiotic items over the same time period**
- **15 of the practices are no longer in the top 20% - keep up the good work!**

This Winter the CMO has again written to all GPs in practices that are in the top 20% for prescribing of antibiotics. It is good to note that, even for those practices receiving the letter for a second time, the majority are already moving in the right direction, and made a big contribution to the 70,000 fewer antibiotic courses taken by our primary care patients overall in 2018. Making these small changes can have a big effect on everyone's health and safeguard antibiotics for future generations.

Antimicrobial resources are available on PCI, the patient zone of the NI formulary, and TARGET toolkit is available free on the RCGP website (you don't need to be a member). Local HSCB offices also have hard copies of some patient leaflets available.

Nifedipine Products Discontinued

The following Adalat® (nifedipine) products have been / are to be discontinued:

- 5mg immediate release capsules* (Feb 2019)
- 10mg immediate release capsules* from (Mar 2019)
- Retard 10mg (Nov 2018)
- Retard 20mg (Nov 2018).

*Bayer was the sole supplier of these formulations.

Nifedipine capsule 5mg is licensed for the prophylaxis of chronic stable angina pectoris, the treatment of Raynaud's phenomenon and essential hypertension. The long acting and slow release formulations of Adalat® are licensed for the treatment of hypertension and prophylaxis of angina.
Further information is available at: https://www.sps.nhs.uk/articles/shortage-of-adalat-nifedipine-products/.

Action for GP practices

- Review patients prescribed Adalat® / nifedipine 5mg and 10mg immediate release capsules to consider need for an alternative.
- Review patients prescribed Adalat Retard® 10mg and 20mg to consider alternative treatment. When switching between brands, closer monitoring of BP may be required in the initial stages and patients should be reassured that they are receiving the same drug and dose but to report any adverse effects. Prescribers should specify the brand to be dispensed.

Action for community pharmacists

- Patients switched between brands may require closer monitoring of BP in the initial stages. Patients should be reassured that they are receiving the same drug and dose but to report any adverse effects.

Dose and Duration of Treatment with Ticagrelor (Brilique®)

A number of adverse incidents have been reported to HSCB recently in relation to incorrect dosing of ticagrelor.

Ticagrelor, co-administered with aspirin, is indicated for the prevention of atherothrombotic events in adult patients with:

- acute coronary syndromes (ACS) or
- a history of myocardial infarction (MI) and a high risk of developing an atherothrombotic event.

ACS	• Initiate treatment with a single 180mg loading dose (two tablets of 90mg) and then continued at a dose of 90mg twice daily. • Treatment with ticagrelor 90mg twice daily is recommended for 12 months unless earlier discontinuation is clinically indicated.
History of MI and a high risk of developing an atherothrombotic event	• Dose: 60 mg twice daily • Treatment may be started without interruption as continuation therapy, after the initial one-year treatment with ticagrelor 90 mg twice daily. • Treatment should be stopped when clinically indicated or at a maximum of 3 years.

Action for healthcare professionals

Review patients prescribed ticagrelor to ensure:

- Both dose and duration of treatment are correct and in line with secondary care recommendation
- Detailed information is added to the directions field of prescriptions, e.g. 'One to be taken twice daily for one year. Stop date…..'

- Patients are co-prescribed a daily low maintenance dose of aspirin (75-150mg), unless contra-indicated.

If ticagrelor 90mg twice daily has been continued beyond 12 months, contact Cardiology to discuss:

- Discontinuation of treatment
- Continuation of treatment at a dose of 60mg twice daily
- Other (there are limited data on efficacy and safety of ticagrelor beyond 3 years of extended treatment of the 60mg BD dose). Document the outcomes clearly in the patients notes.

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

Service Notifications have been issued in Northern Ireland for the following:

NICE TA472 — Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab
NICE TA483 — Nivolumab for previously treated squamous non-small-cell lung cancer
NICE TA484 — Nivolumab for previously treated non-squamous non-small-cell lung cancer
NICE TA487 — Venetoclax for treating chronic lymphocytic leukaemia
NICE TA490 — Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy
NICE TA544 — Dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutationpositive melanoma.

The following are NOT recommended:

NICE TA556 — Darvadstrocel for treating complex perianal fistulas in Crohn's disease.

MANAGED ENTRY DECISIONS

The following medicines were considered in February as part of the Northern Ireland Managed Entry process.

Please refer to the Managed Entry section of the Northern Ireland Formulary website for full details on Managed Entry decisions: http://niformulary.hscni.net/ManagedEntry/MEDecisions/Pages/default.aspx

Axicabtagene ciloleucel (Yescarta®) Denosumab (Xgeva®) Ertugliflozin (Steglatro®) - pending NICE	Pembrolizumab (Keytruda®) Tiotropium bromide (Spiriva® Respimat)

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:

Belfast Office: 028 9536 3926 South Eastern Office: 028 9536 1461 Southern Office: 028 9536 2104
Northern Office: 028 9536 2845 Western Office: 028 9536 1010