NORTHERN IRELAND MEDICINES MANAGEMENT

Health and Social Care Board

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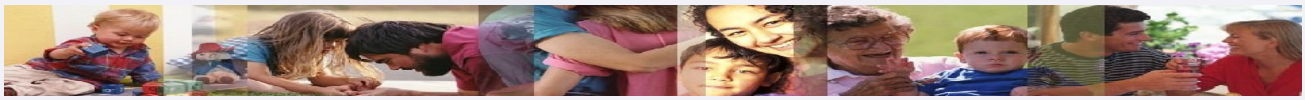
NEWSLETTER



In This Issue

Changes to *Helicobacter pylori* testing

A regional roll-out of the ***stool antigen test (SAT)* for *H. pylori*** has commenced. This is to replace the more commonly used urea breath test (UBT). The SAT is comparable in accuracy to the UBT but has the additional benefits of being more cost effective and time saving for GPs. Furthermore the SAT does not rely on the patient to accurately perform the test.

As with many other areas of the UK, we have decided to adopt the SAT as the ***H. pylori* test of choice** and this has been endorsed by the NI Public Health Agency. Roll out across the various local commissioning group (LCG) areas is shown in the adjacent table.

LCG area	Date of implementation
Western	21st January 2019
Northern	1st April 2019
Southern	1st April 2019
South Eastern	1st October 2019
Belfast	1st October 2019

In line with NICE guidance, and after exclusion of red flags, we would encourage GPs to **ONLY** test for *H. pylori* when indicated. This guidance is outlined in the Quick Reference Guide of the Public Health England (PHE) document '*Test and treat for Helicobacter pylori (HP) in dyspepsia' - 'When should I test for Helicobacter Pylori'* : https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/780829/HP_Quick_Reference_Guide_UPDATE_2019.pdf.

NI Formulary choices for *H. pylori* eradication can be found in section 1.3.5a of NI Formulary website.

Action for GP practices:

- Cascade this information to all relevant staff including GP locums, practice based pharmacists and treatment room staff. For further information please see HSCB correspondence letter at: http://primarycare.hscni.net.
- Ensure there is no further prescribing of *H. Pylori* breath tests once the SAT becomes available in your area.
- Tag UBTs on GP clinical systems with a reminder to use SAT instead once available in your area.
- Follow the PHE document 'Test and treat for *Helicobacter pylori* (HP) in dyspepsia'.

Action for community pharmacists:

- Please query with the prescriber any prescriptions for *H. Pylori* breath tests once the SAT becomes available in your area (see above table).

Review: Adrenaline dosing in children

Question: should adrenaline auto-injectors be prescribed by age or weight?
Answer: They should be prescribed **by weight**.

According to the SPCs:

- children weighing 30kg or more should be prescribed the 300 microgram strength of Jext® or Emerade®.
- children weighing 25kg or more should be prescribed the 300 microgram strength of EpiPen®.

Key message: any child with a weight of 30kg or more needs to be on 300 micrograms of adrenaline in Jext®, Epipen® or Emerade®.

A child in the 50th percentile will hit this weight around their 8 to 9th birthday, long before the rule of thumb "adult medication age" of 12 years.

Action for GP practices:

- Review all children on lower dose adrenaline auto-injectors to ensure that they are still under 25kg/30kg and hence getting the appropriate treatment.

Avoiding AIs: Prescribe a sharps bin with Clexane®

We wish to draw your attention to a number of adverse incidents involving Clexane® (enoxaparin) injections, where patients were dispensed used Clexane® injections that had been returned to the pharmacy by another patient.
The patients realised this straight away and did not use any of the injections nor did they have any injury from them as they were placed back in the original plastic packs.

The pharmacies' investigations of the incidents later found that the main contributory factor was the patient return medication process - the unmarked returned box of Clexane® injections had been mistakenly placed into dispensary stock.

The Clexane® injection being returned in their original box/packs and not in a sharps bin was also identified as a contributory factor.

The error was not detected by the pharmacist at the second check.

Action for GP practices:

- Prescribe a sharps box for all injectable medications, not just for insulin.

Action for community pharmacies:

- Pharmacists should check the contents of split and unsealed packs.
- All staff must follow the processes indicated in the pharmacy's accuracy checking standard operating procedure.
- All pharmacies should have robust processes in place for handling medication returned by patients.
- Counsel patients on safe disposal and return of injectables in sharps boxes. Check when dispensing an injectable that the patient / carer has the means of safe disposal and, if not, ask them to request a script from their GP.

Correction: Medicines Management Skin Supplement (January 2019)

The section on *Cost Effective Choice for Isopropyl myristate 15% / liquid paraffin 15% w/w (page 2)* previously read: 'When treatment is switched, patients should be reassured that their medication has not changed and that prescribing of cost-effective choices will ensure continuity of product, minimising patient confusion.' This has been corrected to 'When treatment is switched, patients should be counselled that Myribase® Gel contains the same active ingredients as Doublebase® Gel and is used for the same conditions, in order to minimise patient confusion. Please refer to online copy.

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

NICE TA510 — Daratumumab monotherapy for treating relapsed and refractory multiple myeloma.
NICE TA517 — Avelumab for treating metastatic Merkel cell carcinoma.
NICE TA519 — Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy.
NICE TA528 — Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer.
NICE TA529 — Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer.
NICE TA540 — Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma.
NICE TA547 — Tofacitinib for moderately to severely active ulcerative colitis.

MANAGED ENTRY DECISIONS

The following medicines were considered in April 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

No managed entry decisions were considered this month	

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