

## NEWSLETTER



### In This Issue

- ⊕ **Prescribing and Dispensing Issues with Tapentadol**
- ⊕ **Faculty of Pain: Briefing Statement on Opioids**
- ⊕ **Availability of Gluten-free Foods on Prescription in NI**
- ⊕ **NICE Guidance — Northern Ireland Service Notifications**
- ⊕ **Managed Entry Decisions**

### Correction: Dose and Duration of Treatment with Ticagrelor (Brilique) article (Feb '19)

There was an error in the article in the Feb edition of the newsletter *Dose and Duration of Treatment with Ticagrelor (Brilique®)*. The duration of treatment at the 60mg BD dose should be **36 months** (not 24 months as previously stated). This has been updated on the [on-line version](#).

### \*Please Share Resources with Locums\*

Pharmacy and GP practice managers are asked to please highlight HSCB resources such as the Medicines Management newsletters with locum colleagues, to ensure learning is shared with all. Locums can contact [medicines.management@hscni.net](mailto:medicines.management@hscni.net) to sign up for the newsletter mailing list.

## PRESCRIBING AND DISPENSING ISSUES WITH TAPENTADOL

There have been a number of prescribing incidents highlighted to HSCB in relation to tapentadol. As tapentadol is a relatively new opioid and healthcare professionals may be less familiar with it, this newsletter article aims to highlight some of the key learning points — please be mindful of these before prescribing or dispensing tapentadol.

**1) Legislation:** Tapentadol is a **schedule 2 controlled drug** with opioid effects. Prescription writing requirements will apply.

**2) Place in therapy:** In the NI Formulary, tapentadol prolonged-release tablets may be considered as a sole agent for mixed (neuropathic/nociceptive) pain in a **specialist setting**. Note: the **first line strong opioid is oral morphine**.

**3) Adverse effects:** Like all opioids, tapentadol can lead to the following:

- **Seizures:** prescribe carefully in patients with a **history of seizure disorders** or if taking other medicines that lower seizure threshold, e.g. SSRIs, SNRIs, tricyclic antidepressants, and antipsychotics. **Strengthened warnings on seizure risk have recently been added to the SPCs and PILs:** see [MHRA](#) for further details.
- **Serotonin syndrome:** if used with SSRIs, SNRIs and tricyclic antidepressants.
- **Abuse and addiction.**
- **Standard opioid side-effects**, e.g. nausea, constipation.

**4) Check the dose and formulation:** Tapentadol is available as both immediate release and sustained release tablets. Incidents have occurred when the incorrect formulation of tablet was prescribed / dispensed.

**Note:** Tapentadol 50mg is equivalent to 20mg of morphine. Specialist advice should always be sought if a total opioid dose equivalent of more than 120mg oral morphine/day is required in non-palliative patients.

#### Actions for healthcare professionals:

- Prescribers should follow HSCB guidance for persistent [non-malignant](#) and [neuropathic pain](#) on the NI Formulary website.
- Tapentadol MR may be recommended as a sole agent for mixed (neuropathic/nociceptive) pain in a specialist setting.
- For important information on prescribing all opioids, please refer to Faculty of pain resources (<https://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware>) and primary care intranet resources on pain (<http://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pain/>).

## FACULTY OF PAIN: BRIEFING STATEMENT ON OPIOIDS

There is considerable and continuing public concern related to an increase in the use of opioid painkillers in the UK. There is also professional and governmental concern regarding misuse of prescription medicines and the number of prescriptions of opioid analgesics. The prescribing of strong opioids remains highest in NI compared to other UK countries.

The Faculty of Pain Medicine of the Royal College of Anaesthetists recently issued a Briefing Statement to Health Professionals on the Management of Opioid Medications.

The Briefing Statement sets out the issues and recommendations for action locally, reinforcing key messages addressed in letters issued by HSCB to primary and secondary care in September 2018. It advises of an urgent need to screen and assess people on opioids and make clinical decisions about opioid reduction where appropriate.

The Briefing Statement can be viewed here: <https://www.rcoa.ac.uk/system/files/FPM-Opioid-letter-2018.pdf>.



## AVAILABILITY OF GLUTEN FREE FOODS ON PRESCRIPTION IN NI

Department of Health (England) has changed the arrangements for the prescribing of gluten-free foods, with effect from 1<sup>st</sup> December 2018, detailing that only gluten-free breads or gluten-free food mixes will be allowable on the NHS in England from this date onwards.

In Northern Ireland, there is **no change** to the current prescribing arrangements for gluten-free foods. Guidance issued in January 2017 is still applicable: <http://primarycare.hscni.net/download/DocLibrary/Pharmacy/Correspondence/HSCB-LetterGlutenFreePrescribingDec2016.pdf>. This guidance advises

that gluten-free staple foods (as shown in the table) should be available to all people diagnosed with coeliac disease to enable them to achieve a healthy balanced diet.

If you have any queries, please contact your HSCB pharmacy adviser.

Gluten-free foods with Advisory Committee on Borderline Substances (ACBS) approval		
Bread / rolls	Flour / flour-type mixes	Pizza bases
Breakfast cereals	Oats	
Crackers and crispbreads	Pasta	

## NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

[NICE TA491](#) — Ibrutinib for treating Waldenström's macroglobulinaemia.

[NICE TA505](#) — Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma.

[NICE TA545](#) — Gemtuzumab ozogamicin for untreated acute myeloid leukaemia.

[NICE TA552](#) — Liposomal cytarabine–daunorubicin for untreated acute myeloid leukaemia.

## MANAGED ENTRY DECISIONS

The following medicines were considered in March 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>.

Abemaciclib (Verzenios®)  
Benralizumab (Fasenra®)  
Darvadstrocel (Alofisel®)  
Dexmedetomidine (Dexdor®)  
Encorafenib (Braftovi®)

Ertugliflozin (Steglatro®)  
Eslicarbazepine (Zebinix®)  
Rivaroxaban (Xarelto®)  
Tisagenlecleucel (Kymriah®)  
Venetoclax (Venclyxo®)

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

**Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.**