NORTHERN IRELAND MEDICINES MANAGEMENT

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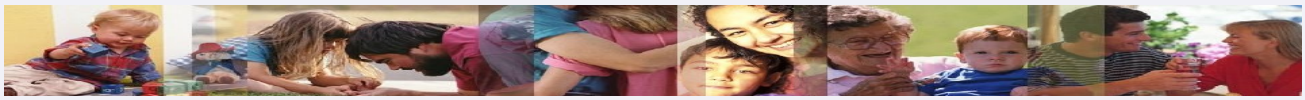
Health and Social Care Board

NEWSLETTER



In This Issue

Choice of DPP-4 Inhibitor (gliptin): Alogliptin

Dipeptidylpeptidase-4 (DPP-4) inhibitors or 'gliptins' are one of the treatment options for managing Type 2 diabetes. Whilst they have a role in the management of blood sugar for some patients, they generally result in a relatively small to medium reduction in blood sugar, with average lowering of $HbA1_c$ by 0.6-0.8%. Despite little comparative difference in efficacy between the various options, there are differences in the licensed indications/combinations.

NICE recommends, that if two drugs in the same class are appropriate, the one with the lowest acquisition cost should be chosen, in line with its licensed indications. If a DPP-4 inhibitor is indicated, **alogliptin** is currently the most cost-effective option for adults aged over 18 years requiring dual or triple therapy to improve glycaemic control. Some patients currently prescribed another DPP-4 inhibitor may be suitable for a switch to alogliptin. A SOP to aid the review and switch is available on the Primary Care Intranet. It also includes some patient scenarios, which may be useful when patients are being reviewed. Further prescribing information is available from the NI formulary.

Action for GP practices:

- If clinically appropriate to initiate a DPP-4 inhibitor, alogliptin should be the first line choice.
- For those patients already on an alternative DPP-4 inhibitor, consideration should be given to a potential switch to alogliptin. The SOP should be used to support this review.

Action for community pharmacists:

- Be aware that patients on another DPP-4 inhibitor may be switching to alogliptin and require additional advice or information.

Ciclosporin to Prevent Organ Transplant Rejection

Ciclosporin is an immunosuppressant medicine and a high risk medication, which may be given orally to prevent or treat organ transplant rejection. It has a narrow therapeutic index and even minor differences in blood levels have the potential to cause graft rejection reactions.

Neoral® is the most common brand prescribed and has an associated shared care guideline for the prevention of renal, liver and bone marrow transplant rejection. A small number of patients are prescribed the original brand of ciclosporin, Sandimmun® and this is available on a named-patient basis. Other brands of ciclosporin may be available but due to differences in bioavailability, **ciclosporin should be prescribed by brand name.** Inadvertent switching between products has been associated with reports of toxicity and graft rejection.

Action for GP practices:

- Prescribe ciclosporin by brand, not generically. Always confirm with secondary care if unclear.
- If a patient is currently being prescribed a brand, other than Neoral®, do not change the brand, unless first discussed with secondary care.

Action for community pharmacists:

- If a generic prescription is presented, verify the brand in use and contact the GP to rectify future prescriptions.
- If issues arise with the supply or availability of Neoral®, the GP should be made aware and the transplant team contacted to seek advice.

Osmotic Laxatives in the treatment of Uncomplicated Constipation

First-line therapy for uncomplicated constipation should be dietary modification, with increased fibre and fluid intake. Any constipating medication taken by the patient should be reviewed and adjusted as necessary. Oral laxatives can be offered if dietary measures are ineffective, or while waiting for them to take effect. For most people, this initial treatment should be with a bulk forming laxative (ispaghula husk—Fybogel®). If stools remain hard, an osmotic laxative can be added or switched to. Osmotic laxatives can also be used for opioid-induced constipation, unlike bulk-forming laxatives. They may take a few days to take effect and are not suitable for rapid relief of constipation. The two main osmotic laxatives prescribed are lactulose and macrogols.

Macrogols (Laxido®) are the osmotic laxatives of choice in the NI Formulary. Compared with lactulose, macrogols (Laxido®) are more effective in improving symptoms of chronic constipation; they have a better tolerability profile (due to reduced electrolyte disturbance); and are associated with a reduced need for rescue medication. Lactulose is not recommended for long-term use in older patients, or those with renal impairment or cardiac failure, due to the potential for fluid and electrolyte imbalance.

Recent prescribing data within NI indicates that Laxido® (Formulary choice) only accounts for 39% of osmotic laxatives prescribed in primary care, while lactulose accounts for 38%.

Action for GP practices:

- If an osmotic laxative is indicated, Laxido® or Laxido® Paediatric should be prescribed first line.
- Review prescribing of lactulose to ensure that it is appropriate.
- Simultaneous use of two drugs in the same class should be avoided, e.g. lactulose and macrogols.
- Patients should be advised to slowly withdraw laxatives when regular bowel movements occur without difficulty and to only order if they are needed.

NICE Summary on Valproate Use

NICE has published a summary on the drug valproate, bringing together all its recommendations and safety advice. The result is a visual summary of easy to access, practical recommendations, designed to support healthcare professionals from all disciplines in the safe use of valproate. The resource can be found here.

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

NICE TA557 — Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small -cell lung cancer.
NICE TA558 — Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease.
NICE TA559 — Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies.

MANAGED ENTRY DECISIONS

The following medicines were considered in June 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

Doxylamine + pyridoxine (Xonvea®)	Mepolizumab (Nucala®)
Cariprazine (Reagila®)	Brentuximab (Adcetris®)
Latanoprost + timolol (Fixapost®)	Durvalumab (Imfinzi®)
Ertugliflozin (Steglatro®)	Abemaciclib (Verzenios®)
Dasatinib (Sprycel®)	Nivolumab (Opdivo®)
Blinatumomab (Blincyto®)	

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