# NORTHERN IRELAND MEDICINES MANAGEMENT

Health and Social Care Board

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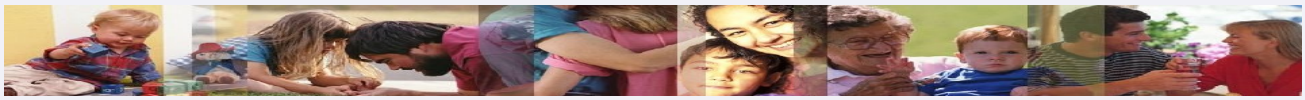
**NEWSLETTER**

## In This Issue



## Vesicare® to Generic Solifenacin Switch

Antimuscarinic drugs can be used in the management of urinary incontinence in adults, ideally combined with conservative management, such as bladder training, supervised pelvic floor muscle training and lifestyle advice. Vesicare® (solifenacin) is indicated for the symptomatic treatment of urge incontinence and/or increased urinary frequency and urgency, as may occur in patients with overactive bladder syndrome (OAB). It is a second line choice of treatment in the NI formulary, **reserved** for patients in whom first line choices have been ineffective or not well tolerated. The patent for Vesicare® 5 mg and 10 mg tablets expired in June 2019, hence solifenacin is now available generically. It is therefore anticipated there will be a significant price drop later this year.

### Actions for GP practices:

- In line with NICE guidance for assessing and managing urinary incontinence (updated 2019), women who remain on long-term medication for OAB should be offered a review in primary care every 12 months, or 6 months if aged over 75 years. Following review the medication may be stopped or the patient offered a "drug holiday"
- Where appropriate, refer patients to local community continence teams for lifestyle advice and conservative management.
- Search for patients prescribed the brand Vesicare® and after review, if appropriate to continue treatment, switch to generic solifenacin (in line with the Department of Health generic prescribing policy).


### Actions for community pharmacists:

- Offer support to patients whose medication may be stopped or discontinued following review and 'drug holiday.'
- Where necessary, explain the switch from branded to generic medicines to avoid any potential confusion.

## Prescribing of Atorvastatin 30mg and 60mg Tablets

Northern Ireland prescribing data from June 18 to May 19 shows 1870 prescriptions for atorvastatin 30mg and 60mg tablets issued over this 12 month period. These particular tablet strengths are much more expensive than the others available, as detailed in the table.

| Atorvastatin strength | Price of 28 tablets* |
|---|---|
| 10mg | £0.69 |
| 20mg | £0.81 |
| 30mg | £24.51 |
| 40mg | £0.98 |
| 60mg | £28.02 |
| 80mg | £1.65 |

* Prices based on NI Drug Tariff June 2019

The first choice lipid-regulating drug in the NI formulary is atorvastatin, in strengths of **10mg**, **20mg**, **40mg** or **80mg**. Where possible, prescribers should use the formulary strengths for lipid management, alongside advice on diet and lifestyle measures.

### Action for GP practices:

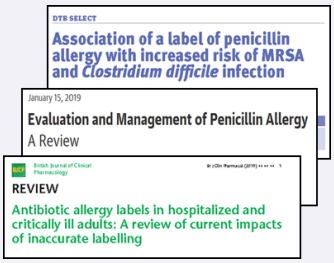
- Prescribers should review patients prescribed 30 mg and 60 mg tablets of atorvastatin to ensure patients are managed in line with the HSCB Lipid Management Pathway.
- Where prescribing is considered appropriate following review, consider switching patients onto an alternative combination of tablets to make up the required dose.

# Penicillin Allergy and Increased Risk of MRSA and *C. difficile*

Recently, there have been a number of studies published highlighting the risk of meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile (C. difficile)* infection in patients with a documented penicillin allergy. This group is almost 70% more likely to develop MRSA and around 25% more likely to develop *C. difficile*, according to a 2018 study. The greater risk is thought to occur because of the increased use of broad-spectrum antibiotics in these patients, selected as an alternative to beta-lactams.

Penicillin allergy is commonly recorded and reported in medical notes and many patients believe they are allergic to penicillin, but only a minority of patients (< 10%) actually have the condition confirmed. The NICE guideline on drug allergy: diagnosis and management aims to make it easier for professionals to tell when someone is having an allergic reaction, by specifying the key signs and patterns to look out for.

True allergy is more likely if the patient has recognised allergic symptoms (e.g. rash, rash involving hives, wheezing, or swelling of the skin or throat), the drug is known to cause this type of reaction or the individual has previously experienced a similar reaction to the same agent or another agent in the same class. Gastrointestinal symptoms alone do not represent a true allergy and alternative explanation should be excluded before a diagnosis of allergy is made.




As infections with resistant organisms increase, systemic efforts to confirm or rule out the presence of true penicillin allergy may be an important health strategy to reduce the incidence of MRSA and *C. difficile*.

**Actions for healthcare professionals:**

- Use the NICE guideline on drug allergy when considering any potential diagnoses.
- Document all suspected drug allergic reactions in patient notes, including at a minimum, the drug name, the signs, symptoms and severity of the reaction and the date when the reaction occurred.
- Ensure patients are fully informed about their suspected drug allergy and what drugs or drug classes they need to avoid.

# NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

NICE TA561 — Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia.
NICE TA562 — Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma.
NICE TA563 — Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer.
NICE TA567 — Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies.
NICE TA569 — Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer.
NICE TA571 — Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib.

*The following are NOT recommended:*

NICE TA580 — Enzalutamide for hormone-relapsed non-metastatic prostate cancer.

# MANAGED ENTRY DECISIONS

The following medicines were considered in July 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

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|---|---|
| There are no managed entry decisions this month. | |

**Correction:** The HSCB Hayfever Supplement May 2019 advised that the 13.5ml pack size of Sodium Cromoglicate 2% Eye Drops was the most cost effective product. Due to price fluctuations this is currently not the case, and clinicians should prescribe the most cost effective choice they are aware of. A new amended version of the HSCB Hayfever Supplement is now available on the NI Formulary site.

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:

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