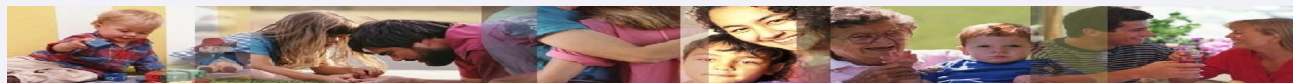


NEWSLETTER



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Prescribing of Fluoroquinolones

Following a review of safety, [MHRA has published guidelines](#) stating new restricted indications are being introduced for fluoroquinolones. Fluoroquinolones can very rarely cause long-lasting, and potentially irreversible side effects in tendons, muscles, joints and nerves.

Action for GP Practices

- Do not prescribe fluoroquinolones:
 1. for non-severe or self-limiting infections, or non-bacterial conditions.
 2. for mild to moderate infections unless other antibiotics are considered inappropriate.
- Ciprofloxacin or levofloxacin should no longer be prescribed for uncomplicated cystitis unless other antibiotics are considered inappropriate.
- Prescribe with special caution for people older than 60 years and for those with renal impairment or solid-organ transplants because they are at a higher risk of tendon injury.
- Avoid use of a corticosteroid with a fluoroquinolone since co-administration could exacerbate fluoroquinolone-induced tendinitis or tendon rupture.
- Report suspected adverse drug reactions to fluoroquinolones on the [Yellow Card website](#).



Action for Community Pharmacists

- Advise patients to stop treatment at the first sign of a serious adverse reaction, and to contact the GP immediately for further advice - [sheet for patients](#)

Rivaroxaban[®] and Food

Rivaroxaban[®] (Xarelto) is a direct inhibitor of coagulation factor Xa used to treat and prevent blood clots. MHRA has recently received a small number of reports suggesting lack of efficacy (increased blood clots) in patients taking 15mg or 20mg rivaroxaban[®] on an empty stomach. Clinical trials of rivaroxaban[®] showed that food does not affect the absorption of 2.5mg or 10mg tablets, while absorption of 20mg tablets was optimal when taken with a high-fat, high-calorie meal.

Action for GP Practices and Community Pharmacists

- Remind patients to take rivaroxaban[®] 15 mg or 20 mg tablets with food
- For patients who have difficulty swallowing, tablets can be crushed and mixed with water or apple puree immediately before taking; this mixture should be immediately followed by food
- Rivaroxaban[®] 2.5 mg and 10 mg tablets can be taken with or without food
- Report suspected adverse drug reactions, including any suspected events associated with lack of efficacy to rivaroxaban[®], on a [Yellow Card](#)



Prescribing of Mefenamic Acid

A safety alert issued in 2014, from the [Regional Drug & Therapeutics Centre](#) highlighted that mefenamic acid is more likely to cause seizures in overdose than other NSAIDs. It also has a narrow therapeutic window, which increases the risk of accidental overdose. Prescribing of this drug to groups at risk of self harm should be avoided.

It should also be used with caution in patients who have epilepsy.

Mefenamic acid is licensed for the treatment of dysmenorrhoea. However, recent Cochrane reviews on dysmenorrhoea and heavy menstrual bleeding concluded that there was no evidence to suggest that any NSAID is more effective than another for these indications.

Mefenamic acid is significantly more expensive than ibuprofen.

Last year in Northern Ireland, around 18,000 prescription items at a cost of over £700,000 were issued for mefenamic acid.

A mefenamic acid graph will be included in the next set of prescribing COMPASS reports.

A HSCB review tool for all NSAIDs/Cox2s has recently been approved and is now available on the [Primary Care Intranet](#)

Action for GP Practices

- If a NSAID is required for primary dysmenorrhoea, ibuprofen or naproxen are the preferred [N.Ireland Formulary](#) choices. Paracetamol is also an option.
- Where possible, patients should be encouraged to purchase over the counter.
- If treatment is required for heavy menstrual bleeding, consider one of the options, as outlined in the [N.Ireland Formulary](#)
- Review all patients on repeat prescriptions for mefenamic acid: assess on-going need for a NSAID and change to alternative where appropriate.
- Review patients who have a diagnosis of epilepsy and are prescribed mefenamic acid.
- Use the HSCB NSAID/Cox 2 review tool to review patients to ensure that prescribing is appropriate and safe.

Action for Community Pharmacists

- Provide reassurance and advice to patients who have been changed from mefenamic acid to an alternative treatment option.
- Highlight any patients, currently prescribed mefenamic acid and who may be at risk of overdose, to the relevant GP

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

[TA 492](#) Atezolizumab for untreated PD-L1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable.

[TA 565](#) Benralizumab for treating severe eosinophilic asthma.

[TA 573](#) Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma.

[TA 574](#) Certolizumab pegol for treating moderate to severe plaque psoriasis.

[TA 575](#) Tildrakizumab for treating moderate to severe plaque psoriasis.

[TA 578](#) Durvalumab for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation.

[TA 579](#) Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy.

[NG 133](#) Hypertension in pregnancy: diagnosis and management.

[NG 134](#) Depression in children and young people: identification and management.

MANAGED ENTRY DECISIONS

The following medicines were considered in August 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>

Alirocumab (Praluent®)

Atezolizumab (Tecentriq®)

Chenodeoxycholic acid (Leadiant®)

Dapagliflozin (Forxiga®)

Daratumumab (Daralex®)

Dasatinib (Sprycel®)

Erenumab (Aimovig®)

Enzalutamide (Xtandi®)

Ertugliflozin (Steglatro®)

GLP-1 mimetics

Hydrocortisone -extended release (Alkindi®)

Inotersen (Tegsedi®)

Lenalidomide (Revlimid®)

Letermovir (Prevymis®)

Nusinersen (Spinraza®)

Ocrelizumab (Ocrevus®)

Rituximab (MabThera®)

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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