

NEWSLETTER



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Savings £££ Glycopyrronium Liquid 1mg/5ml S/F switch

Glycopyrronium bromide 1mg/5ml liquid has recently gained a license for hypersalivation (drooling). Glycopyrronium tablets are mainly used for hypersalivation but this is off license as they are only licensed for use in treating peptic ulcers. The tablet formulation also has issues with crushing and inappropriate dose titration.

NI Drug Tariff prices (October 2019) are:

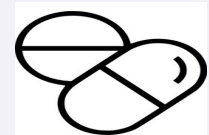
Glycopyrronium bromide 1mg tablets x 30 = £230.71

Glycopyrronium bromide 2mg tablets x 30 = £254.23

Glycopyrronium bromide 1mg/5ml oral solution sugar free x 150 ml = £91.00

There are substantial savings to be made with a switch to the liquid formulation. Glycopyrronium bromide 1mg/5ml oral solution sugar free (Colonis Pharma) is available from local wholesalers.

When a Glycopyrronium bromide liquid preparation is clinically appropriate for a child the HSCB and HSC Trusts agreed suitable preparation is Glycopyrronium bromide 1mg/5ml oral solution sugar free.



ACTION FOR GPs

Consider this switch if appropriate for your patients. This can achieve both cost savings and increased dose compliance for the patient.

ACTION FOR COMMUNITY PHARMACISTS

Ensure patients/carers are aware of any change in formulation and confirm they are clear with any new dosage directions.

Medicine shortages and Serious Shortage Protocols (SSPs)

BSO have recently created a new page on their website where contractors can find the latest communications in relation to shortages <http://www.hscbusiness.hscni.net/services/3065.htm>

Some pharmacies may export medicines as part of their business model, via a wholesale dealer's licence. In light of recent medicine shortages, pharmacists should be aware of the list of medicines that should not be parallel exported (further details available at the link above)

Parallel export of a medicine on the list is considered a breach of regulation 43(2) of the Human Medicines Regulations 2012 and a contravention of the wholesale dealer licence, and may lead to regulatory action by the Medicines and Healthcare products Regulatory Agency (MHRA) which could include immediate suspension of the wholesale dealer licence

A separate page has also been created for **Serious Shortages Protocols (SSP)** <http://www.hscbusiness.hscni.net/services/3063.htm>

A SSP enables community pharmacists to supply a specified medicine in accordance with a protocol rather than a prescription and without the need to seek authorisation from the prescriber. A SSP would only be used in the case of a serious shortage if, in the opinion of Ministers, it would help manage the supply situation and, if clinicians advising Ministers think it is appropriate, after discussion with the manufacturer and/or marketing authorisation holder, to do so.

The Human Medicines Regulations 2012 were amended in February 2019 to allow for the supply of a prescription only medicine by a community pharmacist in line with a SSP. The Pharmaceutical Services Regulations (N.I.) 1997 (S.R. 1997/381) (as amended) enable supply under a SSP to be within the terms of service for pharmacists and for dispensing doctors providing pharmaceutical services in Northern Ireland from 31st October 2019.

Oxycodone Primary Care Audit

Practice pharmacists recently performed an audit on the use of oxycodone in 12 practices (16%), in the Northern Area. A total of 89 patient records were reviewed. The following information was extracted from the audit.

- 55% were initiated by GP
- 71% were for chronic non-malignant pain, 26% palliative care, 3% post-operative pain
- 85% were for more than 6 months
- 82% used first line
- 27% were at a dose of >60mg /day (equivalent to >120mg morphine).



Action for GP practices:

- Prior to prescribing opioids be alert for behaviours or risk factors for dependence or addiction. Prescribers should also consider 'Opioids for Persistent Non-Malignant Pain: Points For Safer Prescribing' which also refers to the medico-legal implications. <http://primarycare.hscni.net/download/DocLibrary/Pharmacy/Clinical/Pain/opioids/Opioid-Prescribing-Points-for-Safer-Prescribing.pdf>.
- In line with the NI "morphine first" policy, oral sustained-release morphine should be used first line for patients who require strong opioids. There is no evidence to suggest that oxycodone has advantages in efficacy and tolerability over morphine and it is significantly more costly http://www.hscboard.hscni.net/download/PUBLICATIONS/pharmacy_and_medicines_management/correspondence/Opioid-Prescribing.pdf
- Prescribers should follow the HSCB **Implementation Support Tool for Opioid Prescribing in Chronic Pain**, http://niformulary.hscni.net/Formulary/Adult/PDF/Opioids_in_Chronic_Pain.pdf
- Due to the lack of evidence that opioids are beneficial for persistent non-malignant pain, initially a 1-2 week opioid trial should be considered to establish if there is an improvement. Thereafter, review frequently. For further information including initiation and review and stepping down, refer to 'Opioid Prescribing for Persistent Non-Malignant Pain - FAQs' <http://primarycare.hscni.net/download/DocLibrary/Pharmacy/Clinical/Pain/opioids/Opioid-Prescribing-FAQs.pdf>
- Patients **prescribed greater than 120mg/day oral morphine (or 60mg of oral oxycodone)** for persistent non-malignant pain should be reviewed with the aim of stepping down (carefully) in line with guidance, as the risk of harm exceeds the benefits at this dose. The following calculator may be useful to calculate total opioid equivalents, especially where a combination of different products/strengths are prescribed: <http://www.paindata.org/calculator.php>.
- If pain remains severe despite opioid treatment it means they are not working and should be stopped (carefully), even if no other treatment is available.
- Prescribers should be familiar with the 'Opioid Prescribing for Chronic Pain: Resource Pack'. This has a number of useful resources to support the safe and appropriate use and review of opioids for chronic pain. http://primarycare.hscni.net/download/DocLibrary/Pharmacy/Clinical/Pain/opioids/20191015_Amended_GMMM_Opioid-resource-pack-2018-with-NI-notes_v2-October2019_2.pdf

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

- [TA 583](#) Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes
- [TA 584](#) Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer
- [TA 585](#) Ocrelizumab for treating primary progressive multiple sclerosis
- [TA 586](#) Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib
- [TA 589](#) Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity
- [TA 590](#) Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uveitis
- [TA 591](#) Letermovir for preventing cytomegalovirus disease after a stem cell transplant
- [TA 592](#) Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma

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>

Buprenorphine (Buvidal®)

Degarelix (Firmagon®)

Ivacaftor + lumacaftor (Orkambi®)

Ivacaftor + tezacaftor (Symkevi®)

Lenalidomide (Revlimid®)

Melatonin (Slenyto®)

Ospemifene (Senshio®)

Olaparib (Lynparza®)

Patisiran (Onpattro®)

Pembrolizumab (Keytruda®)

Pomalidomide (Imnovid®)

Rucaparib (Rubraca®)

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

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