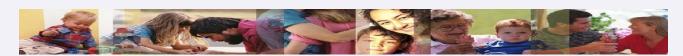
## NORTHERN IRELAND MEDICINES MANAGEMENT



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Health and Social Care Board

#### NEWSLETTER



### Wishing everyone a Happy and Healthy Christmas and New Year

- Prescribing of Multivitamins
- Safety Needles
- High Risk Drug Combinations
- NICE Guidance Northern Ireland Service Notifications
- Managed Entry Decisions



# **Prescribing of Multivitamins**

Vitamins and minerals are essential nutrients which most people should get from eating a healthy and balanced diet. The prescribing of vitamins and minerals is recommended by the ACBS committee for the prevention and treatment of specific deficiency states. They must **not** be prescribed as dietary supplements or as a general 'pick-me-up' as there is insufficient evidence of effectiveness and hence they appear on the <u>limited evidence list</u>.

Where there is concern that diet is not meeting nutritional needs, this is a self-care issue and patients or carers should be given dietary advice and directed to purchase an over-the-counter (OTC) preparation.

In Northern Ireland last year £358,000 was spent on prescriptions for multivitamin preparations alone.

#### **Action for GPs**

- Review patients who are prescribed multivitamins and check indication. Discontinue prescribing if inappropriate.
- Recommend eating a healthy, varied and well balanced diet.
- If patients wish to continue these preparations they should be advised to purchase as per self-care OTC.
- Do not initiate new prescriptions for vitamin or minerals unless they are in line with an ACBS approved indication.

#### **Action for Community Pharmacists**

• Support patients who present for multivitamin advice to select a suitable product to purchase OTC and provide appropriate healthy eating advice.

# **Safety Needles**

HSCB issued a <u>letter</u> to all Trusts and GP practices in June 2017 clarifying the correct supply route for Trust staff to obtain supplies of insulin safety needles, used for the administration of insulin to patients in their own homes.

Recently a <u>letter</u> was also issued to nursing homes to clarify that safety needles should **NOT** be prescribed on a patient's own prescription for use by healthcare professionals and employees; **it is the employer's responsibility to provide them.** 

In general safety needles should **NOT** be prescribed on a patient's own prescription, the main exception to this would be if a relative or carer (non-professional) was administering insulin to a patient AND the patient had a known blood borne disease e.g. hepatitis or HIV.

#### **Action for GPs**

GP Practices should identify patients who are currently being prescribed safety needles:

- If the patient resides in a nursing home, the relevant home should be contacted and advised of the correct arrangements for ordering safety needles.
- If the patient is being administered their insulin by a District nurse, the District nurse should be contacted to advise of the correct supply route.

When the new supply arrangement is in place, the GP practice should stop issuing further prescriptions for safety needles.

# **High Risk Drug Combinations**

A serious adverse incident has occurred where an elderly patient was prescribed Naproxen 500mg (for knee pain) for 2 weeks whilst also taking warfarin for a cardiac arrthymia. No gastro protective agent was prescribed and the patient subsequently had a duodenal bleed, which required hospital admission.

Fortunately the patient made a full recovery but the incident has identified learning for both GPs and Community Pharmacists (CP).

The NICE guidance <a href="https://cks.nice.org.uk/nsaids-prescribing-issues#!scenario">https://cks.nice.org.uk/nsaids-prescribing-issues#!scenario</a> highlights the adverse drug interaction between anticoagulants (e.g. warfarin) and NSAIDs. 'All NSAIDs can cause GI irritation and reduce platelet aggregation, which can worsen any bleeding event. Avoid concomitant use if possible. If concurrent use is necessary be aware of the potential risks of bleeding. Consider giving gastro protection such as a proton pump inhibitor (PPI)'.

During both the prescribing and dispensing process neither the GP nor the CP involved noted the warnings that were generated by the clinical systems alerting them to the risks associated with this combination of drugs.

#### **Actions for GPs**

- Ensure the clinical systems are configured to ensure that prescribers are alerted via visible warnings to significant drug interactions and ensure all alerts are considered carefully prior to prescribing.
- Use the HSCB NSAID and COX-2 review tool to review prescribing of NSAIDs.
  http://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pain/
- Review all patients prescribed an anticoagulant and a NSAID.

#### **Actions for Community Pharmacists**

- Ensure that the pharmacist has access to all information relating to any drug interactions highlighted by the PMR whilst carrying out the clinical check. This is particularly important if another member of staff has generated the dispensing labels.
- If a high risk patient is prescribed an anticoagulant and a NSAID with no gastro protective agent, pharmacists should query the prescription to check appropriateness of the drug combination and to establish if there is a reason why a gastro protective agent is NOT required.

### **NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS**

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

TA 593 Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer.

TA 595 Dacomitinib for untreated EGFR mutation-positive non-small-cell lung cancer

TA 596 Risankizumab for treating moderate to severe plaque psoriasis

## **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: <a href="http://niformulary.hscni.net/ManagedEntry/MEDecisions/Pages/default.aspx">http://niformulary.hscni.net/ManagedEntry/MEDecisions/Pages/default.aspx</a>

Eculizumab (Soliris®) Imiquimod (Zyclara®) Pentosan polysulphate sodium (Elmiron®) Rucaparib (Rubraca®) Voretigene neparvovec (Luxturna®)

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