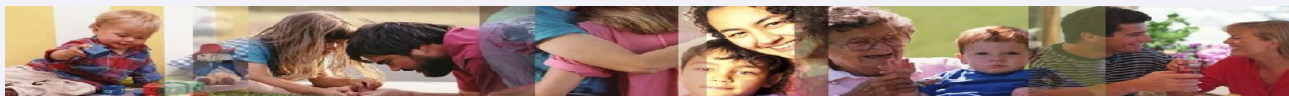


NEWSLETTER



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Controlled Drug quantities

A number of prescriptions for large or inappropriate quantities of CDs have come to light as part of the Board's CD monitoring. In some cases prescriptions were also issued before they were due. Examples include:

CDSchedule	Prescription	Prescription duration
2	Longtec [®] tablets 20mg one BD (112)	56 days
3	Phenobarbital tablets 15mg one BD (200)	100 days
4	Nebido [®] 1000mg/4ml injection. Administer every 12 weeks (2 vials issued every 2 months)	24 weeks

Prescribers are reminded that although not a legal requirement, it is a strong recommendation that prescriptions for schedule 2,3 and 4 CDs are limited to a **maximum of 30 days' supply**. Prescribers issuing more than a 30 day supply should record, and be prepared to justify, their decision.

Prescriptions for these drugs must also meet their corresponding legal and best practice requirements*.

Actions for GP Practices

- Schedule 2,3 and 4 CD prescriptions for >30 days' supply should be reviewed and quantities reduced as appropriate
- Procedures should be reviewed to ensure that early prescription requests are identified and queried
- Ensure that prescriptions for less obvious CDs e.g. Nebido[®] meet legal and best practice requirements.

Action for Community Pharmacists

- Record any concerns in relation to excessive CD quantities and communicate with the relevant GP practice.

*Guidance for Managing CDs for Primary Care Prescribers http://www.medicinesgovernance.hscni.net/download/primarycare/controlled_drugs_guidance/HSCB-Guidance-for-Managing-Controlled-Drugs-for-Prescribers-in-Primary-Care_January-2019.pdf

STOP list addition - Rubefaciants

Rubefaciants are used for the treatment of soft-tissue disorders and pain relief. There is limited evidence that rubefaciants work. The BNF states that evidence does not support the use of rubefaciants in short- or long-term muscle pain. In addition, [NICE CG177](#) states that rubefaciants should not be offered to treat osteoarthritis. Rubefaciants have therefore been added to the [Stop List](#) and are not included in the [NI formulary](#). Topical NSAIDs may be considered for people with knee or hand osteoarthritis.

Current annual expenditure on rubefaciants in Northern Ireland is over £80,000.

The most commonly prescribed rubefaciants are:

- Algesal[®], Balmosa[®], Deep Heat[®], Difflam[®] cream, Movelat[®] cream/gel, Radian B[®] and Transvasin heat rub[®].
- Movelat[®] gel/cream and Movelat Relief[®] cream/gel account for the vast majority of prescribing of rubefaciants in Northern Ireland, with an annual cost of just over £60,000.

Actions for GP Practices

- Search for patients currently prescribed rubefaciants on GP Clinical system. (search for products listed above)
- Patients currently prescribed rubefaciants should have their therapy reviewed and discontinued.
- Patients should be counselled to help them understand that rubefaciants are unlikely to help relieve their musculoskeletal pain and therefore they will no longer be prescribed.
- If considered appropriate, patients may be prescribed an effective alternative treatment or if patients still wish to use a rubefacient they should be advised to purchase OTC from a community pharmacy.
- No new patients should be initiated on rubefaciants.

Action for Community Pharmacists

- Provide reassurance and advice to patients who are no longer issued a rubefacient on prescription.

Opioid Resource Pack

Opioids are increasingly prescribed to manage chronic pain, however, the clinical evidence shows limited effectiveness, and patient safety concerns due to the risks associated with long-term use. Opioids for long-term pain only benefit around one in every four or five people, who in turn only achieve a 30-50% reduction in pain at best.

This means that for every 10 patients initiated on opioids for chronic pain they will be ineffective, and so should be stopped (slowly), for 7 - 8 patients.

Greater Manchester CCG has kindly agreed to share their *Opioid Prescribing for Chronic Pain Resource Pack* for use by healthcare professionals in NI. The document does not apply to palliative and end of life care, where the WHO pain ladder and relevant guidance should be followed.

When using the pack, healthcare professionals should be aware of legislative and process differences between NI and England. A non-exhaustive summary of differences can be found at the start of the pack.

The resource pack is available online at: http://primarycare.hscni.net/download/DocLibrary/Pharmacy/Clinical/Pain/opioids/20191015_Amended_GMMM_Opioid-resource-pack-2018-with-NI-notes_v2-October2019_2.pdf

The resource pack brings together a range of resources clinicians can use to support safe and appropriate use of opioids at each step of the prescribing process. For example:

- Managing Patient Expectations
- How to initiate and manage a trial of opioids
- Responsibilities for Prescribing
- Switching, reducing and stopping opioids safely



Action for GP Practices

- Prescribers should become familiar with the resources within the Opioid Resource Pack, and utilise as appropriate to ensure safe and appropriate prescribing for patients with persistent pain. **NOTE:** further opioid prescribing resources can also be found in the Pain section of the Primary Care Intranet. <http://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pain/>
- Consideration should be given to incorporating the advice and resources within the Opioid Resource Pack into practice controlled drug and acute/repeat prescribing processes.

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

[TA 587](#) Lenalidomide plus dexamethasone for previously untreated multiple myeloma

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>

Botulinum A toxin (Xeomin®) Dolutegravir + lamivudine (Dovato®) Eribulin (Halaven®) Glibenclamide (Amglidia®)	Idelalisib (Zydelig®) Lanadelumab (Takhzyro®) Rivaroxaban (Xarelto®)
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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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