NORTHERN IRELAND MEDICINES MANAGEMENT

Health and Social Care Board

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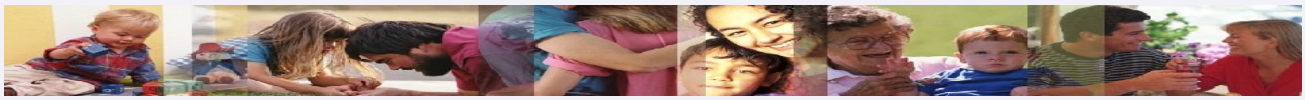
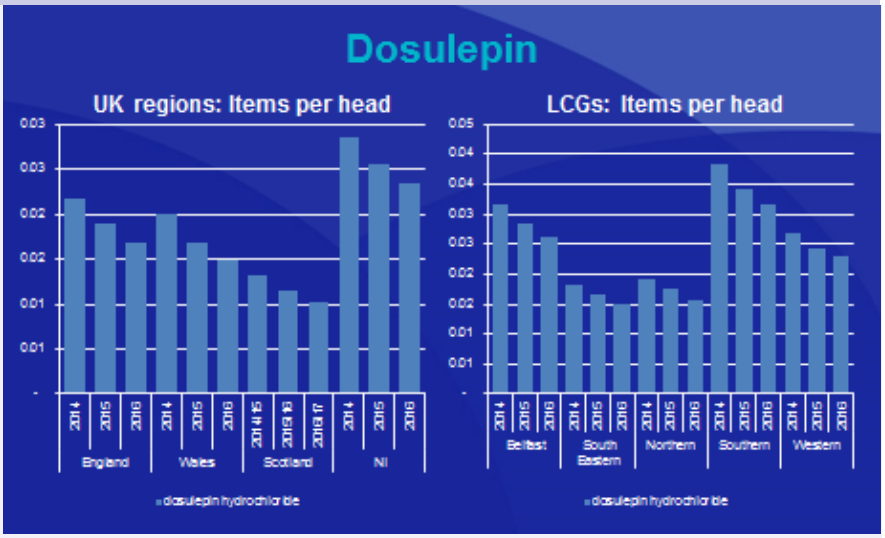
NEWSLETTER



In This Issue

DOSULEPIN PRESCRIBING - TEN YEARS AFTER SAFETY ALERT

In December 2007, the Medicines and Healthcare Regulatory Agency (MHRA) issued safety advice around prescribing of dosulepin. It is concerning that although prescribing of dosulepin has decreased in Northern Ireland, it remains at a significantly higher level than other parts of the UK, ten years after the MHRA safety advice was issued.



Why dosulepin is not recommended for prescribing:

- Dosulepin has a narrow margin between the (maximum) therapeutic dose and potentially fatal doses.
- The NICE guideline on depression in adults (CG90) recommends that dosulepin should not be prescribed for adults with depression because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose.
- Dosulepin has also been used 'off label' in other indications such as fibromyalgia and neuropathic pain. However the evidence for use in in this way is weak, and is not recommended.
- The lethal dose of dosulepin is relatively low and can be potentiated by alcohol and other CNS depressants.
- Dosulepin overdose is associated with high mortality and can occur rapidly, even before hospital treatment can be received.
- Dosulepin has an established link with a number of adverse cardiovascular effects (cardiac arrhythmias, conduction disorders, hypotension, tachycardia/arrhythmia QTc prolongation, cardiac failure and circulatory collapse) especially in the elderly.

Action for GP Practices:

- Dosulepin should not be initiated in primary care for any indication. As per NICE CG90, prescribers should not switch to, or start, dosulepin because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose.
- Prescribers should review all patients prescribed dosulepin for suitability for switching to a safer antidepressant or suitable agent. **For patients under the care of a relevant specialist, involve them in the decision to discontinue or switch treatment.**

Dosulepin should **not be stopped abruptly** unless serious side effects have occurred. Slowly tapering the dose over three to four weeks can help prevent discontinuation symptoms. Prescribers should refer to PrescQIPP bulletin for further details.

ESYMA® AND LIVER INJURY

The MHRA has issued temporary safety measures for Esmya® (ulipristal acetate) following reports of serious liver injury in women using the medicine for uterine fibroids. While this is being investigated, advice is:

- Do not initiate new treatment courses of Esmya®, including in women who have completed one or more treatment courses previously.
- Perform liver function tests (LFTs) at least once a month in all women currently taking Esmya®. Stop Esmya® treatment in any woman who develops transaminase levels more than 2 times the upper limit of normal, closely monitor and refer for specialist hepatology evaluation as clinically indicated. Liver function tests should be repeated in all women 2 to 4 weeks after stopping treatment.
- Check transaminase levels immediately in current or recent users of Esmya® who present with signs or symptoms suggestive of liver injury (such as nausea, vomiting, malaise, right hypochondrial pain, anorexia, asthenia, jaundice). If transaminase levels are more than 2 times the upper limit of normal, stop treatment, closely monitor and refer for specialist hepatology evaluation as clinically indicated.
- Advise women using Esmya® on the signs and symptoms of liver injury.

Action for GP Practices:

- Search for patients prescribed Esmya®. Perform LFTs in all women currently using Esmya® and 2 to 4 weeks after stopping treatment.
- Do not initiate new treatment or re-start courses of Esmya®.

CO-DYDRAMOL: PRESCRIBE AND DISPENSE BY STRENGTH

Previously co-dydramol (dihydrocodeine/paracetamol) was available only as 10/500mg. Two products are now available with a higher strength of dihydrocodeine: co-dydramol 20/500 mg and 30/500 mg tablets. It is therefore important that co-dydramol products are **prescribed and dispensed by strength** to minimise dispensing errors and the risk of accidental opioid overdose.

Action for GP Practices and Community Pharmacists:

- When prescribing co-dydramol, clearly indicate tablet strength and dose.
- As with all analgesia, patients prescribed co-dydramol should be regularly reviewed.
- When dispensing co-dydramol, ensure patients receive the prescribed strength of co dydramol, and, if in doubt, contact the prescriber.

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

NICE TA475 — Dimethyl fumarate for treating moderate to severe plaque psoriasis.

NICE TA477— Autologous chondrocyte implantation for repairing symptomatic articular cartilage defects of the knee (review of TA89).

NICE TA480 — Tofacitinib for moderate to severe rheumatoid arthritis.

NICE TA481 — Immunosuppressive therapy for kidney transplantation in adults (review of TA85).

NICE TA482 — Immunosuppressive therapy for kidney transplant in children and young people (review of TA99).

NICE TA485 — Sarilumab for moderate to severe rheumatoid arthritis.

NICE TA486 — Aflibercept for treating choroidal neovascularisation.

NICE TA488 — Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours.

NOT recommended:

NICE TA503 — Fulvestrant for untreated locally advanced or metastatic oestrogen-receptor positive breast cancer

MANAGED ENTRY DECISIONS

The following medicines were considered in March 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

Adalimumab (Humira®) Autologous chondrocyte implantation (Spherox®) Daptomycin (Cubicin®) Daratumumab (Daralex®) Darunavir + cobicistat + emtricitabine + tenofovir alafenamide (Symtuza®) Fluticasone furoate + umeclidinium + vilanterol	Fulvestrant (Faslodex®) Lacosamide (Vimpat®) Levonorgestrel (Kyleena®) Mercaptamine eye drops (Cystadrops®) Nivolumab (Opdivo®) Pertuzumab (Perjeta®) Sevelamer carbonate (Renvela®)

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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