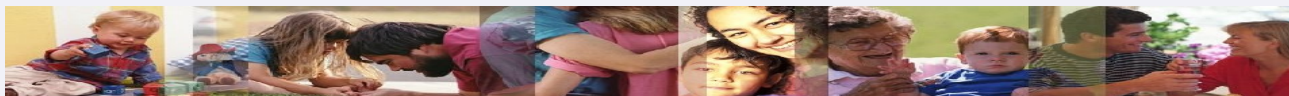


NEWSLETTER



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WORLD MENTAL HEALTH DAY: A FOCUS ON PRESCRIBING

World Mental Health Day (10th October) is an opportunity to raise awareness of mental health issues. It is also a chance for healthcare professionals to review prescribing practices for people with mental health issues.

Northern Ireland has higher rates of mental health problems, self harm and suicide than other parts of the UK. Research into suicides in primary care identified the following key messages:

- Mental illness is frequently unrecognized in those who die by suicide.
- Markers of risk of suicide include frequent / increasing GP consultations, multiple psychotropic drugs, and specific drug combinations such as benzodiazepines with antidepressants.
- Many people are often found not to have been adherent to their medicines prior to suicide.

GP practices and community pharmacy staff have an important role in mental health promotion, management of mental health problems and suicide prevention. There are resources and a range of CPD courses available at <https://mindingyourhead.info> and <http://elearning.rcgp.org.uk/>.

NICE CG16 recommends that, when prescribing for people at risk of self-poisoning, healthcare professionals should prescribe, whenever possible, those drugs which, whilst effective for their intended use, are least dangerous in overdose, and should consider prescribing fewer tablets at any one time. However, people who self-harm often use medication that has been prescribed for someone else highlighting the need for:

- care in prescribing within a household where there is known to be an individual who is at risk of self poisoning.
- adherence to restriction on sales of over-the-counter analgesics and other drugs which may be used in overdose.
- safe disposal of unused medication through schemes such as RAPID <https://www.drugsandalcoholni.info/RAPID/>.
- minimising the risk of medication entering the illicit market through all other appropriate measures, e.g. repeat prescribing.

Alternatives to antidepressants such as mindfulness and cognitive behavior therapy (CBT) should be considered.

Action

- Practices should be aware of the markers of risk of suicide and consider using these as the basis of a “flag” alert in primary care records, leading to further assessment.
- Contact PHA (tel 028 9536 2902) if you are interested in taking part in the pilot scheme.
- Consider establishing a vulnerable patients register for patients at risk of self-harm / overdose. Contact your HSCB pharmacy adviser for further advice.
- Take into account the risk to both the individual and household members when prescribing.
- While it is important to ensure that prescribing is appropriate, it is also important to promote adherence. Where non-adherence is suspected, this should be brought to the attention of the patient’s GP, so that a review can be arranged.



A pilot: markers of risk of suicide

Consideration is being given to a pilot to explore markers of risk as the basis of a “flag alert” in primary care records. Interested GP practices should contact the Public Health Agency (PHA) on 028 9536 2902.

NEW COST-EFFECTIVE CHOICE: DECAPEPTYL® 11.25mg and 22.5mg

Decapeptyl® SR 11.25mg and 22.5mg IM injections are the HSCB [cost effective choice](#) (CEC) of LHRH analogue for prostate cancer. This decision has been taken following consultation and in agreement with the NIcaN Regional Urology Group.

Product	Cost effective choice
LHRH (luteinizing hormone releasing hormone) analogue	Decapeptyl® SR 11.25mg and 22.5mg

Advantages to selecting Decapeptyl® as CEC:

- Consistency for patients will minimise possible patient confusion.
- 3 or 6 monthly injections will reduce the number of times the patient has to attend at clinic for administration.
- The transient increase in circulating testosterone levels experienced within the first week after the injection of sustained release LHRH analogues will only occur twice a year with 6 monthly preparations.
- Decapeptyl® is administered via a small sized needle (20 gauge) which minimises discomfort to patients.
- Annual savings of up to £190 per patient.

Action for GP practices:

- Following recommendation from secondary care, initiate all new patients on the most appropriate strength of Decapeptyl®.
- Ensure Decapeptyl® injection is prescribed by brand.
- Ensure prescribing interval and quantity is appropriate (add administration schedule to the prescription).

Action for community pharmacists:

- As part of clinical check, ensure the prescribing interval for injection is appropriate, e.g. Decapeptyl® 11.25mg IM injection should be administered every 12 weeks. Counsel patients accordingly.
- Query any over / under prescribing with the patient's GP.

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

[NICE TA 508](#) — Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee.

[NICE TA521](#) — Guselkumab for treating moderate to severe plaque psoriasis.

[NICE TA524](#) — Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma

[NICE TA525](#) — Atezolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy.

[NICE TA526](#) — Arsenic trioxide for treating acute promyelocytic leukaemia.

NOT recommended for use in Northern Ireland:

[NICE TA530](#) — Nivolumab for treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy.

[NICE TA532](#) — Cenegermin for treating neurotrophic keratitis.

MANAGED ENTRY DECISIONS

The following medicines were considered in October 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>

Bosutinib (Bosulif®)
Cabozantinib (Cabometyx®)
Conestat alfa (Ruconest®)
Denosumab (Xgeva®)
Glycerol phenylbutyrate (Ravicti®)

Inotuzumab ozogamicin (Besponsa®)
Ixekizumab (Taltz®)
Sapropterin (Kuvan®)

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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