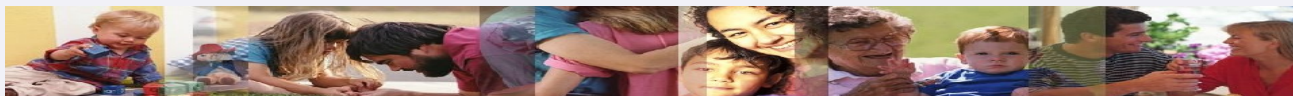


## NEWSLETTER



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## GLUCOSE PRODUCTS ADDED TO STOP LIST

Northern Ireland prescribing data indicates that prescribing of glucose products (e.g. Dextro energy®, Lucozade® tabs, Glucotabs®) and in particular Glucojuice® has been increasing over recent months. These items can be readily purchased at a low cost to patients or alternatives, e.g. Lucozade® drink or jelly beans, can be used for the treatment of hypos. GPs should not issue prescriptions for Glucojuice® or glucose tablets, e.g. Glucotabs®, Dextro energy® tabs or Lucozade® tabs. Glucose tablets and drinks are not on the ACBS approved list and therefore should not be prescribed on HS21 prescription. These items have also recently been added to the HSCB [Limited Evidence/Stop List](#).



**If clinically indicated, patients may be issued prescriptions for glucose 40% gels, e.g. GlucoGel® or RapiLOSE®.** Please note RapiLOSE® is the most cost effective choice of glucose 40% gel (RapiLOSE® 3x25g £5.49; GlucoGel® 3x25g £7.16).

For further information on management of hypoglycaemia, refer to HSCB leaflet [Hypoglycaemia — Information for Patients](#) on the NI Formulary website.

#### Action for GP practices:

- Search for patients prescribed Glucojuice® or glucose tablets, e.g. Glucotabs® (all flavours), Dextro energy tabs® (all flavours), Lucozade® tabs (all flavours) and remove from repeat prescription screen if included.
- Put a note in patients' records that recommend that patients purchase these items or other suitable alternatives, as listed in [HSCB hypoglycaemic leaflet](#).

## STERIODS AND DIABETES: RISK OF HYPOS



In people with diabetes, steroids may cause an increase in blood glucose concentrations. Steroid effects are most obvious several hours after taking the steroid — e.g. following morning administration, the greatest glucose rise is most often near tea time, with a fall by bed time, and often normalisation at breakfast pre dose (don't be falsely reassured by a normal fasting glucose concentration).

While taking steroids, it is acceptable for blood glucose levels to be a little higher than usual — blood glucose targets should always be individualised.

#### Action for healthcare professionals:

- Consider short term self-monitoring of blood glucose when starting treatment with steroids and review treatment as necessary.

#### Useful resources

British Diabetes Societies guideline. [Management of hyperglycaemia and steroid \(glucocorticoid\) therapy \(October 2014\) | Diabetes UK.](#)

#### If you are commencing steroids\* in a patient with diabetes, it is important to educate them of at least 3 things:

1. To liaise with their diabetes team.
2. They may need an increase in their diabetes medication (and even initiation of insulin) to cover the steroid effect.
3. If their diabetes medication is increased during steroid therapy, they are at risk of hypoglycaemia when their steroid dose is reduced. Patients may then need to reduce their diabetes medication. Educate patients on symptoms, signs and management of hypoglycaemia.

\* oral steroid courses of greater than 5mg prednisolone daily (or equivalent for other steroids), for greater than 5 days duration.

# SELF CARE RESOURCES

To support self-care for the treatment of hayfever and short term pain relief, HSCB has developed [Posters](#) directing patients to consider purchasing OTC hayfever products and paracetamol / ibuprofen (hard copies will be sent directly to GP practices).

## Action for GP practices:

- Please display the posters in the waiting areas in your practice. JPEG versions are also available for uploading to Facebook / social media.
- Encourage patients to self-care and seek advice from their local community pharmacist to help manage minor conditions and self-limiting illnesses.

## Action for community pharmacists:

- Community pharmacists are asked to support the self-care message.



# COMBODART® - PRESCRIBE AS INDIVIDUAL COMPONENTS

Combodart® is a combination product containing tamsulosin 400 micrograms and dutasteride 500 micrograms. It is indicated for the treatment of benign prostatic hyperplasia. Combodart® should be reserved for patients with compliance problems for whom reducing the overall tablet burden would improve patient safety.

**It is more cost effective to prescribe the individual generic components separately.**

Applied across Northern Ireland, at current prescribing, a 100% switch to individual generic components would generate savings of approximately £275,000 per annum.

Product		Cost for 30 days
Combodart®		£19.80
Tamsulosin 400 micrograms	Capsules	£3.87
	Tablets	£10.47
Dutasteride 500 micrograms		£11.75

## Action for GP practices:

Search for all patients prescribed Combodart® or the combination generic product (tamsulosin 400 / dutasteride 500) and switch to individual generic components, where appropriate.

## Action for community pharmacies:

Offer advice to patients whose medication is changed to support implementation of this switch and ensure patient safety.

**REMINDER** – The most cost effective way to prescribe tamsulosin is as generic 400 microgram **CAPSULES**. Contiflo® is no longer the most cost effective choice. Tamsulosin tablets are also more expensive.

# NICE GUIDANCE — NI SERVICE NOTIFICATIONS

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

[NICE TA495](#) — Palbociclib with an aromatase inhibitor for previously untreated, hormone receptorpositive, HER2-negative, locally advanced or metastatic breast cancer.

[NICE TA496](#) — Ribociclib with an aromatase inhibitor for previously untreated, hormone receptorpositive, HER2-negative, locally advanced or metastatic breast cancer.

[NICE TA497](#) — Golimumab for treating non-radiographic axial spondyloarthritis.

# MANAGED ENTRY DECISIONS

The following medicines were considered in May 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>

Atezolizumab (Tecentriq®)	Nilotinib (Tasigna®)
Botulinum A toxin (Dysport®)	Parathyroid hormone (Natpar®)
Ciprofloxacin ear drops (Cetraxal®)	Pembrolizumab (Keytruda®)
Dexamethasone (Neofordex®)	Sofosbuvir (Sovaldi®)
Elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide (Genvoya®)	Tocilizumab (RoActemra®)

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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