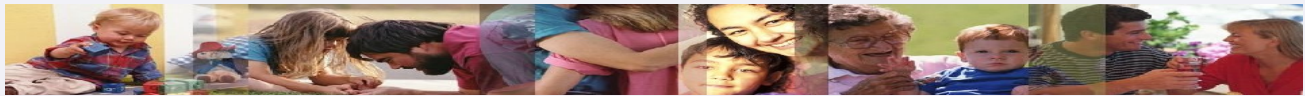


NEWSLETTER



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Safe and Effective Prescribing of LHRH analogues

LHRH analogues are used in the treatment of prostate cancer, endometriosis and precocious puberty. They are administered by subcutaneous (S/C) or intramuscular (I/M) injection and have a range of administration intervals.

Comparison of the most commonly prescribed LHRH analogues

Frequency	Monthly				3 monthly			6 monthly
Drug, dose and injection route	Goserelin 3.6mg S/C	Leuprorelin 3.75mg S/C or I/M	Triptorelin 3mg I/M	Triptorelin 3.75mg S/C or I/M	Goserelin 10.8mg S/C	Leuprorelin 11.25mg S/C	Triptorelin 11.25mg I/M	Triptorelin 22.5mg I/M
Brand name	Zoladex®	Prostap® SR DCS	Decapeptyl® SR	Gonapeptyl® Depot	Zoladex® LA	Prostap® 3 DCS	Decapeptyl® SR	Decapeptyl® SR
Form	Implant in prefilled syringe	Powder plus solvent in prefilled syringe	Powder for suspension with diluent	Powder for suspension with vehicle filled syringe	Implantin prefilled syringe	Powder plus solvent in prefilled syringe	Powder for suspension with diluent	Powder for suspension with diluent
Administration interval	28 days	Monthly	4weekly	4weekly	12weekly	3 monthly	3 monthly	6 monthly
Note: Decapeptyl® SR is the recommended <u>cost-effective choice</u> of LHRH analogue								

Adverse incidents have highlighted both over- and under-prescribing. Examples include:

- Zoladex® LA (12 weekly injections) issued monthly, dispensed, coded and submitted to BSO for payment.
- Decapeptyl® SR 3mg (4 weekly injection) issued and administered every 3 months. Directions on the prescription 'to be administered every 12 weeks'.
- 'Duplicate' prescriptions coded and submitted to BSO for payment along with the original prescription.

Actions for GP practices

- Review prescribing of LHRH analogues (for all indications) and address any identified over- or under-prescribing.
- Ensure the dosing interval is specified on the prescription and the appropriate monthly, 3-monthly or 6-monthly injection is prescribed. Add an alert to patients PMR regarding prescribing interval.
- Ensure you have systems in place to prompt recall of patients when their injection is due.
- Only one injection should be prescribed at a time.
- Early requests for prescriptions should be queried.
- Follow guidance issued by HSCB before issuing a duplicate prescription <http://primarycare.hscni.net/download/DocLibrary/Pharmacy/Correspondence/150528duplicateprescriptionslettertoGPs.pdf>
- Ensure patients are reviewed regularly and followed up in secondary care as appropriate.

Actions for community pharmacists

- Be familiar with the characteristics of LHRH analogues including dose, administration interval and injection route.
- When dispensing LHRH analogues, as part of the clinical check, ensure the quantity and frequency are correct and in line with the relevant SPC. If any issues are identified contact the prescriber for clarification.
- Review your systems for submission of prescriptions to ensure that duplicate prescriptions, which have not been dispensed, are not submitted for payment.
- Support patients to manage treatment, understand dosing interval and administration route.

New Cost-effective Choice: Spiroco[®] XL

Spiroco[®] XL tablets (ropinirole prolonged release tablets 2mg, 4mg and 8mg) has recently been included within the list of [cost-effective choices](#) for primary care in Northern Ireland.

The savings that can be made by switching to Spiroco[®] XL are shown in the table. It is recommended that patients are **prescribed the minimum number of Spiroco[®] XL tablets that are necessary to achieve the required dose** by utilising the highest available strengths of Spiroco[®] XL tablets.

Product	Price (£)		
	2mg	4mg	8mg
Ropinirole XL prolonged-release tablets x 28	£12.54	£25.09	£42.11
Spiroco [®] XL prolonged-release tablets x 28	£5.63	£11.28	£18.94
Cost savings per pack	£6.91	£13.81	£23.17
Potential annual savings per patient	£89.00	£179.00	£301.00
Total potential savings for NI is approx. £100,000 per year			

Action for GP practices

- New patients should be commenced on Spiroco[®] XL when ropinirole prolonged release tablets are clinically indicated.
- Existing patients currently prescribed alternative ropinirole prolonged release tablets should be considered for switching to Spiroco[®] XL where appropriate.
- Particular care should be taken when switching products to ensure that prescribing records are updated appropriately to avoid duplication of therapy.
- GP practices should provide their local community pharmacists with sufficient notice of their intention to move patients to the cost-effective choice to allow them to adjust their stock levels.
- Please refer to the HSCB standard operating procedure, available on the primary care intranet to assist with switching **suitalbe** patients http://primarycare.hscni.net/pdf/SOP_for_CEC_WEBVersion.doc

Action for community pharmacists

- Clinical checks should ensure there is no duplication of therapy.
- Patients should be reassured that their medication has not changed and that prescribing of Spiroco[®] XL will ensure continuity of product, minimising patient confusion.

Did you see? - Updated advice on Esmya[®]



Following the completion of an EU review to investigate the link between Esmya[®] (ulipristal) and cases of serious liver injury, the MHRA has applied new restrictions on the use of Esmya[®], and a requirement to check liver function before, during and after treatment. These restrictions replace the temporary safety measures, including no new patients to be prescribed Esmya[®], introduced in February 2018 while the review of the association between Esmya[®] and liver damage was ongoing. Please refer to letter from the Chief Medical Officer (August 2018) for further information: <http://www.hscbusiness.hscni.net/pdf/ESMYA%20Update.pdf>.

MANAGED ENTRY DECISIONS

The following medicines were considered in November 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>

Bictegravir + emtricitabine + tenofovir alafenamide (Biktarvy [®])	Gemtuzumab ozogamicin (Mylotarg [®])
Dabrafenib (Tafinlar [®])	Ocrelizumab (Ocrevus [®])
Denosumab (Prolia [®])	Tofacitinib (Xeljanz [®])
Dolutegravir + rilpivirine (Juluca [®])	

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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