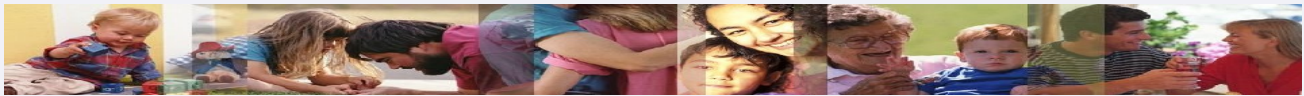


NEWSLETTER



In This Issue

- ⊕ **Reminder: Prescribing of Antivirals in Flu Season**
- ⊕ **Mucolytics — NOT for Coughs and Colds**
- ⊕ **Update on Prescribing of Tadalafil Once Daily (2.5mg and 5mg) Preparations**
- ⊕ **Choice and Medication: Information for Patients**
- ⊕ **NICE Guidance — Northern Ireland Service Notifications**
- ⊕ **Managed Entry Decisions**

Reminder: Prescribing of Antivirals in Flu Season

Prescribers are reminded of the following points when it comes to prescribing of antivirals during the flu season:

- The antivirals oseltamivir and zanamivir may only be prescribed to at risk individuals once the Department of Health has notified GPs that the influenza virus is circulating in the community
- Oseltamivir dose should be reduced when the patient has known renal impairment
- Oseltamivir dose may also be reduced in care home residents with unknown renal function in outbreak situations. Follow advice from PHA.
- See '[NICE CKS Influenza – seasonal](#)' for full guidance.



Reminder: Mucolytics — NOT for Coughs and Colds

Mucolytics, such as carbocisteine, should only be prescribed to COPD patients with chronic cough productive of sputum. It is advised that this should be stopped if there is no symptomatic improvement after 4 to 6 weeks.

Mucolytics should not be prescribed for acute conditions (e.g. “chesty cough”, upper respiratory tract infection) or as a ‘cough bottle’.



Update on Prescribing of Tadalafil Once Daily (2.5mg and 5mg) Preparations

Tadalafil is available in strengths of 2.5mg, 5mg, 10mg and 20mg, used to treat erectile dysfunction (ED). In addition 2.5mg and 5mg have been used to treat benign prostatic hyperplasia (BPH), although 2.5mg is NOT licensed for this indication.

The NI Department of Health and HSCB do not support prescribing of products on the Health Service where there is insufficient evidence of effectiveness. HSCB maintains a '[Limited Evidence / Stop](#)' list. Due to the limited evidence for the treatment of both ED and BPH, tadalafil 2.5mg and 5mg once daily tablets have been added to the HSCB 'Limited Evidence' List.

Erectile Dysfunction:

- Although tadalafil is effective in treating erectile dysfunction, there is not enough evidence to routinely recommend once daily preparations in preference to “when required” preparations.

Benign Prostatic Hyperplasia:

- NICE terminated their technology appraisal ([TA273](#)) due to receiving no evidence from the manufacturer. In [NICE CG97](#): Lower Urinary Tract Symptoms in Men NICE state that there is not enough evidence to recommend phosphodiesterase inhibitors in routine clinical practice.

There are however several (unlicensed) indications where prescribing tadalafil once daily is appropriate following recommendation from secondary care, e.g. post prostatectomy or following penile reconstructive surgery.

Action for GP practices

- Search for patients prescribed once daily tadalafil (include the brand [Cialis](#)[®]) for ED and review for potential switch to alternative treatments if appropriate. A patient information leaflet is available on the NI Formulary [website](#).
- Where prescribing is considered appropriate following review, prescribe generically.

Choice and Medication: Information for Patients

Medicines are the most common medical intervention within our population and, at any one time, 70% of the population is taking prescribed or over-the-counter medicines to treat or prevent ill health. Medicines are used by over 90% of patients nationally using mental health services. If a medicine is able to help a patient recover without unacceptable side-effects, then outcomes and the patient experience will improve if the medication is taken optimally.

Patients with mental health issues regularly fall into the category of intentional non adherence. Traditionally, patients were commenced on medication without their consultation and they were not routinely given information on this prescribed medication. It is now widely accepted that shared decision making is an essential part of evidence-based medicine, which considers patients' needs, preferences and values. To facilitate this, patients should be offered decision aids such as information leaflets in conjunction with a discussion about the proposed medication.

Currently HSCB pays for a subscription to a website known as Choice and Medication (<http://www.choiceandmedication.org/hscni/>). This website offers easy to read information regarding mental health conditions and the treatments available. The patient information leaflets are translated into several different languages and are available in a number of formats to suit the needs of your patient. This would support the patient and their carers to make an informed decision about their treatment plan. In the long term this would help improve concordance to prescribed medications and potentially reduce relapse and hospital admission. This is a mobile-friendly site that patients and carers can access readily using the link below. Business cards and posters promoting the website are readily available — **please contact your local mental health pharmacist via your local hospital pharmacy department should you require a supply.**



Learn more about mental health medicines — see <http://www.choiceandmedication.org/hscni/>.

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

[TA527](#) — Beta interferons and glatiramer acetate for treating multiple sclerosis (review of TA32).

[TA531](#) — Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer.

[TA535](#) — Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine.

[TA536](#) — Alectinib for untreated ALK-positive advanced non-small-cell lung cancer.

[TA538](#) — Dinutuximab beta for treating neuroblastoma.

MANAGED ENTRY DECISIONS

The following medicines were considered in December 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>

Anakinra (Kineret®)
Darvadstrocel (Alofisel®)
Ipilimumab (Yervoy®)
Lenalidomide (Revlimid®)
Lenvatinib (Lenvima®)
Liposomal cytarabine–daunorubicin (Vyxeos®)

Padeliporfin (Tookad®)
Sirolimus (Rapamune®)
Vandetanib (Capresla®)

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:

Belfast Office: 028 9536 3926

South Eastern Office: 028 9536 1461

Southern Office: 028 9536 2104

Northern Office: 028 9536 2845

Western Office: 028 9536 1010

Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.