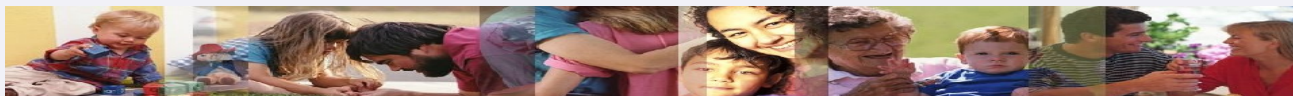


NEWSLETTER



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REMINDER: TAKE CARE WITH ORAL OPIOID LIQUIDS

Shortec[®] (oxycodone) oral opioid liquid has recently been added to the [NI Cost Effective Choice list](#). Therefore, this may be a good time to recap on some of the safety advice issued last year about all oral opioid liquids.

Drug	Strength	Cost effective choice
Oxycodone	5mg / 5ml oral solution	Shortec [®] 5mg / 5ml oral solution
	10mg / ml oral solution Caution: this is 10 times stronger than 5mg / 5ml	Shortec [®] Concentrate 10mg / ml oral solution

Action for all healthcare professionals:

- Oral opioid liquids are often available in more than one concentration. High strength oral opioids, e.g. Oramorph[®] Concentrated (morphine) 20mg / **ml** or Shortec[®] Concentrate (oxycodone) 10mg / **ml**, should only be prescribed when medical and nursing staff are concerned that the patient is showing clinical signs of inability to swallow the larger volume of a more dilute solution, e.g. Oramorph[®] 10mg / 5ml or Shortec[®] 5mg / **5ml**.
- Specify the number of mg and ml to be taken on both the prescription and the dispensing label in order to facilitate patient understanding, e.g. 'one ml (20mg) as required every 6 hours'.
- All healthcare professionals should ensure that the patient / carer is counselled and understands the appropriate dose and volume to be taken and not assume that that has been carried out elsewhere, e.g. at hospice.

Action for community pharmacists:

- Give the patient an appropriate size of oral syringe if a small or unusual quantity is intended for administration, in order to facilitate administration and to reinforce the message regarding the correct dose to be taken. This could be highlighted on the label*, e.g. "using the oral syringe provided". Community pharmacists should stock small volume syringes in case they are required in these circumstances.
- If scanning barcodes on prescriptions, pharmacists should review directions and ensure that they are appropriate for patients to interpret.
- Pharmacists should put processes in place to reduce risk of picking errors between the different strengths of opioid liquids.

* See also 'Guidance on Optimising Dispensing Labels and Medicines Use' on Pharmacy Forum website: <http://forum.psni.org.uk/news/launch-of-guidance-on-optimising-dispensing-labels-and-medicines-use/>

Note: with the exception of palliative care patients, immediate release opioids should normally only be used for 1 to 2 weeks at the beginning of opioid treatment to assess tolerability and its effect on pain / function. When used long term, opioids should be prescribed as the modified release version (by brand), wherever possible, to ensure appropriate analgesia cover for the patient and reduce the risk of abuse / misuse.

UPDATED: LIMITED EVIDENCE AND STOP LIST

The 'Limited Evidence and Stop List' has been updated, with additional products added.

New items include:	
Limited Evidence List Products on this list must not be routinely prescribed and should be reviewed to ensure that they are used only in the approved circumstances (see list for further details).	Lidocaine patches, liothyronine, methocarbamol, trimipramine.
Stop List Prescribing of these products is not supported by the HSCB.	Blephaclean® wipes, dosulepin, glucose preparations, low dose naltrexone, perindopril arginine, once daily tadalafil.
See Deprescribing section of NI Formulary for full Limited Evidence / Stop list with further details: http://niformulary.hscni.net/DePres/stoplist/Pages/default.aspx .	

Patient information leaflets (PILs)

PILs have been produced for some of the products to explain to patients why changes are happening to their medicines, and where they can get more information. The PILs can be found in the [Deprescribing section](http://niformulary.hscni.net) of the NI Formulary <http://niformulary.hscni.net>.



Action:

- Medicines on the **Limited Evidence List** should be reviewed to ensure that they are used only in the approved circumstances (see full [list](#) on Deprescribing section of NI Formulary for details).
- Products on the **Stop List** should not be prescribed on HS21 prescriptions. Some of these products may be purchased by the patient from community pharmacies or supermarkets.

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

NICE TA493 — Cladribine tablets for treating relapsing–remitting multiple sclerosis

NICE guidance that has been issued in Northern Ireland for the following:

[NICE Guideline NG83](#) - Oesophago-gastric cancer: assessment and management in adults

[NICE Guideline NG85](#) — Pancreatic cancer in adults: diagnosis and management

MANAGED ENTRY DECISIONS

The following medicines were considered in April 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>

5-aminolaevulinic acid gel (Ameluz®) Avelumab (Bavencio®) Brodalumab (Kyntheum®) Cabozantinib (Cometriq®) Eribulin (Halaven®) Ivitegravir/cobicistat/emtricitabine/tenofovir disoproxil (Stribild®) Lopinavir + ritonavir (Kaletra®)	Obinutuzumab (Gazyvaro®) Pasireotide (Signifor®) Peginterferon alfa-2a (Pegasys®) Regorafenib (Stivarga®) Sofosbuvir + voxilaprevir + velpatasvir (Vosevi®) Tivozanib (Tivopath®)
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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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