NORTHERN IRELAND
MEDICINES MANAGEMENT

HSC Health and Social Care Board

Respiratory Update

July 2018

65% of Patients Prescribed Mucolytics do Not Have COPD

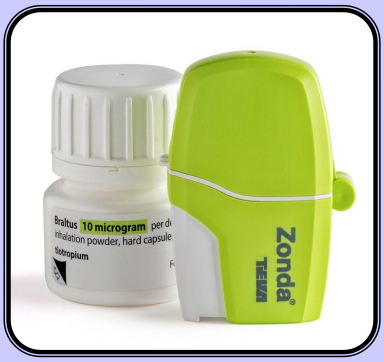
BSO prescribing data has shown that over the last six months 15,000 patients in NI were prescribed a mucolytic (carbocisteine or erdosteine). Of these patients over a third were not receiving any inhalers for treatment of COPD.

The estimated cost of prescribing mucolytics for patients without COPD in NI is therefore £550,000 per annum.

Action for practices - Review prescribing of mucolytics and:

- Only prescribe mucolytics to COPD patients with chronic cough productive of sputum.
- **Stop** if no symptomatic improvement after 4-6 weeks.
- Identify patients prescribed 'repeat' mucolytics and ensure therapy is appropriate and improvements have been demonstrated.
- Do not offer mucolytics for acute conditions (e.g. "*chesty cough*", URTI) or as a 'cough bottle'.

Braltus Zonda® - A Recommended Option For Tiotropium



Braltus Zonda® is a tiotropium inhaler – which is bioequivalent to the corresponding Spiriva Handihaler®. It has the same benefits as Spiriva Handihaler® in improving lung function and relieving symptoms in patients with COPD. Braltus Zonda® is 23% lower in cost than the equivalent Spiriva Handihaler® and consideration should be given to switching adult patients on Spiriva Handihaler® to Braltus Zonda® where appropriate.

The expected savings across Northern Ireland if 100% of patients are switched to Braltus Zonda® is £1,356,000 per annum. Whilst this switch involves a change in device, both the Handihaler® and Zonda® inhaler are very similar in style and required technique. Braltus Zonda® is licensed for patients 18yrs and over. It is important to note that the Braltus® capsules and Spiriva® capsules are not interchangeable and must only be used with their respective Zonda® or Handihaler® devices.

As such, it is important that all tiotropium inhalers are brand prescribed. Please note:

- Whilst Braltus® and Spiriva® have a different pre-metered dose (13micrograms and 18micrograms per capsule respectively), they provide the **same delivered dose of 10mcg tiotropium** per capsule to the patient.
- Separate 'refill' boxes of capsules are not available for Braltus® (as they are for Spiriva®). As such, patients will receive a new Zonda inhaler device with each pack.
- There have been 2 instances reported where patients have placed the capsule in the Zonda® mouthpiece and not in the centre chamber (MHRA). Please ensure new patients are aware of the correct technique for using the Zonda® device and all patients check the mouthpiece is clear before inhaling.

A switch protocol has been produced for practices wishing to change suitable adults from the Spiriva Handihaler® to the equivalent Braltus Zonda® inhaler.

Review Prescribing of Alimemazine

The cost of alimemazine (both tablets and oral solution) has increased significantly over the last year (see cost table). **It now costs £112.85 for 28 tablets of alimemazine 10mg** (DT June 18)**.** NICE guidance recommends chlorphenamine as a 1st line choice if a sedating antihistamine is required for urticaria.[1]

Action for practices - patients currently on alimemazine for urticaria should be reviewed and changed to either chlorphenamine or another appropriate sedating antihistamine. All new patients requiring a sedating antihistamine should be commenced on chlorphenamine as per NICE guidance if appropriate. Patients should also be reviewed if alimemazine is being used for an unlicensed indication.

Product/Strength	Cost for 28 tabs
Chlorphenamine tabs (4mg)	76p
Hydroxyzine tabs (25mg)	76p
Promethazine (25mg)	£2.33
Alimemazine tabs (10mg)	**£112.85**

Note - There is no published literature available to state that alimemazine is superior in efficacy to other antihistamines. Sedating antihistamines should not be used long term unless clinically indicated. The MHRA have recommend that the maximum adult daily dose of hydroxyzine is 100mg. Do not prescribe hydroxyzine to people with a prolonged QT interval or risk factors for QT interval prolongation.[2]

References

1. NICE CKS Urticaria http://cks.nice.org.uk/urticaria Last revised March 2017.
2. MHRA Drug Safety Update (2015) Hydroxyzine: risk of QT interval prolongation and Torsade de Pointes.

Ards Federation Improves Asthma Outcomes with NRAD Audit and Review

Ards Federation have just completed an Asthma Project with 14 practices in their local area. They recognised that improvements could be made in their management of asthma and decided to identify "at risk" patients in line with the National Review of Asthma Deaths (NRAD) audit. The project was led by Dr Hiscocks and Kerry Finlay (PBP federation lead) and undertaken in collaboration with Screen Clinical Ltd and Napp Pharmaceuticals, to help identify patients and develop the appropriate individual action plans. The aim being '*to create Federation-wide sustainable improvements in asthma management*'.

Findings from the project:

- Of the 4,336 patients on the asthma registers, **1,474 were identified as 'High Risk' (34%).**
- **17% of patients had received >12 SABA inhalers** in previous 12 months, with 20 patients identified who had received >40 in the last year.
- **504 (11%) patients had received less than 4 prescriptions for ICS** in the last year.

The results highlight that there is still overuse of SABAs and underuse of inhaled corticosteroids in a considerable number of asthmatic patients. It is hoped this work and subsequent interventions will improve asthma control and educate patients on how to manage their asthma more appropriately.

Indicator	Number of Pts	% of Asthma Pop
12+ SABA	750	17%
40+SABA	20	0.4%
SABA no ICS	141	3%
12+ SABA, <8 ICS	261	6%
< 4 ICS	504	11%