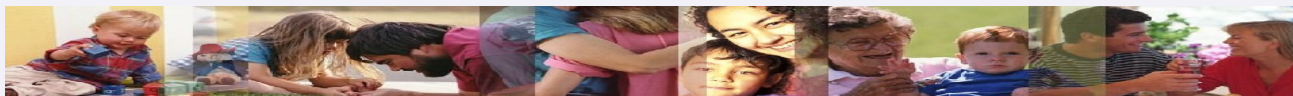


NEWSLETTER



In This Issue

- ⊕ **NI Formulary: Respiratory Chapter Updated**
- ⊕ **Clarification to January edition**
- ⊕ **Take Care with Oral Opioid Liquids**
- ⊕ **New NICE Guidance**
- ⊕ **New Cost-Effective Choice: MyriBase[®]**
- ⊕ **Managed Entry Decisions**

NI Formulary: Respiratory Chapter Updated

The Respiratory chapter of the Northern Ireland (NI) Formulary has recently been updated.

So what's new?

- First line choices of inhalers has been revised for asthma and COPD
- Sirdupla[®] is now recommended as a cost-effective-choice for fluticasone / salmeterol MDI in asthma
- A new section has been added on LABA/LAMA combination inhalers
- Links to useful resources have been added / updated, including the new BTS/SIGN asthma guidance 2016 and PrescQIPP 'Inhaled therapy in COPD' bulletin
- Inhaler technique videos have been added to the [Patient Zone](#) to help patients use their inhalers correctly



Action

- Visit the NI Formulary website for full list of Formulary choices and prescribing guidance <http://niformulary.hscni.net>

Take Care with Oral Opioid Liquids

Recent Incident with Oramorph[®]

A prescription was issued for Oramorph[®] Concentrated Oral Solution as follows:
*"Morphine sulphate 20mg/ml x 20ml.
 Give 20mg when required for pain every four to six hours".*

This dose was replicated on the label by the pharmacy, but the patient's family interpreted this as "20ml when required" and administered 20ml of Oramorph[®] 20mg/ml to the patient.

The patient received 400mg, rather than the intended 20mg: **twenty times the intended dose, and required opioid reversal.**




Actions for Prescribers and Community Pharmacists

- Healthcare professionals are urged to take extra care when prescribing or dispensing oral opioid liquids. These products are usually available in more than one concentration. It is recommended that high strength oral opioids, e.g. Oramorph[®] 20mg/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.
- Where the dose is expressed as mg on the prescription, it would be advisable to also specify the number of ml to be taken, e.g. 'one ml (20mg) as required every 6 hours', on both the prescription and the label in order to facilitate patient understanding. If a small or unusual quantity is intended for administration, the patient should be given an appropriate size of oral syringe, in order to facilitate administration and also to reinforce the message regarding the correct dose to be taken. 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.
- Healthcare professionals prescribing or dispensing opioid liquids should ensure that the patient or their carer is counselled and understands the appropriate dose to be taken.

New Cost-Effective Choice: MyriBase[®]

MyriBase[®] Gel has been included within the HSCB list of Cost-Effective Choices (CECs) for primary care in Northern Ireland from February 2017. The [NI formulary](#) has been updated to reflect the new CEC (the previous NI Formulary choice for Isopropyl myristate 15% and liquid paraffin 15% w/w was Doublebase[®]).

Product	Potential annual savings for NI NHS	Cost effective Choice
Isopropyl myristate 15% and liquid paraffin 15% w/w	£106,683	MyriBase[®] Gel 

Action for GPs

- When isopropyl myristate 15% and liquid paraffin 15% w/w is indicated, **new patients** should be commenced on MyriBase[®] Gel.
- **Existing patients** currently prescribed alternative isopropyl myristate 15% and liquid paraffin 15% w/w gel products, e.g. Doublebase[®], should be considered for switching to MyriBase[®] Gel.
- When switching, ensure that prescribing records are updated appropriately to avoid duplication of therapy.
- If considering switching, inform local community pharmacists to allow them to adjust their stock levels.
- GPs are encouraged to consider switching suitable patients to the cost-effective choices under the Northern Ireland Prescribing Support LES, if applicable.

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 cost-effective choices will ensure continuity of product, minimising patient confusion.

Clarification to January edition of the newsletter: 'Appropriate Dose Reduction of Apixaban' article

Please note that the article on apixaban refers to dosing *in atrial fibrillation only*, and does not apply to patients who are receiving apixaban for DVT / PE prophylaxis. The [newsletter article](#) has been amended in order to clarify this.

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

- [NICE TA406](#) — Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer
- [NICE TA407](#) — Secukinumab for active ankylosing spondylitis after treatment with nonsteroidal anti-inflammatory drugs or TNF-alpha inhibitors
- [NICE TA408](#) — Pegaspargase for treating acute lymphoblastic leukaemia
- [NICE TA409](#) — Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion
- [NICE TA410](#) — Talimogene laherparepvec for treating metastatic melanoma
- [NICE TA412](#) — Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases

The following NICE guidance has been formally endorsed by the Department of Health as applicable in Northern Ireland:

- [NICE NG61](#) — End of life care for infants, children and young people with life-limiting conditions: planning and management

MANAGED ENTRY DECISIONS

The following medicines were considered in February 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>

Apremilast (Otezla [®]) Conjugated oestrogens and bazedoxifene acetate (Duavive [®]) Dalbavancin (Xydalba [®]) Deferasirox (Exjade [®])	Idelalisib (Zydelig [®]) Ivacaftor (Kalydeco [®]) Mepolizumab (Nucala [®]) Pembrolizumab (Keytruda [®]) Sofosbuvir + velpatasvir (Epclusa [®])
--	--

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