NORTHERN IRELAND MEDICINES MANAGEMENT

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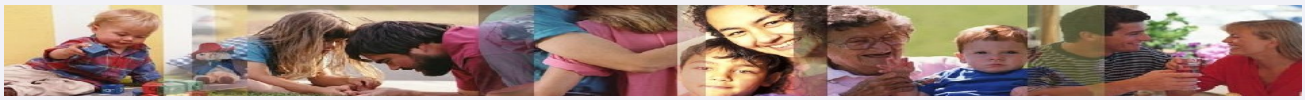
NEWSLETTER



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Appropriate Dose Reduction of Apixaban in Atrial Fibrillation

The Belfast Trust has raised concerns about potential ***under-dosing*** of apixaban. Indeed, in Northern Ireland there is a higher percentage of 2.5mg tablets dispensed, compared to other areas of the UK: in NI, 35.7% is prescribed at the 2.5mg strength, compared to 20-25% in the rest of the UK. There is also regional variability in 2.5mg strength prescribing: Belfast 49.6%, South East 39.5%, North 37.8%, West 33.8%, and South 26.2%.

The recommended dose of apixaban in atrial fibrillation is 5mg twice daily. Dose reductions are required in some circumstances. The potential under-dosing of apixaban is thought to be due to the reduced dose of 2.5mg being used when only one of the three criteria apply, i.e. instead of the intended two criteria. This is not clearly set out in the current BNF which could lead to misinterpretation. **Reducing the dose of apixaban to 2.5mg should not be based on age >80 years alone**. Full details can be found in the SPC for apixaban (https://www.medicines.org.uk).

A dose reduction to 2.5mg twice daily is required if your patient has either CrCL 15 to 29ml/min or if **TWO** of the following criteria are present:

1. Age ≥ 80 years
2. Weight ≤ 60kg
3. Serum Creatinine ≥ 133micromol/l

Action

- Practices are asked to identify all patients on apixaban 2.5mg and check they fulfil the criteria above.
- Make necessary changes, discussing with the patient the reason for the change and the importance of compliance with anticoagulation.

Cabergoline — Daily or Weekly Dosing?

Cabergoline is a stimulant of dopamine receptors in the brain. It also inhibits release of prolactin by the pituitary. It has uses in the management of Parkinson's disease (Cabaser® 1mg tablets), prevention and suppression of lactation, and in hyperprolactinaemic disorders (Dostinex® 0.5mg tablets). However, dosages for the different indications vary significantly.

An incident occurred recently where a patient was prescribed a daily dose for a hyperprolactinaemic disorder, when this should have been a weekly dose.

A summary of cabergoline dosages is shown in the box — refer to BNF for further details.

Action

- Practices are asked to identify patients on cabergoline and ensure that patients receive the correct dosage of cabergoline for their specific indication.

Indications and Dosage of Cabergoline

Parkinson's disease: Initially 1mg **daily**, increased by increments of 0.5 to 1mg at 7 or 14 day intervals; max. 3mg daily.

Prevention of lactation: during first day postpartum, 1mg as a **single dose**.

Suppression of lactation: 250 micrograms **every 12 hours for 2 days.**

Hyperprolactinaemic disorders: 500 micrograms **weekly**, increased at monthly intervals in steps of 500 micrograms until optimal therapeutic response (usually 1mg weekly, range 0.25 to 2mg weekly).

Antimuscarinics for Overactive Bladder — What's New?

The HSCB review tool 'Review of medication for Urinary Incontinence in primary care' has been updated and is available for practices to access on the primary care intranet.

The key messages in prescribing for urinary incontinence remain:

- Review existing patients for a potential drug holiday.
- Refer new patients to the community continence advisers for alternative management; lifestyle advice and further investigation as required.
- If treatment is initiated, use 1st line choices (as per NI Formulary).

Action

- Following review, any patients remaining on tolterodine SR should have their medication switched to Neditol® XL. At current prescribing levels in NI this switch has the potential to release over £320,000 annual savings.
- A patient information leaflet to assist with a switch from tolterodine SR capsules to Neditol® XL capsules is available to download on the NI Formulary website.
- Community pharmacists are asked to support implementation of review and 'drug holiday' or switch to Neditol® XL by helping patients manage change.

NI Formulary choices

1. **Tolterodine immediate release (IR)**
2. **Tolterodine sustained release (SR)**, prescribed as the cost-effective choice Neditol® XL, if there are tolerability or compliance issues with tolterodine IR
3. **Trospium IR*** (one 20mg tablet twice daily) if tolterodine is ineffective

*Trospium has a more favourable blood / brain barrier profile, with potentially fewer side effects, and is more suitable for the frail elderly.

Clarification to Newsletter Supplement on Urinary Tract Infections

The newsletter supplement that was circulated to the service in early January 2017 has been amended to clarify circumstances when trimethoprim and nitrofurantoin can be used in pregnancy. The updated version can be accessed in the Newsletters section of the NI Formulary website http://niformulary.hscni.net

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

NICE TA402 — Pemetrexed maintenance treatment following induction therapy with pemetrexed and cisplatin for non-squamous non-small-cell lung cancer (Review of TA309)

NICE TA405 — Trifluridine–tipiracil for previously treated metastatic colorectal cancer

MANAGED ENTRY DECISIONS

The following medicines were considered in January 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

Adalimumab (Humira®) - 2 indications	Fentanyl hydrochloride (Ionsys®)
Canakinumab (Ilaris®)	Ferric maltol (Feraccru®)
Cefuroxime sodium (Aprokam®)	Hydrocortisone (Plenadren®)
Crizotinib (Xalkori®)	Ibrutinib (Imbruvica®)
Dasatinib, nilotinib, imatinib	Lenalidomide (Revlimid®)
Dasatinib, nilotinib and standard-dose imatinib	Nivolumab (Opdivo®)
Eribulin (Halaven®)	Pertuzumab (Perjeta®)
Everolimus (Afinitor®)	Pomalidomide (Imnovid®)

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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