NORTHERN IRELAND MEDICINES MANAGEMENT

Health and Social Care Board

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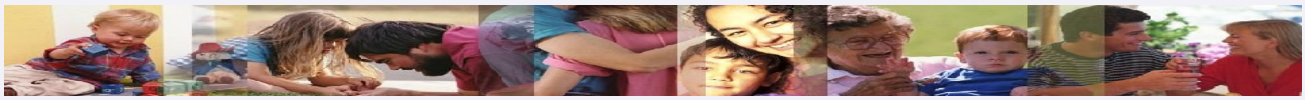
NEWSLETTER



In This Issue

Launch of Pilot Reporting System for Illicit Drug Reactions (RIDR)

New psychoactive substances (previously known as 'legal highs') pose potentially serious risks to public health. The number of new substances identified in recent years has increased rapidly, with greater availability over the internet.

A pilot scheme has been launched by the MHRA, and will run for one year, to allow healthcare professionals to report suspected adverse reactions to illicit drugs, particularly new psychoactive substances. The pilot aims to better collect data on harms from illicit drug use to support provision of clinical guidance to professionals.

The reporting site is modelled on the Yellow Card website, which many healthcare professionals will be familiar with.

More information on the pilot scheme can be found at https://www.gov.uk/drug-safety-update/.

Yellow Card Reporting in GP Clinical System

Healthcare professionals who use Vision can now report suspected adverse reactions to MHRA directly through their clinical software.

Integration of Yellow Card reporting into clinical systems makes it easy to complete and send a Yellow Card because much of the information needed can be automatically populated from patient records. At the same time, electronic reporting provides a secure, fast, and convenient method for submitting information about suspected adverse drug reactions.

Increased numbers of Yellow Cards makes more data available to MHRA to identify possible drug safety issues promptly, and so helps to protect public health.

Yellow Card

Diabetes Update: Lucozade® Energy is Changing

Lucozade® Energy Original now contains approximately 50% less glucose-based carbohydrates. This applies to all Lucozade® Energy flavours. New products will appear on the shelf from April 2017, so for a time, both old and new bottles and cans may be on the shelf together – remember to check the label.

Diabetes UK has provided the following advice:

If you have been advised to drink **Lucozade® Energy Original** when your blood glucose is low, the amount you drink will need to change. For example if you have been told you need:

- 10g of carbohydrate, you will now need 110ml
- 15g of carbohydrate, you will now need 170ml

For other flavours, the amounts to drink will be different. Always check the label before use.

Further information for both patients and healthcare professionals is available at http://www.lrsuntory.com/our-brands/lucozade-energy/health/ and https://www.diabetes.org.uk/Guide-to-diabetes/Teens/Me-and-my-diabetes/Getting-my-glucose-right/Hypos/Hypos---what-to-do/.

Latest Cost-Effective Choice: Delmosart® PR tablets

The following will be included in the list of CECs for the HSC in Northern Ireland from May 2017.

Product	Potential Annual Savings for NI NHS	Cost-Effective Choice	Prescribe by brand in order to achieve the savings
Methylphenidate prolonged-release tablets (18mg, 27mg, 36mg and 54mg)	£424,000	**Delmosart® Prolonged-release tablets**	

Methylphenidate (prolonged release) is an amber list drug which should be **prescribed by brand** as highlighted in the recently updated methylphenidate ADHD shared care guideline (available at http://www.ipnsm.hscni.net).

The shared care guideline states that methylphenidate should only be initiated following assessment and diagnosis by a specialist with expertise in ADHD, as part of a comprehensive treatment plan.

Delmosart® Prolonged-release tablets, the cost-effective choice in Northern Ireland, is bioequivalent to Concerta XL® tablets, Xenidate® XL tablets and Matoride® XL tablets and hence deemed to be interchangeable.

HSCB has recently written to **prescribers in secondary care** to request that, where appropriate, **new patients are commenced on Delmosart®** and **suitable patients are actively switched to Delmosart®** by the specialist in secondary care.

Action for GP practices

- GPs should prescribe the brand of methylphenidate that has been recommended by the specialist in secondary care in accordance with the shared care guideline.

Action for community pharmacists

- Clinical checks should ensure there is no duplication of therapy.
- Patients should be reassured that their medication has not changed.

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

NICE TA421 — Everolimus with exemestane for treating advanced breast cancer after endocrine therapy (review of TA295).
NICE TA422 — Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (review of TA296).
NICE TA423 — Eribulin for treating locally advanced or metastatic breast cancer after two or more chemotherapy regimens (review of TA250).
NICE TA424 — Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer
NICE TA425 — Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia (review of TA241 & part review TA70)
NICE TA426 — Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia (review of TA251 & part review of TA70)

MANAGED ENTRY DECISIONS

The following medicines were considered in May 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

Abatacept (Orencia®) Cetuximab (Erbitux®) and panitumumab (Vectibix®) Co-careldopa (Duodopa ®) Daclizumab (Zinbryta®)	Ibrutinib (Imbruvica®) Insulin aspart (Fiasp®) Ixekizumab (Taltz®) Obinutuzumab (Gazyvaro®)

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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