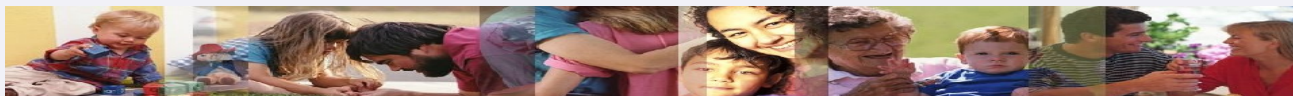


NEWSLETTER



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Timing of Post-Vaccination Paracetamol for Babies

There have been cases recently where babies have been prescribed and dispensed oral paracetamol to be given BEFORE their MenB vaccination.

Prescribers and pharmacists are reminded that the use of paracetamol to prevent post vaccination fever is only to be given POST vaccination, usually this is either after immunisation or as soon as the baby returns home.

The reason for delaying the dose is to ensure that prior or current use of paracetamol is not masking any temperature or illness that should be clinically assessed before vaccination takes place. In addition, if the mother also follows post-vaccination advice for using paracetamol, there is a possibility that they may give too much paracetamol within the 24 hour period.

The guidance to routinely give paracetamol post-vaccination to prevent fever only applies to the doses of MenB given at two and four months of age. These early doses of MenB are known to have a higher incidence of fever compared to the other childhood vaccines. It is not needed after the 12 month booster dose of MenB as this carries a lower risk of post vaccine fever.

An advice leaflet explaining the use of paracetamol to prevent and treat fever is available for parents / carers on the PHA website: <http://www.publichealth.hscni.net>.



Generic Prescribing of Levetiracetam

The Commission on Human Medicines (CHM) advised that generic prescribing of category 3 antiepileptic drugs is acceptable and unlikely to cause concerns unless there is a particular reason not to prescribe generically, e.g. patient anxiety.

Further to this, HSCB issued a letter to Trusts, GPs and community pharmacists in November 2016 recommending that levetiracetam should be prescribed generically in appropriate patients.

- A switch from branded to generic prescribing of levetiracetam would generate almost £3 million of savings in NI.
- In England, 80% of levetiracetam is currently prescribed as the generic, whereas in Northern Ireland the rate sits at 20%.

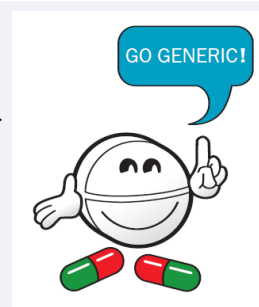
Levetiracetam is now included in the generic switches page in the practice COMPASS report (page 3). A number of practices in Northern Ireland have already proceeded with generic switching without incident.

If you have any queries please contact your local pharmacy adviser.

Useful Links:

- Patient Information Leaflet
<http://niformulary.hscni.net/PatientZone/Epilepsy/Pages/default.aspx>
- Patient review letter
http://primarycare.hscni.net/PharmMM_Resources_Clinical%20Resources_Generics.htm

Action: all prescribers are asked to consider switching suitable patients to the generic form of levetiracetam.



New Cost-Effective Choice: Sirdupla[®]

Sirdupla[®] has been included within the HSCB list of Cost-Effective Choices (CECs) for primary care in Northern Ireland from March 2017. Sirdupla[®] is recommended as a CEC for fluticasone / salmeterol combination metered dose inhalers (MDI) in **asthma only**. Prescribing Sirdupla[®] could save up to £2,200,000 per annum in Northern Ireland. A switch SOP has been developed along with information sheets that can be provided to patients.

Product	Potential annual savings for NI NHS	Cost effective Choice	Prescribe by brand in order to achieve the savings
Seretide [®] (fluticasone / salmeterol) MDI	£2,200,000	Sirdupla [®] (Asthma only)	

Action: Practices are asked to consider switching to Sirdupla[®] in all appropriate patients. Resources are available on the [Primary Care intranet](#).

Updated Cost-Effective Choice: Vensir[®]

Prescribers may be aware that a new strength of Vensir[®] XL (venlafaxine, prolonged release capsule) **225mg** has become available. This may be useful in situations where compliance is likely to benefit significantly from a reduction in pill burden. However, at present the combination of Vensir[®] XL 75mg + 150mg is significantly more cost-effective. Therefore prescribers are encouraged to reserve the Vensir[®] XL 225mg capsule for patients who would particularly benefit from this option. Please refer to the HSCB standard operating procedure, available on the primary care intranet to assist with switching **suitable** patients to the approved HSCB cost effective choice http://primarycare.hscni.net/pdf/SOP_for_CEC_WEBVersion.doc.

Did You See?

Palladone[®] (hydromorphone) injection — a licensed formulation is now available in the UK. The licensed preparation should be dispensed in place of unlicensed hydromorphone injectable products.



Valdoxan[®] (agomelatine) — is now amber listed during the first 24 weeks of treatment. This is to cover the required monitoring during the first 24 weeks of treatment after which time the arrangement can be stepped down. A shared care guideline is in development — to be accessed at the IPNSM website www.ipnsm.hscni.net.



NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

[NICE TA413](#) — Elbasvir-grazoprevir for treating chronic hepatitis C

[NICE TA415](#) — Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF inhibitor

MANAGED ENTRY DECISIONS

The following medicines were considered in March 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>

Crizotinib (Xalkori [®])	Iron (III) isomaltoside 1000 (Diafer [®])
Dasatinib, nilotinib, imatinib	Mepolizumab (Nucala [®])
Dasatinib, nilotinib and standard-dose imatinib	Pembrolizumab (Keytruda [®])
Daratumumab (Darzalex [®])	Pertuzumab (Perjeta [®])
Eltrombopag (Revolade [®])	Pitolisant (Wakix [®])
Eribulin (Halaven [®])	Pomalidomide (Imnovid [®])
Everolimus (Afinitor [®]) - two decisions	Sofosbuvir + velpatasvir (Eplclusa [®])
Ibrutinib (Imbruvica [®])	Vernakalant (Brinavess [®])

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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