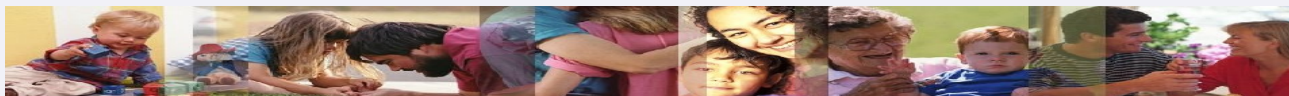


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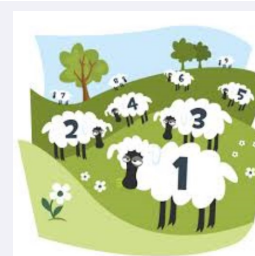
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Circadin®: The Preferred Melatonin Product in Northern Ireland

Following widespread clinical consultation with local experts, the melatonin paediatric shared care guideline has recently been updated and states that **Circadin® 2 mg prolonged-release tablets can be prescribed off-label in children and is the preferred first line choice.**

Circadin® is the only melatonin product licenced in the UK, although its use in children is off-label. **Licensed products (even if used off-label) should be prescribed in preference to unlicensed products or specials where possible**, as recommended by the Medicines and Healthcare Regulatory Authority (MHRA).



For patients who cannot swallow solid oral dosage forms or where an immediate release effect is required, **Circadin® tablets may be crushed.** It is recognised that in exceptional circumstances, there may be patients for whom it is still necessary to use an unlicensed formulation. The recently updated melatonin paediatric shared care guideline should be consulted for further detail: <http://www.ipnsm.hscni.net/shared-care-guidelines/>

In light of these changes to the melatonin paediatric shared care guideline, the HSCB has recently written to **prescribers in secondary care** to request that, where appropriate, new patients are commenced on Circadin® 2 mg prolonged-release tablets and suitable patients currently prescribed unlicensed formulations of melatonin are actively switched to Circadin® 2 mg prolonged-release tablets at the earliest opportunity by the specialist in secondary care.

Action for GP Practices:

- GPs should prescribe the melatonin product **recommended by the specialist in secondary care** in accordance with the shared care guideline.

Action for Community Pharmacists:

- Community pharmacists should reassure patients / their carers where any changes are made and ensure that patients / their carers understand how to take their medication.
- Clinical checks should ensure there is no duplication of therapy.

Naproxen: Prescribe Non-Enteric Coated

Enteric coated (EC) naproxen is often used in an attempt to give patients some degree of gastroprotection against the side effects of the NSAID. However, NSAIDs exert a **systemic** effect on prostaglandins, and so the stomach lining will be affected either way. Enteric coating of NSAIDs has not been shown to be effective in preventing NSAID-related gastric or duodenal ulceration. If gastroprotection is required, please consider using PPIs in line with guidance: <http://cks.nice.org.uk/>; <http://primarycare.hscni.net/>

August 2017 Drug Tariff prices	
Naproxen 250mg EC x 56	£2.49
Naproxen 250mg x 56	£1.70
Naproxen 375mg EC x 56	£26.82
Naproxen 500mg EC x 56	£5.82
Naproxen 500mg x 56	£2.30

Action for GP Practices:

- Consider using non enteric coated naproxen instead of enteric coated.
- Review and put in place appropriate gastroprotection for patients on long term NSAIDs and in at-risk patients.
- Remember, only the 250mg and 500mg strengths of naproxen are NI Formulary choices.

Take Care When Prescribing Addictive Medication

A rise in drug-related deaths has led to concern about the availability of both legal and illegal drugs. In August 2017, a [Regional learning letter](#) was issued to GPs and community pharmacists following a serious adverse incident (SAI) involving the unexpected sudden death of a patient who had been prescribed morphine.



The GMC's guidance on [Good practice in prescribing and managing medicines and devices](#) indicates that you should only prescribe medicines if you have an adequate knowledge of the patient's health and you are satisfied that they serve the patient's needs.

The Medical Defence Union (MDU) (which provides professional medical indemnity and medico-legal advice) paid out almost £750,000 over the last six years in compensation and legal costs on behalf of members for advice and claims cases centering on **opiate or benzodiazepine medication**.

MDU advice when considering prescribing a potentially addictive medication:

- If it is appropriate to prescribe a potentially addictive drug, clearly document the reason for the prescription, the alternatives considered, the duration of the treatment proposed and the side effects that have been explained to the patient.
- Make sure adequate systems are in place to review the medication and that at each review the appropriateness of the medication is reconsidered in line with GMC guidance.
- Be aware that patients who may appear to have drug seeking behaviour could have another underlying diagnosis. Make sure that you undertake a thorough history and examination and document this carefully in the medical records.
- Be aware of the relevant NICE guidance including [CG113](#), [CG115](#) and [CG159](#) and also review the BNF's guidance on prescribing drugs likely to cause dependence.

Have Your Say: Newsletter Survey

Now is your chance to have your say on the content of the Medicines Management newsletter and how it is delivered. Please spare 2 minutes to complete our short 8 question survey:

<https://www.surveymonkey.co.uk/r/PTN769G> by 31st October 2017.

Your valuable feedback will help us to improve the Medicines Management newsletter and better meet the needs of our readers. Thank you for your support!



NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

[NICE TA441](#) — Daclizumab for treating relapsing-remitting multiple sclerosis

[NICE TA442](#) — Ixekizumab for treating moderate to severe plaque psoriasis

[NICE NG71](#) — Parkinson's disease in adults (updates and replaces CG35)

MANAGED ENTRY DECISIONS

The following medicines were considered in September 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 [®])	Dabrafenib (Tafinlar [®])
Adalimumab (Humira [®]) and dexamethasone (Ozurdex [®])	Desmopressin (Noqdirna [®])
Adalimumab, etanercept, ustekinumab	Dolutegravir (Tivicay [®])
Aprepitant (Emend [®])	Eluxadoline (Truberzi [®])
Autologous human corneal epithelial cells (Holoclar [®])	Emtricitabine/tenofovir disoproxil (Truvada [®])
Baricitinib (Olumiant [®])	Follitropin delta (Rekoverle [®])
Bisphosphonates for treating osteoporosis	Ibrutinib (Imbruvica [®])
Brentuximab vedotin (Adcetris [®])	Naltrexone + bupropion (Mysimba [®])
Cabozantinib (Cabometyx [®])	Reslizumab (Cinqaero [®])
Carfilzomib (Kyprolis [®])	Selexipag (Upravi [®])
Collagenase clostridium histolyticum (Xiapex [®])	Sufentanil citrate sublingual tablets (Zalviso [®])
	Trastuzumab emtansine (Kadcyla [®])

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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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.