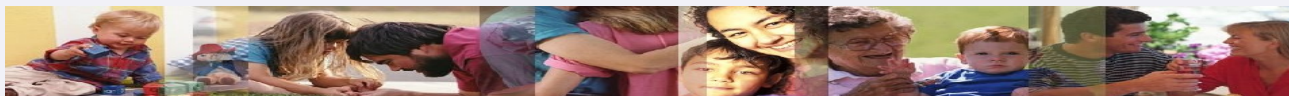


## NEWSLETTER



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## NI Formulary Update: New Endocrine Chapter Published

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

### So what's new?

- Guidance is provided to help prescribers choose between the expanding range of anti-diabetic medicines, e.g. factors to consider when choosing between DPP-4 inhibitors.
- A regional patient information leaflet ([PIL](#)) has been developed to help patients manage episodes of hypoglycaemia.
- Abasaglar<sup>®</sup> is now recommended as first choice insulin glargine on the NI Formulary (cost-effective choice).
- A HRT pathway has been produced to assist prescribers in the selection of a suitable HRT product for each patient.
- First line choice of combination calcium plus vitamin D is now Adcal-D3<sup>®</sup> caplets.



### Action

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

## Amber List Medicines: Flagging Overuse / Underuse

The Northern Ireland local enhanced service (LES) "Additional Monitoring of Amber Drugs" is an important vehicle to support the appropriate use of specialist medicines that would otherwise require continued prescribing responsibility by a specialist and subsequent increased secondary care outpatient activity and costs. Examples of 'amber' medicines include ciclosporin, dronedarone, methotrexate and tacrolimus. Please refer to the Interface Pharmacy website for further information <http://www.ipnsm.hscni.net>.

In addition to the criteria set-out within the LES, HSCB would like to remind prescribers and pharmacists to be vigilant for compliance with these drugs by monitoring frequency of prescription requests and dispensing:

- If the patient is over-ordering, it is important to explore the reasons why the patient is taking more than is documented on the prescription.
- If the patient is under-ordering, it is important to explore what the reasons are for this. The dose may have been changed following a hospital appointment or the patient may have decided to stop / reduce the dose of their medication without medical advice.



### Action

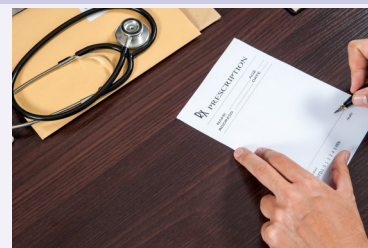
- **GP practices:** Systems for flagging compliance with these amber list drugs should be incorporated in the GP practices prescribing protocol.
- **Community pharmacists:** When patients on amber-list medications are over/under-ordering these medications, this should be both discussed with the patient and flagged to the GP surgery.

## Unsigned Prescriptions

Incidents have been reported to HSCB where repeated requests have been made by GP reception staff to community pharmacists requesting supply of medication for patients against an unsigned prescription.

The Medicines Act 1968 requires that prescription only medicines (POMs) may be sold or supplied by a community pharmacist only in accordance with a prescription from an appropriate practitioner. Pharmacists should **not** supply medication without having a valid signed prescription except under exceptional situations, e.g. when an emergency supply of medication is justified (guidance on this available at: <http://www.psni.org.uk>).

GP practice staff are asked not to request a community pharmacist to dispense a prescription without a signature. Dispensing of unsigned prescriptions can result in referral to the statutory committee for the community pharmacist.



### Action

- GP practices must have a process in place to make sure that every prescription issued is signed by a prescriber. The arrangements for this should be clearly outlined in the practice's prescribing policy. Resources on developing prescribing protocols can be found on the Medicines Governance website: <http://www.medicinesgovernance.hscni.net>.
- Community pharmacists must have systems in place to ensure that their dispensing processes operate within the legal, professional and contractual framework.
- GPs and community pharmacies are asked to review their working procedures and ensure that all relevant staff are familiar with these.

## NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

[NICE TA427](#) — Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib (review of TA338).

[NICE TA428](#) — Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy.

[NICE TA429](#) — Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation.

[NICE TA430](#) — Sofosbuvir-velpatasvir for treating chronic hepatitis C.

[NICE TA431](#) — Mepolizumab for treating severe refractory eosinophilic asthma.

[NICE TA432](#) — Everolimus for advanced renal cell carcinoma after previous treatment (review of TA219)

## MANAGED ENTRY DECISIONS

The following medicines were considered in June 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>

Brentuximab (Adcetris®)  
Cetuximab (Erbix®) and anatumumab (Vectibix®)  
Daclizumab (Zinbryta®)  
Irinotecan sucrosfate nanoliposomal (Onivyde®)  
Ixekizumab (Taltz®)  
Liraglutide (Saxenda®)

Micronised progesterone (Utrogestan Vaginal®)  
Migalastat (Galafold®)  
Nepafenac (Nevanac®)  
Ofatumumab (Arzerra®)  
Tenofovir alafenamide (Vemlidy®)  
Ustekinumab (Stelara®)

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

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