

Diabetes Supplement

November 2017

The Endocrine chapter of the Northern Ireland (NI) Formulary was updated in Summer 2017. This supplement is designed to complement that update. It highlights changes to the NI Formulary and medicines management issues related to diabetes. It is not designed to give an overall summary of diabetes management which should still be based on [NICE guidance](#).

Updated — Endocrine Chapter of NI Formulary

- In line with NICE guidance, metformin immediate release remains the initial first line drug treatment. Where a prolonged release preparation is required, Suktarto[®] SR is the recommended cost-effective choice (see page two).
- In addition to biguanides and sulfonylureas, the section on 'other antidiabetic drugs' has been expanded and reorganised into DPP-4 inhibitors, glitazones, SGLT-2 inhibitors and GLP-1 mimetics, with guidance provided to help prescribers choose between the range of anti-diabetic medicines.
- Alogliptin ▼ and sitagliptin are the recommended NI Formulary first line choices for DPP-4 inhibitors, with linagliptin a second line choice. Factors to consider when choosing between DPP-4 inhibitors are provided in the [prescribing notes](#). Note: NICE guidance on type 2 diabetes recommends: "if 2 drugs in the same class are appropriate, choose the option with the lowest acquisition cost". Alogliptin has a lower acquisition cost than sitagliptin and linagliptin.
- See NI Formulary website <http://niformulary.hscni.net> for full details.



Blood Glucose Testing Guidance

HSCB has recently published two new pieces of guidance on blood glucose testing:

1. **Guideline for Self Monitoring of Blood Glucose for ADULTS**
2. **Guideline on the Choice of Blood Glucose Meters and Test Strips for Patients with TYPE 2 DIABETES**



The guidelines can be accessed in the Endocrine chapter of the Northern Ireland Formulary, at this link: <http://niformulary.hscni.net/Formulary/Adult/6.0/6.1/6.1.6/Pages/default.aspx>.

The **Guideline for Self Monitoring of Blood Glucose (SMBG)** sets out the circumstances when patients with type 1 or type 2 diabetes need to self-monitor their blood glucose levels. It is hoped that the **Guideline on the Choice of Blood Glucose Meters and Test Strips for Patients with TYPE 2 DIABETES** will:

- Streamline the number of glucometers recommended for patients with type 2 diabetes
- Ensure that glucometers with cost effective strips are used first line
- Improve continuity of care between primary and secondary care.



A switch SOP has also been developed, for use in primary care to switch patients with type 2 diabetes who are currently not being prescribed cost effective blood glucose strips to a more cost effective option.

This can be accessed in the clinical resources section of the primary care intranet: <http://primarycare.hscni.net/pharmacy-and-medicines-management/resources/diabetes/>.

COMPASS GRAPH: A new graph will be added to the next set of COMPASS reports. This graph will show % of cost effective blood glucose strips prescribed as a % of all blood glucose strips prescribed.

Cost-Effective Choices in Diabetes

Metformin immediate release (IR) is the first line choice. Where a prolonged release metformin preparation is required, Sulkarto[®] is recommended in the NI Formulary as a cost effective option. Gliclazide modified release (MR) has no benefits over gliclazide IR. Where a prolonged release gliclazide preparation is required, Bilxona[®] is recommended in the NI Formulary as a cost effective option. NPH insulin remains as first line choice of insulin for people with type 2 diabetes, except in certain circumstances. When a long acting human analogue insulin is indicated in type 2 diabetes, insulin glargine is recommended by NICE. When insulin glargine is recommended in either type 1 or type 2 diabetes, Abasaglar[®] is now recommended in the NI Formulary as a cost-effective option. Some NI HSC Trusts have already started to use Abasaglar[®], so practices will see recommendations to prescribe it coming from diabetic clinics.

Cost-effective Choices in Diabetes		
Metformin SR tablets	Sulkarto [®]	
Gliclazide MR tablets	Bilxona [®]	

Action for GP practices

- Practices are asked to commence all new patients on the cost effective choice, and to consider switching existing patients where appropriate*. Switch SOPs are available for GP practices in the clinical resources section of the primary care intranet: <http://primarycare.hscni.net/pharmacy-and-medicines-management/resources/diabetes/>.

(*Insulin device is managed by secondary care for many patients and therefore it would be inappropriate for a GP practice to independently make a switch to Abasaglar[®]).

For full list of Cost-Effective Choices, see Northern Ireland Formulary website <http://niformulary.hscni.net>.

Competact[®] — Prescribe as Individual Components

Competact[®] is a combination product, comprising pioglitazone 15mg plus metformin 850mg, with one tablet taken twice daily.

There is a large difference in the cost of Competact[®] compared to the individual generic components. Therefore, Competact[®] should be reserved for patients with demonstrable compliance problems with individual generic components.

Applied across Northern Ireland, a switch to individual generic components could generate efficiency savings of £100,000 per annum.

Action for GP practices:

- Practices are asked to review all patients prescribed Competact[®] or as the combination generic product (pioglitazone + metformin) with a view to changing to individual generic components, where appropriate.

Product	Cost / 28 days (Drug Tariff, Oct 2017)
Pioglitazone 30mg tablets	£1.07
Metformin 850mg tablets	£1.12
Competact [®] tablets	£35.89

Prescribing and Dispensing of Insulin

For safety reasons it is recommended that insulin is always prescribed by brand. Insulin is included in the [list of items which should not be prescribed generically](#). Indeed, where possible, the dispensed product should be shown to the patient (or representative) when collecting the insulin, to confirm it is what s/he is expecting. The National Pharmacy Association have produced a resource to help pharmacists to deal with generic insulin prescriptions (see <https://www.npa.co.uk/>). HSCB issued a [Reminder of Best Practice letter](#) (21st Sept 2017) when prescribing and dispensing insulin. All patients should have an insulin passport also (see <http://www.medicinesgovernance.hscni.net>) which can help in the checking process.



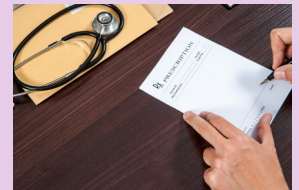
Action for GP practices: Check all your insulins are prescribed **by brand**.

Take Care Prescribing Liraglutide (Victoza®) and Other GLP-1 Agonists

Some points to be aware of when prescribing liraglutide and other GLP-1 agonists:

1) Synchronise Victoza® prescribing

Victoza® comes in a pre-filled multi-dose disposable pen containing 3ml of liraglutide. A 3ml pen contains 15 doses of 1.2mg. There are two pack sizes: a two-pen pack and a three-pen pack. **One two-pen pack will be enough for a 30 day supply (at a dose of 1.2mg)** - it may be easier to synchronise a patient's Victoza® supply with other monthly medicines if the two-pack is prescribed. Each pen currently costs £39.24 regardless of pack size. Most patients are on 1.2mg daily (max dose is 1.8mg daily).



2) Specify Dose on Prescription

GLP-1 agonists are not like insulin where the dose for some patients depends on their recent food/drink intake. GLP1 agonists should have a fixed dose, irrespective of recent food intake, i.e. the dose should be specified on the prescription.

3) Stopping Rules

NICE recommend that patients only continue GLP-1 mimetic therapy if the person has a beneficial metabolic response of a reduction of HbA1c by at least 11 mmol/mol [1.0%] and a weight loss of at least 3% of initial body weight in 6 months.

Actions for GP practices:

- Advise patients of the above 'stopping rule' upon initiation of treatment.
- Review patients to ensure they are meeting their metabolic goals (as per 'stopping rules').
- Consider prescribing liraglutide (Victoza®) pens in the two-pen pack in order to synchronise supply with other monthly medicines.
- Make sure there is a specific dose of GLP-1 prescribed.

Actions for community pharmacists:

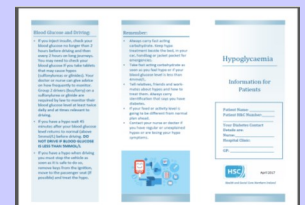
- When clinically checking prescriptions for GLP-1s, ensure that the quantity prescribed is appropriate and any queries are raised with the prescriber.

Regional Hypoglycaemia PIL

A regional patient information leaflet (PIL) has been developed to help patients manage episodes of hypoglycaemia, including information on:

- Signs and symptoms of a 'hypo'
- How to treat a 'hypo' if patient is conscious or unconscious
- Advice on driving and 'hypos'.

The leaflets can be accessed in the [Patient zone](#) of the Northern Ireland Formulary website.



Diabetes Learning

COMPASS Therapeutic Notes on the Management of Type 2 Diabetes provides the reader with 3 hours towards their CPD. COMPASS notes can be found either at:

<https://www.medicinesni.com> (GPs and nurses) or
<https://www.nicpld.org/> (pharmacists).



Insulin Needles

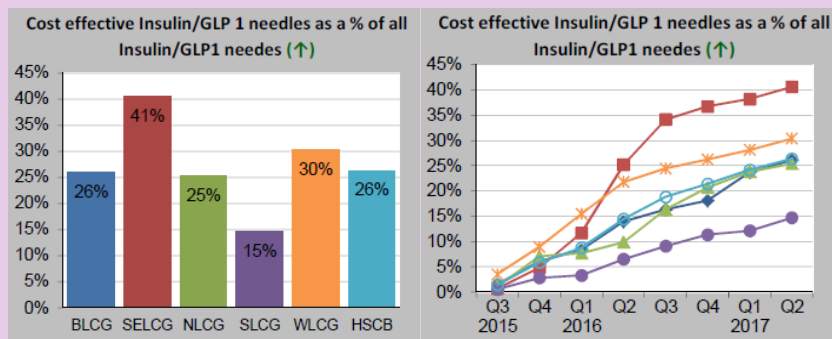
Approximately £1 million is spent annually in Northern Ireland on needles which are suitable for the self-administration of insulin and GLP-1 agonists (e.g. Victoza[®], Byetta[®], Lyxumia[®]) using pen devices. These vary in price from £3.95 to £13.02 for 100 needles. HSCB has developed a Standard Operating Procedure for use in GP practices to switch suitable patients to a cost effective needle choice. This can be accessed in the clinical resources section of the primary care intranet <http://primarycare.hscni.net>.

A needle graph has been included in the latest COMPASS report. This shows the % of cost effective needles prescribed as a % of all needles prescribed.

Action for GP practices:

- Please ensure that when patients are initially prescribed a needle, that as well as meeting the clinical needs of the patient, that it is a cost effective choice.
- Patients who are already prescribed a high cost needle should be switched (where appropriate) to a cost effective choice.

See Appendix 2 of switch SOP for the full list of cost effective needle choices.



Medicines Use Reviews for People living with Diabetes

Studies show that non-adherence to medicines for the management of diabetes is in the order of 80%. It is thought that increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments.



Most community pharmacies in Northern Ireland are contracted to provide a Medicines Use review (MUR) service for people who are taking medicines to manage diabetes. The aim of this service is to improve patient knowledge, adherence and use of their medicines by:

- Establishing the patient's actual use, understanding and experience of taking their medicines.
- Identifying, discussing and resolving poor or ineffective use of their medicines.
- Identifying side effects and drug interactions that may affect adherence.
- Improving the clinical and cost effectiveness of prescribed medicines and reducing medicine waste.

See [http://www.hscbusiness.hscni.net/pdf/Targeted Medicines Use Review service specification.pdf](http://www.hscbusiness.hscni.net/pdf/Targeted_Medicines_Use_Review_service_specification.pdf).

Action for community pharmacies: As non-adherence is considered one of the biggest problems facing diabetes care delivery, consider offering a MUR to patients with diabetes who have suspected non-adherence issues.

Action for other health professionals: Refer patients (or encourage patients to self-refer) to their community pharmacist for a MUR if you suspect that they may not be managing their medicines effectively.

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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Previous editions of the newsletter can be found in the Newsletters section of the Northern Ireland Formulary website:

<http://niformulary.hscni.net/PrescribingNewsletters/Pages/default.aspx>.

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