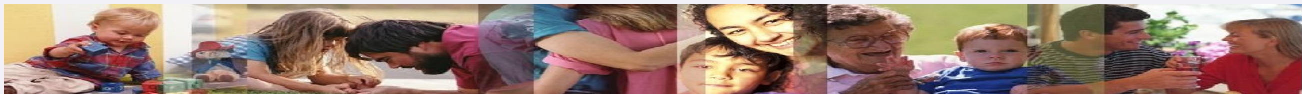
NORTHERN IRELAND MEDICINES MANAGEMENT

January 2016 Volume 7, Issue 1

Health and Social Care Board

NEWSLETTER



In This Issue

- "Combination" inhalers — which one is best?
- New licensed product: ciclosporin eye drops (Ikervis®)
- New NICE guidance
- Managed Entry decisions

"COMBINATION" INHALERS — WHICH ONE IS BEST?

"Combination" inhalers (inhaled corticosteroid and long-acting beta agonist (LABA)) are normally used in the management of patients with **BTS Step 3 asthma** or above, or in patients with **chronic obstructive pulmonary disease** (COPD).

A number of new "combination" inhalers have been launched onto the UK market in the last few months. HSCB PMMT would like to remind clinicians of **two key principles** when considering the choice of "combination" inhaler:

- **Dry powder inhaler** (DPI) "combination" products should be prescribed by **brand** name to ensure that the patient receives the inhaler device that they have been trained to use.
- **Metered dose inhaler** (MDI) "combination" products should be prescribed **generically** in line with DHSSPS generic policy **with the exception of beclometasone-containing products**.

Choice of device should be considered on basis of **ability to use the inhaler, patient-acceptability and cost.** Medication adherence and inhaler technique should be checked before each step up of treatment in asthma**,** or when considering an addition to treatment regimen in COPD patients. Generally, manually actuated pressurised MDIs are the cheapest devices available and should usually be first choice provided that the patient can use them efficiently. When use is inefficient, alternatives include large volume spacers, DPIs or breath-actuated MDIs. If a patient elects not to use a prescribed spacer, then an alternative device should be used.

It is widely recognised that patients' adherence to their medication and inhaler technique is poor**.** Teaching technique improves the correct usage of inhaler devices and healthcare professionals need to maximise opportunities to intervene with patients to promote adherence and good technique.

Each of the "combination" inhaler devices differs in a number of ways including the delivery device, licensed indications, strengths available and cost. The most cost effective inhaler is the inhaler which the patient can use.

PrescQIPP have produced a comparative table that summarises each of the "combination" inhalers available, and has been uploaded to the Primary care intranet.This will be freely available online at PrescQIPP in April 2016.

Action and summary points for healthcare professionals:

- Patients need to have inhaler technique adequately demonstrated and reinforced at every opportunity.
- Following loss of patent of Seretide® Evohaler®, generic fluticasone propionate / salmeterol MDI devices are now available and practices should ensure that these inhalers are prescribed generically to ensure generic savings moving forward.
- DuoResp® Spiromax® is 21% cheaper than Symbicort® (both contain budesonide and formoterol in a DPI). However as these DPI devices are different, a face to face consultation is required for any switch.
- Patients should not be changed from one inhaler *type* to another without a face-to-face consultation in order to determine clinical status and to ensure that inhaler technique has been adequately demonstrated.

Symbicort® Turbohaler®			**DuoResp® Spiromax®**		
200/6	£38	(120 dose)	160/4.5	£29.97	(120 dose)
400/12	£38	(60 dose)	320/9	£29.97	(60 dose)

NB Delivered doses of DuoResp® Spiromax® 160/4.5 and 320/9 are therapeutically equivalent to Symbicort Turbohaler® 200/6 and 400/12 respectively

LICENSED PRODUCT: CICLOSPORIN EYE DROPS (IKERVIS®)

Ikervis® ciclosporin 1 mg/mL eye drops emulsion, are licensed for the treatment of severe keratitis in adult patients with dry eye disease, which has not improved despite treatment with tear substitutes. The recommended dose is one drop to be applied to the affected eye(s) once daily at bedtime (see SPC for full details). Ciclosporin eye preparations should be initiated by an **ophthalmologist or a healthcare professional qualified in ophthalmology.**

Currently, ***all* prescribing** of ciclosporin eye drops/ointments in Northern Ireland are for **unlicensed products** which range in strength and prices from £70.20 to £937.20 (Ikervis® costs £72 per 30 units). **The NI Formulary Ophthalmology review group have reviewed the new product and support a change of all existing patients currently prescribed unlicensed products of various strengths to this licensed product.** Please refer to the initiating ophthalmologist if there is any doubt about the individual patient's dosage.

Action for GPs

- Search for all patients prescribed ciclosporin eye preparations.
- Change all patients initiated by an ophthalmologist or under the care of a specialist to the licensed product Ikervis® ciclosporin 1 mg/mL 0.1% eye drops emulsion.
- GPs should review patients not initiated by an ophthalmologist and take appropriate action.

Action for Community Pharmacists

- Pharmacists should counsel and support patients changed to the new licensed preparation.
- Ikervis® ciclosporin 1 mg/mL 0.1% eye drops emulsion 30x0.3ml is for single use only. **Each single-dose container is sufficient to treat both eyes**. Any unused emulsion should be discarded immediately.
- Ikervis® is available in NI through wholesalers with next day delivery.

NEW NICE GUIDANCE

Service Notifications issued in Northern Ireland for the following:

NICE TA 352 — Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy
NICE TA 354 — Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism
NICE NG 23 — Menopause: diagnosis and management
NICE NG24 — Blood transfusion: assessment for and management of blood transfusions in adults, young people and children over 1 year old.

NOT RECOMMENDED:

NICE TA 368 — Apremilast for treating moderate to severe plaque psoriasis
NICE TA 371 — Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane

MANAGED ENTRY DECISIONS

The following medicines were considered in January as part of the Northern Ireland Managed Entry process. **For details of the outcomes please refer to the Managed Entry section of the Northern Ireland Formulary website:** http://niformulary.hscni.net/ManagedEntry/MEDecisions/Pages/default.aspx

Primary and Secondary Care

- Atomoxetine oral solution (Strattera®)
- Co-careldopa (Duodopa®)
- Ivermectin (Soolantra®)

Secondary Care

- Abatacept, adalimumab, etanercept & tocilizumab
- Apremilast (Otezla®)
- Daclatasvir (Daklinza®)
- Ledipasvir & Sofosbuvir (Harvoni®)
- Ombitasvir-paritaprevir-ritonavir (Viekirax®)
- Pembrolizumab (Keytruda®)

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 Medicines Management pharmacists in your local HSCB office.

Belfast Office: 028 9536 3926
South Eastern Office: 028 9147 5133
Southern Office: 028 9536 2009
Northern Office: 028 9536 2845
Western Office: 028 9536 1008

References

1. National Review of Asthma Deaths https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths
2. Brocklebank D, Ram F, Wright J, Barry P, Cates C, Davies L, et al. Comparison of the effectiveness of inhaler devices in asthma and chronic obstructive airway disease: a systematic review of the literature. Health Technol Assess 2001;5(26):1-149.
3. BMA / RPSGB. BNF 70, Sep 2015-March 2016.
4. Personal communication with NI Formulary Ophthalmology PPA group.

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.