NORTHERN IRELAND MEDICINES MANAGEMENT

Health and Social Care Board

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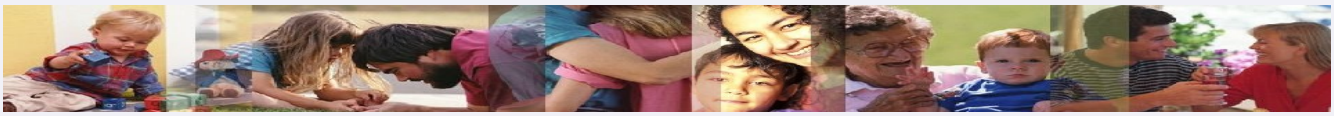
NEWSLETTER



In This Issue

Tacrolimus —Take Care!

1. Brand Prescribe Only

The immunosuppressant drug tacrolimus has a narrow therapeutic index - even minor differences in blood levels have the potential to cause graft rejection or toxicity reactions. Therefore the Medicines and Healthcare Regulatory Agency (MHRA) advises that this drug should be prescribed and dispensed by **brand name only**.

If an unlicensed oral liquid is required (for which there will be no brand name), the **strength and manufacturer** should be specified. These details should be specified by secondary care on discharge, as per shared-care guideline.

2. Talk Dose

It is also essential to ensure that the correct strength and dosage interval of branded tacrolimus is prescribed and dispensed in order to avoid the risk of graft rejection or toxicity.

The growing range of tacrolimus brands on the market includes:

Adoport®
Advagraf®
Capexion®
Modigraf®
Perixis®
Prograf®
Tacni®
Vivadex®

Tacrolimus — If in doubt, check it out!

Action

- Ensure that secondary care has issued a clear recommendation regarding the **exact brand, strength and dosage** interval to be prescribed, in accordance with the shared-care guideline. Any ambiguities should be queried directly with secondary care **before any prescriptions are issued**. Ensure medication records are updated with the exact details (add manually if not listed in the case of unlicensed oral liquids).
- Check that the strength and dosage interval corresponds with the indication and the brand prescribed.
- Ensure that the correct preparation is chosen from the electronic pick list when prescribing or dispensing tacrolimus brands.
- If a change is made in the formulation of tacrolimus prescribed, confirm that arrangements are in place for appropriate monitoring.

All healthcare professionals should take every opportunity to confirm that the patient is aware of which brand and strength they are taking and that they are confident to query their medication if they receive a different strength, directions or packaging to what they were expecting.

Further information is available on the MHRA and Interface Pharmacists Network of Specialist Medicines (IPNSM) websites.

Review Repeat Antihistamines

Antihistamines can carry a significant anticholinergic burden and should only be prescribed continuously if there is a specific indication.

Action

After the seasonal high in prescribing antihistamines, please review the continued need for these over the winter.

Interaction Reminder: Tramadol, SSRIs and other Antidepressants

Reports of serotonin syndrome continue to rise following combined use of medicines with serotonergic effects. Many reports have arisen due to patients taking SSRIs or SNRIs in combination with tramadol.

Tramadol reduces pain by inhibiting serotonin and norepinephrine reuptake. It can therefore cause serotonergic effects, particularly at high doses or if taken with other drugs which raise serotonin levels (e.g. SSRIs, SNRIs, MAOIs inhibitors, tricyclic antidepressants, vortioxetine and mirtazapine). As well as the additive serotonergic effect, the metabolism of tramadol is inhibited by SSRIs/SNRIs. This further increases the risk of developing serotonin syndrome, compared to other combinations of serotonergic drugs.

Symptoms usually occur either after a drug is added to treatment or after a dose increase. Although the resulting syndrome is usually mild or moderate, it can rapidly become life threatening if undetected.

Prescribing data for Northern Ireland indicates that over 4000 patients were taking a SSRI/SNRI and tramadol continuously in 2015.

Action

- Prescribers should be aware of this interaction and take it into account before initiating treatment.
- Patients and healthcare professionals should monitor for symptoms of serotonin syndrome on initiation and dose increases of all serotonergic medications.

(Ref— BNF 2016; Eur J Hosp Pharm doi:10.1136/ejhpharm-2015-000838; UKMi Q&A 94.4: 21/12/11)

Serotonin syndrome

Serotonin syndrome is caused by excess agonist activity at central and peripheral nervous system serotonin receptors. Symptoms include:

1. Neuromuscular hyperactivity — hyperreflexia, clonus, myoclonus, tremor and rigidity
2. Autonomic hyperactivity — hyperreflexia, tachycardia and diaphoresis
3. Altered mental-state — agitation, anxiety, hypomania, and confusion

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

NICE PH53 — Weight management: lifestyle services for overweight or obese adults

NICE TA391 — Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel

*The following are **not** recommended in Northern Ireland:*

NICE TA403 — Ramucirumab for previously treated locally advanced or metastatic non-small-cell lung cancer

MANAGED ENTRY DECISIONS

The following medicines were considered in October 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

Afatinib (Giotrif®) Aflibercept (Eylea®) Ataluren (Translarna®) Azacitidine (Vidaza®) Betamethasone dipropionate + calcipotriol (Enstilar®) Bosutinib (Bosulif®) Crizotinib (Xalkori®) Dabrafenib (Tafinlar®) Dinutuximab (Unituxin®) Elotuzumab (Empliciti®) Emtricitabine + tenofovir alafenamide (Descovy®) Fosfomycin trometamol granules (Monuril®) Idarucizumab (Praxbind®)	Iron(III) isomaltoside (Diafer®) Levofloxacin (Quinsair®) Liraglutide (Victoza®) Necitumumab (Portrazza®) Nivolumab (Opdivo®) Paliperidone palmitate (Trevicta®) Pegaspargase (Oncaspar®) Pemetrexed (Alimta®) Ramucirumab (Cyramza®) Rilpivirine hydrochloride (Edurant®) Secukinumab (Cosentyx®) - **two** Managed Entry decisions Talimogene laherparepvec (Imlygic®) Tipiracil + trifluridine (Lonsurf®)

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 1008