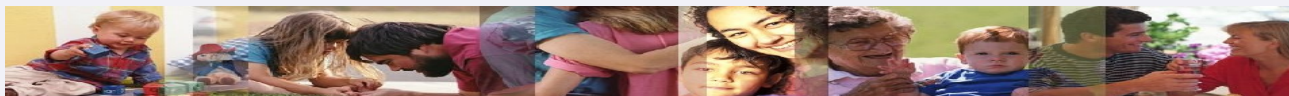


NEWSLETTER



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BISPHOSPHONATES: PRESCRIBING AND ADMINISTRATION

Oral alendronate and risedronate are first line choices in Northern Ireland Formulary for the treatment of osteoporosis. Both have been shown to reduce vertebral, non-vertebral and hip fractures. Monthly oral ibandronate is an alternative option for younger patients who have predominantly spinal osteoporosis (no data available for hip fracture).

Prescribe generically

Examination of prescribing data shows that ibandronate is used in a minority of patients. However, less than 91% are prescribed the generic product, which compares poorly to the 98%+ generic rate for alendronate and risedronate. Annual savings of £205 per patient can be realised by switching from Bonviva® tablets to ibandronate 150mg tablets (total savings of approximately £27,000 per year in Northern Ireland).

Follow correct administration

Examination of individual prescriptions for bisphosphonates shows that, on occasion, incorrect dosing directions have been written. It is very important that the full dosing instructions are provided to, and understood by the patient. Patients should be informed that failure to follow these instructions may increase their risk of oesophageal problems and may reduce the effectiveness of treatment (see table and BNF or SPC <http://www.medicines.org.uk/emc/>).

Alendronate	Risedronate	Ibandronate
<ul style="list-style-type: none"> • Take while in an upright position, and do not lie down for 30 minutes 		<ul style="list-style-type: none"> • Take while in an upright position, and do not lie down for 60 minutes
<ul style="list-style-type: none"> • Take at least 30 minutes before the first food, other medicinal product, or drink (other than plain water) of the day 		<ul style="list-style-type: none"> • Take after an overnight fast (of at least 6 hours) and 1 hour before the first food, other medicinal product, or drink (other than plain water) of the day
<ul style="list-style-type: none"> • Take on an empty stomach (as absorption is affected by food, drink, and other drugs) 		
<ul style="list-style-type: none"> • The tablet must be swallowed whole and taken with a glass of plain water (at least 200mL) 		
<ul style="list-style-type: none"> • The tablet must not be sucked or chewed 		
<p>Alendronate 70mg / 100mL Oral Solution: should only be swallowed on arising for the day as a single 100mL dose (entire bottle contents) followed by at least 30mL of plain water; additional water (plain) may be taken. Timings and posture as for alendronate above.</p>		

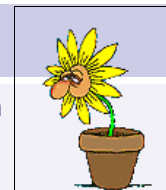
Action for Prescribers

- Prescribe in line with NI Formulary(<http://niformulary.hscni.net>), including maximising generic prescribing.
- Ensure that you and your patient understand the administration instructions for their prescribed bisphosphonate.

Action for Community Pharmacists

- Ensure that the patient knows how to take their prescribed bisphosphonate.

HAY FEVER RESOURCE



With the hay fever season approaching again, a useful resource for the management of hay fever can be found in the Medicines Management Newsletter Hay fever Supplement ([March 2015](#)). The supplement contains practical tips and treatment options for managing hay fever in primary care.

Action

- Healthcare professionals are asked to familiarise themselves with this resource.

MIDODRINE AND RIFAXIMIN REMOVED FROM RED-AMBER



There are two notable changes to the current Issue 31 of the Red-Amber List regarding medicines which have previously been classified. Midodrine, now a licensed product for orthostatic hypotension, has been removed from the list (Dec 2015). Rifaximin, now a licensed product for hepatic encephalopathy, has also been removed from the list (Mar 2016).

For any patients who are already established on these treatments, the relevant specialist may request the GP to take over prescribing responsibility, on a case by case basis.

Action

- For an up-to-date list of Red-Amber medicines, refer to the Interface Pharmacy website <http://www.ipnsm.hscni.net/>
- GP practices who manually tag their clinical system with reminders / alerts for specialist drugs should ensure existing tags for these drugs are removed.
- Information on prescribing of midodrine and rifaximin can be found in the BNF (note, midodrine update pending in BNF April 2016) or Summary of Product Characteristics (SPC) for each medicine:
 - For midodrine (Bramox[®]), see MHRA website: <http://www.mhra.gov.uk/spc-pil/index.htm>
 - For rifaximin (Targaxan[®]), see EMC website: <http://www.medicines.org.uk/>

NEW NICE GUIDANCE

Service Notifications issued in Northern Ireland for the following:

- [NICE TA367](#) — Vortioxetine for treating major depressive disorder
- [NICE TA369](#) — Ciclosporin for treating dry eye disease which has not improved after treatment with artificial tears
- [NICE TA370](#) — Bortezomib (Velcade[®]) for previously untreated mantle cell lymphoma
- [NICE TA373](#) — Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis

[NICE TA375](#) — Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed

[NICE PH56](#) — Vitamin D: increasing supplement use among at-risk groups

NOT RECOMMENDED:

- [NICE TA372](#) — Apremilast for treating active psoriatic arthritis
- [NICE NG35](#) — Myeloma: diagnosis and management

MANAGED ENTRY DECISIONS

The following medicines were considered in April 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

- Oseltamivir (Tamiflu[®])
- Sacubitril/valsartan (Entresto[®])
- Ustekinumab (Stelara[®])

Secondary Care

- Capsaicin cutaneous patches (Qutenza[®])

- Daptomycin for injection or infusion (Cubicin[®])
- Immunosuppressive therapy for kidney transplant in children and young people
- Nivolumab (Opdivo[®])
- Ramucirumab (Cyramza[®])

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.

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References

- NI Formulary <http://niformulary.hscni.net>
- BSO. Prescribing data, 2015-2016.
- IPNSM. Interface Pharmacist Network Specialist Medicines <http://www.ipnsm.hscni.net/>

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.