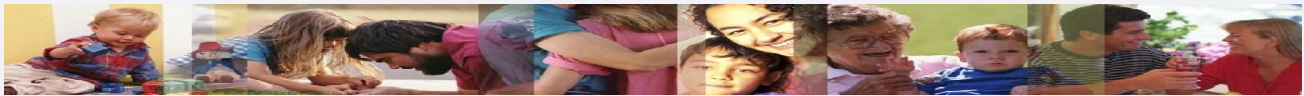


NEWSLETTER



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NUTRITION FORMULARY CHAPTER PUBLISHED

When is it appropriate to prescribe an oral nutritional supplement (ONS)? If ONS is appropriate, which one do you choose? How long do you prescribe it for? With a confusing multitude of vitamin D products and dosages available, what should GPs be prescribing?

A new chapter has been added to the Northern Ireland (NI) Formulary which should help to answer these questions. The Nutrition chapter focuses on ONS, vitamins and minerals.

The 'Suggested 7 Steps to Appropriate Prescribing of Adult Oral Nutritional Supplements' describes how to ensure appropriate prescribing and review of ONS, in line with the 'food first' message in the 'Promoting Good Nutrition' regional guidance from the Department of Health.

For those who require ONS, the Formulary lists the preferred choices of ONS in primary care in Northern Ireland, prescribing notes to assist in product selection, and guidance on when to refer to a dietitian.

Powdered ONS is a cost-effective option in primary care (**powdered ONS is approximately 50% cheaper than commonly prescribed ONS**). It is **made up with fresh milk and so may be more palatable** for some patients. Details of how and when to prescribe powdered ONS can be found on the [NI Formulary](#) website. Aymes® Shake and Foodlink® Complete are NI Formulary choices for powdered ONS.

Action

- Refer to the Suggested 7 Steps to Appropriate Prescribing of Adult Oral Nutritional Supplements (ONS) to ensure appropriate prescribing and review of ONS.
- Consider the use of powdered ONS in appropriate patients. Refer to NI Formulary website for powdered ONS and other ONS [choices](#) and prescribing guidance.



NSAIDs: AVOID IN CHICKENPOX

Some manufacturers of paediatric preparations of ibuprofen suggest it is advisable to avoid the use of non-steroidal anti-inflammatory drugs (NSAIDs) in cases of varicella. However, this caution is not present in every manufacturer's prescribing information. So what is the risk? A recent Q&A by UKMi looked at the evidence regarding the association between NSAID use and severe skin reactions in children with chickenpox (varicella).

Chickenpox is caused by varicella-zoster virus and is characterised by a vesicular rash, and often fever or malaise. Secondary complications are rare and the most frequent complications are secondary bacterial infections of the skin (usually by group A *Streptococcus* and *Staphylococcus aureus*). Associations between NSAID use in chickenpox and severe skin and soft tissue reactions have been reported in the literature, particularly with ibuprofen in children. It is not certain if these reactions are a consequence of NSAID exposure: NSAIDs may be given as a response to severe infection in patients, rather than being the cause of the severe disease. However, due to repeated results suggesting a link between NSAIDs and skin and soft tissue complications of varicella, NSAIDs should be avoided in children suffering from chickenpox.



Action

- Avoid ibuprofen in children suffering from chickenpox.
- Paracetamol is the preferred medicine for symptomatic management of fever in chickenpox. However, like NSAIDs, the risks of masking symptoms of severe infections must be considered. (Ref UKMi Q&A 442.1, 20/6/2016)

TAR POMADE — CHOOSE CORRECT FORMULATION

Due to COSHH regulations, tar pomade (a mixture of coal tar solution, salicylic acid and emulsifying ointment) can no longer be made in community pharmacies. This means that when tar pomade is prescribed in primary care, a product must be purchased from a manufacturer or wholesaler. If tar pomade (an unlicensed product) is prescribed, it should be prescribed in “conventional proportions”.

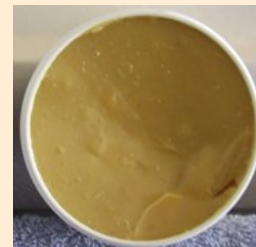
The “conventional proportions” can be sourced from the local manufacturing unit via usual wholesalers and cost £30- £40 (200g). If the prescription deviates from this formula, the product has to be ordered from ‘specials’ manufacturers which can cost a vast amount of money. Recent prescribing data has shown that some practices pay >£500 per tar pomade item because the product was ordered in unusual proportions, or the practice has chosen “tar pomade (RVI Newcastle Upon Tyne Formula)”.

Action for GPs

- Ensure that only “conventional proportions” of tar pomade are prescribed. Depending on the GP clinical system, tar pomade may need to be prescribed generically, e.g. ‘coal tar solution 6%, salicylic acid 2%, emulsifying ointment.’
- Query any recommendation from secondary care for tar pomade which is not “conventional proportions”; secondary care are aware of the cost differential and have agreed that only “conventional proportions” are appropriate.
- Ensure that no prescription for tar pomade is prescribed or endorsed as ‘RVI Newcastle Upon Tyne Formula’.
- Refer to the ‘BAD list’ before prescribing any unlicensed dermatology ‘special’ — see ‘[Specials](#)’ section of NI Formulary website.

“Conventional” proportions”

- Coal tar solution 6%, salicylic acid 2%, emulsifying ointment to 100g; pack size is 200g
- Coal tar solution 10%, salicylic acid 6%, emulsifying ointment to 100g; pack size is 200g



NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

[NICE TA98](#) — Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and adolescents

[NICE TA386](#) — Ruxolitinib for treating disease-related splenomegaly or symptoms in adults with myelofibrosis

[NICE TA387](#) — Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated

[NICE TA388](#) — Sacubitril valsartan for treating heart failure with systolic dysfunction

[NICE NG51](#) — Sepsis: recognition, diagnosis and early management

[NICE NG52](#) — Non-Hodgkin’s lymphoma: diagnosis and management

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

[NICE TA398](#) — Lumacaftor and ivacaftor combination therapy for treating cystic fibrosis homozygous for the F508del mutation

[NICE TA399](#) — Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts

MANAGED ENTRY DECISIONS

The following medicines were considered in September 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>

Secondary care

Abiraterone (Zytiga[®])
Adalimumab (Humira[®])
Belimumab (Benlysta[®])
Bevacizumab (Avastin[®])
Blinatumomab (Blinicyto[®])
Ceritinib (Zykadia[®])
Certolizumab (Cimzia[®])
Diamorphine hydrochloride nasal spray (Ayendi[®])
Eculizumab (Soliris[®])
Elosulfase alfa (Vimizim[®])
Eltrombopag (Revolade[®])

Ivacaftor (Kalydeco[®])
Lumacaftor – ivacaftor (Orkambi[®])
Nivolumab (Opdivo[®])
Ramucirumab (Cyramza[®])
Ruxolitinib (Jakavi[®])
Tenofovir alafenamide + elvitegravir + cobicistat + emtricitabine (Genvoya[®])

Primary and secondary care

Brivaracetam (Briviact[®])
Febuxostat (Adenuric[®])
Insulin degludec (Tresiba[®])

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

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