NORTHERN IRELAND MEDICINES MANAGEMENT

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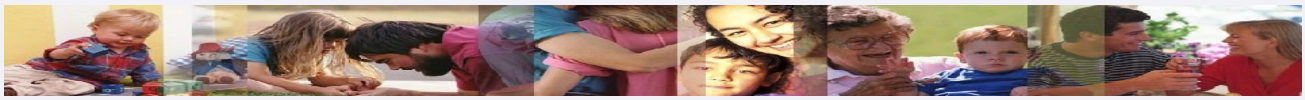
Health and Social Care Board

NEWSLETTER



In This Issue

Minimising the Risk of Medication Errors with High Strength Insulin Products

Recently several new high strength insulin products have become available on the market. Healthcare professionals and patients need to understand the insulin strength of these products and how to use them correctly, to minimise the risk of medication errors such as the wrong insulin strength being prescribed or supplied.

Active substance	Brand name	Strengths available (units/mL)	Injection device
Insulin degludec	Tresiba®▼	100 200	FlexTouch® prefilled pen
Insulin lispro	Humalog®	100 200	KwikPen® prefilled pen
Insulin glargine	Lantus®	100	SoloSTAR®
	Abasaglar®▼	100	KwikPen® prefilled pen
	Toujeo®	300	Prefilled pen

The 'dose step'

Irrespective of concentration, all the pen devices in the table have a design for safety, so that the required dose, in units, is displayed in the dose counter window of the prefilled pen. The 'dose step' is a new term to define how patients dial up the required drug dose on the prefilled pen.

For Lantus®, Toujeo® and both strengths of Humalog®:
One dose step on the prefilled pen is equivalent to one unit of insulin.

For Tresiba®▼:

- One dose step on the 100 units/mL pen is equivalent to one unit of Tresiba®
- One dose step on the 200 units/mL pen is equivalent to two units of Tresiba®

For further information, see Medicines Safety Matters newsletter article in Newsletters section of NI Formulary.

MHRA Drug Safety Updates — Insulins

April 2013 Insulin degludec (Tresiba®▼): available in additional higher strength
April 2015 High strength, fixed combination and biosimilar insulin products: minimising the risk of medication error.

Advice for prescribers

- Ensure that patients read and understand the patient leaflet and any patient education material.
- Give patients a patient booklet and Insulin Passport (or safety card) and explain the purpose of this.
- Warn patients only to use insulin as they have been trained because using it any other way may result in a dangerous overdose or underdose.
- Prescribe insulin by brand, specifying the product strength and device.
- The dose of insulin should be expressed as units and, where applicable, as dose steps.
- Monitor glucose levels closely after starting a new treatment and in the following weeks. You may need to adjust doses and timing of concurrent rapid acting or short acting insulin products and other antidiabetic treatments.

Dose conversion when switching between standard and high strength insulin products

For all the insulin products in the table above, the required dose is displayed in the dose counter window of the prefilled pen.

For Humalog® 100 and 200 units/mL KwikPens®, and for Tresiba®▼ 100 and 200 units/mL FlexTouch® pens:

- There is **no need for dose conversion** when transferring patients from the standard to high strength version or vice versa.

However, Toujeo® is **not bioequivalent** to Lantus®:

- Dose adjustment is needed when patients are switched from Lantus® or other basal insulins to Toujeo® or vice versa - consult product literature.

Advice for community pharmacists

- Ensure that storage arrangements for insulin products facilitate correct selection of the medicine.
- Ensure that the correct strength of insulin is dispensed; if in doubt, contact the prescriber.
- Ask patients to visually confirm the insulin product and strength dispensed is what they expected.
- Ensure patients are able to read the dose counter of the pen device.

When to Prescribe Mucolytics?

Mucolytics (e.g. carbocisteine) should only be used in patients with COPD who have a longstanding troublesome cough with sputum. Therapy should be continued if there is symptomatic improvement (e.g. reduction in frequency of cough and sputum production). The Gold Strategy 2016 notes that in patients not receiving inhaled corticosteroids, regular treatment may reduce exacerbations and modestly improve health status. If patients have concurrent illness (e.g. chest infection) when the mucolytic is started, then reassess benefit of mucolytic once this has fully resolved.

Getting a baseline

When considering initiation of a mucolytic, obtain a baseline assessment of:

- Colour / consistency and amount of sputum
- Difficulty of expectoration
- Amount of coughing

Assessing improvement in symptoms

Reassess the patient after 4 weeks against baseline.

Consider asking the following questions:

1. Is your sputum easier to cough up?
2. Has the amount or colour of sputum changed?
3. Is your cough any less troublesome than before?
4. Have you noticed improvement in any other COPD related symptoms?

Action for prescribers

- Only prescribe mucolytics to patients with clinically significant chronic bronchitis.
- **Stop** if no symptomatic improvement after 4 weeks.
- Always reduce carbocisteine from TDS starting dose to BD maintenance dose after 2 weeks.
- Consider identifying patients prescribed 'repeat' mucolytics and ensure therapy is appropriate and improvements have been demonstrated. Reserve for winter months only if that is when the patient has exacerbations.
- Do not offer mucolytics for acute conditions (e.g. "*chesty cough*", URTI) or as a short term 'cough bottle'.

Pain Toolkit Workshops — Dates for Your Diary:

Promoting self-management of chronic pain http://www.paintoolkit.org/

7th February Seagoe Hotel (Portadown)
8th February Silverbirch Hotel (Omagh)
9th February Everglades Hotel (Derry)
28th February Tullyglass Hotel (Ballymena)
1st March Lagan Valley Island (Lisburn)
2nd March Malone House (Belfast)

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

NICE TA400 — Nivolumab in combination with ipilimumab for treating advanced melanoma
NICE TA401 — Bosutinib for previously treated chronic myeloid leukaemia (review of TA299)
NICE TA404 — Degarelix for treating advanced hormone-dependent prostate cancer
NICE Guideline NG56 — Multimorbidity: clinical assessment and management

The following are NOT recommended:

NICE TA414 — Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma

MANAGED ENTRY DECISIONS

The following medicines were considered in December 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

Aflibercept (Eylea®) Apremilast (Otezla®) Dapagliflozin (Forxiga®) Dequalinium (Fluomizin®) Golimumab (Simponi®)	Lenvatinib (Lenvima®) Rilpivirine + emtricitabine + tenofovir alafenamide (Odefsey®) Ticagrelor (Brilique®) Tocilizumab (RoActemra®)

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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