

## NEWSLETTER



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## PROBIOTICS

Medicines Management Advisers are frequently contacted by prescribers for advice on whether or not to prescribe a probiotic following a request either directly from a patient or secondary care for a specific product. So, when is it acceptable to prescribe a probiotic on the NHS?

**At present the only time when it would be reasonable to prescribe a probiotic on the NHS is the prescription of VSL#3<sup>®</sup> under the supervision of a physician, for the maintenance of remission of ileoanal pouchitis induced by anti-bacterials in adults.**

In all other circumstances, e.g. traveller's diarrhoea, antibiotic-associated diarrhoea, our advice is not to prescribe on the NHS but that patients can be advised that various products are available to purchase over-the-counter (OTC).

**Probiotics are not licensed medicinal products.** They consist of yeast or bacteria and are available as capsules, powder, fermented dairy drinks or yoghurts. They are generally licensed as foods or food supplements. **Evidence varies depending on indication:** some beneficial health effects have been validated, others are supported by limited evidence, while for other indications evidence is lacking. A summary of this can be found in a previous [newsletter supplement on Supplements](#) (April 2013)

**Probiotic effects tend to be specific to a particular strain:** a health benefit attributed to one strain is not necessarily applicable to another strain.

**Action**

- Review all patients on probiotics: check the indications for using a probiotic.
- With the exception of the ACBS approved indication for VSL#3<sup>®</sup>, advise patients to purchase probiotics OTC, if they wish to try them. However, ensure patients understand there is a lack of evidence supporting a benefit of probiotics in any other indication.
- Regularly review effectiveness of VSL#3<sup>®</sup> in those patients who meet the ACBS criteria. Consider stopping therapy where there is insufficient clinical benefit.
- Community pharmacists should be aware of this advice and reinforce it when speaking to patients.



## MEFENAMIC ACID — DID YOU KNOW?

A safety alert from the Regional Drug & Therapeutics Centre highlighted that mefenamic acid is more likely to cause seizures in overdose compared to other NSAIDs, and that mefenamic acid has a low therapeutic window, which increases the risk of accidental overdose.

Mefenamic acid is licensed for the treatment of dysmenorrhoea. However, recent Cochrane reviews on dysmenorrhoea and heavy menstrual bleeding concluded that there was no evidence to suggest that any NSAID is more effective than another for these indications. The Northern Ireland Formulary has now been updated in light of these safety concerns <http://niformulary.hscni.net/Pages/default.aspx> Last year in Northern Ireland, over 25,000 prescription items were issued for mefenamic acid.

**Action**

- If a NSAID is required for dysmenorrhoea, ibuprofen or naproxen are the preferred options.
- Review any patients on repeat prescriptions for mefenamic acid: assess on-going need for a NSAID and change to alternative where appropriate.



## DO NOT RESTRICT BGM TEST STRIPS IN TYPE 1 DIABETES

Current HSC guidance on self monitoring of blood glucose in people with **Type 2 Diabetes (T2D)** is available at:  
[http://primarycare.hscni.net/PharmMM\\_Resources\\_Clinical%20Resources.htm#Diabetes](http://primarycare.hscni.net/PharmMM_Resources_Clinical%20Resources.htm#Diabetes).

Practices have previously been reminded that these guidelines **do not apply to children and adults with Type 1 Diabetes (T1D)**. However, the HSC Board continues to receive reports that guidance is being extrapolated to people with T1D leading to their difficulty in obtaining sufficient quantities of blood glucose monitoring (BGM) strips. People with T1D will need to test many times per day (e.g. from a minimum of 4 times daily in adults to in excess of 10 times daily, depending on individual circumstances). It is therefore not appropriate to place arbitrary restrictions on the supply of BGM strips to people with T1D.



### Action

- Please ensure that prescriptions for BGM test strips for people with T1D are not restricted: **people with T1D need a minimum of 3 to 4 boxes per month**.
- Please ensure that these important points are communicated to all members of the practice team, including clinical and administrative staff.

## NEW NICE GUIDANCE

NICE Clinical Guideline [CG192](#): Antenatal and postnatal mental health: clinical management and service guidance.  
[NICE TA 321](#): Dabrafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma.  
NICE Guideline [NG1](#): Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people.  
NICE Guidance [TA 332](#): **NOT RECOMMENDED** — Sipuleucel-T for the first line treatment of metastatic hormone relapsed prostate cancer.

## MANAGED ENTRY DECISIONS

The following medicines were considered in February 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

- Rivaroxaban (Xarelto<sup>®</sup>)
- Umeclidinium + vilanterol (Anoro<sup>®</sup>)

### Secondary Care

- Abiraterone (Zytiga<sup>®</sup>)
- Colestilan (BindRen<sup>®</sup>)

- Follitropin alfa (Bemfola<sup>®</sup>)
- Pomalidomide (Imnovid<sup>®</sup>)
- Regorafenib (Stivarga<sup>®</sup>)
- Simeprevir (Olysio<sup>®</sup>)
- Sofosbuvir (Sovaldi<sup>®</sup>)

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 2835  
Western Office: 028 7186 0086

### References

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- 2) CKS. <http://cks.nice.org.uk/> Accessed 26/02/15.
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- 5) HSCB. Letter – Access to Strips for Self-Monitoring of Blood Glucose (SMBG) in children and adults with Type 1 Diabetes.
- 6) NICE. Draft NICE Clinical Guideline: Type 1 Diabetes, 2014.
- 7) NICE. Draft NICE Clinical Guideline: Diabetes in children and young people, 2014.
- 8) HSCB. Medicines Management Newsletter Supplement: Supplements. April 2013.

**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.**