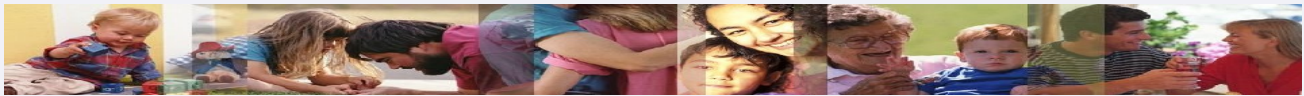


NEWSLETTER



In This Issue

- ⊕ Generic fluticasone / salmeterol MDIs available
- ⊕ Mirabegron (Betmiga[®]) not first line
- ⊕ A useful new resource: PrescQIPP
- ⊕ PDE5Is: not solely for lower urinary tract disorders
- ⊕ Managed Entry decisions

GENERIC FLUTICASONE / SALMETEROL MDIs AVAILABLE

Following the patent expiry of Seretide[®], fluticasone / salmeterol combination metered dose inhalers (MDIs) are now available generically. One branded generic MDI is already on the market and more generic versions are expected to be launched soon.

Patients who are trained and competent in using MDIs should be able to use generic fluticasone / salmeterol MDIs. However it is important that patients are counselled regarding a change from brand to generic MDI.

Currently there are no generic fluticasone / salmeterol dry powder inhaler (DPI) devices available. DPIs are required to be brand-prescribed due to the range of devices often available and the importance of maintaining patients on a device that they are trained in using. See Items Unsuitable for Generic Prescribing

http://www.hscboard.hscni.net/medicinesmanagement/Prescribing%20Guidance/index.html#P-1_0

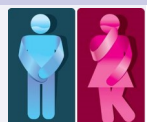
In the last twelve months in Northern Ireland, £10 million was spent on Seretide[®] Evohalers[®] (MDIs). Generic fluticasone / salmeterol combination MDIs are priced at approximately 25% below Seretide[®]. **Therefore there is the potential to save £2.5 million per year in Northern Ireland by prescribing generic fluticasone / salmeterol combination MDIs for patients already established on a MDI device.**

Action

- Patients established on a MDI inhaler should be prescribed generic MDI fluticasone / salmeterol combination inhalers.
- All healthcare professionals should ensure patients are counselled regarding a change from brand to generic MDI.

MIRABEGRON (BETMIGA[®]) NOT FIRST LINE

Mirabegron is the first of a new class of drug for the treatment of overactive bladder (OAB). NICE has recommended that first-line drug treatment of OAB is with an antimuscarinic agent. Tolterodine and oxybutynin immediate release are cost-effective options included in the Northern Ireland Formulary (<http://niformulary.hscni.net>). Mirabegron has a lower incidence of anticholinergic side effects such as dry mouth but has a higher acquisition cost than the antimuscarinic agents. Mirabegron has been approved by NICE for use **ONLY** for people in whom antimuscarinic drugs are contraindicated, clinically ineffective, or have unacceptable side effects.



Action

- An adequate trial of antimuscarinic agents (i.e. 4 weeks for 1st line and 4 weeks for 2nd line medicine) should be given before prescribing mirabegron (see Northern Ireland Formulary for 1st and 2nd line medicines for urinary frequency, enuresis and incontinence <http://niformulary.hscni.net/Formulary/Adult/7.0/7.4/7.4.2/Pages/default.aspx>).

A USEFUL NEW RESOURCE: PrescQIPP



HSCB would like to draw your attention to PrescQIPP (<https://www.prescqipp.info/>). PrescQIPP is an independent NHS programme that was established only a few years ago but has since grown substantially in terms of the resources and services it provides. HSCB became a member of PrescQIPP in February 2015. Benefits include networking and benchmarking with colleagues across the UK. Although a HSCNI email is required to log in, anyone is free to access resources (with the most recent three months only available to registered users). PrescQIPP provide bulletins, toolkits and comprehensive evidence-based implementation resources which are topical, succinct and relevant to GPs, practice nurses and pharmacists. The bulletins provide evidence based summaries, prescribing recommendations, savings data, and practical steps to support implementation of medicines optimisation initiatives in clinical practice. Key areas include polypharmacy and deprescribing, respiratory webkit and the DROP list.

Action

- GPs/practice nurses/practice pharmacists should add PrescQIPP website to “favourites” on their PC and utilise resources in prescribing review.
- Community pharmacists may wish to review the range of resources available including care home, falls and medicines optimisation.

PDE5Is: NOT SOLELY FOR LOWER URINARY TRACT DISORDERS

NICE has updated it's guideline on the management of lower urinary tract symptoms (LUTS) in men following a review of the evidence for phosphodiesterase 5 inhibitors (PDE5Is), e.g. sildenafil, tadalafil, vardenafil, in treating this condition (<http://www.nice.org.uk/guidance/CG97/evidence>). NICE now recommend that PDE5Is should not be prescribed solely for the purpose of treating LUTS in men, except as part of a randomised controlled trial.

Action

Any requests in primary care to prescribe a PDE5I solely for LUTS should be reviewed with the initiating consultant.

MANAGED ENTRY DECISIONS

The following medicines were considered in May 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

Primary and Secondary Care

- Budesonide (Budenofalk[®])
- Levonorgestrel (Levosert[®])
- Linagliptin + metformin combination tablets (Jentadueto[®])
- Magnesium aspartate dihydrate (Magnaspartate[®])
- Naloxegol (Moventig[®])

Secondary Care

- Adalimumab (Humira[®])
- Cangrelor (Kengrexal[®])
- Obinutuzumab (Gazyvaro[®])
- Ponatinib (Iclusig[®])
- Regorafenib (Stivarga[®])
- Sucroferric oxyhydroxide (Velphoro[®])

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

- 1) NICE. NICE CG97. Lower urinary tract symptoms in men: assessment and management - Addendum. 2015
- 2) NICE. NICE TA290. Mirabegron for treating symptoms of overactive bladder. 2013.
- 3) BSO. Northern Ireland prescribing data, May 2014 to April 2015.
- 4) PrescQIPP. <https://www.prescqipp.info/>
- 5) MIMS. Sirdupla: new LABA/corticosteroid inhaler. <http://www.mims.co.uk/sirdupla-new-laba-corticosteroid-inhaler/respiratory-system/article/1349305> June 2015.

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