NORTHERN IRELAND MEDICINES MANAGEMENT

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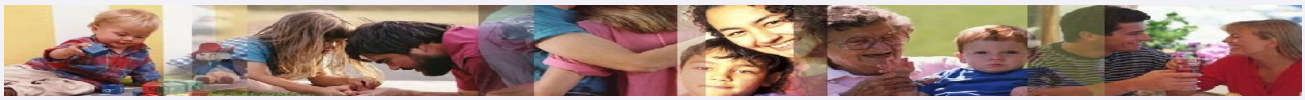
NEWSLETTER



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- New review tool for urinary incontinence medicines
- Generic omeprazole: prescribe capsules, not tablets
- Yellow card reporting in Northern Ireland
- New NICE guidance
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NEW REVIEW TOOL FOR URINARY INCONTINENCE MEDICINES

Antimuscarinic drugs may be prescribed for patients with urinary incontinence in whom bladder training has not been effective. Tolterodine or oxybutynin immediate release may be considered as first line drug treatments for new starts or restarts. It is, however, important that patients receive regular review of these medicines.

Benefits from antimuscarinic drugs for urinary incontinence are small, with fewer than 200 cases of continence attributable per 1000 treated. Furthermore, long term prescribing of antimuscarinic drugs is associated with an increased risk of cognitive impairment, dementia and mortality.

The HSCB Medicines Management Team has worked with secondary care consultants in Urology & Gynaecology and specialist nurses to produce a Review Tool of medication for urinary incontinence for use in primary care. The Review Tool helps to identify appropriate patients who may be offered a four week 'Drug Holiday' trial of their urinary incontinence medication, where medication is stopped for a 4 week trial period to assess effectiveness of treatment and/or remission of symptoms.

A pilot of the Review Tool was carried out in seven GP practices in Northern Ireland. A total of 300 patients had their urinary incontinence medication reviewed using the Review Tool. Of these patients, 207 patients were identified as being suitable for a 'Drug Holiday'. After four weeks, 161 (77%) did not restart their drug treatment and their medication was discontinued; 46 (23%) believed their symptoms were better managed on treatment and so restarted their urinary incontinence medication. Patients were responsive to the trial when the rationale for the 'Drug Holiday' was explained. The Review Tool is now available on the Primary care intranet site http://primarycare.hscni.net/PharmMM_Resources_Clinical%20Resources.htm.

Action

- Routine practice should include advice on conservative management techniques.
- Inform patients when medication is started that there will be a break in treatment at six months (or sooner) to see if there has been a natural remission in symptoms and if medication has been effective.
- Review effectiveness of medicines for urinary incontinence after 3 to 6 months.
- Check if other medicines that also have anticholinergic activity, e.g. tricyclic antidepressants, chlorphenamine, are also being prescribed as this can further increase risk of cognitive impairment. For further information on antimuscarinic drugs and risk of anticholinergic syndrome, see: http://www.medicinesgovernance.hscni.net/primary-care/medicines-safety-advice-letters/

GENERIC OMEPRAZOLE: PRESCRIBE CAPSULES, NOT TABLETS

Omeprazole is available generically as capsules and gastro-resistant tablets. There is, however, considerable price difference between the two (as shown in the table). Regionally there is **potential to save approx. £80k by switching gastro-resistant tablets to gastro-resistant capsules** based on current prescribing practice.

	Tablets	Capsules
10mg (28)	£7.90	£1.25
20mg (28)	£5.98	£1.24
40mg (28)	£20.56	£4.48

Action

- Practices should check their clinical system to ensure capsules appear first in the "pick-list".
- Review patients on repeat prescription for omeprazole gastro-resistant tablets and switch to capsules.

YELLOW CARD REPORTING IN NORTHERN IRELAND

The number of submissions to the Yellow Card Scheme from Northern Ireland has been falling year on year. Northern Ireland makes up roughly 2.9% of the UK population, so the figures received are slightly lower than 2.9% of the total UK reports.

It is important for people to report problems experienced with medicine or medical devices as these are used to identify issues which might not have been previously known about. The MHRA will review the product if necessary, and take action to minimise risk and maximise benefit to the patients. The MHRA is also able to investigate counterfeit or fake medicines or devices and if necessary take action to protect public health [NB in Northern Ireland incidents with medical devices should be reported to the Northern Ireland Adverse Incident Centre (NIAIC)].

Year	Number of cases		NI cases as a % of UK cases
	UK	NI	
2012	13933	338	2.4%
2013	16977	377	2.2%
2014	18384	352	1.9%
2015	3021	53	1.75%

Yellow cards can be completed online on the Yellow Card scheme website https://yellowcard.mhra.gov.uk/. You can also send Yellow Card reports by post. Forms are available by writing to FREEPOST YELLOW CARD (no other address details necessary) or by emailing yellowcard@mhra.gsi.gov.uk

Action

- Healthcare professionals are urged to report all serious suspected adverse drug reactions to the Yellow Card scheme, even if the effect is well recognised. You do not have to prove causality to report a suspected ADR, only a suspicion is needed.
- For new medicines and vaccines that have a black triangle (▼), all suspected adverse drug reactions should be reported.

NEW NICE GUIDANCE

NICE Guideline NG3 — Diabetes in pregnancy: management of diabetes and its complications from preconception to the postnatal period.

NICE Clinical Guideline CG61 — Irritable bowel syndrome in adults: diagnosis and management of irritable bowel syndrome in primary care — Addendum.

NICE Guideline NG7 — Maintaining a healthy weight and preventing excess weight gain among adults and children

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

- Insulin degludec (Tresiba®)
- Aclidinium/formoterol (Duaklir Genuair®)
- Levonorgestrel (Jaydess®)
- Linagliptin (Trajenta®)
- Liraglutide (Victoza®)

Secondary Care

- Collagenase clostridium histolyticum (Xiapex®)
- Cabozantinib (Cometriq®)
- Tacrolimus (Envarsus®)
- Entecavir (Baraclude®)
- Idelalisib (Zydelig®)
- Omalizumab (Xolair®)
- Ofatumumab (Arzerra®)
- Vedolizumab (Entyvio®)
- Ustekinumab (Stelara®)

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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