



In This Issue

- ⊕ Northern Ireland drugs and driving legislation
 - ⊕ Limited role of Cyclimorph®
- ⊕ Oral anticoagulants — MHRA learning module
 - ⊕ Macrogols — prescribe by brand
 - ⊕ Managed Entry decisions

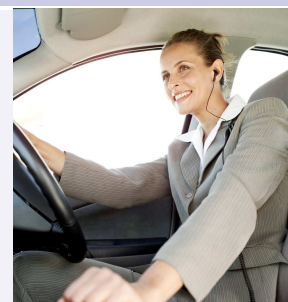
NORTHERN IRELAND DRUGS AND DRIVING LEGISLATION

The MHRA Drug Safety Update (July 2014) included an article on legislation regarding drugs and driving— ‘Drugs and driving: blood concentration limits to be set for certain controlled drugs in a new legal offence’.

The article advises that the Department for Transport has introduced a new offence of driving with certain controlled drugs above specified limits in the blood, which is likely to come into force on 2nd March 2015.

This has caused some confusion in Northern Ireland as the regulations are not UK wide. Legislation on alcohol and drug driving are devolved to the Northern Ireland Assembly. The changes that are due to come into force in Great Britain do not currently apply to Northern Ireland.

To clarify the present situation in Northern Ireland: the Department of the Environment is currently developing policy proposals for consideration of this new legislation by the Minister and the Northern Ireland Assembly, potentially bringing forward a Bill in the next Assembly mandate.



LIMITED ROLE OF CYCLIMORPH®

Cyclimorph® is licensed for the relief of moderate to severe pain in all suitable medical and surgical conditions in which reduction of the nausea and vomiting associated with the administration of morphine is required. However, contraindications and cautions apply that limit its use.

Cardiac pain	Cyclimorph® should be used with caution in cardiac related pain e.g. in suspected myocardial infarction (MI), due to the tachycardic and hypertensive effect of cyclizine which can affect cardiac function that may be already compromised due to an MI or heart failure. Cyclizine also counteracts the haemodynamic effect of the morphine.
Palliative / terminal care	Both the BNF and the Northern Ireland GAIN General palliative care guidelines for the management of pain at the end of life in adult patients (March 2011) advise that Cyclimorph® should not be used in palliative and end of life care.

Patients with high dose opioid requirements may not have their analgesic needs met due to the limiting factor of a maximum of three Cyclimorph® ampoules in 24 hours (i.e. 150mg cyclizine / 24 hours).

There have also been incidents of patients receiving Cyclimorph® and additional cyclizine where those administering the drugs were not aware of the cyclizine component of Cyclimorph®.

ORAL ANTICOAGULANTS — MHRA LEARNING MODULE

A learning module is available through the MHRA website on oral anticoagulants. The module outlines the key risks associated with oral anticoagulants, and has been approved for up to 1.5 CPD (continuing professional development) credits by the Faculty of Pharmaceutical Medicine of the Royal Colleges of Physicians of the UK.



<http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Medicineslearningmodules/Oralanticoagulants/index.htm>

MACROGOLS — PRESCRIBE BY BRAND



Laxido[®] (Galen) is the preferred choice of macrogol preparation in Northern Ireland for adults and children over 12 years. Laxido[®] contains exactly the same active ingredients as Movicol[®] sachets but is significantly less expensive. Prescribing Laxido[®] in preference to Movicol[®] could result in savings across Northern Ireland in excess of £100k per annum.

Product	Cost (30 sachets)
Laxido [®] SF	£4.27
Movicol [®] SF	£7.81

In order to obtain the savings with Laxido[®], it is important that prescriptions are written **by brand name** rather than generic in this case, as prescriptions for generic macrogols are currently reimbursed at the Movicol[®] price. If a prescription is written by brand name, reimbursement will be based on the list price for the prescribed product.

MANAGED ENTRY DECISIONS

The following medicines were considered in June 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

- Dapoxetine (Priligy[®])
- Beclometasone / formoterol (Fostair[®])

Secondary Care

- Pomalidomide (Imnovid[®])
- Botulinum toxin type A (Botox[®])
- Rituximab (MabThera[®])
- Dimethyl fumarate (Tecfidera[®])
- Certolizumab (Cimzia[®])

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 3741 4622
Northern Office: 028 9536 2835
Western Office: 028 7186 0086

References

1. MHRA. Drugs and driving: blood concentration limits to be set for certain controlled drugs in a new legal offence. Drug Safety Update, July 2014.
2. UKMi. Q&A 86.3 Can cyclizine be given to a patient who has an MI? April 2013, available through NICE Evidence search at: www.evidence.nhs.uk
3. EMC. Cyclimorph 10 SPC, last updated on the eMC 17/4/2014. <http://www.medicines.org.uk/emc>
4. MHRA. Medicines education modules / Oral anticoagulants.
5. BMA/RPSGB. BNF67. March—September 2014.
6. BSC/HSCB. Drug Tariff, August, 2014.

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.