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## **H. PYLORI TESTS AND PPI WASHOUT TIMES**

A two week washout period should be left after proton pump inhibitor (PPI) use and before testing for *H. pylori* with either a carbon-13 urea breath test or a stool antigen test.

**This applies to all tests.**

Some companies claim that a two week washout period is not required before the urea breath test if the patient uses a special test meal that contains a greater concentration of acid. However, the evidence for this is lacking and there is a risk of false negative results if the PPI is not stopped.



## **ADRENALINE DOSING IN KIDS**

### *Back to School Test*

**Q)** As school nurses dust off the medicine cupboards, expect the requests for replacement EpiPens<sup>®</sup> and Jext<sup>®</sup> to come in. But should they be prescribed by age or weight?

**A)** **They should be prescribed by weight.** Children weighing 30kg or more should be prescribed the 300microgram strength of Jext<sup>®</sup> or EpiPen<sup>®</sup>. A child in the 50th percentile will hit this weight around their 9th birthday, long before the rule of thumb “adult medication age” of 12 years.

**Reminder:** HSCB Medicines Management Team recommend that for pre-school children, 2 injector devices is an appropriate quantity to prescribe. For children at school, 4 injector devices is the maximum that a child should be prescribed on a single HS21 prescription (so that two devices can be left in school).



## **SILDENAFIL — PRESCRIBING RESTRICTIONS STILL APPLY IN N. IRELAND**

In England and Wales, the prescribing restrictions on sildenafil have recently been lifted, allowing GPs to prescribe sildenafil on the NHS for any man with erectile dysfunction.

**This legislative change has however not been made in Northern Ireland.**

The decision on whether to take this forward will require agreement between the Department of Health and HSCB. If agreed, the necessary legislative change would require consultation and would be progressed during 2015/16. In the meantime, existing restrictions remain in place as detailed in Part XI(b) of the NI Drug Tariff: [http://www.hscbusiness.hscni.net/pdf/DT\\_PART\\_11b\\_1410.pdf](http://www.hscbusiness.hscni.net/pdf/DT_PART_11b_1410.pdf)

## MONITORING BOOKS — TO BE COMPLETED

It is important that lithium and methotrexate record books are completed with monitoring results and patients encouraged to carry these. Although monitoring results are available to GP practice and hospital staff via the Electronic Care Record (ECR), the ECR is not currently available to community pharmacists.



Patients receiving drugs with shared-care monitoring arrangements e.g. lithium and methotrexate, should be encouraged to ensure their record book is completed and shown to all professionals involved in their care. This will also help to encourage greater patient involvement in their own care.

Further supplies of lithium and methotrexate record books can be ordered by emailing BSO ([pharmacystationeryorders@hscni.net](mailto:pharmacystationeryorders@hscni.net)) with your practice name, address and telephone number and the quantity of each item required.

For further information, link to the 'How to order patient information & monitoring books' guide on the Medicines Governance website:

<http://www.medicinesgovernance.hscni.net/primary-care/medicines-safety-documents/guidelines/>

## MANAGED ENTRY DECISIONS

The following medicine was considered in September as part of the Northern Ireland Managed Entry process. **For further details please refer to the Managed Entry section of the Northern Ireland Formulary website:** <http://niformulary.hscni.net/ManagedEntry/MEDecisions/Pages/default.aspx>

### Secondary Care

In Northern Ireland, Dabrafenib (Tafinlar<sup>®</sup>) is accepted for use as an option for treating unresectable or metastatic BRAF V600 mutation-positive melanoma only if the company provides dabrafenib with the discount agreed in the patient access scheme.

Where infrastructure is in place and the service has capacity, interim commissioning of this drug is accepted on a cost-per-case basis until the Service Notification is issued.

## NEW NICE GUIDANCE

NICE Clinical Guideline CG182 — Chronic kidney disease: early identification and management of chronic kidney disease in adults in primary and secondary care  
(<http://www.nice.org.uk/guidance/CG182>)

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

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4. HSCB. Guidance for GP Practices for Safe Use of Adrenaline Injectors. [http://primarycare.hscni.net/pdf/Use\\_of\\_injectors\\_in\\_primary\\_care\\_Guidance\\_October\\_2011.pdf](http://primarycare.hscni.net/pdf/Use_of_injectors_in_primary_care_Guidance_October_2011.pdf)

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