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## UPDATED NICE GUIDANCE ON LIPID MODIFICATION — WHAT'S NEW?

NICE updated their guidance in July 2014 on lipid modification in light of new evidence.

### Identifying and assessing CVD risk

- The QRISK2 risk assessment tool should be used to assess CVD risk for primary prevention in patients  $\leq 84$  years and patients with type 2 diabetes.
- GP clinical systems are to be updated with the QRISK2 tool. In the meantime it can be accessed via the link <http://qrisk.org/>
- Other factors that increase the risk of CVD should also be considered, e.g. medicines that can cause dyslipidaemia (e.g. antipsychotics, corticosteroids or immunosuppressant drugs).
- QRISK2 risk assessment tool is not necessary in the following (assumed at increased risk of CVD):
  - People with an estimated GFR  $<60\text{mL}/\text{min}/1.73\text{m}^2$  and / or albuminuria
  - People  $\geq 85$  years, particularly people who smoke or have raised blood pressure
  - People with type 1 diabetes.

### Lipid measurement

- At least one lipid sample should be taken to measure full lipid profile. This should include measurement of total cholesterol, high density lipoprotein (HDL) cholesterol, non-HDL cholesterol and triglyceride concentrations. A fasting sample is not needed.
- Use the clinical findings, lipid profile and family history to judge the likelihood of a familial lipid disorder rather than the use of strict lipid cut off values alone.

### Lipid modification therapy

- For primary prevention, offer atorvastatin 20mg to people who have a  $\geq 10\%$  10 year risk of developing CVD.
- Start statin treatment in people with CVD with atorvastatin 80mg (use a lower dose of atorvastatin if there are any potential drug interactions, high risk of adverse effects, or patient preference).
- Aim for a greater than 40% reduction in non-HDL cholesterol [Non-HDL cholesterol = (Total cholesterol) – (HDL cholesterol)] at 3 months. Evaluate compliance and repeat lipid level (due to diurnal variation) before considering changing therapy. *Amended March 2016*
- The updated guideline now includes recommendations on lipid therapy in people with diabetes and chronic kidney disease (CKD).
- **Do not offer a bile acid sequestrant, fibrate (routinely), nicotinic acid or omega-3 fatty acid compound for the primary or secondary prevention of CVD.**

Please refer to full guidance for more detail <http://www.nice.org.uk/guidance/cg181> or the NICE Bites for a more concise summary <https://www.evidence.nhs.uk/search?q=nice+bites+lipid+modification>.

## DOMPERIDONE: P TO POM UPREGULATION

The MHRA has announced that, from 4 September 2014, people taking domperidone to treat nausea and vomiting will only be able to get this medicine on prescription from their doctor. It will no longer be available from pharmacies without a prescription. A recall to pharmacy level has been issued because this product should no longer be sold over the counter in pharmacies.

This follows advice previously issued by the MHRA in April 2014 about new information on effects on the heart and that domperidone should no longer be used for heartburn, bloating or relief of stomach discomfort.

## WHEN CAN A PATIENT BE CHARGED FOR TRAVEL VACCINES?

Whether it is an 18 year old heading off to satisfy their wanderlust with a yearlong jaunt around the world, or honeymooners on a safari to Kenya, travel health is a year round encounter in the GP surgery. Paying for tickets, passports, visas and insurance is accepted, but parting with cash for their health is not always so well received. So when should the intrepid traveller be expected to pay?



### Here is a reminder...

There are some travel vaccinations for which GPs are paid to provide on the NHS through the global sum and patients cannot be charged for the administration of these vaccinations. These vaccines are **typhoid, cholera, polio** and infective hepatitis (**hepatitis A**). A HS21 prescription should be issued for these vaccines. Stock prescriptions or vaccines allocated to the childhood vaccination programme should not be used.

**All other vaccinations for travel and malaria prophylaxis are not available on the NHS. A private prescription should be issued.** Of all the travel vaccines, **rabies vaccine** persistently appears in prescribing reports, albeit at a low level and dotted across Northern Ireland. It is always queried by the Medicines Management Adviser and it is rarely, if ever, prescribed for a valid reason.

It is recommended that if you choose to charge for advice and administration of private vaccines that you incorporate it into the fee you charge for issuing a private prescription. This is because charging for advice or administration in relation to NHS vaccines is not permitted, but generally the private and NHS administration and advice will happen at the same time and deciding how to charge separately will be difficult.

You can find full details on the [Primary Care Intranet Travel Page](#), under the Pharm&Meds Management>Resources tab. This includes a patient information leaflet which lists the vaccines available on the NHS and those which are not. For professional resources, including current vaccine shortage issues, consult 'The National Travel Health Network and Centre' at [www.nathnac.org](http://www.nathnac.org)

## MANAGED ENTRY DECISIONS

The following medicines were considered in August 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

- Dapagliflozin + Metformin (Xigduo<sup>®</sup>)
- Olodaterol (Striverdi Respimat<sup>®</sup>)
- Racecadotril (Hidrasec<sup>®</sup>, Hidrasec<sup>®</sup> Infants, Hidrasec<sup>®</sup> Children)
- Umeclidinium + vilanterol (Anoro<sup>®</sup>)

### Secondary Care

- Abiraterone (Zytiga<sup>®</sup>) (licence extension)
- Colestilan (BindRen<sup>®</sup>)
- Lenalidomide (Revlimid<sup>®</sup>)
- Trastuzumab emtansine (Kadcyla<sup>®</sup>)

## NEW NICE GUIDANCE

NICE Clinical Guideline CG179 (April 2014) — Prevention and Management of Pressure Ulcers (<http://guidance.nice.org.uk/CG179>)

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 CG181 <http://www.nice.org.uk/guidance/cg181>
2. NHS Evidence. NICE Bites Lipids <https://www.evidence.nhs.uk/search?q=nice+bites+lipid+modification>
3. HSCB. Primary care intranet travel page <http://primarycare.hscni.net/2626.htm>
4. NATHNAC. <http://nathnac.org/pro/>

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