

NEWSLETTER



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DRY POWDER INHALERS TO BE PRESCRIBED BY BRAND

Over the last 12 months, a number of new respiratory inhalers have been launched onto the UK market. HSCB would like to remind prescribers that **dry powder inhalers should always be prescribed by brand**. This is to ensure continuity for the patient in that they receive the inhaler device which they have been trained to use by healthcare professionals (Accuhaler[®], Easyhaler[®], Turbohaler[®], Pulvinal[®], Clickhaler[®], Foradil[®] etc.).

For example, prior to 1st September 2014, the only product that could have been dispensed against generic budesonide / formoterol was Symbicort[®]; however, now Spiromax[®] could be dispensed against the generic prescription — this is a new inhaler device that is **not** the same as a turbohaler.

Prescribing data suggests that a number of practices are issuing dry powder inhalers generically. We would ask GP practice staff to ensure that dry powder inhalers are prescribed by brand. A full list of the drugs/preparations which should always be prescribed by brand are available at the links below:

http://primarycare.hscni.net/PharmMM_Resources_Clinical%20Resources_Generics.htm

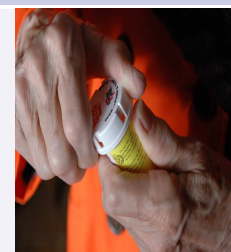
<http://www.hscboard.hscni.net/medicinesmanagement/Prescribing%20Guidance/>

BENZODIAZEPINE USE AND RISK OF ALZHEIMER'S DISEASE

Benzodiazepine use is high and often chronic in older people, despite the recommendations that benzodiazepines should be used in the short term only, and not to exceed three months. An increased risk of dementia has been identified in benzodiazepine users.

A recent study in the BMJ reported a dose-effect relationship between benzodiazepine use and increased risk of Alzheimer's disease in older people treated previously for more than three months. The risk was higher for long-acting benzodiazepine formulations (e.g. diazepam).

Prescribers should carefully balance the benefits and risks when initiating or renewing a benzodiazepine (or related product) in older patients. Benzodiazepine prescribing in older people should comply with good practice guidelines, i.e. use for the shortest duration (maximum three months) and with a preference for formulations with a short half life. Refer to [Benzodiazepine Resource Pack](#) on HSCB intranet for further information.



FURTHER CHANGE TO DEXAMETHASONE INJECTIONS

Following replacement of the Organon dexamethasone 4 mg/ml injection by the Aspen 3.8mg/ml injection, there are now three formulations on the market.

Health professionals need to be aware of the potential risk for prescribing, dispensing and administration of the incorrect dexamethasone product and dose.

Some of the product differences are summarised in the table with further details at the attached link: [Comparison of dexamethasone injections](#)

	Organon	Aspen	Hameln	Hospira
Dexamethasone base	4.0mg/ml	3.8mg/ml	3.3mg/ml	3.3mg/ml
Volume equiv. to 4mg base	1ml	1.05ml	1.2ml	1.2ml
Storage	< 25C	2 — 8C	< 25C	< 25C
Presentation	1ml amp	1ml vial	1ml and 2ml amps	1ml amp and 2ml vial

E-LEARNING PRESCRIBING COURSE

The PRACTiCe study, commissioned by the General Medical Council, has gathered evidence on prescription error rates and explored possible reasons why these errors occur.

One of the outcomes of the study has been to produce an on-line learning course entitled “**Prescribing in General Practice**”, which examines the principles that inform good prescribing, and details the more common reasons for prescribing errors.

The course takes around three hours to complete and is divided into five modules that use case studies to cover the principles of: Appropriate drug selection, Avoiding prescribing errors, Choosing the right dose, Right dose instructions and Effective medication reviews.

The course is available free to use, for all healthcare professionals in the UK until at least January 2015. In order to access the course, you can register with the RCGP e-learning platform at: <http://elearning.rcgp.org.uk/>



MANAGED ENTRY DECISIONS

The following medicines were considered in October 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

- Alogliptin (Vipidia[®])
- Dabigatran (Pradaxa[®])
- Lurasidone (Latuda[®])
- Nalmefene (Selincro[®])
- Empagliflozin (Jardiance[®])
- Azelastine + fluticasone (Dymista[®])
- Alogliptin + metformin (Vipdomet[®])

Secondary Care

- Lidocaine + tetracaine (Pliaglis[®])
- Brentuximab (Adcetris[®])
- Dabrafenib (Tafinlar[®])
- Misoprostol vaginal insert (Mysodelle[®])
- Imatinib (Glivec[®])
- Posaconazole tablet formulation (Noxafil[®])
- Sofosbuvir (Sovaldi[®])
- Lenalidomide (Revlimid[®])

NEW NICE GUIDANCE

NICE Clinical Guideline CG 30—Long-acting reversible contraception (update)

(<http://www.nice.org.uk/guidance/CG30>)

NICE Clinical Guideline CG81 - Advanced breast cancer (update): Diagnosis and treatment

(<http://www.nice.org.uk/guidance/CG81>)

NICE Technology Appraisal TA 311: Bortezomib for induction therapy in multiple myeloma before high-dose chemotherapy and autologous stem cell transplantation (<http://www.nice.org.uk/guidance/ta311>).

NICE Technology Appraisal TA 312: Alemtuzumab for treating adults with relapsing–remitting multiple sclerosis (<http://www.nice.org.uk/guidance/TA312>).

NICE Technology Appraisal TA316: Enzalutamide for metastatic hormone-relapsed prostate cancer previously treated with a docetaxel-containing regimen (<https://www.nice.org.uk/guidance/ta316>).

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) Billioti de Gage S et al. Benzodiazepine use and risk of Alzheimer's disease: case-control study. *BMJ* 2014;349:g5205.
- 2) UKMi. In use product safety assessment report for Dexamethasone injection. October 2014. <http://www.ukmi.nhs.uk/>
- 3) RCGP. Online Learning Environment. [Accessed 7/11/2014] <http://elearning.rcgp.org.uk/>
- 4) HSCB. Items unsuitable for generic prescribing. <http://www.hscboard.hscni.net/medicinesmanagement/Prescribing%20Guidance/035%20Items%20Unsuitable%20for%20Generic%20Prescribing-April%202013.pdf>
- 5) MHRA. Dexamethasone 4 mg/ml injection (Organon Laboratories Limited): reformulation with changes in name, concentration, storage conditions, and presentation. Drug Safety Update, October 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.