

## NEWSLETTER



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## HSCB Invests in Technology Solution to Enhance Medicines Optimisation

HSCB is pleased to announce the launch of the prescribing decision support system (PDSS), Optimise Rx, for GP practices in Northern Ireland. Phase 1, commencing in December 2021, will see the roll out of Optimise Rx in GP practices using EMIS Web; details of the next phases will be provided in due course.

Optimise Rx integrates with GP clinical systems to deliver patient-specific prescribing support messages at the point of care, which are relevant to the medicines being prescribed. Examples of messages include medicines safety warnings, preferred cost-effective products and first line Formulary choices. The messages delivered are tailored to the patient's individual medical record and take into consideration current and previous medications, morbidities, observations and measurements, to support prescribers to make the safest, most clinically appropriate prescribing decision. Messages appear in the normal workflow of the clinical system so do not disrupt the flow of the prescriber, with the final decision on prescribing remaining with them.

PDSS systems have been widely used across the UK for many years. Until now, GP practices in Northern Ireland have had no technology solution to provide decision support at the point of prescribing. The system will be an additional tool to provide easy to use information about medicines safety and cost effectiveness without the need to refer to an external source.

Optimise Rx is the most widely used medicines optimisation solution in England, covering over 39 million patients. The decision to select Optimise Rx was made by a Project Board, with representation from a range of key stakeholders including GP Federations and GPC.

### Take a look !

This 8 minute video demos how the system will work in EMIS Web:  
<https://www.youtube.com/watch?v=ubfKeXjYuCo>

## New: Drug monitoring tool on SPS website

Specialist Pharmacy Service (SPS) have produced a new guideline on drug monitoring, available on their website: <https://www.sps.nhs.uk/home/guidance/drug-monitoring/>.

Summarised recommendation and guidance for medicines requiring monitoring are available, to make it easier for healthcare professionals making monitoring decisions with patients.

Recommendations are provided for: baseline, after started or dose changed, continued until stable, and ongoing once stable.

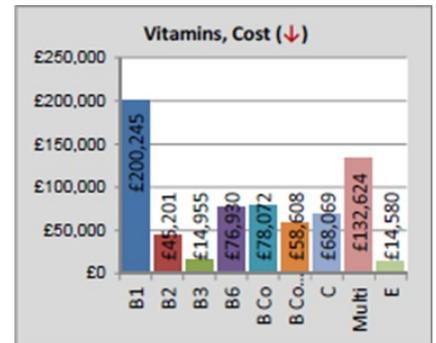
Before starting ▾			Default	Compact	Q Filter medicine
Medicine	Frequency, condition and tests	Last modified			
Monitoring ACE inhibitors and angiotensin II receptor blockers	Baseline - BP, eGFR or CrCl, K, Na, Urea	Jun 24, 2021			
Monitoring Acetylcholinesterase inhibitors	Baseline - eGFR, LFTs, K	Jul 5, 2021			
Monitoring Alfacalcidol	Baseline - ALP, PTH, Ca, CrCl, Phosphate, U&Es, Vit D	Jul 5, 2021			
Monitoring Amiodarone	Baseline - CXR, ECG, U&Es, K, LFTs, T3, T4, TSH Consider Once - TPOAb	Jul 5, 2021			
Monitoring Azathioprine	Baseline - ALT or AST, BP, cGFR or CrCl, Cervical screening, FBC, Ht, LFTs, TPMT assay, Wt Consider in patients at risk of infection Baseline - HBV, HCV, HIV	Jul 13, 2021			
Monitoring Carbamazepine	Baseline - BMI, FBC, LFTs, U&Es, CrCl or eGFR Consider	Jul 6, 2021			

# Deprescribing: Vitamins (excluding Vitamin D) in Adults



Vitamins and minerals are essential nutrients which most people should get from eating a healthy, varied, and balanced diet. Despite this, over £6 million is spent annually on prescribing specific vitamin products in NI. A graph detailing the breakdown of costs of specific vitamins for each practice has been added to COMPASS report.

[DoH policy](#) supports healthcare professionals in promotion of self-care and appropriate use of resources, reducing unnecessary polypharmacy where possible. In line with this, vitamins should not be prescribed for dietary supplementation or as a general pick-me-up. Such products should only be prescribed in the management of actual or potential vitamin or mineral deficiency, related to a specific clinical or ACBS approved indication. This advice has also been shared with [Trusts](#).



An SOP has been developed, available on the [Primary Care intranet](#), to assist with the deprescribing of vitamin products, highlighting the limited indications when continued vitamin supplementation may be clinically appropriate.

## Actions for GP practices

- Review all **adult** patients prescribed vitamin preparations and discontinue where there is no appropriate clinical indication, as per [HSCB letter](#).
- New prescriptions for vitamins should only be initiated for management of actual or potential vitamin deficiency.
- Where vitamins are indicated prescribers should consider adding a stop (or review date) in the directions field to avoid continuation past therapeutic need.
- If, following review, prescribing a vitamin B complex preparation is justifiable, ensure the most cost-effective preparation is prescribed, i.e. vitamin B compound **strong** in preference to vitamin B compound tablets and add a note to GP clinical system to flag this.
- Advise patients who still want to take vitamins and minerals for dietary supplementation to purchase them OTC.
- Signpost to [Healthy Start vitamins](#) for pregnant and breastfeeding women and children up to age 4 where eligible.

Vit B complex preparation	Price x 28 tablets
Vitamin B comp. tablets	£26.63
Vitamin B comp. strong	£1.35
<i>NI Drug Tariff, Oct 2021</i>	

## Actions for Community Pharmacists

- Promote [healthy eating](#) to all patients and provide advice on a varied and well-balanced diet.
- Assist patients who want to take vitamins and minerals for dietary supplementation or as a "pick-me-up" in purchasing appropriate preparations OTC.
- Signpost to [Healthy Start vitamins](#) as above.

## Riboflavin for migraine

There is some evidence that riboflavin 400mg once a day may be effective in reducing migraine frequency and intensity for some people (NICE CG150). However, there is no licensed product for this indication and patients should be advised to purchase OTC.

## NICE GUIDANCE — NI SERVICE NOTIFICATIONS

*Service Notifications have been issued in Northern Ireland for the following:*  
[NICE TA682](#) — Erenumab for preventing migraine  
[NICE TA716](#) — Nivolumab with ipilimumab for previously treated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency.  
[NICE TA720](#) — Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma  
[NICE TA721](#) — Abiraterone for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer  
[NICE TA722](#) — Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement  
[NICE TA723](#) — Bimekizumab for treating moderate to severe plaque psoriasis  
[NICE NG199](#) — Clostridioides difficile infection: antimicrobial prescribing

### NOT recommended:

[NICE TA706](#) — Ozanimod for treating relapsing–remitting multiple sclerosis  
[NICE TA724](#) — Nivolumab with ipilimumab and chemotherapy for untreated metastatic non-small-cell lung cancer

## MANAGED ENTRY DECISIONS

- |   |  |  |
|---|--|--|
| • Adalimumab                                      | • Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, abatacept and tocilizumab | (Poteligeo <sup>®</sup> )                |
| • Bempedoic acid                                  | • Onasemnogene abeparvovec (Zolgensma <sup>®</sup> )   | • Ramcicirumab (Cyramza <sup>®</sup> )   |
| • Pertuzumab + trastuzumab (Phesgo <sup>®</sup> ) | • Nivolumab (Opdivo <sup>®</sup> )   | • Ravulizumab (Ultomiris <sup>®</sup> )  |
| • Fostemsavir (Rukobia <sup>®</sup> )             | • Enzalutamide (Xtandi <sup>®</sup> )  | • Secukinumab (Cosentyx <sup>®</sup> )   |
| • Abiraterone (Zytiga <sup>®</sup> )              | • Mogamulizumab  | • Ixekizumab (Taltz <sup>®</sup> )       |
| • Chlormethine (Ledaga <sup>®</sup> )             |  | • Nivolumab (Opdivo <sup>®</sup> )       |
| • Dasatinib (Sprycel <sup>®</sup> )               |  | • Atezolizumab (Tecentriq <sup>®</sup> ) |

For full details see [Managed Entry section](#) of NI Formulary

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 Pharmacy

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