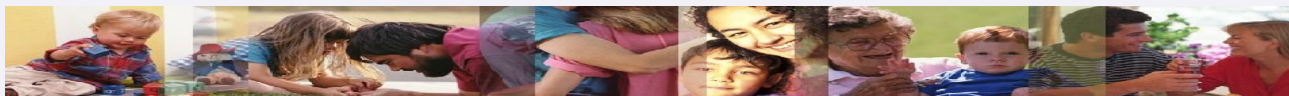


NEWSLETTER



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## Barrier Skin Products — When to use?

Barrier products such as Cavilon® (No Sting Barrier Film; Durable Barrier Cream), and Medi Derma S® (Total Barrier Cream and Film) are used to protect skin from incontinence-associated dermatitis. These products are designed to provide **long lasting** protection of the skin and therefore do not need to be applied after every change.

Prescribing data suggests that there is significant overuse of these products, with £460,000 spend in the last 12 months, particularly in care homes. If frequent application of a cream is preferred to protect skin, then a product such as Conotrane® cream would be appropriate.

Barrier Product	Directions for use
Cavilon® No Sting Barrier Film	<ul style="list-style-type: none"> <li>• Normally, it should be re-applied every 48 to 72 hours.</li> <li>• If used for adhesion protection, re-apply after every dressing or tape change.</li> <li>• For severe incontinence or when skin is broken, reapply every 12 - 24 hrs.</li> </ul>
Cavilon® Durable Barrier Cream	<ul style="list-style-type: none"> <li>• Apply twice a day to affected areas. You don't need to reapply it after every episode of incontinence.</li> <li>• Use a pea sized amount.</li> <li>• No need to reapply after every wash.</li> <li>• If skin irritation is evident, it should be re-applied after every third or fourth incontinent episode.</li> <li>• A 92g tube should last 3 weeks; a 28g tube should last 1 week approx.</li> </ul>
Medi Derma S® Total Barrier Film	<ul style="list-style-type: none"> <li>• Lasts up to 72 hours</li> </ul>
Medi Derma S® Total Barrier Cream	<ul style="list-style-type: none"> <li>• Use a pea sized amount of cream to cover an area approximately the size of your palm</li> <li>• After every third wash / twice daily.</li> </ul>

**ACTION:** GP practices are asked to review prescribing of barrier products to ensure appropriate use.

## NI Formulary Dressing of Choice: Aquacel® Extra

An updated version of the NI Wound Care Formulary was published in January 2020 and is available both online (on the NI Formulary website <https://niformulary.hscni.net>) and as paper copies.

Since the publication of the updated Wound Care Formulary, we have been advised by colleagues in Tissue Viability that patients have been receiving the incorrect type of Aquacel® dressing. This may in part be due to the larger number of dressings now available to select on GP clinical systems.

**Aquacel® Extra is the Formulary choice** for fibrous hydrocolloid dressing, and should be selected rather than standard Aquacel® dressings or Aquacel® silver dressings. Silver dressings have a limited place in therapy and should not be used for longer than 2 to 4 weeks without discussion with a local wound management specialist. They are not suitable for repeat prescribing.

**ACTIONS:**

- Ensure **Aquacel® Extra** is selected from the GP clinical systems when prescribing.
- Review repeat prescriptions for Aquacel® silver dressings to ensure an appropriate dressing is chosen.
- If a silver dressing is indicated for short term use, **Aquacel® Ag Extra** is the Formulary choice.

## Query Anything Unusual

An adverse incident occurred where clopidogrel 75mg had not been removed from a discharge letter as intended and it was prescribed and dispensed along with ticagrelor 90mg and aspirin 75mg. The error was noted when the patient was readmitted to hospital sometime later. They had been taking the unintended triple antiplatelet therapy for 3 months.

Although triple therapy of anti-platelets can be given, it is unusual. The opportunity for an intervention by the GP practice and/or the Pharmacy was missed in this case.

It is important that when doctors and pharmacists have concerns about any drug recommendations it is best to check with the prescribing doctor to discuss their concerns.

Note: If there is a clinical concern in relation to a prescription, the pharmacist (not dispensary staff) must speak directly to the prescriber (not reception staff) about this, as per [HSCB guidance](#).



### Action for GP practices:

- If either the doctor or practice pharmacist has concerns about a drug recommendation from secondary care they should refer back to the hospital prescriber for clarification and confirmation.

### Action for community pharmacists:

- If the community pharmacist has concerns about a drug prescribed by a GP they should refer back to the GP or practice pharmacist for clarification and confirmation.

## Deprescribing Reminder: Quinine

Over the last 12 months prescribing of Quinine cost the health service in Northern Ireland over £365,000. The [MHRA](#) advise that quinine is not a routine treatment for nocturnal leg cramps, and should only be used when cramps **regularly** disrupt sleep. It is therefore on the [Limited Evidence list](#). Treatment should be interrupted every 3 months to reassess. In addition, quinine is well known to have effects on the QT interval. The review tool is available on [Primary care intranet](#).

## Revised SPC: REVAXIS<sup>®</sup>

The SPC for REVAXIS<sup>®</sup> (diphtheria, tetanus and poliomyelitis (inactivated) vaccine) suspension for injection in pre-filled syringe has been updated to note that the product contains 10 microgram phenylalanine in each 0.5 ml dose which is equivalent to 0.17 microgram/kg for a 60 kg person.

**Phenylalanine may be harmful for people with phenylketonuria.**

### NICE GUIDANCE — NI SERVICE NOTIFICATIONS

*Service Notifications have been issued in Northern Ireland for the following:*  
[NICE TA616](#) - Cladribine for treating relapsing-remitting multiple sclerosis.  
[NICE NG182](#) - Insect bites and stings: antimicrobial prescribing.

### MANAGED ENTRY DECISIONS

- |  |   |  |
|--|---|--|
| • Ranibizumab (Lucentis <sup>®</sup> )   | • Larotrectinib (Vitrakvi <sup>®</sup> )        | • Abiraterone (Zytiga <sup>®</sup> )                   |
| • Mexiletine (Namuscla <sup>®</sup> )    | • Fremanezumab (Ajovy <sup>®</sup> )            | • Atezolizumab (Tecentriq <sup>®</sup> ) - 2 decisions |
| • Pembrolizumab (Keytruda <sup>®</sup> ) | • Trastuzumab emtansine (Kadcyla <sup>®</sup> ) | • Brentuximab (Adcetris <sup>®</sup> )                 |
| • Lorlatinib (Lorviqua <sup>®</sup> )    | • Ustekinumab (Stelara <sup>®</sup> )           | • Gilteritinib (Xospata <sup>®</sup> )                 |
| • Obinutuzumab (Gazyvaro <sup>®</sup> )  | • Entrectinib (Rozlytrek <sup>®</sup> )         |  |

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 Advisors in your local HSCB office:

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