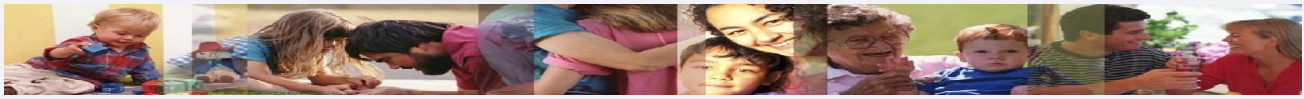


## NEWSLETTER



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## ACP workshops — Antimicrobial stewardship in a socially-distanced primary care

NICPLD are hosting virtual workshops on 12<sup>th</sup>, 18<sup>th</sup> and 20<sup>th</sup> May with a focus on the importance of antimicrobial stewardship within a pandemic. Antibiotic usage has changed due to COVID-19, and advice and resources have had to be adapted to account for COVID-19 symptoms. This workshop looks at managing common infections (respiratory tract infection and urinary tract infections) in primary care in a socially distanced world. This workshop may be useful for GP practices who wish to review their antibiotic prescribing or for community pharmacists who are planning to provide the pilot Pharmacy First service for uncomplicated lower urinary tract infections.

**ACTION:**

- Pharmacists can enrol for virtual workshops at <https://www.nicpld.org>
- Doctors and nurses can enrol for virtual workshops at <https://www.medicinesni.com>

## Correct storage instructions for denosumab (Prolia<sup>®</sup>) injection

During routine monitoring of the prescribing and dispensing of denosumab, an issue with incorrect storage was identified which resulted in the disposal of unused injections.

In line with the products [SPC](#), there are special precautions for storage:

- Store in a refrigerator (+2°C to +8°C).
- Do not freeze.
- Keep the container in the outer carton in order to protect from light.

The product has a shelf life of 3 years and, once removed from the refrigerator, Prolia<sup>®</sup> may be stored at room temperature (up to 25°C) for up to 30 days in the original container. It must be used within this 30 day period. In cases where more than one injection was prescribed and dispensed, the second injection was stored in a domestic fridge for up to six months. A domestic fridge is not suitable for this storage as there is no means of carrying out regular temperature checks to ensure the correct temperature range has been maintained. In these cases the injections could not be used, as appropriate storage could not be guaranteed.

**ACTION for GP Practices:**

- Ensure that only one Prolia<sup>®</sup> 60mg injection is prescribed at any one time.
- Before issuing a prescription check that it is due (i.e. six months since previous dose).

**ACTION for Community Pharmacists:**

- Query any early prescribing of Prolia<sup>®</sup> with the prescriber and highlight the storage implications.
- If the quantity of injections on the prescription is greater than one contact the prescriber prior to dispensing.
- Discuss the particular storage instructions with the patient or carer at the point of dispensing.
- Offer to store the dispensed injection in the pharmacy refrigerator until the day of planned administration.

# Monitored dosage systems (MDS) — Communicating medicines changes effectively

Mid-cycle changes to monitored dosage systems (MDS) require good communication between the GP practice and the community pharmacy. An adverse incident was reported to HSCB where additional information on a change of medication for a MDS patient was communicated solely via the right hand page of a computer generated HS21. However, this part of the prescription was removed prior to dispensing. The pharmacist was therefore unaware of this key information and as a result the patient did not receive the MDS as the prescriber intended. Fortunately, the error was identified by the patient's carer who had been counselled by the GP regarding the change and no harm was caused.

## Contributory factors:

- The practice was unaware that the patient was receiving a MDS. As a result, their robust practice procedure of communicating the change to the pharmacist verbally and in a written proforma was not completed.
- The additional information provided by the GP was documented on the right hand side of the prescription which was removed prior to dispensing.

## Key Learning for Community Pharmacists and GPs:

- The pharmacy and GP practice should hold a record of patients who are receiving medications dispensed in MDS.
- The GP practice should have a system for annotating records of patients who are receiving medications dispensed in MDS.
- Practices should consider if possible, including any changes within the body of the prescription as illustrated in the image. Note: please remove these annotations when they no longer apply.
- A process should be agreed between the pharmacy and GP practice for written communication of changes to medicines dispensed in MDS.
  - ◊ The strip of paper on the side of a HS21 may be used for various purposes but care should be taken to avoid including confidential information. It may be advisable for the patient's name to appear at the top, but this should be preceded by 'confidential'.
  - ◊ Notification of medication changes to community pharmacists should not be communicated **solely** via the right hand side of a prescription as this portion must be removed by pharmacies prior to submission to the BSO for payment. It can also be removed by patients prior to presenting at the pharmacy.
  - ◊ A template instalment dispensing communication [pro-forma](#) has been developed and is available on the HSC Medicines Governance website.
- Pharmacists should communicate directly with the prescriber regarding medication queries.
- Pharmacists should ensure patients and/or patient representatives are adequately counselled each time a prescription is dispensed, particularly when changes are made to their MDS.



## NICE GUIDANCE — NI SERVICE NOTIFICATIONS

Service Notifications have been issued in Northern Ireland for the following:

NICE [TA680](#) - Lenalidomide maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma

NICE [TA681](#) - Baricitinib for treating moderate to severe atopic dermatitis

NICE [TA682](#) - Erenumab for preventing migraine

NICE [TA683](#) - Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer (review of TA557)

NICE [TA684](#) - Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease (review of TA558)

NICE [TA685](#) - Anakinra for treating Still's disease

NICE [TA687](#) - Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (review of TA593)

NICE [TA688](#) - Selective internal radiation therapies for treating hepatocellular carcinoma.

## MANAGED ENTRY DECISIONS

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Beclometasone + formoterol + glycopyrronium (Trimbow<sup>®</sup>)</li> <li>• Bempedoic acid (Nilemdo<sup>®</sup>)</li> <li>• Pembrolizumab (Keytruda<sup>®</sup>)</li> <li>• Baricitinib (Olumiant<sup>®</sup>)</li> <li>• Omalizumab (Xolair<sup>®</sup>)</li> </ul> | <ul style="list-style-type: none"> <li>• Metreleptin (Myalepta<sup>®</sup>)</li> <li>• Mogamulizumab (Poteligeo<sup>®</sup>)</li> <li>• Apremilast (Otezla<sup>®</sup>)</li> <li>• Glasdegib (Daurismo<sup>®</sup>)</li> <li>• Alpelisib (Piqray<sup>®</sup>)</li> <li>• Mercaptamine eye drops (Cystadrops<sup>®</sup>)</li> <li>• Leuprorelin (Prostap</li> </ul> | <ul style="list-style-type: none"> <li>• DCS<sup>®</sup>) x 2</li> <li>• Daratumumab (Darzalex<sup>®</sup>) INTRAVENOUS infusion</li> <li>• Daratumumab SUBCUTANEOUS injection (Darzalex<sup>®</sup>)</li> <li>• Cannabinoid oromucosal spray (Sativex<sup>®</sup>)</li> </ul> |
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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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