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Know, Check, Ask



Medicines are the most commonly used medical intervention in Northern Ireland (NI). There are approximately 11.7 million medication errors in NI every year causing 20 deaths, contributing to 57 inpatient deaths and costing the health service £1.9 million. Medication errors are avoidable and the numbers occurring can potentially be greatly reduced or even prevented.

The Health and Social Care Board is launching a medication safety campaign to support the World Health Organisation 3rd Global Patient Safety Challenge [Medication without Harm](#). As part of this, a **Know Check Ask** campaign has been developed which aims to raise awareness and educate the public about medication safety by encouraging people to use a three-step check **Know Check Ask**. For further information please visit <https://online.hscni.net/know-check-ask>.

[Know, Check, Ask website](#)

- ! KNOW** your medicines and keep an up to date list
- ✓ CHECK** that you are using your medicines in the right way
- ? ASK** your healthcare professional if you're not sure

Training webinars on [NICPLD](#)

Safe Prescribing of Tapered Doses

A recent adverse incident in primary care highlighted the risks associated with prescriptions for tapered doses.

What Happened?

- A hospital specialist recommended that the patient should be switched from levetiracetam to lamotrigine.
- The GP practice put levetiracetam on the patient's repeat record. It detailed tapered dose reduction instructions and noted a stop date as per hospital letter.
- This prescription was issued several times and dispensed by the community pharmacy on each occasion.
- A number of prescriptions for lamotrigine were also issued and dispensed by the community pharmacy.
- The patient continued to take the levetiracetam at varying doses, long after the specified stop date.
- This resulted in the patient having a seizure and not being able to drive for one year.

Actions for GP Practices

- Ensure that all prescriptions for tapered dose titration or reduction are issued as an **acute prescription**.
 - Medication should only be added to repeat when the patient is on a stabilised dose.
 - Prescribers signing prescriptions for tapered doses should double check any dates on the directions.
 - Administrative staff should be made aware that they should not :
 - ⇒ issue acute prescriptions
 - ⇒ add drugs to either the repeat or acute screen
 - ⇒ re-issue a prescription from past drugs
 - ⇒ issue duplicate prescriptions
- Appropriate security settings should be selected on the clinical system to prevent this.

Actions for Community Pharmacy

- Pharmacists dispensing prescriptions for tapered dosage should double check any dates on the directions.
- If a prescription with tapered dose instructions is issued to a patient more than once double check with the prescriber before dispensing.
- Question any directions or change to drug therapy that doesn't make sense.
- Counsel patients when there is any change to their medication and confirm that it is what they are expecting.

Sign up for PrescQIPP!

The Health and Social Care Board is a member of PrescQIPP, an NHS funded organisation that supports quality, optimised prescribing for patients. A wide range of quality assured resources including evidence based bulletins, training webinars, audits and patient resources are available on the site. All GP Practice staff including GPs and GPPs, and HSC Trust employed staff can now register free of charge on the PrescQIPP website through an annual subscription funded by HSCB. Examples of recent resources include materials to support:

- Higher quality asthma prescribing and reducing the inhaler carbon footprint
- Chronic Pain
- Prescribing of Oral Nutritional Supplements
- Reducing over-prescribing and improving medicines safety
- Leadership at lunch (monthly bite sized training webinars)

To register, simply click on this [link](#) and complete the short form. **Under organisation please select HSCNI.** The subscription is not currently open to Community Pharmacists although PrescQIPP is planning to offer this at a later date. However at present community pharmacists can access any resources that are in the public domain including any bulletins and briefings that are more than twelve months old.

Deprescribing – Lactose Intolerance and Reflux

A recent [HSCB letter](#) providing guidance on infant nutrition was developed with professional advice from Trust paediatric dietetics and PHA colleagues. There continues to be a significant prescribing spend in Primary Care on infant formula to treat lactose intolerance and reflux. The cost of these items is similar to standard infant formula so they **should be purchased by parents rather than prescribed.** The [Healthy Start scheme vouchers and prepaid card](#) can be used to purchase infant formula that is cow's milk based and suitable from birth*. See [patient zone](#) for relevant resources.



Actions for Prescribers

- Management of infants with reflux should follow [NICE guidance NG1](#).
- Carobel® should **not** be co-prescribed with Gaviscon® Infant Sachets or thickened formula.
- Cease prescribing of Comfort formula (e.g. Aptamil® Comfort), lactose-free formula (e.g. SMA® LF), reflux formula (e.g. Cow & Gate® anti-reflux), or any other [Stop list item](#).
- Review patients and trial discontinuation of lactose-free formula after 8 weeks

Actions for Community Pharmacists

- Support deprescribing of [Stop list items](#), directing to alternative purchase where appropriate.
- Query with prescriber if patient is prescribed both Carobel® and Gaviscon® Infant Sachets.
- Advise that lactose-free formula should not normally be used for more than 8 weeks.

*Breastfeeding is the best form of nutrition for infants and should be promoted and actively supported including referral to breastfeeding specialist or Health Visitor where necessary.

NICE GUIDANCE

[NICE TA763](#) - Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable

[NICE TA765](#) - Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable

[NICE TA766](#) Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma (review of TA553)

[NICE TA767](#) Ponesimod for treating relapsing-remitting multiple sclerosis

[NICE TA768](#) Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs

MANAGED ENTRY DECISIONS

<ul style="list-style-type: none"> • Eculizumab (Soliris®) • Tralokinumab (Adtralza®) • Anakinra (Kineret®) • Amikacin, liposomal nebuliser dispersion (Arikayce®) • Upadacitinib (Rinvoq®) • Daratumumab (Darzalex®) • Fostamatinib disodium (Tavlesse®) • Venetoclax (Venclyxto®) 	<ul style="list-style-type: none"> • Pegcetacoplan (Aspaveli®) • Arachis hypogaea (formerly known as AR101) (Palforzia®) • Ponesimod (Ponvory®) • Pembrolizumab (Keytruda®) • Olaparib (Lynparza®) • Olaparib (Lynparza®) • Durvalumab (Imfinzi®) • Osimertinib (Tagrisso®) • Selpercatinib (Retsevmo®) 	<ul style="list-style-type: none"> • Givosiran (Givlaari®) • Belimumab (Benlysta®) • Fedratinib (Inrebic®) • Risdiplam (Evrysdi®) • Cabotegravir (Vocabria®) • Cenobamate (Ontozry®) • Mogamulizumab (Poteligeo®) • Mexiletine (Namuscula®) • Empagliflozin (Jardiance®) • Dapagliflozin (Forxiga®)
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, please contact one of the [Pharmacy Advisors](#).

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