

# NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

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## Community Pharmacy Living Well Service

*Living Well* is a campaign-based community pharmacy service which has been in place since 2019. The service utilises the unique ability of community pharmacies to reach a broad range of patients and members of the public. It aims to provide targeted public health, and health and wellbeing messages using a coordinated approach across the community pharmacy network, encouraging people to take actions to improve their health. Campaigns address risk factors which contribute significantly to the overall prevalence of illness in Northern Ireland.

This service is currently provided in over 500 community pharmacies across Northern Ireland through six two-month campaigns each year.

The campaign for August and September 2025 is 'Move more, feel better', which is running throughout August and September 2025. It will highlight the benefits of including regular physical activity in daily life and encourage people to make small increases in daily activity to improve wellbeing. Patients can be signposted to their local pharmacy to pick up an information leaflet and, at times, other beneficial campaign resources.



### Upcoming Living Well campaigns for 2025/26:

- *Stay well this winter* – October and November 2025
- *Mental health* – December 2025 and January 2026
- *Childhood immunisation* – February and March 2026

Visit [Living Well](#) on BSO website to find out more and for evaluation reports for previous campaigns.

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## NICE Guidance

### Recently published:

No decisions this month.

## Managed Entry

### decisions:

No decisions this month.

## BRAND prescribe:

### Rivastigmine Transdermal Patches

Rivastigmine patches have recently been added to the [HSC Items Unsuitable for Generic Prescribing list](#).

This is to reduce confusion, as some brands of rivastigmine transdermal patches are applied daily and some are applied twice weekly. See [BNF](#) and table:

Medication errors and inappropriate use of the rivastigmine transdermal patch have previously been reported, some of which resulted in overdose.

See [MHRA advice](#) and [SPS](#) for further details.

Example brands	Strengths available	Application instructions
Alzest <sup>®</sup> transdermal patch	4.6mg/24 hours, 9.5mg/24 hours 13.3mg/24 hours	Apply once daily
Exelon <sup>®</sup> transdermal patch	4.6mg/24 hours, 9.5mg/24 hours 13.3mg/24 hours	Apply once daily
Zeyzef <sup>®</sup> Twice Weekly transdermal patch	4.6mg/24 hours, 9.5mg/24 hours	Apply twice weekly

## Cost-effective Prescribing of Gliclazide

### 1) Dose optimisation of gliclazide MR 60mg

Gliclazide modified release (MR) 60mg is more expensive to prescribe than gliclazide MR 30mg. Last year in NI, spend on gliclazide MR 60mg tablets was £340,000. If there was a 10% increase in the prescribing of gliclazide MR 30mg by switching from 60mg MR, that could generate annual savings of over £45K.

Drug	Dose	Cost for 28 day supply ( <a href="#">July DT price</a> )
Gliclazide 30mg MR	<b>Two</b> tablets ONCE daily	£2.90
Gliclazide 60mg MR	One tablet ONCE daily	£10.34

#### Actions for GP practices:

- Search for patients prescribed **gliclazide MR 60mg**
- If HbA1c < 53mmol/l consider reducing dose or discontinuing gliclazide
- If the patient's diabetes is well controlled and there are no hypoglycaemic events, continue to prescribe gliclazide MR
- If the \*prescribed total daily dose of gliclazide MR is 60mg, consider switching the patient to TWO tablets of gliclazide MR 30mg taken ONCE daily
- Assess with the patient any potential impact on adherence with a change to 2 x 30mg MR tablets
- Ensure patients are counselled on change of **strength and dose** of gliclazide MR.

\*Patients on doses >60mg MR may be switched to 30mg MR tablets providing the increased pill burden doesn't impact adherence.

### 2) Switching to immediate release (IR) gliclazide formulation:

IR gliclazide is the [1<sup>st</sup> line NI Formulary choice](#) of gliclazide.

Care should be taken when switching to ensure that the dose is equivalent: **gliclazide MR 30mg may be considered to be approximately equivalent to IR gliclazide 80mg**. Refer to [BNF](#). When switching to IR gliclazide, the dose should be split over the day with meals.

#### Actions for GP practices:

- Review patients. If the review indicates that gliclazide MR is not the most suitable formulation, patients can be switched to gliclazide IR
- Ensure patients are counselled on the change of **formulation, strength and dose**.

## NICPLD Chronic Pain Webinars

Two recorded webinars on chronic pain are available to watch on:

- **Self-Management**
- **Medication Review**

GPs, nurses and AHP prescribers can access via: [MedicinesNI: Recorded lectures](#)

Pharmacists can access via: [NICPLD: Recorded Webinars](#)

#### Self Management of Chronic Pain



Recorded webinar

🕒 2 hours

📘 Information

This newsletter has been produced for GP practices and community pharmacies by the DoH Strategic Planning and Performance Group Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisers](#).

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