

# NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

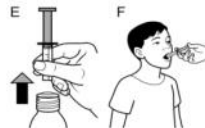
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## Licensed Sertraline liquid formulations

The following are now available as licensed medicines:

### 1) Sertraline 50mg/5ml oral suspension (see [SPC](#))

- A 10ml oral syringe with graduations of 0.5ml and a “press in” syringe/bottle adapter are included.
- Administer with a glass of water, with or without food.

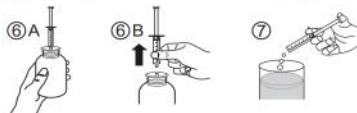


### 2) Sertraline 100mg/5ml concentrate for oral solution (see [SPC](#))

- Each dose of the 100mg/5ml concentrate **must be diluted before use**
- Use the syringe provided to remove the required amount of sertraline concentrate for oral solution and dilute with approximately 120ml (one glass) of water, ginger ale, lemon / lime soda, lemonade or orange juice. Do not mix with anything other than the liquids listed. (Direct administration of the undiluted concentrate is astringent and may numb the mouth and tongue for at least a day, even if the mouth is rinsed extensively).
- The dose should be taken immediately after dilution. Do not prepare in advance.
- Also contains ethanol, which makes it unsuitable for some patients.

#### Action for GP practices:

- Review prescribing of unlicensed sertraline liquid ‘specials’. Prescribing a **licensed** product instead of an unlicensed special is [best practice](#).
- Ensure the patient or their carer is counselled on the need to **dilute** sertraline 100mg/5ml concentrate for oral solution **before use**. If dilution is inappropriate for a patient, e.g. due to fluid restriction, consider an appropriate alternative.



#### Action for community pharmacists:

- Patients or carers should be given advice on how to administer sertraline 100mg/5ml concentrate for oral solution. Reinforce during counselling that it **must be diluted before use** with advice as detailed above.
- Ensure that important mixing instructions and warnings on manufacturer labels are not covered by the pharmacy-applied label.

## Look after your Mental Health

The Public Health Agency (PHA) and Health and Social Care (HSC) organisations have teamed up for this year’s campaign to encourage people to “Look after your mental health”. Between World Suicide Prevention Day (10 September) and World Mental Health Day (10 October) the Public Health Agency (PHA), the five local HSC Trusts, and the Northern Ireland Ambulance Service (NIAS) are encouraging everyone to practise mental health self-care using the ‘Take 5 steps to wellbeing’, Connect, Keep Learning, Be Active, Take Notice and Give.

Common mental health problems such as anxiety, stress, feeling low and depression can affect anyone. While these feelings can be a natural response to life’s challenges, they can become more serious if we don’t do something to help improve our mental health.

Further information on how to improve your mental health and a list of services that can provide mental health support is also available at [www.mindingyourhead.info](http://www.mindingyourhead.info). More information about the campaign, the 5 steps, resources, the work of the Trusts, training and digital assets, are all available at [Look after your mental health campaign 2025 | Minding Your Head](#).

If you or someone you know is in distress or crisis, you can call Lifeline and speak to a trained counsellor 24/7, the telephone number is 0808 808 8000. If you or someone else is in immediate danger of suicide or you require urgent medical attention, call 999.

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### NICE Guidance Recently published:

- [NICE TA1042](#)
- [NICE TA1081](#)
- [NICE TA1090](#)
- [NICE TA 1093](#)

### Managed Entry Decisions:

- Dapagliflozin (Forxiga<sup>®</sup>)
- Linzagolix (Yselty<sup>®</sup>)
- Sumatriptan /naproxen (Suvexx<sup>®</sup>)
- Pegylated liposomal irinotecan (Onivyde<sup>®</sup>)
- Ruxolitinib (Jakavi<sup>®</sup>)
- Durvalumab (Imfinzi<sup>®</sup>)
- Durvalumab (Imfinzi<sup>®</sup>)
- Nemolizumab (Nemluvio<sup>®</sup>)
- Atezolizumab (Tecentriq<sup>®</sup>)
- Marstacimab (Hypfavzi<sup>®</sup>)
- Marstacimab (Hypfavzi<sup>®</sup>)
- Zanubrutinib (Brukinsa<sup>®</sup>)
- Spesolimab (Spevigo<sup>®</sup>)



# How has the repeat prescribing process contributed to or caused patient deaths in England?

A systematic, collective case series of Prevention of Future Deaths reports 2019–2023

## Background

A [retrospective case series](#) reviewed coroners' prevention of future deaths (PFDs) reports published between 1 January 2019 and 31 December 2023 to identify where failures in repeat prescribing processes contributed to medicine-related deaths.

## Results

Of the named medications, 76% were opioid analgesics, **mentioned significantly more than any other drug class** ( $p < 0.05$ ). In addition, one third of the reports described multiple repeat prescriptions (multi-drug toxicity) or medicines taken alongside acute prescriptions or over-the-counter medications.

Three key themes were identified in the matters of concern raised by coroners:

1. errors or discrepancies at the point of a transfer of care;
2. the ability to obtain repeat prescriptions from multiple medication sources; and
3. the absence of robust medication review, **with the absence of review being the most commonly linked to patient deaths.**

## Conclusions

Failure to review medicines prescribed on repeat prescriptions in primary care can cause harm to patients and has contributed to medicine-related deaths. **High-risk medicines, like opioid analgesics, should be prioritised for review.**



Image by [Freepik](#)



## Deprescribing in the frail elderly with diabetes

The [NICE guideline](#) for type 2 diabetes recommends that people are treated to a HbA1c target of 48 mmol/mol (6.5%), but **less stringent targets** may be appropriate for people who are older and frail to avoid hypoglycaemic incidents. The targets for blood pressure may also have to be changed to avoid unnecessary side effects, e.g. falls; lipid management may no longer be a priority. Refer to table below for a guide.

Functional category	Usual HbA1c target	Usual BP target (mmHg)	Management of lipids
Functionally independent	7.0-7.5% 53-58mmol/mol	<140/90	Actively manage to reduce CV risk
Functionally dependent	7.0-8.0% 53-64mmol/mol	<140/90	Actively manage to reduce CV risk
Frail	Up to 8.5% 69mmol/mol	<150/90	Statin use as clinically indicated
Dementia	Up to 8.5% 69mmol/mol	<140/90 should be attempted	Consider appropriateness of statin in non-atherosclerotic dementia
End of life care	Avoid symptomatic hyperglycaemia	BP control not necessary; consider stopping therapy	Lipid control not necessary; consider stopping therapy

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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