

NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

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Stay well this winter

HSC Public Health Agency HSC Health and Social Care



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TARGET on AMR in Community Pharmacy

TARGET
Keep Antibiotics Working

The current *Living Well* 'Stay well this winter' campaign is running in over 500 community pharmacies throughout October and November. The campaign follows on from the success of last year's 'Stay well this winter' campaign, and aims to help the public prepare for the winter months by encouraging them to take actions to protect their health.

Community pharmacy plays a central role in antimicrobial stewardship. As part of the 'Stay well this winter' campaign, a **new** brief intervention service is being delivered in participating community pharmacies. The **TARGET Antibiotic Checklist Brief Intervention Service** will run for four weeks during Oct / Nov 2025.

This service aims to support the overarching goal of reducing antimicrobial resistance (AMR). The **TARGET Community Pharmacy Antibiotic Checklist** facilitates conversations with patients/carers about antibiotic prescriptions to:

- Assess current knowledge through patient prompts
- Facilitate the delivery of individualised, evidence-based counselling so patients may better understand how and why to take their antibiotics, and the importance of finishing the course
- Ensure prescription safety by aiding clinical checks such as allergy, dose, indication and interactions

This brief intervention service also aims to assist signposting into the flu vaccination service where appropriate. More information on this community pharmacy service is available [here](#). The antibiotic checklist is part of the RCGP supported **TARGET toolkit** (Treat Antibiotics Responsibly, Guidance, Education and Tools). This toolkit helps to ensure that patients receive consistent, evidence-based information about antibiotic usage from all primary care teams.

T Treat
A Antibiotics
R Responsibly.
G Guidance,
E Education and
T Tools

NICE Guidance

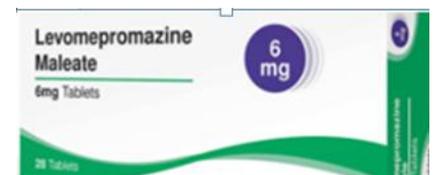
Recently published:

- [TA 1092](#)
- [TA 924](#)
- [TA 1026](#)
- [TA 1094](#)
- [TA1088](#)

Managed Entry decisions:

- Fezolinetant (Veoza[®])
- Betula verrucosa (Itulazax 12 SQ-Bet[®])
- Fruquintinib (Fruzaqla[®])
- Pembrolizumab (Keytruda[®])
- Mirikizumab (Omvoh[®])
- Tarlatamab (Imdylltra[®])
- Ribociclib (Kisqali[®])
- Sparsentan (Filspari[®])
- Aflibercept 8mg (Eylea[®] 8mg/0.07ml)
- Liraglutide (Saxenda[®])
- Semaglutide (Wegovy[®])
- Tirzepatide (Mounjaro[®])

Medication Allergy Awareness: Cross-drug reaction in a palliative care patient



A palliative care patient with a documented allergy to a brand of trifluoperazine (a phenothiazine antipsychotic) was prescribed levomepromazine. Although commonly used in oncology and palliative care as an antiemetic, levomepromazine is also a phenothiazine antipsychotic. The patient experienced flushing and facial swelling and was admitted to the Emergency Department for the treatment of medication allergy.

Learning Points

- Consider not just any medication listed as an allergen, but those which may be closely related, i.e. of the same pharmaceutical class
- Always check a patient's allergy status, using available resources such as the GP prescribing or community pharmacy dispensing systems, ECR, Encompass and the patient or carer
- Explore and document the nature of any medication allergies (see [NICE CG183](#))
- Be vigilant for emerging signs of an allergy to medication, even in medicines where this may be rare
- Report suspected adverse reactions, including serious known reactions or those resulting in hospitalisation to the MHRA via the [Yellow Card](#) scheme.

Prescribe Triptorelin Injection by brand

Luteinising hormone-releasing hormone (LHRH) analogues such as triptorelin should not be prescribed generically and hence are listed on the [generics exception list](#). This recommendation is made to aid product identification and ensure that the patient gets the correct product that is licensed for their indication.

Triptorelin 11.25mg is particularly confusing, as this strength is available as two different brands. Each brand contains a different type of chemical salt and is licensed for different indications. [Decapeptyl](#)[®] is licensed for treatment of various types of prostate cancer, endometriosis and central precocious puberty (onset before 8 years in girls and 10 years in boys). [Salvacyl](#)[®] is indicated for the reversible reduction of testosterone to castrate levels in order to decrease sexual drive in adult men with severe sexual deviations. The treatment with Salvacyl[®] is to be initiated and controlled by a psychiatrist and should be given in combination with psychotherapy.

The name of the salt does not appear on generic prescriptions for triptorelin, so it is possible that either Salvacyl[®] or Decapeptyl[®] SR may be dispensed, which would be off-label use if the patient is not getting it for the indication for which the product is licensed.

Actions for GPs

- Ensure that all LHRH analogues are prescribed by brand
- Only prescribe Salvacyl[®] under recommendation and review by a psychiatrist

Actions for Community Pharmacists

- Always confirm the correct brand with the prescriber before dispensing against a generic prescription for triptorelin 11.25mg and ask them to amend computer records to the brand for future prescriptions

GP and Community Pharmacist Reps required for PGEG

The Prescribing Guidance Editorial Group (PGEG) is a multi-disciplinary group established to ensure that the [NI Formulary](#), and other pieces of substantive prescribing guidance, are produced in line with an agreed process. The SPPG is currently seeking to fill a number of vacant posts on the PGEG, namely one community pharmacist to represent the whole of Northern Ireland, one GP to represent the Western area and one GP to represent the Northern area. Payment and locum allowance are available. Please email medicines.management@hscni.net for further information, including how to apply (closing date **Friday 24th October**).

From Habit to Evidence: Deprescribing of Vitamins and Minerals

In Northern Ireland between July 2024 and June 2025, approximately **£1.6 million was spent on the prescribing of vitamin supplements for adults** (excluding vitamin D). True deficiency of Vitamins A, B (except B12), C and E is extremely rare in the UK, even in disorders of fat metabolism.

Vitamins and minerals should not be prescribed as dietary supplements or as a general 'pick-me-up', but only for a specific clinical or ACBS approved indication, i.e. the management of actual or potential vitamin or mineral deficiency. The most cost-effective product should be chosen, for example **Vitamin B Compound Strong** tablets should be prescribed rather than Vitamin B Compound tablets (potential saving £115000 annually). NICE advises that vitamin C is indicated for the treatment of scurvy. It should not be prescribed to alleviate colds or promote wound healing.

Actions for Prescribers

- Vitamins and minerals should only be prescribed for the management of actual or potential deficiency. The most cost-effective preparations should be chosen.
- Review prescribing of vitamin B compound tablets and if clinically indicated switch to the more cost-effective vitamin B compound **strong** tablets. Discontinue if not clinically indicated.
- All multivitamin and vitamin C prescribing in adults should be stopped unless clinically indicated for an ACBS indication.
- Requests for prescribing of vitamins or minerals outside the recommendations may be directed to the community pharmacy for advice and purchase as appropriate.

Resources

- [PMMT Letter](#)
- PrescQIPP Bulletin 296: Vitamins and Minerals 2.0 [index](#)
- [Vitamins | Treatment summaries | BNF | NICE](#)



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