

## NEWSLETTER



### In This Issue

- ⊕ **Insulin Safety Week: 20<sup>th</sup> to 26<sup>th</sup> May**
- ⊕ **Immediate Release Fentanyl Preparations**
- ⊕ **Management of Ordering Controlled Drugs for Stock**
- ⊕ **NICE Guidance — Northern Ireland Service Notifications**
- ⊕ **Managed Entry Decisions**

## Insulin Safety Week: 20<sup>th</sup> to 26<sup>th</sup> May

Insulin Safety Week is a campaign that takes place across the UK and Ireland to raise awareness of insulin safety among healthcare professionals, in a bid to reduce insulin errors. Some local Health Trusts will be organising events in hospitals across NI.

According to the National Patient Safety Agency, errors reported that involved insulin included using the wrong insulin product, omitted or delayed insulin dose, and wrong insulin dose. These accounted for 60% of 16,600 insulin-related adverse drug events (including 6 deaths) reported in the UK over 6 years.

There are a number of resources produced by the Insulin Safety campaign available at: <https://insulinsafetyweek.com> or by clicking directly on the links in the box.

### Insulin Safety Week Resources



- [Keeping Safe with Insulin Therapy](#)
- [Types of insulin](#)
- [Patient injecting insulin](#)
- [Social media graphics](#)
- [Social media graphics](#)

### Action for GP practices and community pharmacies:

- Check out the links to the resources for healthcare professionals which you can print out and use in your practice.

## Immediate Release Fentanyl Preparations

Immediate release (IR) fentanyl products such as lozenges, nasal preparations and sublingual or buccal tablets are licensed for the treatment of breakthrough pain in adults with chronic cancer pain who are already receiving at least 60mg oral morphine daily or equivalent. **They are not licensed for non-cancer pain.** Prescribing requires specialist knowledge and formulations are extremely expensive.



Prescribers should NOT routinely use oral/nasal fentanyl products for non-cancer pain. If acute breakthrough analgesia is required, consideration should be given to the use of non-opioids or alternative opioids such as oral morphine. **Immediate release fentanyl is a fast acting strong opioid and can be very addictive.**

There have been a number of adverse incidents reported involving fentanyl immediate release preparations. In particular, the lozenge preparation resembles 'lollipops' and should not be left unattended, particularly in an environment where there are young children. All preparations and packaging should be disposed of safely after use.

### Action for GP practices:

#### New patients

- GPs/prescribers in primary care should not initiate fentanyl IR for any new patients.
- Prescribing should only be initiated by a palliative care specialist as a 3<sup>rd</sup> line breakthrough pain option when morphine and oxycodone are either contraindicated or inappropriate.
- Dose changes and up-titration advice should be provided by the specialist.

#### Existing patients

- Review all patients and de-prescribe fentanyl IR where appropriate in liaison with Pain and Drug and alcohol service specialists.

# Management of Ordering Controlled Drugs for Stock

An adverse incident occurred where controlled drugs (CDs) ordered by a GP for their bag and delivered by the community pharmacist went missing within the GP practice. The HSCB Guidance for Managing Controlled Drugs for Prescribers in Primary Care (revised February 2019) gives guidance for GPs ordering stock for their bags: <http://www.medicinesgovernance.hscni.net/primary-care/controlled-drugs/guidance>



## Action for GPs and community pharmacists:

- GPs should order and collect their own CDs in person. The use of messengers should be avoided and practice staff should not be involved in accepting stock into the practice and verifying the order.
- GPs are responsible for recording all receipts of Schedule 2 CDs (e.g. diamorphine, pethidine) in their CD register. It is good practice for GPs to bring their CD register to the pharmacy when they collect their CD stock and make the necessary entry as they receive the CDs. The community pharmacist could be asked to sign the register as a witness although this is not legally required. CDs must be stored in the doctor's bag immediately on receipt.
- Both community pharmacies and GP practices must have a Standard Operating Procedure (SOP) for managing controlled drugs within their practice which should include how stock orders are managed. All staff / prescribers should be trained on the SOP and sign to confirm they understand the content.

## In exceptional circumstances:

- A messenger can be used to collect Schedule 2 or 3 CDs on behalf of a GP, but the messenger must produce to the pharmacist a statement in writing signed by the GP indicating that the messenger is empowered to receive the drugs. The messenger must deliver the CDs directly to the GP who has placed the order. The GP making the requisition is responsible for the CDs while they are in their possession or the possession of their messenger.
- If it is necessary for Schedule 2 or 3 CDs to be delivered by the pharmacy, the CDs should be delivered directly to the GP making the requisition or, if not possible, to a member of staff authorised by the GP. The GP should inform the pharmacist of the name of this person in advance. A pharmacy delivery note should be signed by the GP / authorised person to confirm the delivery. This should be retained by the pharmacy.

## NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

[NICE TA553](#) — Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence.

[NICE TA554](#) — Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years.

[NICE TA555](#) — Regorafenib for previously treated advanced hepatocellular carcinoma.

## MANAGED ENTRY DECISIONS

The following medicines were considered in May as part of the Northern Ireland Managed Entry process. **Please refer to the Managed Entry section of the Northern Ireland Formulary website for full details on Managed Entry decisions:**

<http://niformulary.hscni.net/ManagedEntry/MEDecisions/Pages/default.aspx>

Asfotase alfa (Strensiq®)  
Brigatinib (Alunbrig®)  
Burosumab (Crysvita®)  
Cabozantinib (Cabometyx®)  
Certolizumab (Cimzia®)  
Daratumumab (Darzalex®)  
Doravirine (Pifeltro®)  
Doravirine/lamivudine/tenofovir disoproxil (Delstrigo®)

Eculizumab (Soliris®)  
Eliglustat (Cerdelga®)  
Elosulfase alfa (Vimizim®)  
Epoetin alfa (Eprex®)  
Letemovir (Prevymis®)  
Migalastat (Galafold®)  
Pertuzumab (Perjeta®)

Rituximab (MabThera®)  
Romiplostim (Nplate®)  
Rufinamide (Inovelon®)  
Strimvelis  
Testosterone gel (Testavan®)  
Tildrakizumab (Ilumetri®)

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 Advisors in your local HSCB office:

Belfast Office: 028 9536 3926

South Eastern Office: 028 9536 1461

Southern Office: 028 9536 2104

Northern Office: 028 9536 2845

Western Office: 028 9536 1010

**Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.**