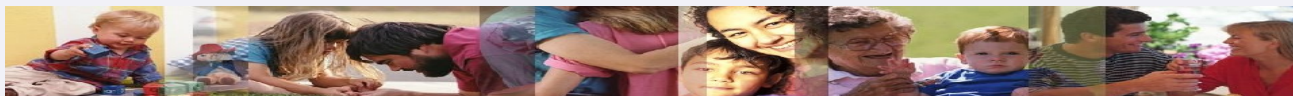


## NEWSLETTER



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## CD Prescriptions: Need for Clear Dosing Instructions

NHS England received a coroner’s report in relation to a patient who was prescribed liquid morphine (Schedule 5 CD) by their GP, and who later died through misadventure. The medication label printed was “take as directed by your doctor every four hours”. The GP discussed the dose that was to be taken with the patient, and this understanding was checked further at the point of dispensing. However, the coroner noted that neither the individual unit dose nor the maximum total daily dose was printed on the label of the medication.

Guidance in the BNF and NICE guideline [NG46 Controlled Drugs: safe use and management](#) recommends that it is considered best practice to include:

- clear dosing instructions on the prescription
- clear dosing instruction on the corresponding medicine label, such as the individual unit dose and maximum total daily dose.

This is to reduce the risk of confusion or misunderstanding at a later date, particularly when terms such as “as directed”, “when required” or similar phrases are used.

It is acknowledged that the use of “as directed” has reduced significantly in recent years and that there are some specific circumstances where it is not possible to be explicit about the dose.

#### Action:

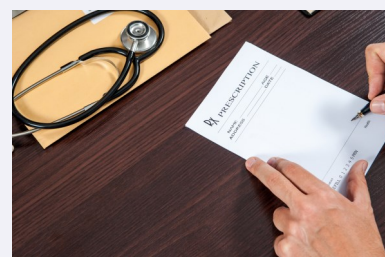
- Review the use of these phrases within your area of practice
- Take appropriate action where it is deemed that the phrases are being used inappropriately.
- In cases where it is deemed necessary to use “as directed”, the patient and / or their carer should be provided with explicit verbal and / or written instructions. Please note: for CDs that are subject to the prescription requirements, the instruction “one as directed” constitutes a dose but “as directed” does not in terms of prescription legality. See [BNF](#) for further details.



## Ciphers for Non-medical Prescribers in Primary Care

Newly qualified or newly appointed non –medical prescribers, e.g. GP employed nurses or practice based pharmacists, will need to apply to BSO for a cipher number to allow them to order HS21 prescription forms. For information about the cipher application process and relevant application forms, please refer to the non-medical prescribing section of the [Primary Care Intranet](#) (under Non-Clinical resources).

Please note that BSO do not operate a helpdesk for non-medical prescribing applications. All the necessary information is provided on the website (see Process Flow charts and FAQs). If, after referring to this, you require further information, please speak to your prescribing lead / professional lead who will in turn contact BSO if they are unable to resolve your issue. Your local pharmacy advisor can advise you who this is.



## Etoricoxib: 60mg for Rheumatoid Arthritis and Ankylosing Spondylitis

Following an [EU-wide review](#) of the benefits and risks of etoricoxib, the recommended dose for treatment of rheumatoid arthritis or ankylosing spondylitis was reduced to 60mg once daily, with the option to increase to a maximum of 90mg once daily if necessary. Patients who have been on the 90mg dose and are clinically stabilised may be considered for down-titration to the 60mg once daily dose where appropriate.

The cardiovascular and other important risks of etoricoxib may increase with dose and duration of exposure. Therefore, the lowest effective daily dose should be used, and the continued need for treatment should be regularly reassessed.

# 60mg

### Action:

- New patients should be started on etoricoxib 60mg for rheumatoid arthritis or ankylosing spondylitis.
- Patients on 90mg etoricoxib should be identified and reviewed in line with this guidance. Secondary care should be consulted where necessary.

## Information to Support Patients with Osteoporosis

A number of information resources have been added to the Patient Zone section of the Northern Ireland Formulary to support patients living with osteoporosis:

<http://niformulary.hscni.net/PatientZone/OP/Pages/default.asp>

- Am I at risk of osteoporosis and fractures?
- Drug treatments for osteoporosis
- Bisphosphonate drug holiday in treatment for osteoporosis.

### Action:

Use these leaflets to aid discussions with patients. For example, the leaflet on bisphosphonate drug holidays may be useful when reviewing patients on bisphosphonates.



## NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

[NICE TA504](#) — Pirfenidone for treating idiopathic pulmonary fibrosis (review of TA282).

[NICE TA511](#) — Brodalumab for treating moderate to severe plaque psoriasis.

[NICE TA512](#) — Tivozanib for treating advanced renal cell carcinoma.

[NICE TA513](#) — Obinutuzumab for untreated advanced follicular lymphoma.

[NICE TA516](#) — Cabozantinib for treating medullary thyroid cancer.

## MANAGED ENTRY DECISIONS

The following medicines were considered in August 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>

Arsenic (Trisenox<sup>®</sup>)  
Atezolizumab (Tecentriq<sup>®</sup>)  
Brentuximab vedotin (Adcetris<sup>®</sup>) - two decisions  
Crizotinib (Xalkori<sup>®</sup>)  
Esllicarbazepine (Zebinix<sup>®</sup>)  
Fluticasone + formoterol (Flutiform K-Haler<sup>®</sup>)  
Guselkumab (Tremfya<sup>®</sup>)

Icatibant (Firazyr<sup>®</sup>)  
Interferon beta, glatiramer acetate  
Midostaurin (Rydapt<sup>®</sup>)  
Niraparib (Zejula<sup>®</sup>)  
Pembrolizumab (Keytruda<sup>®</sup>)  
Progesterone (Lubion<sup>®</sup>)  
Selexipag (Uptravi<sup>®</sup>)

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

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