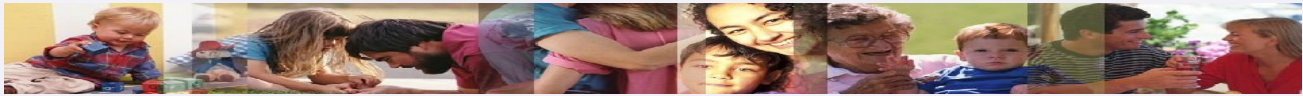


## NEWSLETTER



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## Cost-Effective Choice Reminder: Gatalin XL<sup>®</sup>

**Gatalin XL<sup>®</sup> capsules (galantamine prolonged-release capsules 8mg, 16mg and 24mg)**

*Indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer type.*

**At current prescribing levels in NI, this switch has the potential to release over £270,000 of annual savings.**

*Added to CEC list Sep 2016.*

### Action for GP practices

- New patients should be commenced on Gatalin XL<sup>®</sup>, when galantamine prolonged release is clinically indicated.
- Existing patients currently prescribed alternative galantamine prolonged release capsules should be considered for switching to Gatalin XL<sup>®</sup> where appropriate.
- If switching products, ensure prescribing records are updated appropriately to avoid duplication of therapy.
- GP practices should provide their local community pharmacists with sufficient notice of their intention to move patients to the cost-effective choice to allow them to adjust their stock levels.
- Please refer to the HSCB standard operating procedure, available on the primary care intranet to assist with switching **suitable** patients [http://primarycare.hscni.net/pdf/SOP\\_for\\_CEC\\_WebVersion.doc](http://primarycare.hscni.net/pdf/SOP_for_CEC_WebVersion.doc)

### Action for Community Pharmacists

- Clinical checks should ensure there is no duplication of therapy.
- Patients should be reassured that their medication has not changed and that prescribing of Gatalin XL<sup>®</sup> will ensure continuity of product, minimising patient confusion.

## Faxed Prescriptions Reminder

**The use of fax machines for the routine transmission of information is to be discouraged because of the inherent legal and patient confidentiality risks.** However, it is acknowledged that there are times when the use of fax machines for transferring prescription information between a prescriber and a community pharmacist can be valuable, e.g. in an urgent or out of hours setting.

A faxed prescription provides an assurance to the community pharmacist of the details of the prescription to be dispensed in an urgent situation and is preferable to a prescription being 'phoned through' to a community pharmacy. Please see [guidance](#) on faxing prescriptions on primary care intranet (2012).



### Action for GP practices

- Prior to faxing prescriptions to a community pharmacy, the GP or their representative **should phone the pharmacy first** in order to ensure the pharmacy is open and can receive the fax securely and safely — never send a fax outside of normal working hours. Ensure the fax machine is manned, and advise that the faxed prescription(s) is about to be sent.
- Prescriptions for schedule 2 and 3 controlled drugs should not be faxed.
- A faxed prescription is NOT a legal document. Practices should provide a prescription within 72 hours.

### Action for Community Pharmacists

- If you receive a faxed prescription without a prior phone call from a GP practice, you should telephone the GP practice **prior** to dispensing the prescription:
  - To confirm that you are the intended recipient of the faxed prescription.
  - To understand the circumstances, as to why the prescription required to be faxed.
- Take extra care when dispensing from a faxed prescription, as the 2D bar code may not scan.
- As a faxed prescription is not a legal document, an entry should be made in the Prescription Only Register on the day of the supply or, if impracticable, the next day following (entry requirements are detailed in the Society's General Legal Requirements).



## Sunscreen Prescribing

Sunscreens should only be prescribed on HS21 prescriptions for approved Advisory Committee on Borderline Substances (ACBS) indications, i.e. skin protection against UV radiation in abnormal cutaneous photosensitivity resulting from:

- Genetic disorders
- Photodermatoses, including vitiligo and those resulting from radiotherapy,
- Chronic or recurrent herpes simplex labialis.

### Action For GP Practices

- Ensure that prescribing of sunscreens is in line with ACBS approved indications:
  - If ACBS prescribing criteria are not met, then review and stop prescribing the sunscreen
  - Advise patients who don't meet the ACBS approved indication to purchase an appropriate sunscreen over the counter (OTC)
- Prescribe sunscreen preparations with highest sun protection factor (SPF) to provide maximum protection. SPF less than 30 should not normally be prescribed
- Review all patients on sunscreens:
  - Check indications for using a sunscreen
  - Remind patients that sunscreens are not a substitute for covering the skin and avoiding sunlight
  - Regularly review effectiveness of sunscreens
  - Regularly review patients who meet the ACBS criteria to ensure they are using the sunscreen correctly (i.e. applying them thickly and liberally, approximately every two hours)
  - Endorse all prescriptions with "ACBS".

The NI Formulary sunscreen products are listed below. For further information see [Chapter 13](#)



1 <sup>st</sup> choice	Anthelios® XL SPF50+ Comfort cream (50ml) or SunSense® Ultra 50+ (50ml, 125ml, 500ml)
2 <sup>nd</sup> choice	Uvistat® SPF 30 or 50 (125ml)

### Action For Community Pharmacies

- Patients should be counselled accordingly and advised that these products may be purchased OTC as appropriate, if desired.
- For all individuals recommend a sunscreen that meets minimum standards for UVA protection (has the letters 'UVA' in a circle logo) with at least SPF15 to offer good UVB protection. For those with additional risk factors, fairer skin or children encourage use of products with an SPF30+.

## NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

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

[NICE TA418](#) — Dapagliflozin in triple therapy for treating type 2 diabetes

[NICE TA419](#) — Apremilast for treating moderate to severe plaque psoriasis

[NICE TA420](#) — Ticagrelor for secondary prevention of atherothrombotic events after myocardial infarction.

## MANAGED ENTRY DECISIONS

The following medicines were considered in April 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>

Desmopressin sublingual tablets (Noqdirna®)

Obeticholic acid (Ocaliva®)

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:

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