Important reminder: Circadin® MR tablets

The current paediatric shared care guideline (SCG) for melatonin (available at http://www.ipnsm.hscni.net/shared-care-guidelines/) recommends that Circadin® tablets may be crushed for patients who cannot swallow solid oral dosage forms or where an immediate release effect is required. Crushing removes the modified release properties. Modified release preparations are useful in patients with fragmented sleep patterns and immediate release melatonin may be more effective in those who have difficulty in getting to sleep.

Advice on crushing Circadin®

- The SCG advises that Circadin® tablets can be crushed to a fine powder and mixed with water or given with cold soft food such as a teaspoon of yoghurt or jam. A small amount of food should be used to ensure the full dose is taken.
- Administration in this manner is outside the terms of the product license.

Action:

- When Circadin® MR tablets are prescribed for a child with the instructions to crush before administration, community pharmacists should ensure that patients / their carers understand how to take their medication.
- If there are any queries regarding prescriptions, dose or administration please check with the prescriber.

Please note: advice may change if other products are accepted through Managed Entry in the future.

Contact details

This newsletter has been produced for community pharmacists and pharmacy staff by the Regional Pharmacy and Medicines Management Team. Previous edition of the newsletter can be found at http://niformulary.hscni.net/PrescribingNewsletters/Pages/default.aspx. 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 1008

Pharmacy Regional Newsletter

HSC Health and Social Care Board

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In This Issue

Sunscreen Prescribing

Sunscreens are only prescribable for ACBS approved conditions, i.e. skin protection against UV radiation in abnormal cutaneous photosensitivity resulting from:

⇒ **genetic disorders**
⇒ **photodermatoses including vitiligo, lupus erythematosus, hydroa vacciniforme, solar urticaria and rare genoderamoses (such as xeroderma pigmentosum) and those resulting from radiotherapy**
⇒ **chronic or recurrent herpes simplex labialis**
⇒ **evidence of photosensitivity caused by drugs such as demeclocycline, phenothiazines or amiodarone.**

Other conditions are not included under ACBS, e.g. prevention of skin cancer. Patients should be advised to purchase sunscreens if they wish to use them for non-ACBS indications.

Patients medically advised to minimise sunlight exposure may be at risk from vitamin D deficiency and should be advised to purchase a vitamin D supplement.
For optimum photoprotection, sunscreen preparations should be applied thickly and frequently (approximately 2 hourly).

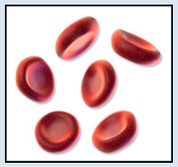
Action:

- Patients should be counselled accordingly and advised that sunscreens may be purchased over the counter (OTC) if desired.
- Community pharmacists are asked not to refer patients to their GP for a prescription when they visit the pharmacy to purchase a product OTC.
- 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+.

Useful resources:

- Living Well Care in the Sun campaign http://www.hscbusiness.hscni.net/services/3035.htm
- Care in the Sun https://careinthesun.org/
- Check the daily UV index at www.metoffice.gov.uk.

Iron Content of Medicines



Iron deficiency anaemia can occur for a number of reasons, including dietary deficiency, malabsorption (e.g. due to coeliac disease or *Helicobacter pylori* infection), menstruation or increased requirements in pregnancy.

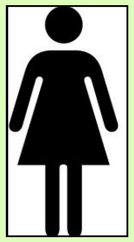
The BNF recommends that the oral dose of elemental iron for iron deficiency is 100 to 200mg daily. Spatone® contains 5mg of ferrous iron per sachet and is therefore inadequate for the treatment of proven iron deficiency. Multivitamins (that contain on average 14mg of elemental iron in preparations for adults) are unsuitable and should not be offered. **If iron supplementation is indicated a full therapeutic dose should be used.**

Iron salt	Dose	Equivalent dose of elemental iron
Ferrous fumarate	200mg	65mg
Ferrous gluconate	300mg	35mg
Ferrous sulfate	300mg	60mg
Ferrous sulfate, dried	200mg	65mg
Dietary supplements (adults)		14mg (although amount will vary)
Spatone®		5mg

Action:

- Patients who present with iron deficiency anaemia should be offered an iron preparation with a therapeutic dose of iron, or referred to their GP.
- Spatone or multivitamins should not be offered.
- Please ensure that pharmacy assistants are made aware of this.

Reminder: Valproate contraindicated in women of childbearing potential



Reminder: If valproate is taken during pregnancy, up to 4 in 10 babies are at risk of developmental disorders, and approximately 1 in 10 are at risk of birth defects. Valproate is contraindicated in women of childbearing potential unless the conditions of the valproate pregnancy prevention programme are fulfilled.

Pharmacy specific guidance on supply of valproate has been produced by a partnership of UK organisations, including Pharmacy Forum and CPNI. See: www.pfni.org.uk/wp-content/uploads/2017/05/Valproate-safe-supply-community-pharmacy-FINAL-1.pdf. For further information see www.gov.uk/guidance/valproate-use-by-women-and-girls.

Action:

- Ensure the Patient Card is provided every time valproate is dispensed.
- Remind patients of the risks in pregnancy and the need for highly effective contraception.
- Remind patients they should get an annual specialist review. They should discuss with their GP if this has not happened.
- Ensure the patient has received the Patient Guide.
- Dispense valproate in the original package. In situations where repackaging cannot be avoided always provide a copy of the package leaflet and add a sticker with the warning to the outer box.
- If a woman of childbearing potential reports that she is not taking highly effective contraception, refer her to her GP (including by contacting the GP if necessary).

Despite the risks, no girl or woman should stop taking valproate without first discussing it with their doctor. Pharmacists should always dispense the prescription (where clinically appropriate, in line with their usual procedures), counselling the patient and referring them to their GP if necessary.

Scanning Prescriptions and Clear Instructions

One of the benefits of the introduction of scanning prescription 2D barcodes within community pharmacies is a reduction in *certain* dispensing errors and therefore improved patient safety.

HSCB is aware however of a number of incidents in which a contributory factor was the use of scanner technology **without the necessary professional checks**.

The pharmacist in each case relied on the instructions generated from the bar code and did not carry out a full clinical check when dispensing. Consequently, patients were not given adequate clarification verbally or via the dispensing label to enable the safe and effective use of their medication.

Adverse Incident 1

A prescription was issued for ivabradine 5mg tablets with the directions '2.5mg twice daily'. The prescription was scanned and the label generated with the same directions of '2.5mg twice daily'. The patient who had poor vision interpreted this as two 5mg tablets twice a day, i.e. a dose of 10mg twice a day. The patient felt unwell after three doses. The community pharmacy was contacted to discuss the symptoms and it was then the error was identified.

Adverse Incident 2

A prescription was issued for denosumab 60mg/ml injection which for this indication was a Red List item. The directions on the prescription stated "supplied by hospital, do not issue". The prescription was scanned and the medication supplied, complete with the directions "supplied by hospital, do not issue".

Adverse Incident 3

A prescription was issued for methotrexate 2.5mg tablets with the directions 10mg (four tablets) to be taken weekly. The prescription was labelled with the same directions. The patient's family was administering this as one tablet four times weekly. The patient was then admitted to residential care and a further 10mg dose was given in addition to 2.5mg issued on three occasions earlier in the week. The patient therefore received a total dose of 17.5mg that week.

Action:

- Pharmacists should ensure that the clinical assessment of a prescription ensures that each medicine supplied is both safe and effective for the intended patient's use.
- Pharmacists should ensure that prescriptions including scanned prescriptions have **clear** instructions for the patient. Determine any clarification required as part of a clinical assessment of a prescription, and ensure within the accuracy check that this is reflected on the printed directions on the label.
- Pharmacists should ensure information provided is in a way the patient can understand and checks for mutual understanding where appropriate.
- Pharmacists may wish to liaise with their local GP practice so that practices are aware that the instructions they write will be what comes up on the label when scanned at the pharmacy, e.g. a prescription written as "one bd" will print exactly as that, rather than "one twice a day".

Further information:

- Clinical Check Guidance issued by the Pharmacy Forum http://forum.psni.org.uk/wp-content/uploads/2016/07/Pharmacy-Forum-Clincial-guidance.pdf
- The Code of Practice Book (Standard 4: Communicate effectively and work properly with colleagues) http://www.psni.org.uk/wp-content/uploads/2012/09/22504-PSNI-Code-of-Practice-Book-final.pdf
- Professional Standards for Sale and Supply of Medicines, issued by Pharmaceutical Society of NI http://www.psni.org.uk/wp-content/uploads/2012/09/standards_on_sale_and_supply_of_medicines-revised1mAR2016.pdf.