

Carbagen® (Carbamazepine) Tablets Shortage

Carbagen® tablets are licensed for the treatment of certain forms of epilepsy and psychosis. The 200mg and 400mg immediate release (IR) and prolonged release (PR) tablets are currently unavailable (100mg IR tablets are no longer marketed). The PR 200mg and 400mg tablets are expected to be back in stock in late 2019, the IR 200mg tablets end of second quarter 2019 and IR 400mg tablets in late 2019.

It is the responsibility of the GP to amend the prescription for carbamazepine. The purpose of this article is to provide information for community pharmacists so that they can advise patients who they know have been switched.

Alternative agents and management options

Patients on Carbagen® may need switched due to the duration of the shortage. Switching is unlikely to cause problems in non-epilepsy uses. However, as carbamazepine is a Category 1 antiepileptic drug, clinically relevant differences between different manufacturers' products might arise when treating epilepsy and therefore patients are usually maintained on specific products.

If it is necessary to switch, changes must be made carefully with close monitoring, and patients should be maintained from then onwards on a single manufacturer's product.

Novartis have confirmed that there is enough Tegretol® to cover the shortfall of Carbagen®.

Practices will be informed of this shortage and the need to switch patients with epilepsy to a Tegretol® product with the same release profile and at the same dose.

Action Points

Counsel patients about the change:

- Discuss with the patient so that they are aware of the issues without creating anxiety or alarm.
- Advise patients to report problems with seizure control after a switch; seizure diaries may be helpful.
- Remind patients of the signs of toxicity and advise them to report concerns (e.g. drowsiness, slurred speech, ataxia, hallucinations, nausea, vomiting, tremors, seizures, oliguria, blurred vision, bullous skin formations).

Manage existing Carbagen® stock:

- No new patients should start Carbagen® until the shortage has been resolved. If a prescription is issued for a new patient, please contact the prescriber and explain the situation.
- Do not use Carbagen® stock for generic prescriptions without confirming that the patient is on this brand for epilepsy.
- Some patients may need to be prioritised for stock, e.g. those:
 - ◊ with optimal seizure control, particularly where a seizure could lead to socio-economic harm (e.g. loss of a driving license).
 - ◊ who are most anxious / vulnerable to change.

Further information

- <https://www.sps.nhs.uk/articles/shortage-of-carbagen-carbamazepine-tablets/>
- <https://www.sps.nhs.uk/wp-content/uploads/2019/01/Shortage-memo-Carbagen-final-amended-31-Jan.doc>

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
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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.



Pharmacy Regional Newsletter

HSC Health and Social
Care Board

Volume 5 Issue 1
March 2019

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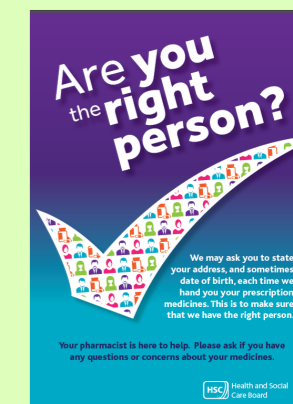
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Please Share Resources with Locum Pharmacists

Pharmacy contractors and managers are asked to please highlight HSCB resources such as the PRN and Medicines Management newsletters with locum colleagues, to ensure learning is shared with all. Contact medicines.management@hscni.net to sign up for newsletter mailing list.

Right Name, Right Person?

In a recent serious adverse incident (SAI) notified to the HSCB, a patient had to attend the Emergency Department after taking another patient's medication in error for 7 days. Both patients shared the same surname but lived at different addresses, and both had their medication supplied via a monitored dosage system (MDS). When the MDS was collected from the pharmacy, there was no confirmation of the patient's address, so the error went unnoticed. While incidents like this have fallen over the years following campaigns such as the 'Right person' poster, unfortunately similar incidents still continue to occur, with 50 of such incidents notified to HSCB in 2017.



Action Points

- Add warnings to the patient medication record (PMR) if two patients have the same name.
- Create a batch of "Similar patient name" labels for attaching to prescription bags for collection for any such patient — see example below.
- Keep benches clear and use baskets or dispensing tubs to keep prescriptions and labels together for the same patient.
- Use alphabetised, organised shelving to store patient collections where possible.
- Always check address and DOB on both the script and the bag label to ensure that they match.
- When handing out a prescription, or during supervised administration, state the patient's name but ask **the patient** to confirm their address.
- Ensure delivery drivers follow the pharmacy's SOP for delivery of medicines, and that they check patients' names and addresses carefully when delivering medication.
- Where delivery attempts fail, ensure the pharmacy SOP for 'Failed deliveries' is followed to ensure the pharmacist is aware and that any returns are stored appropriately. Action must be taken to ensure the patient receives their medication in a timely fashion.

KEEP OUT OF REACH OF CHILDREN

SIMILAR PATIENT NAME



Any Pharmacy Belfast BT1 1BC 90123456

This type of incident can happen for a variety of reasons. To minimise risk, ensure all pharmacy staff and delivery drivers are aware of the 'Right person' policy and display the poster to remind patients and staff of the correct procedure during prescription collection. Posters can be downloaded here: <http://www.medicinesgovernance.hscni.net/primary-care/posters-leaflets/>.

IMPORTANT UPDATE - Minor Ailments Service March 2019

The Pharmacy First Service for sore throats, colds and flu-like illness was offered in community pharmacies across NI from 1st Dec 2018 until 31st Mar 2019. HSCB, in conjunction with Community Pharmacy Northern Ireland (CPNI), is working towards implementation of a much wider Pharmacy First Service that will replace the current Minor Ailment Service (MAS). In the interim, there have been a number of changes made to the existing MAS.



Important Changes to the Formulary

Aciclovir cream and chlorhexidine mouthwash are no longer available on the MAS. However the Formulary has been extended to include products to treat four new areas:

- Acne Vulgaris
- Haemorrhoids
- Scabies
- Verrucae

Algorithms for these new areas are available on the BSO website along with a copy of the updated formulary, detailing products, age ranges and codes. Algorithms for the existing areas have also been reviewed and updated: <http://www.hscbusiness.hscni.net/services/2055.htm>.

Important Updates to the Algorithms

Minor Ailment – Acute Diarrhoea

- Acute Kidney Injury (AKI) is a sudden reduction in kidney function. Patients are particularly vulnerable at times of acute illness such as vomiting, diarrhoea and dehydration.
- Pharmacist should carefully assess patients presenting with these symptoms who are prescribed medicines that could increase the risk of AKI, e.g. ACE inhibitors, ARBs, NSAIDs, diuretics or metformin.
- See <https://www.thinkkidneys.nhs.uk/> or download the app.



Minor Ailment – Oral Thrush

- MHRA issued a Drug Safety Update in Sep 2017 reminding healthcare professionals of the potentially serious interaction between miconazole oral gel and warfarin.
- Miconazole oral gel enhances the anticoagulant effect of warfarin. Patients presenting in the pharmacy for treatment for oral thrush (either OTC or on the MAS) should be referred to their GP.



Minor Ailment – Head Lice

- There is a fire risk with Hedrin[®] 4% cutaneous solution.
- The Hedrin[®] SPC warns that the solution is combustible when on the hair and in direct contact with an open flame or other source of ignition.



IMPORTANT UPDATE - Minor Ailments Service March 2019

Actions Points

- Ensure there is a SOP in the pharmacy for dealing with the provision of the Minor Ailments Service and that it is reviewed as appropriate. The SOP should be updated to reflect the extension of the service to include the four new areas. All relevant staff must have read, understood and signed the SOP.
- Be familiar with treatment algorithms, the age limits of supply, when to treat and when to refer. Note: If a patient presents more than twice within a month with the same symptoms and there is no indication for urgent referral, the patient should be referred back to their surgery for a routine appointment.
- Keep an easy to reference copy of the most up-to-date algorithms in a folder with the relevant SOP in the dispensary, and save copies and links in an easily accessible desktop folder on dispensary / consultation room computers.
- NICPLD offer a range of on-line courses for pharmacists covering Minor Ailments, accessible at: <https://www.nicpld.org/courses/?programme=pharmacist>.

Important Reminders

- Only **one** consultation fee should be claimed for group consultations for ailments such as head lice or threadworms, and a group consultation form should be completed.
- Only P or GSL medicines should be supplied in line with product SPC, licensed indications and age limits as indicated in the MAS Formulary.
- Medicines should be labelled in accordance with the relevant SOP, ensuring a record is made in the patient's PMR.
- The pharmacist may supply up to a maximum of TWO medicines on one Pharmacy Voucher (PV) to treat any one ailment (note: a combination pack to treat vaginal thrush is considered two items).
- Advice should be given on the correct use of the recommended medicine(s) and what to do if symptoms persist.
- Appropriate quantities of medicines should be supplied in line with the treatment algorithm to complete the course of treatment.
- Remind all pharmacy staff that the service must NOT be used to divert the sale of over the counter medicines.
- When coding PVs, only the product codes assigned to the MAS should be used. These can be found in the MAS Formulary (<http://www.hscbusiness.hscni.net/2055.htm>).
- Consultation fees should only be claimed when appropriate using the consultation fee code.