

Look-alike, sound-alike medicines

LASA quick reference for the dispensary bench



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Pairs the MHRA has published after real reported harm

Drug Safety Update, January 2018 and April 2013. Not the only risky pairs — the ones the regulator has named.

Clobazam anxiety; adjunct in epilepsy	vs	Clonazepam antiepileptic
Atenolol beta blocker	vs	Amlodipine calcium channel blocker
Propranolol beta blocker	vs	Prednisolone corticosteroid
Risperidone antipsychotic	vs	Ropinirole dopamine agonist
Sulfadiazine antibiotic	vs	Sulfasalazine DMARD
Amlodipine hypertension, angina	vs	Nimodipine after subarachnoid haemorrhage
Mercaptamine nephropathic cystinosis	vs	Mercaptopurine acute leukaemia
Zuclopenthixol acetate short acting	vs	Zuclopenthixol decanoate long acting depot

Tall man lettering

Capitalising the part of the name that differs makes the difference jump out. Used widely in UK hospital pharmacy — write risky pairs this way on your own shelf labels and bin edges.

clobazam / clonazepam	cloBAZam / cloNAZepam
propranolol / prednisolone	propranoLOL / predniSOLONE
risperidone / ropinirole	rISPERidone / rOPINIRole
sulfadiazine / sulfasalazine	sulfaDIAZINE / sulfaSALAZine

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The habits that catch it, and what to do after a near miss



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Five habits that stop a LASA error

- 1 Read to the end of the name**
Most LASA pairs share their first three or four letters. The difference is usually in the middle or the end.
- 2 Check the strength and the form too**
A right-name pick can still be the wrong strength, or tablets instead of modified release.
- 3 Ask what the medicine is for**
If the indication does not fit the patient, stop. A beta blocker and a steroid are not interchangeable.
- 4 Never pick from memory of the bin position**
Stock moves. Read the label on the box in your hand, not the one you expect to be there.
- 5 Query the prescription, do not guess**
If two medicines could fit what is written, contact the prescriber before dispensing.

If a near miss happens

Log it, however small, and tell the responsible pharmacist. Report concerns about look-alike or sound-alike packaging to the MHRA at patient.information@mhra.gov.uk. Harm from an error goes on a Yellow Card.

Want the full guide?

The worked examples, where LASA errors happen across the dispensary, and a printable shelf-check audit:
ppets.co.uk/lasa-look-alike-sound-alike-medicines