

Prescribing and Medicines Optimisation Guidance

Issue: 116

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Safety guidance

1. MHRA drug safety update: Kaftrio▼ (Ivacaftor, tezacaftor, elexacaftor): risk of psychological side effects [LINK](#)

Psychological side effects such as anxiety, low mood, sleep disturbance, poor concentration, and forgetfulness have been infrequently reported in people with cystic fibrosis treated with Kaftrio. Healthcare professionals should advise patients and their caregivers that, while the risk is small, they should be alert to changes in mood and behaviour and, if they occur, to seek medical advice as soon as possible.

2. Reminder: mercaptamine and mercaptopurine confusion between drug names [LINK](#)

A local prescriber has recently shared a near-miss incident, fortunately picked up when local pharmacies were unable to supply mercaptamine. Mercaptopurine had been the intended medication. Please be mindful of the similarities of these names and the cautionary Optimise Rx messages.

3. MHRA: Thiopurines and intrahepatic cholestasis of pregnancy [LINK](#)

This may occur earlier in pregnancy than non-drug-induced cholestasis of pregnancy and may not respond to ursodeoxycholic acid. Withdrawal or dose reduction of thiopurine may improve LFTs. Vigilance advised for signs and symptoms in pregnant patients on thiopurines.

Local guidance

4. Co-proxamol prescribing

In January 2005, following a 12-week consultation exercise, the MHRA announced a decision to withdraw co-proxamol from the market ([LINK](#)). This was a phased removal over two years until the end of 2007 to enable patients and clinicians time to discuss alternate treatment options. A [further reminder](#) to healthcare professionals of the risks of co-proxamol was issued by the MHRA in 2014, following the emergence of data from the USA regarding the potential for serious effects on cardiac electrical activity, even at therapeutic doses.

In the last 6 months across NHS HIOW, 22 patients have received 83 items of unlicensed coproxamol at a cost of £42.2k. We want to highlight the known risks of co-proxamol and remind prescribers of the GMC guidance regarding [prescribing unlicensed medicines](#), namely:

If proposing, prescribing or providing an unlicensed medicine, you must:

- a. be satisfied that there is sufficient evidence or experience of using the medicine to demonstrate its safety and efficacy
- b. take responsibility for prescribing the medicine (or ensuring that the person you are proposing the prescription to is aware that the medicine is unlicensed, and the reasons why) and for overseeing the patient's care, monitoring and any follow up treatment (or make sure that arrangements are in place for another suitable medical professional to do so)
- c. make a clear, accurate and legible record of all medicines prescribed and, where you are not following common practice, your reasons for prescribing an unlicensed medicine.

5. A project to reduce urinary tract infections (UTIs)

Hydrate to Feel Great is a project funded by NHS England. The aim of the project is to help reduce the risk of getting a Urinary Tract Infection (UTI) by improving hydration. [The Hydrate to Feel Great toolkit is available here](#) (scroll down and click the blue header) and GP practices can receive printed Hydration Plans to give to their patients by [registering their interest here](#)

National guidance

6. DHSC Guidance: Supplying take home naloxone without a prescription [LINK](#)

Naloxone is the emergency antidote for overdoses caused by heroin and other opiates or opioids (such as methadone, morphine, nitazenes and fentanyl). The main life-threatening effect of heroin and other opiates is to slow down and stop breathing. Naloxone blocks this effect and reverses the breathing difficulties.

Naloxone is a prescription-only medicine, so pharmacies cannot sell it over the counter. But drug services and others can supply it without a prescription if they are making it available for the purpose of saving lives. Anyone can use available naloxone to save a life in an emergency.

This document provides guidance on legislation enabling drug services and others to supply take home naloxone without a prescription. It covers who can supply it, products that can be supplied, deciding who can supply and to whom, governance, training, data collection, storage, dosing and side-effects.

7. UKHSA Guidance: Scabies: updated management advice for health professionals [LINK](#)

This guidance has been updated to include information on the licensed use of ivermectin and clarification that people diagnosed with scabies should be treated as soon as possible. Specific considerations have also been added for inclusion health settings.

8. British Menopause Society: Use of incretin-based therapies in women using hormone replacement therapy (HRT) [LINK](#)

This tool for clinicians discusses indications for incretin-based therapies, (such as semaglutide or tirzepatide) considerations when prescribing in women using HRT during the menopause transition and post-menopause and general guidance for clinical practice.

9. NHSE :Updated guidance on shared care with unregulated gender services [LINK](#)

NHS England has cascaded updated guidance advising general practitioners against shared care agreements with unregulated providers in relation to hormone medication to children and young

people under 18 as a response to gender incongruence / gender dysphoria. The guidance outlines that:

- A GP must refuse to support the private prescribing or supply of GnRH analogues
- A GP should refuse to support an unregulated provider in the prescribing or supply of alternative medications that may be used to suppress pubertal development
- A GP should refuse to support an unregulated provider in the prescribing of exogenous hormones

In all cases, safeguarding measures should be considered where the administration of a medicine from an unregulated source presents an immediate safety risk.

NICE guidelines

10. Falls: assessment and prevention in older people and in people 50 and over at higher risk (NG249) [LINK](#)

This guideline, which replaces CG161, covers assessing risk of falling and interventions to prevent falls in all people aged ≥ 65 , and people aged 50-64 who are at higher risk of falls. It aims to reduce distress, pain, injury, loss of confidence and independence, and mortality.

Other

11. Update for primary care on hospital use of Electronic Prescription Service (EPS)

Message from Mark Kelsey (Deputy Chief Medical Officer) and Luke Groves (Chief Pharmacist), Hampshire and Isle of Wight Healthcare NHS Foundation Trust:

After a successful pilot, Hampshire and Isle of Wight Healthcare NHS Foundation Trust have deployed the IC24 CLEO SOLO prescribing solution to the majority of its community outpatient prescribing teams.

This project primarily included community teams for both mental health and physical health who were part of the legacy Southern Health NHS Foundation Trust but also includes some services on the Isle of Wight.

There are over 50 Teams actively prescribing via CLEO covering a wide range of services across Hampshire and the Isle of Wight including:

- Community Mental Health Teams (CMHT)
- Older Persons Mental Health (OPMH)
- Crisis Resolution Home Treatment Teams (CRHTT)
- Child and Adolescent Mental Health (CAMHs)
- Early Intervention in Psychosis (EIP)
- Perinatal Mental Health
- Southern Gambling Service

- Learning Disability (LD)
- Frailty
- Wound Care
- Tissue Viability
- Heart Failure
- Palliative Care
- Petersfield UTC
- Adult ADHD (IoW)
- Memory Service (IoW)

We hope this development will support our patients and service users to obtain supplies of specialist-initiated medication quickly and easily from their nominated community pharmacy.

We are continuing to enable EPS for Trust colleagues working in our Legacy Solent community teams and remaining Isle of Wight community teams via their existing SystmOne EPR.

12. EMC: Revised SPC Senokot (sennoside or senna fruit extract, senna pods tinnevelly) products [LINK](#)

Use in pregnancy is now contraindicated as experimental data suggest genotoxic risk of several anthranoids (e.g. emodin, aloe emodin), as is use during lactation, as active metabolites (e.g. rhein) were excreted in breast milk in small amounts, after administration of anthranoids.

13. SPS: Considerations for using medicines following bariatric surgery [LINK](#)

This resource provides guidance on the physiological changes after bariatric surgery that can affect the pharmacokinetics of medicines and supplements. It covers stomach size, pH changes, surface area, drug formulation, supplements and drug administration route.

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Local medicines optimisation teams can be contacted via their generic team mailbox: See [LINK](#)

Previous bulletins can be found hosted on the ICS website here: [LINK](#)