Prescribing Newsletter

Making the most of medicines

September 2025

NHS Frimley

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At what age may ADHD medication be prescribed?

Recently a practice received a request to prescribe ADHD medication from a private provider for a 4-year-old child. The practice correctly identified this as inappropriate, refused to accept the request and referred the patient back to the specialist.

For children under 5 years with ADHD NICE NG87 recommends offering an ADHD-focused group parent/carer training programme as first-line treatment. If ADHD symptoms still cause significant impairment in a child under 5 years, NICE recommends obtaining advice from a specialist ADHD service with expertise in managing ADHD in young children (ideally a tertiary service). Medication for ADHD for any child under 5 years should not be offered without a second specialist opinion from an ADHD service with expertise in managing ADHD in young children (again ideally a tertiary service).

NICE recommends that medication may be offered to children 5 years and over but notes that this would be off label use. Within Frimley ICB prescribing would remain with the specialist until the child reaches 6 years old (when shared care may become appropriate; this is reflected in the agreed shared care template documents). Although some people may seek care privately, if a GP makes a referral to a RTC provider, this will then become an NHS referral. Please only consider a referral to a RTC provider if the child will be 6 years or over when seen.

The following resources may be helpful.

- GMC Prescribing based on a proposal or recommendation by a colleague
- NHS Frimley- Information required from an children's ADHD specialist

Summary: All our Frimley ICB shared care documents for ADHD medication apply to children and young people aged 6-17 years. Please refer any request to prescribe for children under 6 years old back to the provider.

Frimley Formulary updates

- Topical NSAIDs review: diclofenac 1.16% gel added as **GREEN**, ibuprofen 5% made 1st line, ketoprofen gel made non-formulary. Re diclofenac- due to local prescribing incidents formulary notes have been added to highlight confusion between use for actinic keratosis (3%) and osteoarthritis (1.16%).
- The formulary options of mesalazine products (oral and PR) have been reviewed and updated. Please see the Frimley Formulary **here** for details of these **AMBER WITHOUT SHARED CARE** medicines.
- New oral contraceptives added to formulary:
  - **GREEN** Zoely™ (estradiol 1.5mg with nomegestrol 2.5mg)
  - **GREEN** Slynd™ (drospirenone 4 mg)
  - **AMBER WITHOUT SHARED CARE** Qlaira™ multiphasic COC (estradiol valerate and dienogest)
- Xonvea™ (doxylamine10mg /pyridoxine 10mg) has been added to the formulary as **GREEN** for nausea and vomiting in pregnancy as per local guidance **here**
- Fluorouracil 4% cream (Tolak™) has been added to formulary as **GREEN.** Use is restricted to periods of supply problems with fluorouracil 5% cream. Please see formulary entry for more details on cautions and indications.
- Pylera™ capsules (bismuth subcitrate 140 mg, metronidazole 125 mg, tetracycline 125 mg) added to the formulary as **AMBER WITHOUT SHARED CARE** as a later line option for Helicobacter Pylori eradication.
- Latanoprost–netarsudil (Roclanda™) eyedrops have been added to the formulary as **AMBER WITHOUT SHARED CARE.**
- Calcium acetate (Renacet®) has been added to the formulary as **AMBER WITHOUT SHARED CARE.** It is an alternative to Phosex™ (calcium acetate) and Osvaren™ (calcium acetate/magnesium carbonate) tablets which are now both discontinued in the UK .
- Sitagliptin is now the 1st choice DPP4i or 'gliptin.' It has the widest licensed indications and is the most cost effective gliptin. Switching from alogliptin to sitagliptin is part of the PMOS scheme for some practices. Please be guided by ScriptSwitch and consider opportunistic switches in addition to this.

Dexcom ONE + to replace Dexcom ONE (plus transmitter)

- On 31st March 2026, the Dexcom ONE continuous glucose monitoring (CGM) system will be removed from the Drug Tariff.
- Patients currently using Dexcom One sensors should be switched to Dexcom One+ sensors.
- The new Dexcom One+ sensors no longer require a separate transmitter and these may be removed from medication lists.
- Patients will be asked to either download the new Dexcom One+ App or obtain a new reader.
- Dexcom ONE+ offers several improvements over the original:
    - Slightly lower cost
    - Streamlined setup with fewer components (integrated transmitter)
    - 60% smaller sensor
    - 30-minute warm-up time
    - 12-hour grace period

Management of Shared Care Agreements requests in Docman and patient notes

We have recently shared some guidance regarding the proper process of accepting Shared Care Agreements (SCA) via Docman. The full advice can be found here.

In summary all SCA should be accepted via Docman and recorded in the patient's notes (as per all other clinical documentation). This "acceptance" does not represent an acceptance of the request. A clinician should then review the contents of the SCA request and document the decision to accept or decline in the patients notes. Decisions are then to be communicated back to the specialist directly (i.e., not via **Docman which acts only as an administrative device).**

Please contact our MOT on the email at the foot of this newsletter with any further questions regarding this.

New and updated documents on the NHS Frimley Medicines Optimisation Website

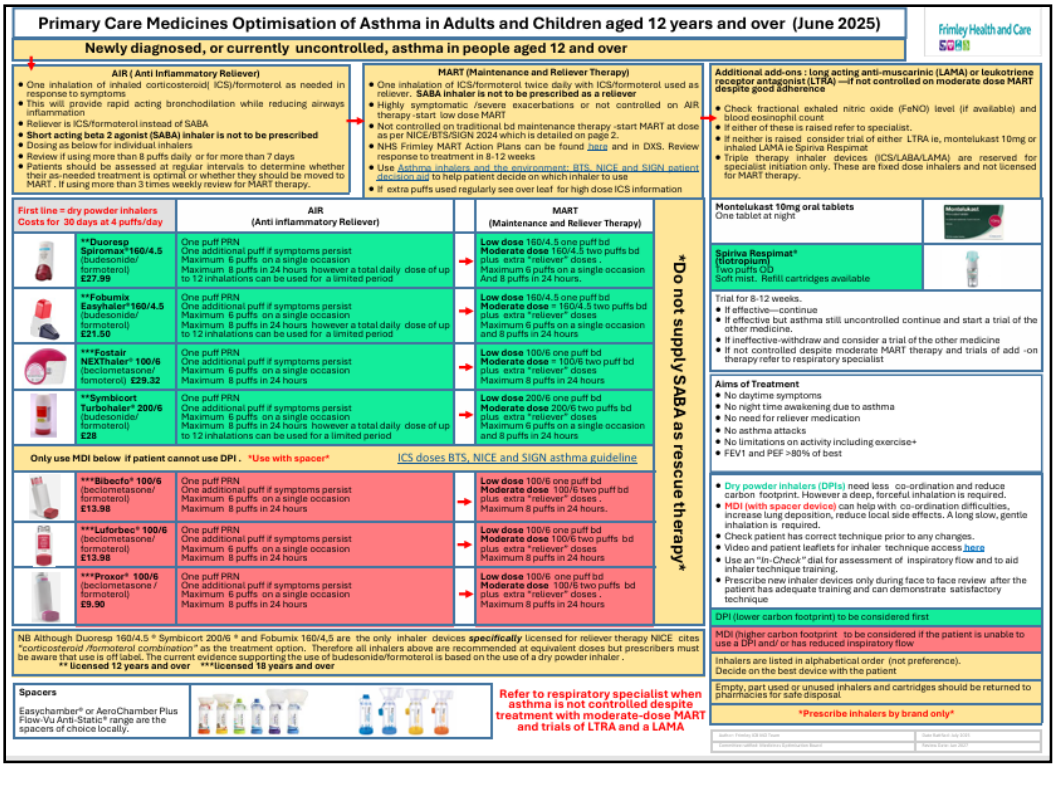
- New guideline for the Management of vitamin B12 deficiency
- New Patient Information Leaflet (PIL) advising patients on how to source ingredients for, and make up, St Mark's Solution
- Updated Inclisiran information sheet
- Updated Guidance for prescribing thickeners for adults with dysphagia
- Updated Position statement for prescribing of low protein products for patients with phenylketonuria (PKU)
- Updated Position Statement- Prescribing guidance for patients travelling abroad
- Updated Position statement on the treatment of erectile dysfunction

Primary care medicines optimisation of asthma guidelines (≥12 yrs) have been updated

The updated guideline can be found here. This guideline was initially published in March 2025 in line with the new national clinical pathway agreed by NICE/BTS/SIGN (November 2024).Top lines from this guideline are the recommendations for Anti-inflammatory Reliever Therapy (AIR) and Maintenance and Reliever Therapy (MART) as first line therapy for the treatment of asthma (and no longer prescribing SABA as a reliever). The June 2025 update centres on the addition of new cost effective formulary choices to replace Fostair® (beclometasone/formoterol) MDI .

- **Bibecfo® MDI** and **Proxor® MDI** and **Luforbec® MDI** are now the beclometasone/formoterol MDI options of choice
- Licensing of these inhalers is identical to licensing for Fostair ®MDI
- Fostair® MDI has been removed from the Frimley Formulary
- Prompts to change patients from Fostair MDI to the new formulary options is now in active on Scriptswitch
- Revised inhaler specific MART action plans will be on the Medicines Optimisation section of the NHS Frimley website soon.

Additional information on inhaled corticosteroid dosing and links to national guidance on when a steroid card should be issued are also included in the update.



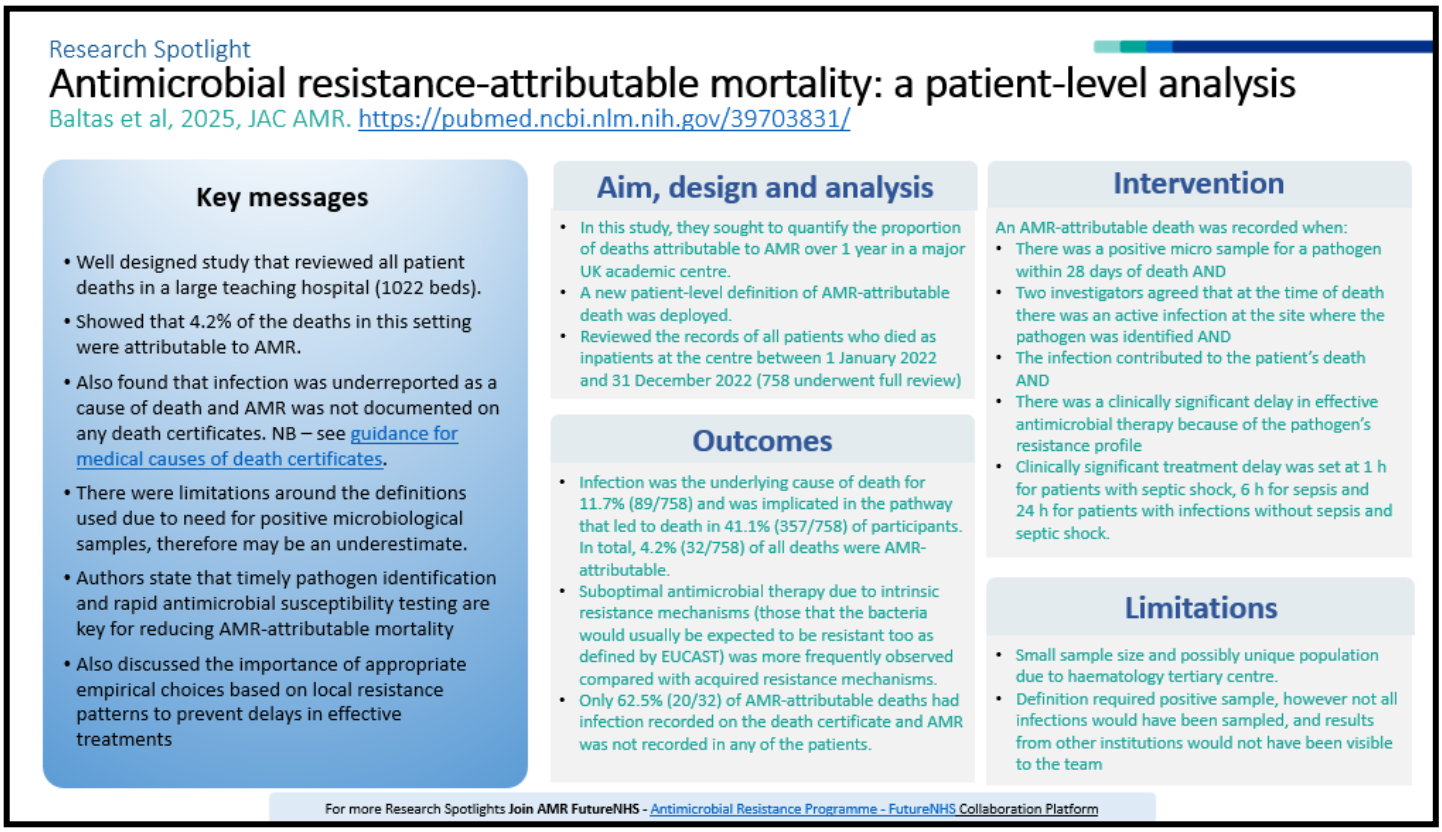
Long-term nitrofurantoin use: risks and alternatives in general practice

British Journal of General Practice
bringing research to clinical practice

The long-term use of nitrofurantoin may cause serious lung and liver side effects. It is important to monitor for these reactions, consider alternative treatments and discuss options with patients, especially those with existing respiratory or liver conditions. Read in full here: Long-term nitrofurantoin use: risks and alternatives in general practice | British Journal of General Practice.
In the absence of any official monitoring guidelines the paper offers pragmatic suggestions for practices to consider. Also provided are alternatives to long-term antibiotic prophylaxis and advice on when a patient should be referred to secondary care in the context of their recurrent UTI.

Resources:

- Ardens searches are available to identify patients with nitrofurantoin on repeat more than 6m ago and no med review (folder *2.25 Prescribing (Other) >Info+ Review-UTI Prophylaxis)*.
- SCAN guidelines for recurrent UTI are currently being updated and users are directed to NICE guidance on this topic at NG112 Urinary tract infection (recurrent): antimicrobial prescribing
- Manufacturer's Patient Information Leaflets (PILs) may be found at medicines.org.uk



(Please note that this is a picture and hyperlinks will need to be accessed separately).

BBC Sounds Health Check: Do you really have a penicillin allergy?

Penicillins are a go-to antibiotic group for many common infections - but in the UK more than 1-in-15 adults have a penicillin allergy label on their medical record. New research suggests that many with these labels are not actually allergic. Professor Sue Pavitt explains how more accurate allergy labelling might help fight the rise of AMR. Listen on Health Check - Do you really have a penicillin allergy? - BBC Sounds. SCAN cautions that penicillin allergy was a lifelong impact on mortality and morbidity. Read guidance on correctly documenting Frimley Healthier Together.

Training opportunity

Are you interested in building your skills around vaccine hesitancy?

"Let's Talk About Vaccines" is a training session to help build confidence, skills and knowledge to open up discussions with patients about vaccination decisions.
It is a 2.5-hour online, interactive session and is **free to staff, students and volunteers across the South East**. It will explore the issues, myths and barriers around vaccine hesitancy, providing you with the techniques and approaches to help people make informed choices. The are sessions are available from now until next March and can be booked on the **Let's Talk About Vaccines** page.

Prevention of Future Deaths Report- Risk of fatal burns with emollients

Following an accidental death from severe burns of an elderly gentleman in his own home, the coroner heard evidence from the fire investigator that the emollients present on his clothing were responsible for the clothing catching fire and the intensity of the fire that would have very rapidly developed once the fabric had been ignited. The coroner also heard that despite the efforts of the local Fire Service to educate their partners about the dangers associated with the of use of emollients and them becoming absorbed in clothing and bedding (which cannot be removed by washing), the risks of ignition appear not to be fully appreciated by the partners with whom they deal with.

See full report James Rownsley: Prevention of future deaths report - Courts and Tribunals Judiciary

This is a known risk and the subject of a past patient safety alert Safe use of emollient skin creams to treat dry skin conditions - GOV.UK and a MHRA campaign Emollients and risk of severe and fatal burns: new resources available - GOV.UK

Autumn is a good time highlight fire safety advice and risks to patients using emollients using our local information leaflet . The advice applies to all emollients, whether they contain paraffin or not.

Local fire and rescue services carry out free home fire safety check visits to residents across Frimley ICB, providing them with fire safety advice, equipment, and signpost those who require additional care and support to teams and services available to them. Please see below links to signpost to patients advising they may book a free visit:

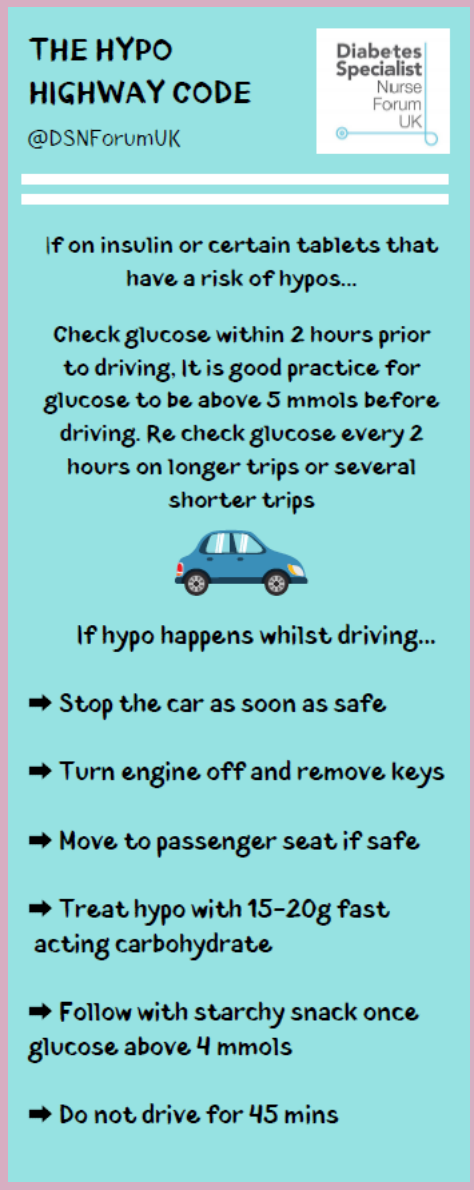
Royal Berkshire Fire and Rescue Service
Hampshire & Isle of Wight Fire & Rescue Service
Surrey Fire and Rescue Service

Courts and Tribunals Judiciary

Hypoglycaemia awareness week is October 6 to October 12

The Hypo Highway Code is a practical guide to support safe driving for individuals at risk of hypoglycaemia, offering clear steps for glucose monitoring and emergency management while on the road

Action: please consider sharing with patients during consultations or texting the information out as part of the hypo awareness campaign the infographic may be found here



Polypharmacy– useful resources now available

Polypharmacy QI posters and a one-page case studies – are now live and available on the Oxford Thames Valley HIN website:

https://www.healthinnovationoxford.org/our-work/adopting-innovation/medicines-optimisation/polypharmacy-getting-the-balance-right/

Health Innovation Oxford & Thames Valley

National Patient Safety Alert

National Patient Safety Alerts
Shortage of antimicrobial agents used in Tuberculosis (TB) treatment

A national patient safety alert has been issued to highlight a shortage of rifampicin (as single agent capsules, injection, and suspension, Rifinah 300, Rifater and Voractiv) and pyrazinamide 500mg tablets. These shortages are expected to last until at least the end of 2025.

MOT have run remote searches in Emis Enterprise to identify patients prescribed one of these antibiotics and communications about this were sent out at the beginning of August. It is expected that all such patients, although receiving prescriptions in primary care will be under the care of a consultant, prescribed the antibiotic for a non-TB indication and will require an alternative treatment (TB patients are being prioritised for remaining supplies).

Action: Review patients receiving one of these medicines from your practice and consult with the initiating specialist who will advise on an appropriate alternative.

Frimley ICB Learning from Patient Safety Events (LFPSE) lessons and feedback

Ensure adequate progesterone cover when oestrogen is prescribed

During a medication review, it was identified that a 54-year-old female patient continued to be prescribed Estradiol transdermal spray whilst her progesterone cover, a Mirena IUS, had expired two months previously. The duty doctor was informed; the patient prescribed oral progesterone and a replacement Mirena planned.

- Unopposed oestrogen replacement is associated with a significant increase in the risk of endometrial hyperplasia.
- The rationale for progestogen administration is to oppose and provide endometrial protection in all situations where oestrogens are naturally produced or administered. A progestogen is required for at least the same duration as that produced during the luteal phase of the monthly cycle.
- Non-hysterectomised women require progestogen administered for 12–14 days in sequential HRT regimens and daily in continuous combined HRT regimens to minimise the risk of endometrial hyperplasia and endometrial cancer associated with unopposed oestrogen exposure.
- Intrauterine progestogen administration through the levonorgestrel IUS represents another treatment option for endometrial protection.

Resources and actions

- BMS - Progestogens and endometrial protection and consider setting up a "diary entry" to ensure timely recalls.

Drop-down menu - selection of correct preparation for intended route

There have been several incidents reported where a preparation designed for a different route of administration than that intended was selected. A local example includes a patient being supplied mupirocin topical ointment when the nasal ointment was required. The patient used this nasally and reported a burning sensation. Unfortunately this is an easy error for busy clinicians, to mitigate double check before issuing the prescription.

Inadvertent double administration of flu vaccine to a child

A report at the end of the last flu vaccination season identified an issue involving two school-age children who received a flu vaccination at their GP surgery and were subsequently given a second flu vaccination by their school immunisation team a month later. It was unclear how this incident could have occurred as there are procedures already in place for immunisation of school aged children. However, please follow the advice below:

- Do not vaccinate a school age child in primary care unless they have missed their vaccination at school/ follow up clinic
- Check with parent if they have consented for the vaccination at school and then do not give an appointment at the surgery
- If a school age child is vaccinated at the surgery (usually only those with underlying health conditions deemed to put them at risk) please contact your SAI (school aged immunisation) provider to let them know, preferably by email, so there can be a correspondence trail.

Insulin/ Mounjaro (tirzepatide) mix ups

There have been two reports from a local community nursing team of the above medicines being mixed up. Both patients received significant insulin overdoses, both were treated for hypoglycaemia and both recovered. In both cases the patients assumed their insulin pen was the Mounjaro pen, dialled the dose up and administered a dose of insulin in error.
Although it should be quite unusual for patients to be on both drugs (low likelihood), the potential for harm (severity of outcome) is high.
Please advise any patients who are prescribed both to be vigilant, always read the pen label before use and keep in mind the potential risk of mix ups. Patients on this combination should be risk assessed for ability to self-manage both an insulin and a GLP-1 pen together.

Beware poor imitation supplies of GLP-1s

We have been made aware of the availability of items poorly imitating GLP-1 inhibitors. Please see the photo of an item brought into a local GP surgery; there are many more similar items on Amazon/eBay.
You will note that the suppliers do not attempt to counterfeit an Actual Medicinal Product (AMP) (eg. tirzepatide), therefore it is difficult to report and monitor the supply of these items (although the MHRA have been made aware).

Visually the red flags for this item are myriad and include

- No AMP name, dose size or form described.
- Poor quality plastic wrapper and seal.
- POMs will not include indications, health claims or NHS/ MHRA/ medical charity logos on their packaging.

In practice it is unlikely that patients will bring these items into surgery and may simply inform you that they have accessed weight loss medication privately. Before adding a note to the patient's medication history it may be prudent to query the source of the item (especially if they report a lack of result !)

MHRA news and alerts

Abrysvo▼ (Pfizer RSV vaccine) and Arexvy▼(GSK RSV vaccine): be alert to a small risk of Guillain-Barré syndrome following vaccination in older adults

There is a small increase in the risk of Guillain-Barré syndrome following vaccination with **Abrysvo (Pfizer respiratory syncytial virus (RSV) vaccine)** and **Arexvy (GSK RSV vaccine)** in adults aged 60 years and older. Healthcare professionals should advise all recipients of these vaccines that they should be alert to signs and symptoms of Guillain-Barré syndrome and, if they occur, to seek immediate medical attention as it requires urgent treatment in hospital.

Locally
Abrysvo is on Frimley Formulary strictly used in line with the RSV immunisation programme. Arexvy is not currently available on the NHS but may be available privately for use in individuals aged 60 years and older, or those aged 50–59 years who are at increased risk of RSV disease.

Resources

- If the vaccine is being given locally via use of the national PGD the signposted guide to the RSV vaccine for older adults within this document includes this information.
- Abrysvo (Pfizer RSV vaccine) and Arexvy (GSK RSV vaccine): be alert to a small risk of Guillain-Barré syndrome following vaccination in older adults - GOV.UK

Children's magnesium gummies found to contain melatonin

Parents and caregivers who have purchased the food supplement, Nutrition Ignition Kids Magnesium Glycinate Gummies, have been advised via a press release, to stop giving them to children and safely dispose of any remaining product by returning them to a pharmacy.

This product had been sold online as a food supplement, however, given the presence of a medicine, the MHRA took action to remove the product from sale, working with online retailers to withdraw all listings.

It is recommended that advice be sought from a healthcare professional if a child has any side effects that are of concern and report via the MHRA Yellow Card scheme.

Parents and caregivers advised to stop all use of specific brand of kids' magnesium gummies due to the presence of an undeclared prescription-only medicine - GOV.UK

Carbimazole—updated risk of pancreatitis and teratogenicity

One of the manufacturers of carbimazole has contacted HCPs directly to inform them that;

- acute pancreatitis has been reported with this medication.
- a review of data strengthens evidence that they are associated with an increased risk of congenital malformations.

Their product information will be updated accordingly. The letter may be read in full here.

Resources

- The teratogenic risk of carbimazole has been previously highlighted by the Drug Safety Update system. Find this, and the subsequent advice for healthcare professionals, here.
- The Ardens search (2.2 prescribing alerts->endocrine) may be used to identify women whom this may affect.

NHS Frimley Medicines Optimisation team may be contacted on frimleyicb.prescribing@nhs.net
National Medicines Advice Service
Healthcare professionals in primary care across England may contact this service on 0300 770 8564 or asksps.nhs@sps.direct