

Prescribing and Medicines Optimisation Guidance

Issue: 113

Date: 2 April 2025

Safety guidance

1. MHRA Drug Safety Update: Prolonged-release opioids: Removal of indication for relief of post-operative pain [LINK](#)

The indication for the treatment of post-operative pain has been removed from the licences of all prolonged release opioids. These opioids should not be used post-operatively due to the increased risk of persistent post-operative opioid use and opioid-induced ventilatory impairment. It is not recommended to use transdermal patches for the treatment of post-operative pain. Immediate-release opioids are recommended for short-term treatment of pain.

2. National Patient Safety Alert: Discontinuation of Promixin (colistimethate) 1-million unit powder for nebuliser solution unit dose vials [LINK](#)

This product is being discontinued from early May 2025, with stocks anticipated to be exhausted by this date. This alert provides further background, clinical information (including the available alternatives) and actions for providers, to be completed by 30th April 2025.

3. BNF Publications: Updates to potency labelling for topical corticosteroids [LINK](#)

The MHRA has implemented new potency labelling requirements for topical corticosteroid preparations so that they will all be labelled on the container, packaging, and patient information leaflet with a potency: mild, moderate, strong, or very strong. When used correctly, topical corticosteroids are a safe and effective treatment; however, severe adverse effects have been reported, rarely, on stopping treatment, often after long-term continuous or inappropriate use of moderate to high potency preparations. For the original MHRA Drug Safety Update, please see: [LINK](#)

Local guidance

4. Anticoagulation for non-valvular Atrial Fibrillation (AF) - Prescribing Decision Aid [LINK](#)

Apixaban and rivaroxaban are recommended as first line direct oral anticoagulants (DOACs) for non-valvular AF. The HIOW formulary has been updated to reflect the revised Prescribing Decision Aid [LINK](#)

5. Prescribing better value DOACs locally commissioned scheme (LCS)

As part of the primary care LCS package, GP practices would have received sign-up paperwork for the new LCS to encourage the prescribing of better value DOACs. This scheme requires practices to review patients prescribed edoxaban for stroke prevention in non-valvular AF, with a view to switching clinically appropriate patients to a better value DOAC, as part of a shared decision-making consultation with the patient.

Practices are asked to review patient cohorts shared by the Medicines Optimisation (MO) team, invite eligible patients for a consultation, and discuss changing to a better value DOAC. Practices should code and document the outcome, for the MO team to search and submit for payment.

The MO team have produced a number of resources to support this LCS:

- **Link to launch webinar** : [Recap: Prescribing Better Value DOACs Webinar 01 April](#)
Hear from GP clinical lead, Dr Emma Harris, who will be introducing the scheme and from CVD specialist pharmacist, Ellie Cast, regarding how to safely review patients currently taking edoxaban with a view to switching to a better value DOAC (apixaban or rivaroxaban) in suitable patients as part of a shared decision-making conversation.
- **Intervention brief**, including tips on how to talk to patients about this change in guidance [IB Prescribing Better Value DOACs FINAL. docx.pdf](#)
- **Frequently asked questions**, including how to code and record the consultation for payment [Prescribing better value DOACs FAQs.pdf](#)
- **Our ICBs position statement**, which can support with communicating with patients during the consultation discussion [Prescribing better value DOACs position statement.pdf](#)
- **Patient frequently asked questions**, for added support for patients [Prescribing Better Value DOACs Patient FAQs.pdf](#)

Practices are asked to return LCS paperwork to the primary care team by 7th April 2025. MO teams will be informed and begin their work to facilitate searches.

Please speak to your MO link pharmacist or pharmacy technician if you have any questions. Email addresses can be found here: [LINK](#)

6. HIOW Formulary updates

- **Promazine tablets/oral syrup – Amber R RAG rating** [LINK](#)
For safety reasons promazine has been moved from a Green to Amber Recommended RAG rating. For further details please see previous bulletin 112 [LINK](#). OptimiseRx messaging has been updated to help prevent further “picking” errors.
- **Tadalafil Once Daily for Erectile Dysfunction – Green RAG rating** [LINK](#)
Once daily tadalafil is supported as a third line choice for the management of erectile dysfunction (in line with Selected List Scheme (SLS) criteria in the drug tariff) in those not suitable for 'on demand' treatment options.

Please note: 2.5mg tablets should only be used in those unable to tolerate a 5mg dose. The 2.5mg tablets are much higher in cost.

- **Renavit tablets – Amber R RAG rating** [LINK](#)
Renavit (B + C vitamins) are once daily, water-soluble vitamin supplements for haemodialysis patients. The tablets have been added to the formulary as Amber R and therefore can be prescribed in primary care following recommendation by the specialist team.

- **Pangrol (Pancreatin) capsules – Amber R RAG rating** [LINK](#)

Pangrol capsules are an unlicensed alternative Pancreatic Enzyme Replacement Therapy (PERT) to Creon. These have been temporarily added to the formulary to support the current national shortage. Please see ICB statement for PERT supply (prescribing advice for patients on PERT without Cystic Fibrosis) [LINK](#)

Pangrol may be used in patients with Cystic Fibrosis under the recommendation of their CF specialist team.

- **Methenamine hippurate – Green RAG rating for prophylaxis of recurrent, uncomplicated lower UTIs in women** [LINK](#)

Following the updated NICE guidelines: Urinary tract infection (recurrent): antimicrobial prescribing [LINK](#), the formulary RAG rating for methenamine hippurate has been updated to Green as a second-line option to prophylactic antibiotic treatment for recurrent, uncomplicated lower UTIs in women. It remains Amber R for complicated UTI in women, UTI in men and children.

Other

7. SPS Guidance: Medicines suitable for adults with swallowing difficulties [LINK](#)

A number of licensed and unlicensed products in different therapeutic classes are available that are suitable for use in adults with swallowing difficulties. “Flozin” and “Gliptin” suggestions have recently been added.

8. SPS Guidance: Advising on missed or delayed doses of medicines [LINK](#)

This guidance provides advice for people who occasionally miss a scheduled dose of a regular medicine, including information sources and advice for high-risk medicines.

9. Community Pharmacy Independent Prescribing Pathfinder Programme

We are pleased to announce that six community pharmacy sites in NHS Hampshire and Isle of Wight ICB are now live on [the Independent Prescribing pathfinder Programme](#).

The pilot is run nationally by NHS England with strategic aim of establishing a framework for the future of commissioning of NHS Community Pharmacy Clinical services incorporating independent prescribing for patient in primary care.

The model of consultation the pharmacy will be prescribing is Oral Contraception. Please refer any patients into the pilot programme.

Below are sites that are part of the programme:

Community Pharmacy IP Sites – Hampshire and Isle of Wight

Bobat Pharmacy	92 Tangier Road, Portsmouth, PO3 6HU
Lalys Pharmacy	1, Guildhall Walk, Portsmouth PO1 2RY
Care First Pharmacy	Parkville Rd, Swaythling, Southampton SO16 2JA
Seaview Pharmacy	Pier Road, Seaview . IOW PO34 5BL
Bassett Pharmacy	19, Burgess Road, Southampton SO16 7AP
Ashely Pharmacy	New Milton, BH25 5BS

For General Practice – any post event verification following patient consultation under the pilot will be communicated to the general practice via NHS mail.

If you have any queries or need any further information, please email:
hiowicb-hsi.community-pharmacy-integration@nhs.net

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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](#)