Area Prescribing Committee Bulletin September 2025

📌 **Quick Overview**

Stay up to date with the Nottinghamshire APC decisions from July and August meetings. This bulletin covers guideline updates, formulary changes and upcoming agenda items.

1 - Link to APC website

2 - Link to APC Joint Formulary

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Short on time? Click on the grey square bulletin icon, bottom right of your screen, review the thumbnails and jump to the section you want to read first.

New and updated Guidelines and Information Sheets

Antimicrobial Guidelines:

Acute sinusitis

Main changes:

• Introduction reworded to encourage a conversation with the patient about education and expectation around antibiotic prescribing.

• Factors that may suggest bacterial infection have been included.

• Criteria for referral to ENT/Immunology Specialist added as per the NICE CKS.

• Added information that sinusitis can be managed in Community Pharmacy via Pharmacy First scheme as one of the 7 acute conditions.

Chronic bacterial sinusitis

Main changes:

• Second paragraph changed to reiterate the inflammatory aspect of this condition.

• Link to NICE sepsis guidance added.

• Criteria for when to seek specialist advice was added as per the NICE CKS.

Tuberculosis

Main changes

• Added additional information about TB symptoms and the risk factors to be considered.

• Links to PILs in English and other languages were added, as well as an information link to the BCG (Bacillus Calmette-Guérin) vaccine.

• Added link to the Tuberculosis and pregnant women page from Public Health England (PHE).

Skin and soft tissue infections: Scabies (will be uploaded shortly)

The guideline has been reviewed due to updated publications from UKHSA and NICE in April and May 2025.

Main changes:

•Added use of emollients, topical anti-inflammatory treatments and antihistamines to manage symptoms. Also added sedating antihistamines to manage night itching.

•Added that washing clothes bedding etc should happen after first treatment.

•Added that ivermectin should be taken on an empty stomach, as per SPC, as well as information about crushing ivermectin tablets in children.

•Clarified when to seek specialist advice.

•Information about how to manage scabies outbreaks and links to UKHSA (detailed with information per settings: care homes, schools, prisons etc).

•Ivermectin treatment added to a table format as per template used in other antimicrobial guidelines.

- No changes to doses or treatment interval - for topical agents.
- Ivermectin for scabies reclassified as AMBER 3.

Other antimicrobial updates:

- **Diagnosis of Urinary Tract Infection (UTI) – quick reference guide** – proposal to retire agreed. At the end of May 2025, the UK Health Security Agency (UKHSA) and NHS England (NHSE) published an update of the UTI diagnostic quick reference tools. An updated document will be brought to the APC meeting in September.
- **Clostridioides Difficile (C.diff) guidance** - it was flagged that the process of supplying Vancomycin liquid needs to be improved locally. The issues come from the availability of the Vancomycin liquid from private suppliers at increased cost and to the variety of strengths available. Discussions are taking place locally to clarify the best course of action and the formulary and guideline will be updated in due course.

Aminosalicylates for Inflammatory Bowel Disease (IBD) - Information Sheet Update

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- No major changes to the current practice.
- The local monitoring recommendations remain unchanged. This is as advised by the Specialist Team, to detect early signs of any adverse drug events and to allow prompt treatment review. This may vary from the monitoring recommendations provided by the manufacturers' and current SPS advice for mesalazine monitoring.

Recommended monitoring schedule:

Table 4. Monitoring requirements

Pre-treatment	Baseline	FBC, U&E, LFT
Monitoring	1 month	FBC, U&E, LFT
	3 months	FBC, U&E, LFT
	Every 6 months for one year or until stable	FBC, U&E, LFT
Following dose change	Repeat FBC, LFT, and U&E 1 month after a dose increase, then as above.	
Ongoing, once results and dose are stable	FBC, U&E and LFT once yearly (6-monthly monitoring may be required in some patients i.e. with renal impairment).	

Please note, for any existing patients on sulfasalazine for IBD initiated by Gastroenterology Specialist, the monitoring requirements and responsibilities would be expected to be in line with those for rheumatology patients. For further information see the local Shared Care Protocol and monitoring summary.

Irritable Bowel Syndrome (IBS) guidelines

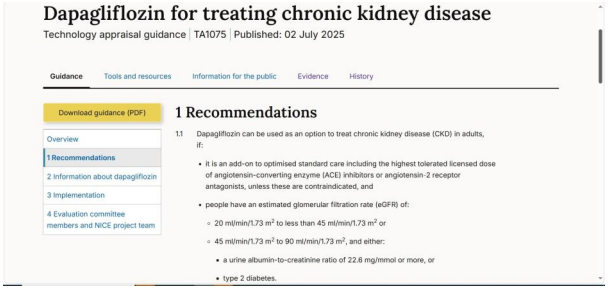
This is to align with local referral pathways including Local Urgent Suspected Cancer/2WW. Link for further information on urgent referral included.

NICE Technology Appraisals NICE TA1075 Update: Dapagliflozin for Treating Chronic Kidney Disease (CKD)

Key Updates

- NICE has issued updated guidance (TA1075) on the use of dapagliflozin for adults with CKD, replacing the previous TA775.
- Both dapagliflozin and empagliflozin act via the same mechanism and are now used at similar points in the CKD treatment pathway.
- Indirect treatment comparisons suggest that both agents offer comparable effectiveness and safety.
- TA1075 removes the previous eGFR restrictions associated with dapagliflozin under TA775, expanding its use and aligning its eligibility criteria with those of empagliflozin (TA942).
- As a result, both drugs now share identical eligibility criteria, supporting a more streamlined and consistent approach to prescribing SGLT2 inhibitors in CKD.

- As the eligibility criteria is now similar for both dapagliflozin and empagliflozin, NICE recommends using the least costly option.
- Dapagliflozin is currently the least costly option as generic formulations are now available in the UK. See Feature Of The Month section for more details
- The Guidelines for management of Chronic Kidney Disease (CKD) for adults and Clinical Pathway For The Use Of SGLT2 inhibitors In Chronic Kidney Disease(CKD) and Type 2 Diabetes(T2DM) have been revised to reflect the new guidance.



Other updates

Continence Formulary

The following sections have been updated:

- Indwelling catheters: Added Prosys All Silicone Foley Catheter and removed FlexiCath All Silicone Catheter and Unoquip; GmbH All Silicone Catheter added.
- Urinals and Urine directors: Added Flexifunnel (male) and Uriwell (unisex).
- Sheaths: Added Spiritcare Incontinence Sheath (self-adhesive) as first line choice . Clinisure Silicone Sheath remains as an alternative first line choice. Added Urimed Vision self adhesive silicone sheath as second line choice. Prosys remains as an alternative second line choice. Removed InView Silicone and GB Libra sheaths.
- Updated prices (DT May25) for all the reviewed sections.

Desmopressin information sheet

Minor amendments:

- Review of treatment at 3 months added to “Explicit criteria for review and discontinuation” section instead of “Duration of treatment”
- Age ranges for monitoring requirements clarified
- Contraindications & cautions updated (including removal of migraine and asthma as cautions as unable to find rationale for this)
- References and links updated

Midodrine information sheet

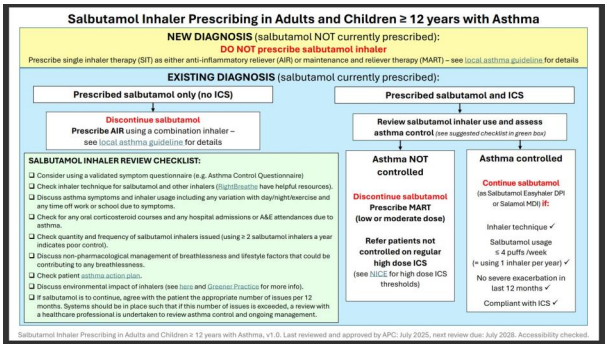
Updates to the guideline include:

- Section on monitoring and responsibilities changed to mirror the approach agreed in the fludrocortisone information sheet. The initiating Specialist will review the appropriateness of midodrine and the associated risk in treatment. The initiating prescriber will facilitate monitoring until care can safely be handed to Primary Care.
- Supine and standing blood pressure should be monitored at least weekly during initiation. Some manufacturers recommend twice weekly monitoring.
- Updated the cautions to include history and risk factors for cerebrovascular accident (CVA) and the rationale for caution in patients with diabetes.
- Added clarification that the third dose should be 4 hours before bedtime.

APC terms of reference - minor update

Salbutamol inhalers – prescribing in adults and children over 12 with Asthma

- Developed in collaboration with the ICS medicines optimisation respiratory group, with some input from respiratory consultants and specialist pharmacists from both local Trusts.
- The NICE/BTS/SIGN asthma guidelines for adults and children ≥ 12 years old have recently been updated. One of the major changes is the move away from using short-acting bronchodilators (i.e. salbutamol).
- This one-page guideline has been produced to help clinicians review existing patients who are currently prescribed salbutamol to determine whether to change their therapy in line with the new guidance or maintain them on their existing regimen.



Horizon scanning, formulary amendments and traffic light changes

GREY ◯

- Estriol 0.01% cream - significantly less cost-effective than 0.1% cream (1mg/g). Both creams are delivered via an applicator, meaning the delivered dose is the same.
- Rosuvastatin 10mg/5ml Oral Solution- other available formulations are more cost-effective.
- Sildenafil (Silandyl®) 100mg orodispersible films- less cost effective than tablets.
- Semaglutide (Ozempic®) 2mg dose for Type 2 Diabetes- the 2mg preparation is not marketed in the UK. The 2mg dose is double the cost of lower doses due to the need for two injections.
- Haloperidol 0.5mg tablets- significantly more expensive than alternative options. See local guidance.

GREEN 🟢

- Escitalopram (Enalto®) orodispersible tablets- priced similarly to oral drops in a more convenient dosage form.
- Femseven Conti® patch (estradiol/levonorgestrel)- offers an alternative progestogen to current formulary options for transdermal continuous combined HRT.
- Indivina® tablets (estradiol/ medroxyprogesterone)- offers an alternative option to current formulary options for continuous combined HRT.
- Bijuve® tablets (estradiol, progesterone)- offers an alternative option to current formulary options for continuous combined HRT.

RED 🔴

- Triamcinolone (Kenalog® and Adcortyl®) injections- discontinued in June 2025 and now only available as unlicensed imports- see MSN for further details.

Other

- Premique® Low dose, Premarin®, Provera®, and Dalacin® products: Due to the genericising of products, the branded versions have been discontinued and these now need to be prescribed generically.

Publications

3 - Link to APC webinars up to April 2025.

Update on Our Webinars and Bulletin Format

Dear colleagues,

After carefully reviewing attendance at previous webinars and considering our current team capacity, we've decided to pause our live webinar sessions for the time being.

Instead, we'll be focusing on enhancing our bulletin. We've heard your feedback that previous versions felt too streamlined and that simply linking to updated documents didn't always make it easy to spot what had changed. In response, we're aiming to make the bulletin more detailed and informative, highlighting key updates more clearly and, where helpful, including recorded audio or video content for more complex topics or those with broader impact.

We hope this new approach will make it easier for you to stay informed and engaged.

As always, we welcome your thoughts and suggestions—please don't hesitate to get in touch at nnicb-nn.nottsapc@nhs.net.

Warm regards,

The Interface Team

4 - Link to APC podcasts

Podcasts

We know it's been a little while since our last episode in July, but we're working hard behind the scenes to bring you more soon. We're still fully committed to sharing useful, relevant content to support you in your day-to-day work, so keep an eye on this space.

🎧 **Our latest episode is:** Gabapentinoids – Prescribing and Deprescribing

Feature of the month: Dapagliflozin becomes first line SGLT2 inhibitor as generics are now available

Key Update

Generic formulations of dapagliflozin - the originator brand name is Forxiga® - are now available in the UK following the expiry of AstraZeneca's patent. This change offers significant opportunities for prescribing optimisation and cost efficiencies across the system.

Prescribing Recommendations

- **Prescribe generically (new and existing patients).** Generic dapagliflozin is therapeutically equivalent to the branded product and is suitable for use in all licensed indications.
- **Preferred option for new initiations:** Dapagliflozin is now recommended locally as the preferred SGLT2 inhibitor for new patients, where clinically appropriate. This is particularly relevant in scenarios where either dapagliflozin or empagliflozin could be considered.

🗓️ Coming Soon - APC work programme September 2025

APC work programme September 2025:

- Cluster Headaches - Home Oxygen Pathway
- Growth Hormone Shared Care Protocol (SCP)
- Aspirin for lynch syndrome
- Adult headache pathway
- Allergic Rhinoconjunctivitis Primary Care Pathway
- Antimicrobial guidelines: Lower UTI/Cystitis, Acute pyelonephritis in Adults, Complicated UTI, Influenza, Oral Candidiasis

Let us know what you think!

The work of the Nottinghamshire Area Prescribing Committee is supported and managed by the interface team.

We can be contacted via

📧 Email: nnicb-nn.nottsapc@nhs.net

🌐 **Visit:** Nottinghamshire APC Website

📄 **View: Meeting Minutes, Bulletins, Formularies on Teamnet**