

**Nottinghamshire Area Prescribing Committee Guideline Meeting Minutes Thursday 22nd
January 2026: The meeting took place as a web conference using Microsoft Teams.**

All attendees should be aware that public authorities are legally required to comply with the Freedom of Information Act 2000. The minutes and papers from this meeting could be published on the Publication Scheme or the internet, with all names included unless notified to the Chair before the meeting commences or included in a pre-agreed confidential section due to the sensitive nature of the topic.

Present: -

Laura Catt (LC) (Chair)	Prescribing Interface Advisor	NHS Nottingham & Nottinghamshire Integrated Care Board (ICB)
Tanya Behrendt (TB)	Senior Medicines Optimisation Pharmacist	NHS Nottingham & Nottinghamshire ICB
David Kellock (DK)	Consultant in Sexual Health and SFHT, Drug and Therapeutics Committee (DTC) Chair	Sherwood Forest Hospitals NHS Foundation Trust
Ann Whitfield (AW)	Patient Representative	Nottingham & Nottinghamshire ICB local population
Katie Sanderson (KS)	Patient Representative	Nottingham & Nottinghamshire ICB local population
Jennifer Moss Langfield (JML)	GP	City Place-Based Partnership (PBP), Nottingham & Nottinghamshire ICB
Asifa Akhtar (AA)	GP	South Notts PBP, Nottingham & Nottinghamshire ICB
David Wicks (DW)	GP	Mid Notts PBP, Nottingham & Nottinghamshire ICB
Deborah Storer (DS)	Lead Pharmacist – Medicines Information and Drug and Therapeutics Committee (DTC) Pharmacist	Nottingham University Hospitals NHS Trust
Mark Clymer (MC)	Assistant Chief Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Gladys Maponese (GM)	Deputy Chief Pharmacist and Head of Community Health Services and Forensic Health	Nottinghamshire Healthcare NHS Trust
Jo Fleming (JF)	Specialist Clinical Pharmacist (Pain)	Primary Integrated Community Services (PICs) Ltd
Georgina Dyson (GD)	Advanced Nurse Practitioner	Nottingham CityCare Partnership
Susan Hume (SH)	Advanced podiatrist	Nottinghamshire Healthcare NHS Trust
Nicola Graham (NG) in attendance from 1430hrs	Senior Transformation Manager	NHS Nottingham & Nottinghamshire ICB
Jacqui Toner Woods (JTW)	Advanced Nurse Practitioner	Willowbrook Medical Practice, Ashfield North Primary Care Network

Observing:

Nahyeon Kim and Rosie Munnings, Pharmacy students at The University of Nottingham.
 Kathern Desai, Senior House Officer (SHO) in Acute Medicine, SFHT.
 Charlotte Cross, Medical Student at the University of Nottingham, on placement with the ICB.
 Nicola Buxton, Medicines Optimisation Pharmacy Technician, Nottingham and Nottinghamshire ICB.

NHS Nottingham & Nottinghamshire ICB Interface Support in attendance:

Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFHFT (left after item 5 discussion).

Karen Robinson (KR), Specialist APC Interface and Formulary Pharmacy Technician.

Vimbayi Mushayi (VM), Specialist Medicines Optimisation Interface Pharmacist.

Lidia Borak (LB), Specialist Medicines Optimisation Interface Pharmacist.

Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist.

Sue Haria (SHa), Medicines Optimisation Pharmacist, interim support to the APC Interface Team.

1. Welcome and apologies.

APC members were welcomed, and apologies were noted.

2. Declarations of interest

APC members, attendees and the APC support team made no declarations of interest.

3. Minutes of the last meeting and matters arising

The minutes of the previous meeting were accepted as an accurate record, subject to minor grammatical amendments.

Thromboprophylaxis in Pregnancy and Management of Acute Thromboembolism in Pregnancy. Venous thromboembolism (VTE) management in pregnancy – treatment & prophylaxis was ratified at the March 2025 APC meeting; however, publishing has been delayed. JML explained that the matter was progressing and explained that one more meeting was likely to be required to finalise the guideline.

ACTION: JML will discuss and update the final document before forwarding it to a member of the APC team to finalise and upload to the APC website. If significant changes are made it will need to be presented at a future APC meeting ahead of being uploaded.

Blepharitis

IV explained that she had discussed with Dr Parente APC's wish for the blepharitis guideline not to be retired. As the blepharitis guideline references conjunctivitis and rosacea, it was decided to wait for the outcome decision for the rosacea guideline (on the agenda) before making any updates.

ACTION: IV to discuss options with Dr Parente and bring the outcome of these discussions to a future APC guideline meeting.

Oral Candidiasis

IV explained that this guideline had been uploaded; however, the fluconazole dose was written as a range from 200mg to 400mg, not suitable for OptimiseRx messages without further details and unclear for prescribers. IV had discussed this with the Microbiology team, who recommended keeping the 200mg stat dose, followed by the 100mg daily dosing schedule. This dose has been amended in the guideline, and the latest version was uploaded on the APC website. Members approved this action.

ACTION: No further action required.

Oxygen for cluster headaches pathway

LB explained that the Oxygen for cluster headaches pathway now includes the contact details for the home oxygen service team that supports Nottingham City.

ACTION: No further action required.

De-prescribing Guidelines

LC provided an update regarding the de-prescribing guidelines and explained that the guide to personalising glucose management in older type 2 diabetic patients living with frailty had been reformatted as requested. As no additional comments had been returned via email from members, this guideline has now been uploaded to the de-prescribing menu on the APC website. Other de-prescribing guidelines will follow in due course.

ACTION: No further action required.

Alcohol guideline

LC explained that after the Alcohol guideline had been agreed, the Department of Health (DoH), had issued guidance suggesting that withdrawal medicines can be managed within Primary Care, directly opposing what had been agreed in our local guideline. Discussions have taken place with the Commissioning Teams. For Primary Care to manage the withdrawal service, commissioning as a service would be required; currently, there are no available finances to explore this as an option. Therefore, the guideline will remain as ratified in November 2025.

ACTION: No further action required.

Bariatric Surgery - Monitoring and Medication Post-Surgery (update Sept 2025).

LB explained that the recently updated Derbyshire guideline which has been published on the Derby website has received further comments from dietitians and is pending ratification. A final version will be presented to APC later this year; however, in the interim, the previous version of Derbyshire Bariatric Guidelines is visible on the APC website.

ACTION: No further action is required at present, and APC will be updated as this item progresses.

All the other items from the previous meeting(s) have been actioned or are on the agenda for further discussion or feedback.

4. FOR INFORMATION – Medicines Optimisation Regional Advisory Group (MORAG) update.

There was no update as MORAG was cancelled.

5. FOR RATIFICATION – Hormone Replacement Therapy (HRT) Guideline

LK presented the HRT Guideline, which had been developed based on the contents of the comprehensive guideline on Menopause published by NUH. This guideline aims to minimise duplication in a succinct version designed for use by Primary Care prescribers.

The guidance provides advice on the following:

- Choice of HRT preparation.
- Dosing of HRT products; with particular attention to proportionate dosing of progestogen products related to the estrogen dose.
- Treatment of urogenital symptoms of the menopause.
- Management of unscheduled bleeding in those on HRT.
- Referral criteria to Secondary Care.
- Answers to several frequently asked questions.

- Recommendations are in line with BMS guidance and congruent with NICE guidance on menopause (NG23).

The above guidance provides more comprehensive advice than the current HRT Prescribing Choices summary, which it is intended will be retired.

Members felt the initiation box required further strengthening to include acknowledgement of the shared decision-making process between the clinician and the patient, including the risks and benefits associated with HRT. As the guidance included a lot of abbreviated terminology, members emphasised the usefulness of a glossary. As Mirena is the only Intrauterine System (IUS) licensed for HRT, clinicians requested the inclusion of the brand name. In addition to this, they also felt that the associated risks and benefits of initiating HRT were required. Additional questions and answers (Q&A) around implants would also be included.

Some members noted that the current templates used within the clinical systems were “busy” and asked if these could be simplified. This request will be passed to the Medicines Optimisation digital lead. Members asked if more information could be provided for women in marginalised communities; this was something that could be looked at externally to the APC meeting.

APC members ratified the HRT guideline, subject to the above amendments. LK and LC will meet to discuss where to flag any possible equality, diversity and health inequalities.

ACTION: LK to make the agreed changes, finalise and upload to the APC website. Any significant findings around equality, diversity and health inequalities will be brought back to a future APC meeting. LK to make the Medicines Optimisation digital lead aware of the difficulties within the clinical systems.

6. FOR RATIFICATION – ANTIMICROBIALS

The following antimicrobial guidelines presented by IV have been reviewed due to reaching their respective review dates and have been reviewed in consultation with Dr Rodric Francis, Consultant Microbiologist/Community Infection Control Doctor, South Nottinghamshire (NUH) and/or Dr Cristina Parente, Consultant Medical Microbiologist (NUH) and/or Dr Iona Willingham, Specialist Trainee Microbiology (NUH).

a) **THREADWORMS**

The Threadworms guideline reached its review date in September 2025. This update, was reviewed against the [Threadworm | Health topics A to Z | CKS | NICE](#), last updated Feb 2025, the pragmatic antibiotic prescribing in Children and Young People (CYP) - Feb 2025 and the advice from the Healthier Together website: [Itchy / Sore Private Parts | Common Health Issues - Child 1 to 4 years | Healthier Together](#)

The following changes were made:

- more comprehensive information about the symptoms.
- more comprehensive information on washing hands, cleaning under the nails, bedding and clothing advice.
- recognising that mebendazole needs to be prescribed off-label if it is for children under the age of 2.
- recommendation for the second dose of mebendazole to be given in 2 weeks; the previous advice had been only if a second dose was deemed necessary.

The reference to Pharmacy First is to be removed, as this service does not include treatment for threadworms.

A suggestion was made to add Optimise Rx messages to ensure the 2 doses are prescribed for the patient cohorts that require prescriptions (under 2 years old and potentially Care Home residents) and reinforce that it should be self-care for other patients. IV will discuss with the Optimise Team appropriate messages to include.

APC members ratified the guideline, subject to minor amendments and the supporting Optimise messages.

ACTION: IV to make the minor amendments, discuss the clinical messages with the Optimise Team, finalise and upload to the APC website.

b) TRAVELLERS' DIARRHOEA

The guideline reached its review date in November 2025, and was reviewed against the following:

- [Diarrhoea - prevention and advice for travellers | Health topics A to Z | CKS | NICE](#), last updated Sep 2023.
- [Definition | Background information | Gastroenteritis | CKS | NICE](#), last updated May 2024.

Further information was added to the guideline on this occasion regarding:

- Infecting pathogens.
- Risk classification for acquiring TD.
- New table with advice for low/intermediate and high risk.
- Patient advice.
- Link to the Sick day rules leaflet.
- Investigations and follow-up.

Comments were received to help improve the wording in the guideline, around the definition of the disease and the advice to direct patients to a private travel clinic. It was also suggested adding further patient- focused advice.

APC members ratified the guideline.

ACTION: IV to finalise and upload the guideline to the APC website.

c) PUBIC LICE

The Pubic Lice guideline reached its review date in November 2025, and was reviewed against the following:

- [Pubic lice | Health topics A to Z | CKS | NICE](#).

There were no significant changes to the recommendations; however, additional information has been added regarding patient advice and product licensing.

Minor comments were received such as adding advice for patients to notify their partners where appropriate and also suggesting the use of generic medicines in the treatment table vs just referencing the brand.

APC members ratified the guideline.

ACTION: IV to finalise and upload the guideline to the APC website.

d) BACTERIAL VAGINOSIS (BV)

The Bacterial vaginosis guideline reached its review date in November 2025. For this update, the guideline was reviewed against:

- NICE CKS Bacterial Vaginosis last updated July 2023: [Bacterial vaginosis | Health topics A to Z | CKS | NICE](#)

There were no significant changes to the recommendations, the main changes including:

- More information on the causative microorganisms.
- New section created on examination and investigations, collating some of the information that was already in the guidance with some new advice added in line with NICE, with regard to referral to sexual health services, pH testing and swabbing.
- The advice regarding asymptomatic and symptomatic patients reordered and grouped to flow better.
- Information added regarding the metronidazole vaginal gel - not licensed for use under the age of 18.

Discussion took place around the swabbing advice, with all the clinicians agreeing that empirical treatment should be given without swabbing, and that swabbing should only take place if the symptoms do not sound like BV, such as a sexually transmitted infection (STI), for example. It was agreed to amend the wording and clarify that whilst it may be treated empirically, swabbing in various scenarios should be considered. Additionally, it was noted that not all practices have access to pH testing.

The Integrated Sexual Health Services is now named Sexual Health Services, and this should be changed throughout the guideline. It was also confirmed that the local Sexual Health Services, when examining a high vaginal swab using the Hay's criteria, would use Grade 3 as indicative of BV. It was questioned why the guideline suggests Grade 4 is indicative of BV. IV will obtain clarification about this and additionally clarify whether 5 or 7 days of antimicrobial treatment is required, as an exact treatment duration is preferred locally to a range. Local Sexual Services prescribe 5 days for metronidazole tablets.

A question about accepting home swabs was also asked and IV will obtain further clarification from specialists.

IV is to work with JML, JTW, AA and DK to agree on suitable wording and changes for the matters discussed. Once complete, the guideline will be sent by email to members for noting.

ACTION: IV to email APC members the final version of the guideline for noting only, before uploading it to the APC website.

e) TRICHOMONIASIS

The Trichomoniasis guideline reached its review date in November 2025. This update was reviewed against [NICE CKS Trichomoniasis](#) updated Dec 2024, and the [BASH Trichomonas vaginalis 2021](#).

There were no significant changes to the recommendations, but the guideline has been rearranged to allow it to flow better. The main changes include:

- A 2g single dose of metronidazole is now listed as an alternative regimen if compliance is an issue, rather than simply as another alternative, as in the previous guideline. Evidence

for a 2g single dose is slightly weaker (2A versus 1A for 400mg twice daily for 7 days) - BASHH recommended regimen is 7 days option; 2g stat is an “alternative” regimen.

- NICE CKS recommend metronidazole 400-500mg BD for 7 days; for this review, it was decided to keep the 400mg dose for ease of Optimise Rx messages and to avoid confusion as to when to use the 500mg dose.
- Information added about when to refer to a specialist.

The acronym GUM clinic will be replaced throughout the document by Sexual Health Services. It was confirmed to members that locally the metronidazole 400mg dose is used for 7 days, with the 2g dose only prescribed as tolerated. It was agreed that if resistance is suspected or if there are any concerns, the Sexual Health Services should be contacted for advice.

APC members ratified the guideline, subject to minor amendments.

ACTION: IV to finalise and upload the guideline to the APC website.

f) CUTANEOUS CANDIDIASIS

The Cutaneous Candidiasis guideline was due for review in January 2026. The guideline was reviewed against the [Candida - skin | Health topics A to Z | CKS | NICE](#), last updated April 2025 and no significant changes were noted.

Main changes to this document include:

- Examples added of skin candidiasis covered by this guidance.
- Advice if no resolution following 14 days of oral treatment.
- Advice on when to refer to specialists.

A suggestion was made to add links in this guidance to other locally available fungal-related guidelines, to help with differential diagnosis.

It was also suggested rephrasing some sentences in the guideline to patient-focused language.

APC members ratified the guideline.

ACTION: IV to finalise and upload the guideline to the APC website.

7 FOR RATIFICATION – ADULT GUIDELINES FOR CARE IN LAST YEAR OF LIFE

VM presented the Adult Guidelines for Care in Last Year of Life and explained that the End of Life Care board had moved the final sign-off date to the end of March 2026; APC had been asked to focus only on the medication element at this time.

Key updates to the medicines section include:

- Greater emphasis on structured medication reviews for frail patients and those in the last year of life, including deprescribing opportunities.
- Medication Review section moved earlier to support earlier consideration in the patient pathway.
- Standardised opioid dose conversions, removing ambiguous ranges and adopting a consistent 1/6 conversion.
- Clinical scenarios added (e.g. opioid-naïve patients, loss of oral route and transdermal patches).

- Clearer scope stating that this guidance applies to anticipatory medicines in the last hours to days of life.
- Standardised trigger points, with ≥ 2 PRN doses in 24 hours prompting review and potential syringe-driver initiation.
- Clarified PRN vs syringe driver maximum dosing.
- Recommendation for minimum five ampoules/five days' supply of anticipatory medicines.
- Reinforcement completed Direction to Administer (DAs) required to accompany all anticipatory and syringe-driver prescriptions

APC approved the medication element of the guideline.

Certain APC members have a special interest in the last year of life guidance and have asked to be included in the wider discussions. VM will facilitate this with the stakeholders. VM will inform APC when the Adult Guidelines for Care in the Last Year of Life have been ratified by the EOL group.

ACTION: VM will take APC's comments to the stakeholders and bring the Adult Guidelines for Care in Last Year of Life back to APC after March 2026 if any changes to the medication section are made. Otherwise, VM will upload the guideline once ratified by the EOL group.

8. FOR RATIFICATION – MESALAZINE SAFETY UPDATE: IDIOPATHIC INTRACRANIAL HYPERTENSION (IIH) – AMINOSALICYLATES IN INFLAMMATORY BOWEL DISEASE (IBD) -PRESCRIBING INFORMATION SHEET

LB presented the mesalazine safety update for IIH which has been added to the Aminosaliculates in IBD prescribing information sheet and noted that this was a minor update following the National Drug Safety Advice issued in December 2025.

The local prescribing information sheet has been updated to include the following:

- symptoms of IIH and actions to be taken by clinicians.
- a hyperlink to the relevant Drug Safety Update.
- information for clinicians on seeking advice from the IBD helpline in case of concerns regarding potential side effects from any of the aminosaliculates.
- IIH listed as a precaution where mesalazine prescribing is considered for any new patients.

APC members ratified the guideline.

ACTION: LB to finalise the information sheet and upload to the APC website.

9. FOR RATIFICATION – PARECOXIB FOR PALLIATIVE CARE PAIN MANAGEMENT IN ADULTS – PRESCRIBING INFORMATION SHEET

LB presented for ratification the Parecoxib 40mg injection prescribing information sheet for palliative care pain management in adults.

It was confirmed that a 'direction to administer' would be required by community nurses. Due to the various Trusts and the differing policies involved, LB will ensure that the agreed processes are aligned and appropriate for all the Trusts. LB will also clarify if any additional forms are required for administration in the community with this being off-label use. LB is to endorse the

Joint Formulary to clarify the definition of the 'specialist' who is to recommend the initiation of parecoxib by Primary Care clinicians.

APC members ratified the information sheet with the additional clarity incorporated as discussed.

ACTION: LB to update the Joint Formulary, finalise the information sheet with the information requested and upload it to the APC website.

10. FOR RATIFICATION – Valproate Shared Care Protocol (SCP) update

NB presented the SCP, which had been reviewed due to reaching its review date. The content was compared against national Medicines and Healthcare products Regulatory Agency (MHRA) alerts and advice, and the following changes have been identified, consulted on and implemented with input from various clinical specialists:

- Link to national Healthcare Professional Guide added, which provides further detail on the responsibilities of healthcare professionals.
- 'Highly effective contraception' changed throughout the SCP to 'at least one effective method of contraception, preferably a highly effective user-independent form such as an intra-uterine device or implant or two complementary forms of contraception including a barrier method', in line with national guidance.
- Indications double checked with specialists, information added that migraine prophylaxis is a grey indication on the Nottinghamshire APC formulary.
- Contraindications, indications and medicine interactions reviewed and updated.
- Baseline investigations reviewed. Coagulation screening is only undertaken if there is a clinical indication to do so. Height and BMI are not monitored, so these have been removed from the initial baseline section.
- References and further information leaflets reviewed and updated where needed.

As part of the Valproate Pregnancy Prevention Programme (PREVENT), discussions took place around responsibilities and documentation including when repeat Risk Acknowledgement Forms are required and facility to record the permanent absence of pregnancy risk, e.g., those having undergone surgical sterilisation. NB to look at prescribing system prompts/wording in the SCP/formulary that could be added to make expectations clear. The Trust representatives from SFH and NCHT explained that their clinical systems do not currently have the functionality to support the communication of any changes associated with the PREVENT programme/annual risk acknowledgement form via NHS Discharge Service. NB to check whether NUH's discharge system has this functionality and amend the SCP accordingly. It was noted that coagulation screening in Secondary Care is undertaken only when clinically indicated and is not a mandatory requirement. To ensure consistency, the requirement for Primary Care to monitor prothrombin time would therefore be amended to 'when clinically required'. To allow for futureproofing and to align with the MHRA recommendations, the term 'where available' would be added to the SCP.

APC members ratified the SCP, subject to the minor amendments.

ACTION: NB to make the SCP amendments and forward it to a member of the APC team to finalise and upload to the APC website.

11. FOR RATIFICATION – OVERACTIVE BLADDER CLINICAL GUIDANCE UPDATE

SHa presented the Overactive Bladder (OAB) guideline that reaches its review date in January 2026. Comments had been received from urology specialists.

The guideline had been reviewed against the following:

- NICE CKS Incontinence – urinary in women last updated January 2025: [Incontinence - urinary in women | Health topics A to Z | CKS | NICE](#)
- NICE CKS LUTS in men last updated June 2025: [LUTS in men | Health topics A to Z | CKS | NICE](#)
- [NICE NG123 Urinary incontinence and pelvic organ prolapse in women: management.](#) Published April 2019, last updated June 2019
- [NICE CG97 Lower urinary tract symptoms in men: management.](#) Published May 2010, last updated June 2015

The main changes to the guideline include:

- Removal of oral oxybutynin as one of the first-line options. Other options are considered to be better tolerated and more cost-effective.
- Removal of “with vaginal atrophy” and replaced with “and genitourinary signs and symptoms associated with the menopause”. Vaginal atrophy does not need to be present for there to be a benefit in using vaginal oestrogen for OAB.
- Lifestyle modifications amended to match those in CKS.
- Drug prices and formulations updated and clarified.

Members requested the addition of ‘adult’ in the guideline title to remove any ambiguity.

Other related documents to be updated are as follows:

- Notts APC Male Lower Urinary Tract Symptoms (LUTS) Guideline.
- Cost comparison of unstable bladder treatments – cost per 28 days (Jan 26).

APC members ratified the guideline, subject to a minor amendment.

ACTION: SHa to make the agreed amendment, finalise and upload to the APC website.

12. FOR DISCUSSION – ROSACEA GUIDELINE DRAFT

IV explained that the Rosacea guideline had been requested for several years, but development had been delayed due to capacity constraints. She presented the initial draft, to collect early comments and reassured the committee that this will be on the agenda at the next formulary meeting. Two medicines in the draft require formulary consideration: doxycycline 40 mg MR (currently grey) and propranolol (not listed for rosacea). Both align with NICE CKS and will be brought back for discussion next month.

Members raised several points for amendment or clarification, including:

- If cosmetic camouflage products restrictions apply to rosacea.
- Clarification on propranolol short-term use and ivermectin route of administration.
- Review the place in therapy for metronidazole gel and lymecycline, as these commonly used, lower-cost options are not first-line in the draft. Provide evidence and cost comparisons for the first-line choices.
- Confirmation that dermatology referral is generally only appropriate for severe or refractory cases where specialist input changes management, and rarely for cosmetic changes.

Regarding rhinophyma, members agreed that the wording must clearly state that surgical management is not routinely NHS-funded and may only be considered via IFR in very exceptional circumstances. Any implication of routine referral or likely IFR approval should be removed.

It was agreed that the revised draft should be shared again with dermatology and checked against local referral criteria to ensure alignment with NICE CKS.

ACTION: IV to incorporate comments into the next draft and bring back to APC in February.

13. FOR RATIFICATION – VORTIOXETINE PRESCRIBING INFORMATION SHEET

LC presented the Vortioxetine Information Sheet, which was due for review in January 2026. Since it was first approved, there has been an increased use of/recommendation for vortioxetine amongst Primary Care prescribers. The version presented now includes vortioxetine use in breastfeeding and provides updated information for treatment discontinuation. Additionally, key pharmacy contacts have been included. The Principal Pharmacist, Adult Mental Health Community Teams, NHCT, has approved the information sheet presented.

Members ratified the information sheet with clarification by the author of the comments received and the addition of the following link: drug-interactions.medicines.ucl.ac.uk/main-table.

ACTION: LC will forward the APC's comment to the author. If agreed, it will be incorporated into the information sheet. The final version of the information sheet will be uploaded to the APC website.

14. FOR INFORMATION – VITAMIN D ADULT GUIDELINES & PATIENT INFORMATION LEAFLET (PIL)

LB presented the updated vitamin D guideline and PIL originally published in 2024. The NHS has since published information regarding the safe maximum daily dose of vitamin D for prevention of deficiency and maintenance, which is up to 4,000 IU (or 100 microgram) daily for most adults. This can be found on the NHS vitamin D information website (<https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/>). However, the nationally recommended prevention dose for the general adult population remains 400 IU (or 10 microgram) daily. The local APC guidelines promote prevention with cost-effective cholecalciferol formulation at dose of 1,000 IU (or 12.5 microgram) daily (Valupak vitamin D tablets) recommended for self-care purchase OTC or prescribed where required/indicated. This is within the nationally recommended dose brackets for the prevention of deficiency of vitamin D in adults.

As a result, the APC guideline and the APC PIL were updated to include information on the maximum safe preventative/maintenance dose. LB is to clarify the frequency, when using the higher daily dose. Members ratified the updated guideline. However, further work is required for the PIL. LB will work with one of the patient representatives to improve the PIL; as the content will remain in line with the approved guideline it does not require additional ratification by APC.

ACTION: LB to finalise and upload the guideline to the APC website and work with the patient representative to improve the PIL (not required to be ratified by APC).

15. FOR INFORMATION – APC FORWARD WORK PROGRAMME

- Topical Tacrolimus for Facial Vitiligo (review date Jan 26). Information sheet for tacrolimus - Unlicensed indication, therefore preferable to retain. VM to email updated version for ratification.
- Testosterone for Postmenopausal Women- Information Sheet (review date Dec 25) extend for a year to January 2027.
- Falls - Medicines and Falls Chart (medicines that may increase risk of falls) (review date Jan 26), to be replaced by links to national resources.
- Gynaecomastia Guideline: the clinicians commented on finding the guideline useful and requested that it be clinically checked and retained.
- The Smoking Cessation position statement (for review April 26) will be retired as it is no longer relevant to current ICB practice.
- Standardised prescription request letter to have its review date removed as unlikely to require further updates.

16. ANY OTHER BUSINESS

• VITAMIN D PRESCRIBING IN PREMATURE INFANTS (LB)

It was previously questioned if Abidec vitamins or a maintenance dose of vitamin D should be prescribed from Primary Care to pre-mature infants following a request from Secondary Care Specialists. LB has liaised with the relevant teams at the local Trusts and reviewed the national advice. A minor update is proposed to incorporate the link to the Premature infant feeds guideline, to provide clarity on expectation for Primary Care to prescribe Abidec for this cohort. SFHT will forward additional information to LB.

17. DATE & TIME OF NEXT MEETING –

APC Formulary meeting: Thursday 19th February 2026 (2 pm to 5 pm, Microsoft Teams)
APC Guideline meeting: Thursday 19th March 2026 (2 pm to 5 pm, Microsoft Teams)

The meeting closed at 5 pm.