Area Prescribing Committee Bulletin March 2026

📌 **Quick Overview**

Stay up to date with the Nottinghamshire APC decisions from December 2025 and January 2026 meetings. This bulletin covers guideline updates, formulary changes and upcoming agenda items.

1 - Link to APC website

2 - Link to APC Joint Formulary

Contents

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:

Threadworms

- One notable change is to the recommendation for the **second dose of mebendazole to be given in 2 weeks;** the previous advice was that a second dose **may** be necessary in 2 weeks.
- More comprehensive information was added about symptoms and hygiene measures.
- Mebendazole needs to be **prescribed off-label if it is for children under the age of 2.**

Mebendazole is contraindicated in pregnancy, breastfeeding and children <6 months, advise to observe hygiene measures for 6 weeks, aiming to break the re-infection cycle. For children younger than 3 months, add perianal wet wiping or washes three hourly.

Medicine[1]	Dosage	Duration	Comments
Mebendazole	Adult and child ≥6 months: **100mg**	**STAT DOSE** followed by **second STAT** dose after 14 days.	Under 2 years old, need to be prescribed off-label. Community practitioner nurse prescribers can only prescribe for over 2 years old.

[1] See BNF for appropriate use and dosing in specific populations, e.g., hepatic impairment or renal impairment, and in pregnancy and breastfeeding.

Pubic lice

- There were no significant changes to the recommendations, however additional information has been added regarding patient advice such as notifying their partners where suitable and product licensing.

Travellers' diarrhoea

This update includes more information regarding:

- Infecting pathogens.
- Risk classification for acquiring TD.
- A new table with advice for low/intermediate and high risk.
- Patient advice.
- A new link to the Sick day rules leaflet, was added.
- Investigations and follow up.

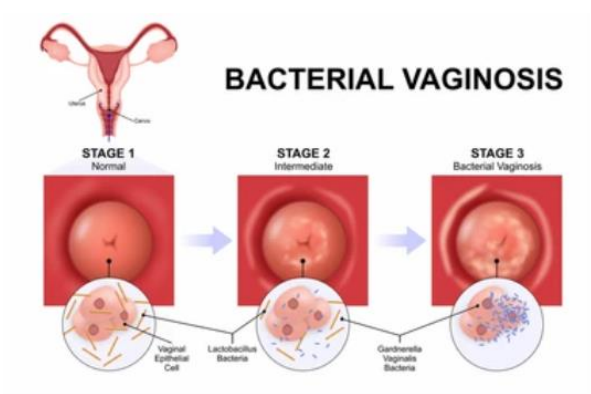
Low or intermediate risk	• Provide information on food hygiene and safe drinking water (Guide on safe food for travellers), (Food and water hygiene) • Offer self-management information and when to seek medical advice if they develop diarrhoea. (Patient leaflet: Travellers' Diarrhoea | Symptoms, Treatments and Prevention)
High risk	• Emphasise importance of personal hygiene, food hygiene, and safe drinking water. • Warn about the risk of waterborne infection and avoidance of contaminated recreational water. • **Only consider issuing standby prescription** of antibacterial to be taken if illness develops, to people travelling to remote areas and for people in whom an episode of infective diarrhoea could be dangerous: ○ Standby antibiotic (adult dose): azithromycin 500mg once daily for 1 to 3 days. Specialist advice should be sought if antibiotic prophylaxis or 'stand-by' treatment is being considered. The National Travel Health Network and Centre (NaTHNaC) provides a telephone advice line for health professionals advising travellers with complex itineraries or specialist health needs. For more information, see the NaTHNaC website.

Consider directing patients to a PRIVATE travel clinic as **standby** treatment **must** be issued on a **private** prescription and it is **not available on the NHS**. Only the **treatment of an acquired disease is eligible for NHS prescribing**.

Bacterial Vaginosis (BV)

There are no significant changes to the recommendations and the main changes include:

- 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 regards to referral to sexual health services, pH testing and swabbing.
- The advice regarding asymptomatic and symptomatic patients has been reordered and grouped to flow better.
- Information added regarding the metronidazole vaginal gel - not licensed for use under the age of 18.



Examination and investigation

In **women with characteristic symptoms** of bacterial vaginosis, examination and further tests may be omitted, and **empirical treatment started if all the following apply**:

- ✓ The woman is at low risk of an sexually transmitted infection (STI).
- ✓ The woman does not have symptoms of other conditions.
- ✓ Symptoms have not developed pre- or post-gynaecological procedure.
- ✓ The woman is not postnatal or post-miscarriage.
- ✓ The woman is not pre- or post-termination of pregnancy.
- ✓ This is the first episode of suspected bacterial vaginosis, or if recurrent, a previous episode of recognisably similar symptoms was previously diagnosed as bacterial vaginosis following examination.
- ✓ The woman is not pregnant.

Trichomoniasis

There were no significant changes to the recommendations. 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 in the previous guideline.

• Added information about when to refer to a specialist.

- It was agreed that if resistance is suspected or if there are any concerns, the Sexual Health Services should be contacted for advice.

Medication	Dose	Duration of Treatment
Metronidazole *(Seek advice from Sexual Health Services specialist if the person has a confirmed metronidazole allergy)*	**Recommended regimen:** 400 mg twice a day	7 days
	Alternative regimen (if compliance is suspected to be an issue): 2g*	Single dose

*** In pregnancy or breastfeeding, 2g single dose metronidazole is NOT recommended.**

Cutaneous Candidiasis

Main changes include:

- Added examples of skin candidiasis covered by this guidance.
- Advice if no resolution following 14 days of oral treatment.
- Advice on when to refer to specialists.
- Links to other relevant local fungal guidelines were added at the start of the document to support differential diagnosis.
- Some text was rephrased to use more patient-focused language.

Guideline updates

Overactive Bladder in Adults - Clinical Guidance

The main changes 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 to using vaginal oestrogen for OAB.
- Lifestyle modifications amended to match those in CKS.
- Drug prices and formulations updated and clarified.

First Line: Generic anticholinergics

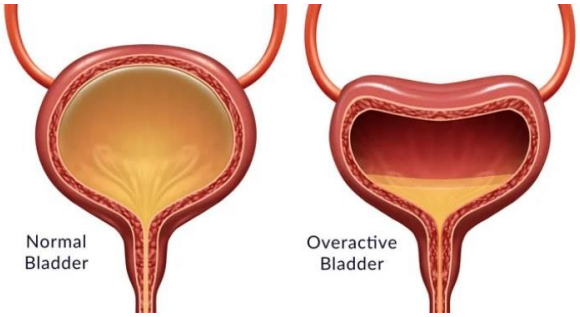
NICE NG123: when offering antimuscarinics "take account of other existing medication affecting total anticholinergic load". Consider calculating the anticholinergic burden score using the ACB calculator.

These medicines can potentially cause an increase in falls risk. See Medicines and Falls Chart

Anticholinergic medications have similar efficacy and side-effect profiles, therefore select one with the lowest acquisition cost.

If the initial choice is not effective, or has troublesome side effects, consider lowering dose/strength, or a trial of an alternative medicine from the first line options.

Medicine	Strength	Dose	Cost/28days (Jan 26)
Tolterodine IR*	2mg	Twice a day	£1.72
Solifenacin	5-10mg	Once a day	£0.84 - £1.01
Trospium IR	20mg	Twice a day	£25.94
*Do not offer tolterodine to frail, elderly patients.			
If swallowing difficulties or unable to tolerate solid formulations			
1st: Oxybutynin patches	36mg (3.9mg/24hrs)	Apply twice weekly	£27.20
2nd: Solifenacin 1mg/ml oral susp (Vesicare®)	5-10mg	Once a day	£27.62 - £55.24



Nottinghamshire Primary Care Alcohol Use Guideline

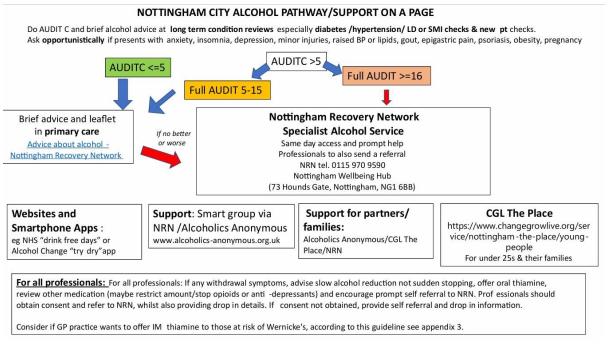
This guideline was reviewed in collaboration with the Nottingham City and Nottinghamshire County drug and alcohol treatment services.

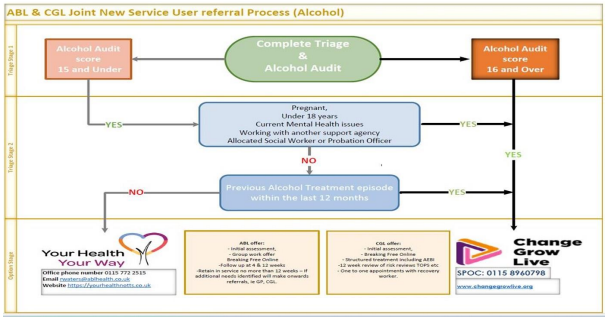
The previous guideline was aimed at specialist services and did not guide practice in primary care, the group agreed to stand it down.

The reviewed guideline aims to support primary care practitioners reduce harms from alcohol by improving identification, providing advice and facilitating referral for specialist intervention.

Main changes include:

- Medicines which are prescribed to support planned alcohol withdrawal are for specialist prescribing in an inpatient setting or within a drug and alcohol treatment and recovery service only.
- Medicines prescribed to help prevent relapse after a planned alcohol withdrawal are for specialist prescribing in an inpatient setting or within a drug and alcohol treatment and recovery service only.
- Discussions about alcohol use should be an integral part of practice in primary care. For example, when there is an active request for help or when conducting long-term condition reviews.
- There is detail about how primary care practitioners can access training / resources to help them with managing conversations about alcohol use.
- Primary care practitioners should offer oral thiamine to all people with harmful or dependent drinking or IM thiamine to higher risk drinkers.





3 - Nottinghamshire County Pathway

Other updates

Mesalazine and idiopathic intracranial hypertension (IIH)

Mesalazine is the first line aminosalicylate treatment option recommended for treatment of irritable bowel disease (IBD).

Following the National Drug Safety Advice in December 2025, the local prescribing information sheet **Aminosalicylates in inflammatory bowel disease** has been updated to include the following:

- Symptoms of IIH and actions to be taken if suspected - listed in Table 5.
- Advice to inform existing and new patients of potential risk and symptoms of IHH.
- Information for clinicians to seek advice from the local IBD helpline in case of concerns regarding potential side effects with any of the aminosalicylates.
- A hyperlink to the relevant Drug Safety Update.
- IIH is now listed as a precaution where mesalazine prescribing is considered.

Explicit criteria for review and discontinuation of the medicine:

Table 5. Side effects and actions to be taken

Side effect	Action
Progressively more severe and recurrent headache, disturbed vision, ringing or buzzing in the ears, back pain, or neck pain, nausea, dizziness, or worsening diarrhoea.	If troublesome, reduce or stop treatment and consider alternative. Contact the IBD helpline for advice from the Specialist team. In patients taking mesalazine, consider if those could be symptoms of idiopathic intracranial hypertension. If so, consider discontinuation and contact the IBD helpline to discuss referral to Specialist for investigations (i.e. blood pressure monitoring and ophthalmology examination). For further information see Drug Safety Update on mesalazine and idiopathic intracranial hypertension.
WBC < 4.0 x 10^9/l	Monitor carefully – if WBC continues to fall, withhold until discussed with the IBD helpline.
Neutrophils < 2.0 x 10^9/l	Monitor carefully – if neutrophil count continues to fall, withhold until discussed with the IBD helpline.
Platelets < 150 x 10^9/l	Monitor carefully – if platelet count continues to fall, withhold until discussed with the IBD helpline.
Severe abdominal pain	Check amylase level. Withhold until discussed with the IBD helpline, consider ultrasound or CT scanning.
> 2-fold rise above the upper limit of the normal reference range for ALT (0-45 U/L), AST (0-35 U/L)	Stop and discuss with the IBD helpline. Ultrasound liver.
Rise of creatinine level above the normal range (or rise of > 20% compared to baseline)	Stop and discuss with the IBD helpline. Urinalysis for proteinuria etc, renal ultrasound, nephrology opinion.
Abnormal bruising or severe sore throat	Check FBC immediately and withhold until the result is available. Discuss with the IBD helpline.
Unexplained acute widespread rash	Stop and seek urgent Specialist advice (preferably Dermatological).

Parecoxib for palliative care pain management in adults

Parecoxib has been reclassified from RED to AMBER 2 for use as adjuvant analgesic administered subcutaneously in pain management in End of Life care.

This is unlicensed indication and route of administration.

Parecoxib is licensed for short-term management of acute postoperative pain for administration by intramuscular or intravenous injection and remains RED for this indication.

A prescribing information sheet has been developed to support prescribers in Primary Care.

Key Points

- Subcutaneous parecoxib may be prescribed locally as an adjuvant analgesic in palliative care when the oral route is no longer available or appropriate for a patient and non-steroidal anti-inflammatory drug (NSAID) treatment is indicated. This use is supported by the national Palliative Care Formulary.
- Parecoxib's marketing authorisation is for the treatment of short-term post-operative pain, its use for the treatment of pain in palliative care is unlicensed.
- Treatment will be recommended or initiated by a Palliative Care Specialist with a request for Primary Care continuation.
- There are no routine monitoring requirements requested of Primary Care for patients taking parecoxib in palliative care.

Valproate Shared Care Protocol (SPC)

For this review, the content of the local Valproate Shared Care Protocol 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.

The following changes have been made:

• 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 were reviewed and updated.

Penicillin Allergy Diagnosis and Documentation in Primary Care

This document was originally developed as a penicillin allergy leaflet. Following review, the title has been revised to *Penicillin Allergy Diagnosis and Documentation in Primary Care*. The document is now intended as clinical guidance for primary care and includes:

- Information about allergy prevalence updated, and NICE CG183 added as a reference source.
- Information added about recording a true penicillin allergy as an allergy in the clinical notes and adding other reactions as either a sensitivity or a side effect.
- Information about reviewing allergy labels during routine patient interactions added.
- Red flag, allergy signs and symptoms updated in line with NICE CG183 definition and World Allergy Organisation recommendations for recognising anaphylaxis.
- Link to the Primary Care Dermatology Society added. This website provides visual aids and photographs to aid diagnosis.
- Information about formal penicillin allergy testing added. The adult service is available across the ICB, provided by NUH. Patients under the age of 18 years can be referred to the paediatric services.
- Link to e-HealthScope and the full referral pathway added.

Horizon scanning, formulary amendments and traffic light changes

GREY ◯

- Exenatide prolonged release (Bydureon Bcise®) – Discontinued September 2025.

- Buprenorphine 30 & 40 micrograms patches - Higher strengths of weekly buprenorphine patch are classified grey. Lower strengths (5, 10, 15 & 20microgram strengths) continue to be Amber 3.
- Penicillamine – reclassified from AMBER 1 to GREY for rheumatology use.
- Nabumetone – significantly more expensive than other formulary NSAIDs; this decision is supported by SFHT and NUH.
- Aerochamber Plus® to be removed from formulary due to formulary rationalisation; currently listed alongside Aerochamber Plus Flow Vu® Anti-static. The newer device was added following its previous recommendation in Paediatric asthma guidance and both devices are priced equivalent. It was requested that messages be enabled to encourage Spacer prescribing whenever an MDI is prescribed. This will be discussed with OptimiseRx and SystmOne formulary teams to develop suitable messages if considered appropriate.
- Axhidrox® (glycopyrronium) cream - NICE TA expected March 26- not recommended in draft guidance.

GREEN 🟢

- Buprenorphine patch preferred brand choice changed from Butrans® to Sevodyne® for the following strengths: 5, 10, 15, 20 micrograms.
- Estradot Conti® 30/95 and 40/130 transdermal patch containing estradiol & norethisterone - lower strength patches compared to products currently available. Price comparable to other HRT formulary brands.
- Measles, mumps, rubella and varicella (MMRV) vaccination - 2 brands of combined MMRV vaccines, Priorix-Tetra® and ProQuad® - From 1 January 2026 MMRV will replace MMR in the routine childhood schedule.
- Metformin 500mg/5ml SF – to be added to the formulary alongside other formulations since cost has decreased to similar or lower cost than sachets.
- Dydrogesterone 10mg tablets (Nalvee®) - added to the Joint Formulary alongside other HRT products. Currently available as combination products eg Femoston®.

AMBER 2 🟠

- New submission: **Enalapril orodispersible** (**Aquameldi®**) added to formulary for the treatment of heart failure, hypertension and proteinuria in nephritis in paediatric patients requiring doses <2.5mg.

- Revamil® Balm (peanut oil refined, beeswax white, glyceryl oleate, honey, purified water, rose oil) - Added to formulary as a temporary replacement for Medihoney® Barrier Cream.
- Latanoprost eye drops preservative-free - 2.5ml multi-dose preservative-free bottle with a 30-day expiry offers a cost saving and an environmental advantage over Monoprost® UDVs.
- **Parecoxib injection** for pain management in End of Life care - request for reclassification from RED to AMBER 2 was approved.

RED 🔴

- Adcortyl® (triamcinolone) injection - Reclassified as RED due to discontinuation, it is now only available as an unlicensed product.

Other

- Straterra® brand discontinued it now needs to be prescribed generically as atomoxetine 4mg/ 1ml oral solution.
- Neocate® LCP change to packaging and quantity - formulary annotated to reflect the change from 400g to 420g tins, the overarching Cow's Milk Protein Allergy Guideline has been updated with the new quantity.
- Tadalafil - formulary annotated to reflect removal of generic tadalafil from SLS list.
- 128ml Phosphate enemas – significantly more expensive than 133ml enemas. Available as long tube and short tube enemas; long tube enemas may be required if a patient self-administers the enema.
- QV skin lotion® has been removed from the Drug Tariff and is therefore no longer prescribable on FP10.
- Kixel XL® (methylphenidate hydrochloride) 18 mg Prolonged-release tablets - highlighted to the authors of the Preferred Prescribing List (PPL) for consideration as a cost-effective brand.
- Ocular lubricants; Aqualube® & Ocufresh® (Carmellose) and Lacrigel® (carbomer 0.2%) to be considered during update of Eye lubricants formulary.

Publications

4 - Link to APC webinars up to April 2025.

5 - Link to APC podcasts

Feature of the month: Hormone Replacement Therapy (HRT) Guideline

Hormone Replacement Therapy (HRT) Guideline

This guideline has been developed based on the content of the NUH Menopause guideline. It is intended to minimise duplication by providing a concise version tailored for use by Primary Care prescribers.

This guidance offers a broader level of detail than the current *HRT Prescribing Choices* summary, and it is therefore intended that the existing document will be retired.

The guidance provides advice on the following:

- Choice of HRT preparations.

- 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).

🗓️ Coming Soon - APC work programme March 2026

APC work programme March 2026:

- On demand treatments for Parkinson's disease; inhaled levodopa & sublingual apomorphine - formulary submissions
- Antimicrobial guidelines: Lymes Disease, Panton-Valentine Leukocidin, Boils, Pityriasis versicolor - updates
- Osteoporosis prevention in early breast cancer - new
- Post-bariatric surgery guidelines Derby – update
- Gynaecomastia in adults guideline – update
- Continence formulary – update
- Blood Glucose Testing Strips, Lancets & pen needles formulary - update

- Testosterone (Sustanon® 250 injection and Tostran® 2% gel) Therapy for Hypogonadism and Constitutional Delay in Growth and Puberty in male children and adolescent shared care protocol and information sheet - update
- Management of Chronic Pain in Patients above 16 years of age: The Overarching Pain Guideline for Primary Care Clinicians - update
- Opioid deprescribing for persistent non cancer pain - update

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