



➤ **[Urinary tract infection \(recurrent\): antimicrobial prescribing- guidance \(NG112\)](#)**

NICE has updated their guidance on prescribing for recurrent UTI with new recommendations on methenamine hippurate for people with recurrent UTI and amended recommendations on referral and seeking specialist advice, choice of antibiotic or antiseptic prophylaxis and oestrogens to reflect current practice.

There is a new RCGP Target Webinar on “Managing recurrent UTI and reviewing and reviewing long-term/repeat antibiotic therapy” on Wednesday 19th March 2025 (**6:30pm-7:30pm**). The webinar is free to all NHS clinicians not just RCGP members. **To register for the webinar [click here](#)**

➤ **Does your GP practice have robust review processes for prescribing of Controlled Drugs?**

A pharmacy in Northamptonshire recently received 3,303 Sevredol (morphine sulfate immediate release) tablets from the relative of a deceased patient. The surgery had been issuing repeat prescriptions since December 2017 but whilst 40mg was being prescribed the patient was usually taking 25mg a day. Whilst all the Sevredol tablets have been accounted for, this case does highlight the need to regularly check with patients being prescribed medication “as required”, particularly opioids, that an appropriate dose is being prescribed. The ICB's Medicines Optimisation Team are in the process of developing some guidance for GP practices on “Managing opioid prescribing”.

➤ **Prescribing of NSAIDs**

There have been concerns about the safety of a number of anti-inflammatory drugs, including COX-2 inhibitors and some 'traditional' NSAIDs, due to effects on the stomach, kidneys and the risk of blood clots. [NICE CKD recommends that](#) in patients with ischaemic heart disease, cerebrovascular disease, or peripheral arterial disease ibuprofen (up to 1200mg per day) and naproxen (up to 1000mg) should be prescribed first-line and COX-2 inhibitors, diclofenac, and high-dose ibuprofen are contraindicated.

Data from Openprescribing highlights that prescribing of NSAIDs, other than ibuprofen and naproxen, is 25% higher than the national average in Northamptonshire. Clinicians can check prescribing levels within their own practices on [Openprescribing \(nsaids\)](#)

➤ **Prescribing of Fluoroquinolones**

The [MHRA advise](#) that due to the risk of disabling and potentially long-lasting or irreversible side effects, systemic fluoroquinolones must only be used in situations when other antibiotics, that are commonly recommended for the infection, are inappropriate. Prescribing data from Openprescribing highlights that prescribing of fluoroquinolones is 25% higher than the national average in Northamptonshire. Clinicians can check prescribing levels within their own practices on [Openprescribing \(fluoroquinolones\)](#)

➤ **Change of name and PIP code for Offmate Stoma Adhesive Remover Spray**

Offmate Stoma Adhesive Remover Spray has changed name to Offmore Adhesive Remover Spray. The product order number has also been changed; the new product number is OM60. Offmate Stoma Adhesive Remover Spray is one of the formulary choices in Northamptonshire. Patients may need their prescription changed to the new description. The local stoma formulary can be found on the Primary Care Portal.