

Prescribing Hints & Tips

December 2025

MRSA DECOLONISATION

Please be reminded that Naseptin® (Chlorhexidine 0.1% and Neomycin 0.5% nasal cream) is NOT a first line option for patients requiring MRSA decolonisation.

FIRST LINE AGENTS ARE:

- Mupirocin 2% nasal ointment (Bactroban Nasal®) OR
- Octenisan® nasal gel

Please use in line with the APC Primary Care MRSA guideline

<https://www.nottsapc.nhs.uk/media/1rbi415d/mrsa-treatment-memo.pdf> and SystemOne Antimicrobial formulary.

DYMISTA® NASAL SPRAY – PLEASE PRESCRIBE GENERICALLY AS FLUTICASONE PROPIONATE AND AZELASTINE NASAL SPRAY

Due to a drug tariff category change, it is now significantly less expensive to prescribe generically rather than by brand name, Dymista®. Prescribe as "Fluticasone propionate 50 micrograms per dose with azelastine 137 micrograms per dose".

APC formulary traffic light status is Amber 3 and prescribing should be in line with the [Notts APC allergic rhinitis primary care pathway](#).

HOME OXYGEN FOR CLUSTER HEADACHES PATHWAY UPDATE

The local 'Home Oxygen for Cluster Headaches Pathway' available on the [APC website](#) has been updated and it contains the following significant changes to the current practice. Please note, this pathway is specifically for the management of cluster headaches only and is not relevant to use of oxygen therapy for any other indication.

- Referrals for oxygen initiation in any new patients are to be sent directly from Neurology/Specialist to the local oxygen supply company (BOC), who will then report the new patient/initiation to the local home oxygen team (HOS).
- This removes the request from GP/Primary Care to generate referral to local home oxygen team (HOS) for any patients to be newly initiated on oxygen therapy for cluster headaches, aiming to reduce non-clinical workload within the GP practice.
- GPs may occasionally be advised to generate a referral to the local HOS following Advice & Guidance from the Neurology Specialists, especially in cases of any pre-existing patients already established on oxygen for cluster headache

management (i.e. relocated/new to the area), or when requesting initiation advice for new patients.

- Individual patient medical records are to be flagged in clinical systems (i.e. SystmOne/EMIS) by the local HOS team with safety alerts to inform clinical staff that the patient receives oxygen therapy.
- Ongoing review of oxygen effectiveness has been clearly assigned in the updated pathway to HOS, advising referral to the initiating consultant if deemed ineffective, rather than to a GP.
- Oxygen flow rates and maximum daily dosing was aligned with national guidelines (NICE 2025 and British Association for the Study of Headache (BASH) 2019).

APC AND INTERFACE UPDATE

The latest updates from APC can be found on their website [here](#).

MAILING LIST

If you wish to be added or removed from the Prescribing Hints and Tips mailing list, please email e.moncrieff@nhs.net