

Prescribing Hints & Tips

February 2026

MEDICINE SUPPLY NOTIFICATIONS:

There have been two recent Medicine Supply Notifications relating to anti-epileptic medications:

- **Phenobarbital 30mg (Teva) and 60mg (Teva and Accord) tablets** are out of stock until mid/late March 2026. Other manufacturers can support the increased demand. As phenobarbital is a [category 1 anti-epileptic](#), patients should be monitored and advised to seek advice if they experience loss of seizure control and/or adverse effects after switching brand.
- **Epilim Chronosphere® 100mg MR granules** will be out of stock from late February until mid-April 2026. As the other strengths of Chronosphere cannot support an uplift in demand, supplies of the 100mg strength should be reserved for patients where there are concerns around epilepsy control being destabilised by a change in product. Sodium valproate is a [category 2 antiepileptic](#). The need for continued supply of a particular manufacturer's product should be based on clinical judgement and consultation with patient and/or carer, taking into account factors such as seizure frequency, treatment history, and potential implications to the patient of having a breakthrough seizure. The MSN provides advice on possible alternatives. Advice from the patient's specialist should be sought if required.

The full notifications are attached to the email this newsletter was sent by.

Please be reminded that anti-epileptic medications are time-critical medications, meaning it is important that alternatives are sought and that patients and all clinicians/practice staff understand the potential risks of missing doses.

TIME-CRITICAL MEDICINES: WHY TIMING MATTERS

Time critical medicines are those where a missed or delayed dose can cause serious harm. The [Specialist Pharmacy Service](#) (SPS) reports that such delays still occur across the NHS, leading to rapid clinical deterioration, extended hospital stays and, in some cases, death. Common examples include insulin, anti-epilepsy medicines, Parkinson's treatments, and some mental health medicines. There is no national list, as time-criticality varies by medicine, condition, and patient.

A Regulation 28 Report from January 2025 highlighted risks for people with "cliff-edge conditions" such as epilepsy.

[NHS England](#) has set out actions to reduce recurrence in response to this, including strengthening the national [Medicines Safety Improvement Programme](#) work on time-critical medicines, reinforcing NICE guidance, improving urgent supply routes through community pharmacy and NHS 111, and ensuring national oversight of learning from Regulation 28 reports. The SPS is also delivering the Safer Use of Time Critical Medicines Programme, focused on reducing delayed and omitted doses through quality improvement, shared learning and collaboration across trusts.

Links:

NICE guidance hub: [NICE guidance](#)

NHS 111 emergency supply route: [Emergency prescriptions – NHS 111](#)

SPS programme: [Safer use of time critical medicines programme \[sps.nhs.uk\]](#)

ICB FUNDED SWITCH SCHEME: EMPAGLIFLOZIN 10MG TO DAPAGLIFLOZIN 10MG

- £60 payment per successful switch from empagliflozin 10mg to dapagliflozin 10mg for patients with type 2 diabetes mellitus and/or heart failure.
- The scheme is open to all practices in Nottingham and Nottinghamshire now and ends 31 July 2026.
- A [clinical guideline](#), [patient information leaflet](#) and funding for healthcare professional time is provided. Local specialists are supportive of the switch.
- The ICB Medicines Optimisation Team will collect evidence for payment via a search of the practice clinical system at the end of the scheme, and payment will be made directly to the practice.
- Please remember to use the read code specified in the practice agreement and in the switch guidance to ensure that switches can be identified.
- For more details and instructions on how to sign up, see TeamNet: <https://teamnet.clarity.co.uk/Library/ViewItem/9f8275b5-440c-4c3d-8cbf-b3e200f8cd42>.
- To sign up, please return signed agreements to nnicbnn.medsoptimisation.support@nhs.net and use this address or speak to your ICB Pharmacist if you have any questions.
- Thank you to those practices that have already signed up.

SYSTEMONE FORMULARY FOR FIRST LINE ORAL NUTRITIONAL SUPPLEMENTS The Medicines Optimisation team have recently uploaded a new SystmOne formulary containing the 1st line ONS products as recommended in the [Joint Formulary](#) and [APC guideline](#). This formulary can be used to quickly find first line ONS products and the dose box will be pre-populated with appropriate directions.

Key messages when prescribing ONS:

- MUST scores should be completed and food first advice given initially [321-nutrition-leaflet_bw.pdf](#)
- Over the counter fortified supplements can be purchased from pharmacies
- ONS is generally for short term use when there is serious risk of malnutrition
- First line products should be **started on acute** (not repeat) if 'MUST' score of 2+
- AYMES Shake / AYMES Compact are first line in primary care and GPs should prescribe as per the S1 formulary
- Ready to drink products are used in secondary care due to convenience and cost, but can often be switched to powdered ONS after discharge
- Optimise messaging is also in place to guide prescribers towards formulary products
- All patients initiated on ONS should have their weight and eating behaviours reviewed regularly by the GP Practice, every 4 weeks
- Care homes should request supplements using the Care home ONS form every month [care-home-request-form.pdf](#)
- ONS should be discontinued when treatment goals are met and the patient returns to real food

Quick reference guide: [sip-feeds-quick-reference-guide.pdf](#)

SPECIALIST PHARMACY SERVICE (SPS) POLYPHARMACY RESOURCES

The SPS have produced a range of resources to support teams in tackling problematic polypharmacy. These include:

- Explainer videos to demystify person-centred structured medication reviews (SMRs)
- Case based discussion webinars and recordings illustrating a patient- centred approach to SMRs
- Podcasts tailored for community pharmacy practice
- Understanding polypharmacy, overprescribing and deprescribing

Full details can be found on the poster attached to the email this newsletter was sent out with.

REMINDER: 28 DAY PRESCRIBING

28-day prescribing is recognised by the NHS as making the best possible balance between patient convenience, good medical practice, and minimal medicine wastage. Decisions to prescribe a shorter or longer interval than 28 days may be made due to clinical or safety reasons. A guide to 28 day prescribing can be accessed [here](#).

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



Medicine Supply Notification

MSN/2026/010

Phenobarbital 30mg and 60mg tablets

Tier 2 – medium impact*

Date of issue: 16/02/2026

Link: [Medicines Supply Tool](#)

Summary

- Phenobarbital 30mg tablets and 60mg tablets (Teva) are out of stock until mid/late March 2026.
- Phenobarbital 60mg tablets (Accord) are out of stock until late February 2026.
- Phenobarbital 30mg tablets from other manufacturers (Accord and Bristol) remain available and can support increased demand.
- Phenobarbital 15mg tablets (Teva) remain available but can only support a partial uplift in demand where alternative options are unsuitable.

Actions Required

Clinicians should not initiate new patients on phenobarbital 30mg tablets (Teva) or 60mg tablets (Teva or Accord) until the supply issues resolve.

Where existing patients have insufficient stock to last until the resupply date clinicians should:

- consider prescribing phenobarbital 30mg tablets (Accord or Bristol) to make up the required dose; or
- consider prescribing phenobarbital 15mg tablets (Teva) to make up the required dose, only where patients cannot be switched to an alternative manufacturer's product; and
- ensure the patient is not intolerant to any of the excipients and are counselled on the dose and correct number of tablets to take; and
- reassure patients that they are receiving the same medicine, but from a different manufacturer, in order to maintain treatment, and advise patients to seek advice if they experience loss of seizure control and/or adverse effects after switching brand.

If the above options are not considered appropriate, advice should be sought from specialists on alternative management plans.

Supporting information

Clinical Information

Phenobarbital is a [category 1 anti-epileptic drug](#) so ideally patients should be maintained on a specific manufacturer's product. Patients should be monitored after a switch in manufacturer's product for loss of seizure control and/or adverse effects.

*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

Links to further information

[SPC Phenobarbital 30mg tablets \(Teva\)](#)

[SPC Phenobarbital 60mg tablets \(Teva\)](#)

[SPC Phenobarbital 30mg tablets \(Accord\)](#)

[SPC Phenobarbital 60mg tablets \(Accord\)](#)

[SPC Phenobarbital 30mg tablets \(Bristol Laboratories\)](#)

[SPC Phenobarbital 15mg tablets \(Teva\)](#)

[BNF Phenobarbital](#)

[BNFC Phenobarbital](#)

Enquiries

If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk.



Medicine Supply Notification

MSN/2026/012

Sodium valproate (Epilim Chronosphere[®]) 100mg modified-release granules sachets sugar free

Tier 2 – medium impact*

Date of issue: 17/02/2026

Link: [Medicines Supply Tool](#)

Summary

- Sodium valproate (Epilim Chronosphere[®]) 100mg modified release granules sachets sugar free will be out of stock from late February until mid-April 2026.
- Alternative sodium valproate products remain available (see supporting information: Table 1).

Actions Required

Clinicians should not initiate new patients on Epilim Chronosphere[®] 100mg modified release (MR) granules sachets and reserve remaining supplies for patients where there are concerns around epilepsy control being destabilised by a change in product.

In stable patients with adequate epilepsy control who run out of supply, clinicians should:

- consider switching to Epilim[®] crushable tablets or Epilim[®] 200mg/5ml oral liquid to make up the required equivalent daily dosage (see supporting information); or
- if the above formulation are not appropriate, consider whether the dosing regimen can be delivered using Episenta[®] modified release (MR) granules sachets;
- if the required dose cannot be achieved with the Episenta[®] MR granules sachets, consider whether dosing can be made up using Episenta[®] prolonged-release (PR) capsules (see supporting information);
- If the above options are not considered appropriate, advice should be sought from specialists on management options.

Where there is a switch in treatment, clinicians should ensure that the patient is:

- not intolerant to any of the excipients;
- counselled where there is a dose frequency change;
- reassured that they are receiving the same treatment, albeit a different formulation, or from a different manufacturer, in order to maintain their treatment;
- advised to seek advice if they experience loss of seizure control and/or adverse effects after switching brand.

Supporting information

Epilim Chronosphere is a controlled release formulation of Epilim (sodium valproate), administered once or twice daily. It is licensed for the treatment of generalised, partial or other epilepsy only when there is no

*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

other effective or tolerated treatment. Daily dosage is established according to age and body weight and given to the nearest whole 50mg sachet.

In patients where adequate control has been achieved, Epilim Chronosphere formulations are interchangeable with other conventional or prolonged release formulations of Epilim on an equivalent daily dosage basis. Immediate release formulations of Epilim (tablets, crushable tables, liquid, syrup) are usually administered twice daily.

Episenta prolonged-release preparations are administered in 1-2 single doses. The prolonged release granules are only available at higher strengths of 500mg and 1000mg. The prolonged release capsules are available at lower strengths of 150mg and 300mg.

Sodium valproate is a Category 2 antiepileptic. The need for continued supply of a particular manufacturer's product should be based on clinical judgement and consultation with patient and/or carer, taking into account factors such as seizure frequency, treatment history, and potential implications to the patient of having a breakthrough seizure.

Method of administration of solid dosage forms

Epilim® 100 mg crushable tablets can be swallowed whole or crushed if necessary, in patients unable to swallow solid dosage forms.

Episenta® PR capsules should be swallowed whole without chewing, with plenty of liquid, such as a full glass of water. For patients with swallowing difficulties, the contents of the capsule(s) may be sprinkled or stirred into soft food or drinks and swallowed immediately without chewing or crushing the PR granules.

Table 1: Availability of alternative sodium valproate products:

Brand and presentation	Marketing Authorisation Holder	Ability to support
Epilim Chronosphere® 50mg modified release granules sachets	Sanofi	Cannot support an uplift in demand
Epilim Chronosphere® 250mg modified release granules sachets	Sanofi	Cannot support an uplift in demand
Epilim Chronosphere® 500mg modified release granules sachets	Sanofi	Cannot support an uplift in demand
Epilim® 100mg crushable tablets	Sanofi	Can support full uplift in demand
Epilim® 200mg/5ml oral liquid	Sanofi	Can support full uplift in demand
Epilim® 200mg/5ml syrup	Sanofi	Cannot support an uplift in demand
Episenta® 500mg modified release granules sachets	Desitin Pharma	Can support full uplift in demand
Episenta® 1000mg modified release granules sachets	Desitin Pharma	Can support full uplift in demand
Episenta® 150mg prolonged-release capsules	Desitin Pharma	Can support full uplift in demand
Episenta® 300mg prolonged-release capsules	Desitin Pharma	Can support full uplift in demand

Off label use

If Epilim Chronosphere 100mg MR granules sachets sugar free is being used off label in the management of males or females with bipolar disorder, the specialist who initiated treatment should be consulted for advice to ensure abrupt discontinuation is avoided.

Links to further information

[BNF: Sodium valproate](#)

[SmPC: Epilim Chronosphere MR 100 mg modified release granules](#)

[SmPC: Epilim 100mg Crushable Tablets](#)

[SmPC: Epilim Liquid 200 mg/5 ml](#)

[SmPC: Episenta Products](#)

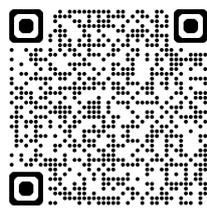
Enquiries

If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk.

Polypharmacy resources

Explainer videos

A video series aiming to demystify and offer practical tips on person-centred structured medication reviews (SMRs), to tackle inappropriate polypharmacy.



Podcasts

We discuss “5 moments” when community pharmacy teams have the opportunity to spot and engage in meaningful conversations with patients and carers about problematic polypharmacy or overprescribing.



Articles

We explore the causes, consequences and tools to support pharmacy professionals in managing polypharmacy, overprescribing and deprescribing in practice.



Case based discussions

Recordings of case based discussions about structured medication reviews in problematic polypharmacy, each focussing on a different condition.



SPS medicines advice service

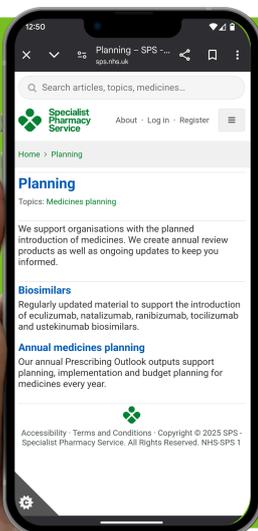
NHS healthcare professionals can contact us for expert clinical medicines advice

When you contact us, be ready to provide your:

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- question, including the background
- preferred answer route
- urgency of your request

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