

# Prescribing Hints & Tips

## June 2025

### IMPORTANT REMINDER – STEROID EMERGENCY CARDS

All patients with primary adrenal insufficiency are steroid dependent and some patients who take oral, inhaled, or topical steroids for other medical conditions may develop secondary adrenal insufficiency and become steroid dependent. The omission of steroids for patients with primary or secondary adrenal insufficiency can lead to adrenal crisis; a medical emergency which if left untreated can be fatal. If these patients become acutely ill or are subject to major body stressors, such as from trauma or surgery, they require higher doses of steroids to prevent an adrenal crisis.

There are 2 types of steroid alert card a patient over the age of 16 years may be required to carry:

1. **A steroid TREATMENT card** (blue/white card). This contains general advice for patients receiving steroids and has a place to record current steroid treatment regimes.
2. **A steroid EMERGENCY card** (red/white card) to support early recognition and treatment of adrenal crisis.

It has come to our attention that many eligible patients have not been issued with a steroid card.

*It's everyone's responsibility to check that a patient understands and that they have the appropriate card(s).*

Community pharmacies, GP surgeries and Secondary Care can issue the cards, and all should have processes and prompts in place for checking if a patient needs/has a Steroid Emergency Card when reviewing patients, initiating steroids or authorising repeat prescriptions and ahead of any emergency treatment, elective surgery, or other invasive procedures.

Figure 1: Steroid Treatment Card:



Figure 2: Steroid Emergency Card:



Issue of steroid cards should be recorded on clinical systems and patients' understanding must always be checked.

The Emergency Steroid Card can be ordered from Primary Care Support England (PCSE)

<https://secure.pcse.england.nhs.uk/forms/pcsssignin.aspx>

Cards are available on clinical systems and a pdf can be downloaded and saved to phones from:

<https://www.endocrinology.org/media/3873/steroid-card.pdf>

For further information and details of patients at risk of adrenal insufficiency please see Nottinghamshire APC [guideline-for-the-issuing-of-steroid-card.pdf](#) and [NHSE National-patient-safety-alert-steroid-emergency-card-to-support-early-recognition-and-treatment-of-adrenal-crisis-in-adults/](#)

## INCLISIRAN – REMINDER OF NEW FUNDING AGREEMENT

The new renegotiated NHSE agreement with Novartis for inclisiran, means that community pharmacies and general practices can now purchase inclisiran at a nominal charge of £45, however they will now be reimbursed at £60 (an increase from £50), with the difference between the purchase price and the NHS reimbursement price (i.e. £15) representing an injection administration and handling fee. Additionally the discount clawback has been removed and together with the personal administration fee, this now represents a payment of over £17 to practices.

Cardiovascular disease (CVD) prevention is a key priority and this includes lipid management as a key intervention for reducing CVD risk, with clinicians having access to a full range of treatments to provide optimal care to their patients.

NHSE hope that this enhanced payment will encourage uptake of inclisiran for eligible patients.

The APC inclisiran prescribing information sheet has been updated to reflect this change. Additionally we've had feedback from a number of practices that patients show a good lipid lowering response to inclisiran and it therefore helps practices achieve QOF points in this area.

## ADHD MEDICATION SHORTAGES – REMINDER OF LOCAL PRESCRIBING AND DISPENSING GUIDANCE

This is a reminder of the local guidance issued in response to the ongoing **ADHD medication shortages**. Please ensure that all relevant team members are familiar with the recommendations to support continuity of care and minimise disruption for patients. You can access the full guidance here:

- [1-adults-primary-care-management-during-adhd-medication-shortage.pdf](#)
- [2-children-primary-care-management-during-adhd-medication-shortages.pdf](#)

### Key Points:

- **12-hour Prolonged-Release Methylphenidate tablets** and **Lisdexamfetamine capsules** may be prescribed **generically**. This enables community pharmacies to dispense any available brand, supporting flexibility in managing supply constraints.
- **8-hour Modified-Release Methylphenidate capsules MUST** be prescribed and dispensed **by BRAND** due to differences in their release profiles.
  - **Prescribers:** Please DO NOT issue generic prescriptions for these formulations.
  - **Community Pharmacies:** Please DO NOT request generic prescriptions for these items. Instead, inform the prescriber of the available brand so the prescription can be amended accordingly.

The document [Protocol for Switching of Methylphenidate Formulations During Shortages by Specialists](#) is a helpful resource that outlines the rationale and principles behind these recommendations.

For further information and additional resources, please visit the [ADHD Shortages – Nottinghamshire Area Prescribing Committee](#) page.

## UPDATE TO PERT SHORTAGE GUIDANCE

This guidance has been produced in collaboration with specialists at NUH and SFH to support Primary Care manage the shortage of Pancreatic Enzyme Replacement Therapy (PERT).

The shortage is likely to be ongoing into 2027, and whilst intermittent supplies of the licensed products remain available, it is anticipated that up to 10% of supply may need to be of the unlicensed imports.

This guidance provides further information on:

- Reviewing patients to determine if they are of high risk or low risk (and may be able to have their PERT stopped/reduced).
- Process for prescribing licensed and unlicensed products.
  - Issue **all** PERT as a standalone prescription.
  - **First line** – licensed product (maximum of **1 months'** supply).
  - **Second line** – unlicensed/imported product (maximum **2 weeks** supply and issued as an **acute** prescription).
- Dispensing information for community pharmacy.

The guidance can be found on the [Nottinghamshire Joint formulary](#).

### **UPDATE TO THE DIRECTION TO ADMINISTER FORMS (PREVIOUSLY KNOWN AS COMMUNITY NURSING FORMS)**

Paper copies of the new forms are to be used only as a contingency if there is no access to the electronic patient record. These will need to have a physical signature, name of the organisation and a copy must be uploaded to the patient record at the earliest opportunity for continuity of care. It may be useful to keep a couple of blank forms for this purpose. Templates of the forms are available on the Nottinghamshire APC page under [Direction to Administer](#). If any changes are made to the forms, they will be updated on the APC and the change communicated on TeamNet.

The monthly verbal/task confirmation is only applicable to Direction to Administer forms for Anticipatory medication and can be done by GPs and nurse prescribers. Please kindly see the [Direction to Administer guidance](#) for more information on the validity of the different forms.

### **SYSTMONE FORMULARIES**

The SystmOne formularies developed by the Medicines Optimisation (MO) Team include the most commonly prescribed products, reflecting first and second line treatment options as recommended by the Area Prescribing Committee (APC) and Joint Formulary (JF).

The MO Team have produced a short instructional [video](#) to help users maximise the functionality of our SystmOne formularies. It provides guidance on essential settings that need to be enabled and demonstrates how to select items from specific formularies, such as the HRT and eye lubricant formularies. Watch the video [here](#)

There is also a one side guide to the SystmOne formulary settings [here](#)

The video and one side guide can both be found on the Medicines Optimisation website: <https://www.nottinghamshiremedicinesmanagement.nhs.uk/policies-and-documents/primary-care-prescribing/gp-prescribing-systems-processes/>

### **APC AND INTERFACE UPDATE**

The latest updates from APC can be found on their website [here](#), including the most recent [APC Bulletin](#).