*[Practice name]*

*[Practice Address 1]*

*[Practice Address 2]*

*[Practice Address 3]*

*[Postcode]*

*[Date]*

*[Patient name]*

*[Patient address1]*

*[Patient address 2]*

*[Patient address 3]*

*[Postcode]*

Dear Patient

The NHS carries out regular reviews of medicines to make sure that patients continue to receive high quality and effective treatment that costs the NHS less.

The latest review involves a change in one of the medications on your prescription. The full details of the change are shown below and this change in your medication will be given to you when you collect your next repeat prescription.

|  |  |
| --- | --- |
| **WHAT YOU TAKE NOW****Amend as appropriate** | **WHAT IT WILL CHANGE TO****Amend as appropriate** |
| Alimemazine 10mg tablets – Take **xxxxx** tablets **xxxx** a day | Add as appropriate (select appropriate antihistamine and dosage depending on patient clinical need) |

**This new medicine contains a similar active ingredient from the same family as alimemazine, your old medication.** This change has been made because alimemazine is not recommended for prescribing in Hertfordshire and west Essex.

Please finish taking all the medicine you currently have before starting on the new medication.

**To obtain your next supply of medicines more efficiently, you can order a repeat prescription by logging into your account using the NHS app which may be downloaded from the** [**NHS website**](https://www.nhs.uk/nhs-app/nhs-app-help-and-support/getting-started-with-the-nhs-app/)**. We would also like to take this opportunity to remind you to only order the medicines you need each time you resubmit your repeat prescription request as this helps minimise medicine waste.**

If you are concerned or wish to discuss the matter further, please do not hesitate to contact the practice or community pharmacy.

Yours sincerely