

Oral semaglutide: risk of error due to introduction of new formulation

Novo Nordisk is replacing the initial formulation (3 mg, 7 mg, 14 mg tablets) of semaglutide tablets (Rybelsus®) with a new formulation (1.5 mg, 4 mg, 9 mg tablets). The new formulation has increased bioavailability resulting in lower doses to attain the same drug exposure. Bioequivalence has been shown in a clinical trial and the doses of the new formulation have the same efficacy and safety as the initial formulation.

The co-existence of both formulations during the transition period could potentially lead to confusion and pose a risk of medication errors, resulting in increased exposure of semaglutide, and gastrointestinal adverse events e.g. nausea, vomiting and diarrhoea.

Patients currently taking oral semaglutide should be informed and advised about the change in formulation and dose when the new formulation is prescribed or dispensed. Patients starting treatment with oral semaglutide should be prescribed the new formulation.

For more information refer to the [manufacturer letter](#) and [patient transition guide](#).

MHRA & UKTIS confirm taking paracetamol during pregnancy remains safe

Patients should be reminded and reassured that there is no evidence that taking paracetamol during pregnancy causes autism in children. Paracetamol is recommended as the first-choice pain reliever for pregnant women, used at the lowest dose and for the shortest duration. For more information refer to the [MHRA statement](#).

Additionally, the UK Teratology Information Service (UKTIS) does not support the recent claims from the US administration relating to paracetamol use in pregnancy. It said in its [official statement](#) that "there is no good evidence that paracetamol causes ASD and potential harm may arise from avoidance of paracetamol for pain and fever".

Drug shortages / supply issues

- Efudix® (fluorouracil 5%) cream supply shortage has been extended to 31st December 2025. This is causing some problems/concerns in primary care. Consider prioritising available supply for treatment of patients in need of urgent treatment or delaying non-urgent treatment until the shortages of Efudix® 5% cream have resolved. In view of this, Tolak® (fluorouracil 4% cream) has been added to the [Dorset Formulary](#) temporarily. Please note that Tolak® has a different strength (4%) and is licensed for actinic keratosis only. See [SPC](#) for details.
- Admelog® (insulin lispro) 100 units/ml solution for injection cartridges, pre-filled pens and vials are being discontinued with supplies anticipated to be exhausted by mid-March 2026, late March 2026 and mid-June 2026, respectively. Humalog® (insulin lispro) 100units/ml solution for injection cartridges, KwikPens® and vials remain available and can support increased demand.

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk.
- The UK Health security agency (UKHSA) has recently announced that the ["in season" and "out of season" antiviral prescribing restrictions](#) for the treatment and prophylaxis of influenza, will be withdrawn. As of **1st October 2025** oseltamivir and zanamivir can be prescribed for prophylaxis and treatment of influenza on **FP10 prescription all year round**, in line with existing NICE criteria in TA158 and TA168. As a result, the Dorset formulary will be updated to reflect this change.

Quick bites continued....

- Refer to the UKHSA [Annual Flu Programme webpage](#) for the most up to date information on the 2025 to 2026 flu programme and resources to support it. Also refer to the [NHS England Seasonal Vaccination Programme letter](#).
- [BNF newsletter September 2025](#): Updates to valproate safety materials, influenza vaccine guidance, and dosing of ublituximab, and addition of information on small risk of Guillain-Barré syndrome following RSV vaccination in older adults. New monographs on seladelpar, sotatercept and Ixchiq (chikungunya vaccine)
- [New resources to support SMRs with care home residents](#) published by the Health Innovation Network. Resources include draft invitation letters to residents and their families, patient-facing leaflets about safely stopping a medicine, and posters explaining what SMRs are for, and how staff can support residents with them.
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- The [antimicrobial resistance awareness toolkit](#) aims to provide quick and ready-to-use resources to support healthcare providers in planning activities for World AMR Awareness Week (18-24 November 2025) and European Antibiotic Awareness Day (18 November 2025), as well as engagement with the Antibiotic Guardian campaign.
- Launching in October 2025, the RPS 3-hour flexible online module '[Managing Polypharmacy and CYP3A Drug Interactions](#)' focuses on drug interactions involving CYP3A enzyme system and is especially important for treating patients with multiple long-term conditions.

REGIONAL MEDICINES INFORMATION SERVICE

If you work in primary care (including community pharmacy), specialist medicines advice can be obtained from SPS via **0300 7708564** or email asksps.nhs@sps.direct. (Staff in Dorset NHS Trusts should seek advice from their pharmacy teams).

This newsletter is for healthcare professionals. It represents what is known at the time of writing so information may be subsequently superseded.