

Guidance on use of antiviral agents for the treatment and prophylaxis of influenza

The UKHSA have [published updated guidance](#) on the use of antivirals oseltamivir and zanamivir for treatment and prophylaxis of seasonal influenza. It includes reference to use of increased use of virological testing to guide case management and outbreak response, descriptions of severe vs non-severe influenza, risk factors for severe illness, and links to relevant [WHO guidance](#) and NICE TAs for antiviral [prophylaxis](#) and [treatment](#).

Calling all Healthcare Professionals to support #MedSafetyWeek 2025!

Meds Safety Week runs from 3 November to 9 November 2025. There are plenty of ways you can participate:

- Follow MHRA [social media channels](#) and share campaign content using hashtags #MHRAYellowCard, #MedSafetyWeek, #ReportSideEffects, and #patientsafety to increase the awareness of reporting
- Use [campaign materials](#) and other resources available on the Yellow Card website to raise awareness locally, including a digital poster for screens and for patient waiting areas
- Report problems with healthcare products to the [Yellow Card scheme](#) or via the [Yellow Card app](#)
- Undertake one of the [e-learning modules](#) on the Yellow Card Scheme website
- Read and share the Yellow Card scheme [guidance for healthcare professionals and the public](#)
- Inform patients about potential risks of healthcare products and what to do if they experience any side effects; this includes encouraging them to self-report using the Yellow Card scheme and the importance of reporting to improve patient safety

Read more about #MedSafetyWeek on the [MHRA Drug Safety Update](#) and [Yellow Card website](#).

Changes to isotretinoin prescribing advice

Updates to the MHRA Isotretinoin Implementation Advisory Expert Working Group (IIAEWG) guidance have been published as an [addendum to the original report](#) which now advises that:

- Follow-up consultations do not necessarily need to be in person (face to face) and could be remote if appropriate, however the first appointment should be in person
- Medically supervised pregnancy testing may be performed remotely with appropriate oversight to ensure tests are performed correctly and safely
- Patients should be asked about sexual function at follow up appointments, although by the third appointment, this may be brief
- New clinical guidance on these topics is available from the British Association of Dermatologists website: [follow-up appointments](#), [remote pregnancy testing](#) and [monitoring of sexual function](#).

Drug shortages / supply issues

- An updated [medicine supply notification](#) for Levemir® (insulin detemir) is now published. Both the 3ml pens and 3ml cartridges are being discontinued, and stock is expected to be depleted by the end of 2026. Current supply positions of alternatives and changes to their availability are published on the SPS drug supply tool. [Clinical guidance](#) is available on SPS to support switching to an alternative product – detailed local guidance will be published during November 2025.
- Following on from the recent supply shortage, Specialist Pharmacy Service (SPS) has updated their Medicines Supply Tool to confirm that all strengths of Durogesic® DTrans® have now been discontinued. Clinicians should review patients and consider an alternative fentanyl brand. Matrix patches Mezolar® and Matrifen® are the preferred options on the [Dorset Formulary](#) – please prescribe by brand. Monitor the patient's response and titrate dose if required. Refer to [SPS guidance](#) for more information.

Drug shortages / supply issues continued

- [SSPs](#) for cefalexin 125mg/5ml and 250mg/5ml oral suspension sugar free (SSP077 and SSP078) were due to expire on 24 October 2025 but they have now been extended to 28 November 2025. These SSPs allow substitution of non-sugar free oral suspension.
- Mometasone (Asmanex Twisthaler®) dry powder inhalers are being discontinued (200mcg/60 dose, from Oct 2025; 200mcg/30 dose and all 400 mcg/dose presentations from Feb 2026). Refer to [SPS guidance](#).

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk.
- The GP Alliance have been working collaboratively with colleagues in Rheumatology to finalise the [Denosumab Prescribing Support](#) document, which has now been uploaded to the [Dorset Formulary](#). This guidance supports the 'amber recommended' formulary status of denosumab 60mg (Prolia®) when used in line with [NICE TA204](#) as a treatment option for the primary and secondary prevention of osteoporotic fragility fractures in postmenopausal women and men at increased risk of fractures.
- The [Pathway for the Treatment of constipation in adults](#) has recently been reviewed and updated by the Gastroenterology Working Group. The updated version incorporates the recent addition of Lecicarbon A suppositories to the Dorset formulary.
- As of the 29 October 2025, the NHS Pharmacy Contraception Service has been expanded to include free oral emergency contraception (EC), available directly from participating community pharmacies. People can access quick, confidential support from trained pharmacy professionals. The service is available across England and ensures consistent access to both oral contraception and emergency contraception. For full details, visit the [NHSE website](#).
- There has been a [SLS criteria update](#) for drugs for erectile dysfunction. Where clinically appropriate, generic sildenafil may be prescribed to any man requiring treatment for erectile dysfunction. Generic tadalafil is an alternative second line option. Prescriptions for generic sildenafil or generic tadalafil no longer need to be endorsed 'SLS'. All other products for treating erectile dysfunction, including branded sildenafil (Viagra®) and branded tadalafil (Cialis®), continue to be restricted to NHS prescribing only for patients who meet SLS criteria. Prescribers are encouraged to review current prescribing to ensure those patients for whom generic sildenafil or generic tadalafil may be suitable are converted.
- A recently published [joint position statement on direct-to-consumer genomic testing \(DTC-GT\)](#) supports healthcare professionals working in primary care & community settings with considerations around genomic tests that have been sought and paid for outside routine NHS care. The statement sets out that healthcare professionals should not take at face value, or attempt to interpret, reports from non-accredited laboratories or third-party interpretation services.
- A reminder that the FRS have issued [guidance around the use of GLP-1 agonists and the effect on various forms of contraception](#). Specifically, they advise that GLP-1 agonists are not recommended during pregnancy, and women of childbearing age should be advised to use contraception whilst using a GLP-1 agonist. Tirzepatide is the only GLP-1 that has been found to have a clinically significant effect on bioavailability of oral contraceptives, so individuals using tirzepatide and oral contraception should either switch to a non-oral contraceptive method, or add a barrier method of contraception for 4 weeks after initiation or dose increases. (There is no need to add a barrier method of contraception when using semaglutide, dulaglutide, exenatide, lixisenatide or liraglutide).

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 asksp.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.