Keep Taking the Tablets Newsletter

Issue 38 – December 2025 **www.nhsdorset.nhs.uk/medicines**

NHS Dorset

Harm from incorrect recording of a penicillin allergy as penicillamine allergy

A joint National Patient Safety Alert has been issued on the risk of harm from healthcare staff incorrectly recording patients' penicillin allergies as penicillamine allergies in electronic prescribing systems.

This error can result in patients with known penicillin allergies being prescribed penicillin-based antibiotics, increasing the risk of a potentially fatal anaphylactic reaction. Organisations must identify & review affected patients' records, correct any inaccuracies, and implement additional safeguards.

To review patients with coded allergy to penicillamine, please use SystmOne search at: **Dorset SystmOne GPs > Medicines Optimisation > Alerts > Penicillamine Allergy**. For full information on actions required please view the CAS-Alert.

Additional INR monitoring requirements for patients taking GLP-1 agonists and warfarin

There is a potential indirect interaction between GLP-1 agonists (e.g. tirzepatide) and warfarin due to delayed gastric emptying which can affect the absorption of warfarin. INR control can also be affected by a change in dietary intake and weight loss, which are common with GLP-1 agonists.

Experience at local warfarin clinics is that INRs can vary when tirzepatide or another GLP-1 agonist is started. It is advised to take an INR a week after starting or changing the dose of GLP-1 agonists, and to continue testing regularly and adjusting the warfarin dose as needed until the INR stabilises. If warfarin is managed by one of the warfarin clinics, advise the patient to report use of a GLP-1 to the clinic.

Tamoxifen: QT Prolongation and monitoring recommendations for high-risk patients

Following MHRA assessment of post-marketing safety data and clinical trial ECG results, healthcare professionals are advised to monitor ECG and electrolytes before and during tamoxifen treatment in patients with risk factors for QT prolongation, including those with cardiac comorbidities or taking QT-prolonging medicines. Patients should be informed of this potential risk and advised to report symptoms such as palpitations, dizziness, or fainting.

Freestyle Libre 3 and 3 Plus sensors – potential incorrect readings

Abbott has recently identified that certain FreeStyle Libre 3 and FreeStyle Libre 3 Plus sensors may provide incorrect low glucose readings. Abbott is attempting to notify patients using affected sensors about this issue through various means, including direct notifications through their app and by email (if provided). Patients using Libre 3 and 3 Plus sensors are asked to visit www.FreeStyleCheck.com to determine if they have any potentially affected sensors.

In addition, Abbott is asking you to proactively contact any patients you have prescribed FreeStyle Libre 3 and/or FreeStyle Libre 3 Plus to, to inform them of the issue and to ask them to visit the website to confirm if their sensors are potentially impacted, and if so, to request a replacement sensor.

Mesalazine and idiopathic intracranial hypertension

Idiopathic intracranial hypertension (IIH) has been very rarely reported in patients treated with mesalazine. Following a recent review, warnings for idiopathic intracranial hypertension are being added to the product information for all mesalazine products. Patients using any form of mesalazine should be warned to look for signs and symptoms of IIH including severe or recurrent headache, visual disturbances or tinnitus.

Healthcare professionals should remain vigilant of signs and symptoms of IIH in patients taking mesalazine and act promptly if it is suspected. Discontinuation of mesalazine should be considered and management of the symptoms should begin immediately. Caution is advised when prescribing for patients who have previously diagnosed or suspected IIH. Refer to the MHRA Drug Safety Update for more information.

Drug shortages/supply issues

- Ibandronic acid 150mg tablets (the only licensed monthly bisphosphonate) are in limited supply until March 2026. Clinicians should not initiate new patients on ibandronic acid 150mg tablets until the supply issue has resolved. Weekly bisphosphonate presentations remain available and can support increased demand. For more advice, refer to the SPS drug supply tool.
- Propranolol 80mg M/R capsules are out of stock until early March 2026 & 160mg M/R capsules are out of stock from late Nov until mid-late Jan 2026. I/R 40mg & 80mg tabs are available & can support increase in demand. Oral solution is available but cannot support increase in demand. For more advice, refer to the SPS drug supply tool.

Levemir Discontinuations – Dorset guidance

Levemir (insulin detemir) will be discontinued by Novo Nordisk during late 2026. The following insulin switches from Levemir have been agreed by diabetes teams in Dorset for implementation at patients' next diabetes reviews:

- **Children and young people** – will be switched to Lantus (glargine) insulin by hospital teams. Lantus offers half dose options which may be more suitable for children.
- **Adults**, Type 1 diabetes – will be switched by the diabetes team responsible for their care. This may be their primary care diabetes specialist nurse unless patients are under the care of hospital diabetes teams. The agreed switching options are 1. Tresiba 100 units, 2. Toujeo, 3.Semglee insulins. Note that Tresiba pens are unavailable until January 2026 so cartridges plus pens will need to be prescribed as an alternative
- **Adults**, Type 2 diabetes – all to be switched to Semglee (insulin glargine) by primary care teams in line with the Dorset biosimilar policy.
- When starting all new insulin switches considering a 10% reduced dose of the Levemir dose, monitor response and titrate upwards as required.

For full details of switching refer to Levemir-discontinuation-guideline.pdf

Weight Management Prescribing

Weight management services, including GLP-1 prescribing, are available to individuals who satisfy the clinical criteria outlined in NHS Dorset's clinical policy. Further details can be found on the NHS Dorset website: https://nhsdorset.nhs.uk/health/medicines/weight

Referrals may be submitted to the referral hub either by completing the NHS-Obesity-Medication-Pathway-Referral-Form.docx or using the referral template 'Quick referrals' in SystmOne. Oviva forms will be returned to practices.

The first cohort have BMI>40 and 4 out of 5 co-morbidities (T2DM, Hypertension, Obstructive Sleep Apnoea, established CVD, Dyslipidaemia) are being contacted by the hub once they are referred if they meet the criteria.

Referrals are now being accepted for the second cohort, people have BMI>35 and 4 out of 5 co-morbidities (T2DM, Hypertension, Obstructive Sleep Apnoea, established CVD, Dyslipidaemia)

The referral hub assesses each patient's readiness for change and offers appropriate options based on eligibility:

- Community Weight Management provides tirzepatide prescribing for weight reduction, with an open-ended approach and established weight loss targets.
- Tier 3 services are consult led services and deliver a two-year semaglutide intervention.

Both services offer comprehensive wraparound support.

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk.
- There is a wealth of local data available on the Dorset Intelligence and Insight Service (DiiS) portal. It includes dashboards for several medicines topics, including the Prescribing Quality Scheme (PQS), and Structured Medication Review activity. If you have not yet registered for the DiiS then you can do so via this link.
- Please use the online form to let us know about non-medical prescriber leavers and joiners to your practice/PCN. Access it via the NHS Dorset website. Bookmark the page so it is easy to find! **NB:** this form is only intended for changes to NMPs, changes to medical (GP) prescribers should be submitted via the individual doctor's PCSE account.
- The NHS BSA have advised that there are many GPs in the Dorset area that are not using the correct prescriber code in SystmOne. Please check the NHS BSA list to ensure the correct codes are in use. GP codes are not transferrable therefore a unique code should be in use in each practice that a GP prescribes in. For more help with this, email hayley.braid@nhsdorset.nhs.uk.
- The Pragmatic Prescribing guidance from the British Geriatrics Society aims to support prescribing decisions for older people with moderate to severe frailty. This can be incorporated into shared decision-making conversations. It provides more lenient therapeutic targets than standard guidelines, balancing potential benefits and harms of medicines in this population. The guidance is designed for all prescribers involved in medicines optimisation across primary and secondary care settings.
- Pharmacy First referrals can now be made directly through SystmOne using the Booking and Referral Standard (BaRS) referral option. This provides a streamlined, efficient, and integrated way to refer patients to the Pharmacy First service. Refer to instructions for use on the NHS Dorset website. GP practices are encouraged to switch to using BaRS as the current license for Pharmrefer will expire at the end of February 2026. Feedback from practices who have already started to use BaRS has been positive. If you need help with implementation, please contact Dorset LPC via: SAIL@dorsetlpc.org.uk.
- The Medicines team continue to receive a significant amount of public interest regarding local changes to gluten-free food on NHS prescription. If you need any advice on implementation, please refer to the information on the NHS Dorset website for healthcare professionals: Gluten free products – Medicines Optimisation.
- Flu vaccination drive: countdown to Christmas – to support the flu vaccination drive, a communications toolkit, editable posters, editable screensavers, and social assets are now available from the DHSC.
- The DHSC has agreed that from the start of 2026 the Ministry of Defence (MOD) will start using paper FP10 prescription forms for all prescriptions issued by MOD medical facilities to be dispensed in community pharmacy. The small number of prescriptions outsourced in this way will be reimbursed by the MoD. Pharmacy contractors should ensure their teams are prepared to process paper FP10s in line with standard NHS procedures. Further information can be found on the NHS BSA website.
- DHSC and NHS England have produced leaflets and posters for patients and healthcare professionals on impact and management of medicines supply issues, which can be printed to use in surgeries and pharmacies. Download the resources from SPS website (free account needed).
- The UKHSA vaccine update for November 2025 covers the addition of chickenpox vaccine to the routine schedule, and updated BCG pathways.

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).