Keep Taking the Tablets Newsletter

Issue 40 – February 2026 www.nhsdorset.nhs.uk/medicines

NHS Dorset

Overdose Risk as Quetiapine Supplied at Double Strength

Eaststone Limited is recalling all batches of its unlicensed (special order) quetiapine oral suspension after a manufacturing error resulted in twice the intended amount of the active ingredient. The MHRA has issued a Class 1 National Patient Safety Alert listing affected strengths and batches.

The company said an incorrect formula was used in the manufacture of all batches of the oral suspension, leading to a doubling of the strength of quetiapine fumarate and a potential risk of overdose. Eaststone said it has traced the supply of the affected products to all customers (including community pharmacies) and has already initiated recall communications and actions.

GLP-1 receptor agonists and dual GLP-1/GIP: acute pancreatitis

The MHRA has issued a Drug Safety Update around GLP-1 receptor agonists and dual GLP-1/GIP receptor agonists (tirzepatide) and risk of severe acute pancreatitis. Advice for healthcare professionals:

- be alert to risk of acute pancreatitis in patients receiving GLP-1s and GLP-1/GIPs. There have been rare reports of necrotising and fatal pancreatitis associated with these products
- advise patients to seek urgent medical attention if they develop severe and persistent abdominal pain that may radiate to the back and may be accompanied by nausea and vomiting
- privately prescribed GLP-1s and GLP-1/GIPs may not appear on the patient's medical history so if a patient presents with these symptoms, enquire about GLP-1 or GLP-1/GIP use
- if pancreatitis is suspected, discontinue treatment with the GLP-1 or GLP-1/GIP receptor agonist immediately and do not restart therapy if the diagnosis of pancreatitis is confirmed
- GLP-1 and GLP-1/GIP receptor agonists should be used with caution in patients with a history of pancreatitis
- report suspected adverse drug, via the Yellow Card scheme

The product information for all GLP-1s and GLP-1/GIPs has been further updated to highlight the potential risk of severe acute pancreatitis with these products.

MHRA Safety Roundup

The MHRA Safety Roundup for January 2026 contains information on:

- Changes to prescribing guidance and additional risk minimisation for isotretinoin
- Improving Information Supplied with Gabapentinoids (Pregabalin/Gabapentin), Benzodiazepines and Z-Drugs
- Update to product information for statins on the role of the nocebo effect in muscle-related events

GP practices are encouraged to sign up to receive this information directly.

Community drug charts in S1: save as 'final version'

When completing Community Drug Charts within SystmOne, please ensure they are saved as 'final version'.

If saved 'for future editing', changes can be made to medicines (e.g. dose & frequency altered, new medicines started, medicines stopped etc.) without a clear audit trail of who made the change and when the change was made.

If charts need to be edited, this can be done by right clicking on the 'final version', copying the chart, making the changes before saving again as 'final version'. This will provide a clear audit trail for the prescribers involved in the patient's care and staff involved in administration.

Gabapentinoids, benzodiazepines, and Z-drugs

The MHRA has strengthened warnings about the risks of dependence, addiction, withdrawal, and tolerance linked to several classes of central nervous system (CNS) depressant medicines.

The move follows a safety review by the Commission on Human Medicines (CHM). The CHM review found that, over the past decade, increasing numbers of patients have been prescribed dependency-forming medicines for longer periods, increasing the risk of addiction and difficulties stopping treatment.

Key themes from Yellow Card reports and data submitted by marketing authorisation holders about Z-drugs, gabapentinoids and benzodiazepines included poor patient awareness of dependence risks and difficulties stopping treatment once started.

The CHM recommended:

- stronger warnings on packaging and patient information leaflets for gabapentinoids, benzodiazepines, and Z-drugs to better inform patients and healthcare professionals about the risks. All three classes of medicine will now carry the warning: "May cause addiction, dependence, and withdrawal reactions
- development of new patient resources to highlight key safety messages. These include warnings not to use these medicines alongside opioids or alcohol, and advice not to share prescribed medicines with others. Patient information leaflets will include clearer definitions of dependence and addiction, improved guidance on tapering and stopping treatment safely, and information to encourage discussions between patients and healthcare professionals.
- additional support and resources for professional training.

Please refer to the MHRA information on Improving information supplied with gabapentinoids, benzodiazepines and z-drugs, which contains advice for healthcare professionals. Importantly, this information states that patients using a drug in one of the three drug groups (gabapentinoids, benzodiazepines, and Z-drugs) for epilepsy should be advised to "keep taking it for as long as your doctor says it's needed".

"Triple strength" Wegovy®

On 6 January 2026 the UK Medicines and Healthcare Products Regulatory Agency (MHRA) approved 7.2 mg of Wegovy® weekly for weight management in adults with obesity. This is triple the standard dose of 2.4 mg.

This higher maintenance dose is indicated for weight management in adult patients with a body mass index of 30 or higher, in addition to diet and physical activity and under clinical supervision, after a patient has been taking the standard 2.4 mg dose for at least four weeks.

Whilst it is now licensed for UK use **it is not currently available on the NHS** until the National Institute for Health and Care Excellence (NICE) assesses the cost-benefit profile of the new dosage.

NICE is in ongoing discussions with the company, Novo Nordisk, about the potential for a review or update to TA875 and will update stakeholders and the NICE website once there are confirmed next steps.

Reminder: PharmRefer will be switched off in February

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 soon as possible 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.

Drug shortages/supply issues

- There is a shortage of co-codamol 30/500mg tablets, anticipated to last until June 2026. Please follow SPS Supply Tool guidance (log-in required) to determine:
  - Whether the minimum effective dose of co-codamol 30/500mg tablets is being used to maintain pain relief and/or whether the codeine component is still required.
  - Suitability of switching to separate paracetamol 500mg + codeine 30mg tablets, ensuring patients are counselled on dosing and increase in tablet burden.
  - Potentially prescribing co-codamol 30/500mg *capsules*, if the above options are unsuitable, ensuring awareness of gelatin content and potential excipient issues, and counselling needs are addressed.
- The Fixapost® SSP is now suspended due to supply issues with the alternative Vizilatan Duo®. The Fixapost® supply is expected to return early to mid-February 2026. In line with Local Ophthalmology and SPS Supply Tool recommendations, if unable to source Fixapost® please prescribe the active ingredients as separate preservative-free drops:
  - Monopost® / Lotacryn® – Latanoprost 50 micrograms/ml (unit dose, preservative free) AND
  - Eysano® – Timolol 5 mg/ml (preservative free)

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk.
- Please be aware there has been a large increase in the use of **Ivermectin tablets** across Dorset. Oral Ivermectin is significantly more expensive than Permethrin cream. Price available here) with no evidence of increased clinical efficacy. The Dorset Formulary position is to use Permethrin cream first line, reserving oral ivermectin for use in patients where topical application may not be possible or in treatment resistant or crusted cases of scabies.
- Dorset HealthCare are hosting a 2026 Prescribing Conference on Tuesday 14th April at Cobham Sports and Social Club, Wimborne. Tickets are free to Dorset HealthCare colleagues, and there are ten additional spaces reserved for non-Dorset HealthCare staff, at a cost of £85. For more information, please email d.fedden@nhs.net.

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).