NHS
Hampshire and Isle of Wight

Prescribing and Medicines Optimisation Guidance

Issue: 125 **Date: 5 December 2025**

Safety guidance

1. **National Patient Safety Alert: Harm from incorrect recording of a penicillin allergy as a penicillamine allergy** LINK

This joint National Patient Safety Alert has been issued by the NHS England National Patient Safety team, in collaboration with the Royal Pharmaceutical Society, Royal College of Physicians and Royal College of General Practitioners, 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. Primary and secondary care organisations must form working groups to identify and review affected patients' records and act appropriately to correct any inaccuracies, implement additional safeguards in training and processes, and work with digital system suppliers to develop technical mitigations.

To support practices with the alert, Ardens have created a new pop-up in EMIS Web and SystmOne. This will display if a penicillamine allergy or adverse reaction has been recorded, prompting users to confirm it was not entered in error instead of a penicillin allergy.
There is also a supporting search available in both systems via **Ardens > Prescribing Alerts > Allergies**, to help teams identify patients who may need review.

The HIOW Medicines Safety Group will oversee the implementation of this alert.

2. **Mounjaro (tirzepatide) and pancreatitis warning**

Additional warnings of pancreatitis as a fatal outcome have been reported. Patients should seek immediate medical attention if persistent and severe abdominal pain arise and discontinue if pancreatitis is suspected. The prescriber should not reinitiate if pancreatitis diagnosis is confirmed. Please see the summary of product characteristics on this LINK

3. **Prescribing the correct quantities of semaglutide and tirzepatide injections**

Semaglutide and tirzepatide injections are available to prescribe as multidose pre-filled pens. Each pen contains four doses and therefore **one multidose pen** will provide the patient with **one month's** supply of medicine.

There have been some reports that prescribers are requesting four multidose pens per month in error. This is unlikely to be required and likely to be caused by the dose and quantity being confused when selecting the medication on the prescribing systems.

OpenPrescribing provides data showing the total quantity where a prescription is for four pens per prescription as a proportion of all semaglutide and tirzepatide prescribing. Please see the link to access your practice data. LINK

4. Medicines Supply Notification: Rivastigmine 4.6mg/24hours and 9.5mg/24hours transdermal patches LINK

The Department of Health and Social Care (DHSC) has issued a medicine supply notification for the following products:

- Rivastigmine 4.6mg/24hours transdermal patches
- Rivastigmine 9.5mg/24hours transdermal patches

Please see the link above for full details. A summary of information is below:

- **Rivastigmine 4.6mg/24hours and 9.5mg/24hours transdermal patches** are in limited supply until w/c **15 December 2025.**
- Rivastigmine 13.3mg/24hours transdermal patches remain available but cannot support an uplift in demand.
- Rivastigmine (Zeyzelf) **twice weekly** 4.6 mg/24hours transdermal patch is out of stock until w/c **15/12/25.**
- Rivastigmine (Zeyzelf) **twice weekly** 9.5 mg/24hours transdermal patch remains available but cannot support uplift in demand.
- Alternative formulations of acetylcholinesterase (AChE) inhibitors remain available, except for galantamine modified release capsules, which are in limited supply.
- Unlicensed supplies of rivastigmine 4.6mg/24hours and 9.5mg/24hours transdermal patches may be sourced, lead times vary.

Please see the SPS supply tool for up-to-date supply information: LINK

Rivastigmine patches are available in both daily and twice weekly formulations. Please take care if switching between **daily and twice weekly** rivastigmine patches to avoid risk of dosing error.

Please note that the Zeyzelf Twice weekly patches are currently non-formulary within Hampshire and the Isle of Wight. LINK

The formulations can appear the same when the dose is described in mg/24h and it is difficult to differentiate between the formulations on some prescribing systems. Due to recent shortage some patients have been switched between formulations and generics, which has caused some incidents locally and nationally.

Recommendations:

- Take extra care when prescribing rivastigmine patches to ensure the correct preparation is given.
- Counsel patients and caregivers on the different preparations so that they are aware of the risks.
- Be aware of the symptoms of rivastigmine overdose, including nausea, vomiting, diarrhoea, hypertension, hallucinations, bradycardia and/or syncope, malaise or falls may also occur.
- In case of suspected overdose, rivastigmine patches should be removed immediately and no further patches applied for the next 24 hours.

Local guidance

5. Prescribing of Stoma Leakage Notification Systems Position Statement LINK

Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) does not support the prescribing of stoma leakage notification systems. Please see the link to the HIOW ICB above for the HIOW ICB position statement.

6. Fluoride supplements/high fluoride toothpaste or mouthwashes formulary update LINK

The formulary status of Fluoride supplements/high fluoride toothpaste or mouthwashes has been reviewed by the HIOW Prescribing Committee. These are now available on the formulary for patients post treatment for head and neck cancer with regular follow up as an **Amber Recommended** medicine (Suitable for prescribing in primary care following recommendation by a specialist).

All other indications remain as non-formulary or as self-care medicine.

7. Pylera® capsules for H.pylori eradication – New medicine added to formulary LINK

Bismuth 140 mg, metronidazole 125 mg & tetracycline 125 mg (Pylera®) capsules are now available for prescribing in primary and secondary care and have been added to the formulary with a **Green RAG** status to be used as a third line option for the treatment of H.pylori eradication.

8. Denosumab (Prolia®) injection formulary update for Isle of Wight LINK

Denosumab injections for osteoporosis now has a **Green RAG** status (suitable for prescribing in primary and secondary care) for all of Hampshire and the Isle of Wight. This was previously amber recommended for the Isle of Wight only.

National guidance

9. Pragmatic prescribing to reduce harm for older people with moderate to severe frailty LINK

The British Geriatrics Society (BGS) have launched their pragmatic prescribing guidance for frailty. It has been developed by Geriatricians, GPs, Pharmacists and others has been endorsed by NICE and is supported by the RPS and RCGP. The guidance covers some common long-term conditions and supports prescribers in understanding the risks of harm in older people with moderate and severe frailty. This publication highlights the importance of thinking carefully about the risks and benefits of medicines in this vulnerable patient group, where the evidence base may not be particularly robust.

NICE guidelines

10. Suspected sepsis in people aged 16 or over: recognition, assessment and early management – guidance (NG253) LINK

This guideline covers the recognition, diagnosis and early management of suspected sepsis in people aged 16 or over who are not and have not recently been pregnant. It includes recommendations on recognition and early assessment, initial treatment, escalating care, finding and controlling the source of infection, early monitoring, information and support, and training and education. This is 1 of 3 guidelines formed from splitting the original sepsis guideline (see further information). The updated guidance recommends smaller amounts of IV fluid initially for those at risk of serious illness/death due to sepsis and individualised assessment after every infusion.

Primary care teams play a vital role in spotting signs of sepsis early and supporting patients to ensure treatment happens fast. To support implementation in primary care, NICE have produced a series of visual summaries specifically focussed on community settings. LINK

Other

11. New strengths of Rybelsus® (oral semaglutide) are now available on prescribing systems

Rybelsus® tablets have been reformulated, and new strengths are available for prescribing. The new formulations are bioequivalent to the initial formulation as described in the table below:

Initial formulation (one oval tablet)	***Bioequivalent***	***New formulation (one round tablet)***
3 mg (starting dose)	=	1.5 mg (starting dose)
7 mg (maintenance dose)	=	4 mg (maintenance dose)
14 mg (maintenance dose)	=	9 mg (maintenance dose)

Patients are required to be switched to the new strengths before the initial formulations are discontinued. Please see links to healthcare professional and patient leaflets below which provide further information.

- Direct healthcare professional communication: LINK
- Patient information leaflet: LINK

12. Medicines shortages leaflets and posters LINK

The Department of Health and Social Care 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.

13. Discontinuation of Levemir® Penfill® and Levemir® FlexPen® LINK

Direct Healthcare Professional Communication advises of the discontinuation of these products (supply expected until Dec 2026). Patients should be advised of this and safely switched to alternative insulins/insulin delivery systems.

14. Hydroxycarbamide monitoring for paediatric patients

Message from Dr Michael Roe, Consultant Paediatrician with an interest in non-oncological Haematology, Southampton Children's Hospital

Hydroxycarbamide monitoring by blood tests is arranged by the paediatric haemoglobinopathy team at Southampton in conjunction with paediatricians at local hospitals. These teams will also review the results. If a GP surgery believe a child should have a blood test to monitor their usage of hydroxycarbamide, please could they liaise with the specialists first, preferably contacting the Haemoglobinopathy nurse specialists on 02381 204567 or through Dr Roe's secretary at Southampton General Hospital.

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Local medicines optimisation teams can be contacted via their generic team mailbox: See LINK
Previous bulletins can be found hosted on the ICS website here: LINK