NHS
South Yorkshire
Integrated Care Board

**South Yorkshire Integrated Care Board**
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Our Ref: DC/NB

11th February 2026

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

**Re: Summary of Key Points from the Barnsley Area Prescribing Committee Meetings on 10th December 2025 and 14th January 2026.**

The main outcomes of the meetings were: -

## Barnsley Prescribing Guidelines

**Guidelines for the use of antiplatelets in the prevention and treatment of cardiovascular disease**
The Committee agreed to adopt the Sheffield guidelines for the use of antiplatelets in the prevention and treatment of cardiovascular disease (v3, review date February 2028) in place of the current Barnsley antiplatelet guidelines.

## South Yorkshire Integrated Medicines Optimisation Committee (IMOC) approved Prescribing Guidelines

**SY ICB Position Statement on preference of SGLT2 inhibitors [NEW]**
South Yorkshire ICB recommends generic dapagliflozin 10 mg once daily as the first-line SGLT2 inhibitor for the cost-effective management of patients with type 2 diabetes (with or without chronic kidney disease) and/or heart failure. Generic dapagliflozin offers significant cost saving opportunities to the NHS when compared to other SGLT2 inhibitors which have an approximately 5-6 fold higher acquisition cost.

The position statement can be accessed via the SY ICB Medicines Optimisation website.

**SY ICB Biosimilar Medicines Position Statement [NEW]**
The South Yorkshire Integrated Care System (SY ICS) supports using biosimilar medicines to improve patient access to effective treatments, ensure the best value for the NHS, and to enhance sustainability in healthcare. The position statement aligns with national policies from NHS England, NICE, and the MHRA, ensuring biosimilar medicines' safe and cost-effective adoption.

The statement notes that all biosimilar brands of biologic drugs will gain the same traffic light status as their reference medicine and should be included in local formularies when they are dose equivalent and less expensive. All biosimilar medicines should be prescribed by brand to ensure the intended product is received by the patient.

The Barnsley formulary will be reviewed in line with this, in liaison with local specialists.

The position statement can be accessed via the SY ICB Medicines Optimisation website.

**SY ICS Position Statement on Appropriate 7 Day Prescribing/Prescribing Periodicity [NEW]**
The South Yorkshire position statement on appropriate 7 day prescribing can be accessed via the SY SY ICB Medicines Optimisation website.

**SY ICB Clinical Guidelines for Primary Care to Support the Use of Tirzepatide for Weight Management Guidance and Quick Reference Guide [NEW]**
The guideline and quick reference guide can now be accessed via the SY ICB Medicines Optimisation website together with a patient information leaflet:
SY ICB Medicines Optimisation

## Barnsley Amber-G /Shared Care Guidelines

**Barnsley GLP-1 agonists: Liraglutide, Lixisenatide (Lyxumia®), Dulaglutide (Trulicity®), Semaglutide (Ozempic®▼ injection and Rybelsus® ▼oral tablets) Amber G guideline [UPDATED]**
The Amber-G guideline has been updated to include information regarding the new formulation of Rybelsus® (semaglutide) tablets and will be available on the SY ICB Medicines Optimisation website in due course.

The new formulation of Rybelsus® has increased bioavailability, therefore lower strength tablets achieve the same drug exposure and clinical effect as the previous formulation. Consequently, there is a risk of medication error and this has recently been highlighted by the MHRA in the December Drug Safety Update (refer to the MHRA Safety Roundup below for further information).

**Barnsley Shared Care Guideline for the use of anticonvulsants as mood stabilisers [UPDATED]**
The shared care guideline, which is available via the SY ICB Medicines Optimisation website, has been updated in line with the MHRA Drug Safety Update and updated SY Guideline Valproate in Primary Care. This includes reference to updated safety and educational materials to support healthcare professionals and patients to implement the existing regulatory requirements, and updated links to MHRA infographics (three infographics were published to clarify in which situations review by two specialists may be required).

The updates to the safety and educational materials reflect:

- precautionary advice on the potential risk of neurodevelopmental disorders in children fathered by men taking valproate around the time of conception
- a risk of lower weight at birth for the gestational age in children exposed to valproate during pregnancy

## South Yorkshire Integrated Medicines Optimisation Committee (IMOC) approved Amber-G / Shared Care Guidelines

**SY ICB and Bassetlaw Shared Care Protocol for Melatonin For the treatment of sleep disorders in children and young people up to 18 years (off-label use) [NEW]**
This South Yorkshire Shared Care Protocol, which replaces the previous Barnsley melatonin shared care guideline, can be accessed via the SY ICB Medicines Optimisation website.

The new shared care protocol includes a formulary choices algorithm which positions generic melatonin 2mg modified release tablets as the most cost effective first line formulation when melatonin is indicated, noting that the tablets can be crushed (off-label) when an immediate release effect is required.

Slenyto® MR tablets have a significantly higher acquisition cost and should be considered only for patients who have trialled melatonin 2 mg modified release tablets and found them unsuitable due to factors such as tablet size, texture, or in cases of self-restricted eating including Avoidant/Restrictive Food Intake Disorder (ARFID).

The Barnsley Formulary has been updated in line with the shared care protocol (the changes are also detailed within the Barnsley Formulary updates table below).

## Other

### SWYPFT Greenlight Alert Rivastigmine Patches

The enclosed alert produced by SWYPFT colleagues highlights the potential risk of error associated with a new rivastigmine patch, Zeyzelf®, which has recently come to the market. Zeyzelf® is available as a 4.6mg/24h or 9.5mg/24h patch but is applied twice weekly, rather than daily.

Rivastigmine daily patches are also available as 4.6mg/24h or 9.5mg/24h patches.

Extra care should be taken when prescribing, dispensing and administering rivastigmine patches to ensure that the correct preparation is selected. Wording will be added to the Barnsley Formulary and ScriptSwitch to recommend that rivastigmine patches are prescribed by brand.

### Glucagon (Ogluo®) discontinuation

Glucagon (Ogluo®) 500micrograms/0.1ml solution for injection pen and glucagon (Ogluo®) 1mg/0.2ml solution for injection pre-filled pen, have been discontinued. Glucagon (GlucaGen® Hypokit) 1mg powder and solvent for solution for injection vials should be considered as an alternative. Information has been added to ScriptSwitch and the Barnsley formulary.

### NHSE Medicines Supply Notification (MSN) - Diamorphine 5mg, 10mg and 100mg powder for solution for injection ampoules

The Committee received the MSN regarding the shortage of diamorphine which highlights that morphine sulfate injection has been identified by clinical experts as the first-line alternative opioid. The Committee notes that diamorphine injection is not included within the Barnsley Palliative Care Formulary 2024-2027, with morphine sulfate injection being the first line choice opioid injection.

Further information regarding the shortage is available via the Medicines Supply Tool on the SPS website (log in required using nhs email address): https://www.sps.nhs.uk/shortages/shortage-of-diamorphine-5mg-10mg-and-100mg-powder-for-solution-for-injection-ampoules/

## Accessing Prescribing Guidelines / Medicines Optimisation Resources

Prescribing guidelines, shared care and amber G guidelines can be accessed via the South Yorkshire ICB Medicines Optimisation website:

https://mot.southyorkshire.icb.nhs.uk/ (home page)
or
https://mot.southyorkshire.icb.nhs.uk/search?locations=barnsley%2Csouth-yorkshire (Barnsley section which is pre-populated to search for Barnsley place or South Yorkshire wide prescribing and clinical guidelines and other medicines optimisation related information).

Guidelines and other prescribing information can also be accessed via the Barnsley Formulary:
http://www.barnsleyformulary.nhs.uk/

## Barnsley Formulary Updates

The Committee noted the traffic light classifications recently assigned by the South Yorkshire IMOC and the following formulary positions were agreed by the Committee:

| Drug | Indication | Barnsley Formulary status (including traffic light classification) |
|---|---|---|
| **Horizon Scanning December 2025 IMOC** | | |
| **Adrenaline *(new nasal spray formulation)*** | Emergency treatment of severe allergic reactions (anaphylaxis) due to insect stings or bites, foods, medicinal products, and other allergens as well as idiopathic or exercise-induced anaphylaxis, for adults and children with a **body weight ≥30kg** | Non-formulary grey<br><br>BSACI EURneffy Statement |
| **Horizon Scanning January 2026 IMOC** | | |
| **Apomorphine *(new sublingual film formulation - Kynmobi®)*** | Intermittent treatment of "OFF" episodes in adults with Parkinson's disease which are not sufficiently controlled by oral anti-Parkinson medication | Apomorphine is classified formulary amber in line with the SY SCP for Parkinsons Disease<br><br>Consideration will be given to including the new apomorphine sublingual film formulation in the SY SCP when next updated. |
| **Enalapril *(new higher strength 1mg orodispersible tablet formulation - Aqumeldi®)*** | Treatment of heart failure in children from birth to less than 18 years | Enalapril is formulary green (chemical substance level).<br><br>Note: The indication for enalapril 0.25mg and 1mg orodispersible tablets (Aqumeldi®) is for the *treatment of heart failure in children from birth to less than 18 years*, and differs to that of enalapril 2.5mg, 5mg, 10mg and 20mg tablets. |
| **SY ICB and Bassetlaw Shared Care Protocol for Melatonin (December 2025 IMOC)** | | |
| **Melatonin 2mg MR tablets (generic)** | **Problems with sleep initiation:**<br>Melatonin 2mg MR tablets, crushed if immediate effect is required (unlicensed use)<br><br>**Problem with sleep maintenance or early morning waking:**<br>Melatonin 2mg MR tablets, whole | **First line**<br><br>Formulary amber |
| **Adaflex® tablets (melatonin immediate release)** | **Problems with sleep initiation:**<br>If crushing melatonin 2mg MR tablets is deemed unsuitable | **Second line**<br><br>Formulary amber |
| **Slenyto® MR tablets (melatonin modified release)** | **Problem with sleep maintenance or early morning waking:**<br>Only if melatonin 2mg MR tablets have been trialled first and found to be unsuitable due to factors such as tablet size, texture or in cases of self-restricted eating including ARFID | **Second line**<br><br>Formulary amber |
| **Ceyesto® 1mg/1ml liquid** | **Problems with sleep initiation:**<br>For patients with PEG tubes or significant swallowing difficulties | **Third line**<br><br>Formulary amber |
| **IMOC January 2026** | | |
| **NICE TAs - November 2025** | | |
| **Delgocitinib 20mg/g cream** | For treating moderate to severe chronic hand eczema | Formulary red<br><br>NICE TA1107 |

## MHRA Safety Roundup

The November and December MHRA Drug Safety Roundups can be accessed below:
https://assets.publishing.service.gov.uk/media/692855e1a245b0985f0341d7/MHRA_Safety_Roundup_-_November_2025.pdf

https://assets.publishing.service.gov.uk/media/6943e68a143d960161547e4b/December_2025_Safety_Roundup.pdf

Issues relating to primary care:

**Tamoxifen: update to product information on QT Prolongation and monitoring recommendations for high-risk patients**

Current clinical guidelines identify tamoxifen as a medicine with potential to prolong QT interval on an electrocardiogram (ECG), although the risk of Torsade de Pointes (TdP) is considered low. Tamoxifen is also known to cause QT prolongation in overdose.

Following MHRA assessment of post-marketing safety data and clinical trial ECG results, new information has been added to the tamoxifen (Nolvadex®) product information about QT interval prolongation observed on ECG.

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.

For more information, the Summary of Product Characteristics and Patient Information Leaflets can be found on the MHRA website.

**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. If idiopathic intracranial hypertension occurs in patients, discontinuation of mesalazine should be considered.

**Information on this Drug Safety Update has been added to the Barnsley Amber-G guideline: Oral and Rectal Mesalazine Preparations for Ulcerative Colitis and Crohn's disease. The updated Amber-G guideline will be available on the SY Medicines Optimisation website in due course.**

**Key Advice for Healthcare Professionals:**

- idiopathic intracranial hypertension (IIH) has been very rarely reported in patients receiving mesalazine
- the number of reports in the UK is very low
- 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
- remain vigilant of signs and symptoms of IIH in patients taking mesalazine and act promptly with a multidisciplinary approach, involving clinicians managing the patient's mesalazine as well as neurology, neurosurgery and ophthalmology teams as appropriate
- if symptoms of IIH occurs, 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

**Key Advice for Healthcare Professionals to Provide to Patients:**

- there have been very rare reports of increased pressure within your skull known as idiopathic intracranial hypertension (IIH) in some patients receiving mesalazine
- IIH is not normally life threatening; however, in rare cases can cause serious vision problems which must be monitored and treated where possible
- tell your doctor immediately if you experience progressively more severe and recurrent headache, disturbed vision, ringing or buzzing in the ears, back pain, dizziness, or neck pain, as these could be symptoms of IIH

****Rybelsus ® (semaglutide tablets): transition to new formulation and risk of medication error**

There is a risk of patient harm arising through medication error during a transition period where the original and new formulation of Rybelsus ® tablets, which have different stated mg doses but are bioequivalent, will both be available on the market. Medication error may result in overdose if healthcare professionals prescribe more than one tablet per day of the new formulation to try to match the dose to the old strengths. This could affect disease control and increase the risk of side effects. Healthcare systems are advised that a co-ordinated response is required to manage switching patients to the new formulation. Healthcare professionals should be aware that the original formulation is anticipated to be available until approximately 31st January 2026 however, original formulation stock of imported Rybelsus ® may be within supply chains beyond this date.

**Key Advice for Healthcare Professionals:**

- the new formulation of Rybelsus ® has increased bioavailability therefore lower strength tablets achieve the same drug exposure and clinical effect as the previous formulation
- ensure all relevant staff members are familiar with the new dosing range:

| **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) |

- details of the new formulation can be found in the Direct Healthcare Professional Communication distributed by the Marketing Authorisation Holder in September 2025
- the two formulations will temporarily co-exist on the market until approximately 31st January 2026 however, original formulation stock of imported Rybelsus ® may be within supply chains beyond this date
- Rybelsus ® should always be taken as **one** tablet per day. Taking more than this will result in overdosing, which affects disease control and increases the risk of adverse events
- prescribe patients starting Rybelsus ® treatment the new formulation once it is available in your prescribing system
- systematically switch patients who are currently on Rybelsus ® to the new formulation once it is available in your prescribing systems
- inform patients about the change in formulation and strength when the new formulation is prescribed or dispensed
- ensure that patients are aware that tablets with the new formulation and lower strengths will have the same effects as the tablets with the initial formulation and higher strengths
- document in the patient's notes that the change has been undertaken and communicate to other parts of the system where required
- refer patients to the patient transition guide for further information
- report medication errors or near misses via local risk management systems and medication errors resulting in patient harm on the Yellow Card website

**Key Advice for Healthcare Professionals to Provide to Patients:**

- Rybelsus ® tablets have been modified so that the medicine is more easily absorbed by your body. The new and modified tablets are just as effective as the old tablets, but have a smaller dose. It will work the same as the old tablets even though the dose is different. The tablets will now be smaller and round in shape.
- continue to take **one** tablet per day
- refer to the patient transition guide for further information
- if you are unsure about what dose you are taking, speak to your pharmacist or prescriber
- report suspected adverse drug reactions via the Yellow Card website

Kind Regards

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SYICB Medicines Optimisation Team

Enc: SWYPFT Rivastigmine Patches Greenlight Alert

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