



Doncaster Place and Bassetlaw Place Medicines Optimisation Bulletin

January 2026

Useful hyperlinks for Medicines Optimisation To open Press control and click the link below

[South Yorkshire Central ICB Medicines Optimisation Website.](#) **MPD**

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Harm from incorrect recording of a penicillin allergy as a penicillamine allergy

Following the recent [National patient safety alert](#), we want to highlight a critical safety issue: Harm from incorrect recording of a penicillin allergy as a penicillamine allergy

There have been reports of healthcare staff mistakenly recording a patient's penicillin allergy as penicillamine allergy in electronic prescribing systems. This *look-alike, sound-alike* error poses a serious risk where a patient with a known penicillin allergy could be prescribed a penicillin-based antibiotic. This could result in a potentially fatal anaphylactic reaction.

To support practices in identifying and correcting these errors, we have developed two searches which are located as follows:

- SystemOne: SYICB shared resources>Medicines Optimisation Team 2025 2026> Safety Penicillamine status
- EMIS Web: SY ICB Enterprise Searches and Reports>SYICB| ICB Reporting>Medicines Optimisation>BNF 05 Infections> 2026> ?Penicillamine allergy (To be able to run the search in a practice it must be copied and pasted into an EMIS reporting folder of choice)

High-Risk Patients

The first search identifies patients coded with a penicillamine allergy, but no penicillin allergy recorded.

These patients are at the greatest risk of receiving penicillin-based antibiotics inappropriately.

Potential Coding Errors

The second search identifies patients coded with both penicillin and penicillamine allergies.

While the immediate prescribing risk is lower, this may still indicate an incorrect allergy code that needs review.

Action required

Please run these searches promptly.
Review and correct patient records where necessary.
Remind staff of the difference between penicillin and penicillamine to prevent future errors.

Hot off the Press Updated Guidance

All documents are available on website and MPD

Updated:-

- Testosterone SCP – Notable Changes – Change of 1st line product choice to Testavan, and Secondary Care specialists will routinely request GPs to take over prescribing after 3 months in line with other Shared care protocols. Please review the SCP for specific monitoring information - For Document [Click Here](#)
- Melatonin SCP – Notable change is that this is now a SY-wide SCP - For Document [Click Here](#)

New:-

- Infant Milk prescribing guideline (Doncaster and Bassetlaw)
– For Document [Click Here](#)
- 7-day prescribing position statement(SY-wide)
- For Document [Click Here](#)
- Actinic keratosis guidance (SY-wide) – For Document [Click Here](#)
- Position statement Biosimilars (SY-wide) – For Document [Click here](#)

All Documents can also be found by searching on the SY [MO website](#)

For Information

If you would like to find out more about look-alike/ sound-alike medication, Click here for PrescQipp information sheets :-

[Avoiding look-alike and sound-alike \(LASA\) errors through safer prescribing](#)

[Avoiding look-alike and sound alike \(LASA\) errors through safer prescribing 2](#)

**Formulary updates January 2025**

The following items will be added/amended on the [MPD](#)

Formulary Section	Item	Indication	PMOC Action
2.5 and 6.1.2.3	Dapagliflozin Empagliflozin	Diabetes Mellitus T2 and heart failure	DMT2:Dapagliflozin Green 1st line Empagliflozin Green 2nd line HF: Dapagliflozin Amber 1st line Empagliflozin Amber 2nd line
6.1.2.3	Semaglutide (Rybelsus brand)	Diabetes Mellitus	Second generation now on MPD Green 1 st Line with the following information:- Rybelsus [®] round tablets are a new formulation, with increased bioavailability, that has replaced the initial oval tablet formulation: 1.5 mg round tablet is bioequivalent to 3 mg oval tablet, 4 mg round tablet is bioequivalent to 7 mg oval tablet, and 9 mg round tablet is bioequivalent to 14 mg oval tablet.
6.1.6	Freestyle libre 3 has been replaced with 3+ This is a continuous glucose monitoring system (CGM)	Diabetes Mellitus	Freestyle libre 3 has been replaced by 3+ on the MPD, patients should be switched to the 3+. This is categorised as RED in the TLS.

Discontinuation of Glucagon 500 micrograms/0.1 ml and Glucagon 1 mg/0.2 ml Injection Pens (Ogluo)

Glucagon 500 micrograms/0.1 ml and Glucagon 1 mg/0.2 ml solution for injection pens are being discontinued(Ogluo)

Alternative option:

Glucagon (GlucaGen HypoKit) 1 mg powder and solvent for solution for injection (vials) remains available and can support increased demand.

Action for General Practice

Prescribers :

- **Do Not initiate** new patients on glucagon (Ogluo) 500 micrograms/0.1 ml solution for injection pen or glucagon (Ogluo) 1 mg/0.2 ml solution for injection pre-filled pen.
- **Consider prescribing** glucagon (GlucaGen HypoKit) 1 mg powder and solvent for solution for injection (vials) for suitable patients.

For more information, please see link below:

[Discontinuation of Glucagon 500mcg/0.1ml and Glucagon 1mg/0.2ml solution for injection pen\(Ogluo\) – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#) (a log in is required to access this service)

MHRA Drug Safety Update January 2026

- Tamoxifen: update to product information on QT prolongation and monitoring recommendations for high-risk patients
[Click here](#)
- Mesalazine and idiopathic intracranial hypertension
[Click here](#)

Important news on Rybelsus (oral Semaglutide) and the introduction of the second-generation formulation

Second-generation Rybelsus is now on the MPD and is Green 1st line choice with the following information:-

Rybelsus **round** tablets are a new formulation, with increased bioavailability, that has replaced the initial **oval** tablets formulation:

1.5mg round tablet is bioequivalent to 3mg oval tablet,
4mg round tablet is bioequivalent to 7mg oval tablet,
9mg round tablet equivalent to 14mg oval tablet.

Practices are advised to switch patients over as appropriate, at a medication review or when the patient has used up all their first-generation supplies at home.

For more information please consult the [MPD](#)

Or contact the Medicines Optimisation Team on:

E-mail: syicb-sheffield.syicb.medsopt1@nhs.net



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For the latest Out of Stock information Refer to your regular emails from medicines management Admin emails.

Contact us : South Yorkshire ICB Medicines Optimisation Team.

E-mail: syicb-sheffield.syicb.medsopt1@nhs.net