

Rotherham Place

Prescribing

February 2026

Bitesize

<https://mot.southyorkshire.icb.nhs.uk>

Co-codamol 30/500mg tabs supply issue.

As you may be aware, there is currently a supply issue with 30/500mg tablets which SPS anticipate will resolve early June. Suggested options are to use it as an opportunity to review patient pain requirements and step down to 15/500mg strength if appropriate. Alternatively consider issuing as individual agents if circumstances allow.

[Shortage of Co-codamol 30mg/500mg tablets – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

Flu Antivirals

Despite being passed the peak of flu season for this winter, we just wanted to ensure the following information has been communicated: The SLS has been amended to remove current seasonal prescribing restrictions on oseltamivir (Tamiflu®) and zanamivir (Relenza®). This change has been led by the UK Health Security Agency (UKHSA), with support from departmental medicines colleagues.

Hydroxychloroquine Shared Care Protocol (SCP) - NEW

For many years there has been no SCP for hydroxychloroquine in Rotherham, which has resulted in some patients being lost to follow up, especially in regards the annual retinal screening that is required after 5 years (or earlier if risk factors). We have therefore, joined Sheffield in adapting the national template which can be found on the MOT website [Hydroxychloroquine-adult](#)

Please ensure that all patients attend their yearly follow up with the initiating department (Rheumatology / Dermatology) who will ensure the referral to Ophthalmology for baseline and continued retinal screening.

- On receipt of retinal monitoring results, GPs should add the **Snomed code 1104901000000103 for hydroxychloroquine retinopathy monitoring** to the patient's clinical record, which will aid future audit

Methotrexate Shared Care Protocols (SCP) for Dermatology

There are two separate Methotrexate SCPs in dermatology depending on the condition - [Eczema](#) & [Psoriasis](#). This separation is to highlight the long-standing requirement in psoriasis for primary care to monitor Pro-collagen 3-N-terminal peptide (P3NP). P3NP is a terminal peptide released during the production of collagen in the skin. Evidence suggests serum PC3NP measurement is effective in the detection and monitoring of Methotrexate-induced liver fibrosis and cirrhosis. Serial measurements may reduce the need for liver biopsy. P3NP can be found on ICE here:

Services

Blood Sciences | Microbiology

Protocols Roth | Drug Toxicity Marker (Liver)

Therapeutic Drug Monitoring	Toxicology	Tumour Markers
<input type="checkbox"/> Theophylline	<input type="checkbox"/> Paracetamol	<input type="checkbox"/> BHCG (Tumour)
<input type="checkbox"/> Carbamazepine	<input type="checkbox"/> Salicylates	<input type="checkbox"/> Alpha Feto Protein
<input type="checkbox"/> Valproate	<input type="checkbox"/> Alcohol	<input type="checkbox"/> CEA
<input type="checkbox"/> Phenytoin	Others	<input type="checkbox"/> CA125
<input type="checkbox"/> Phenobarbitone	<input type="checkbox"/> TPMT (Thiopurine s-methyltransferase)	<input type="checkbox"/> CA150
<input type="checkbox"/> Lithium	<input type="checkbox"/> Cyclosporin (Ciclosporin)	<input type="checkbox"/> CA199
<input type="checkbox"/> Digoxin	<input type="checkbox"/> TACROLIMUS (FK506)	<input type="checkbox"/> PSA
<input type="checkbox"/> Gentamicin assay	<input type="checkbox"/> SIROLIMUS	
	<input type="checkbox"/> Pro-Collagen Peptide (P1NP)	
	<input checked="" type="checkbox"/> Pro-Collagen Peptide (P3NP)	

Most recent requests made for this patient:

Contact dermatology for advice if PC3NP:

> 4.2 mcg/ml in three samples or > 8 mcgs/ml in two samples (in a 12-month period)

OR > 10 mcgs/ml in one sample

MHRA Drug Safety Updates

Semaglutide (Wegovy®, Ozempic® and Rybelsus®): risk of Non-arteritic Anterior Ischaemic Optic Neuropathy (NAION)

Please see link for full details: [Drug Safety Update-Semaglutide](#)

Non-arteritic anterior ischemic optic neuropathy (NAION), a condition that can cause sudden deterioration in vision, usually in one eye at a time, has been very rarely reported in association with semaglutide in the treatment of type 2 diabetes, weight management and cardiovascular risk reduction. Patients reporting a sudden loss of vision (including partial loss) while on semaglutide treatment should be urgently referred for ophthalmological examination.

ADVICE FOR HEALTHCARE PROFESSIONALS

- Semaglutide treatment may be very rarely associated with NAION, a condition which can cause vision loss, typically in one eye
- NAION typically causes sudden, painless vision loss in one eye that is often described as a blurring or cloudiness of vision.
- Check for privately obtained semaglutide if a patient presents with these symptoms as it may not be visible on patient record
- patients reporting a sudden loss of vision (including partial loss) should be urgently referred for specialist examination by an ophthalmologist
- discontinue semaglutide treatment if NAION is confirmed
- report suspected adverse drug reactions associated with semaglutide, including NAION, on a [Yellow Card](#)

ADVICE FOR HEALTHCARE PROFESSIONALS TO PROVIDE TO PATIENTS

- semaglutide treatment has, in extremely rare cases, been linked to a serious eye condition called NAION, which can affect your vision (usually affects one eye at a time)
- if you notice a change in your eyesight, such as sudden blindness or your eyesight gets worse very quickly in one or both of your eyes during treatment with semaglutide, urgently attend A&E
- you may be referred for an eye examination by an ophthalmologist

GLP-1 receptor agonists and dual GLP-1/GIP receptor agonists: strengthened warnings on acute pancreatitis, including necrotising and fatal cases

Product information for this group of drugs has been updated to highlight the potential risk of severe acute pancreatitis, including rare reports of necrotising and fatal pancreatitis. Full details [Here](#)

ADVICE FOR HEALTHCARE PROFESSIONALS

- be alert to this risk
- 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
 - remember to check for privately provided GLP1-RA/GLP1-RA/GIP as it may not be visible on the patient record
- if suspected-discontinue treatment immediately and do not re-start if pancreatitis is confirmed
- use with caution in patients with a history of pancreatitis
- report suspected adverse drug reactions with this group of drugs on a [Yellow Card](#)

ADVICE FOR HEALTHCARE PROFESSIONALS TO PROVIDE TO PATIENTS

- pancreatitis may occur from using these drugs. In rare cases this can be fatal
- seek immediate medical attention if patient develops severe, persistent abdominal pain (may radiate to the back) with/without nausea and vomiting
- do not re-start treatment with any of these drugs if pancreatitis is confirmed
- report suspected side-effect via a [Yellow Card](#)