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Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

BOB Medicines Optimisation Bulletin



This bi-monthly newsletter is written by the Medicines Optimisation Team of the BOB Integrated Care Board and is intended for healthcare professionals and practice staff. If you have any questions or feedback, please contact the team via the email address: bobicb.medicines@nhs.net

Past editions of the bulletin can be found on the [SharePoint](#) website.

- [National updates](#)
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National updates

Medicine Supply Notification reminder: Co-codamol 30mg/500mg tablets until June 2026

A reminder that the MHRA has issued a medicines supply notification for **co-codamol 30mg/500mg tablets which will likely have significant impact from early February until June 2026**. See [Medicine Supply Notification](#) for further information and advice on alternatives. A local ScriptSwitch popup has been activated for all affected preparations and further local guidance is to come.

So what?

There is a **significant** supply problem with co-codamol 30mg/500mg **tablets** that will persist until June 2026.

- Healthcare professionals **should not initiate** new patients on co-codamol 30mg/500mg tablets **until the supply issues have resolved**.
- Where patients have insufficient supply to last until the re-supply date, prescribers should **review pain control** to determine if treatment is **still required**, and if the decision is made to stop treatment, **avoid abrupt cessation** of therapy.
- There are **not enough stocks of co-codamol capsules or soluble tablets** to cover the need if prescriptions are changed to these products.
- Where pain control is still required, prescribers should establish:
 - if the **minimum dose** of co-codamol 30mg/500mg tablets is being used to maintain pain control;
 - if the **codeine component** is still required; and
 - appropriateness of switching to **separate components** (paracetamol 500mg and codeine 30mg tablets), ensuring the patient is counselled on dosing of the components and if increase in tablet load is acceptable (if applicable).
- **Care must be taken** if switching products to minimise the risk of patients **accidentally ordering or being prescribed** TWO paracetamol and/or codeine containing products. Communication with patients/carers and everyone in the practice involved in the repeat prescribing process is recommended so **all involved** are aware of the risks.

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

MHRA have issued a [Drug Safety Update](#) on the risk of semaglutide treatment which may be very rarely associated with NAION, a condition which can cause sudden painless vision loss, typically in one eye. See the [update](#) for further information and advice for healthcare professionals.

- Patients reporting a sudden loss of vision (including partial loss) while on semaglutide treatment should be urgently referred for ophthalmological examination.
- Be aware privately prescribed semaglutide may not appear on the patient's medical history so if a patient presents with these symptoms, enquire about semaglutide use.

MHRA Class 2 recall – Baclofen 10mg/5ml oral solution

SyriMed is recalling batches of baclofen 10mg/5ml oral solution as a precautionary measure due to crystallisation observed over time in the oral solution. A copy of the recall can be found [here](#)

So what?

Please check any stock and return to wholesaler via normal route

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

The MHRA have updated the product information for all Glucagon-Like Peptide-1 (GLP-1) receptor agonists and dual GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonists has been further updated to highlight the potential risk of severe acute pancreatitis with these products, including rare reports of necrotising and fatal pancreatitis. Healthcare professionals should remain vigilant for signs and symptoms of

acute pancreatitis in patients treated with GLP-1 and GLP-1/GIP receptor agonists. See the full [Drug Safety Update for further information](#).

So what?

- Be alert to the risk of acute pancreatitis in patients receiving GLP-1 receptor agonists and dual GLP-1/ GIP receptor agonists, due to the rare reports of necrotising and fatal pancreatitis associated with GLP-1 and GLP-1/GIP receptor agonists.
- If a patient presents with symptoms that may possibly indicate pancreatitis be mindful of any private prescribing which may not appear on the patient's medical history

BOB System updates

Medicines Safety

Statins: MHRA update to product information on the role of the nocebo effect in muscle-related events

The MHRA have reviewed recently [published evidence](#) on the nocebo effect in relation to statins and muscle-related events. Subsequently an [MHRA update](#) advises they will be updating product information for all statins to reflect this current scientific understanding.

The changes to product information will raise awareness of the study findings and highlight that:

- Statin therapy caused a small relative increase (3%) in the first reports of mild muscle pain or weakness largely confined to the first year of treatment.
- The likelihood of a first episode of muscle pain or weakness was higher with intensive statin regimens compared to moderate or less intensive regimens.
- More than 90% of muscle symptom reports among participants receiving statin therapy were not caused by the statin.

So what?

- New evidence has found that statin therapy caused a small relative increase (3%) in the first reports of mild muscle pain or weakness and is largely confined to the first year of treatment.

- These updates will be implemented across the statin drug class in all Summary of Product Characteristics and Patient Information Leaflets, these are available on the [MHRA website](#)

Epimax Ointment and Epimax Paraffin-Free Ointment: reports of ocular surface toxicity and ocular chemical injury

The MHRA have issued a [reminder](#) that Epimax Ointment and Epimax Paraffin-Free Ointment should not be prescribed or advise to be used on the face due to continuing reports of ocular surface toxicity and ocular chemical injury where patients have been prescribed or advised to use these emollients on the face or around the eyes. See [here](#) for the original drug safety update issued July 2024.

So what?

- Healthcare professionals should not prescribe or advise the use of Epimax Ointment and Epimax Paraffin-Free Ointment on the face due to ocular safety risks.
- Report any suspected adverse reactions via usual local and national reporting systems

Fentanyl patches - Soya/peanut oil allergies

Fentanyl patches allergies were highlighted recently via the regional NHSE Controlled Drugs Network.

Some fentanyl brands contain soya / peanut oil, therefore making them unsuitable for a group of patients.

Soya oil (arachis oil is peanut oil, a type of groundnut oil, which is related to soya bean oil) is used as an excipient (inactive ingredient) in fentanyl transdermal patches.

For patients with a known allergy to peanuts or soy, it is crucial to **check the specific product's information leaflet before** use. Different brands of fentanyl patches may use different excipients (fillers/inactive ingredients) and are not always interchangeable, which is why they should be **prescribed by brand name**.

Brands containing soya oil

- Fencino[®] transdermal patches
- Fenylat[®] transdermal patches
- Yemex[®] transdermal patches

Action Required: Update Your Practice & Prescribers Data via BOB ICB

Keeping your practice data accurate is essential for ensuring prescribing costs are attributed to the correct budgets. To maintain this accuracy, GP practices must notify their **Integrated Care Board (ICB)** of any organisational or prescriber changes immediately including:

- **Staff Changes:** New prescribers joining or existing staff (GPs or Non-Medical Prescribers) leaving the practice.
- **Personal Details:** Changes to a prescriber's surname or professional status.
- **Organisational Shifts:** Practice relocations, closures, or the opening of new specialist clinics.

How to Submit Changes:

1. **Download Forms:** Get the correct [Organisation and Prescriber Change Forms](#) from the **NHSBSA** website.
2. **Notify ICB:** Practices cannot submit directly to the **NHSBSA**. Send completed forms to bobicb.medicines@nhs.net; where the **authorised signatory** will verify and email the data to prescriptioninformation@nhsbsa.nhs.uk
3. **Sync Systems:** Once confirmed, update your **internal clinical systems** to match the new prescriber codes.

For further guidance, you can view the [NHSBSA Organisation and Prescriber Changes](#) main page or contact the **NHSBSA** helpdesk at **0191 203 5112**.

ScriptSwitch Insights

Winter Top Offered Switches

Original Product	Replacement product	Did you know?
Salbutamol 100micrograms/dose inhaler CFC free	Salamol 100micrograms/dose inhaler CFC free	This switch was previously introduced but temporarily paused due to national stock issues. With supply now stabilised, it is active once again. As we head into the winter season, we traditionally see an increase in SABA prescribing to support patients with respiratory tract infections. Choosing Salamol as the preferred option not only helps maintain consistency with BOB ICB preferred choices , but also supports reduced overall ScriptSwitch offer rates.
Colecalciferol 800unit capsules	Strivit 800unit capsules	Vitamin D prescribing tends to increase in the winter. Strivit is the preferred brand across BOB.
Amoxicillin 500mg capsules Doxycycline 100mg capsules	Amoxicillin 500mg capsules 5 day course length i.e. 15 capsules Doxycycline 100mg capsules 5 day course length i.e. 6 capsules	Antibiotic prescribing increases during the winter months. National guidelines recommend that a 5-day course of treatment is appropriate for the majority of cases. Ensure that 5-day courses are selected where appropriate.

During the winter period, we've seen a slight increase in ScriptSwitch offer rates across BOB. Although several new switches have been added/reinstated to the profile during this period, our data review shows that these additions are *not* the reason for the rise.

Instead, the increase appears to be driven by other commonly prescribed items, particularly those impacted by winter pressures.

As always, please aim to prescribe the recommended **replacement product** where clinically appropriate. This helps maintain consistency with BOB preferred choices and supports more efficient medicines optimisation during the busy winter months.

Thank you for your continued support in keeping prescribing aligned and effective.

So what?

- Share these switches at the next practice/clinical meeting to ensure the **replacement product** is prescribed in the **first**. Providing a print out has proven useful in reducing the offer rate.
- There is usually an increase in locums working during this winter period due to annual leave and sickness, so ensuring they have a copy to hand is particularly useful.
- Ensure all locums have access to a ScriptSwitch user profile.

Dietetic Updates

South East Region Nutrition Webinar: A Food-Based Approach to Managing Malnutrition

- You are invited to attend the **South East Region Nutrition Education Webinar: Using a Food-Based Approach to Manage Malnutrition**, taking place on 03/03/2026 from 13:00 - 14:00 via Microsoft Teams.

Led by NHS dietitians, this webinar will offer a practical overview of how a food-based approach can support people at risk of malnutrition across a range of care settings. The session will also outline where oral nutritional supplements (ONS) may have a role as part of wider nutritional management.

The session will cover:

- Identifying when a patient may be at risk of malnutrition
- Understanding common causes and consequences of malnutrition
- Supporting patients with simple, food-based strategies
- Knowing when oral nutritional supplements (ONS) may be appropriate

The webinar is open to colleagues across primary care, community services, acute settings, care homes, and the wider multidisciplinary team.

To confirm your place, please register using this link: [South East Region Nutrition Education webinar sign up.](#)

Once registered, you will automatically receive the joining link and further details.

If you have any questions, please contact Naim Uz-Zaman & Lara Ogunremi via england.serdu@nhs.net

We hope you can join us.

So what?

Increase your knowledge of how to use Food-Based Approach to Manage Malnutrition by attending webinar taking place on 03/03/2026 from 13:00 - 14:00 via Microsoft Teams. Sign up using this link- [South East Region Nutrition Education webinar sign up.](#)

Training, upcoming meeting and Resources

FREE Online Wound Care Compression Lunch-time Training

FAO: Staff members dealing with Wound Care in your Practice.

Essity UK is hosting sessions on behalf of TVNs to provide an overview of the National Wound Care Strategy Programme. These sessions will cover the Lower Limb Clinical Workstream's recommendations for urgent and essential care for individuals with one or more wounds below the knee.

Learning Objectives:

- Understand the immediate & necessary care for leg wounds.
- Be able to demonstrate immediate & necessary care for leg wounds.

Dates & Times of sessions are included in the [attached Leaflet](#). Kindly add in your individual diaries & join on the day.

So what?

- **Kindly add in your individual diaries & join on the day.**

Respiratory Information and Resources

The BOB Integrated Respiratory Delivery Network (IRDN) have created a webpage on SharePoint to host respiratory resources to support your management of people with respiratory conditions. For the latest information from BOB IRDN, please see the newsletters on this [link](#).

Diabetes Information and Resources

The BOB Integrated Diabetes Delivery Network (IDDN) have created a webpage on SharePoint to host diabetes resources relating to pathways and guidance to support your management of people with diabetes. For the latest information from BOB IDDN, please see the newsletters on this [link](#).

Other news and information

Medicines Supply Information

Some information on long-term supply issues can be found on [Prescqiipp](#) or the [Medicines Supply Tool](#) on the SPS website. Please note this is not an exhaustive list.

Serious Shortage Protocols

Serious Shortage Protocols (SSPs), which enable community pharmacists to supply patients with specific alternative medicines, are available to view on the NHS Business Service Authority (BSA)'s [dedicated SSP web page](#), along with supporting guidance. Questions regarding the SSPs should be directed to the NHS Prescription Service:

Email: nhsbsa.prescriptionservices@nhsbsa.nhs.uk

Telephone: 0300 330 1349. Textphone: 18001 0300 330 1349

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