

Prescribing Hints & Tips

September 2026

IMPORTANT: NHS AND LOCAL PRESCRIBING POSITION FOR ORAL SEMAGLUTIDE PRODUCTS (RYBELSUS® AND ORAL WEGOVY®)

NHS England has issued a communication clarifying the position on NHS prescribing of oral semaglutide products and highlighting the risk of confusion between **Rybelsus®** and **oral Wegovy®**. Given the increasing public and media interest in oral GLP-1 medicines, prescribers are reminded that Rybelsus® and oral Wegovy® are not interchangeable, despite both containing semaglutide.

Key messages

- **Rybelsus® (oral semaglutide)** is licensed and commissioned by the NHS solely for the treatment of **Type 2 diabetes mellitus (T2DM)**. NICE has recommended its use for this licensed indication only. In Nottinghamshire, Rybelsus® is classified as **AMBER 2** for the treatment of T2DM and should not be prescribed for weight management.
- **Oral Wegovy® (oral semaglutide)** is licensed for weight loss and weight management. However, NICE discontinued its appraisal of oral Wegovy® in May 2025 and it is therefore not routinely available on the NHS. In Nottinghamshire, oral Wegovy® is classified as **GREY (Non-Formulary)**.
- Although both products contain semaglutide and are available in similar tablet strengths, they **must not be used interchangeably**.
- Patients requesting oral Wegovy® for weight management should **not be prescribed Rybelsus® as an alternative**.
- Inappropriate prescribing of Rybelsus® for weight management could place additional pressure on supplies intended for people with T2DM. The manufacturer has advised that supply planning is based on expected demand within its licensed indication for T2DM.

Please ensure clinicians and pharmacy teams are aware of the NHS and local formulary positions for oral semaglutide products to minimise the risk of product confusion and inappropriate prescribing.

UPDATED GUIDANCE FOR SPLENECTOMY PATIENTS

[Nottinghamshire APC Primary Care Guidance for Splenectomised patients and those with an afunctional spleen](#) has been updated following publication of revised NUH guidance.

The main changes include:

- The higher-risk age threshold for risk of pneumococcal disease has increased from over 50 years to over 65 years. (continues to be >50 years for individuals with Sickle Cell Disease).
- **All patients with an absent or dysfunctional spleen should have access to a rescue antibiotic pack, regardless of whether they receive long-term prophylaxis.**
- All patients can develop infection despite prophylaxis and vaccination, and patients should be advised to start the emergency antibiotics if they develop any signs, switching where applicable from prophylactic to therapeutic treatment.
- Recommended rescue antibiotics are now:
 - Co-amoxiclav for adults without penicillin allergy.
 - Levofloxacin for adults with penicillin allergy.

These changes reflect updated evidence and local antimicrobial susceptibility data, with the revised antibiotics considered more appropriate for managing breakthrough infections. SFH are reviewing their guidance with the aim of maintaining consistency across the region. The guideline is for Nottinghamshire only and is not intended to be used at a DLN cluster level.

The [EHealthscope Prescribing KPI](#) gives an indication of the numbers of patients who have received phenoxymethylpenicillin in the last 3 months and may be useful when reviewing this group of patients. Clicking on workflow will give a patient list which can be filtered to prioritise those patients over 65. Those patients not receiving prophylactic antibiotics and with sickle cell disease, should also be reviewed.

Prescribing							
Description	Percent Sorted	Workflow	Target	Practice	Neighbourhood	PCN	ICP
Splenectomy patients receiving phenoxymethylpenicillin (last 3 months) ?		Workflow		60%	46.4%	56.1%	58.3%

BD AND NOVOFINE HYPODERMIC INSULIN PEN NEEDLES

Some BD and NovoFine hypodermic insulin pen needles have been deleted from Part IX of the September 2026 [Drug Tariff](#) which means any NHS prescriptions for the appliances listed below, where prescribed by brand, will be disallowed by the NHS Business Services Authority (NHSBSA) if dispensed.

- BD AutoShield Duo 5mm/30 gauge
- BD Micro-Fine Ultra 4mm/32 gauge
- BD Micro-Fine Ultra 5mm/31 gauge
- NovoFine 8mm/30 gauge
- NovoFine Autocover 8mm/30 gauge

None of these needles are on [Notts APC Blood glucose and ketone meters, testing strips, lancets and pen needles formulary](#)

Where possible it is recommended to prescribe cost-effective pen needles priced less than £3 per 100. All pen needles costing less than £3 per 100 listed in the Drug Tariff can be offered to patients.						
Pen needles come in two types: screw fittings (majority of brands including those listed below) and "click or twist" (patient specific; audible reasons).						
Pen Needle		Pack Size	Cost / 100			
Insupen Original (3-bevel)	4mm/32g 4mm/33g 5mm/31g 6mm/31g 6mm/32g	100	£2.49	• Pen needles generally fit most insulin and GLP-1 pen brands. • The higher the gauge, the smaller the diameter of the needle. • FIT UK Recommendation: 4, 5 and 6mm pen needles are suitable for all adults living with diabetes regardless of BMI.		
Glucorx CarePoint (3-bevel)	4mm/31g 5mm/31g 6mm/31g	100	£2.75			
Glucorx CarePoint Ultra (3-bevel)	4mm/32g	100	£2.75			
Greenfine (3-bevel)	4mm/32g 5mm/31g 6mm/31g	100	£2.75			
TRUEplus 5-Bevel Pen needles	4mm/32g 5mm/31g 6mm/31g	100	£2.75			

Please change patients where appropriate to a formulary option bearing in mind that safety needles (BD Autosshield and Novofine Autocover) should only be prescribed in exceptional circumstances as per [Nottingham Safety Needles Position statement](#) which states:

Safety pen needles and safety lancet devices should NOT be prescribed on FP10 for use by healthcare professionals and employees; it is the employer's responsibility to provide them. Safety pen needles and safety lancet devices can be prescribed in the following exceptional circumstances:

- Patients whose insulin is administered by a non-professional healthcare worker, e.g. carer AND where the patient is known to have a blood born virus e.g. seropositive for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).
- Children injecting at school.
- Prisoners self-injecting.

If one of these exceptions apply and a safety needle needs to be prescribed, current formulary choices are:

Neon Verifine Safety	5mm/31 gauge
Glucorx Safety Pen Needles	5mm/30 gauge
Microdot Max Safety Pen Needles	5mm/30 gauge

UPDATED ONS GUIDELINES

The local ONS Guidelines have been updated on the APC website to include a clear 3 page [Quick Prescribing Guide](#) for GP's utilising the most cost effective products from AYMES, which recently performed highly in the taste testing trials. Practices are encouraged to review and do a MUST score for their patients who are on ONS to ensure they are given the Food First leaflet or the desired first line ONS.

COMMUNICATING MEDICATION CHANGES TO SOCIAL CARE PROVIDERS

Effective communication of medication changes is a vital part of safe medicines management. Whether changes are made during a structured medication review, following a clinical consultation, or in response to a patient's changing needs, timely notification to care providers is essential. Prompt communication of medication changes enables care providers to update MAR charts, support plans and risk assessments without delay and ensure medicines are administered safely, and reducing the risk of medicines-related errors and avoidable harm.

SUPPORTING PATIENTS TO GET MORE FROM THEIR STRUCTURED MEDICATION REVIEW (SMR)

The *Me and My Medicines implementation guide* provides GP practices and PCNs with a practical, step-by-step approach to using patient-friendly resources developed by the Health Innovation Network to support engagement with structured medication reviews. The resources are available in multiple languages, include audio versions via QR codes, and help patients feel more confident discussing their medicines, concerns and priorities. Embedding these resources into SMR invitations and routine practice workflows can help improve attendance, support more meaningful shared decision-making conversations, and promote equitable access to medication reviews. A local pilot showed more than an 80% increase in attendance for SMRs after using the resources at the practice.

You can access the Health Innovation Network resources [here](#) and the new 'implementation guide' [here](#) which supports their use in practice.

NEW POLYPHARMACY INDICATORS ON THE SYSTEM ANALYTICS INTELLIGENCE UNIT (SAIU) DASHBOARD

The SAIU Polypharmacy Indicators dashboard provides practices with a practical way to understand and monitor their local polypharmacy population, helping to identify patients who may benefit most from a structured medication review. By bringing together data at practice, PCN and ICB level, the dashboard supports targeted, risk-based prioritisation. The indicators have been developed to enable teams to focus their resources where they can have the greatest impact on patient safety and quality of care.

If you don't have access to SAIU please complete the following data request form asking for access to the PCN dashboard. [Data Request Form](#)

You'll find the new indicators on the PCN dashboard [here](#). Choose **Polypharmacy** from the available topic areas on the Contents page.

REGISTRATION OF NON-MEDICAL PRESCRIBERS (NMPS)

The **Procedure for Registration of Non-Medical Prescribers (NMPs)** has been reviewed and updated and is available on the [Medicines Optimisation Team website](#). Any queries should be directed to the dedicated email address – nnicb-nn.nmpregistration@nhs.net

APC AND INTERFACE UPDATES

New guidelines / Shared Care Protocols

Shared Care Protocol: Sativex® for moderate to severe spasticity in multiple sclerosis
<https://www.nottsapc.nhs.uk/media/aujl0heh/shared-care-procol-sativex-for-spasticity-in-ms.pdf>

The latest updates from APC can be found on their website [here](#).

MAILING LIST

If you wish to be added or removed from the Prescribing Hints and Tips mailing list, please email e.moncrieff@nhs.net