

# NEL Prescribing and Medicines Newsletter

## February 2025

### Updates for Primary Care across North East London

#### Contents

1. <a href="#">Managing Pancreatic Enzyme Replacement Therapy supply (PERT) shortages.....</a>	1
2. <a href="#">Teratogenic Medicines Safety Update: Valproate and Isotretinoin.....</a>	2
3. <a href="#">Cost Effective Prescribing of Macrogol Oral Powder Product.....</a>	3
4. <a href="#">OptimiseRx Message Highlights – Mirabegron.....</a>	3
5. <a href="#">Go Live: NEL GP Referral for Minor illness and Clinical Pathways (Pharmacy First) Dashboard.....</a>	4
6. <a href="#">Pharmacy First Services for patients who do not live in England.....</a>	5
7. <a href="#">Make use of the Community Pharmacy Blood Pressure Check service to support QOF 24/25.....</a>	5
8. <a href="#">New Asthma Guidelines Webinars.....</a>	6
9. <a href="#">MHRA Drug Safety Updates.....</a>	6
10. <a href="#">Contact details and resources.....</a>	7

## 1. Managing Pancreatic Enzyme Replacement Therapy (PERT) supply shortages

Following the recent [National Patient Safety Alert](#) on the shortage of Pancreatic Enzyme Replacement Therapy (PERT), please see the actions outlined below for clinicians. PERT is used for the treatment of pancreatic exocrine insufficiency in conditions such as cystic fibrosis, pancreatic cancer and pancreatitis. **Patients cannot be left without PERT because it can cause severe harm.** This can lead to hypoglycaemia, severe bowel symptoms, poor absorption of other medications and weight loss.

#### Actions for prescribers in general practice:

- Ensure prescriptions of PERT are for a **maximum of one month's supply**.
- Prescribe licensed PERT first.
  - Creon<sup>®</sup> 10000 capsules should be reserved for people unable to take Creon<sup>®</sup> 25000 capsules e.g. children and people who are unable to swallow larger capsules.
  - Creon<sup>®</sup> Micro Pancreatin 60.12mg capsules are prioritised for children and those with dysphagia who are unable to open the Creon<sup>®</sup> capsules.
  - Nutrizym<sup>®</sup> 22 should be prioritised for people who are unable to tolerate Creon<sup>®</sup>. This is not suitable for children under 15 years of age.
  - Pancrex<sup>®</sup> V powder should be prioritised for patients receiving enteral feeding tubes. This is not an appropriate product for patients to take orally in most cases.
- Issue as a single item on an EPS prescription or provide patients with a prescription token. Issue repeat prescriptions ahead of patients need – patients are being advised to allow 2 weeks ahead of need to allow time for prescriptions to be filled.

- Please make sure that GP practice prescription management teams are aware of this deviation from usual practice. Do not post-date prescriptions, use the pharmacy text box to explain why an early prescription is being submitted.
- Prescribe unlicensed PERT imports only where licensed alternatives are unavailable, working with community pharmacy teams to ensure orders are placed within appropriate time frames.
- Prescriptions for Pangrol® (unlicensed) should be issued on a **handwritten FP10 paper prescription** and should detail:
  - **Name of medication including strength and formulation** (Imported)
    - Pangrol® 10,000/25,000\* gastro resistant capsules (Imported) (\*amend strength as appropriate)
  - **Special Order**
  - **Dosage** instructions for patient
  - **Quantity** (note Pangrol® pack size is 200 capsules)
- Please note community pharmacies cannot issue unlicensed PERT against a prescription for licensed preparations.
- Patients should be informed of the rationale for the use of an unlicensed imported product and adequate justification provided. This should also be documented in the patient's medical record as per [GMC requirements](#).
- Paediatric, neonatal and cystic fibrosis patients should continue to liaise with their specialist teams for advice about disease management in pancreatic insufficiency and PERT regimens.
  - Please consult the [national position](#) statement for further clinical information on managing PERT shortages in adults living with cystic fibrosis and other conditions.
  - Please consult the [position statement](#) from the Neonatal and Paediatric Pharmacy Group (NPPG) for further clinical considerations for managing PERT shortages in children.
- Immediately refer patients to a specialist for advice on alternative treatments if above options are not suitable.

## 2. Teratogenic Medicines Safety Update: Valproate and Isotretinoin

### Safer prescribing of Valproate

Further to a recent valproate guidance note published in the [January 2025 NEL Prescribing and Medicines Newsletter](#), the Medicines and Healthcare products Regulatory Agency (MHRA) confirmed on 13 February 2025 that a [review by two specialists will remain in place for patients under 55 years of age starting valproate but not for male patients already taking valproate](#).

The North East London (NEL) Training Hub and the NEL Teratogenic Medicines Safety Improvement Group (TMSIG) will be hosting a webinar on **Thursday 3<sup>rd</sup> April 2025, 13:00 – 14:00** to support with implementation of the valproate safety measures. Registration details will be circulated shortly.

#### Actions for Practices:

- Please continue to adhere to the [existing valproate safety measures](#) for women and girls of childbearing potential and men and boys of reproductive potential.
- Check that patients of childbearing potential are enrolled onto a Pregnancy Prevention Programme (PPP).

### Safer prescribing of Isotretinoin

Further to the existing isotretinoin safety measures, the NEL Pharmacy & Medicines Optimisation Team is reminding clinicians that **oral** isotretinoin (Roaccutane®) prescribing is restricted to hospital or consultant-led Community Dermatology clinics only. Primary care prescribing data across NEL in the last 12 months has identified significant prescribing of oral isotretinoin (Roaccutane®).

The [NEL Joint Formulary](#) status is **RED** (specialist or hospital only prescribing) in line with [MHRA Drug Safety Updates](#) and [BAD Guidelines](#).

**Actions for Practices:**

- Practices to review records and put in place a plan to cease any prescribing and inform patients that oral isotretinoin (Roaccutane®) cannot be prescribed in primary care.
- Patients who require isotretinoin should be referred to a hospital dermatology team or Community Dermatology clinic.
- Check that patients of childbearing potential are enrolled onto a Pregnancy Prevention Programme (PPP).

### 3. Cost-Effective Prescribing of Macrogol Oral Powder Product

Most Macrogol products licensed for the treatment of constipation contain the formulation Macrogol 3350; the majority contain electrolytes, but some do not.

NHS NEL Formulary recommendations are:

- Adults: Macrogol Compound **13.7g** NPF Sachets Sugar Free
- Children: **CosmoCol**® (Macrogol Compound) 6.9g NPF Sachets Sugar Free
- These formulary choices both contain electrolytes and the formulation macrogol 3350.

**TransiSoft**® is a NON-FORMULARY brand of Macrogol 3350, often described (on EMIS, BNF, Drug Tariff) as Macrogol 3350 Oral Powder **8.5g** Sachets Sugar Free.

**TransiSoft**® sachets do not contain electrolytes and are significantly more expensive than the formulary choice (£164.21 per 28 sachets compared to £5.50 per 30 sachets).

Hospital discharge letters often prescribe macrogol as:

- Macrogol 3350 with electrolytes sachet

Please note: this prescription refers to the formulary choice **Macrogol Compound 13.7g NPF Sachets Sugar Free**.

**Action For Practices:**

- Please prescribe by generic name and ensure the correct number of grams is selected
- Please use the macrogol search in the GP portal folder: [EMIS Searches](#) to identify patients currently prescribed **TransiSoft**®/ Macrogol 3350 Oral Powder **8.5g** Sachets Sugar Free and switch to formulary choice **Macrogol Compound 13.7g NPF Sachets Sugar Free**.

Switching patients onto the agreed formulary product will also help GP practices work towards achieving their 2024/25 cost improvement plan (CIP) target.

### 4. OptimiseRx Message Highlights – Mirabegron

To streamline prescribing practices, **Mirabegron** should be prescribed using its generic name rather than its brand name, **Betmiga**®.

Practices are advised to run a search on their clinical system in order to identify patients that are prescribed **Betmiga**® 25mg modified-release tablets and **Betmiga**® 50mg modified-release tablets, and consider prescribing

generic **Mirabegron** 25mg modified-release tablets and generic **Mirabegron** 50mg modified-release tablets respectively.

A new OptimiseRx message will be created to prompt prescribers and support consistency in prescribing across all GP practices in NEL.

## 5. Go Live: NEL GP Referral for Minor illness and Clinical Pathways (Pharmacy First) Dashboard

The NEL GP referrals for minor illness and clinical pathways (Pharmacy First) Power BI dashboard is now available.

This dashboard provides an overview of Pharmacy First referral activity in NEL at place, PCN and practice levels, including rejection rates and reason for rejections.

The aim, for introducing this dashboard, is to help practices/PCNs have a better understanding of their Pharmacy First referral activity and utilisation at place and across NEL.

The dashboard supports:

- Strategy planning for local improvement projects within practices/PCNs, particularly where such projects can be supported by community pharmacy providers.
- Practices / PCNs in sharing positive learning and experience of Pharmacy First with other practices and PCNs.

The data source of this dashboard is PharmOutcomes, which captures referrals only made from practices via 'local services' on EMIS. Any other routes for Pharmacy First referrals - e.g. walk-in, NHS email - will not be captured in this dashboard.

### How to request access to the dashboard:

1. Please register an account with the [London HDS service desk](#) (if not already done)
2. Login to the London HDS Service portal (<https://sd.londonhds.nhs.uk>)
3. After login, select "Request a Service" then raise a Dashboard Access Request
4. Select the **GP referrals for minor illness and clinical pathways** dashboard dropdown list and complete the remaining fields

Please select NEL Based GP or NEL PCN as the type of organisation you currently work for when raising an access request. Not providing this information may delay the processing of access requests.

Please note: As per NHS England rules, MFA is needed when logging in to London HDS Service portal and Power BI

### Link to the dashboard and available resources

- **Link to:** [Pharmacy First – NEL GP Referrals for Minor Illnesses & Clinical Pathways - Power BI](#)
  - A brief guide with instructions on how to access the dashboard is available in the [portal](#)
- **Available resources:** [Pharmacy First – North East London](#)

If you have any issues of access, please contact the [London HDS Service](#) using the "Report an Issue" function. If you have any feedback or suggestions related to this dashboard, please contact the [NEL ICB Pharmacy and Medicines Optimisation team](#).

## 6. Pharmacy First Services for patients who do not live in England

[Community Pharmacy England](#) has recently updated their FAQ section on Pharmacy First, specifically in relation to the provision for Pharmacy First services to patients who do not live in England.

NHS England has now agreed that patients who do not live in England can be referred to the Pharmacy First services by NHS 111, a GP or a UTC.

Patients who do not live in England are also eligible as walk-in for the clinical pathways of Pharmacy First, subject to meeting the normal inclusion gateway criteria.

Remote Pharmacy First consultations (telephone/audio or video consultation) are not permitted for patients who do not live in England.

For more information, please visit the [Pharmacy First FAQ page](#) on the Community Pharmacy England website.

Please visit [here](#) for more information of Pharmacy First, including the service specification, individual clinical pathway and gateway criteria and approved patient group directions.

## 7. Make use of the Community Pharmacy Blood Pressure Check service to support QOF 24/25

As we are fast approaching the end of financial year, this is a reminder of that the Community Pharmacy Blood Pressure Check Service can support practices in obtaining patient's blood pressure readings for several QOF indicators 24/25 e.g. MH003 and BP002

NEL practices can make referrals to community pharmacies for adult patients, of any age, with or without a prior diagnosis of hypertension for the measure of blood pressure (clinic BP and/or ambulatory blood pressure check).

Please note patients with a diagnosis of atrial fibrillation or history of irregular heartbeat are not eligible for this service.

All referrals should be made via the 'local services' on EMIS, or PharmRefer for SystmONE practices. Any other referral mechanisms e.g. NHSmail, verbal signposting and AccuRx text messages are not recommended.

Please ensure you select the correct type of community pharmacy service on EMIS local services/PharmRefer when making referrals for the community pharmacy blood pressure check services; please select: - *Pharmacy BP clinic check* or *Ambulatory BP check*.

It is important to obtain patient's consent prior making a referral and the pharmacies where referrals are sent to must be by patient's choice.

All consultation notes from community pharmacies (including blood pressure readings) will be sent to patient's registered practices via NHSmail (sent to the practice's email address which is verified with EMIS/PharmOutcomes) or tasks on EMIS (where GP Connect functionality is switched on).

If you have yet to verify your practice's email address with EMIS/PharmOutcomes, please visit [here](#) for more information.

More information of the Community Pharmacy Blood Pressure Check Service is available on the [portal](#) and [here](#).

Please visit the [Community Pharmacy Clinical Services](#) on the portal for more information of other available services e.g. Pharmacy First, Oral Contraceptive service.

## 8. New BTS/NICE/SIGN Asthma Guidelines Webinars

NICE recently published new guidelines, Asthma: diagnosis, monitoring and chronic asthma management found [here](#). These new guidelines were a collaboration of BTS, NICE and SIGN, and jointly published by all three organisations. Two webinars, delivered via MS Teams will be held to introduce the new guidelines and provide information about implementing the guidelines.

Please register separately for each of the two dates using the links below.

Dr Ernie Wong, Respiratory Consultant, will lead both sessions with guest contributors.

Dates: 11<sup>th</sup> March 2025 and 18<sup>th</sup> March 2025

Time for each webinar: 1pm – 2pm

### Webinar 1- Introduction and diagnosis (11<sup>th</sup> March 2025)

- Introduction to the New BTS NICE SIGN asthma guidelines
- Making a diagnosis of asthma using the new guidelines
- FAQs from Primary Care
- Q&A session

To register, click [Part 1 Registration for 11<sup>th</sup> March 2025](#)

### Webinar 2- Management of chronic asthma (18<sup>th</sup> March 2025)

- Management of newly diagnosed asthma using the new guidelines- the concept of AIR and MART
- How to complete an AIR/MART asthma action plan
- How to manage existing patients
- When to refer for specialist care
- FAQs from Primary Care
- Q&A Session

To register, click [Part 2 Registration for 18<sup>th</sup> March 2025](#)

## 9. MHRA Drug Safety Updates

### Serious Supply Shortage (SSPs)

All active SSPs can be accessed here [Serious shortage protocols \(SSPs\) | NHSBSA](#)

### MHRA Latest Safety Updates

- [GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation](#)
- [Valproate \(Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell ▼\): two specialist review will not be required for male patients already taking valproate](#)

MHRA Drug Safety Updates can be accessed here: [Monthly PDF editions of the Drug Safety Update newsletter from MHRA and its independent advisor, the Commission on Human Medicines](#)

### Medicine Recalls and notifications

**Class 2 Medicines and supplement recall notifications between 8 January to 5 February 2025** can be accessed here: [North East London Medicines Recall Notification](#)

All medicine recalls and notifications can be accessed here: [Alerts, recalls and safety information: drugs and medical devices](#).

## 10. Contact Details and Additional Resources

CONTACT DETAILS	
NEL ICB Pharmacy and Medicines Optimisation Team (PMOT)	For prescribing and medicines enquiries: <a href="mailto:nelondonicb.prescribingqueries@nhs.net">nelondonicb.prescribingqueries@nhs.net</a>
For all enquires, reporting concerns or incidents relating to Controlled Drugs	<a href="mailto:england.londonaccountableoffice@nhs.net">england.londonaccountableoffice@nhs.net</a>  Report CD incidents using the national reporting tool <a href="http://www.cdreporting.co.uk">www.cdreporting.co.uk</a>
RESOURCES	
For Pharmacy & Medicines Optimisation Team Resources	<a href="https://primarycare.northeastlondon.icb.nhs.uk/home/meds/">https://primarycare.northeastlondon.icb.nhs.uk/home/meds/</a>
For Medicine Supply Shortages	<a href="#">Click here</a> for <b>SPS Medicines Supply Tool</b> which offers up-to-date information on Medicines Shortages, provided by DHSC and NHSE/I.  <a href="#">Register</a> with SPS free-of-charge to access.
For PGD Updates	UK Health Security Agency (UKHSA) – <a href="#">click here</a> SPS – <a href="#">click here</a> NHS England (NHSE) – <a href="#">click here</a>
For MHRA information	For all MHRA updates on alerts, recalls and safety information on drugs and medical devices <a href="#">Alerts, recalls and safety information: drugs and medical devices - GOV.UK</a>
Learn from Patient Safety Events Service (LFPSE)	For reporting patient safety incidents and misses <a href="#">NHS England » Learn from patient safety events (LFPSE) service</a>
For Medicines Safety Tools - PrescQIPP	<a href="#">PrescQIPP - Medicines safety</a>
For reporting suspected adverse effects/defects of medicines or devices – Yellow Card Scheme	<a href="#">Yellow Card   Making medicines and medical devices safer</a>

### For your information:

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