

NEL Prescribing and Medicines Newsletter

March 2025

Updates for Community Pharmacies across North East London

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1. Management of Colistin (Colistimethate) supply shortages

Colistin (Colistimethate) is an antibiotic used for the treatment of multiple antibiotic resistant Gram-negative bacterial infections. It is more commonly used for the treatment of pseudomonal adult and paediatric cystic fibrosis and non-cystic fibrosis bronchiectasis and normally prescribed by brand.

There have been reports of local shortages of Colomycin® unit powder for solution for injection, infusion or inhalation vials: affecting both the 1 million units and 2 million units (MU) preparations. Colistin is shared care on the NEL Joint Formulary. Below is a summary of current supply distribution affecting the three brands of Colistin (Colistimethate):

Brand	Strength	Routes	Current supply distribution
Colomycin®	1 and 2 MU	Injection, infusion and nebulisation	Limited supply until late March 2025 and mid- April 2025.
Promixin®	1 MU	Nebulisation via the I-Neb device only	Discontinued from early May 2025 and unavailable to support Colomycin® brand shortage. See recent National Patient Safety Alert
Colicym®	1 MU	Nebulisation	Available and can support increase in demand

For updates on stock availability and information on alternative brands products, please refer to the Specialist Pharmacy Service (SPS) [Medicines Supply Tool](#) and the [Electronic Medicines Compendium](#) (EMC).

Information for community pharmacies

For patients established on Colomycin®

Please note GPs have been given the following advice:

Established on:	GPs should prescribe	Instructions:	Comments
Colomycin® 1 MU Dose	Colicym® 1 MU Dose	Reconstitute a 1 MU vial with 2.5mL of 0.9 sodium chloride, swirl gently until all powder is dissolved, withdraw the reconstituted solution and administer via nebuliser as directed.	
Colomycin® 2 MU Dose and unable to get stock from community pharmacy	Colicym® 1 MU vials but at 2 MU dosing by doubling quantity	Reconstitute each 1 MU vial with 2.5ml of 0.9% sodium chloride, swirl gently until fully dissolved. withdraw 2 MU (5ml) from both vials and administer via nebuliser as directed.	Ensure the prescription doubles the 1 MU vial quantities
Sodium Chloride 0.9% 2.5ml vials for nebulisation	Sodium Chloride 0.9% 2.5ml vials for nebulisation	Use 2.5ml to reconstitute each 1 MU Colicym® vial for nebulisation as directed	Ensure quantities to supply match the dose.
Colomycin® 2 MU dose but established, still able to get stock from local community pharmacy	No need for GPs to switch to Colicym®	Dispense as before	

When dispensing Colicym® (alternative Colistin)

- Please liaise with your usual wholesalers to obtain supplies of Colicym® (colistimethate) 1 MU powder for nebuliser solution unit dose vials.
- When dispensing please print and include the relevant patient information leaflet
 - [Patient Information Leaflet Colicym 1 MU Powder for nebulisation](#)
- If patients ask to try a different pharmacy, please return the prescription to the spine and give a printed token to the patient.

Please note the summary of product recommends reconstitution with 3mL 0.9% sodium chloride. However, 2.5ml 0.9% is recommended to enable easier reconstitution and minimise the need for measuring volumes and syringes.

Please click on the following link for the: [Summary of Product Characteristics Colicym® 1 MU Powder for nebulisation.](#)

Please click on the following link for the: [Patient Information Leaflet Colicym® 1 MU Powder for nebulisation](#)

For patients prescribed Promixin®

- Pro-actively identify patients who are dispensed Proximin® and advise the patient to liaise with their GP or respiratory specialist to seek advice about an alternative.

2. MHRA Latest Drug Safety Updates

NatPSA Managing Pancreatic Enzyme Replacement Therapy (PERT) supply shortages update

All information about local actions to the Pancreatic Enzyme Replacement Therapy (PERT) supply shortages can be found on the [NEL Primary Care Portal Medicines Optimisation under Medicines Supply Problems](#):

MHRA Latest Drug Safety Updates

A Drug Safety Update was published on 12th March 2025 to advise that [the indication for the treatment of post-operative pain has been removed from the licences of all prolonged release opioids](#) due to the increased risk of persistent post-operative opioid use (PPOU) and opioid-induced ventilatory impairment (OIVI).

Summary of advice for community pharmacies

- Advise patients that immediate-release opioids are used for short-term treatment of pain
- Prolonged-release opioids provide relief from chronic severe pain, however, they should not be used for the treatment of acute pain following surgery.
- Advise patients if they are taking prolonged release opioids before going into hospital for an operation to talk to their GP or surgeon to discuss their pain management and ongoing needs
- Discuss with the patient non-pharmacological management strategies e.g. [10 ways to reduce pain - NHS](#) and other support self-management tools e.g. [Live Well with Pain](#)
- Advise patients there is a greater risk of respiratory depression (problems breathing) and persistent post-operative opioid use with prolonged release opioids
- Advise patients if they notice new or increased trouble with their breathing, dial 999 as this could be a sign of respiratory depression

Serious Shortage Protocols (SSPs)

Serious Shortage Protocols (SSPs) have been extended for Estradot® 50 microgram, 75 microgram and 100 microgram patches. All active SSPs can be accessed here: [Serious shortage protocols \(SSPs\) | NHSBSA](#)

Further information on medicines safety

Please consult the following for further information on alerts, recalls, supply issues and medicines safety information:

- [MHRA Drug Safety Updates](#)
- [SPS Medication Safety Update](#)
- [MHRA Alerts, recalls and safety information: medicines and medical device](#)
- [Letters and medicine recalls sent to healthcare professionals in January 2025](#)

3. Safer Use of Controlled Drugs (CD): Focus on CD Monitoring in NEL

NHS North East London (NEL) ICB Pharmacy and Medicines Optimisation team is responsible for assisting the London Controlled Drugs Accountable Officer (CDAO) with CD monitoring as required under the [CD \(Supervision of management and use\) Regulations 2013](#). Local data is analysed by the team to identify any unusual or excessive prescribing and when prescriptions are being issued for more than 30 days on a regular basis.

Finding	Learning point
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<p>Concurrent gabapentin and pregabalin prescribing:</p> <p>It was found that a minority of patients were prescribed both gabapentin and pregabalin in error.</p>	<ul style="list-style-type: none"> • Prescribers are reminded to be vigilant to clinical system warning alerts about combinations of medicines. • Community pharmacists, please remain vigilant to concurrent prescribing of gabapentinoids and challenge with prescriber. • For any errors identified, a reminder to always use the Learn From Patient Safety Events (LFPSE) reporting form to record and report any errors or near misses.
<p>Fentanyl immediate-release (IR) preparations:</p> <p>In the majority of patients where Fentanyl IR was prescribed this was for chronic pain conditions.</p>	<ul style="list-style-type: none"> • Guidance from NICE is clear that opioids are not indicated for chronic non-cancer pain, and guidance from the Royal College of Anaesthetists (the professional body for doctors that specialise in pain) has been clear about the harm that can be caused. ¹ • Fentanyl IR should <u>not</u> be initiated in primary care and should only be prescribed following specialist advice, if no other alternative medicine/intervention is clinically appropriate for its licensed indication. ² • This does not apply to patients undergoing palliative care treatment and where the recommendation to use Fentanyl IR in line with NICE guidance has been made by a multidisciplinary team or specialist in palliative care. ²
<p>Pethidine prescriptions:</p> <p>In a minority of cases, pethidine is being prescribed in NEL for chronic pain conditions.</p>	<ul style="list-style-type: none"> • The British Pain Society (BPS) and the Faculty of Pain Medicine advise to never prescribe pethidine in any form for the management of chronic non-cancer pain (unless on the advice of a specialist pain management team).³ • Pethidine is particularly unsuitable for patients with persistent pain. Its high lipid solubility and rapid onset/offset may predispose patients to problem drug use. Its active metabolite norpethidine can lead to serious central nervous system side effects. ⁴

4. NEL Teratogenic Medicines: Valproate Safety Webinar

The Teratogenic Medicines Safety Improvement Group (TMSIG) and the NEL Training Hub are hosting a valproate safety update webinar.

It will provide an update on risks associated with valproate use in girls and women of childbearing potential and boys and men of reproductive potential.

It will cover the latest resources to support with implementing the new valproate safety measures and regulations locally, launch the NEL Valproate dashboard and templates to support with monitoring patients at risk.

Thursday 3rd April 2025 1:00pm – 2:00pm. Register [here](#)

Audience: Community Pharmacists, Clinical Pharmacists in General Practice, General Practitioners, PCN Pharmacists, Pharmacy technicians.

For any questions, email: johanna.north1@nhs.net

5. Tax Credit Exemption Certificate No Longer Valid

The Tax Credit payments provided by HMRC will end on **5th April 2025**.
Tax credit exemption certificate (help with health cost) will stop after this date.

Patients currently holding a Tax Credit Exemption Certificate will be moved to **Universal Credit**. However, this transition does not automatically grant entitlement to help with health costs. Patients will need to meet the specific Universal Credit criteria to be eligible **for free NHS prescriptions**. For more details, please click [here](#).

Starting **6th April 2025**, the Tax Credit Exemption Certificate will no longer be valid for:

- Free NHS prescriptions
- Eligibility for the **Community Pharmacy Selfcare & Advice Service (CPSAS)**

Pharmacies are encouraged to use the [Real Time Exemption Checking Tool](#) when assessing patients' eligibility for both CPSAS and free NHS prescriptions.

For more information on the changes to Tax Credit Exemptions, visit [here](#).

Please contact the [NEL Pharmacy and Medicines Optimisation Team](#) if you have any questions.

6. Update on Community Pharmacy Selfcare & Advice Service (CPSAS)

Pharmacy providers can now provide Community Pharmacy Selfcare & Advice Service (CPSAS) following a Pharmacy First referral. This includes referrals from:

- NEL practices
- NHS111
- Integrated urgent care clinical assessment service (IUC CAS)
- 999 services
- Other urgent and emergency care provider (e.g. UTC, ED, UCC)

Community pharmacies are required to continue assessing patients' eligibility criteria, for CPSAS, after receiving a Pharmacy First referral. Patients must be registered with a NEL practice, except for homeless, refugee and asylum seekers.

A contract variation for the NEL CPSAS will be circulated and uploaded to PharmOutcomes in due course.

7. North East London Formulary and Pathways Group Update

Approved Guidelines

NEL Adult Asthma Guidelines Jan 2025	<p>Update: To reflect the recent updates from NG244 Joint BTS/NICE/SIGN Asthma Guidelines published 27th November 2024.</p> <p>Information can be found via this link: Medicines Guidelines- Respiratory – North East London</p>
NEL formulary for oral contraceptives	<p>This document has had a minor update to include safety information regarding excipients in some generic Desogestrel products. The advice is to check allergy status when prescribing for patients.</p> <p><i>Please note full guideline has not been reviewed.</i></p> <p>Available to access: Medicines Guidelines – Obstetrics, Gynaecology, Urinary Tract Disorders – North East London</p>
Implementation document for continuous glucose sensors (CMG) for adults with type 1 diabetes (NEL) V2.2	<p>Updated. Available to access : Medicines Guidelines – Diabetes – North East London</p>

8. Community Pharmacies Commissioned to Provide End- of- Life Care Medicines Service Easter Holiday Opening Hours

Reminder to all primary care colleagues, North East London (NEL) has commissioned a number of community pharmacies to maintain a stock of commonly used End of Life (EoL) medications, to ensure timely access of end-of-life care medicines across NEL.

During the upcoming public holidays, there are eight commissioned community pharmacies which will be open. Please see table below for information on commissioned community pharmacies opened during this Easter period.

Please note that during the Easter Holiday period, the out of hours service provision for End-of-Life Care medicines remains unchanged. The following [link](#) provides:

- A list of the NEL commissioned pharmacies who provide end-of-life care medicines (EoLC Medicines), including their contact details.

- Information on the medicines they stock.
- Guidance on accessing out-of-hours services and the pharmacies that provide this service.

Commissioned Community Pharmacy	Good Friday Opening (18th April 2025)	Easter Sunday Opening (20th April 2025)	Bank Holiday Monday Opening (21st April 2025)
Woodgrange Pharmacy 116 Woodgrange Rd, Forest Gate, London E7 0EW Tel: 0208 555 5660	OPEN 10:00 - 18:00	OPEN 10:00 - 18:00	OPEN 10:00 - 18:00
Britannia Pharmacy Barking Community Hospital Upney Lane, Barking IG11 9LX Tel: 020 8594 2686	OPEN 11:00 - 15:00	OPEN 10:00 - 18:00	OPEN 11:00 - 15:00
Fairlop Pharmacy 87 High Street, Barkingside, IG6 2AH Tel 020 8551 3017	OPEN 12:00 - 23:59	OPEN 10:00 - 23:59	OPEN 12:00 - 23:59
Gold's Pharmacy Gants Hill, 24 Seven Ways Parade, Woodford Ave, Ilford IG2 6JX Tel: 020 8550 1050	OPEN 09:30 - 22:00	OPEN 09:30 - 22:00	OPEN 09:30 - 22:00
Beehive Pharmacy 8 Beehive Lane, Gants Hill, IG1 3RD Tel: 0208 554 3560	OPEN 09:00-17:00	OPEN 09:00-17:00	OPEN 09:00 - 17:00
Forward Pharmacy 648 Mile End Road, London, E3 4LH Tel:0208 980 1231	OPEN 10:00 - 18:00	OPEN 10:00 - 18:00	CLOSED
Super.care Pharmacy + 198-200 High Road, Romford RM6 6LU Tel: 020 8590 1819	CLOSED	OPEN 11:00-16:00	CLOSED
Clockhouse Pharmacy 5 Clockhouse Lane Romford RM5 3PH Tel 01708 733331	CLOSED	OPEN 09:00 -18:00	CLOSED

9. Contact Details and Additional Resources

CONTACT DETAILS

NEL ICB Pharmacy and Medicines Optimisation Team (PMOT)	For prescribing and medicines enquiries: nelondonicb.prescribingqueries@nhs.net
For all enquires, reporting concerns or incidents relating to Controlled Drugs	england.londonaccountableoffice@nhs.net Report CD incidents using the national reporting tool www.cdreporting.co.uk

RESOURCES

For Pharmacy & Medicines Optimisation Team Resources	https://primarycare.northeastlondon.icb.nhs.uk/home/meds/
For Medicine Supply Shortages	Click here for SPS Medicines Supply Tool which offers up-to-date information on Medicines Shortages, provided by DHSC and NHSE/I. Register with SPS free-of-charge to access.
For PGD Updates	UK Health Security Agency (UKHSA) – click here SPS – click here NHS England (NHSE) – click here
For MHRA information	For all MHRA updates on alerts, recalls and safety information on drugs and medical devices Alerts, recalls and safety information: drugs and medical devices - GOV.UK
Learn from Patient Safety Events Service (LFPSE)	For reporting patient safety incidents and misses NHS England » Learn from patient safety events (LFPSE) service
For Medicines Safety Tools - PrescQIPP	PrescQIPP - Medicines safety
For reporting suspected adverse effects/defects of medicines or devices – Yellow Card Scheme	Yellow Card Making medicines and medical devices safer

For your information:

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