

# NEL Prescribing and Medicines Newsletter

## May 2025

### Updates for Primary Care across North East London

#### Contents

1. <a href="#">NEL Prescribing Efficiency Scheme 2025/26</a>	1
2. <a href="#">Update in the Funding and Supply of inclisiran (Leqvio®) in Primary Care</a>	2
3. <a href="#">North East London Formulary and Pathways Group Update</a>	2
4. <a href="#">MHRA Latest Drug Safety Updates</a>	3
5. <a href="#">Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 TA878</a>	5
6. <a href="#">NHS Service Finder &amp; Practices' Bypass Numbers</a>	5
7. <a href="#">Community Pharmacies Commissioned to Provide End-of-Life Care Medicines Service Spring Bank Holiday Opening Hours</a>	6
8. <a href="#">Polypharmacy: Training, Tools &amp; Resources for Safer Prescribing</a>	6
9. <a href="#">PrescQIPP: Prescribing Mastery – Asthma</a>	7
10. <a href="#">Contact Details and Additional Resources</a>	7

## 1. NEL Prescribing Efficiency Scheme 2025/26

On Wednesday 30<sup>th</sup> April, all NEL practices were sent an email notification of the launch of the NEL Prescribing Efficiency Scheme (PES) 2025/26.

Please see **2025-26 Prescribing Efficiency Scheme folder** located at: [Medicines Optimisation – GP Portal](#) for all details and supporting information relating to PES 2025/26.

<a href="#">Formularies</a>	<a href="#">Committees and Subgroups</a>
<a href="#">Shared Care Guidelines</a>	<a href="#">Community Pharmacy</a>
<a href="#">Primary Care Prescribing support Factsheets</a>	<a href="#">Prescribing Quality and Efficiency Scheme</a>
<a href="#">Medicines Governance, Guidelines and Pathways</a>	<a href="#">24-25 NEL Prescribing Efficiency Scheme</a>
<a href="#">Medicines Safety</a>	<a href="#">25-26 NEL Prescribing Efficiency Scheme</a>
	<a href="#">25-26 NEL Prescribing Quality Scheme</a>

Information within the PES 2025/26 folder includes:

- A pre-recorded launch webinar and slide-set
- PES 2025/26 document with details of this year's PES
- PES 2025/26 Indicators: provides practice baseline data
- Practice links to CoordinateRx - these will be updated monthly

- Supporting resources for each workstream
- Clinical System searches to help practices identify patients for review
- Details on 3<sup>rd</sup> Party (MORPh/Interface) offers and links to Expression of Interest (EOI) forms

The NEL Prescribing and Medicines Optimisation Team will be hosting **regular live Q&A drop-in sessions**, offering practices an opportunity to ask questions about PES and Prescribing Quality Scheme (PQS) and to share feedback on the schemes.

The next session will be held on **Tuesday 7<sup>th</sup> July 2025 from 1-2pm**. We encourage practices to attend.

Links to the next session and subsequent Q&A drop-in sessions are available via the following link to NEL Training Hub: [NEL Training Hub: NEL Prescribing Quality Scheme and Prescribing Efficiency Scheme Drop-in Q&A Sessions 25-26](#)

## 2. Update on the Funding and Supply of Inclisiran (Leqvio®) in Primary Care

Cardiovascular disease (CVD) prevention continues to be a key NHS priority. Proactive care through effective population health management and the GP contract, includes greater focus on the prevention of cardiovascular events and supporting GPs to treat more people to target lipid levels, from using therapies such as inclisiran. This has been reflected through the inclusion of [CHOL003 and CHOL004 in the 25/26 Quality Outcomes Framework](#).

Across NEL, primary care prescribers can initiate inclisiran in line with [NICE TA733](#). Should GP practices need clarification or further support, this can be sought through advice from a specialist lipid clinic via Advice and Guidance. Where treatment has been initiated in secondary care, ongoing maintenance is to be continued in primary care. For more information on the inclisiran treatment pathway please see [Primary care guidance for prescribing and supplying inclisiran](#).

NHS England has renegotiated an agreement with Novartis to maintain access to inclisiran at the current price for both existing and new NHS patients until December 2027. This arrangement ensures that patients initiated on treatment before this date will not be affected by any revisions to the agreement from January 2028 onwards.

Whilst the nominal charge that GP practices can purchase inclisiran from the wholesaler, AAH, remains at £45, **NHS England have agreed that from the 1<sup>st</sup> April 2025 they will increase the amount that GP practices will be reimbursed per inclisiran injection, to £60 (£45 nominal charge + £15)**. This represents an increase from the previous amount of £50 per injection (£45 nominal charge +£5).

GP practices can purchase inclisiran directly from the wholesaler AAH using AAH Point or calling the customer care team on 0344 561 8899. It is available from the wholesaler (AAH) at £45 (nominal charge) plus VAT. Practices who administer inclisiran to patients should submit claims using the monthly FP34/FP34D form to NHSBSA. Inclisiran must only be administered by a healthcare professional.

[For more detailed updated information on the Funding & Supply of inclisiran please see communication from NHS England](#)

## 3. North East London Formulary and Pathways Group Update

### Formulary Updates

Approved Item / Guidance and Pathway	Additional information
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Prescribing Guidance and FAQ for Adrenaline Auto-injectors (AAIs) in primary care	<a href="#">Medicines Guidelines – Allergy – North East London</a>
High-Cost Drugs Treatment Pathway for Ankylosing Spondylitis and non-radiographic Axial Spondyloarthritis	<b>Red</b> , Hospital only Refer to ' <b>High-Cost Drugs</b> ' section on the <a href="#">portal</a>
Secukinumab for the treatment in Ankylosing Spondylitis:  Approved:- Locally commissioned dose escalation for Secukinumab following primary or secondary failure	<b>Red</b> , Hospital only Refer to ' <b>High-Cost Drugs</b> ' section on the <a href="#">portal</a>
Vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease (NICE TA1035)	<b>Red</b> , Hospital only (Barts Health is a commissioned centre)  <a href="#">Overview   Vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease   Guidance   NICE</a>
Fenfluramine for treating seizures associated with Lennox–Gastaut syndrome in people 2 years and over (NICE TA1050)	Barts Health is the NEL commissioned centre for adults only  <a href="#">Overview   Fenfluramine for treating seizures associated with Lennox–Gastaut syndrome in people 2 years and over   Guidance   NICE</a>
Relugolix for treating hormone-sensitive prostate cancer was approved for use across NEL as per NICE TA995.	This drug is to be initiated by a specialist and can be continued in primary care ( <b>Amber</b> , specialist initiation formulary status). A primary care prescribing support factsheet is available for specific information.  As a reminder, please see the links below:  <a href="#">Relugolix-Prescribing-Support-Fact-sheet-v1.1.pdf</a>  <a href="#">North East London Joint Formulary Formulary</a>  <a href="#">Overview   Relugolix for treating hormone-sensitive prostate cancer   Guidance   NICE</a>
<b>Pending Formulary Assessment</b>	
<p>Fezolinetant: We have received a significant number of queries from practices on fezolinetant for treating moderate to severe vasomotor symptoms associated with menopause. The NICE Technology Appraisal (TA) is expected towards the end of May 2025. The NEL Formulary and Pathway Group will review fezolinetant following the NICE TA publication. The outcome of the NEL review will be made available on the Net Formulary.</p> <p>Please note that MHRA have issued an alert relating to fezolinetant with recommendations to minimise risk of drug induced liver injury, available <a href="#">here</a>.</p>	

## 4. MHRA Latest Drug Safety Updates

## National Alert: Influenza season 2024/25: ending the prescribing and supply of antiviral medicines in primary care

A [central alerting system notification](#) was issued on 15<sup>th</sup> May 2025, to advise that surveillance data from UK Health Security Agency (UKHSA) indicates that circulation of influenza in the community has returned to baseline levels.

### Actions for primary care prescribing clinicians

- GPs and other prescribers working in primary care should no longer prescribe antiviral medicines (including neuraminidase inhibitors) for the prophylaxis and treatment of influenza on an FP10 prescription form.

## Drug Safety Update: Risks from overuse of Short-acting beta-2 agonists (SABA)

A [Drug Safety Update](#) was published on 24<sup>th</sup> April 2025 to remind healthcare professionals of the risks from overuse of Short-acting beta-2 agonists (SABA) (salbutamol and terbutaline) in asthma and to be aware of changes in the SABA prescribing guidelines.

Recent reviews by the MHRA (UK) and PRAC (EU) highlight the risks associated with excessive short-acting beta-2 agonist (SABA) use, including severe asthma attacks and increased mortality. This has led to a significant shift in prescribing guidance.

### Key updates

- SABA monotherapy is no longer recommended for any age group.
- Patients should no longer be prescribed inhaled corticosteroid (ICS) + SABA. Instead, use ICS + formoterol combination inhalers.
- Asthma action plans should be regularly reviewed and optimised to ensure patients receive appropriate maintenance therapy.

Regulatory Updates: [MHRA Drug Safety Update \(24 April 2025\)](#)

Healthcare professionals and patients are reminded of the risks linked to SABA overuse, whether used alone or with anti-inflammatory maintenance therapy. Increased reliance on SABA is associated with a higher risk of severe exacerbations and mortality. The MHRA now reinforces the guidance that **SABA should not be prescribed without ICS therapy**.

### NEL Asthma Guidance

Updated [NEL Adult Asthma Guidance](#) already reflects these changes. NEL Paediatric Asthma Guidance is currently in draft and under local consultation. Updates will be shared once ratified. In the interim, healthcare professionals are encouraged to follow [NICE guidance for paediatric asthma management](#).

### Clinical Considerations for Prescribers

To align with best practices, healthcare professionals are advised to:

- Avoid prescribing SABA without ICS inhalers.
- Reassess treatment for patients using SABA more than twice a week.
- Urgently review patients showing increased SABA use or uncollected ICS prescriptions.
- Recommend anti-inflammatory reliever (AIR) or maintenance and reliever (MART) for patients aged >12 with poorly controlled asthma.
- Ensure all asthma patients receive appropriate anti-inflammatory maintenance therapy.

## National Medication Shortages

Please note there are national shortages of:

- Fentanyl (**Effentora®**) 200microgram, 400microgram, 600microgram, 800microgram buccal tablets, Fentanyl (**Actiq®**) 800microgram lozenges. Advice on alternatives and details of supply disruption can be found [here](#).
- Buprenorphine (**Reletrans®**) 5micrograms/hour and 15micrograms/hour transdermal patches. Advice on alternatives and details of supply disruption can be found [here](#).
- Lidocaine (**Xylocaine®**) 10mg/dose spray sugar free. Advice on alternatives and details of supply disruption can be found [here](#).
- There continues to be shortages of **Durogesic® DTrans®** 12micrograms/hour, 25micrograms/hour, 50micrograms/hour, 75micrograms/hour and 100micrograms/hour patches. Advice on alternatives (**Opiodur®**, **Matrifen®**, **Mezolar®**, **Fencino®**, **Yemex®**), listed in order of most cost-effective to least cost-effective and details of supply disruption can be found [here](#).

### Serious Shortage Protocols

Due to ongoing supply issues, the following Serious Shortage Protocols currently in place for **Estradot®** 25mcg, 50mcg, 75mcg and 100mcg patches and **Cefalexin 125mg/5ml and 250mg/5ml oral suspension sugar free**, have been extended.

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](#)
- [Alerts, recalls and safety information: medicines and medical devices](#)
- Letters, drug safety updates and medicines recalls sent to healthcare professionals in March and April 2025 can be found in the MHRA round up [here](#)

## 5. Nirmatrelvir plus ritonavir [Paxlovid®], sotrovimab and tocilizumab for treating COVID-19 TA878

On 1<sup>st</sup> May 2025, NICE updated the [recommendation on nirmatrelvir plus ritonavir](#) to remove certain groups eligible for treatment. This is based on changes to the company's list price, as a result nirmatrelvir plus ritonavir is no longer cost effective for these groups.

Nirmatrelvir plus ritonavir is recommended as an option for treating COVID-19 in adults, only if they:

- Do not need supplemental oxygen for COVID-19 **and**
- Have an increased risk for progression to severe COVID-19, as defined in [section 5](#).

If you have a patient who meets these criteria and has tested positive for COVID-19, please refer them to the NEL CMDU service for assessment. Call 020 3196 3239 or email [NEL.CMDUReferral@nhs.net](mailto:NEL.CMDUReferral@nhs.net).

## 6. NHS Service Finder & Practices' Bypass Numbers

We would like to highlight that health and social staff, including community pharmacies can now access practices' bypass numbers via [NHS Service Finder](#). This service finder is not open to patients but limited to health and social care staff use only, with registration required to access.

Practices should ensure their bypass number(s) listed on the NHS Service Finder are up to date, as this route allows urgent patient related matters to be communicated in a timely fashion from community pharmacies to general practices.

Any non-urgent related queries from pharmacies to general practices will continue to be communicated via practices' main telephone line.

Please contact the Regional Directory of Services (DoS) team on [London.DoS@selondonics.nhs.uk](mailto:London.DoS@selondonics.nhs.uk) if any of your practice information is incorrect on the service finder.

## 7. Community Pharmacies Commissioned to Provide End-of-Life Care Medicines Service - Spring Bank Holiday Opening Hours

NEL ICB has commissioned a designated number of community pharmacies to maintain a stock of commonly used End of Life Care (EoLC) medications, to ensure timely access of EoLC medicines across NEL.

The following [link](#) provides:

- A list of the NEL commissioned pharmacies who provide 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.

During the Spring Bank Holiday (26<sup>th</sup> May 2025) the following six commissioned community pharmacies will be open, to ensure timely access of EoLC medicines for the in-hours part of the EoLC service.

Commissioned Community Pharmacy	Telephone	Opening Hours
<b>Woodgrange Pharmacy</b> 116 Woodgrange Rd, Forest Gate, London E7 0EW	0208 555 5660	<b>10:00 - 18:00</b>
<b>Fairlop Pharmacy</b> 87 High Street, Barkingside, IG6 2AH	020 8551 3017	<b>12:00 - 23:59</b>
<b>Gold's Pharmacy Gants Hill</b> 24 Seven Ways Parade, Woodford Ave, Ilford IG2 6JX	020 8550 1050	<b>09:30 - 22:00</b>
<b>Beehive Pharmacy</b> 8 Beehive Lane, Gants Hill, IG1 3RD	0208 554 3560	<b>09:00 - 17:00</b>
<b>Forward Pharmacy</b> 648 Mile End Road, London, E3 4LH	0208 980 1231	<b>10:00 - 18:00</b>
<b>Britannia Pharmacy</b> Barking Community Hosp Upney Lane, Barking IG119LX	020 8594 2686	<b>11:00 - 15:00</b>

## 8. Polypharmacy: Training, Tools & Resources for Safer Prescribing

I. Clinicians are encouraged to take advantage of a range of new resources and training sessions designed to support safer, more person-centred prescribing as part of the [Polypharmacy: Getting the Balance Right](#) programme.



### Upcoming: Health Innovation Network (HIN) Action Learning Set Training (June)

HIN will run its next Polypharmacy Action Learning Set in June for primary care prescribers involved in Structured Medication Reviews. This interactive course focuses on safely stopping inappropriate medicines and runs over three half-day sessions (9:30am-12:15pm) over one month.



[Register now – limited places](#)

### II. 🏠 Masterclass: Polypharmacy & Learning Disabilities



People with a learning disability die 20 years younger than others and are often given multiple medications, including being 16 times more likely to be prescribed psychotropic medications. Stopping over medication of people with a learning disability and autistic people (STOMP) and supporting treatment and appropriate medication in paediatrics (STAMP) should be on every clinician's agenda. The masterclass focussed on a clinicians' role in supporting with structured, holistic and person-centred medication reviews.

The Health Innovation Network (HIN) has released a recording of its March 2025 masterclass focused on polypharmacy and people with learning disabilities –available to access [here](#).



- [Polypharmacy masterclass presentation](#)
- [Links from Polypharmacy and Learning Disabilities Masterclass](#)

For more information about STOMP and STAMP, please visit the following webpages:

- [NHS England » Stopping over medication of people with a learning disability and autistic people \(STOMP\) and supporting treatment and appropriate medication in paediatrics \(STAMP\)](#)
- [STOMP and STAMP - FutureNHS Collaboration Platform](#)

## 9. PrescQIPP: Prescribing Mastery - Asthma

### PrescQIPP Prescribing Mastery – Reflecting on prescribing in asthma: Session 2

 **Date: Wednesday 28<sup>th</sup> May 2025**  **Time: 1:00 – 2:00 PM**

This interactive session will encourage participants to reflect on their own prescribing practices, share experiences, and explore strategies for improvement.

The first session, ***“Do you know what the new NICE/BTS guidelines say, and how to apply them to your individual patients?”***, took place on 20th May 2025. It offered a deep dive into the latest updates from NICE and BTS, with practical insights on tailoring treatment to individual patient needs. The recording is available to access [here](#).

Secure your place for the second session and be part of a community committed to excellence in asthma management.

[Register to join here](#)

## 10. Contact Details and Additional Resources

### CONTACT DETAILS

NEL ICB Pharmacy and Medicines  
Optimisation Team

For prescribing and medicines enquiries:  
[nelondonicb.prescribingqueries@nhs.net](mailto:nelondonicb.prescribingqueries@nhs.net)

For all enquires, reporting  
concerns or incidents relating to  
Controlled Drugs

[england.londonaccountableoffice@nhs.net](mailto:england.londonaccountableoffice@nhs.net)

Report CD incidents using the national reporting tool  
[www.cdreporting.co.uk](http://www.cdreporting.co.uk)

### RESOURCES

For NEL Joint Formulary

<https://www.nel-jointformulary.nhs.uk>

	User guide: <a href="#">NEL netFormulary User Guide FINAL .pdf</a>
For <b>Pharmacy &amp; Medicines Optimisation Team</b> Resources	<a href="https://primarycare.northeastlondon.icb.nhs.uk/home/meds/">https://primarycare.northeastlondon.icb.nhs.uk/home/meds/</a>
For <b>Medicine Supply Shortages</b>	<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 <b>PGD Updates</b>	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 <b>MHRA Alerts</b>	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>
<b>Learn from Patient Safety Events Service (LFPSE)</b>	For reporting patient safety incidents and misses <a href="#">NHS England » Learn from patient safety events (LFPSE) service</a>
<b>PrescQIPP Medicines Safety Tools</b>	<a href="#">PrescQIPP - Medicines safety</a>
<b>For reporting suspected adverse effects/defects of medicines or devices – Yellow Card Scheme</b>	<a href="#">Yellow Card   Making medicines and medical devices safer</a>

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