

# NEL Prescribing and Medicines Newsletter

## June 2025

### Updates for Primary Care across North East London

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## 1. Interim Policy Statement: Prescribing Wegovy® and Mounjaro® for Weight Management on the NHS in NEL

This interim policy statement outlines North East London's (NEL) criteria for access to National Institute of Health and Care Excellence (NICE) approved weight management medications [semaglutide \(Wegovy®\)](#) and [tirzepatide \(Mounjaro®\)](#) on the NHS. It has been produced in line with [NHS England Interim Commissioning Guidance](#) working alongside our clinical experts and weight management services in North East London.

**The detailed NEL interim policy statement can be accessed [here](#).**

NEL ICB is currently in the process of establishing new weight management services, in a phased approach. Tirzepatide (Mounjaro®) will be made available on behalf of primary care as part of these services.

NEL ICB is working as quickly as possible to make these services available across North East London. GPs will be able to refer eligible people who meet the criteria below, to a specialist service to access weight management medicines. This will likely be hosted in an acute setting. These services will become available in the next few months, and details of the service and referral process will be shared in due course.

#### Who will be eligible for Wegovy® or Mounjaro® on the NHS in North East London?

Those with a body mass index (BMI) greater than or equal to 40kg/m<sup>2</sup> \* **AND** 4 or more qualifying co-morbidities.

- Qualifying co-morbidities (see [details of definitions](#)) are

- Cardiovascular disease
- Hypertension
- Dyslipidaemia
- Obstructive sleep apnoea
- Type 2 diabetes mellitus

Those with a body mass index (BMI) greater than or equal to 35kg/m<sup>2</sup> \* **AND** 1 weight related co-morbidity (not restricted to qualifying co-morbidities) **AND** one of the below criteria:

- Active malignancy and need for urgent weight loss for planned therapy e.g. radiotherapy or surgery
- Urgent weight loss needed for organ transplant
- Idiopathic intracranial hypertension (IIH), needing frequent lumbar punctures and/or visual compromise
- Undergoing planned time-sensitive surgery for life-limiting conditions, where a high BMI is the main barrier to surgery.
- Obesity hypoventilation syndrome (OHS)

*\* A lower body mass index threshold should be used (usually reduced by 2.5 kg/m<sup>2</sup>) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic background.*

## 2. Update on the North East London (NEL) Joint Formulary

### NEL Electronic Joint Formulary Now Fully Published

The [NEL Joint Formulary](#) is now fully published and accessible to all users. It can be accessed anytime, anywhere via web browser or mobile device at: <https://www.nel-jointformulary.nhs.uk>

### Support for Navigation

To assist users in navigating the new platform, a dedicated [NEL netFormulary User Guide](#) is available. The landing page also features a range of helpful information and links to valuable resources.

### A Unified Prescribing Resource

This harmonised formulary consolidates seven previous separate local formularies used across acute, mental health, and primary care settings in NEL. Developed collaboratively across the healthcare system, it aligns existing guidance to:

- ✓ Provide up-to-date, accessible formulary information
- ✓ Support cost-effective prescribing
- ✓ Promote equity in access to medicines
- ✓ Save prescribers time by offering a single point of reference

### Why This Matters

The NEL electronic joint formulary represents a significant step toward reducing health inequities and enhancing consistency in prescribing decisions across the region. All prescribers are encouraged to explore the platform and benefit from streamlined access to trusted, evidence-based formulary guidance.

### 3. NEL Formulary and Pathways Group Update

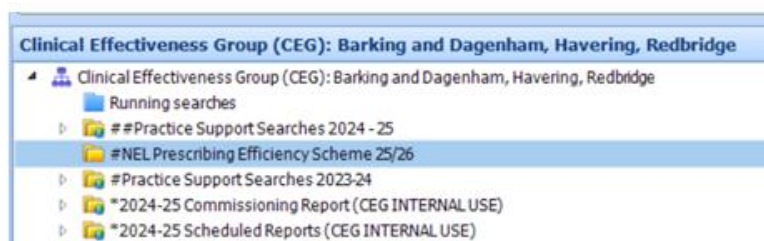
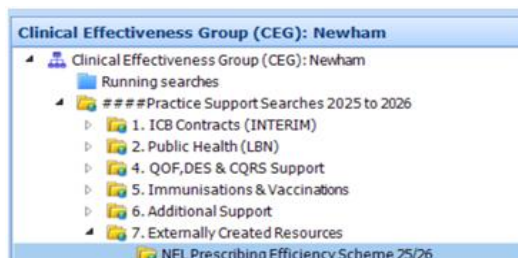
Formulary Updates	
Approved Item / Guidance and Pathway	Additional information
NEL Primary Care Wound Dressing Formulary	<p><a href="#">NEL-Primary-Care -Wound-Dressing-Formulary.pdf</a></p> <p>Available to access on the <a href="#">NEL Primary Care Information Portal</a></p> <p>A new NEL Primary Care Wound Care Formulary has been established to promote evidence-based, high-quality, safe and cost-effective prescribing of dressings and wound care products. Practices should order required dressings directly via Accelerate Click!® (80% target).</p> <p>For more information and support, the Accelerate Click!® contact is <a href="mailto:joseph.montgomery1@nhs.net">joseph.montgomery1@nhs.net</a></p>
Position Statement: Initiation of Statins for Primary Prevention of Cardiovascular Disease in Patients with Liver Disease.	<p>Available to access on the <a href="#">NEL Primary Care Information Portal</a></p> <p>This position statement provides information when considering the prescribing of statins in patients with liver conditions, for whom they are indicated.</p>
Pylera® (Bismuth subcitrate potassium 140 mg, Metronidazole 125 mg, Tetracycline hydrochloride 125 mg) for the eradication of Helicobacter pylori	<p><b>Amber</b>, specialist recommendation or initiation.</p> <p>A treatment protocol for eradication of Helicobacter pylori is in development.</p>
NEL High-Cost Drug Treatment pathway for Atopic Dermatitis in Adults – Update.	<p><a href="#">Atopic-dermatitis-HCD-pathway-NEL-V1.1.pdf</a></p> <p>Available to access on the <a href="#">NEL Primary Care Information Portal</a> under ‘<b>High Cost Drugs</b>’</p>
Vericiguat for Chronic Heart Failure with reduced ejection fraction, in patients remaining symptomatic on optimal medical therapy.	<b>Red</b> , Hospital only (Barts Health only, as the NEL tertiary centre)
Cefepime, fourth generation cephalosporin antibacterial to treat infections of susceptible microorganisms.	<b>Red</b> , Hospital only

### 4. Prescribing Efficiency Scheme (PES) and Pharmacy Quality Scheme (PQS) Updates

#### PES Clinical System Searches

**EMIS searches** to support PES 2025/26 can now be accessed live on EMIS across NEL. For practices in **City and Hackney, Newham, Tower Hamlets and Waltham Forest**, these searches are located on EMIS in the Clinical Effectiveness Group folder: *Practice Support Searches 2025 to 2026: 7. Externally Created Resources: NEL Prescribing Efficiency Scheme 25/26*.

For practices in **Barking and Dagenham, Havering and Redbridge** these searches are located on EMIS in the Clinical Effectiveness Group folder: *NEL Prescribing Efficiency Scheme 25/26*.



**SystmOne searches** to support PES 2025/26 are available to download from the [PES folder](#) and will be available directly on SystmOne in the coming weeks.

### PES 2025/26 Supporting Information on GP Portal

Links to additional resources have been added to the [PES folder](#) on the [NEL GP Portal](#) to support with the [Drugs of Limited Clinical Value \(DLCV\)](#) workstream. These include guidance on:

- [Switching from doxazosin prolonged release to doxazosin immediate release](#)
- [Switching from tricyclic antidepressants to an alternative](#)
- [Switching from perindopril arginine to perindopril erbumine](#)

### PES/PQS 2025/26 Q&A Session

The first PES/PQS Q&A session was held on Tuesday 20<sup>th</sup> May and was an opportunity for practices to ask questions regarding the two schemes. A recording of the session is available to access [here](#).

The next Q&A session will be on Tuesday 8<sup>th</sup> July 1-2pm and a link to the session and subsequent sessions is available via [NEL Training Hub](#).

## 5. Smoking Cessation Service and Treatment Options Update

### Key Updates and Summary

The updated prescribing arrangements for nicotine dependence and stop smoking services across North East London (NEL) Boroughs can be found here: [Medicines Guidelines – Smoking Cessation – North East London](#)

#### Nicotine Replacement Therapy (NRT) Supply:

- Local services provide NRT directly to patients along with dedicated stop smoking advice and support
- **GP practices should NOT prescribe NRT** to their patients
- **£194k of NRT** was prescribed by GP practices across NEL in 2024/25

**Action:** GP practices should review any current NRT being prescribed and stop prescribing once successfully referred to the local stop smoking services for continuation of supply

#### Varenicline & Cytisine Supply:

- **From June 2025, GPs should NOT prescribe Varenicline or Cytisine to any NEW patients.**
- All NEL stop smoking services, **except Barking and Dagenham's service**, now have arrangements for direct supply of Varenicline & Cytisine to patients.

- For Barking & Dagenham, GP practices can continue to prescribe only following a **written request from the local smoking cessation service**. However, local provision is currently being finalised to align with other NEL stop smoking services. Further updates will be shared once arrangements are in place.

Patients Discharged from NEL NHS Trusts:

- Will be referred directly, by the trust, to a local stop smoking service for follow-up.
- GP practices **should NOT** prescribe smoking cessation treatments directly to any discharged patients. If discharge requests do come, please refer the patient to the local stop smoking service for follow up.

Optimise Rx Guidance:

**Action:** GP Practices should **follow Optimise Rx message prompts**, which reflect the latest prescribing stance on **NRT, Varenicline, and Cytisine** across all NEL boroughs.

## 6. MHRA Drug Safety Updates

**Drug safety:**

Please review [MHRA Drug Safety Updates](#) for updates related to medicines safety.

**Valproate (Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell ▼): updated safety and educational materials to support patient discussion on reproductive risks:**

Updated safety and educational materials are now available to support the implementation of the regulatory measures announced in the November 2023 National Patient Safety Alert and the September 2024 Drug Safety Update. The updates reflect:

- Precautionary advice on the potential risk of neurodevelopmental disorders in children fathered by men taking valproate around the time of conception
- A risk of lower weight at birth for the gestational age in children exposed to valproate during pregnancy (included in previous updates).

More information can be found [here](#).

**Updated guidance for primary care regarding unregulated providers who supply medications to children and young people for gender incongruence:**

In the [April 2025](#) newsletter, guidance from NHS England was highlighted on unregulated hormone prescribing for under-18s. While the April update focused on clear prohibitions, such as refusing shared care agreements and prescriptions from unregulated sources, the May update adds clinical scenarios to help GPs manage legacy cases and new requests more pragmatically and provides clarification steps for patients already receiving treatment before 3rd June 2024.

The key messages remain:

- General Practitioners are advised against shared care agreements with unregulated providers in relation to hormone medication for children and young people under 18 as a response to gender incongruence/gender dysphoria.
- GPs must prioritise safeguarding measures where the administration of a medicine sourced from an unregulated source presents a safety risk.
- GPs should refer patients for appropriate investigations if there are safety concerns.

For the full updated guidance, please click [here](#).

## Faculty of Sexual & Reproductive Healthcare (FSRH) statement: Glucagon-like peptide-1 (GLP-1) agonists and oral contraception

- Individuals should be advised to use contraception whilst using GLP-1 agonists with additional advice for those using tirzepatide.
- The FSRH has also produced a [resource](#) for clinicians to share with patients.

Full statement can be found [here](#).

## National Medication Shortages

- Tier 2 Medicine Supply Notification (MSN) for: **Venlafaxine** 37.5mg modified release tablets. More information can be found [here](#) (free registration required to access SPS).
- Tier 2 Medicine Supply Notification (MSN) for: **NovoRapid® PumpCart®** (insulin aspart) 100units/ml solution for injection 1.6ml cartridges. More information can be found [here](#).
- **Buprenorphine (Relevtec®)** 35 micrograms/hour, 52.5 micrograms/hour and 70micrograms/hour are out of stock until 1<sup>st</sup> August 2025 and **Bupeaze** 52.5 micrograms/hour transdermal patches are out of stock until 3<sup>rd</sup> October 2025. More information can be found [here](#).
- **Tolterodine** 2mg and 4mg modified release (MR) capsules are in limited supply until mid-August and mid-September 2025, respectively. More information can be found [here](#).

For details of all medicines shortages please click [here](#) (free registration required to access SPS)

## Notification of discontinuation of insulin detemir (Levemir FlexPen) 100 units/ml solution for injection 3ml pre-filled pens and insulin detemir (Levemir Penfill) 100 units/ml solution for injection 3ml cartridges.

- Do not initiate new patients on any Levemir product

For full details, click [here](#).

## Notification of discontinuation of Triamcinolone acetonide 10mg/ml (Adcortyl vials) and 40mg/ml (Kenalog vials) suspension for injection. For full details, click [here](#).

## Serious Shortage Protocols

SSP080 – [Estradot® 75mcg patches](#) – extended until Friday 10<sup>th</sup> October 2025

SSP081 – [Estradot® 100mcg patches](#) – extended until Friday 10<sup>th</sup> October 2025.

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:

[Alerts, recalls and safety information: medicines and medical devices](#)

[SPS Medication Safety Update](#)

[SPS Medicines Supply Tool](#) (free registration to access).

## Letters and medicines recalls sent to healthcare professionals.

The May 2025 MHRA round up can be found [here](#).



## 7. Safer Use of Controlled Drugs (CDs) – A Focus on NEL Data Trends

The Pharmacy and Medicines Optimisation team at NEL Integrated Care Board regularly monitors CD prescribing data across NEL. The table below shows the key findings from the most recent May 2025 CD report.

Findings from review of recent CD prescribing data	Learning points for all clinicians
<p><b>Large quantities of more than 30 days' supply of CDs being prescribed on a prescription</b></p> <p>The most common medicines that were prescribed in large quantities were Schedule 3 CDs (e.g. gabapentin, pregabalin) and Schedule 4 CDs (e.g. zopiclone, clonazepam, testosterone).</p>	<ul style="list-style-type: none"> <li>Prescribers are strongly advised to limit the quantity of Schedule 2,3 and 4 CDs prescribed to amounts that meet the patients clinical need for up to 30 days' supply. <sup>1</sup></li> <li>If, under exceptional circumstances, a larger quantity is prescribed, the reasons for this should be documented in the person's care record. <sup>2</sup></li> <li>Check the dose that the patient is taking and ensure that the strength of the item prescribed is optimised to minimise tablet/capsule burden to achieve the prescribed dose as clinically appropriate.</li> <li>It is not illegal for a pharmacist to dispense a prescription for CDs for more than 30 days' supply, but they must satisfy themselves as to the clinical appropriateness of the prescription before doing so. The pharmacist may contact the prescriber for clarification. <sup>1</sup></li> </ul>
<p><b>High oral morphine equivalent (doses of 120mg of oral morphine equivalent per day) prescribing volume</b></p> <p>NEL is higher than the national average for this measure.</p> <p>NB: The data does not distinguish the indication for why the opioid was prescribed.</p>	<ul style="list-style-type: none"> <li>Opioids are very good analgesics for acute pain and for pain at the end of life but there is little evidence that they are helpful for long-term non-cancer pain. <sup>3</sup></li> <li>In chronic pain, the risk of harm increases substantially at doses above oral morphine equivalent of 120mg per day, with no increased benefit. <sup>4</sup></li> <li><b>Resources for clinicians</b> reviewing patients prescribed opioids in chronic pain, including prescribing and tapering guides, opioid equivalent doses, patient information leaflets, template text messages, audits and clinical system searches: <ul style="list-style-type: none"> <li><a href="#">PrescQIPP bulletin 336</a> (free registration required)</li> <li><a href="#">Opioids Aware</a></li> </ul> </li> <li><b>Resources for patients</b> (for chronic non-cancer pain): <ul style="list-style-type: none"> <li><a href="#">Flippin' Pain</a></li> <li><a href="#">Live well with pain</a></li> <li><a href="#">Painkillers don't exist</a></li> </ul> </li> <li><b>Leaflets for patients:</b> <ul style="list-style-type: none"> <li><a href="#">About pain for patients</a></li> <li><a href="#">Thinking about opioid treatment for pain</a></li> <li><a href="#">Taking opioids for pain</a></li> </ul> </li> </ul>

## 8. Drug Warning Following Deaths in Southall

Please be aware that over the May 2025 Bank Holiday weekend, two people were found dead in Southall, following attendance at a nightclub in South London.

They are thought to have consumed green pills with an '80' on one face and possibly an 'OP' on the other (see picture of remaining tablets seized by police).

- The green pills, which are being sold in London, have been found to contain a potent synthetic opioid.
- Other pills with different designs or colours may also contain harmful adulterants.
- People are being warned against taking these pills - even in small amounts - and asked to consider the harm of taking any pills.



#### **Action for GP practices and community pharmacists:**

Please inform any known drug users in the practice or pharmacy of the following information:

- Individuals who use drugs should be advised against taking these drugs especially when they are alone.
- If someone feels unwell after consuming drugs—whether themselves or another person—they should seek emergency medical attention immediately, rather than waiting to see if the effects wear off after sleep and rehydration.
- Naloxone is an antidote for opioid overdose. If a person is at risk, they should ensure naloxone is readily available. It can be obtained from their nearest drug service (see below).

#### **Further drug information and support:**

[What to do in an emergency: FRANK](#)

[Drugs cut with dangerous substances: FRANK](#)

[London drug and alcohol treatment services MECC Link](#)

## **9. Health Innovation Network (HIN) Polypharmacy Webinar**

HIN recently delivered a webinar “Prescribing Comparators: Getting the Balance Right”. This webinar provided:

- An update on how the NHSBSA polypharmacy prescribing comparators can help with understanding the variation in prescribing of multiple medicines.
- Process of identifying patients more likely to be exposed to the risk of taking multiple or combination of medicines.

Prescribers and primary care clinicians are encouraged to access the recording via [Polypharmacy - The Health Innovation Network](#).

## **10. Antimicrobial Stewardship (AMS) Updates**

### **Updates to Guidance and Resources:**

#### **Urinary Tract Infection (UTI): Diagnostic Tools for Primary Care**

[Get It Right First Time \(GIRFT\)](#) and [UK Health Security Agency \(UKHSA\)](#) have published updated guidance on the diagnosis of UTIs in primary care. The recommendations emphasise avoiding unnecessary antibiotic



prescribing—particularly in asymptomatic patients—and encourage appropriate use of diagnostic tests. This supports more targeted treatment and improved antimicrobial stewardship.

→ [Read the full guidance](#)

### **New TARGET AMS Resources: Acne & Chronic Obstructive Pulmonary Disease (COPD)**

The TARGET team in UKHSA have released new materials to support primary care teams to review adults on long-term and repeated courses of antibiotics for recurrent UTI, acne vulgaris, and COPD

→ [View the resources](#)

### **Azithromycin – The European Medicines Agency (EMA) Recommends Changes to the Use of Azithromycin**

EMA's human medicines committee (CHMP) has recommended several changes to the way the antibiotic azithromycin is used in the EU, including the removal of certain indications. These recommendations aim to optimise antibiotic use and minimise the development of Antimicrobial Resistance (AMR).

→ [View the update](#)

### **Data:**

#### **New PrescQIPP AWaRe Dashboard – Primary Care**

The UK Access, Watch and Reserve (AWaRe) classification dashboard for primary care prescribing is now live and available via PrescQIPP.

→ [Explore the dashboard](#)

### **Upcoming Webinars & Conferences:**

#### **AMS in Acne Management Webinar**

📅 22 July 2025, 1–2pm

Hosted by NHS England East of England, this session will cover acne treatment options, strategies to minimise antibiotic use, and TARGET resources.

→ [Register here](#)

## **11. PrescQIPP Update**

### **Recent PrescQIPP Clinical Masterclass:**

PrescQIPP recently hosted a hypertension clinical masterclass webinar, delivered by Professor Ian Wilkinson, a consultant physician (Clinical Pharmacology and General Medicine) and Professor of Therapeutics at the University of Cambridge. The recording link is available here: [Clinical Masterclass - 3rd June 2025 - Hypertension](#)

### **Upcoming PrescQIPP Prescribing Mastery Webinars:**

Date	Time	Webinar
1 <sup>st</sup> July 2025	1-2pm	<a href="#">Reflecting on prescribing for menopause – what went well, what was difficult, what could you do differently?</a>
8 <sup>th</sup> July 2025	1-2pm	<a href="#">Mastering prescribing for Insomnia</a>
24 <sup>th</sup> July 2025	1-2pm	<a href="#">Reflecting on prescribing for insomnia– what went well, what was difficult, what could you do differently?</a>

View previous webinars at <https://www.prescqipp.info/learning/prescribing-mastery-webinars/>

### Upcoming Virtual Professional Groups

Date	Time	Webinar
9 <sup>th</sup> July 2025	1-2pm	<a href="#">Care homes</a>


**Not registered with PrescQIPP yet?** You can register free of charge to access PrescQIPP resources by [clicking here](#). Please select "ICS North East London" as the organisation.

## 12. Upcoming Meeting: NEL Pharmacy Primary Care Network (PCN) & General Practice (GP) Communities of Practice

Join us for the next **North East London Pharmacy PCN & GP Communities of Practice Meeting**:

 **Date: Thursday, 3rd July 2025**

 **Time: 2:00 PM – 3:00 PM**

 Join the meeting [here](#)

Meeting ID: 372 222 871 200 1

Passcode: v2fa9wg2

This meeting is open to all pharmacy professionals working in PCNs and general practices across North East London. Your insights and contributions are vital to shaping the future of this Community of Practice, fostering collaboration, enhancing patient care, and driving workforce transformation.

Let us know using this link - <https://forms.office.com/e/T3EhtJHWRN> - what topics you would find useful to discuss and whether you would like to nominate yourself as vice-chair for the group.

Please share this invitation with colleagues who may be interested.

For more information, contact Shammi Khatun at [shammi.khatun1@nhs.net](mailto:shammi.khatun1@nhs.net)

## 13. 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)

Specialist Pharmacy Service (SPS) Medicines Advice

For all patient specific clinical queries please use the following SPS contact:  
[askspis.nhs@sps.direct](mailto:askspis.nhs@sps.direct)

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: [NEL netFormulary User Guide](#)

For <b>Pharmacy &amp; Medicines Optimisation Team Resources</b>	<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>

**For your information:**

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