

NEL Prescribing and Medicines Newsletter

July 2025

Updates for Community Pharmacies across North East London

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1. Patient Information now available for NHS Prescribing of Mounjaro® for Weight Management in North East London (NEL)

Information for patients on how to access Tirzepatide (Mounjaro®) for weight management in North East London (NEL) is available [here](#) . The patient leaflet outlines eligibility, upcoming GP referrals to a new weight management service that GP's will soon be able to refer for some high-risk patients.

The updated NEL interim policy statement for healthcare professionals can be accessed here: [Updated: 27 June 2025 – Interim Policy Statement: Prescribing Wegovy® and Mounjaro® for Weight Management on the NHS in North East London – North East London](#)

Please do not refer all patients to the GP for enquiries about tirzepatide or to request weight loss medications; only those who meet the established eligibility criteria will be assessed and seen by the weight management service, helping to effectively manage patient expectations.

2. Delivery Model Update for NEL Community Pharmacy Selfcare Advice Service (CPSAS) 2025/26

As the Community Pharmacy Selfcare Advice Service (CPSAS) enters its second year, the ICB reaffirms its commitment to improving access and equity for medicines across NEL. This locally commissioned service enables eligible patients to receive free over-the-counter medicines along with timely health and wellbeing advice and support. The ICB extends its sincere thanks to all providers for their continued engagement and dedication in delivering this service

Based on feedback received from a range of stakeholders, NEL ICB is pleased to confirm that approval has been granted to **expand walk-in access** to the CPSAS. This change means that **ALL eligible patients in NEL** - not only those who are homeless, refugees, or asylum seekers - can now access the service directly. The **eligibility criteria** and the **conditions covered** under CPSAS remain **unchanged**.

The new CPSAS service model is anticipated to start from **4th August 2025**.

NEL GPs are encouraged to continue making Pharmacy First referrals to community pharmacy for patients presenting with any minor illnesses or clinical pathway conditions. Community pharmacy can continue to provide CPSAS post-Pharmacy First referrals subject to eligibility criteria.

Walk-in access to CPSAS is predominately targeted towards eligible patients who do not routinely contact their GPs or have difficulty in obtaining a Pharmacy First referral.

A maximum of **six walk-in CPSAS consultations will be allowed per patient** within a six-month period. Pharmacy providers are required to document **reasons for 5th and 6th patient consultations**. There will be no cap for CPSAS provision post-Pharmacy First referrals.

All CPSAS provision records and claims should continue to be entered via PharmOutcomes using the correct CPSAS templates.

The Pharmacy and Medicines Optimisation team, with the LPC, will jointly coordinate a CPSAS refresher webinar for NEL pharmacies on the **29th July 2025 at 19:30** to provide further information on the revised CPSAS.

Please join via the MS Team meeting link below:

[Join the meeting](#)

Meeting ID: **346 283 529 651**

Passcode: **ZX9jN6sv**

An updated service level agreement (SLA) will also be circulated to CPSAS providers and uploaded onto PharmOutcomes by 1st of August 2025.

Pharmacies should familiarise themselves with the updated SLA and **complete the acknowledgement via PharmOutcomes**.

3. Reminder: Translation Services Available for Community Pharmacies in NEL

Community pharmacies in NEL can now access and use a commissioned [translation service](#) to assist/support with clinical consultations for the area's diverse population.

NEL ICB has commissioned [Language Shop](#) to provide a translation service for community pharmacies in addition to general practices.

Actions for Community Pharmacy:

- Register with Language Shop
- Request the translation service when needed
- Pay upfront for the translation service used
- Submit a claim to the London Pharmacy Contract team via england.lon-pharmacy@nhs.net for reimbursement of the cost of translation services paid towards Language Shop.

Additional information:

- Only Language Shop is commissioned for this service. Translation costs from other providers will **not** be reimbursed.
- An [invoice template](#) is available for claims. Invoices must be submitted within one month of the original Language Shop invoice and only after the service has been delivered.
- Reimbursements will be processed via NHSBSA and reflected under **Local Scheme 13** on your FP34C.
- Usage of this funded service should be **reasonable**; NEL ICB will monitor activity.
- A leaflet (for healthcare staff) for The Language Shop can be found [here](#).

For further details, refer to the email sent by the London Pharmacy Contract team on **28th April 2025** or contact the Pharmacy and Medicines Optimisation Team.

4. Formulary and Pathways Update

The NEL electronic joint formulary is fully published and can be accessed via desktop and mobile device at:

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

A [user guide](#) is available to assist in navigating the new formulary. On the landing page, an array of information along with links to valuable resources is presented.

Formulary Updates	
Approved Item / Guidance and Pathway	Additional Information
Xonvea® (Doxylamine succinate / pyridoxine hydrochloride) in Hyperemesis Gravidarum	<p>Green formulary status</p> <ul style="list-style-type: none">• Xonvea® is second line treatment option (after cyclizine) in Hyperemesis Gravidarum• First line in subsequent pregnancy if there was a successful response in a previous pregnancy with Hyperemesis Gravidarum diagnosis <p>A prescribing support factsheet is in development and will uploaded on the Primary Care portal in due course.</p>

12 SQ-HDM SLIT (Acarizax 12 SQ-HDM®) for treating allergic rhinitis and allergic asthma caused by house dust mites. NICE TA 1045	Red, Hospital only
Molnupiravir for treating COVID-19. NICE TA 1056	Hospital or Specialist centre (COVID Medicines Delivery Unit - CMDU) only
Relugolix–estradiol–norethisterone for treating symptoms of endometriosis. NICE TA 1057	Red, Hospital only

5. Prescribing Efficiencies: Oversupply of Eye Drops

The oversupply of eye drops can result in waste, increased costs, and potential patient confusion. Eye drops come in a variety of sizes and some manufacturers state the number of drops per bottle. Where this information is not available, there are on average **20 drops per mL** in eye drop containers.

It is important to consider that the duration of use for a bottle of eye drops can vary depending on the specific usage and treatment requirements. In some cases, usually due to infection, it may be advised that the service user receives one eye drop bottle per eye, if both eyes are affected.

Eye drop bottles should be discarded 28 days after opening unless otherwise stated by the manufacturer.

Advice to NEL Prescribers - Eye Drops Guide on Quantity of Eye Drop Bottles to Prescribe:

<i>Eye drops on average contain 20 drops per mL</i>		
Dosage	Total mL required per 28 days for ONE eye	Total mL required per 28 days for BOTH eyes
One Drop Once Daily	2mL	4mL
One Drop Twice Daily	3mL	6mL
One Drops Three Times Daily	5mL	10mL
One Drop Four Times Daily	6mL	12mL
Latanoprost 50 micrograms per mL and Travoprost 40 micrograms per mL Eye Drops <i>80 drops in 1 x 2.5mL bottle i.e. 32 drops per mL</i>		
One Drop Once Daily	2.5mL	2.5mL

Single Dose Unit Eye Drops (Minims) <i>One unit dose is sufficient for both eyes per dose unless an infection is suspected</i>		
Dosage	Total dose units required per 28 days for ONE eye	Total dose units required per 28 days for BOTH eyes
One Drop Once Daily	28	28
One Drop Twice Daily	56	56

Information for Community Pharmacists:

Prescribers have been advised to

- clearly specify in the dosage instructions: how many drops, in which eye, frequency of administration and duration (if appropriate).
- avoid ambiguous instructions** such as "use as directed or "as needed" or "instil one drop to the affected eye(s)".

If a prescription is received with ambiguous instructions, please consider clarifying the dose with the prescriber, and check if quantity is appropriate.

Prescribing the correct amount of eye drops **ensures effective treatment, patient safety, and waste reduction.**

6. PrescQIPP Update

Upcoming PrescQIPP Clinical Masterclass:

PrescQIPP will be hosting a clinical masterclass webinar, called “Beyond the discharge summary: proactive, person-centred medication reviews for older people after hospital discharge”. This will be delivered by Hadeel Mohamed, who is a senior pharmacist prescriber with a background in hospital and general practice.

Registration details are available here: [Clinical Masterclass - 29th July 2025 - Beyond the discharge summary: proactive, person-centred medication reviews for older people after hospital discharge](#)

Recent PrescQIPP Talking Meds Podcast:

PrescQIPP released a podcast focusing on the “Show me your medicines” pilot project, that looked at patients’ medication use. This project, led by Dr Deb Gompertz (a GP and Deputy Honorary Secretary for the British Geriatrics Society), aimed to embed viewing patient’s medicines as an integral part of the structured medication review process. The podcast episode can be found [here](#).

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.

7. Ensuring Safe and Consistent Dosing Instructions for Children

Oral medicines are commonly dispensed for neonates and children, but dosage instructions on labels can vary, leading to confusion and potential harm or even death.

To address this issue and promote safer, consistent practices, the Neonatal and Paediatric Pharmacy Group, with endorsement from the Royal Pharmaceutical Society, have issued a position statement with some recommendations when preparing dispensing labels for oral medicines:

- For **liquid medicines**: Always express the **dose in millilitres (mL)** only, e.g. “0.5mL”. If a range is appropriate, then write “1 **to** 2mL”
 - **Do not** write “half a mL” or “1/2mL” and **avoid** writing “1-2mL” as this may be misinterpreted.
- For **solid dosage forms**: State the dose as the number of tablets or capsules, using **numerals** instead of words (e.g., “1 capsule” or “2 tablets” rather than “one capsule” or “two tablets”). If a fraction of a tablet is needed, express it in words and the type of solid dosage form should be included in the dispensing label e.g. “half a tablet”.
- Where the tablet or capsule contents are to be **dispersed in water**:
 - The dose must be expressed numerically and include the type of solid dosage form in the instruction, e.g. “1 capsule”.

- Include the volume of water for dispersion in the instruction. A standardised volume of 5mL is suitable in most cases and should be used wherever practical.
- Where the required dose is less than the total tablet/capsule content, the volume of the prepared suspension/solution should be included on the dispensing label e.g. “crush and disperse 1 tablet in 5mL water and take 4 mL ONCE a day, discard any remaining liquid”.
- For **dosing frequency**: Use terms like “ONCE a day,” “TWICE a day,” etc. Avoid using “once daily,” “twice daily,” etc. For more precise timing, express the time in words, e.g. “Every SIX hours”.

The details of the position statement have also been shared with prescribers to encourage prescriptions to align with the recommendations. The full position statement may be accessed [here](#).

8. MHRA Drug Safety Updates

National Patient Safety Alerts (NPSA)

1. [Shortage of bumetanide 1mg tablets](#) (out of stock until mid-August 2025)

Click [here](#) to view the alert containing clinical information and guidance on actions to be undertaken by clinicians. Please refer to [SPS Medicines Supply Tool](#) for up-to-date resolution dates.

2. [Potential contamination of non-sterile alcohol-free skin cleansing wipes with Burkholderia spp: measures to reduce patient risk](#) please click on the link for full information and actions.

Medicines Recall Notification

[Class 2 Medicines Recall: Depo-Medrone 80 mg in 2 mL, Maxearn Limited EL\(25\)A/29](#)

A batch of Depo-Medrone has been released to the market with an error. The vial over label incorrectly states that the total vial content is 40 mg in 1 mL, when the correct total vial content is 80mg in 2 mL (with a concentration of 40mg/ml of methylprednisolone acetate).

Specialist Pharmacy Service (SPS) medicines shortages

Please refer to the [SPS Medicines Supply Tool](#) for details of all current medicines shortages (free registration to access).

- Shortage of Salbutamol (**Salamol Easi-Breathe** and **Airomir**) 100mcg/dose breath actuated inhaler CFC free. Click [here](#) for full details and actions.
- Shortage of medicines used to treat Attention Deficit Hyperactivity Disorder (ADHD). Please click on the following links for further information regarding the [availability](#) of medicines used in ADHD and [prescribing and switching between modified-release methylphenidate](#).
- [Shortage of Tuberculosis \(TB\) oral medicines](#)
 - Several fixed combination TB medicines are currently experiencing supply issues.
 - For detailed information on stock availability, suggested management plans, and expected re-supply dates for the affected products, please refer to the [SPS](#) website.
 - Sanofi are managing supply of limited stock via allocation or prescription validation.
 - There are local discussions to agree a NEL-wide plan to manage this shortage. Details will be shared once this has been agreed.

Drug Safety Updates

A [Drug Safety Update](#) was published on 18th June 2025 to advise that the Commission on Human Medicines (CHM) has temporarily suspended the use of the **IXCHIQ® Chikungunya vaccine** in people aged 65 and over following very rare, fatal reactions reported globally.

This measure is in place while the Medicines and Healthcare products Regulatory Agency (MHRA) reviews international safety data. The IXCHIQ® vaccine has been available in the UK since 18th June 2025.

IXCHIQ® and Vimkunya® vaccines will be reviewed by the [Joint Committee on Vaccination and Immunisation \(JCVI\)](#) and guidance drafted for the UK Health Security Agency 'Green Book' Immunisation against infectious disease. Health care professionals may wish to wait for JCVI guidance before providing this vaccine to all travellers,¹ as part of a private service.

Key advice for healthcare professionals:

- Do not administer IXCHIQ® to individuals aged over 65 until further notice.
- The vaccine is contraindicated in people with immunodeficiency or immunosuppression (including IgA deficiency).
- Advise vaccinated patients to seek immediate medical attention if they develop symptoms of viraemia (e.g. joint pain) or neurological issues (e.g. encephalopathy).
- Give all vaccine recipients the manufacturer's patient information leaflet during travel consultations.
- Healthcare professionals will receive a detailed update letter outlining these restrictions.
- Report any adverse reactions are reported using the [MHRA Yellow Card](#) reporting form.

Further updates will follow as the review progresses.

UK Health Security Agency (HSA)

Ceftriaxone-resistant *N. gonorrhoeae*: Increasing cases, including transmission associated with sex workers.

The full UKHSA Briefing Note for full details and recommendations can be found [here](#).

Interim Recommendations for the Use of Rabies Immunoglobulin

Following widespread media coverage about a recent human rabies case in the UK, there has been an increase in the demand for rabies post-exposure treatment across the country. Interim recommendations have been developed to ensure human rabies immunoglobulin (HRIG) is used in the most efficient and clinically beneficial way for those individuals at greatest risk of rabies following an exposure.

Please refer to the UKHSA Briefing Note for full details and recommendations [here](#).

NHS Business Services Authority (NHSBSA) Serious Shortage Protocols (SSPs)

All active SSPs can be accessed [here](#).

Further information on medicines safety

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

[MHRA Safety Roundup: June 2025](#)

[MHRA Drug Safety Updates](#)

[SPS Medication Safety Update](#)

[Alerts, recalls and safety information: medicines and medical devices - GOV.UK](#)

[Letters and medicines recalls sent to healthcare professionals](#)

9. Contact Details and Additional Resources

CONTACT DETAILS

NEL ICB Pharmacy and Medicines Optimisation Team	For prescribing and medicines enquiries: nelondonicb.prescribingqueries@nhs.net
Specialist Pharmacy Service (SPS) Medicines Advice	For all patient specific clinical queries please use the following SPS contact: askspns.nhs@sps.direct
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 NEL Joint Formulary	https://www.nel-jointformulary.nhs.uk User guide: NEL netFormulary User Guide FINAL .pdf
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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