

# NEL Prescribing and Medicines Newsletter

## July 2025

### Updates for Primary Care 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 NEL is available [here](#) . The patient leaflet outlines eligibility, upcoming GP referrals to a new weight management service that GPs 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](#)

## 2. 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 alongside links to valuable resources is presented.

Formulary Updates	
Approved Item / Guidance and Pathway	Additional Information
<b>Xonvea® (Doxylamine succinate / pyridoxine hydrochloride)</b> in Hyperemesis Gravidarum	<p><b>Green</b> formulary status</p> <ul style="list-style-type: none"> <li>Xonvea® is second line treatment option (after cyclizine) in Hyperemesis Gravidarum</li> <li>First line option in subsequent pregnancy if there was a successful response in a previous pregnancy with Hyperemesis Gravidarum diagnosis</li> </ul> <p>A prescribing support factsheet is in development and will uploaded on the Primary Care portal in due course.</p>
<b>12 SQ-HDM SLIT (Acarizax 12 SQ-HDM®)</b> for treating allergic rhinitis and allergic asthma caused by house dust mites. <a href="#">NICE TA 1045</a>	<b>Red, Hospital only</b>
<b>Cladribine</b> for treating active relapsing forms of multiple sclerosis. <a href="#">NICE TA 1053</a>	<b>Red, Hospital only</b> <b>Barts Health</b> and <b>BHRUT</b> are the commissioned centres in NEL
<b>Molnupiravir</b> for treating COVID-19. <a href="#">NICE TA 1056</a>	Hospital or Specialist centre (COVID Medicines Delivery Unit -CMDU) only
<b>Relugolix–estradiol–norethisterone</b> for treating symptoms of endometriosis. <a href="#">NICE TA 1057</a>	<b>Red, Hospital only</b>

### 3. 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
<b>Latanoprost 50 micrograms per mL and Travoprost 40 micrograms per mL Eye Drops</b> <b>80 drops in 1 x 2.5mL bottle i.e. 32 drops per mL</b>		

One Drop Once Daily	2.5mL	2.5mL
<b>Single Dose Unit Eye Drops (Minims)</b> <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

#### Actions for Practices:

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

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

## 4. 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, 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](#)

### Upcoming Practice Plus webinar:

Date	Time	Webinar
5 <sup>th</sup> August 2025	1-2pm	<a href="#">Creating a Portfolio Career within Primary Care: Navigating Leadership in Primary Care</a>

View previous webinars at <https://www.prescqipp.info/learning/practice-plus/>

### Recent PrescQIPP Talking Meds Podcast:

PrescQIPP recently released a podcast focusing on the "Show me your medicines" pilot project, that looks at patients' medication use. This project, led by Dr Deb Gompertz (a GP and Deputy Honorary Secretary for the British Geriatrics Society), aims to embed viewing of patients' 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.

## 5. Ensuring Safe and Consistent Dosing Instructions for Children

Oral medicines are commonly prescribed and 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 on the labelling of dispensed oral medicines for children. The full position statement may be accessed [here](#).

Solid dosage forms can be a suitable alternative to liquids with benefits including reduced risk of dosing error, improved adherence, reduced environmental impact and better value for money. Children as young as three years of age can swallow solid dose forms and the Pharmacy and Medicines Optimisation Team co-hosted a webinar on this topic with local experts, this was held on 25<sup>th</sup> June 2025; the recording can be found [here](#). The [2025/26 NEL Prescribing Efficiency Scheme](#) includes indicators promoting the switch from liquids to solid dose forms in children.

More details and resources to support with this including [E-learning for healthcare professionals teaching children to swallow pills](#) and [Helping your child to swallow tablets](#) are available [here](#).

## 6. Desogestrel and Risk of Intracranial Meningioma

The Faculty of Sexual and Reproductive Healthcare (FSRH) has issued a [statement](#) in response to a recent study. Desogestrel slightly increases the risk of meningioma requiring surgery, especially with prolonged use. This risk is lower than that associated with medroxyprogesterone acetate, cyproterone acetate, or norgestrel acetate.

In line with current advice about some progestogens found to have an association with meningioma, it is advised that desogestrel is not used in individuals with meningioma or a history of meningioma. To date, no association has been found between the use of levonorgestrel and meningioma.

Please see the [statement](#) for the full details.

## 7. 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 18<sup>th</sup> June 2025 advising 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. Please refer to the [Drug Safety Update](#) and [Joint Committee on Vaccination and Immunisation \(JCVI\) advice](#) for further information.

## UK Health Security Agency (UKHSA)

**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](#)

# 8. Pharmacogenetics Reports and Reviews in Primary Care

## Help Shape Pharmacogenetics reports and reviews in Primary Care

In 2024, a survey was conducted to assess pharmacists' ability to interpret CYP2C19 pharmacogenetic reports and gather views on reporting structure. While 117 responses were received from secondary and tertiary care pharmacists, insights from those working in **Primary Care Networks (PCNs)** and **Integrated Care Boards (ICBs)** were not captured.

The opportunity to capture that is here! Pharmacists in PCNs or ICBs with **3 or more years of pharmacy experience** are invited to participate in a **University College London (UCL) MSc research project**.

The aim is to identify training needs and understand how pharmacists navigate pharmacogenetic reports.

- The survey includes **2 clinical case studies** and takes **10–20 minutes to complete**.
- All responses are **anonymous and confidential**.
- Please refer to the [participant information sheet](#) for full details to help you decide.

If you do decide to participate, please follow this link to the survey: [Survey Link](#).

# 9. Contact Details and Additional Resources

## CONTACT DETAILS

<b>NEL ICB Pharmacy and Medicines Optimisation Team</b>	<b>For prescribing and medicines enquiries:</b> <a href="mailto:nelondonicb.prescribingqueries@nhs.net">nelondonicb.prescribingqueries@nhs.net</a>
<b>Specialist Pharmacy Service (SPS) Medicines Advice</b>	For all patient specific clinical queries please use the following SPS contact: <a href="mailto:askspnhs@sps.direct">askspnhs@sps.direct</a>
<b>For all enquires, reporting concerns or incidents relating to Controlled Drugs</b>	<a href="mailto:england.londonaccountableoffice@nhs.net">england.londonaccountableoffice@nhs.net</a> <b>Report CD incidents</b> using the national reporting tool <a href="http://www.cdreporting.co.uk">www.cdreporting.co.uk</a>

## RESOURCES

For <b>NEL Joint Formulary</b>	<a href="https://www.nel-jointformulary.nhs.uk">https://www.nel-jointformulary.nhs.uk</a> User guide: <a href="#">NEL netFormulary User Guide FINAL .pdf</a>
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 information</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>
For <b>Medicines Safety Tools - PrescQIPP</b>	<a href="#">PrescQIPP - Medicines safety</a>
For <b>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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