

# NEL Prescribing and Medicines Newsletter

## August 2025

### Updates for Community Pharmacies across North East London

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## 1. Change of FreeStyle Libre 2® to FreeStyle Libre 2 Plus®

FreeStyle Libre 2® sensors are being phased out in the UK from August 2025 and will be replaced by **Freestyle Libre 2 Plus®**.

- There is no price difference between Freestyle Libre 2® and Freestyle Libre 2 Plus®.
- The new sensors will fit into the same reader and the phone app remains the same, therefore these do not require changing. The sensors are compatible for patients on insulin pump therapy using the Omnipod 5® in a Hybrid Closed Loop System.

#### Key Differences:

	FreeStyle Libre 2®	FreeStyle Libre 2 PLUS®
<b>Maximum Wear Duration</b>	14 days	15 days
<b>Indicated Age</b>	4 years and older	2 years and older

- Please visit the FreeStyle Abbott website for further product information: [linked here](#).

#### Actions for Community Pharmacies:

- Inform patients being dispensed these devices about the discontinuation and the need to have a replacement product in place. Also ensure that FreeStyle Libre 2® are omitted from the patient's repeat medication list.

- Please factor in the impact of the recommendations for prescribers to switch to FreeStyle Libre 2 PLUS® on your pharmacy's stock levels and ordering requirements.
- Liaise with healthcare providers to ensure timely prescriptions for alternative products.

## 2. Supply of Glucagon-like Peptide-1 Receptor Antagonists (GLP-1 RAs)

To **minimise medication waste, ensure patient safety, reduce impact of stock shortages and cost pressures** on the NHS, community pharmacists are reminded of their essential role in the safe and appropriate use of GLP-1 RAs.

### Dispensing

Be alert to large quantities or frequent prescriptions that may indicate overprescribing or unintended supply.

Recommended prescriptions quantities have been highlighted in the table below for reference.

**Action:** Where concerns arise, or in instances where excess quantities deviating away from this recommendation are encountered, please contact the prescriber for clarification.

### Minimise Waste

Encourage patients to order repeat prescriptions only when needed. Reinforce the importance of avoiding stockpiling, particularly for injectable GLP-1 RAs, which may have specific storage requirements and limited shelf life.

### Counsel Patients on Administration and Storage

Provide guidance on the correct administration of GLP-1 RAs, including timing. Advise patients on safe storage both before first use (e.g. refrigeration requirements) and after opening, in line with the manufacturer's instructions. Patients should also be counselled on recognising symptoms of pancreatitis and other side effects as per the [MHRA](#). Suspected side effects should be reported via the [Yellow Card scheme](#).

**Note:** GLP-1 RAs should not be prescribed by GPs for weight management – see NEL position statement [here](#)

The following table provides useful information on **NEL formulary approved GLP-1 RAs and recommended prescription quantities**:

Medicine (Brand)	Frequency of Administration and Strengths Available	Indication(s)	Monthly Quantity to Supply
<b>Tirzepatide (Mounjaro®KwikPen®)</b> Multi-dose pen of 2.4ml	<b>Administer once weekly</b> 2.5mg/0.6mL, 5mg/0.6mL, 7.5mg/0.6mL, 10mg/0.6mL, 12.5mg/0.6mL, 15mg/0.6mL	Type 2 diabetes mellitus  Weight management <b>Not to be prescribed by GPs for weight management</b>	<b>1 pre-filled pen</b> Each pen contains 4 doses (needles <b>not</b> supplied*)
<b>Semaglutide (Ozempic®)</b> Multi-dose pen	<b>Administer once weekly</b>  Multi-dose pen of 1.5mL in the following strengths: 0.25mg/0.19mL, 0.5mg/0.37mL	Type 2 diabetes mellitus	<b>1 pre-filled pen</b> Each pen contains 4 doses (4 disposable needles provided)
<b>Semaglutide (Wegovy® FlexTouch®)</b> Multi-dose pen	Multi-dose pen of 3mL in the following strengths: 1mg/0.74mL, 2mg/0.74mL	Weight management <b>Not to be prescribed by GPs</b>	
<b>Dulaglutide (Trulicity®)</b> Single-dose pen	<b>Administer once weekly</b> Single-dose pen of 0.5mL in the following strengths: 0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL	Type 2 diabetes mellitus	<b>1 box containing 4 pre-filled pens</b> Each pen contains one dose (integrated needle)

<b>Liraglutide (Saxenda®)</b> Multi-dose pen	<b>Administer once daily</b> Multi-dose pen 18mg/3mL	Weight management <b>Not to be prescribed by GPs</b>	<b>Number of prefilled pens determined by daily dose</b> (needles <b>not</b> supplied†)
<b>Liraglutide (Victoza®)</b> Multi-dose pen		Type 2 diabetes mellitus	<b>Number of pre-filled pens determined by daily dose:</b> (1 box contains 2 pens) (needles <b>not</b> supplied†)
			0.6mg daily: each pen contains 30 doses <b>Supply 1 pen per month</b>
			1.2mg daily: each pen contains 15 doses <b>Supply 2 pens per month</b>
			1.8mg daily: each pen contains 10 doses <b>Supply 3 pens per month</b>

\* Prescribe 100 x 4mm pen needles as per [NEL Pen needles guidance](#) as an acute prescription (100 needles will cover the duration of 100 weeks)

† Prescribe 100 NovoFine® or NovoTwist® pen needles (up to 8 mm length and as thin as 32G) as a repeat prescription every 90 days

### 3. Formulary and Pathways Update

Approved Item / Guidance and Pathway	Additional Information
<b>Cenobamate</b> for treating Focal Onset Seizures in Epilepsy <a href="#">TA753</a>	<b>Red</b> , Hospital only
<b>Mirikizumab</b> for treating Moderately to Severely Active Crohn's Disease <a href="#">TA1080</a>	<b>Red</b> , Hospital only
<b>Linzagolix</b> for treating symptoms of Endometriosis <a href="#">TA1067</a>	<b>Red</b> , Hospital only

### 4. Pfizer Brands Transition to Generics

Pfizer has ceased supplying several of its well-established branded medicines, replacing them with generic equivalents now listed in the NHS Drug Tariff. Products affected include Caverject®, Dalacin®, Premarin®, and Provera®, among others. These generics are available under new PIP codes and at updated NHS list prices.

Pharmacy teams should note that most branded versions are no longer available to order. If a prescription is issued for a discontinued brand, pharmacists are advised to contact the prescriber to request a generic alternative.

For example, Premique® Low Dose will be discontinued in July 2025, with a generic version - Conjugated oestrogens 300mcg / Medroxyprogesterone 1.5mg - replacing it.

This change supports cost-effective prescribing and ensures continuity of supply.

Please refer to information from [Community Pharmacy England](#) for further information.

**Action:** Pharmacies are encouraged to review the updated product list and ordering details

## 5. Community Pharmacy Selfcare Advice Service (CPSAS) – Updated Service Level Agreement (SLA) and Service Specification Acknowledgement

The new delivery model for CPSAS went live on the 4<sup>th</sup> August 2025 with the key points below:

- Walk-in eligibility expanded to all CPSAS eligible patients
- A maximum cap of **6 walk-in CPSAS consultations per patient per 6 months period**
- No cap for CPSAS provision that forms part of Pharmacy First consultation (minor illness and clinical pathways)
- Walk-ins for CPSAS should be limited to eligible patients who are unable to access via Pharmacy First referrals, which remains as the preferred route.

It is important that providers should complete the correct CPSAS templates when recording CPSAS provisions and submitting claims via PharmOutcomes. All payment for CPSAS will be paid two months in arrears via NHSBSA; showing as 'Local Scheme 1' on the FP34C statement. All invoices can be checked against your PharmOutcomes account.

A CPSAS update webinar was delivered on the 29<sup>th</sup> July 2025. - please refer to the [recording](#) and [slides](#) for further information.

**Action:** Ensure completion of the updated CPSAS SLA & Service Specification on PharmOutcomes by the **26<sup>th</sup> August 2025**.

You can complete this via the CPSAS SLA Declaration template (available on the left-hand panel on PharmOutcomes under the Service tab). The Updated CPSAS SLA, Service Specification and Contract variation is also located on PharmOutcomes.

## 6. New Asthma Patient Video: “Asthma – Right Medication, Right Way”

A new educational video titled “[Asthma – Right Medication, Right Way](#)” has been released to support patients in managing their asthma more effectively. This resource is designed to help patients, carers, and healthcare supporters understand how correct inhaler use can lead to well-controlled asthma - with **no symptoms**.

**The video covers:**

- The benefits of switching to a **single MART inhaler** (Maintenance and Reliever Therapy)
- How MART inhalers work to **prevent and relieve symptoms**
- The **safety and importance of inhaled steroids** for long-term asthma control
- The need to **match inhaler type** to the user's breathing style
- Guidance on post-asthma attack care, including follow-up and medication review

**Key Messages:**

- **Well-controlled asthma has no symptoms** - and this is achievable.
- MART inhalers can simplify treatment and improve patient outcomes.
- Preventer medication helps treat inflammation and reduce future symptoms.
- Choosing the right inhaler device is as important as the medication itself.

**Action:**

Community pharmacy teams are encouraged to actively share this video with patients and carers during consultations, especially those collecting asthma medications. Encourage patients to speak with their GP, asthma nurse, or a clinical pharmacist if they have questions about their current inhaler or if they may benefit

from a MART inhaler approach. Use every opportunity, such as NMS or OTC advice, to reinforce correct inhaler technique and the importance of preventer use. Share within your staff and community networks too.

## 7. MHRA Drug Safety Updates

### National Patient Safety Alerts (NPSA)

#### Shortage of Antimicrobial Agents Used in Tuberculosis (TB) Treatment

- **Several antimicrobial medicines used to treat TB will be intermittently available until at least the end of 2025. Please click on the [NPSA alert](#) to view further information about this and the actions required.**
- There should be no prescribing of these drugs in primary care. GPs have been advised that patients should be referred to the specialist service managing their care.
- The only exception to non-prescribing in primary care, relates to prescribing as part of the Newham Latent TB Infection (LTBI) service. There is a separate plan to review the prescribing provision from this service, we will update once finalised arrangements have been agreed.

### Specialist Pharmacy Service (SPS) medicines shortages

Please refer to the [SPS Medicines Supply Tool](#) for details of all current medicines' shortages (free registration [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: July 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. Controlled Drug (CD) Updates

The Summer 2025 edition of the Controlled Drugs Newsletter, produced by the London CD Accountable Officer (CDAO) team is now available and may be accessed [here](#).

Key points:

- **Reporting of CD incidents in primary care:**
  - All controlled drug related incidents and concerns arising in health and care settings must be reported to the NHS England London CDAO team via the Controlled Drugs Reporting Website: [www.cdreporting.co.uk](http://www.cdreporting.co.uk)
- **Destruction of expired stock schedule 2 CDs:**
  - Any accumulated obsolete and expired stock of schedule 2 CDs must be destroyed in a timely way in the presence of an authorised witness.
  - A request can be made for temporary authorisation from the London CDAO team for a registered healthcare professional from within the organisation to act as an Authorised Person to witness the destruction of Controlled Drugs by another person, for a defined length of time at specified premises. Please visit [www.cdreporting.co.uk](http://www.cdreporting.co.uk) to apply for this temporary authorisation.

- **Pharmacy First – Urgent Medicines Service:**

- Urgent medicines supply for CDs can be provided under this service.
- However, please remember that:
  - Emergency supplies of schedule 2 and schedule 3 controlled drugs are not permitted, except for phenobarbitone or phenobarbital sodium for the treatment of epilepsy.
  - Medicines such as benzodiazepines (apart from temazepam, which is schedule 3), zopiclone, and zolpidem are schedule 4 controlled drugs. Up to five days treatment may be supplied, if clinically appropriate.
  - Dihydrocodeine and codeine containing products (including co-codamol 30mg/500mg) are schedule 5 controlled drugs. Up to five days treatment may be supplied if clinically appropriate.

- **Good practice for delivery of CDs:**

- A reminder for community pharmacists of the importance of good governance arrangements when CDs are delivered from the pharmacy to patients. These include:
  - Ensuring secure and prompt delivery of medicines with dedicated SOPs, staff training, special security/storage provisions, and a verifiable audit trail.
  - Safeguard confidential information about the medication that a patient is taking.

## 9. Polypharmacy Webinar - Practical Insights

The NEL Pharmacy and Medicines Optimisation Team recently held a webinar on “Polypharmacy - Practical Insights from Experts”. This interactive session featured guest expert speakers Lelly Oboh (Consultant Pharmacist Older People and Frailty) and Jonathan Oddie and Beata Yousaf from the Eclipse Live team. This session aimed to support practices with the delivery of high-quality Structure Medication Reviews (SMRs) by highlighting support tools and patient centred approaches to enhance SMR delivery.

The link to the webinar recording is available [here](#).

## 10. PrescQIPP Update

### Upcoming Prescribing Mastery Webinar:

Pharmacists and pharmacy technicians may find the following monthly upcoming webinars useful:

Date	Time	Webinar
2 <sup>nd</sup> September 2025	1 – 2pm	<a href="#">Mastering prescribing for Pain Management</a>
18 <sup>th</sup> September 2025	1 – 2pm	<a href="#">Reflecting on prescribing for pain management– what went well, what was difficult, what could you do differently?</a>

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

To access PrescQIPP resources, you are required to [register](#) for a free account. When completing your registration, please select “ICS North East London” as your organisation.

## 11. Help Shape the Future of the Prescribing and Medicines Newsletter

To ensure the content and presentation of information meets the needs of Primary Care colleagues, readers are kindly requested to fill in this short [Microsoft Form](#) on the Prescribing and Medicines Newsletter

The survey should take no longer than 5 minutes and will help shape future editions.

Thank you in advance for your invaluable feedback.

Prescribing and Medicines  
Newsletter Feedback  
Questionnaire



## 12. 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 reporting suspected adverse effects/defects of medicines or devices – Yellow Card Scheme**

[Yellow Card | Making medicines and medical devices safer](#)

**For your information:**

Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. Throughout the newsletter, external links are provided to other sites. These links are provided to improve access to information and exist only for the convenience of readers of the newsletter; NEL ICB Pharmacy and Medicines Optimisation Team cannot accept responsibility for their content. We cannot guarantee that these links will work all the time and we have no control over the availability of the linked pages. This newsletter is not to be used for commercial purposes.