

# NEL Prescribing and Medicines Newsletter August 2025

#### **Updates for Primary Care across North East London**

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# 1. North East London Updates on Tirzepatide (Mounjaro®)

We are in the process of establishing a new weight management service in North East London on behalf of primary care. This will bring us in line with NHS England's phased implementation of access to tirzepatide for weight management.

NHS England has adopted a phased approach to ensure tirzepatide is initially available only to those patients with the highest clinical need and most likely to benefit. Eligibility is determined by the presence **of co-morbidities alongside a qualifying BMI**, in accordance with the national commissioning guidance.

We recognise the significant number of patient queries regarding access to tirzepatide. From September 2025, the price of all strengths of tirzepatide will increase, which we anticipate will lead to further requests for NHS prescribing.

Patients accessing tirzepatide **privately** may **not** be eligible for NHS treatment, unless they meet the NHS eligibility criteria (see link below). Current eligibility criteria (priority cohort 1) are based on the NHSE commissioning guidance. The threshold for NHS prescribing in obesity management is therefore higher than the product licence indications and the original <u>NICE TA1026</u>.

#### **North East London Position**

To ensure fairness, equity and adherence to national guidance:

- Tirzepatide for weight management should only be prescribed on the NHS where patients meet
  the NICE eligibility criteria and as per <a href="NHSE's Interim Commissioning guidelines">NHSE's Interim Commissioning guidelines</a> that provides a
  framework to implement the NICE TA and NICE Funding Variation for tirzepatide during its first
  three years of delivery within the NHS.
- Prescribing outside these criteria is not supported
- Prescribing of tirzepatide for obesity management should not be initiated in primary care

We are currently working with specialist weight management services and key stakeholders to commission the tirzepatide service on behalf of primary care. Referrals by GPs to the weight management service for tirzepatide are expected to go live in **October 2025**.

You can find the detailed eligibility criteria in the NHSE commissioning guidance. This guidance sets out the prioritisation criteria for the first three years of tirzepatide NHS prescribing (via weight management service on behalf of primary care). Information for patients on access to tirzepatide can be accessed <a href="here">here</a>.

# 2. Prescribing Appropriate Quantities of Glucagon-like Peptide-1 Receptor Agonists (GLP-1 RAs)

Note: Currently, GLP-1 RAs should not be prescribed by GPs for weight management – see NEL position statement here

To minimise medication waste, ensure patient safety, reduce impact of stock shortages and cost pressures on the NHS, prescribers are advised to:

- 1. Ensure initial prescriptions of GLP-1 RAs align with recommended titration schedules and are continued strictly within their licensed UK indications aligning with both national (NICE and NHSE) and local (NEL) clinical guidance. See table below for further information.
- 2. Avoid overprescribing or issuing excessive quantities (monthly prescriptions are encouraged) of GLP-1 RAs.
- 3. Avoid prescribing larger maintenance doses too early during treatment, in order to facilitate appropriate assessment of tolerance and adherence.
- 4. Monitor ongoing clinical effectiveness and consider discontinuing treatment where beneficial response and continuation criteria are not met. See NEL Type 2 Diabetes Mellitus guideline for further information.

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

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

Prescribe 100 x 4mm pen needles as per NEL pen needles guidance as an acute prescription every 90 days (100 needles will cover the duration of 100 weeks)

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

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

- There is no price difference between Freestyle Libre 2<sup>®</sup> and Freestyle Libre 2 Plus<sup>®</sup>.
- 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<sup>®</sup> in a Hybrid Closed Loop System.

#### **Key Differences:**

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

Please visit the FreeStyle Abbott website for further product information <a href="here">here</a>.

#### **Actions for General Practices for both devices:**

- Clinicians **should not** initiate FreeStyle Libre 2<sup>®</sup> for **new** patients and should **discontinue prescribing** FreeStyle Libre 2<sup>®</sup>
- Conduct an EMIS or SystmOne search to identify patients who are prescribed FreeStyle Libre 2<sup>®</sup> and ensure they are removed from patient's repeat medication list and add FreeStyle Libre 2 Plus<sup>®</sup> sensors as a new medicine.
- Inform patients about the FreeStyle Libre 2<sup>®</sup> discontinuation, replacement product and explain the impact on their care.
- Coordinate with community pharmacies to ensure the availability of alternative products.

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

# 4. Searches Available to Identify Patients Who May be Suitable to be Prescribed a Sodium-Glucose Cotransporter 2 Inhibitor (SGLT2i)

As part of the <u>NEL Prescribing Quality Scheme (PQS) 2025/26 (Section C1)</u>, practices have been asked to optimise prescribing in patients with Type 2 Diabetes with Chronic Kidney Disease (CKD).

The PQS incentivises practices to consider prescribing an SGLT2i (in line with <u>UK Kidney Association</u> <u>Clinical Practice Guidelines</u>) for patients with Type 2 Diabetes *and* Chronic Kidney Disease who:

- are prescribed an ACEi/ARB within the last 6 months and
- have an eGFR greater than 25 mL/min/1.73 m<sup>2</sup>.

The targets for PQS 2025/26 have been set as:

- Mid-point target: 43% of the patients outlined above to be prescribed a SGLT-2 inhibitor by the 31<sup>st</sup> December 2025.
- Final target: ≥47% of the patients outlined above to be prescribed a SGLT-2 inhibitor by 30<sup>th</sup> September 2026.

To support this PQS target, CEG has developed searches that can be run on your practice clinical systems to identify patients who *may* be suitable to be prescribed an SGLT2i. These can be found in the CEG practice support folder under "NEL Prescribing Quality Scheme 25/26" (EMIS web practices, this is in folder 7):

- ♣ Practice Support 2025-2026
   ▶ □ 1. LES Contracts
   ▶ □ 2. Public Health Contracts
   ▶ □ 3. PCN Support
   ▶ □ 4. QOF, DES & CQRS Support
   ▶ □ 5. Immunisations & Vaccinations
   ▶ □ 6. Additional Support
   ▲ □ 7. Externally Created Resources
   □ NEL Prescribing Efficiency Scheme 25-26
- It is important to remember that not all patients identified in this search will be *suitable* to be prescribed an SGLT2i and therefore, initiating an SGLT2i should be done following a conversation and **agreement with the patient**. The PQS targets have been set to reflect this and to respect patient choice for those who decline to be prescribed an SGLT2i.

#### Which groups of people should avoid taking SGLT2i?

REL Prescribing Quality Scheme 25/26

Please refer to the individual Summary of Product characteristics alongside the NEL <u>SGLT2i checklist</u> for a comprehensive list of cautions and contraindications.

#### **Useful links**

Please ensure clinicians refer to the NEL <u>SGLT2i checklist</u> alongside the <u>NEL Type 2 Diabetes Mellitus</u> guideline when considering initiating an STGL2i. Rationale for why this target was included in the PQS 2025/26 can be found here: <u>Rationale and context to the prescribing targets included in the PQS</u>.

5. Fo	5. Formulary and Pathways Update			
	Approved Item / Guidance and Pathway	Additional Information		
<u>TA1066</u>	Somapacitan for treating Growth Hormone Deficiency in People Aged 3 to 17 years	Red, Hospital only		

<u>TA1075</u>	Dapagliflozin for treating chronic kidney disease	Amber (Suitable for initiation in primary care, following specialist recommendation)
<u>TA753</u>	Cenobamate for treating Focal Onset Seizures in Epilepsy	Red, Hospital only
TA1080	Mirikizumab for treating Moderately to Severely Active Crohn's Disease	Red, Hospital only
<u>TA1067</u>	Linzagolix for treating symptoms of Endometriosis	Red, Hospital only

Barts Health Shared Care Guidelines expiry extension until June 2026 for the following:

- Degarelix for advanced hormone-dependent prostate cancer
- Low Molecular Weight Heparins (LMWH) for Treatment of thromboembolic disease (non-obstetric use)
- Somatropin- Recombinant Growth Hormone in Children
- <u>Sevelamer and Lanthanum-Hyperphosphataemia</u> in Adults Patients with Chronic Kidney Disease (CKD)
- Cinacalcet in Refractory Secondary Hyperparathyroidism in adult patients with End Stage Renal Disease
- Somatropin- Replacement in Adults with Growth Hormone Deficiency

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

A new educational video titled "<u>Asthma – Right Medication, Right Way</u>" 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:

All staff are encouraged to share this video widely across their networks and with Practice Patient Participation Groups. Patients should be encouraged to speak with their GP, asthma nurse, or clinical pharmacist about their inhaler options.

### 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 <u>NPSA alert</u> to view further information about this and the actions required.
- There should be <u>no</u> prescribing of these drugs in primary care. Patients should be referred to the specialist service managing the care of the patient.

• 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 <u>SPS Medicines Supply Tool</u> for details of all current medicines' shortages (free registration <u>here</u>).

#### 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 <a href="here">here</a>. It includes a focus on the importance of reporting all CD incidents to NHS England.

# 9. Community Pharmacies Opening Hours for August Bank Holiday 2025

Bank Holidays can affect the opening hours of local pharmacies. This <u>link</u> provides the opening hours for pharmacies in NEL which are open on the August Bank Holiday 2025 (Monday 25<sup>th</sup>). Please click on "<u>Access the commissioned services rota</u>" to view the full list.

There may be additional pharmacies opening which are not listed and some pharmacies may close early on Saturday 23rd August 2025. Readers can check opening hours of all community pharmacies by searching at Find a pharmacy - NHS or by calling NHS 111.

## 10. Community Pharmacies Commissioned to Provide End-of-Life Care Medicines Service - August 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.

During the upcoming public holiday (25<sup>th</sup> August 2025), three commissioned community pharmacies will be open - however operating at altered/reduced hours. This information is provided in the table below:

Commissioned Community Pharmacy

Telephone

August Bank Holiday
(25<sup>th</sup> August 2025)
Opening Hours

Forward Pharmacy 648 Mile End Road, London, E3 4LH	0208 980 1231	10:00 - 18:00
Britannia Pharmacy Barking Community Hospital Upney Lane, Barking IG11 9LX	020 8594 2686	11:00 - 15:00
Regal Pharmacy 48-50 Chatsworth Road, Upper Clapton E5 0LP	020 8985 2536	10.00 - 14.00

## 11. 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.

This webinar will also support clinicians in GP practices with the SMR element of the <u>2025/26 Prescribing</u> Quality Scheme.

The link to the webinar recording is available here.

### 12. PrescQIPP Update

#### **Upcoming Prescribing Mastery Webinar:**

PCN pharmacists, practice pharmacists and pharmacy technicians may find the following monthly upcoming webinars useful:

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

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

To access PrescQIPP resources, you are required to <u>register</u> for a free account. When completing your registration, please select "ICS North East London" as your organisation.

## 13. Help Shape the NHS App: GP Survey

NHS England invites GPs to share their feedback on the Prescriptions and Medicines feature in the NHS App. Your insights will help improve the app for practices and patients. The survey takes less than 15 minutes and closes on the **28**<sup>th</sup> **August 2025**.

Survey link: https://feedback.digital.nhs.uk/jfe/form/SV cuc9pzDxO2ESTxs

Practice staff are also needed for 45-minute research sessions focused on improving patient access and understanding of their health records. To participate, complete a <u>short survey</u> and the NHS App team will get in touch.

# 14. 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



# 15. Contact Details and Additional Resources

CONTACT DETAILS	
NEL ICB Pharmacy and Medicines Optimisation Team	For prescribing and medicines enquiries: <a href="mailto:nelondonicb.prescribingqueries@nhs.net">nelondonicb.prescribingqueries@nhs.net</a>
Specialist Pharmacy Service (SPS) Medicines Advice	For all patient specific clinical queries please use the following SPS contact: asksps.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 <b>NEL Joint Formulary</b>	https://www.nel-jointformulary.nhs.uk User guide: NEL netFormulary User Guide FINAL .pdf
For <b>Pharmacy &amp; Medicines Optimisation Team</b> 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 <b>PGD Updates</b>	UK Health Security Agency (UKHSA) – <u>click here</u> SPS – <u>click here</u> NHS England (NHSE) – <u>click here</u>
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:

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.