NEL Prescribing and Medicines Newsletter
September 2025

Updates for Community Pharmacy across North East London

Contents

1. Community Pharmacy Self Care Advice Service (CPSAS) Updates: Quantity and Types of Medicines for Supply Under CPSAS

Since the change of access model for CPSAS from 4th August 2025, there has been a significant increase in walk-in CPSAS provisions and a decrease in post-Pharmacy First CPSAS provisions.

I. **Please remember that accessing CPSAS via Pharmacy First is the preferred access route. Please also note that for walk-in access to CPSAS, – there is a cap of a maximum of 6 consultations per patient per six-month period. Walk-in access should be prioritised for patients who have not been to the GP or having difficulty in obtaining a Pharmacy First referral.**

Claims submissions for CPSAS walk-ins that exceed the cap **will not be accepted** - this includes both consultation fees and product reimbursement costs.

II. **Please ensure you are using the correct PharmOutcomes templates when recording CPSAS consultations to avoid claims rejection:**

- ***NEL CPSAS – Walk-in only****:* Use this template for CPSAS consultations accessed via walk-in.
- ***NEL CPSAS – for post Pharmacy use only****:* Use this template for CPSAS provisions that are part of the Pharmacy First service, including Pharmacy First minor illness referrals and clinical pathways.

III. **Certain CPSAS conditions allow for a higher quantity and for more than one type of medicine to be supplied in one CPSAS consultation. Community pharmacists should use their clinical**

judgement to decide on the appropriate quantity and type of medicines to supply based on the patient's presentation.

Conditions	CPSAS formulary medicines than can be supplied for a single consultation
Contact Dermatitis	An emollient alongside a steroid cream
Diarrhoea	Loperamide alongside oral rehydration sachets
Hayfever	Oral antihistamine, eye drops, and nasal spray
Head lice	Lice comb supplied together with a headlice treatment product
Insect bites and stings	Oral antihistamine with a steroid cream and an analgesic
Paediatric Fever/teething pain	Teething gel supplied together with an analgesic
Scabies	Up to 2 packs of treatment can be supplied to cover 1st and 2nd dose
Threadworms	Ovex tablets (4) and suspension (30mL) can be supplied for 1st and 2nd dose, and to allow for treatment for family member living in the same household where applicable
Vaginal Thrush	Topical clotrimazole can be supplied alongside clotrimazole pessary OR oral fluconazole capsule

All of the above conditions have prompts on the PharmOutcomes template to allow flexibility of medicines to be supplied via CPSAS.
Please note the table above is not suggesting every patient presenting requires combinations of products supplied or requires higher quantities
The ICB Pharmacy and Medicines Optimisation Team will regularly monitor CPSAS data and claim submissions. Please note payments will not be approved for inappropriate claims.

2. Rybelsus® (Oral Semaglutide): Risk of Medication Error due to Introduction of New Formulation with Increased Bioavailability

Novo Nordisk® UK have recently published a direct healthcare professional communication letter to all healthcare professionals informing of the introduction of a new formulation of oral semaglutide which has an increased bioavailability profile.

Rybelsus® is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise.

Novo Nordisk® is replacing the current formulation (3 mg, 7 mg, 14 mg tablets) of Rybelsus® with the new formulation (1.5 mg, 4 mg, 9 mg tablets). Based on the information available at present, the new formulations are not yet listed in GP prescribing systems, pharmacy procurement systems or the drug tariff. It is expected to be available on some systems from 22nd September 2025, with full availability anticipated during 2026. The current formulation will remain available until the end of 2025. More information will be provided when available.

GPs and other non-medical prescribers will continue to prescribe existing formulations of Rybelsus®, and they will be updated once the new formulations are available to prescribe and are accessible for patients. In the meantime, we **ask all clinicians** including **community pharmacists** to familiarise themselves with the new dose formulation and information summarised below to ensure patient safety and avoid prescribing and dispensing errors.

New Rybelsus® formulations:

Rybelsus® tablets will be replaced with a **new formulation** with increased bioavailability, which is bioequivalent to the initial formulation as described in the table below:

Existing formulation (one oval tablet)	Bioequivalent	New formulation (one round tablet)
3mg (starting dose)	=	1.5mg (starting dose)
7mg (maintenance dose)	=	4mg (maintenance dose)
14mg (maintenance dose)	=	9mg (maintenance dose)

Key Safety information:

- The new formulation has the same efficacy, safety and method of administration as the initial formulation.
- Rybelsus® should always be taken as one tablet per day.
- The two formulations will temporarily co-exist on the market, which may cause confusion and mix-ups. This could result in overdosing, which increases the risk of adverse events such as gastrointestinal adverse events e.g. nausea, vomiting and diarrhoea.
- Patients currently taking Rybelsus® should be informed and advised about the change in formulation and dose when the new formulation is prescribed or dispensed.
- Patients starting Rybelsus® treatment should be prescribed the new formulation (when available) and be appropriately counselled by the prescriber and pharmacist.
- A patient educational resource has also been published on the electronic Medicines Compendium (eMC) website that can be referred to and shared with patients when the new formulation becomes available to prescribe.

3. New Asthma Educational Resource

Queen Mary University of London (QMUL) has developed a short inhaler technique competency assessment webinar for clinicians which covers:

- The importance of inhaler technique
- The importance of checking competency with assessing inhaler technique
- Inhaler technique assessment for identifying critical errors when using different inhaler devices
- Feedback on common mistakes when assessing inhaler technique

4. The 'getUBetter' Musculoskeletal (MSK) Self-Management App

NEL ICB is pleased to announce that the contract with getUBetter, the digital self-management app for muscle, bone and joint conditions, has been extended for another year across North East London.

The app empowers patients with safe, personalised recovery plans for every stage of their MSK journey - covering new, recurrent, and ongoing issues. It is suitable for approximately 80% of MSK patients, helping reduce demand on GP practices and other services.

As a community pharmacist, you play a vital role in guiding patients to the right support. When consulting with patients presenting with MSK-related symptoms, please consider signposting them to getUBetter. The app is free for all NEL patients, accessible via app stores or desktop/tablet, and supported by leaflets, posters, and website content to help you promote it. A demonstration of the app is available here.

5. MHRA Drug Safety Updates

Medicine discontinuations

1. **Levemir® (insulin detemir) FlexPen® and Penfill®** are being discontinued, with UK stock expected to run out by the end of 2026.

Key points for community pharmacy teams:

- Levemir® should not be supplied to newly initiated patients. Please liaise with the prescribing clinician for an alternative insulin, in-line with the guidance (see link below).
- Expect prescriptions for alternatives as prescribers will be switching patients to other long-acting insulins
- Check prescriptions carefully as patients may be unfamiliar with their new insulin brand, strength, or device. Provide or signpost to device counselling and injection technique support where appropriate.
- Monitor patients' supply, as stock availability may fluctuate as switching activity increases. Refer to the SPS Medicines Supply Tool for the latest updates.
- Reassure patients, supply is being carefully managed across the NHS, and all affected patients will be supported through the change.

A NEL wide co-ordinated approach is in progress, and further information will be shared with pharmacy teams in due course.

Please note the following clinical switching guidance, see: Discontinuation of Levemir (insulin detemir): Joint guidance from ABCD and PCDO Society

2. **Admelog® (insulin lispro) cartridges, pre-filled pens and vials** discontinuation

Admelog® (insulin lispro) 100 units/ml solution for injection cartridges, pre-filled pens and vials are being discontinued with supplies anticipated to be exhausted by mid-March 2026, late March 2026 and mid-June 2026, respectively.

Humalog® (insulin lispro) 100units/ml solution for injection cartridges, KwikPens® and vials remain available and can support increased demand.

Key points for community pharmacy teams:

- Admelog®, a biosimilar insulin product, should not be supplied to newly initiated patients. Please liaise with the prescribing clinician for an alternative insulin, consider the originator insulin product, Humalog® 100units/ml solution for injection, which can fully support the increased demand.
- Refer to the 'supporting information' section in the link provided below for further information and counselling materials relevant to products which are likely to be prescribed as an alternative to Admelog®, e.g. Humalog®.
- When patients are switched to a Humalog® product:
    - Support patients with information of the reason for the switch, establish whether additional support is required with administration, and reassure them that they are receiving the same type of insulin, but they may initially need to check blood glucose levels more closely and have their dose adjusted if required;
    - Expect prescriptions for alternatives as prescribers will be switching patients to other rapid onset, short-acting insulins.
    - Provide patients with training on the use of their new insulin preparation if required (refer to letter here under Supporting information), including signposting to training resources.

For further details please see here.

Medicines shortages
Attention Deficit Hyperactivity Disorder (ADHD) Medication Shortages – Availability and Prescribing Advice

The availability of medicines used to treat ADHD continues to vary. The Specialist Pharmacy Service (SPS) medicines supply tool hosts up to date information regarding the stock availability of many medicines including ADHD medications nationally, and relevant prescribing advice and recommendations.

The information on these webpages has been generated and maintained by the Medicines Supply Team at the Department of Health and Social Care (DHSC). Clinicians can access the webpages here:

- Continuing management of the ADHD medicines shortage
- Supporting system response to the ADHD medicine shortage
- Prescribing available medicines to treat ADHD
- Prescribing and switching between modified-release methylphenidate

If you have any prescribing queries regarding this, please contact the prescriber.

Shortage of antimicrobial agents used in Tuberculosis (TB) treatment
Please see the guidance note on the NEL portal for further information here

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).

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: August 2025
MHRA Drug Safety Updates
Latest SPS Medication Safety Update July 2025
Alerts, recalls and safety information: medicines and medical devices - GOV.UK
Letters and medicines recalls sent to healthcare professionals: August 2025

6. COVID e-learning now available

Please note that the COVID-19 e-learning for the autumn campaign is now live and can be accessed here:
COVID-19 Vaccination - elearning for healthcare

7. CPPE events

CPPE are hosting several events in-person and online that pharmacists may find useful:

- The Mental Capacity Act 2005 and covert administration of medicines
- Preparing to train as an independent prescriber
- NHS Pharmacy Contraception Service: delivering effective consultations to initiate contraception
- Weight management: prescribing perspectives
- Depression: having meaningful conversations - focal point
- Blood pressure assessment in community pharmacy

For more information and booking please see CPPE - Centre for Pharmacy Postgraduate Education

For questions about in person events please contact brian.conn@cppe.ac.uk

8. PrescQIPP Updates

Upcoming Prescribing Mastery Webinars:

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

Date	Time	Webinar
1st October 2025	1 – 2pm	Hot topics for prescribers

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.

9. 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

10. Contact Details and Additional Resources

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

Pharmacy & Medicines Optimisation Team Resources	https://primarycare.northeastlondon.icb.nhs.uk/home/meds/
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.
PGD Updates	UK Health Security Agency (UKHSA) – click here SPS – click here NHS England (NHSE) – click here
MHRA Updates	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
Medicines Safety Tools - PrescQIPP	PrescQIPP - Medicines safety
Reporting suspected adverse effects/defects of medicines or devices – Yellow Card Scheme	Yellow Card | Making medicines and medical devices safer