NHS North East London

NEL Prescribing and Medicines Newsletter

September 2025

Updates for Primary Care across North East London

Contents

1. Clinical Policy – Access to Weight Management Services and Weight Management Medicines for Adults

North East London (NEL) ICB are pleased to share our newly approved local clinical policy that details NEL criteria for access to National Institute of Health and Care Excellence (NICE) approved weight management medications on the NHS.

It details the local arrangements and eligibility criteria for referrals. It has been developed in line with NHS England Interim Commissioning Guidance (March 2025) working alongside our clinical experts and weight management services in North East London.

2. Prescribing Efficiency Scheme (PES) 2024/25: Practice Achievement and Payments

Thank you to all practices who participated in the NEL 2024/25 PES.

Payments have been calculated based on your practice's performance against the scheme's key requirements. You can access your individual achievement and payment details via the following link on the Medicines Optimisation Portal: 24-25 NEL Prescribing Efficiency Scheme . Navigate to "Scheme Results – Achievements and Payment Details" to view your practice's outcomes for:

- Improving cost effective prescribing of blood glucose testing strips
- Delivering your prescribing cost improvement plan target
- Payment value

If this is your *first time* accessing the portal, submit your access request, and access will be granted within **two working days**.

You can also access the practice achievement data through your bookmarked 'CoordinateRx' live link report, found in the 'Supporting Data' folder.

Payments should be received by practices by the end of September 2025 and may be aggregated with other ICB payments. If you have any queries relating to the 2024/25 Prescribing Efficiency Scheme including payments, please contact us via nelondonicb.prescribingqueries@nhs.net**.**

Thank you for your continued engagement with NEL ICB medicines optimisation priorities.

3. Prescribing Efficiency Scheme (PES) 2025/26: Third Party Support

This is a reminder to all practices that a NEL-wide voluntary offer from MORPh and Interface Clinical Services can provide practices with extra pharmacy workforce capacity, to support the delivery of 2025/26 PES targets for:

- Blood Glucose Testing Strips
- Oral Nutritional Supplements (MORPh only)

These workstreams have been endorsed by NEL ICB and had strong engagement in 2024/25, with 186 NEL practices making use of MORPh and Interface support

More information on these services is available via the following link on the Medicines Optimisation Portal: 25-26 NEL Prescribing Efficiency Scheme . Navigate to "PES 25-26 Third Party Support Offer" which contains useful information including:

- Short presentations from MORPh and Interface, explaining the service offered
- Expression of Interest (EOI) Microsoft Teams forms which practices can submit directly to MORPh or Interface to find out more about the services offered.

4. 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 formulations (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.

New Rybelsus® formulations:
Rybelsus® tablets will be replaced with a new formulation with increased bioavailability, and 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 upcoming 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 or pharmacist.
- A patient educational resource has also been published on the eMedicines Compendium (eMC) website that can be referred to and shared with patients when the new formulation becomes available to prescribe.

Action for practices:

- For the immediate time please continue prescribing existing formulations of Rybelsus®. Further updates will be provided when the new formulations are available to prescribe and accessible to patients.

- In the meantime, clinicians are asked to familiarise themselves with the new dose formulations and information summarised above to ensure patient safety and avoid prescribing errors.

5. Hormone Replacement Therapy (HRT) Prescribing Incidents – Unopposed Oestrogen in Women with Intact Uterus

A local hospital provider has reported multiple incidents of unopposed oestrogen being prescribed to women with an intact uterus, raising safety concerns. Without concurrent progesterone, oestrogen therapy increases the risk of endometrial hyperplasia and carcinoma due to unopposed endometrial proliferation. To mitigate this, progesterone must be co-prescribed via oral, systemic, or intrauterine routes. Clear documentation of uterine status in clinical records and concurrent progesterone prescribing is essential to ensure safe management.

Following a recent audit undertaken by the local hospital provider, the following are **recommended actions for GP practices:**

- Identify all female patients with repeat prescriptions for **oestrogen-only HRT** and prescribe concurrent licensed progesterone (also review ongoing need for HRT therapy). Guidance on progestogens and endometrial protection may be found on the British Menopause Society website: tools for clinicians here, this should be referred to in conjunction with the NEL formulary and BNF. Exclude patients with any of the following documented in their records:
  - A coded entry confirming the presence of a suitable progesterone-releasing IUS in situ (Mirena®, Benilexa®, Levosert®)
  - A coded history of total hysterectomy
  - Concurrent licensed progesterone prescribing (oral, transdermal, or other).
  - For women who have undergone a *subtotal* hysterectomy, advice from the British Menopause Society should be followed.

Note: Any patient with none of the above exclusions is potentially at risk of endometrial hyperplasia due to unopposed oestrogen.

- Undertake regular audits to identify patients at risk of being prescribed unopposed oestrogen. It is recommended that Significant Event Analysis (SEA) is conducted for any patients prescribed unopposed oestrogen.
- Clinicians prescribing HRT should maintain up to date knowledge in line with local and national guidelines, to ensure safe prescribing
- Ensure clear, coded documentation regarding uterine status and progesterone therapy (templates such as CEG smart template or Ardens HRT templates can support with documentation)

Refer to the British Menopause Society for further information.

Please note: Patients prescribed sequential combined oral HRT will be subject to two prescription charges and it may be beneficial for such patients to obtain an NHS HRT Prescription Prepayment Certificate to help with prescription costs. Further information is available here: HRT PPC | NHSBSA

6. 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.

Clinicians are advised to:

- **STOP initiating new** patients on Levemir®.
- Plan patient switches early (for existing patients), to suitable alternative insulins in line with national clinical guidance: Discontinuation of Levemir (insulin detemir): Joint guidance from ABCD and PCDO Society or local guidance when available.
- Spread prescribing across available alternatives **(e.g. Lantus®, Semglee®, Toujeo®, Tresiba® cartridges/U200 FlexTouch®)** to minimise supply risks.

- Check the SPS Medicines Supply Tool before switching for the latest supply information.

OptimiseRx messages are active to prompt prescribers, reinforcing the discontinuation and linking to relevant switching guidance.

A NEL-wide co-ordinated approach is underway. Further advice will be shared in due course to support switching guidance.

For further information, click here.

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.

Actions for clinicians:

- Clinicians should not initiate new patients on Admelog®, which is a biosimilar insulin product.
- Review existing patients and consider switching to the originator insulin product, Humalog® 100units/ml solution for injection, which can fully support the increased demand.
- When switching to a Humalog® product:
    - ensure all patients are informed 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;
    - 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, and
    - where a patient has been prescribed Humalog® cartridges, prescribe a HumaPen® SAVVIO® reusable pen and NEL formulary choice needles as per Pen-needles-guidance-NEL-v1_07.2023.pdf.

If the above options are not considered appropriate, advice should be sought from the specialist diabetes team on use of other insulin products.

For further details please see here.

Medicine 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, then please contact the Pharmacy and Medicines Optimisation team by emailing nelondonicb.prescribingqueries@nhs.net

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 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

7. Learning from Patient Safety Events (LFPSE)

Please see below findings and learning points from some recent medicine safety events in North East London.

Discrepancies on handwritten Medication Authorisation and Administration Record (MAAR) chart

Findings	Learning points
There has been a medicines safety event reported by local district nurses regarding transcription errors on a MAAR Chart. The key concerns included: • The frequency for all as required (PRN) subcutaneous (SC) medication was written as 1º – an abbreviation for one hourly. This was unclear and could have been misinterpreted. • The frequency of the drug haloperidol SC PRN injection was crossed out, making the intended frequency illegible. • The dose range for haloperidol was unclear as it was handwritten and contained a decimal point which could have been misread. The dose was 0.5mg-1.5mg but could be read as 0.5mg-15mg.	• Avoid using abbreviations such as 1º - instead write “one hourly”. Ensure all instructions are clear and legible. There is also the option to generate the MAAR chart electronically and email it to the relevant team where required. Please see the Procedure for using the Pan-London Symptom Control and Medication Authorisation and Administration record (MAAR): Chart for subcutaneous and intramuscular medication in the community setting for further details. We are aware that there are ongoing regional discussions relating to the writing of MAAR charts. Further information will be shared once the discussions have been completed. • For dose ranges, use the word “to” rather than a dash. Ensure that the doses and any decimal points written are clear. • In the case of preparations to be taken ‘as required’ a **minimum dose interval** should be specified. The maximum total dose to be administered in a 24 hour period should also be specified. • For doses **less than 1mg** write in micrograms (e.g. write 500 micrograms, not 0.5 mg and not .5mg). • **Use of decimals:** Never use trailing zeros after whole numbers (e.g., write 1 mg, not 1.0 mg) and avoid decimals

A new MAAR chart was provided to the district nurses by the prescriber prior to the patient's administration visit.	when a whole number or alternative unit is available (e.g. use 500 mcg instead of 0.5 mg). • **Never cross out or overwrite prescription details**. If a change is needed, the original should be voided and a new, legible entry made. Prescribers should initial and date any amendments and clearly state the revised frequency.
Inappropriate dose of opioid • Oxycodone 10mg/ml subcutaneous (SC) injection was prescribed for a frail, elderly female patient who was opioid naive and had impaired renal function.	• Lower doses of opioids / oxycodone are typically recommended for patients who are opioid naive, frail, and have reduced renal function. Seek advice of the local palliative care team if guidance is needed. • Prescribing guidance for End-of-Life Care (EoLC) medicines may be found in the links below for the relevant Hospices: ○ **St Francis Hospice NELFT:** Palliative-Care-EOL-Quick-Reference-Guide-EXP-May-2027.pdf ○ **St Joseph's hospice ELFT:** Navigate to "Anticipatory Injectable Prescribing Guidance – EXTERNAL VERSION – valid until 11.25" to download and view.

8. 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 and assessing inhaler technique
- Inhaler technique assessment for identifying critical errors when using different inhaler devices
- Feedback on common mistakes when assessing inhaler technique

9. NEL Primary Care Medicines Optimisation Induction Webinar

Are you a new clinician, prescriber, or practice staff member in North East London? The NEL Pharmacy and Medicines Optimisation Team invites you to our upcoming induction webinar, designed to help you get started with medicines optimisation in primary care.

🗓 Date: 16th October 🕐 Time: 1:00pm – 2:00pm 🔗 Teams link: Join the meeting now

What to expect:

- A friendly introduction to the NEL Pharmacy and Medicines Optimisation Team and how we can support you.
- Overview of key elements of medicines optimisation in NEL, including our team functions
- Information on using the NEL Joint Formulary, digital tools, and the Medicines Optimisation Portal for safe and cost-effective prescribing.
- Signposting to essential resources, policies, protocols, and NEL drug formulary.
- An introduction to local prescribing schemes and community pharmacy clinical services.
- Where to find support for prescribing queries

Who should attend?

- All new healthcare professionals, working at practice or PCN level**,** involved in prescribing or medicines-related processes.

- New practice managers and allied health professionals (AHPs).
- Anyone who has recently joined or had recent contact with the Pharmacy and Medicines Optimisation Team and would like to learn more.

Get the most from your role and ensure you are up to date with the latest resources, and support available in NEL. We look forward to welcoming you!

10. Save The Date! - Forthcoming Cow's Milk Protein Allergy (CMPA) and Oral Nutritional Supplement (ONS) Webinars

NEL ICB look forward to welcoming you to the upcoming webinars which support the newly launched and updated guidelines. Further details and links will be in the October 2025 newsletter.

Date	Time	Webinar
5th November 2025	1 – 2pm	CMPA - Newly Launched NEL Guideline (Part 1)
4th December 2025	1 – 2pm	CMPA - Newly Launched NEL Guideline (Part 2)
19th November 2025	1 – 2:30pm	ONS - Updated NEL Guideline

11. PrescQIPP Updates

Upcoming Prescribing Mastery Webinar:

PCN / practice pharmacists and pharmacy technicians may find the following 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 for the first time, you are required to register for a free account. When completing your registration, please select "ICS North East London" as your organisation.

12. 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.

13. 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 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
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