MAKING THE MOST OF MEDICINES

NHS North East London

NEL Prescribing and Medicines Newsletter

October 2025

Updates for Primary Care across North East London

Contents

1. Discontinuation of Glucagon Pre-Filled Disposable Devices

As of 30th September 2025, glucagon solution for injection pre-filled disposable devices (**Ogluo®**) used for the treatment of severe hypoglycaemic events in insulin-treated adults and children with diabetes mellitus, have been discontinued.

We have enabled an alert on OptimiseRx to inform prescribers of the recommended alternative available product which is **GlucaGen® Hypokit.** Should prescribers attempt to prescribe Glucagon solution for injection pre-filled disposable devices, an alert will pop up recommending the alternative.

Please note the following key differences and prescribing considerations:

- **GlucaGen® HypoKit** is available as a **powder for reconstitution** prior to injection, unlike the discontinued Glucagon product was a ready-to-use pre-filled disposable device.
- Prescribers should ensure that patients (and/or carers) who are switched to **GlucaGen® HypoKit** are appropriately counselled on:
  - The different formulation and preparation steps
  - The reconstitution process, and
  - The administration technique

Actions for Practices:

- Prescribers should not initiate new patients on glucagon (**Ogluo®**) 500micrograms/0.1ml solution for injection pen or glucagon (**Ogluo®**) 1mg/0.2ml solution for injection pre-filled pen.

- Prescribers should consider prescribing glucagon (**GlucaGen® HypoKit**) 1mg powder and solvent for solution for injection
- Ensure appropriate counselling for all affected patients (see prescribing considerations above and the discontinuation information available on SPS below)

For further details and clinical guidance on switching and patient counselling, refer to the Specialist Pharmacy Service (SPS) information: here and SmPC SmPC GlucaGen Hypokit for product information.

2. Valproate Safe Prescribing Requirements

The NEL Pharmacy and Medicines Optimisation team have recently received some enquiries relating to the **Annual Risk Acknowledgment Form** (ARAF), and the suitability of primary care clinicians completing this in the absence of ARAF from the specialist.

The ARAF for girls and women of childbearing potential (newly started or currently prescribed valproate) or Risk Acknowledgement Form (RAF) for boys and men of reproductive potential (newly started valproate) **must be completed by the specialist.**

Please see the guidance note for details of the full requirements for safe prescribing of valproate to both males of reproductive potential and females of child-bearing potential.

3. Paracetamol in Pregnancy

Paracetamol has been confirmed to be safe in pregnancy and is the recommended pain relief option for pregnant women when used as directed. Untreated pain and fever can pose risks to the unborn baby, so it is important to manage these symptoms with the recommended treatment. Pregnant women should continue to follow existing NHS guidance and speak to their healthcare professional if they have questions about any medication during pregnancy.

For further information, please consult the following:

- Pregnancy, breastfeeding and fertility while taking paracetamol for adults - NHS
- MHRA confirms taking paracetamol during pregnancy remains safe and there is no evidence it causes autism in children
- Paracetamol and pregnancy - reminder that taking paracetamol during pregnancy remains safe - GOV.UK

4. MHRA Latest Drug Safety Updates

Medicine shortages

Antimicrobial Agents Used in Tuberculosis (TB) Treatment

On 23 October 2025 DHSC/NHSE updated the Medicine Supply Notification for TB antimicrobials. The supply situation for antimicrobial medicines used to treat TB has significantly improved. It now supersedes advice in the National Patient Safety Alert (NatPSA) issued on 29 July 2025.

Supplies of rifampicin 150 mg capsules, rifampicin 600 mg IV, and Rifinah® 300 (rifampicin + isoniazid) remain intermittent. Unlicensed rifampicin preparations have been sourced in sufficient quantities to meet the gap in supply of licensed packs; however, lead times may vary. Please note allocations will be managed nationally to ensure equitable distribution. Licensed stock of other tuberculosis treatments is now available.

Normal services will now resume, including latent TB treatment (e.g. Newham Latent TB Infection (LTBI) service) and, where needed, the prescribing of rifampicin capsules for non-TB indications in both primary and secondary care.

Actions for general practice:

- Please disregard advice in the NEL Guidance-Note-for-TB-med-shortages-Aug-25.pdf.
- Prescribing of antimicrobials to treat TB in primary care can now resume.
- Please liaise with specialist services to effectively manage treatment transition where needed.
- Please note prescriptions for unlicensed imports will need to be written as a FP10 paper prescription should be issued as 'product name (Special Order)'.
- Please refer to the Medicine Supply Notification (MSN) for details.

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)
Please note SSPs for **Estradot®** patches and cefalexin oral suspension have been extended. For further details on this and all active SSPs please click here.

Further information on medicines safety
Please consult the following for further information on alerts, recalls, supply issues and medicines safety information MHRA tab on the Medicines Safety section of the Medicines Optimisation page on the Primary Care Portal.

5. Formulary and Pathways Update

Approved Item / Guidance and Pathway	Additional information
Dapagliflozin and empagliflozin for treating chronic kidney disease without type 2 diabetes	Formulary position change from **Amber** to **Green** Patient information Leaflets available: SGLT2i in adults with kidney disease without diabetes SGLT2i in adults with kidney disease and diabetes
NEL Guidelines on the Management and Prescribing for Cow's Milk Protein Allergy (CMPA)	Management and Prescribing for Cows Milk Protein Allergy (CMPA)
NEL Guidelines on the Identification, Treatment and Management of Malnutrition in Adults, including the appropriate prescribing of Oral Nutritional Supplements	NEL ONS Guidelines Sept-25
NEL treatment flow chart for the eradication of Helicobacter pylori (H.Pylori)	NEL Helicobacter-pylori flowchart
NEL Primary Care Children and Young People (CYPs) Asthma Prescribing Guidance 2025	NEL Primary Care Children and Young People (CYPs) Asthma Prescribing Guidance
NEL Prescribing Guidance for Adrenaline Auto-injectors (AAIs) in Primary Care	Medicines Guidelines – Allergy
NEL High Cost Drug Treatment pathway for inflammatory bowel disease (IBD)	NEL HCD pathway for IBD
NEL High Cost Drug Treatment pathway for atopic dermatitis	NEL HCD pathway for Atopic Dermatitis
Barts Health Shared Care Guidelines expiry extension to July 2026 for the following:	• Denosumab (Prolia®) in treatment of osteoporosis in post- menopausal women at increased risk of fractures

	• Disease Modifying Anti-Rheumatic Drugs - DMARDs in adult patients with inflammatory arthritis • Methotrexate tablets in adult inflammatory bowel disease • Nebulised gentamicin, tobramycin or colistimethate sodium in the management of Pseudomonas aeruginosa lung infection in Adult Non -cystic fibrosis bronchiectasis • Methotrexate tablets and ciclosporin capsules in Severe Adult Psoriasis-Atopic-Dermatitis-Eczema • Hydroxycarbamide (Hydroxyurea) for the Management of Sickle Cell Disease in Adults and Children

6. Seasonal Prescribing Restrictions for Oseltamivir (Tamiflu ®) and Zanamivir (Relenza ®)

Seasonal prescribing restrictions have been removed for **oseltamivir (Tamiflu®)** and **zanamivir (Relenza®).** This change will enable primary care prescribers in England to prescribe influenza neuraminidase inhibitor antivirals – oseltamivir and zanamivir – via standard prescription and dispensing routes all year round, and not just within the period in which the Chief Medical and Pharmaceutical Officers have advised influenza is circulating in the community.

Prescriptions should be endorsed 'SLS' by the prescriber.

Please note prophylaxis provision remains a commissioned service.

More information available Removal of prescribing restrictions on flu antivirals - Community Pharmacy England UKHSA guidance will be updated later on this month to reflect the change in policy.

7. SLS Endorsement Requirements Removed for Tadalafil and Vardenafil

SLS endorsement requirements have been removed for generically written prescriptions for **Tadalafil and Vardenafil preparations.**
This change is likely to benefit patients who are unable to tolerate Sildenafil (which is available without restriction for erectile dysfunction) but who currently do not meet the SLS criteria for Tadalafil or Vardenafil.

However, this change does not apply to the branded versions **Cialis®** and **Levitra®** which will still require the SLS endorsement for NHS prescriptions when used for treatment of erectile dysfunction in restricted circumstances

For more information, refer to SLS endorsement requirements removed for Tadalafil and Vardenafil - Community Pharmacy England

8. Prescribing Quality Scheme (PQS)

Problematic Polypharmacy deadline approaching 31st Dec 2025

For GP practices : PQS reminder: C2. Problematic Polypharmacy: deadline approaching **31st Dec 2025**

Final target: Between **March 2025** and **31st December 2025**, complete the required number of Structured Medication Reviews (**SMRs**) in patients prescribed 10 or more medicines, **prioritising patients who are aged ≥75years.**

Action Points:

- Determine the number of SMRs your GP practice is required to complete. This information is available on the GP practices CoordinateRx dashboard. The number of SMRs per practice is unique to individual GP practices as it is based on each practice's list size. The maximum number of SMRs to be completed by any GP practice is capped at 65.
- Run searches on your Patient Management System to identify patients prescribed **10 or more medications.**
- From this list, **prioritise patients aged ≥ 75 years** for a recall for a Structured Medication Review. If the practice has not met its SMR target under the PQS by reviewing patients aged **≥**75 years, it should extend **the** SMR**s** to include patients aged under 75 **years** who are prescribed 10 or more items.
- Use the **CEG Structured Medication Review Consultation template** (or alternative) to document the interventions you have made in the Structured Medication Review.
- GP practices should keep track of the interventions they have made throughout all the Structured Medication Reviews. These interventions should be captured in the evaluation excel spreadsheet tool and **submitted by the deadline** to the Pharmacy & Medicines Optimisation Team.

9. Staladex® Switch Protocol for Prostate Cancer

Staladex® (leuprorelin 11.25mg), a luteinising hormone-releasing hormone agonist (LHRHa), has been added to the North East London Formulary for the treatment of prostate cancer. It is administered as a subcutaneous implant via a pre-filled syringe.

Staladex® is clinically equivalent to Prostap® 3 DCS (leuprorelin 11.25mg) but offers a simplified administration process, reducing the risk of handling errors, in line with MHRA Guidance.**.** Additionally, Staladex® is a more cost-effective option.

Administration Considerations

Staladex® uses a lower gauge needle, which may increase the risk of discomfort at the injection site. It is essential that healthcare professionals receive appropriate training in the administration technique to minimise patient discomfort.

Support for Practices

A protocol to assist with switching patients from Prostap® 3 DCS to Staladex® is available on the NEL Medicines Optimisation Portal, and includes:

- EMIS and SystmOne search templates
- A training video on Staladex® administration
- Letter/text message templates for patient communication and Patient information leaflet

Aspire Pharma is offering virtual education sessions for healthcare professionals on Staladex® administration:

- **Monday 10th November and Thursday 4th December: 12:30–1:30pm**
- **Tuesday 25th November and Wednesday 17th December: 6:30–7:00pm**

To register, please contact Aspire Pharma's Clinical Nurse Advisor at **training@aspirepharma.com.**

10. Update of Pharmacy First Clinical Pathways

The national **Pharmacy First Service**, launched on **31 January 2024**, continues to evolve as part of the NHS's strategy to improve access to primary care.
As of **October 2025**, NHS England has implemented updates to the **Patient Group Directions (PGDs)** and **clinical pathways** for the seven clinical pathways following a national clinical stocktake. These updates aim to improve clarity, safety, and consistency in service delivery across England.

Updates include revisions to the gateway criteria for selected Pharmacy First Clinical Pathways. Where community pharmacies have conducted clinical examinations and determined that antibiotic or other PGD approved treatment is not required, and have opted instead to recommend selfcare measures, these consultation notes will now be shared with the patient's GP.

Consultations where urgent escalation were made (e.g. High NEWS2 score) will also be recorded and shared with the patient's GP. The age (and gender where applicable) criteria for the Pharmacy First Clinical Pathways remain unchanged.

Reminder for General Practices:-referrals to Pharmacy First (minor illness and clinical pathways) **must be made via EMIS Local Services, S1 BARs or PharmRefer.** Practices should avoid signposting and instead use the digital referral tools to enable anaudit trail of clinical responsibility transfers.

More information and resources are available here: Pharmacy First – North East London

11. NEL Cow's Milk Protein Allergy (CMPA) Guidelines webinars

The NEL CMPA working group is holding a webinar to support the implementation of the new NEL CMPA guidelines (see link for guidelines)

Part 1 - Date: 5th November 2025 **Time:** 1pm-2pm Teams Link
Part 2 - Date: 4th December 2025 **Time:** 1pm-2pm Teams Link

What to expect:
Part 1

- Introduction to the NEL CMPA guidelines, and how to implement these practices.
- How these guidelines support in diagnosing and managing CMPA appropriately.
- Dealing with challenges – including differential diagnoses, addressing inappropriate prescribing.
- A short Q&A to an expert panel including community and hospital dietitians.

Part 2

- Case studies
- Extended Q&A expert panel including community and hospital dietitians

Who Should Attend

- All healthcare professionals involved in the management of CMPA, including GPs, health visitors, pharmacists, dietitians, nurses. Open to all those working in primary community and secondary care.

12. World Antimicrobial Resistance Awareness Week

Tuesday 18th to Monday 24th November 2025

The World AMR Awareness Week (WAAW) is a global campaign to raise awareness and increase understanding of Antimicrobial Resistance (AMR) and to promote global action to tackle the emergence and spread of drug-resistant pathogens.
The theme for WAAW 2025 is **"Act Now: Protect Our Present, Secure Our Future."**

The resource toolkit for healthcare professionals is available to download here. **A specific theme has been assigned to each day of the campaign.** Each theme is linked to at least one outcome in the 2024-29 National Action Plan (NAP) for AMR.

UKHSA's national campaign for the public: Keep Antibiotics Working (Andi Biotic)
The week is supported by a campaign that aims to increase public awareness and understanding of the correct and incorrect antibiotic behaviours, using the below 3 messages:

1. **Don't take antibiotics for colds and flu**
2. **Don't save antibiotics for later**
3. **Take antibiotics as directed by your healthcare professional.**

Further information on the campaign can be found here.
Actions for Primacy care clinicians

1. Understand the **antimicrobial** data for your practice and PCN - Includes a new metric for antibiotic exposure in children under 10 years, aiming to return to pre-pandemic level
   - Promote use of FeverPAIN scores where appropriate
   - Encourage delayed prescribing and safety-netting where appropriate
2. Prescribe shorter courses of antibiotics where indicated by national guidelines. Five-day courses are increasingly supported by evidence for many common infections, especially in children. This year's Prescribing Quality Scheme (PQS) incentivises five-day courses of amoxicillin, doxycycline, flucloxacillin, and penicillin — where clinically appropriate
3. The RCGP TARGET 'Treating Your Infection' leaflets for common infections are available in 25 languages and in a pictorial format – consider sharing with your patients
4. Please register to attend national (NHSE) online events here.

13. PrescQIPP Updates

Polypharmacy and deprescribing: PrescQIPP's updated bulletin on polypharmacy and deprescribing considers the evidence base for deprescribing and provides resources that help support safe deprescribing through **shared** decision making and **patient** decision aids.

PrescQIPP Resources include **Care Home resources to support patients having a Structured Medication Review.** The resources include 'Safely stopping your medicine' leaflets (for care home staff, residents and their relatives) which are also available in a number of other languages, audio versions for visually impaired people and easy read versions for people with learning disabilities here.

PrescQIPP – Upcoming Webinars:

Details	When	Time	Registration
Pharmacist Review of Opioid Prescribing in Chronic Pain	4 November 2025	1:00 PM – 2:00 PM GMT	Register here: Microsoft Virtual Events Powered by Teams
Liver disease	5 November 2025	1:00 PM - 2:00 PM	Register here: Microsoft Virtual Events Powered by Teams
Sepsis	11December 2025	1:00 PM - 2:00 PM	Register here: Microsoft Virtual Events Powered by Teams

You can register to access PrescQIPP resources by clicking here. Please select "ICS North East London" as the organisation

14. Pharmacogenomics in Childhood Asthma

NHS Pharmacogenomics and Medicines Optimisation Network of Excellence will be hosting a webinar on *Pharmacogenomics in Childhood Asthma.*

Drawing on insights from the PACT study this webinar will bring together leading voices in paediatrics, respiratory care, and genomics to discuss:

- The current evidence base for pharmacogenomic-guided prescribing in childhood asthma.
- Potential impact of pharmacogenomics on prescribing practice, patient outcomes
- Opportunities and challenges for national implementation within the NHS.
- The role of national networks, clinicians, and policy leaders in shaping next steps.

Thursday 27th November 2025, 12:15 pm to 1:15 pm
Register here: Microsoft Virtual Events Powered by Teams

15. 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
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	
NEL Joint Formulary	https://www.nel-jointformulary.nhs.uk User guide: NEL netFormulary User Guide FINAL .pdf
Pharmacy & Medicines Optimisation 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