

NEL Prescribing and Medicines Newsletter

November 2025

Updates for Primary Care across North East London

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1. Rybelsus® (oral semaglutide) - Formulation Change

Novo Nordisk® is replacing the current Rybelsus® formulations (3mg, 7mg, 14mg tablets) of Rybelsus® with new formulations with **higher-bioavailability** (1.5 mg, 4 mg, 9 mg tablets). During the transition period, both original and new formulations will temporarily co-exist on the market. This poses a potential risk of prescribing, dispensing and dosing errors due to the increased higher bioavailability in the new formulations.

System Updates

The new formulations have been added to the EMIS and SystmOne prescribing systems and are now available to prescribe.

SystmOne and EMIS have also issued a system-wide safety banner alert regarding the risk of medication error.

Novo Nordisk® is working with system providers to mitigate risks by implementing additional safety alerts at both the prescribing (Clinical Decision Support Tools- CDST/OptimiseRx) and dispensing (ProScript, SystmOne) levels. These alerts are already live in CDST, ProScript, EMIS and SystmOne.

The original Rybelsus® strengths are expected to be **discontinued at the end of January 2026**.

Key Safety Information:

Rybelsus® is transitioning to a new formulation with higher bioavailability.

- This means lower milligram strengths will achieve the same therapeutic effect. The new formulation maintains the same efficacy, safety profile, and administration method as the original.
- Please refer to the healthcare professional correspondence for further details. This is available here- [Link](#)

Actions for Clinicians:

- Familiarise yourself with the new dose formulations and information above to ensure patient safety and prevent prescribing errors. Please refer to the healthcare professional correspondence for details - [DHPC Letter- Rybelsus 2G.pdf](#)
- Inform and counsel patients currently taking Rybelsus® about the upcoming change in formulation and dosage when prescribing or dispensing the new tablets.
- Patient educational resource has also been published on the [Medicines Compendium \(eMC\) website](#) that can be referred to and shared with patients when the new formulation is available to prescribe.

2. Field Safety Notice: FreeStyle Libre 3 and FreeStyle 3 Plus Sensors

Abbott has identified that certain FreeStyle Libre 3 and FreeStyle Libre 3 Plus sensors may give incorrect low glucose readings. Using a sensor that reports incorrect low glucose readings over time could lead to unnecessary carbohydrate intake or changes to insulin dosing, which may pose serious health risks and complications.

Action required:

Please ensure this information is shared with all healthcare professionals involved in the care of patients with diabetes, including the diabetes leads within your practice.

Inform your patients to check if their sensor is affected:

- Visit www.FreeStyleCheck.com
- Select "CONFIRM SENSOR SERIAL NUMBER."
- Patients will need to locate their sensor serial number to determine if sensor is potentially affected.
- If sensor is identified as potentially affected, to stop using it immediately and dispose of affected sensor(s).
- Abbott will send a free replacement sensor

For further information, please refer to the MHRA field safety notice, which is available via the following link - [Field Safety Notices](#) - or contact Abbott Customer Service: 0800 170 11 77

3. MHRA Latest Drug Safety Updates

National Patient Safety Alert (NatPSA): Harm from incorrect recording of penicillin allergy and penicillamine allergy (CAS Alert 103270)

A new [national patient safety alert](#) was issued on 20 November 2025, highlighting the risk of harm from the incorrect labelling of penicillin allergy as penicillamine allergy. This error can result in patients with true penicillin allergy being prescribed penicillin antibiotics, with the risk of allergic reactions. The NHS NEL [Medicines Safety Quality Group](#) will provide on-going updates, support materials and guidance as the national work progresses.

Medicines Shortages

Creon® 10,000 and 25,000 gastro-resistant capsules remain in short supply, with resupply now expected by 29 January 2027.

For guidance on managing Pancreatic Enzyme Replacement Therapy (PERT) shortages, please see:

- [PERT medication shortages – Information for patients and families](#)
- [PERT medication guidance for general practice Feb 2025 V1.0](#)

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

- [Medicines Safety Newsletter \(London Region\) - Autumn 2025](#)

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.

4. Allergen concerns linked with SunVit-D3 and other prescribed supplements

[Allergy Aware UK](#), an independent UK-based initiative, has raised a patient safety concern about SunVit-D3®, an unlicensed vitamin D3 food supplement that the manufacturer confirms may contain traces of nuts and peanuts. Several allergic reactions have been reported nationally in patients prescribed unlicensed supplements containing allergens.

Unlicensed products lack an MHRA-approved Summary of Product Characteristics (SPC) and are not listed on the [Electronic Medicines Compendium \(EMC\)](#), so prescribers may not have full allergen or excipient information. This increases risk for patients with known food or excipient allergies.

Note: There is currently no notification from the Food Standards Agency (FSA) on this issue.

Recommended actions for general practices:

- Review patients with allergies who are prescribed unlicensed supplements.
- Confirm current allergen status with the manufacturer, as formulations and excipient sources can change.
- Where possible, switch to [a licensed medicine](#) (also accessible via PrescQIPP) with a verified allergen-free profile.
- If a licensed option is unsuitable (e.g., vegan or religious requirements), document a **risk assessment** and confirm allergen status directly with the supplier.

For further information and resources, consider using the [vitamin D PrescQIPP bulletin](#) to assist local review and mitigations.

5. Learning from a Prevention of Future Death (PFD) Report - Time Critical Medicines

The NEL Pharmacy and Medicines Optimisation team is sharing learning from a recent [PFD report](#) following a medicines-related safety event that occurred outside North East London.

The patient died from Sudden Unexpected Death in Epilepsy (SUDEP), likely linked to not receiving essential medication despite repeated attempts over two days. This case reinforces the need for timely access to medicines and robust processes for urgent supply.

Further guidance is available [here](#)

6. NEL Weight Management Service for Tirzepatide

From 1st December 2025 NEL GPs will be able to refer eligible patients for weight management to access tirzepatide (Mounjaro) via the Barts Health Specialist Weight Management Service (SWMS) at the Royal London Hospital.

From December 2025, eligible patients can be referred as per the NEL Weight Management Clinical Policy, via eRS to the Barts Health Service via Advice & Referral. Please refer to the NEL policy regarding eligibility prior to any referrals- you can find the NEL Weight Management Clinical Policy [here](#) Please note that our local Clinical Policy aligns with national guidance for access to Tirzepatide on the NHS at this time.

Please be aware that there will be limited capacity in the short term while the service expands and the SWMS team will clinically prioritise referrals received to ensure those with highest need are seen earlier. There will be an update regarding Homerton Hospital referrals in due course, pending final governance processes.

7. NEL ICB Pharmacy & Medicines Optimisation Team – Prescribing Queries Service Update

A reminder to primary care clinicians that a wide range of prescribing resources is available on the NEL Medicines Optimisation Portal: [Medicines Optimisation – North East London](#), including the NEL netformulary. These resources, some of which are linked below, are designed to help you find advice quickly and often provide an immediate answer to common prescribing queries:

NEL Pharmacy and Medicines Optimisation Information Portal	Medicines Optimisation – North East London
NEL Joint Formulary - netFormulary	North East London Joint Formulary Formulary
Weight Management / NEL Weight Management Clinical policy	Medicines Guidelines – Weight Management – North East London
ADHD Shared Care documents – Adults and Children	Shared Care Guidelines – Mental Health – North East London
Interface Prescribing- Prescribing requests from private providers	Prescribing information – North East London
NEL – Management of Infection Guidance for Primary Care	NEL Antimicrobial Guidance
Specialist Pharmacy Service (SPS)-Medicine Advice-For patient specific clinical queries.	asksp.s.nhs@sps.direct
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

If you are unable to find the information you need after reviewing the portal, please contact us via the Prescribing Queries mailbox: nelondonicb.prescribingqueries@nhs.net

To help us respond efficiently, please include the following information:

- Your full name, role, and the practice you are based in.
- Relevant clinical or contextual background (e.g. indication, patient factors such as age, weight etc)
- Clearly state the specific advice / information you need, to facilitate an appropriate response to your enquiry.
- Clinical queries must be submitted directly by a clinician (e.g. GP, practice pharmacist, or nurse prescriber).
- Administrative or process-related queries may be sent by non-clinical staff, provided sufficient context is included.

Please do not share any patient identifiable information, including AccuRx messages.

Thank you for your continued support in helping us deliver a high-quality and efficient prescribing advice service across North East London.

8. NEL Joint Formulary RAG definitions update

The [North East London Joint Formulary](#) has been updated to align with the RAG definitions agreed as part of the Standardisation of RAG rating definitions for formularies across London which was approved at a recent NEL Formulary and Pathways Group and ratified by the NEL System Prescribing and Medicines Optimisation Board. The new RAG status definitions are:

Formulary status	Definition
Green	Medicines that can be initiated in primary and secondary care. Additional notes: 'GREEN' medicines are suitable for non-specialist initiation.
Amber *	AMBER status where category 1 or 2 not yet applied. NEL is working through these to align with pan-London RAG formulary status standards. These medicines may be prescribed in primary care under the following scenarios (any restrictions would be specified in the formulary): <ul style="list-style-type: none"> • The primary care prescriber may initiate treatment if they have appropriate knowledge and/or has received appropriate training to prescribe (e.g. direct oral anticoagulants (DOACs) or insulins) OR • Prescribed in primary care after specialist* recommendation or initiation. Information should be provided by the specialist* on the use, monitoring and follow up for the drug and condition. The GP must be able to contact the specialist* for further advice and support at any point of the patient's care, including referring the patient back to the specialist if necessary. A supporting prescribing guidance/factsheet may be available to support primary care prescribing.
Amber 1	Suitable for initiation in primary care, following specialist recommendation. The first prescription can originate from primary care after recommendation by an appropriate specialist. The recommendation may be provided in writing, verbally, or based on clinical guidelines.
Amber 2	Specialist initiation with maintenance in primary care: These medicines require specialist involvement during initiation and may require a period of treatment stabilisation before primary care prescribing is appropriate. Initial prescription(s) are issued by the specialist. If a specified minimum duration of specialist prescribing is required, this will be detailed in local recommendations.
Amber 3	Specialist Initiation with shared/collaborative/transfer of care documentation: These medicines require specialist initiation/first prescription and a period of stabilisation.

	However, it may not be appropriate for full transfer of clinical responsibility to primary care prescribers, therefore a sharing/collaborative agreement should be in place.
Red (specialist or hospital prescribing only)	Specialist or hospital prescribing only Additional notes: The responsibility for prescribing, monitoring, dose adjustment and review should remain with the specialist or hospital. In very exceptional circumstances, transfer of clinical responsibility including prescribing for an individual patient may be agreed between the specialist and primary care/GP
Non-Formulary	Non-Formulary: These are medicines not listed on the local formulary and are not recommended for routine use in primary or secondary care Additional notes: There are 2 types of 'non-formulary': <ul style="list-style-type: none"> • Passively non-formulary, where treatment has not been reviewed or applied for and no formal position exists (e.g. new medicines) • There is an active position from the Formulary and Pathways Group (or equivalent) not recommending this treatment

(Please refer to [NEL Formulary Key](#) for full details)

9. Formulary and Pathways Group Update

Approved Item / Guidance and Pathway	Additional information
Bezafibrate for Primary Biliary Cholangitis (PBC) and pruritus in Primary Sclerosing Cholangitis (PSC)	Formulary status change from Red to Amber 2 (Specialist initiation with maintenance in primary care). NEL Primary Care Prescribing Support Factsheet Bezafibrate
Cequa® (Ciclosporin) 0.9 mg/mL aqueous preservative-free eye drops (for the treatment of severe dry eye disease (keratoconjunctivitis sicca) in adult patients	Amber 2 specialist initiation and supply of 3 months treatment
NEL High Cost Drug Treatment pathway for Inflammatory Bowel Disease	NEL IBD pathway

10. Safe Prescribing of Home Enteral Tube Feeds for Adults and Children

The guidance note linked below supports the appropriate prescribing and supply of Enteral Tube Feeds (ETF). Feeds should not be supplied without an appropriate prescription and prescriptions should not be issued after a feed has already been supplied.

Guidance note: [13.10.2025-Pharmacy-MedOp-Guidance-Note-Development-Enteral-Tube-Feeds-Final-1.pdf](#)

Enteral Tube Feeding is classified as a medical treatment and has risks and benefits associated with its use. It should be prescribed by appropriate healthcare prescribers to meet the nutritional requirements for patients who cannot achieve adequate nutrition from food and/or for those who are unable to eat or drink safely. The provision of care, feeding supplies and information to ETF patients is complex and multifactorial, and involves several health care professionals and partner organisations. Therefore, effective collaboration between all healthcare professionals involved is essential.

11. Expansion of Community Pharmacy Selfcare Advice Service (CPSAS) Walk-in Eligibility

All eligible patients are now able to access the CPSAS via walk-in. Walk-in access to this service was until August this year, restricted to homeless patients, refugees and asylum seekers.

This expansion of walk-in access is in recognition of the missed opportunity for patients presenting in person at pharmacies who are eligible for CPSAS, but are not able to access the service except through a Pharmacy First referral from their GP. These patients are often those who do not routinely contact their GPs and use their pharmacies as their first point of contact.

In line with the national [delivery plan for recovering access to primary care](#), practices should continue referring patients, who have contacted practices for minor illnesses to the Pharmacy First service via EMIS or SystmOne.

This expansion aims to minimise the need for CPSAS eligible patients, identified in community pharmacies, contacting practices to request a Pharmacy First referral to enable access to CPSAS.

Please note that patients can access the walk-in CPSAS up to a maximum of 6 consultations per patient in any 6-month period. This is to ensure the service remains focused on supporting acute illnesses only as long standing conditions should be managed by patient's general practice..

12. Expansion of New Medicines Service (NMS)

NMS now includes 'Depression' as an eligible therapeutic area. Patients initiated on Citalopram, Escitalopram, Fluoxetine, Paroxetine, Sertraline, Duloxetine and Mirtazapine for Depression can now be referred or signposted to community pharmacies for NMS. Eligible patients can also be identified opportunistically in community pharmacies at the time of dispensing.

Summary of the NMS therapeutic areas and [list of drugs](#) are available here: [NHS England » NHS New Medicine Service](#)

13. Expansion of NHS Pharmacy Contraception Service

As of 29th October 2025, the provision of oral emergency contraception is now included as part of the NHS Pharmacy Contraception Service.

The NHS Pharmacy Contraception service allows community pharmacies to:

- **Initiate oral contraception** (combined hormonal contraception and progesterone-only-pill)
- Provide **on-going supply and monitoring of oral contraception**
- **Provide oral emergency contraception** (levonorgestrel and ulipristal)

All patients are subjected to the service eligibility and PGD inclusion/exclusion criteria. Please refer here for more information: [NHS England » NHS Pharmacy Contraception Service](#)

This service is free of charge for all eligible patients and walk-ins are accepted. Practices can also refer patients to community pharmacies via local services on EMIS or SystmONE.

A list of pharmacies providing this service is available on EMIS (local services)/SystmOne and here: [Find a pharmacy that offers the contraceptive pill without a prescription - NHS](#)

14. NEL Primary Care Medicines Optimisation Induction Webinar

Practice and PCN staff are invited to one of the upcoming NEL Primary Care Medicines Optimisation Induction Webinars, organised by the North East London Pharmacy and Medicines Optimisation Team.

Date: Tuesday 2nd December 2025

Time: 1pm – 2pm

Teams link: [Join the meeting here](#)

OR

Date: Thursday 29th January 2026

Time: 1pm – 2pm

Teams link: [Join the meeting here](#)

What to expect:

- A friendly introduction to the NEL Pharmacy and Medicines Optimisation Team
- Overview of key elements of medicines optimisation in North East London, including team functions
- Information on using the NEL Joint Formulary, digital tools, and the Medicines Optimisation Portal to support safe and cost-effective prescribing.
- Signposting to essential resources, guidelines, policies.
- An introduction to local prescribing schemes and community pharmacy services.
- Where to find support for prescribing queries

Who should attend?

- All new healthcare professionals involved in prescribing or medicines-related processes including GPs practice / PCN pharmacists, nurse prescribers and other non-medical prescribers.
- New practice managers and allied health professionals (AHPs).
- Anyone who has recently joined or had recent contact with the Medicines Optimisation Team and would like to learn more

15. Genomics England Survey for a new population study

Genomics England is taking its first steps to explore the design of an adult population genomic research study, as set out in the NHS Ten Year Health Plan and the Life Sciences Sector Plan. The study aims to build evidence and digital systems to assess how genomics can be used in routine, preventative healthcare for adults. This study will also be considering pharmacogenetics.

As part of this exploratory work, Genomics England is working with RAND Europe, a policy research organisation, to understand the views of healthcare professionals on the future use of genomics for risk prediction, disease prevention, and prescribing.

Healthcare professionals in primary and community care are invited to complete a 10-minute survey on 'Healthcare Professionals: Views on Using Genetic Information in Healthcare'. Those who complete the survey may also be contacted for subsequent online workshops. All data collected will be handled in accordance with UK GDPR and the Data Protection Act 2018.

- **Survey link:** <https://www.thiscovery.org/landing/use-of-genomic-information-in-adult-healthcare>
- **Project page link:** <https://www.thiscovery.org/project/use-of-genomic-information-in-adult-healthcare>

16. PrescQIPP Updates

Upcoming Prescribing Mastery Webinar:

PCN / practice pharmacists and pharmacy technicians may find the following upcoming webinar useful:

Date	Time	Webinar
Thursday 4 th December	1pm– 2pm	Practice Plus - The role of supervision within Primary Care: Building Your Professional Network in Primary Care Pharmacy

For more details on upcoming and previous webinars refer to: [Learning](#)

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.

17. 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

[For your information:](#)

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