

# NEL Prescribing and Medicines Newsletter

## February 2026

### Updates for Primary Care across North East London

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## 1. Prescribing Efficiency Scheme (PES) BGTS Oversupply Update

The 25-26 Prescribing Efficiency Scheme (PES) includes two indicators which focus on the oversupply of blood glucose test strips (BGTS):

- Number of metformin only or diet-controlled patients with diabetes oversupplied BGTS as a % of all patients in this group (excluding gestational diabetes)
- Number of blood glucose sensor (CGM) patients with diabetes oversupplied BGTS as a % of all patients in this group

For these indicators, NHSBSA defines oversupply as > 200 strips annually [NHSBSA Oversupply Comparators Specification](#). Although the oversupply indicator uses a threshold of 200 strips, the vast majority of patients on metformin alone or diet-controlled diabetes should not require routine self-monitoring of blood glucose as per [NICE NG28: Type 2 diabetes in adults: management](#).

These indicators are measured using NHSBSA oversupply data, which is presented in a period of 12 months. Work completed on these indicators may not be fully reflected until 12 months after completion. Given that baseline data is the 12 months up to December 2024, the achievement period for both indicators will be **extended to the 12 months up to December 2026**, to allow time for maximum achievement.

This means that all work **completed beyond the PES deadline of 31 March 2026** - including deprescribing activity up to December 2026 - **will still count toward your practice's achievement**. We kindly encourage practices to continue working on these indicators.

EMIS and SystemOne searches to identify patients for review are available on EMIS/System One in the **Clinical Effectiveness Group (CEG): NEL Prescribing Efficiency Scheme 25/26** folder. For the metformin only/diet-controlled indicator, patients with gestational diabetes will need to be excluded from the list of patients identified by the search.

Please see resources in the 25-26 NEL Prescribing Efficiency Scheme folder on the [NEL Medicines Optimisation Portal](#) for more information on 25-26 PES indicators.

## 2. Update on Semaglutide (Wegovy®): MHRA 7.2 mg Weekly Dose

The Medicines and Healthcare products Regulatory Agency (MHRA) approved a **maximum weekly dose of 7.2 mg** of semaglutide (Wegovy®) on 6 January 2026.

Currently, North East London (NEL) clinicians should **NOT** prescribe semaglutide (Wegovy®) for weight loss.

This licence applies **only to weight management** in adult patients with obesity, as an adjunct to a reduced-calorie diet and increased physical activity, and only for patients with a BMI  $\geq 30$  kg/m<sup>2</sup>.

The approval **does not apply** to:

- Overweight patients with a **BMI <30 kg/m<sup>2</sup>**
- Patients using semaglutide for **other licensed indications**, including reduction of cardiovascular risk

NICE has not yet appraised this dose change nor confirmed whether TA875 will be reviewed and/or updated.

- Further information and next steps will be shared with clinicians in due course

**A single-dose 7.2 mg device is not currently available on the market.**

**This higher maintenance dose is not currently available on the NHS until the National Institute for Health and Care Excellence (NICE) assesses the cost-benefit profile of the new dosage. Therefore, this dose should not be prescribed currently.**

## 3. MHRA Drug Safety Update

### Isotretinoin: Changes to prescribing guidance and additional risk minimisation measures

#### Key changes

- A second prescriber sign-off is no longer required for prescribing isotretinoin to patients under 18 years.
- The [Acknowledgement of Risk Form](#) has been digitised, reduced to two pages, and clarified to confirm clinical appropriateness, indication, and the patient's right to a second opinion.
- A new [patient information video](#), produced by the British Association of Dermatologists (BAD), should be viewed by patients before treatment begins.
- A BAD-led national clinical audit of risk minimisation measures will be developed and implemented this year.

#### Existing measures remain unchanged

- Patients must continue to be counselled and monitored for potential mental health and sexual side effects.
- Patients of child-bearing potential must remain enrolled in the [Pregnancy Prevention Programme](#).
- Healthcare professionals should continue using the [patient reminder card](#) and [pharmacist checklist](#).
- Mental health and sexual function should be assessed before treatment and reviewed at every follow up using appropriate patient reported outcome measures.
- Isotretinoin must be initiated by a [Lead Prescriber](#) with specialist expertise in systemic retinoids.

#### Reminder: October 2025 isotretinoin guidance updates

- Healthcare professionals are also reminded about the updates and clarifications to the [isotretinoin prescribing advice](#) announced in [October 2025](#):
- Follow up appointments may be remote where appropriate; the initial consultation should be in person.
- Medically supervised pregnancy testing may be undertaken remotely with appropriate oversight.
- Sexual function should be discussed at follow ups, with briefer discussion acceptable by the third appointment.
- Suspected adverse drug reactions should continue to be reported via the [Yellow Card scheme](#).

For full details of this update please click [here](#).

### **GLP-1 receptor agonists and dual GLP-1/GIP receptor agonists: strengthened warnings on acute pancreatitis, including necrotising and fatal cases**

- Warnings have been strengthened for all GLP1 and GLP1/GIP receptor agonists (e.g. dulaglutide, exenatide, liraglutide, semaglutide, tirzepatide) due to rare cases of severe acute pancreatitis, including necrotising and fatal reports.
- Be vigilant for symptoms: severe, persistent abdominal pain (may radiate to the back), often with nausea/vomiting.
- If pancreatitis suspected: stop treatment immediately; do not restart if confirmed.
- Use with caution in patients with a history of pancreatitis and check for private GLP-1 use.

Report suspected adverse drug reactions (ADRs) via the Yellow Card scheme.

Full details of actions for healthcare professionals and patient counselling points can be found here:

[GLP-1 receptor agonists and dual GLP-1/GIP receptor agonists: strengthened warnings on acute pancreatitis, including necrotising and fatal cases](#)

### **Rivastigmine transdermal patches**

All strengths of Alzest® (rivastigmine transdermal patch) have been discontinued and there are ongoing shortages of other brands. Please refer to the [Tier 3 Rivastigmine 4.6mg/24 hours and 9.5mg/24 hours transdermal patches MSN](#) and [SPS Medicines Supply Tool](#) for information on the availability of alternative brands.

- Care is needed if switching between daily and twice weekly (Zeyzelf®) rivastigmine patches to avoid dosing errors.
- Risk minimisation materials are available to support correct patient use and are available [here](#).
- Prescribing rivastigmine patches by brand name is recommended to avoid confusion.

Please refer to the [SPS Medicines Supply Tool](#) for information on 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**

MHRA Safety Roundup: [January 2026](#)

For further information on alerts, recalls, supply issues and medicines safety information, please consult the Medicines Safety section of the [Medicines Optimisation page](#) on the Primary Care Portal.

## **4. Levemir® Product Discontinuations – Reminder**

### **Levemir® (insulin detemir) FlexPen and Penfill**

Stock is expected to be discontinued by **December 2026**.

Patients already under specialist care should be switched as part of routine clinical practice.

Clinicians are advised to:

- **STOP** initiating new patients on Levemir® FlexPen and Penfill.
- **Start** to plan patient switches now - switching patients already on Levemir®, to suitable alternative insulins in line with national clinical guidance: [Discontinuation of Levemir \(insulin detemir\): Joint guidance from ABCD and PCDO Society](#) by healthcare professionals with relevant clinical experience.
- Diversify prescribing across available alternatives recommended in the supporting guidance **and** before prescribing, to check stock availability (e.g. [SPS Medicines Supply Tool](#)) for brands that can support

demand (e.g. Semglee®, Lantus®, Toujeo®, Tresiba® cartridges/U200 FlexTouch®) to minimise supply risks.

- For further information and actions in the interim, refer to the updated [Medicines Supply Notification](#).
- Check the [SPS Medicines Supply Tool](#) before switching for the latest supply information.

Further NEL guidance will be shared shortly, to support safe transition to alternative insulins.

## 5. Change to maximal dose for opioids

The [Faculty of Pain Medicine \(Opioids Aware\)](#) recommended oral morphine equivalent (OME) dose, has been reduced from 120mg to 90mg/day OME, with an ideal target of 50mg/day OME. This aims to improve patient safety by reducing the risk of opioid-related harm.

Prescribers should note the updated OME threshold and use established care pathways to identify, review, and manage patients receiving high dose opioids for pain (except those receiving opioids for pain management in sickle-cell disease, palliative or in end-of-life care).

Further information and updated resources can be found [here](#).

## 6. Training & Education: Initiating & Monitoring Direct Oral Anticoagulants in Patients with Atrial Fibrillation for Stroke Prevention

Atrial Fibrillation (AF) is a major risk factor for stroke, and effective anticoagulation is key to reducing this risk. We are hosting two educational events focused on optimising stroke prevention through the safe initiation and monitoring of Direct Oral Anticoagulants (DOACs) in patients with AF.

**The first event** will take place on **Wednesday 22<sup>nd</sup> April 2026, 1pm – 2pm**, via Microsoft Teams Webinar. To register for the training and education webinar, please [click here](#)

**The second event** will take place on **Wednesday 29<sup>th</sup> April 2026, 1pm-2pm**, via Microsoft Teams Webinar. To register for the training and education webinar, please [click here](#)

**These are standalone sessions. The first session will cover the clinical foundations, including key evidence, monitoring requirements, and counselling considerations. The second session will focus on case studies and case finding tools. Attendees are welcome to join either session individually or attend both.**

The topics to be covered include:

- Assessing stroke and bleeding risk in AF
- Evidence-based DOAC prescribing
- Baseline checks and ongoing monitoring for safety and efficacy
- Practical tips for managing common challenges in primary care
- Managing common clinical scenarios and safety considerations
- The use of risk stratification tools to manage your atrial fibrillation population.

These events aim to support consistent, high-quality anticoagulation management to protect patients from preventable strokes in North East London.

## 7. Contact Details and Additional Resources

### CONTACT DETAILS

<b>NEL ICB Pharmacy and Medicines Optimisation Team</b>	<b>For prescribing and medicines enquiries:</b> <a href="mailto:nelondonicb.prescribingqueries@nhs.net">nelondonicb.prescribingqueries@nhs.net</a>
<b>Specialist Pharmacy Service (SPS) Medicines Advice</b>	For all patient specific clinical queries please use the following SPS contact: <a href="mailto:askspns.nhs@sps.direct">askspns.nhs@sps.direct</a>
<b>For all enquires, reporting concerns or incidents relating to Controlled Drugs</b>	<a href="mailto:england.londonaccountableoffice@nhs.net">england.londonaccountableoffice@nhs.net</a> <b>Report CD incidents</b> using the national reporting tool <a href="http://www.cdreporting.co.uk">www.cdreporting.co.uk</a>

### RESOURCES

For <b>NEL Joint Formulary</b>	<a href="https://www.nel-jointformulary.nhs.uk">https://www.nel-jointformulary.nhs.uk</a> User guide: <a href="#">NEL netFormulary User Guide FINAL .pdf</a>
For <b>Pharmacy &amp; Medicines Optimisation Team Resources</b>	<a href="https://primarycare.northeastlondon.icb.nhs.uk/home/meds/">https://primarycare.northeastlondon.icb.nhs.uk/home/meds/</a>
For <b>Medicine Supply Shortages</b>	<a href="#">Click here</a> for <b>SPS Medicines Supply Tool</b> which offers up-to-date information on Medicines Shortages, provided by DHSC and NHSE/I.  <a href="#">Register</a> with SPS free-of-charge to access.
For <b>PGD Updates</b>	UK Health Security Agency (UKHSA) – <a href="#">click here</a> SPS – <a href="#">click here</a> NHS England (NHSE) – <a href="#">click here</a>
For <b>MHRA information</b>	For all MHRA updates on alerts, recalls and safety information on drugs and medical devices <a href="#">Alerts, recalls and safety information: drugs and medical devices - GOV.UK</a>
<b>Learn from Patient Safety Events Service (LFPSE)</b>	For reporting patient safety incidents and misses <a href="#">NHS England » Learn from patient safety events (LFPSE) service</a>
For <b>Medicines Safety Tools - PrescQIPP</b>	<a href="#">PrescQIPP - Medicines safety</a>
For <b>reporting suspected adverse effects/defects of medicines or devices – Yellow Card Scheme</b>	<a href="#">Yellow Card   Making medicines and medical devices safer</a>

#### For your information:

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