

NEL Prescribing and Medicines Newsletter

March 2026

Updates for Primary Care across North East London

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1. Outbreak of Invasive Meningococcal Disease, South East England

Following the recent outbreak of meningococcal disease in Kent, this alert outlines the recommended courses of action to manage cases of infection and contacts.

Access the safety alert here: [Outbreak of invasive meningococcal disease, South East England - GOV.UK](#)

For action: urgent vaccination response to outbreak of meningococcal disease linked to University of Kent and the area of Canterbury

Access the guidance here: [NHS England » For action: urgent vaccination response to outbreak of meningococcal disease linked to University of Kent and the area of Canterbury](#)

Further information about Meningitis B Outbreak management can be found here: [Meningitis B outbreak: what you need to know – UK Health Security Agency](#)

2. Important update: Levemir® (Insulin Detemir) Discontinuation

Novo Nordisk® will be discontinuing **Levemir® Penfill®** and **Levemir® FlexPen®**, with supplies expected to be discontinued by **31 December 2026**.

There is no direct switch for Levemir® (insulin detemir) and patients will need careful switching and additional monitoring when moving to alternative insulin products.

Actions for general practice and primary care networks: as well as stock availability are outlined in the [Primary Care Bulletin](#).

Please refer to the [NEL Guidance note](#) for more information.

Further updates on stock availability and resources to support the identification of patients prescribed Levemir® and moving to alternative insulins in primary care will be provided shortly.

3. MHRA Drug Safety Update

Alerts, recalls and safety information

Please refer to the [MHRA](#) for alerts, recalls, supply issues and medicines safety updates.

Monthly updates on medicines safety

MHRA Safety Roundup: [February 2026](#)

SPS Medicines Safety Update: [February 2026](#)

Medicines Supply

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](#).

For further medicines safety updates, please consult the Medicines Safety section of the [Medicines Optimisation page](#) on the Primary Care Portal.

4. Formulary and Pathways Group Update

Formulary Updates

Approved Item / Guidance and Pathway	Additional Information
NEL Oral Contraceptives Formulary: Updated to include Drospirenone as 2 nd line option	Oral-contraceptives-formulary-preferences-NEL_01.2025-V2-final-1.pdf
ELFT Shared care agreements: Treatment of ADHD in children & young people (6-18 years) – expiry extension to November 2026 Melatonin: insomnia and sleep disorders in children and adolescents – expiry extension to March 2028 (For information, already approved at ELFT medicines committee)	Shared Care Guidelines – Mental Health – North East London
NEL Shared care agreement: Azathioprine and mercaptopurine for patients within adult services (non-transplant indications) – expiry extension to February 2028	NEL-wide (non-mental health) – North East London
DOACS (Direct-acting oral anticoagulants): Apixaban , Dabigatran , Etelxilate , Edoxaban , and Rivaroxaban .	Green medicines can be initiated in primary and secondary care. They are suitable for non-specialist initiation. <ul style="list-style-type: none">• Preferred-DOAC-prescribing-position-statement-NEL_11.2025-v2.pdf

Status change from **Amber*** to **Green** for **prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF)**.

Generic apixaban or **generic rivaroxaban tablets** should be considered as the preferred DOAC for patients with NVAF or VTE in NHS North East London.

- [DOAC-initiation-and-monitoring-template-NEL_11-2025.pdf](#)


Direct Oral Anticoagulant (DOAC) Initiation and Monitoring Guidance Template in NVAF

- [DOAC-Calculating-renal-function-NEL_04.2024.pdf](#)
- [Overview | Apixaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation | Guidance | NICE](#)

- **Training & Education: Initiating & Monitoring Direct Oral Anticoagulants in Patients with Atrial Fibrillation for Stroke Prevention**

Event Details


 Wednesday 22 April 2026


 1:00–2:00pm

 Microsoft Teams Webinar

Registration link: [Part 1 | Meeting Join | Microsoft Teams](#) [click here](#)

 Wednesday 29 April 2026

 1:00–2:00pm

 Microsoft Teams Webinar

Registration link: [Part 2 | Meeting Join | Microsoft Teams](#) [click here](#)

5. Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza

The UK Health Security Agency has updated its guidance on the use of [antiviral medicines for the treatment and prophylaxis of seasonal influenza](#) (23 January 2026) on the use of antiviral medicines for both treatment and prophylaxis of seasonal influenza. This follows the October 2025 changes to prescribing regulations and the Selected List Scheme (SLS) in Part XVIII B of the [Drug Tariff](#) which removed the requirement for prescribers to be notified of the use of oseltamivir (Tamiflu®) and zanamivir (Relenza®). These amendments now permit year round prescribing of both agents.

Antiviral treatment is recommended for people with confirmed or suspected influenza who are at higher risk of complications, including older adults, pregnant women, young children, individuals with chronic medical conditions, and those who are immunosuppressed. Oseltamivir remains the first line option, with zanamivir or baloxavir considered in defined clinical circumstances. The guidance places strong emphasis on early clinical assessment and prompt initiation of therapy, supported by wider use of point of care testing to aid timely decision making.

Post-exposure prophylaxis is reserved for specific high-risk groups following close contact with a confirmed case. Clinicians are advised to take account of product characteristics and, where appropriate, the implications of off label use when selecting an antiviral agent.

6. Prevention of future death reports – Shared Learning

The Pharmacy and Medicines Optimisation team continue to review Prevention of Future Death (PFD) reports relevant to primary care and medicines safety. These reports are issued under [Regulation 28](#) of the Coroners (Investigations) Regulations 2013 where action is required to prevent similar future deaths in the future. Some deaths have occurred in North East London, emphasising the local need to strengthen processes underpinning prescribing, counselling, monitoring and medicines supply. Full reports can be found [here](#).

Action: Clinicians and staff involved in medicines process are asked to review the learning and apply it locally to support improvements.

Issue	Concern	Learning
<p>Alan Crabtree 2026-0103</p> <p>Alan was prescribed methotrexate for rheumatoid arthritis. He developed rapid pancytopenia and, despite treatment, died from pneumonia. The medicine was clinically indicated, but rare and severe toxicity occurred.</p>	<ul style="list-style-type: none"> The signs of toxicity (e.g. sore throat, fever, chills, mouth ulcers) were not recognised, and escalation was not triggered. Ambiguous wording (“Seek medical attention”) may lead to delays in stopping methotrexate and starting treatment for toxicity if patient seeks advice from a community pharmacist rather than their specialist. Outdated shared care guidance for oral methotrexate, not reviewed since 2017 and not aligned to current national clinical guidelines. Lack of clarity within shared care and Pharmacy First pathways on when pharmacists should withhold supply and refer urgently. 	<ul style="list-style-type: none"> General practice and pharmacy teams must recognise red-flag signs of toxicity and act promptly. Shared care guidance should be updated to reflect current practice and national guidance, with patient information aligned to recognised sources (e.g. Versus Arthritis). Dosing guidance should be revised to clarify starting dose, titration, escalation timing and monitoring requirements. Patient-facing advice should clearly state who to contact if toxicity is suspected and when to withhold methotrexate pending clinical review. Community pharmacist roles under Pharmacy First should be clarified, including limits of responsibility and escalation pathways for suspected toxicity.
<p>Clive Hyman 2026-0034</p> <p>Clive died from a traumatic subdural haemorrhage, following a fall. He was prescribed apixaban and was unaware of the risks that the anticoagulant presented in the event of head trauma.</p>	<ul style="list-style-type: none"> NICE NG232 guidance advises that people who sustain a head injury while taking anticoagulants (including apixaban) should be referred urgently to an emergency department, including when advice is provided remotely. Patient information leaflets for apixaban do not clearly advise patients what action to take following head trauma. As head injuries and intracranial bleeding may initially be asymptomatic, patients may continue apixaban and delay seeking medical advice, increasing the risk of ongoing bleeding and severe harm by the time symptoms emerge. 	<ul style="list-style-type: none"> Standardise anticoagulant counselling to clearly state that any head injury requires urgent medical assessment, even if symptoms are absent. Supplement patient information locally to explicitly state that head trauma requires patients to go to A&E even if they have no symptoms. Reinforce NICE NG232 escalation requirements across primary care, community pharmacy and remote services. Consider the inclusion of clinical prompts and signposting to advice on the NHS website to support immediate referral to the emergency department.
<p>Urielle Kuyenga 2025-0635</p>	<ul style="list-style-type: none"> Urielle’s specialist doctors believed that the GP was monitoring the prescription and dispensing of the 	<ul style="list-style-type: none"> Clarify clinical responsibility for prescribing and monitoring long term prophylactic medication.

<p>Urielle died from sepsis secondary to bacterial pneumonia. She had sickle-cell disease, which increased her risk of severe respiratory infection, and had been prescribed prophylactic penicillin. The prescription was not collected or administered by her mother.</p>	<p>penicillin, whilst Urielle's GP was misled by Urielle's mother that the hospital were dispensing the medication directly.</p> <ul style="list-style-type: none"> The breakdown of communication means that Urielle was left unprotected from opportunistic infection which caused her avoidable death. 	<ul style="list-style-type: none"> Actively monitor adherence to critical medications, with escalation if prescriptions are not collected. Prominently flag high risk conditions (e.g. sickle cell disease) in primary care clinical systems. Reinforce record review standards for clinicians at every consultation. Strengthen communication with parents/carers about medication importance and risks of nonadherence. Improve information sharing between specialist services and GPs.
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7. London-wide medicines waste campaign

From March to May 2026, NHS organisations across London are promoting the “**Only order what you need**” campaign to help reduce unnecessary medicines waste.

Patients are encouraged to:

- Check their existing medicines before reordering and only request what is still needed
- Speak to their GP if medicines are no longer being taken
- Avoid stockpiling
- Check their prescription bag before leaving the pharmacy
- Return unwanted or unused medicines to any community pharmacy for safe disposal

How GP practices can support this campaign:

- Reinforce these key messages with patients
- Encourage patients to only order items they genuinely need
- Display campaign posters in waiting areas and consultation rooms
- Access and download campaign materials in the link provided [here](#)

🔗 Find out more and help share the message: [Only order what you need: Simple steps patients can take to reduce medicines waste - North East London Intranet](#)

8. PresQIPP Updates

Latest Podcast
 Episode 38. What is penicillin allergy de-labelling (PADL) and why is it important with Prof Phil Howard, link: [PrescQIPP Podcast: Talking Meds](#)

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

Date	Time	Webinar
21 st April 2026	1-2pm	Genomics Informed Medicines Optimisation webinar 1: Background to genomics informed medicines optimisation Login to register
22 nd April 2026	1-2pm	Prescribing mastery: Type 2 diabetes 1 Register to join this session here

9. Contact Details and Additional Resources

CONTACT DETAILS

NEL ICB Pharmacy and Medicines Optimisation Team	For prescribing and medicines enquiries: 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

For NEL Joint Formulary	https://www.nel-jointformulary.nhs.uk User guide: NEL netFormulary User Guide FINAL .pdf
For Pharmacy & Medicines Optimisation Team Resources	https://primarycare.northeastlondon.icb.nhs.uk/home/meds/
For 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.
For PGD Updates	UK Health Security Agency (UKHSA) – click here SPS – click here NHS England (NHSE) – click here
For 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
For Medicines Safety Tools - PrescQIPP	PrescQIPP - Medicines safety
For 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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