

MEDICINES OPTIMISATION

Ardens Manager SEL Medicines Optimisation Plan dashboard

Ardens Manager have been commissioned to create the South East London ICB Medicines Optimisation (MO) Plan 2025/26 dashboard. This dashboard can be used by practices to identify patients which should be reviewed in line with the SEL MO Plan.

Action:

- [Login](#) to Ardens Manager and [action the task](#) on the right hand side of your screen to activate your dashboard. Once accepted, you'll be able to navigate to the dashboard to see your live performance data and view indicator progress.
 - If you have not already done so, you may also wish to [enable patient level data](#) which will allow you to [export patient lists](#).
- If you're not sure how to accept the task, or haven't received your invitation, please email support-manager@ardens.org.uk

Shortage of NovoRapid® PumpCart® (insulin aspart) 100units/ml solution for injection in 1.6ml cartridges

NovoRapid PumpCart 100 units/ml solution for injection in 1.6ml cartridges are in limited supply until 2027.

Specialist diabetes teams across SEL are currently reviewing patients and will provide training and counselling for any changes.

Actions:

1. Use the EMIS search (Attachment 1) to identify all patients currently prescribed NovoRapid PumpCart.
2. Contact patients to see if NovoRapid PumpCart has already been switched to an alternative by specialist teams.
3. If they have already been switched, update the repeat prescribing record as per the letter from the specialist team.
4. If they have NOT been switched, contact the specialist team

Discontinuation of Dexcom ONE® continuous glucose monitoring (CGM) sensors

Dexcom ONE® CGM sensors are being discontinued in December 2025 and replaced with Dexcom ONE+® sensors. All patients need to be upgraded to the new device before the December 2025.

Specialist diabetes teams across SEL are actively upgrading patients and will provide the appropriate training and counselling.

Actions:

1. Use the EMIS search (Attachment 2) to identify all patients currently prescribed Dexcom ONE®.
2. Contact patients to see if Dexcom ONE® has already been switched to Dexcom ONE+® by specialist teams.
3. If they have already been switched, update the repeat prescribing record as per the letter from the specialist team.
4. If they have NOT been switched, contact the specialist team

Managing medicines with teratogenic potential

The [Primary Care Guidance for managing Medicines with Teratogenic Potential that require Pregnancy Prevention Programme](#) has now been approved and is available on the [SEL IMOC](#) webpage.

This guidance was developed in response to the National Patient Safety Alert ([NatPSA/2023/013/MHRA](#)), which outlined actions for ICBs to implement. One of the agreed actions was to develop guidance to support primary care clinicians in implementing the new regulatory measures.

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NHS Pharmacy First Service Updates

Updates to the [clinical pathways service](#) are now live and below is a summary of the changes:

- For all the clinical pathways, an additional gateway point has been established to recognise the level of care required to manage patients who require urgent escalation.
- For the Acute Sinusitis, Impetigo, Infected Insect Bites, Shingles and Acute Otitis Media pathways, the gateway point is now triggered earlier in the pathway to recognise consultations that have gone beyond routine care.
- For the Acute Sore Throat pathway, a clearer gateway point has been added for patients who return following an unsuccessful few days of self-care. Also, a gateway point for patients with FeverPAIN scores of 2-3 has been introduced to recognise consultations that have gone beyond routine care.

For queries relating to this update, please contact ENGLAND.CommunityPharmacy@nhs.net

Actions:

- Community pharmacies providing the NHS Pharmacy First Service should read the [updated documents](#) and sign the patient group direction and protocol authorisation sheet(s).

UK Health Security Agency (UKHSA) permission to cascade changes to legislation to allow FP10 prescribing of flu antivirals out of season

The selected list scheme (SLS) has been amended to remove current seasonal prescribing restrictions on oseltamivir (Tamiflu®) and zanamivir (Relenza®).

This change will enable primary care prescribers in England to prescribe oseltamivir and zanamivir via standard prescription and dispensing routes all year round not just within the period in which the Chief Medical and Pharmaceutical Officers advise influenza is circulating in the community.

Changes to regulations will improve the efficiency of the process for antiviral prescription, helping improve out-of-season access to antiviral treatment. Please note prophylaxis provision remains a commissioned service.

If you have any questions, please contact the UKHSA via email to jenny.mccormick@ukhsa.gov.uk

OptimiseRx

Optimise Rx in EMIS Web supports safer, patient-specific, evidence-based and cost-effective prescribing. Greenwich practices saved £82,375, but £267,942 in potential savings remain. Practices are encouraged to provide reasons when rejecting messages to help identify barriers to implementation.

The Optimise Rx most missed savings for **September** are:

1. Estriol 0.01% cream – consider estriol 0.1% cream
2. Venlafaxine 150mg modified-release capsules – consider venlafaxine 150mg modified-release tablets
3. Gabapentin 600mg tablets – consider 2 x gabapentin 300mg capsules
4. Doxazosin 8mg tablets – consider 2 x doxazosin 4mg tablets
5. Buprenorphine 5microgram/hour seven-day patches – consider Bunov®, Reletrans® or Sevodyne® 5microgram/hour seven-day patch

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Rybelsus tablets – new formulation tablets

Rybelsus tablets (3mg, 7mg and 14mg) are being replaced with a new formulation with increased bioavailability, which will contain a lower dose of semaglutide (1.5mg, 4mg and 9mg). The table below shows the corresponding replacement dose for each strength of the old formulation:

Initial formulation (oval tablet)		New formulation (round tablet)
3 mg (starting dose)	=	1.5 mg (starting dose)
7 mg (maintenance dose)	=	4 mg (maintenance dose)
14 mg (maintenance dose)	=	9 mg (maintenance dose)

Please see [New Rybelsus tablets PIL](#).

As tablets of both formulations will temporarily be available on the market, there is a risk of taking the wrong dose. This could result in overdosing and increasing the risk of gastrointestinal side effects. The SEL Diabetes Medicines Working Group will be producing further guidance on this. In the interim please see [EMA document](#) for information.

Medicines Supply Issues

Serious Shortage Protocols (SSPs)

If the Department of Health and Social Care (DHSC) decide there is a serious shortage of a specific medicine, then an SSP may be issued. The following SSPs have been issued for:

- [Estradot® \(estradiol\) 25microgram/24 hrs transdermal patch](#) – 03 April 2025 to 05 December 2025
- [Estradot® \(estradiol\) 50micrograms/24 hrs transdermal patch](#) – 19 December 2024 to 05 December 2025
- [Estradot® \(estradiol\) 75microgram/24 hrs transdermal patch](#) – 19 December 2024 to 05 December 2025
- [Estradot® \(estradiol\) 100micrograms/24 hrs transdermal patch](#) - 19 December 2024 to 05 December 2025
- [Creon® 25000 capsules](#) – 24 May 2024 to 21 November 2025
- [Creon® 10000 capsules](#) – 24 May 2024 to 21 November 2025

Medicines Shortages: Medicine Supply Notification (MSN)

The contents of MSNs can be viewed on the [Medicines Supply Tool](#). To access the tool you will be required to register with the SPS. MSNs have been issued for the following:

- Tier 2 MSN for Amiodarone 100mg and 200mg tablets
- Tier 2 MSN for Mometasone (Asmanex Twisthaler®) 200micrograms/dose dry powder and 400micrograms/dose dry powder inhalers
- Tier 2 MSN for Dalivit® Oral Drops
- Tier 2 MSN for Exenatide (Bydureon® BCise®) 2mg/0.85ml prolonged-release suspension for injection pre-filled pen

Specialist Pharmacy Service (SPS)

- To access SPS publications, please register or login [here](#).
- For new guidance published in September please see [here](#).
- For Medicines Safety updates see [here](#).

PrescQIPP

Bulletin 371: Polypharmacy and deprescribing – This bulletin update considers national and international resources to help support the understanding of polypharmacy and safe deprescribing, the evidence base for deprescribing and the impact of frailty and multimorbidity on polypharmacy. It also provides a practical guide to support deprescribing; it covers agreeing treatment goals, shared decision making, patient decision aids and tools to support medication review.

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Webinars

- **PrescQIPP Clinical Masterclass - Liver disease** on 5th November 1-2pm. For details and to register, see [here](#).
- **PrescQIPP PROMPPT: A Practice Pharmacist-Led Review for Patients who are Prescribed Opioids for Persistent Pain** on Tuesday 4th November 1-2pm. To register see [here](#).
- **Cow’s Milk Allergy in Children** on Tuesday 11th November 1-2pm – This webinar will be run by the SEL paediatric prescribing support dietitians on appropriate cow’s milk allergy diagnosis and management. To register, see [here](#).

MHRA Safety Roundup September 2025

For a summary of the latest safety advice for medicines and medical device users, please see the [MHRA Safety Roundup](#).

Paracetamol and pregnancy

Last month, the MHRA issued a drug safety update on the use of paracetamol in pregnancy.

Paracetamol has been used safely for decades, including during pregnancy, when taken as directed. It is the first-line choice for pain management and fever control in a variety of patients, including pregnant women.

The [JAMA study](#) found no evidence of a link between paracetamol use in pregnancy and an increased risk of autism in children. This research provides reassurance for expectant parents that paracetamol remains a safe option and current evidence does not warrant changes to clinical guidelines on the treatment of fever and pain in pregnancy. It is important that maternal pain and fever are managed during pregnancy and where required, paracetamol use **should not** be avoided.

Please find press releases below from the [UK Teratology Information Service \(UKTIS\)](#), [MHRA](#) and [RPS](#)

New and Updated NICE Guidelines

- [NICE Guideline \[NG252\] Rehabilitation for chronic neurological disorders including acquired brain injury](#)
- [NICE guideline \[NG60\] HIV testing: increasing uptake among people who may have undiagnosed HIV](#) – updated

BNF Update

Significant changes

Charcoal, activated - name change to [activated charcoal](#)
Cholestasis – updated guidance on intrahepatic cholestasis of pregnancy.

Conjugated oestrogens (equine) – name change to [conjugated oestrogens](#)

Digoxin-specific antibody – name change to [digoxin-specific antibody fragments](#)

Factor VIII fraction, dried – name change to [factor VIII](#).
Factor XIII fraction, dried – name change to [factor XIII](#).

Fenfluramine – new indication and dose for Lennox-Gastaut syndrome and update to structure of existing dosing for Dravet syndrome.

Guidance included on biotin interference with laboratory tests (see example in [levothyroxine sodium](#))

Mirikizumab – new indication and dose for Crohn's disease
Ruxolitinib – new indication and dose for graft-versus-host disease.

Contact Details

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Quality Alert reporting form can be found [here](#)