

## BSW Formulary Update – Following APC November 2021 meeting

### New additions to the BSWformulary

- [Buccolam \(midazolam oromucosal solution\) prefilled syringes](#) 2.5mg/0.5mL, 5mg/1mL, 7.5mg/1.5mL and 10mg/2mL have been added to the BSW Formulary with **AMBER SCA** traffic light status. Specialists will prescribe Buccolam prefilled syringes as the **first choice oromucosal midazolam product for new patients** requiring oromucosal midazolam for emergency treatment of status epilepticus. Patients aged <10 years with an existing prescription for the lower strength unlicensed product Epistatus (midazolam oromucosal solution) prefilled syringe will be changed to Buccolam by the specialist epilepsy team at their next review. GP practices will be advised if the patient's prescription needs to be changed to Buccolam. **GPs should NOT switch patients to Buccolam unless requested to do so by the specialist.** The Shared Care Agreement which outlines prescribing responsibilities can be found [here](#). For more details see [MopUp newsletter Dec 2021](#)

### New and Updated Prescribing Guidelines/Shared care Guideline

- [Primary Care Antibiotic Guidance](#) – This guidance has had a full review; for comprehensive details of changes see table at end of guidance.

### Other BSWformulary website updates

- [Methenamine hippurate 1g tablets](#) aligned for BSW with **AMBER TLS**. Inclusion on formulary is restricted to use in recurrent UTI in ADULTS and ONLY if initiated by a urologist or advised by a microbiologist where there are no suitable alternatives due to:
  - Multi resistant organisms
  - Allergies, contraindications, or side effects with other prophylactic antibiotics
  - High risk patients for whom prophylactic antibiotics are not appropriate e.g C. diff carriageTreatment should stop after 6 months, and patient should be referred back to advising specialist if relapses or side effects occur.
- [Oral levofloxacin](#) – We have added “prophylactic use of oral levofloxacin in patients with active myeloma” to the existing formulary entry noting this is a **RED TLS** indication. Other indications for this oral quinolone are **AMBER TLS** and should be in line with local/national guidance and take into account the MHRA/CHM advice as detailed in [BNF](#).
- [Dapagliflozin 5mg tablets](#) – MHRA [Drug Safety Update](#) notes the license for using dapagliflozin in Type 1 diabetes has been withdrawn. This was a **RED TLS** indication in BSWformulary; specialist diabetes teams have been asked to review all use of dapagliflozin in T1DM patients as soon as clinically practical.
- [Intranasal midazolam](#) for anaesthetic indications – added with **RED TLS** (note this may not be stocked at all Trusts).

- [Indocyanine green injection 25mg](#) – Ocular diagnostic agent now in Chapter 11 **RED TLS**.
- We have added a link on the front page of BSWformulary to the [DHSC medicine supply and shortages updates](#). Full access to this resource requires registration to the SPS website with an NHS email address.
- We have added the following message on the front page of BSWformulary:  
'If you cannot find a medicine in the formulary, assume it to be non-formulary and email [bswccg.formulary@nhs.net](mailto:bswccg.formulary@nhs.net) for advice.'
- [Salbutamol inhaler](#) entry includes link to BSWCCG PIL “Environmental Impact of Inhalers”
- Updated list of BSWCCG [Blueteq forms](#) for High Cost Drugs (various indications).

### **What the BSW CCG formulary team are currently working on**

- Building on the '[Devices' Chapter](#) of the BSWformulary, reviewing position statements on devices that we commonly receive enquiries about.
- Working with AWP on an oral antipsychotic SCA.
- Reviewing the national SCA consultations by RMOC.
- Updating the HRT treatment options pathway.
- Producing guidance to support the use of alfentanil for palliative care indications in the community.

*The BSW joint formulary remains under construction and is designed to be an evolving, dynamic resource. We are working to ensure the messages on GP prescribing systems are in line with the joint formulary. If you discover information you believe to be inaccurate or misleading, or for further information, email [bswccg.formulary@nhs.net](mailto:bswccg.formulary@nhs.net)*