

BSW Formulary Update – August 2022

New additions to BSWformulary

- <u>Buprenorphine 2mg and 8mg oral lyophilisate tablets (Espranor®)</u> Added to align formulary with current practice in local Drug and Alcohol Services. Drugs used for alcohol and opioid dependence should be prescribed in conjunction with a recovery programme. For the BANES locality, services are commissioned from Specialist Drug and Alcohol Services (SDAS) in partnership with <u>DHI</u>. For the Wiltshire and Swindon localities services are commissioned from <u>Turning Point</u>.
- <u>Estriol 50microgram/g vaginal gel (Blissel®)</u> Added with GREEN TLS due to the unavailability of Ovestin®. Prescribers are reminded that Ovestin® will likely return to first line cost-effective preparation when supply shortages resolve.
- <u>Cangrelor 50mg powder for concentrate for solution for injection (Kengrexal®)</u> Added with RED TLS for use as per Trust policy.
- <u>Romosozumab 105mg/1.17ml solution for injection pre-filled pens</u> Added with <u>RED</u> TLS for use in severe osteoporosis in people after menopause at high risk of fracture as per <u>NICE TA791</u>.
- <u>Diroximel fumarate 231mg gastro-resistant capsules</u> Added with <u>RED</u> TLS for relapsingremitting multiple sclerosis in line with <u>NICE TA794</u> but note temporary supply problems so new initiations should be delayed.

New and Updated Shared Care Agreements and Prescribing Guidance

- New Proton-pump inhibitors (PPIs) for GORD in paediatric patients This resource aims to support primary care to ensure cost-effective PPIs are used, especially in paediatric patients but for any patient that cannot swallow solid dose forms. BSW spent >£253,000 on omeprazole liquids in financial year 2021/22 and spent >£80,000 on omeprazole liquids in first 3 months of financial year 22/23. This guidance suggests which cost-effective alternatives may be used.
- Updated BSW treatment pathway for the <u>Investigation, treatment and review of Vitamin B12</u> (cobalamin) deficiency has been updated to include information relating to the MHRA Drug safety Update from June 2022 <u>https://www.gov.uk/drug-safety-update/metformin-and-reduced-vitaminb12-levels-new-advice-for-monitoring-patients-at-risk</u>
- **NEW** <u>Initiating SGLT2 inhibitors for adults with type 2 diabetes</u> This new guidance aims to ensure SGLT2 inhibitors are added appropriately to established glycaemic therapy.
- A new section in the paediatric chapter of BSWformulary has been added for <u>Treatment of depression (paediatrics)</u>. SSRIs (Fluoxetine, Sertraline, Citalopram, Escitalopram) for 1st and 2nd line use for the treatment of depression in <18 year olds are included with <u>AMBER TLS</u>. Associated <u>prescribing guidance to support the continued prescribing of SSRIs for primary care</u>



from Oxford Health/CAMHS is included within this section. We have also included the Oxford Health/CAMHS guideline for treating depression in children and adolescents.

Other BSWformulary updates

- <u>Eflornithine (Vaniqa®) position statement</u> The BSW ICB Clinical Policies Working Group (CPWG) discussed the use of eflornithine cream (Vaniqa®) for facial hirsutism in July 2022 and considered it an intervention of low clinical value not routinely commissioned by BSW ICB. It should not be prescribed on the NHS within the BSW health economy due to limitations in existing clinical trial data and after due consideration of population needs versus available funding.
- <u>Metolazone</u> Xaqua® 5mg tablets (launched July 2022) replace 2.5mg unlicensed metolazone preparation. Xaqua® are licensed for the treatment of oedema related to kidney diseases, including the nephrotic syndrome and states of impaired renal function; oedema related to congestive heart failure; mild and moderate hypertension, alone or in combination with other antihypertensive medicines of a different class. When switching between brands, prescribers should be aware the Xaqua® SPC states "bioavailability of Xaqua® may differ significantly (up to approximately 2-fold from other metolazone products". SPS have produced an article with further information <u>here</u>. Metolazone currently remains a **RED** TLS drug, TLS for each indication to be reviewed by the Area Prescribing Committee in due course.
- <u>Easychamber® Spacer Devices</u> added with GREEN TLS as first line cost effective spacer device. Available in adult (with mouthpiece or mask), child (with mask) and infant (with mask) sizes and compatible with the majority of pMDIs.
- Carbon footprint symbols added to relevant inhaler entries in <u>BSWformulary Chapter 3 –</u> respiratory system. See also <u>BSW Patient Information Leaflet - Environmental Impact of Inhalers</u>



High carbon footprint inhaler Medium carbon footprint inhaler

Low carbon footprint inhaler

- Insuman Comb 50 discontinued by manufacturer Aug 2022. Moved to non-formulary.
- <u>Dry mouth (saliva replacement) products</u> section of the formulary updated. Oralieve® moisturising
 mouth gel or spray are considered suitable first line products. Prescribers are reminded that dry
 mouth products are available over the counter for self-purchase. Where known, the underlying
 cause (including drug causes) should be addressed where possible/clinically appropriate.
 Prescribing dry mouth products on FP10 is supported only for more severe dryness where simple
 measures alone are inadequate.



Sodium chloride 0.9% preparations – entries throughout the formulary have been reviewed and reformatted to make them clearer and support correct product selection. We had been alerted to dispensing/prescribing errors in primary care involving sodium chloride 0.9% solution for irrigation being issued instead of sodium chloride 0.9% solution for injection. We have additionally introduced default text in SystemOne clinical prescribing system to highlight intended use of formulations e.g. "FOR IRRIGATION ONLY" to aid safer prescribing. Please take extra care when issuing prescriptions for sodium chloride preparations. Sodium chloride 0.9% nasal drops have been added to the formulary for completeness; people should be directed to self-care (OTC purchase of these) in the first instance.

What the BSW CCG formulary team are currently working on

- Working with BSW Diabetes Specialist Pharmacist and local diabetes teams to:
 review applications for CGM in line with NICE Guidance (NG <u>17/18/28</u>),
 - produce local guidelines for glucose management in T2 diabetes in adults,
 - summarise locally approved use of SGLT2s for their various licensed indications,
 - summarise pharmacotherapy for chronic kidney disease in primary care.
- Working with pharmacist leads across the BSW trusts to continue to build the paediatric chapter of the BSWformulary, currently focussing on cardiovascular drugs.
- Reviewing the national NHSE <u>Shared Care Protocols</u> for implementation locally. The BSW APC has prioritised adoption of these according to existing local protocols (and their date of review) and patient safety factors. Amiodarone and valproate SCAs are identified as BSW priorities.
- Working with colleagues in community provider services to review the formulary entries for drugs used in podiatry services and drugs used in fungating and bleeding wounds.
- Working with BSW High Cost Drugs leads to support the implementation of ranibizumab biosimilar

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 and Optimise Profiles are in line with the joint formulary. If you discover information you believe to be inaccurate or misleading, or for further information, email <u>bswicb.formulary@nhs.net</u>