



## BSW Formulary Update – October 2022

### New additions to BSWformulary

- [Oral Flupentixol 0.5mg \(Fluanxol®\) and 1mg \(Depixol®\)](#) – The oral form of flupentixol is rarely used but has been formally included as an option for treatment resistant depression or psychoses in line with existing practice. **AMBER** TLS. Monitoring as per AWP Med 37 [Procedure for Monitoring Psychotropic Medication](#)
- [ORS oral rehydration tablets](#) added as an alternative oral rehydration therapy due to ongoing supply problems with Dioralyte/Electrolade. Oral rehydration therapies are assigned **GREEN TLS** but should be self-purchased OTC for acute indications in the first instance.
- [Thuasne Action Reliever off-loading knee brace](#) has been added as **non-formulary** and is not recommended for prescribing in primary care. The entry includes supporting information from the [EoE PAC position statement](#) which has been ratified by the BSW APC.

### New and Updated Shared Care Agreements / Change in Traffic Light Status

- [GLP1's](#) – Aligned with **GREEN** TLS across BSW. This follows a large education program to upskill diabetes teams on GLP1 initiation.
- [Oral Semaglutide \(Rybelsus®\)](#) – Change from amber to **GREEN** TLS to allow the initiation of oral semaglutide by GP's or appropriate prescribers in Primary Care as an option during ongoing supply issues with injectable dulaglutide (Trulicity®) and semaglutide (Ozempic®). Switching to this option will also involve further patient counselling regarding the [special administration requirements of oral Semaglutide](#). Please also see the BSW ICB Diabetes Special Edition Newsletter Oct 2022 [here](#) for more information about managing GLP1 shortages.
- [Vacuum Pumps for Erectile Dysfunction](#) (e.g. *iMEDicare SomaErect Response II and SomaCorrect Xtra*) aligned with **AMBER** TLS across BSW. Primary care may prescribe initial or replacement device on FP10, and replacement constrictor ring sets where clear instruction has been provided in writing by appropriately qualified practitioner. In addition, a [Primary Care Prescribing Advisory Summary for Erectile Dysfunction](#) has been updated for BSW.

### Prescribing Guidance

- **NEW [BSW Prescribing Guidance for Moderately to Severely Frail Patients](#)** – consensus guidance agreed by the Care of the Elderly teams across BSW to support prescribers making deprescribing decisions in frail patients. Webinars and training events to support local implementation to follow.
- [Vitamin B12 Pathway](#) – updated to reflect changes in Serum B12 reference range in non-pregnant adults. Note, changes only affect samples processed at RUH.



## Other BSWformulary Updates

- Branded generic *Sukarto* has increased in price. In primary care, where [modified release metformin](#) is required, prescriptions should now be written generically. Metformin MR should only be used where standard-release tablets have been tried and are not tolerated.
- Supply problems and fluctuating price concessions means alendronic acid is no longer considered the only first line [oral bisphosphonate](#). Risedronate, alendronic acid and ibandronic acid can all be considered according to local availability and patient preference.
- [Prochlorperazine syrup](#) moved to non-formulary due to product recall: read more [here](#).
- Resources from PrescQIPP to support deprescribing in appropriate patients have been added to the existing NON-formulary entries for [dosulepin and trimipramine](#).
- Clarification that [Ibuprofen 10% and Diclofenac 1%, 1.16% and 2.32% topical gels](#) are NON-formulary. [Ibuprofen 5% gel](#) (*prescribed by Fenbid brand*) remains a cost-effective formulary option when a topical NSAID is required for pain/inflammation.
- Oral [isotretinoin](#) and [acitretin](#) entries edited to include BEMS consultant-led community dermatology clinic prescriptions as exceptions to secondary care prescribing. Medication prescribed by consultants within this setting may be supplied through community pharmacies.
- [Tecovirimat](#) is not routinely stocked at BSW trusts but is included as a treatment for patients hospitalised due to monkeypox virus infection in line with NHSE commission policy.
- NICE TAs incorporated into new or existing BSWformulary entries with **RED** TLS:

[Brolucizumab for treating diabetic macular oedema](#)

[Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease](#)

[Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis](#)

[Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs](#)

[Avalglucosidase alfa for treating Pompe disease](#)

[Upadacitinib for treating active ankylosing spondylitis](#)

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

- [Potassium permanganate](#) – Changed from green to **AMBER** TLS following a recent national patient safety alert but work is ongoing with BSW Medicine Safety Leads, BSW Tissue Viability Specialists and community providers to ensure the safe use of this product in the community.
- Working with BSW Diabetes Specialist Pharmacist and local diabetes teams to:
  - produce local guidelines for glucose management in T2 diabetes in adults,
  - 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 [Shared Care Protocols](#) 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 and urology to build a comprehensive continence products formulary.

*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 [bswicb.formulary@nhs.net](mailto:bswicb.formulary@nhs.net)*