



To contact NHS BSW ICB Medicines Optimisation Team:

✉ bswicb.prescribing@nhs.net

Website: <https://bswtogether.org.uk/medicines/>

BSW Area Prescribing Committee (APC) Updates (see all recent decisions in full [here](#))

New additions to BSW formulary

- Doxycycline 40mg modified release capsules ([Efracea®](#)) – added with **GREEN TLS** for the treatment of mild-severe papulopustular rosacea.
- Morphine sulfate orodispersible tablets ([Actimorph®](#)) – added with **GREEN TLS** for breakthrough pain in palliative care patients.

New Prescribing Guidance

- **Finerenone (Kerendia®) for treatment of CKD in T2DM in adults** – New prescribing guide to support the implementation of [NICE TA877](#). The TLS of finerenone has been assigned **AMBER following specialist* initiation**. *For this local guidance, a specialist could be a prescriber with a clinical interest in renal medicine/endocrinology and experience of treating CKD and could be a prescriber working in primary care. The NICE TA notes people who may be eligible for finerenone treatment may not always be receiving care in secondary care settings. NICE conclude that finerenone may initially be prescribed in secondary care but will likely be prescribed in primary care as experience grows. A review of TLS to GREEN will be considered by the APC once experience is gained locally

The [BSW 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 BSW formulary. If you discover information you believe to be inaccurate or misleading, or for further information, email bswicb.formulary@nhs.net

££££££££ Cost Saving drug switch of the month: Felodipine MR to Delofine XL ££££££££

| Drug | Cost | Quantity | Switched To | Cost | Quantity | Saving |
|--------------------------|------|----------|------------------------|------|----------|--------|
| Felodipine MR 2.5mg tabs | 5.68 | 28 | Delofine XL 2.5mg tabs | 4.25 | 28 | 1.43 |
| Felodipine MR 5mg tabs | 3.87 | 28 | Delofine XL 5mg tabs | 1.98 | 28 | 1.89 |
| Felodipine MR 10mg tabs | 4.81 | 28 | Delofine XL 10mg tabs | 1.98 | 28 | 2.83 |

If this switch was carried out across BSW ICB approximately **£119K** could be saved. We have reassurance from the manufacturers that there are no known shortages and local suppliers assure us that stock is available.

At the **end of each financial quarter** please remember to **complete and submit the cost savings recording template** which accompanied the Q2 report to bswicb.prescribing@nhs.net

Oral Nutritional Supplement Formulary (ONS) update

Along with community dietetic colleagues BSW dietitians have reviewed the ONS formulary to ensure that we are continuing to utilise the most clinically appropriate and cost-effective options first line, see [Oral Nutrition Formulary](#)

- ONS should **NOT** routinely be added to repeats from discharge summary unless clear plan from discharging dietitian
- Where individuals meet ACBS criteria, have a **MUST** of 2 or more and improvements have not been achieved with 'Food First', preferred choice formulary products must be trialled. [Formulary \(bswformulary.nhs.uk\)](#)

[Guideline for prescribing of oral nutritional supplements from discharge summary](#)

| | Foodlink complete | Altraplen Energy | Altraplen compact | Fortisip compact protein |
|---------------------|-------------------|------------------|-------------------|--|
| BD Cost per 28 days | £29.12 | £55.44 | £77.84 | £128.24 As per dietetic or specialist advice ONLY |

See also [Making the most of your food - information for patients](#) and [Nourishing drinks - information for patients](#)

BSWICB dietetic prescribing support team can be contacted for queries concerning oral and enteral nutrition within primary care at bswicb.prescribingsupportdietitians@nhs.net

Central Alerting System: Potent Synthetic Opioids Implicated In Heroin Overdoses And Deaths

There has been an elevated number of overdoses (with some deaths) in people who use drugs, primarily heroin, in many parts of the country (reports are geographically widespread, with most regions affected but only a few cities or towns in each region). Testing in some of these cases has found nitazenes, a group of potent synthetic opioids. Nitazenes have been identified previously in this country, but their use has been more common in the USA. Their potency and toxicity are uncertain but perhaps similar to, or more than fentanyl, which is about 100x morphine. [NatPSA_2023_009_OHID.pdf](#)

You can view further details of this alert by clicking on the following link: [View Alert](#)
This National Patient Safety Alert provides further background and clinical information and actions for providers.

NICE to stop supplying print copies of BNF and BNFC

Following research showing increasing preference for digital versions, and in line with NHS's plans to digitise, connect and transform, the upcoming (October and November 2023) print edition of BNF86 and BNFC 2023-24 will be the last to be supplied by NICE to the NHS in England. Read more [here](#).

New documents

- [MOCH Quarterly Newsletter - Summer 2023](#)
- [Guideline for prescribing of oral nutritional supplements from Discharge Summary](#)
- [BSW ICB Personally administered items](#)

Updated documents

- [Bariatric Surgery and Medicines \(PrescQipp Bulletin\)](#)
- [BSW Prescribing 2023-24 Savings Recommendations Prescribe Well – Spend Less \(August 2023\)](#)
- [Emergency Access to Medicines Scheme information – participating pharmacies](#)

FreeStyle Libre 2 to send automatic real-time glucose readings to smartphones every minute.

When available, patients can update the FreeStyle LibreLink¹ app to version 2.10 and receive automatic real-time glucose readings. They will **not need to scan** their sensor to receive glucose readings, see word doc below for more details.

[Abbott UK | New Update to Abbott's FreeStyle LibreLink App Enables People Using FreeStyle Libre® 2 System to Receive Automatic Glucose Readings Every Minute](#)

Proposal for the use of PGDs by Pharmacy Technicians

The Department of Health and Social Care has launched a consultation on the proposal to enable registered pharmacy technicians to supply and administer medicines under a Patient Group Direction. Please see the attached letter about the consultation [here](#). We would encourage you to take part in this consultation, which is open until **29 September 2023**: [How to respond](#)

AHSN Polypharmacy Programme: Interim Evaluation Executive Summary and Impact Report

AHSN has developed a range of patient information materials in different community languages to support and prepare people who have been invited for a medication review with their GP, pharmacist or other healthcare professional. These are available to download from the AHSN Network website: [here](#). AHSN are running [a lunchtime webinar on Monday 25 September](#) to launch these materials. Professor Tony Avery, National Clinical Director for Prescribing at NHS England, will be the guest speaker, along with key partners involved in the development and testing of the materials

Shared Learning from Medication Safety Events :Steroids and Adrenal Insufficiency – Steroid Emergency Cards

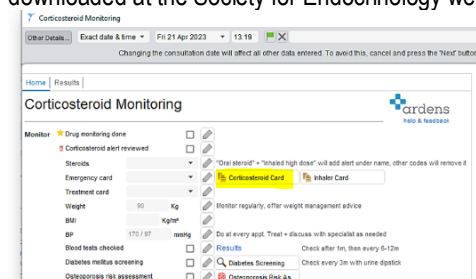
Adrenal insufficiency (AI) is an often-unrecognised endocrine disorder, which can lead to adrenal crisis and death if not identified and treated. Patients with adrenal insufficiency require higher doses of steroids if they become acutely ill or are subject to major body stressors, such as from trauma or surgery. Adrenal insufficiency is classified as either primary, secondary, or tertiary, and results from disorders that affect the adrenal cortex. Some drugs can also cause secondary adrenal insufficiency, with the systemic use of glucocorticoids being the most common cause due to suppression of the HPA axis. Omission of steroids for patients with adrenal insufficiency, particularly during physiological stress can lead to adrenal crisis. In light of some missed opportunities on steroid sick day rule counselling themes being reported locally, we would like to take this opportunity to encourage our colleagues to review the action detailed at the National patient safety Alert [NatPSA/2020/005/NHSPS](#):

- During consultations, clinicians should discuss the importance of steroid sick day rules and where necessary issue a Steroid Emergency Card
- All organisations that initiate steroid prescriptions should review their processes and their digital systems and prompts to ensure that prescribers issue a Steroid Emergency Card to all patients with primary adrenal insufficiency and those who are steroid dependent (on long term exogenous corticosteroid) as outlined in https://www.endocrinology.org/media/4091/spssfe_supporting_sec_final_10032021-1.pdf. Further guidance for the prevention and emergency management of adult patients with adrenal insufficiency can be found : [here](#)

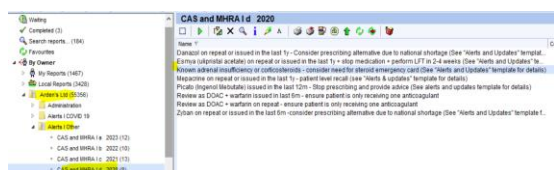
Clinicians undertaking standard/scheduled reviews (e.g., in clinics or when authorising repeat prescriptions) and community pharmacists who see people prescribed long term steroid, should review their processes and their digital systems and prompts to ensure all eligible patients prescribed steroids have been assessed, and where necessary issue a Steroid Emergency Card.

Where can I obtain the steroid card?

Physical copies of steroid emergency cards can be obtained via the [PCSE online portal](#) and given/posted to patient. Alternatively, electronic version can be downloaded at the Society for Endocrinology webpage [here](#), or via Ardens Corticosteroid monitoring template as illustrated below.



Ardens Search Report



The template can be accessed from the Drug Monitoring template, via the "Search features" box in the bottom left-hand corner of SystemOne.

To identify patients that may require a steroid emergency card, an Ardens search can be found as follows: *Clinical Reporting> Ardens Ltd > Alerts Other> CAS and MHRA 2020> Known adrenal insufficiency or corticosteroids – consider need for steroid emergency card**

**Note: the search reports patients who have been prescribed an oral steroid > 2 times in the last year or the patient has been coded as "Using inhaled steroids - high dose (663g2)" or "Oral steroid therapy (Xa6ba)", and a steroid card has not been recorded as given in the past year.*

See Ardens website [here](#) for information with regards to clinical report that can assist in accurate coding

Please Share Learning from Medication Safety Events you Identify.

Sharing learning from medication safety events and recording events on the national Learn from Patient Safety Events (LFPSE) service helps improve patient safety by raising awareness and prompting local and national actions/alerts to mitigate the risks identified. If you'd like to share your learning from a medication safety event, get in touch via bswicb.prescribing@nhs.net and mark for the attention of the Medication Safety Team. Learn from patient safety events (LFPSE) is the new service replacing the National Reporting and Learning Service (NRLS). Find out about LFPSE for primary care [here](#) Register for an account to report safety events [here](#) (remember to add the [sign in page](#) to your favourites). Or you can report anonymously [here](#).