



To contact NHS BSW ICB Medicines Optimisation Team:

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



BSW ICB Medicines Optimisation Team would like to wish all our healthcare professional colleagues a VERY Merry Christmas and a Happy New Year . We look forward to working with you in 2024 !

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

New additions to BSWformulary and Change in Traffic Light status

[Doxylamine succinate 10mg and pyridoxine hydrochloride 10mg tablets \(Xonvea®\)](#) added with GREEN TLS as an option for the treatment of nausea and vomiting in pregnancy after standard anti-emetic options such as cyclizine & prochlorperazine have been tried & failed

[Warfarin 1mg/ml SF suspension](#) added to paediatric chapter with AMBER TLS.

[Trifarotene 50 microgram/g cream \(Aklief®\)](#) added to formulary with GREEN TLS. This is another retinoid option and is useful for truncal acne in particular due to the pump format

[Semaglutide solution for injection Pre-filled pens \(Wegovy®\)](#) added with RED TLS. This is ONLY on formulary, as an option for managing overweight and obesity alongside a reduced-calorie diet and increased physical activity in adult patients meeting the criteria defined in [NICE TA875](#) via tier 3 weight management services. A review of tier 3 services locally is ongoing. Information from DHSC about accessing Wegovy® for weight loss available [here](#)

New and Updated Shared Care Agreements and Prescribing Guidance

UPDATE – [BSW Prescribing Guidance for Moderately to Severely Frail Patients](#). An education programme and webinars to support the continued use of this guidance to aid deprescribing will follow in 2024.

NEW – [Shortest Effective Course Lengths for Antibiotics](#) New guidance summarises recent local and national updates to support reduced patient exposure to antibiotics and address antimicrobial resistance.

UPDATE - [BSW Management of Infection Guidance for Primary Care](#) Includes updates to sections on recurrent UTI (methenamine hippurate now GREEN TLS), and to pelvic inflammatory disease (as per [CKS update](#) Oct 23). Also includes new section on boils and carbuncles.

UPDATE – The SCAs for [Apixaban, Edoxaban or Rivaroxaban for the OFF-LABEL treatment of Cancer Associated Thrombosis](#) and for [Dalteparin for the Treatment of Cancer Associated Thrombosis](#) have been updated and now include patients under the care of SFT as well as at RUH.

Minor amendments to Netformulary

We have amended the [definition](#) of RED TLS medicines to represent current clinical settings: RED - These medicines are considered suitable for prescribing ONLY by a specialist clinician throughout treatment. The specialist clinician is commonly situated in a hospital but may be within a virtual ward or a locally commissioned specialist-led service situated in primary care or other community setting. General non-specialist prescribing of a RED TLS medicine is NOT recommended unless there is a specific protocol under direct authority of a specialist employed within BSW set up to support this.

What the BSW ICB formulary team are currently working on

- Updating [BSW Acne Prescribing Guidance](#) to include trifarotene.
- Updating [BSW Migraine Treatment Pathway](#) to include rimegepant.
- Drafting local guidance on new insomnia drug **daridorexant**, which will be prescribable in 2024.
- Ongoing work to update existing BSW SCAs and to adopt national SCA templates for BSW where required.

Also added -

Treatment options for scabies in primary care

Permethrin 5% w/w cream remains in limited supply due to an increase in demand. To support access to timely treatment, the Traffic Light Status for **oral ivermectin tablets** and for **benzyl benzoate 25% application** has been changed to GREEN so these unlicensed treatments may be prescribed in primary care, where clinically indicated, during the current shortage of permethrin. Prescribing information is available from the SPS Meds Supply Tool [monograph for permethrin](#) (requires login with NHS email) and from the [Primary Care Dermatology Society](#). Before prescribing, clinicians are advised to liaise with local community pharmacies to establish stock situations and lead times.

Methenamine hippurate (Hiprex) 1g tablets

Methenamine hippurate has been assigned a GREEN TLS and can be considered for initiation by primary care as a 'non-antibiotic' option for prophylaxis in adult patients with recurrent UTI's who have failed long-term antibiotic prophylaxis, have contraindications to antibiotics or breakthrough infection with resistant organisms. See BSW Management of Infection guidance [here](#). Methenamine hippurate works best in acidic urine and is ineffective for upper UTIs. Treatment should be reviewed at 6 months. NIHR have a summary of a recent non-inferiority study that compared the efficacy of methenamine hippurate for prevention of recurrent UTI with the current standard prophylaxis of daily low dose antibiotics [here](#).

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 bswicc.formulary@nhs.net

Cost Saving drug switch of the month: prescribing one 40mg omeprazole capsule instead of two x 20mg capsules

Drug	Quantity needed for one-month 40mg daily dose	Cost	Switched to	Quantity needed for one-month 40mg daily dose	Cost	Saving
Omeprazole capsules 20mg (pack of 28)	56	4.22	Omeprazole capsules 40mg (pack of 7)	28	3.08	1.14

In the last year £2,658,179 was spent on Omeprazole 20mg capsules and some of these will be patients on a 40mg dose being made up with 2 x 20mg capsules. At the end of each financial quarter please remember to complete and submit the cost savings recording template which accompanied the Quarterly report to bswich.prescribina@nhs.net

Pharmacy First service

[Briefing for Local Medical Committees and general practices on](#)

The Pharmacy First service is due to launch in Feb 2024 (dependent on certain digital developments) and aims to reduce pressure on urgent care and GPs, by accepting referrals of patients with low acuity, minor illness conditions.

The Pharmacy First advanced service incorporates the previous CPCS service and allows community pharmacists to offer self-care, safety-netting advice, and if appropriate, prescription only medicines (POM) via Clinical Protocol and Patient Group Directions (PGDs). It is important that formal electronic CPCS referrals to pharmacy continue to occur to ensure patient safety, that the patient specifically sees the pharmacist (rather than another member of staff) and there is a documented record of the consultation. Please contact Helen Wilkinson, Community Pharmacy Clinical Lead at the ICB if you would like to discuss further hwilkinson1@nhs.net

NPSA ALERT- Valproate: Organisations to prepare for NEW regulatory measures for oversight of prescribing

A national patient safety alert has been issued asking integrated care boards to coordinate preparations for new regulatory measures due to come into force in January 2024. These measures aim to reduce prescribing of valproate to only those patients (male or female) in whom no other therapeutic option is suitable.

- Valproate must not be started in new patients (male or female) younger than 55 years unless TWO SPECIALISTS independently review, and document no other treatment is suitable, or the reproductive risks don't apply.
- Existing women of childbearing potential and girls should be reviewed at their next annual specialist review using a revised 'annual risk acknowledgement form' (ARAF) which will include a requirement for a SECOND SPECIALIST signature if the patient is to continue with valproate. Subsequent reviews can be with one specialist unless the situation changes.

There are a series of specific actions required by the alert to prepare for the new regulatory measures, which include establishing an Integrated Care System (ICS) wide valproate safety stakeholder group which will coordinate the implementation, update of local guidance and protocols with clearly defined roles and responsibilities of clinicians, and recording of compliance with the risk acknowledgement forms and measures, understanding potential health inequalities and reviewing local audits.

The ICS Valproate Safety Group should produce and communicate an action and improvement plan by the 31st of January 2024.

While preparations are underway, the ICB kindly ask you to take some initial steps within your organisation. Identify appropriate leadership, mapping current valproate prescribing pathways, and review existing protocols, standard operating procedures, policies, guidance, or audits you have completed in relation to the current valproate pregnancy prevention program. The ICB will provide more information on the next steps early in the New Year. Your collaboration is crucial for an effective response to this alert. You can read the full alert [here](#).

Medicines Optimisation website

To ensure you are always using the most up to date information, please always check and search for our latest documents and information via the [BSW ICB Medicines Optimisation Team website](#)

New documents

Presentation – Prescribing Safety/CQC- [Presentation-Prescribing-Safety-CQC.pdf](#)

MOCH Quarterly newsletter – [MOCH Quarterly Newsletter – Winter 2023](#)

Updated documents

BSW Prescribing 2023-24 Savings Recommendations **Prescribe Well – Spend Less** (Nov 2023 v41)- [PWSL November 2023](#)

BSW Prescribing Guidance for Moderately to Severely Frail Patients (Nov 23)-[Prescribing Guidance for Moderately to Severely Frail Patients](#)

PGD updates for Community Pharmacy use -

Penicillin V Sore throat PGD BSW v1.3-[Supply/Administration of Penicillin V](#)

Hydrocortisone PGD BSW v1.2-[Supply/Administration of Hydrocortisone](#)

Fucidin impetigo PGD BSW v1.2-[Supply/Administration of Fucidin](#)

Flucloxacillin impetigo PGD BSW v1.2-[Supply/Administration of flucloxacillin](#)

Clarithromycin Sore throat PGD BSW v1.3-[Supply/Administration of Clarithromycin-sore throat](#)

Clarithromycin impetigo PGD BSW v1.2- [Supply/Administration of clarithromycin-impetigo](#)

Chloramphenicol PGD BSW v1.3-[Supply/Administration of chloramphenicol](#)

BSW ICB statement on Inclisiran

We have recently received a few queries about Inclisiran regarding whether it should be prescribed on FP10 or supplied via FP34D. As a reminder- the preference is for primary care to purchase stock from the wholesaler (AAH) and then to make a claim on the monthly submitted FP34D form. The patient will not incur a prescription charge and the practice will receive the £5 reimbursement. Inclisiran can also be supplied by an FP10 prescription, with the patient bringing the injection to the surgery for administration. If issued via FP10 the patient would pay the prescription charge, if they normally do so, and the practice will not receive the £5 reimbursement.

Inclisiran will be available from the wholesaler (AAH) at £45, which is payable 30 days from the end of that month. It is listed in the Drug Tariff as a "zero discount" item (no claw-back applicable) and will be listed in the Drug Tariff at a reimbursed price of £50 per injection at the end of the month. The practice will only receive the £5 reimbursement if submitted via the FP34D form. The cost to the primary care prescribing budget will be the Drug Tariff price.

BSW Trainee Pharmacist 25/26 Placement meetings

GP Practice Placement specific event

08/01/24 – 1:30 - 2:30

[Click here to join the meeting](#)

Community Pharmacy Placement specific event

08/01/24 – 7 - 8pm

[Click here to join the meeting](#)

The BSW Workforce Team are holding some virtual meetings about the changes to the Trainee Pharmacist funding, and trainee foundation programme for all sectors from 25/26.

These events are for anyone within GP Practice or Community Pharmacy who would like to know more about having a trainee pharmacist and the changes that are happening and how BSW intend to implement these changes. In the meantime, if you would like to get in touch please contact caroline.quinn2@nhs.net / lucie.thompson3@nhs.net