

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 BSWformulary and Change in Traffic Light Status

- [Trifarotene cream \(Aklief®\)](#) – Additional treatment option in therapeutic class of topical retinoids, added with **GREEN** TLS. Useful option in people ≥12years for truncal acne due to pump dispenser format and specific evidence base. Now included in [BSW Acne Guidance](#)
- [Daridorexant 25mg and 50mg tablets \(Quviviq®\)](#) added with **GREEN** TLS for **treating long-term insomnia** in line with [NICE TA922](#). We are currently working on guidance for primary care.
- [Rimegepant 75mg oral lyophilisates \(Vydura®\)](#) added with **GREEN** TLS for **treating migraine** in line with [NICE TA919](#). We are currently working on guidance for primary care. Please note, prophylactic use of Rimegepant for **preventing migraine** remains a **RED** TLS indication.

New and Updated Shared Care Agreements and Prescribing Guidance

- [BSW Primary Care Guidance for Inclisiran](#) – BSW ICB position statement updated.
- [Topical testosterone for adult women on HRT](#) Testavan and Testim removed and changes to initiation process for specialists and GPs.
- [BSW Acne Guidance](#) – Aklief® added as treatment option.
- [BSW Creatinine Clearance Electronic Tool for Primary Care](#) – updated version and calculator included on SystmOne.
- [BSW Anticoagulation in NVAf](#) – update to flow chart 3 with apixaban now first choice and further information added.
- [BSW Dry Eye Guidance](#) – link to [MHRA DSI/2023/11](#) included for information as some affected brands of carbomer eye gel are in our guidance

Minor amendments to BSW formulary

- New strengths of azathioprine (75mg and 100mg) have been marketed and are very expensive. A [non-formulary entry has been added to formulary](#). No local specialists have expressed an interest in using these strengths.
- [Pentoxifylline 400mg MR tablets](#) have been aligned for BSW with a RED TLS for the off-label treatment of osteoradionecrosis (usually given in combination with oral Vitamin E). If practices are currently prescribing pentoxifylline on FP10 for existing patients, please seek advice from bswicb.formulary@nhs.net
- Newly launched [omeprazole liquid 5mg/5ml](#) (Rosemont) added as non-formulary. For cost-effective preferred formulations, refer to formulary entries and [BSW PPI for GORD in paediatric patients](#). (Note this document is under review).
- [Oral liothyronine entry](#) amended as liothyronine 20 microgram tablets are now more cost-effective than 20 microgram capsules. The SCA for this drug is currently under review.
- Updated oral glucose entry to reflect products used in acute Trust setting.

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

UPDATED - [BSW Guide – Electronic Tools to Support Creatinine Clearance Calculation for DOACs](#)

Our local guidance has been updated to reflect the NEW renal disease calculator included in SystmOne since October 2023. The old SystmOne renal disease calculator will be removed from SystmOne clinical tools in subsequent SystmOne maintenance updates.

- Always use **creatinine clearance** for direct-acting oral anticoagulants (DOAC) dose calculations and NOT eGFR as recommended by the MHRA and SPCs for relevant DOACs.
- **(New update)** Based on literature paper and local expert opinions, BSW ICB support an adjustment to the Cockcroft-Gault equation **based on patient's BMI**, as it appears to become less accurate in weight extremes (underweight and particularly overweight/obesity). Based on local experts' consensus, adjustments and estimates should be considered as follows:

	Body Mass Index (kg/m ²)	Adjustments and Estimates
Underweight or Normal weight or Overweight	BMI < 30	Calculate CrCl by using actual body weight
Obese	BMI ≥30	Calculate CrCl by using adjusted body weight

Caution in clinical judgement and extra interpretation may be required when the range falls within a dose adjustment boundary. Specialist Anticoagulant advice for these patients should be obtained from our local hospitals.

Full information [BSW-CrCl-Electronic-tool-for-primary-care-Dec-23-review.pdf](#) (bswtogether.org.uk)

UPDATED – [BSW Guide for DOACs in NVAf](#) -

Apixaban now first line for new initiations

In line with [national commissioning recommendations for DOACs](#), generic apixaban is now the best value twice a day DOAC treatment (DT Nov 2023). We have updated our local guidance and for new initiations, apixaban is first line choice of DOAC for NVAf (other than those patients with a previous intolerance to apixaban or on the advice of a specialist). The licensed doses for all DOACs should be calculated using the Cockcroft Gault method of determining creatinine clearance or as per SmPC dosage information.

Seek advice from local Anticoagulant Specialist in the event of any uncertainty regarding which dose is best to use. Full information [BSW Anticoagulation in NVAf-flowchart Update-Dec-23](#)

Wegovy(semaglutide)

As a reminder - primary care are **unable to initiate GLP-1s for weight loss** as there needs to be specialist input. BSW ICB follow DoH guidelines - [Accessing Wegovy for weight loss: Everything you need to know](#)

BSW ICB are working with current providers of Tier 3 weight management services across the system to determine how we can look for solutions to improve access to their services

££££££££ Cost Saving drug switch of the month Aveeno/Aproderm colloidal oat switching to Epimax Oatmeal Cream -££££££££

Drug	Pack size	Cost	Saving if switched to Epimax oatmeal
Epimax Oatmeal Cream	100g	£2.06	N/A
	500g	£3.10	N/A
AproDerm Colloidal Oat cream	100ml	£2.74	0.68p
	500ml	£5.80	£2.70
Aveeno body wash	500ml	£6.89	£3.79
	100ml	£4.85	£1.75
Aveeno cream	300ml	£6.80	£3.70(if 500g Epimax)
	500ml	£6.47	£3.37
	200ml	£4.97	£1.87(if 500g Epimax)
Aveeno Daily moisturising lotion	300ml	£4.99	£1.89
Aveeno moisturising creamy oil	300ml	£5.00	£1.80
Aveeno Skin Relief moisturising lotion with menthol	200ml	£4.26	£1.16 (if 500g Epimax)
Aveeno Skin Relief moisturising lotion with shea butter	200ml	£5.66	£2.56(if 500g Epimax)
	300ml	£5.84	£2.74(if 500g Epimax)

In the past 12 months BSW ICB have spent **£98k** on oatmeal containing emollients. By prescribing **Epimax Oatmeal Cream** instead, approximately **£47k could be saved** each year. A reminder that **Aveeno is non-formulary**, see - [BSW Formulary Emollient Products for Adults and Children](#) and bath and shower preparations should not routinely be prescribed in primary care as recommended by NHSE. [Items which should not be routinely prescribed in primary care](#)

A search to identify products to switch can be found here - Clinical reporting > BSW General Practice > Medicine Optimisation Team > Cost Savings > 1.05 Aveeno products/Aproderm colloidal oat cream on repeat (Over 18). Change to Epimax oatmeal cream

At the end of December 2023, 40 practices were yet to meet their allocated savings target, which forms a component of the Prescribing Incentive Scheme (worth 15p per registered patient). As we are now approaching the end of FY23/24, please remember to submit the cost savings recording template which accompanied your practice quarterly report to bswibc.prescribing@nhs.net. Pharmacy technician support can be offered on a first come first serve basis. Please **do not delay making contact** if your practice is wishing for support to achieve this

Opportunity for a pharmacist-led clinical review of blood glucose test strips (BGTS)

The ICB Medicines Optimisation team invite practices to participate in a pharmacist-led clinical review of blood glucose test strips (BGTS) and meters. The service is an arm's length service funded by a range of BGTS manufacturers and delivered by Interface Clinical Services so both practices and patients can be offered a choice of a range of low-cost, Formulary -aligned systems within the reviews.

The review will provide patients with **more contemporary equipment**, educational materials, and the opportunity for a clinical consultation with a pharmacist, reduce practice prescribing costs and improve formulary compliance.

NB - any savings generated will count towards the Eclipse savings component of the prescribing incentive scheme in this or next financial year (if the practice has already achieved this year's target).

If you have yet to express your interest, please contact the BSW Prescribing Inbox for further information: bswibc.prescribing@nhs.net

FYI- Cytisine and Fezolinetant

Smoking cessation drug **cytisine** has just launched in the UK. BSW acknowledge the interest in prescribing however it has **not been included** on formulary while the APC consider a local application from BSW smoking cessation services.

New non-hormonal treatment for menopausal symptoms **Veozza (fezolinetant)** is currently **only available to prescribe on private prescription** until national recommendation from NICE is published and a formulary position is discussed.

Medicines Optimisation website

New Document

Oral Contraceptive Formulary Choices-[BSW Contraceptive Formulary Choices-Jan-2024.pdf](#)

Updated documents

Prescribing available GLP-1 receptor agonists during national shortages: Jan 2024 - **National shortage of GLP1 Receptor Agonists-stock shortages**

Private Treatments- [BSW ICB Private Treatments](#)

Prescription Duration Statement-[Duration of Prescriptions and 7 Day Prescribing](#)

Prescribing for Patients Travelling Abroad for extended periods-[Patients Travelling Abroad – FAQs](#)

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](#)

Freestyle Libre 3

Freestyle libre 3 sensors **should not be prescribed in Primary Care** currently and have a temporary red traffic light status.

Unlike other Libre sensors, Libre 3 has closed loop compatibility and its place in local pathways is being discussed with commissioners and hospital trusts. We are aware that there is a huge push on advertising Libre 3 to patients as it is smaller and offers real time scanning etc but is more expensive than FSL2 (see BSW [Formulary](#)). BSW ICB have a CGM policy which denotes those technologies that are currently **able to be prescribed**, subject to criteria, and those that are only able to be **procured by Secondary Care and therefore only supplied by specialists** [see here](#)

An update will be disseminated after discussions have taken place.

MHRA Drug Safety Update (DSU): Valproate

New safety and educational materials to support regulatory measures in men and women under 55 years of age have been introduced for men and women and healthcare professionals to **reduce the harms from valproate**, including the significant risk of serious harm to the baby if taken during pregnancy and the risk of impaired fertility in males.

The materials support the new regulatory measures announced in the recent [National Patient Safety Alert](#). They include an updated [Patient Guide](#) and [Healthcare Professional Guide](#) with information about the risk of impaired fertility in males and the requirement for **two specialists** to independently assess all new initiations **in males and females** under 55 years of age and document that there is no other effective or tolerated treatment. Healthcare professionals can use these materials to support discussions with patients and should review the new measures and materials, integrating them into their clinical practice and standard operating procedures. Full details can be found in the January DSU [here](#).

The MHRA are reviewing data as highlighted in [Drug Safety Update August 2023](#), which *may* suggest an increased risk of neurodevelopmental disorders in children whose fathers took valproate in the 3 months before conception.

As a precaution the DSU advises that male patients prescribed valproate who are planning a family within the next year should discuss treatment options with a healthcare professional.

Patients should not stop taking valproate without advice from a specialist due to significant risk of worsening epilepsy or bipolar disorder.

The full MHRA information page for Valproate can be found [here](#).