

To contact NHS BSW ICB Medicines Optimisation Team: ✉ [bswicb.prescribing@nhs.net](mailto: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 and Change in Traffic Light Status

- [Nutrizym 22 oral pancreatin capsules](#) – added as **amber**. Included as a second line option to support ongoing stock shortages in pancreatic enzyme replacement therapies.
- [Filgrastim 12million units/0.2ml solution for injection PFS](#) – added as **red**.
- [Furosemide 50mg/5ml ampoules](#) – changed from **red** to **amber** TLS when prescribed on the advice of a specialist palliative care team for (off-label) subcutaneous use in syringe driver for the treatment of heart failure in palliative care.
- [Propylthiouracil tablets](#) – aligned as **amber**.
- [Freestyle Libre 2 Plus](#) (FSL2+) added as **amber**. This product will replace Freestyle Libre 2. Note that FSL2+ sensors are worn for 15 days vs 14 days for FSL2 sensors. Read more here: [How is FreeStyle Libre 2 Plus sensor different from FreeStyle Libre 2 sensor? – FAQ](#)
- [Dexcom One Plus](#) added as **amber**. This product will replace Dexcom One.

### New and Updated Shared Care Agreements and Prescribing Guidance

- UPDATE – [BSW SCA for subcutaneous methotrexate for patients in adult services \(excluding cancer care\)](#). This BSW document covers all three acute Trusts in BSW and replaces previous, separate locality versions of the subcut methotrexate SCA.
- UPDATE - [BSW Summary of Shared Care Guidelines And Monitoring of Disease Modifying Drugs \(DMARDs\) in ADULTS](#). Minor typographical amendment to include the correct link to the newly aligned BSW SCA for subcut methotrexate.

### Minor amendments to Netformulary

- [Sitagliptin](#) now has the lowest acquisition cost and becomes first line DPP-4 for new patients. When reviewing patients on alternative DPP-4s consider switching to sitagliptin where clinically indicated. If there is no beneficial improvement in HBA1c, review treatment options in line with [NICE NG28](#). Stop DPP-4 inhibitor (gliptin) if starting a GLP-1; both classes of drug work on the same pathway so no additional HBA1c benefit is achieved using both together.

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)

## [Medicines Optimisation website](#)

### New documents

Presentation - [Valproate Safety Update- Webinar-Valproate Safety update.pdf](#)

Prescribers - registration and removal from practice or cost centres- [BSW-ICB-prescriber registration and removal from practice or cost centres](#)

### Updated documents

Emergency Access to Medicines Scheme - participating pharmacies - [Emergency Access to Medicines Scheme information – participating pharmacies](#)

BSW Prescribing 2024-25 Savings Recommendations Prescribe Well Spend Less- [Prescribe Well Spend Less -May 2024](#)

### MOCH documents

MOCH Homely Remedies (link to PrescQIPP Home Remedies Bulletin)- [MOCH Homely Remedies](#)

MOCH Homely Remedies & Self-Care Quick Guide- [MOCH Homely Remedies & Self-Care Quick Guide](#)

MOCH Paracetamol Dosing- [MOCH Paracetamol Dosing](#)

MOCH Missed Doses of Medication- [MOCH Missed Doses of Medication](#)

MOCH Medication Fridge Monitoring Form- [MOCH Medication Fridge Monitoring Form](#)

MOCH Thickeners - A Guide to Prescribing- [MOCH Thickeners – A Guide to Prescribing](#)

MOCH Thickener Administration Record- [MOCH Thickener Administration Record](#)

MOCH Insulin Injection Administration Record Chart- [MOCH Insulin Injection Administration Record Chart](#)

MOCH Room Temperature Monitoring Chart- [MOCH Room Temperature Monitoring Chart](#)

MOCH Warfarin Administration Chart- [MOCH Warfarin Administration Chart](#)

MOCH Medication Administration Record (MAR) Charts in Care Homes: Good Practice Guidance- [MOCH MAR Charts -Good Practice Guidance](#)

MOCH Topical Medication Administration Record Chart- [MOCH Topical Medication Administration Record Chart](#)

MOCH Blood Sugar Monitoring Chart- [MOCH Blood Sugar Monitoring Chart](#)

MOCH Holiday or Day Leave Medication Tracker Sheet- [MOCH Holiday or Day Leave Medication Tracker Sheet](#)

MOCH Expiry Date Guidelines- [MOCH Expiry Date Guidelines](#)

MOCH Monthly Order Process- [MOCH Monthly Order Process](#)

MOCH When Required (PRN) & Variable Dose Guidelines- [MOCH When Required \(PRN\) & Variable Dose Guidelines](#)

MOCH Emollient and Barrier Cream Advice- [MOCH Emollient and Barrier Cream Advice](#)

MOCH Fridge Temperature Out of Range Flowchart- [MOCH Fridge Temperature Out of Range Flowchart](#)

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](#)

## Have you seen...? - SPS - resources on prescribing in liver disorders

[Information resources for managing medicines in liver impairment](#) - resources to help HCPs provide advice on medicines in liver impairment.

[Assessing liver function and interpreting liver blood tests](#) We explain how to assess liver function including the purpose of liver blood tests, how to interpret them and what to do if they are abnormal.

[Questions to ask when giving medicines advice in liver impairment](#) - Information should be gathered about the history of liver impairment or the type of liver disease to enable a risk assessment and decisions about treatment.

**££££ Cost Saving drug switch of the month - Utrogestan/Progesterone micronized 100mg capsules to Gepretix 100mg capsules ££££**

	Pack size	Cost
Gepretix 100mg capsules	30	£4.62
Utrogestan 100mg capsules/Progesterone micronised 100mg capsules	30	£6.60

In the past 12 months practices across BSW ICB have spent almost £800k on micronised progesterone. By prescribing as Gepretix brand, approximately **£230k could be saved** each year.

**NB** -remember to submit the cost savings recording template which accompanied your practice quarterly report to [bswicb.prescribing@nhs.net](mailto:bswicb.prescribing@nhs.net). Pharmacy technician support can be offered on a first come first served basis. Please **do not delay making contact** if your practice is wishing for support to achieve 2024-25 cost savings.

**Interface Clinical Service - BSW ICB BGTS Cost Effective Prescribing Project Update**

Pharmacists at Interface Clinical Services have so far worked at **21 sites** in BSW ICB since January 2024, optimising the prescribing of Blood Glucose Testing Strips. Below is a summary of the project to date, including some key statistics. Year to date, you and our partner stakeholders have:

- Transitioned **more than 1,300** Type 2 diabetic patients from non-formulary test strips to low acquisition formulary test strips.
- Counselling over **700 patients (56%)** about the transition, as well as educating the patient on:
  - Frequency of testing (numerous patients under/over testing)
  - How to manage hypoglycaemia
  - DVLA guidance on testing before driving
- All patients have been provided with TREND UK leaflets – ‘hypoglycaemia explained’ and ‘safe driving and the DVLA’
- Arranged for over 1,300 patients to receive a new meter and sent a leaflet directing them to customer support (telephone/video) if needed.
- Participating practice provided with a list of patients that aren't currently testing but are on a medication that can cause hypoglycaemia for review.
- Over 130 patients' BGTS products stopped as they no longer have a clinical reason to be testing blood sugar levels as per best practice guidance.
- An observation of an average 18% reduction (from £10.71 to £8.75) in mean cost per box of testing strips in participating practices.

**Reminder: Topiramate - Teratogenicity and Neurodevelopmental Disability in Children if used During Pregnancy**

Topiramate is known to be associated with an increased risk of congenital malformations and effects on foetal growth if used during pregnancy. Evidence also shows a potential increased risk of neurodevelopmental disabilities in children whose mothers took topiramate during pregnancy. Its use in females of childbearing potential is currently under review by the MHRA: [DSU July 2022](#). Topiramate is used for treatment of epilepsy and in migraine prophylaxis when other options are not tolerated or effective.

Advice should be sought from a neurology specialist BEFORE initiating topiramate in females of childbearing potential as it is classified as amber on [bswformulary](#) in this group.

Females of childbearing potential should be informed that topiramate is associated with a risk of foetal malformations and that there is evidence of neurodevelopmental disabilities in children with prenatal exposure. Changes to topiramate prescribed for epilepsy should only be made with advice from a specialist. The FSRH recommends HIGHLY EFFECTIVE CONTRACEPTION where women are prescribed topiramate. *Topiramate is an enzyme-inducer which means it will reduce the efficacy of hormonal contraception.* The FSRH recommends that options for HIGHLY EFFECTIVE CONTRACEPTION in women prescribed topiramate are –

- a copper IUD or
- levonorgestrel-releasing IUS or
- depot medroxyprogesterone acetate injection which *must* be in conjunction with reliable use of condoms.

See <https://www.fsrh.org/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/> F.A.Q. points 8 and 9.

Searches supporting audit of topiramate in this group are available within SystemOne, and topiramate is included within the Arden's CQC search here: [Reporting > Clinical Reporting > Ardens > Alerts CAS and MHRA > 2022 > Review as woman of childbearing potential and on topiramate](#)

**Denosumab 60mg (Prolia) – specialist review before stopping**

There have been a few reports around the country of patients having their Denosumab stopped abruptly without specialist input. In response to these reports we would like to remind our practices of the [MHRA Alert-Prolia](#) published in 2020. Patients should **not stop or delay treatment** of denosumab **without a specialist review**. Current local recommendations are for patients to continue for up to 10 years, where they should be reviewed by a specialist on whether it is appropriate to stop or continue. You can find more information on Prolia in the shared care agreement [here](#)

You will also find some **Ardens@ reports** to support recalls or identifying patients overdue treatment here: [Reporting > Clinical reporting > Arden's Ltd > Prescribing | Alerts > Repeat medication](#)

