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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

- [Adacel 0.5ml suspension for injection in PFS](#) added with **GREEN TLS**. ADACEL® replaces Boostrix-IPV® for the national pertussis vaccination in pregnancy programme. Read more [here](#)
- [Abrysvo® powder and solvent for solution for injection](#) added with **GREEN TLS**. Approved for use for the adult national RSV programme. Read more [here](#)
- [Lanthanum](#) chewable tablets and [sevelamer](#) tablets and oral powder aligned as **AMBER TLS**. For initiation by renal team only but ongoing prescribing in primary care is permitted.
- [SMA Soya infant formula](#). Added with **AMBER TLS** for galactosaemia patients only. There is a national shortage of SMA Soya Infant Formula which is the only available soya based infant formula in the UK. To protect this resource for galactosaemia patients, SMA Soya Infant Formula is currently only available on prescription and Nestle are operating a prescription validation service for it to try to protect supplies. Nestle recommend that no new patients should be started on SMA Soya Infant Formula.

Minor amendments to BSW formulary

- BMS & NHSE summary guidance on [Management of Unscheduled Bleeding on Hormone Replacement Therapy](#) added to top of section [06.04.01.01](#)
- SPS guidance on [Prescribing and ordering available pancreatic enzyme replacement therapies](#) added to entries in section [01.09.04](#)
- FSRH statement: [Extended use of all 52mg LNG-IUDs for up to eight years for contraception](#) added to top of section [07.03.02.03](#)
- SPS article on [Issues affecting Fabrixin - Using and prescribing thiamine in alcohol dependence](#) added to entries in section [09.06.02](#)
- Exenatide immediate release injection (Byetta®); topical capsaicin; and tinidazole tablets removed from formulary; either experiencing long term unavailability or discontinued.
- Information on preferred brands included in [melatonin \(adult\)](#) entry. Liquid formulation is a second line option only after crushed Adaflex® has been tried and is unsuitable. On FP10, it should be prescribed as Ceyesto® 1 mg/ml oral solution. Acute trusts use melatonin 1mg/ml oral solution (Colonis) in line with contract.
- [mefenamic acid](#) -250mg strength tablet newly added to formulary entry
- Information added on use of [loperamide in high output stoma or short bowel syndrome](#)
- [Hydrogen peroxide 1.5% mouthwash](#) reinstated as formulary option now its freely available. **RED TLS** for post-surgical indications; for other indications, should be self-purchase.
- Viscotears brand of carbomer 0.2% eye gel UDVs included in [paediatric chapter](#) as preferred brand of lubricant for conducting retinopathy of prematurity screening/imaging. **RED TLS**.

For preferred products/brands in the management of dry eye, continue to refer to [BSW Prescribing Guidelines for Dry Eye](#)

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

October 7th to 13th 2024 is [Hypo Awareness Week](#) – raising awareness of hypoglycaemia in the UK

The WHC Community Diabetes Specialist Nursing Team are running 45-minute educational sessions on MSTeams at 2pm 7-13th October 2024. Sessions are open to all clinical staff in BSW; no need to book, just add this MS Teams link to your diary to join

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZDJkYTRiYjktYjQ0Mi00MjlkLTg0NzktMDI5ZWJhMzU1ZGYx%40thread.v2/0?context=%7b%22Tid%22%3a%2237c354b2-85b0-47f5-b222-07b48d774ee3%22%2c%22Oid%22%3a%22a12dd6e3-5c5d-44ea-8363-868aef6e243c%22%7d

2-3pm Mon 7th Oct - Common causes, symptoms and treatments of hypoglycaemia. Michele Jones, Senior Diabetes Specialist Nurse

2-3pm Tue 8th Oct - Frailty and hypoglycaemia. Rebecca Tranter – Senior Diabetes Specialist Nurse

2-3pm Wed 9th Oct - Managing Hypos in the inpatient and community setting. Kate Haines & Vicky Roberts, Senior Diabetes Specialist Nurses

2-3pm Thu 10th Oct - Drugs that can cause hypoglycaemia and blood glucose monitoring. Bethany Kelly, Clinical Lead Diabetes Specialist Nurse

2-3pm Fri 11th Oct - Hypoglycaemia and CGM. Karen Percival, Senior Diabetes Specialist Nurse

Formulary update: Treatment of hypoglycaemia

Oral glucose products are used for managing acute hypoglycaemia in people who are able to swallow safely. Patients/carers should **routinely be advised to self-purchase oral glucose products (including jelly sweets, orange juice or full sugar carbonated drinks)**. Specialist can advise or see NHS or [Diabetes UK info](#) for suggestions. If there is a history of severe hypos, and the clinician considers that an individual patient's ability to purchase a suitable oral glucose product is compromised (e.g. medical, mental health or social vulnerability) to the extent that their health and/or wellbeing could be adversely affected if they were reliant on self-care, it is permissible to issue on FP10. **Formulary options include: Oral gel 40%, Lift fast acting glucose shot liquid, Lift chewable glucose tablets.**

Glucagon injections: Ogluo® 500micrograms/0.1ml and 1mg/0.2ml solution for injection pre-filled pens were included on the BSW formulary in May 2023 to support shortages of GlucaGen® HypoKit 1mg powder and solvent for solution for injection. NovoNordisk have confirmed that **GlucaGen® HypoKit® is back in stock. This is BSW preferred formulary product for injectable glucagon.** When choosing or switching products, prescribers should consider if patient has care plan in place and if additional training and awareness for staff in schools/nurseries etc is required. Patients should always be trained on how to administer the pre-filled auto-injector pen [Ogluo] or how to reconstitute and administer [GlucaGen HypoKit].

How to make the workplace inclusive for neurodivergent team members

Practical tips and advice that pharmacy staff can use to make their workplace more inclusive for neurodivergent people.

<https://pharmaceutical-journal.com/article/ld/how-to-make-the-pharmacy-workplace-inclusive-for-neurodivergent-team-members>

Find out how your organisation can make small adjustments that make a big difference to autistic people

[Employing autistic people \(autism.org.uk\)](https://www.autism.org.uk/employment)

Accessible resources to support patients with Learning Disabilities.

'easy on the i' is the information design service within the Learning Disability Service at Leeds and York Partnership NHS Foundation Trust. Easy read is just one way of making information more accessible. It is a style of information often chosen by people with learning disabilities, although other groups can find it useful to

[Image Bank - Learning Disability Service \(learningdisabilityservice-leeds.nhs.uk\)](https://www.learningdisabilityservice-leeds.nhs.uk)

[Patient resources - Leeds Teaching Hospitals NHS Trust \(leedsth.nhs.uk\)](https://www.leedsth.nhs.uk)

[Medicines Optimisation website](#)

Updated document

BSW Prescribing 2024-25 Savings

Recommendations Prescribe Well

– Spend Less

[PWSL AUG 2024](#)

££££££££ Cost Saving drug switch of the month -Zolmitriptan tablets switching to Zolmitriptan orodispersible ££££££££

Product	Pack size	Cost
Zolmitriptan 2.5mg orodispersible tablets sugar free	6	£17.80
Zolmitriptan 5mg orodispersible tablets sugar free	6	£18.60
Zolmitriptan 2.5mg tablets	6	£27.94
Zolmitriptan 5mg tablets	6	£36.00

In the past 12 months, practices across BSW ICB have spent almost £175k on Zolmitriptan tablets. By prescribing as Zolmitriptan orodispersible tablets, there are savings available of up to **£89k** over the next year.

Pancreatic Enzyme replacement therapy(PERT):

An MSN has been published around the availability of these medicines. There are supply constraints on Creon and Nutrizym. A NatPSA has been issued.

Please make sure to regularly check the [Medicines Supply Tool – SPS](#) for the latest updates. A public facing page, [Prescribing and ordering available](#)

[pancreatic enzyme replacement therapies](#) and [mini-tool](#) have been developed on the SPS website.

Viatrix UK has initiated a **free Creon® customer service** line dedicated to patients and healthcare professional affected by Creon® supply constraint.

The purpose of the service is to provide the most up to date information on the supply of Creon®.The service will aim to provide information on the nearest pharmacies which have recently received supply. The Creon® customer service line can be reached via 0800 8086410. The service will be active from Monday to Friday from 9:00 to 17:00

Precautionary advice for men prescribed valproate

The [September MHRA Drug Safety Update](#) provides *precautionary* advice for men prescribed valproate*. This is in response to a retrospective observational study that has indicated a possible association between valproate use by men around the time of conception and an increased risk of neurodevelopmental disorders in their children. The drug safety update advises that male patients who can father children are informed of this possible increased risk and recommends using effective contraception during valproate treatment and for at least 3 months after stopping valproate.

The MHRA have produced the following tools to support conversations [Advice for male patients on valproate to use contraception](#) & [Visual risk communication diagram](#) The BSW Valproate Safety Group will work with stakeholders from across relevant sectors of BSW and Arden's to produce resources to support you in communicating this precautionary advice to male patients prescribed valproate, including a frequently asked question document and OptimiseRx messages. We will update you about this in the coming weeks.

Some key points:

- Counselling is suggested at the next regular treatment review – informed discussion about potential risks and need to use effective contraception (condoms, plus contraception used by female partners who can get pregnant).
- Given failure rate of condoms, those who can get pregnant who have partner taking valproate should use effective contraception and for 3 months after the male partner stops valproate.
- If the woman is already using *highly effective contraception***, condoms may not be required.
- Continue precautions for 3 months after stopping to allow for one completed sperm cycle not exposed to valproate.
- Precautionary advice includes following intravenous use – advice on effective contraception for 3 months afterwards.
- Referral to specialist for males planning a family in the next year.
- Prenatal counselling for couples planning a family where the male is prescribed valproate, including those planning IVF.
- Do not donate sperm while prescribed valproate and for 3 months after stopping treatment.
- Reproductive potential in males beyond 55 years so men older than 55 years should be counselled on the risk and precautions as appropriate.
- MHRA have produced tools to support conversations
- The manufacturers Patient information and Patient Risk Minimisation materials such as the valproate patient guide will be updated with this information in the coming weeks.
- **Valproate newly started in Male patients:** Since January 2024, any specialist initiating valproate in males must complete a Risk Acknowledgement Form (RAF) at initiation and a second independent specialist must confirm that there is no other effective or tolerated treatment.
- **Valproate in Existing Male patients:** There is no requirement for a RAF to be completed. The MHRA advice is that male patient should be informed about the risk and use effective contraception.

The MHRA's publication refers to males. The risk applies to anyone who can biologically father children, including trans-women who retain the capability to generate sperm.

**FSRH advises highly effective contraception would include sterilisation and LARCs: copper IUDs, levonorgestrel IUSs, and progesterone-only implants (all have a typical use failure rate <1%). COCP and POPs have a typical use failure rate <9%, and progestogen-only injectables (DMPA) (although still a LARC) has a typical use failure rate of <6%; therefore, they are not considered highly effective methods of contraception. [FSRH Teratogenic-medication-and-](#)