

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 and Updated Prescribing Guidelines and Shared Care Agreements**

- **UPDATED - [AWP Guidance on Managing ADHD Medicines Shortages](#)** (Adults & paediatrics)-now includes information to support primary care to make switches where necessary due to the national stock shortages, where they feel confident. The guide does not extend to use in patients under the care of CAMHS Oxford team who see paediatric patients with ADHD as well as other co-morbidities. For these patients, primary care prescribers should continue to contact CAMHS in the first instance.
- **UPDATED – [BSW Atopic Dermatitis Pathway](#)** – updated to include [lebrikizumab](#) in line with [NICE TA986](#)
- **UPDATED – [BSW Emollient Prescribing Guidelines for Adults and Children](#) and [BSW Quick Guide – First Line Emollients](#)** - to include [MHRA Drug Safety Update July 2024](#) which advises that Epimax Ointment and Epimax Paraffin-Free Ointment can harm the eyes if used on the face. Do not prescribe these ointments for use on the face. Tell patients to wash their hands and avoid touching their eyes after using . If this advice cannot reliably be followed, clinicians should choose a product that is suitable for use on the face e.g. WSP/Liquid paraffin (50:50) or Hydromol ointment as a less greasy alternative. If patients experience any side effects from their medication, encourage them to seek clinical advice and report to the MHRA via [yellow card scheme](#).

**Minor amendments to Netformulary**

- [Terlipressin and vasopressin injection](#). Indications removed from entries and replaced with note to use as per Trust policy.
- [AeroChamber Plus Flow-Vu Antistatic spacers](#) entry corrected to include all available sizes.
- [Ketotifen 0.25mg/ml single dose unit eyedrops](#) aligned for BSW with **AMBER TLS**.
- [Haloperidol 500microgram](#) tablet entries – **non formulary in this strength. Reminder that 500microgram tablets cost £295.92/28 tablets**. In primary care prescribers should follow OptimiseRx for cost-effective prescribing and **use the oral solution** where appropriate.
- [Proprantheline tablets 15mg](#) aligned for BSW with **GREEN TLS**.
- [LAT gel](#) aligned for use across BSW in line with internal Trust guidance. **RED TLS**.
- [Ajmaline](#) aligned for GWH and RUH for use in diagnosis of Brugada syndrome in line with Trust guidance. **RED TLS**.
- [Oral glucose](#) entry updated. 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 (links below) 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. Oral glucose products used within the acute Trust setting vary; consult internal policy.

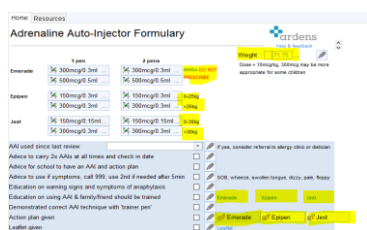
*The BSW joint formulary remains under construction and is designed to be an evolving, dynamic resource. We are working to ensure the messages on GP prescribing systems and Optimise Profiles are in line with the joint formulary. If you discover information you believe to be inaccurate or misleading, or for further information, email [bswicb.formulary@nhs.net](mailto:bswicb.formulary@nhs.net)*

**Weight thresholds for use of paediatric adrenaline autoinjectors - Are your patients prescribed the correct dose?**

Nationally prescribing data for adrenaline autoinjectors (AAIs) indicates there could be a **significant number of patients on the wrong dose of AAI** for their weight. Different strengths of AAIs are available, often referred to as junior and adult. The **AAI dose differs according to the patient's weight** and the weight required for the higher dose AAIs **differs for each AAI brand** see BNF [here](#)

When prescribing and reviewing AAIs in children, ensure their current weight is recorded and the dose is correct for this weight. What is the procedure for recording/updating child weights in your organisation to ensure the correct dose of AAI prescribed?

Ardens provide a useful tool to aid selecting the correct strength of Adrenaline Auto-Injector on their Formulary template which can be found here: **Auto-Consultation -> ardens CONDITIONS GENERAL -> Adrenaline Auto-Injectors Formulary**.



Ardens also have some useful searches to help support audit that the correct strength has been prescribed which can be found here: **Reporting -> Clinical Reporting -> Ardens Ltd -> Prescribing | Alerts -> Allergies** Finally, you can also enable the Ardens pop up alert, which prompts you to record a weight and select the correct strength when prescribing. The pop-up alert can be found here: **Setup -> Workflow Support -> Protocols -> Ardens -> Prescribing -> Drug Alert: Review Required – Allergies** To enable, just make sure the 'active' box has been ticked. Please note this activates the pop up for everyone in the practice, so you may wish to discuss with your prescribing leads and practice manager first.

**££££££££ Cost Saving drug switch of the month - Metformin 1g tablets switching to Axpinet 500mg tablets ££££££££**

Product	Pack size	Cost
<b>Axpinet 500mg tablets</b>	<b>28</b>	<b>£0.50</b>
Metformin 1g tablets	28	<b>£58.01</b>

In the past 12 months, practices across BSW ICB have spent over £50k on Metformin 1g tablets. By prescribing as Axpinet 500mg tablets, there are **savings available of approximately £49k over the next year**.

## Appliance queries

Jackie Morgan, our Appliance Assistant has now integrated within the Meds op team. Jackie is here to provide support and advice around appliance queries and can be contacted via [bswicb.prescribing@nhs.net](mailto:bswicb.prescribing@nhs.net) Examples of the kind of queries that Jackie can help with include (but are not limited to):

- Advice on alternative products to issue if regular product is out of stock
- Help on directing queries to the right places....i.e Stoma Teams, ISC queries, Urology depts
- Clarification on the correct products to be issued, quantities and frequency of issuing
- How to find the item on SystmOne
- Formulary queries
- Any other weird and wonderful questions that may arise that are not obvious.

## Medicines Optimisation website

### New

Following our [education session on polypharmacy](#) - [Deprescribing useful tools.pdf](#)

**Valproate Safety webpage update** - [here](#) sections are:-

- Potential Risks in Men
- **New tab** - Precautionary Advice from the MHRA for Male Patients
- Regulatory Measures Introduced in January 2024 (including males)

### Updated documents

Prescribe Well, Spend Less- [PWSL](#) - Nov 2024

## Medsafety week 2024(4<sup>th</sup>-10<sup>th</sup> November)

This years international campaign will focus on **'the importance of using medicines in the right way to prevent side effects, and to report side effects when they do occur'**. There's a great visual summary of how this improves medication safety [here](#)



In the UK, the focus is on the importance of reporting suspected adverse reactions to medicines and vaccines but also encouraging the reporting of suspected problems with medical devices or other healthcare products to the Yellow Card scheme. Healthcare professionals and their organisations are asked to support the campaign and talk to their patients and colleagues about side effects and how they can report suspected problems to the MHRA yellow card scheme. Find out more about the campaign [MedSafetyWeek](#) | [Making medicines and medical devices safer](#). This includes posters, campaign materials and e-learning for healthcare professionals.

## Medication Safety alert- Humulin S parallel Import- risk of omission or delayed dose.

You may have been made aware or noticed that Lilly UK Humulin S (human insulin) products are packaged in a box labelled Humulin S but the cartridges themselves are identified on the labelling as Humulin R (human insulin)

**Community pharmacies across BSW are currently receiving a parallel import product of Humulin S, this is causing confusion for community nursing teams administering insulin. Please note** The manufacturer has kindly confirmed that Humulin R (human insulin) as a parallel import product is equivalent to Humulin S (human insulin) in the United Kingdom



### What is a parallel import?

A parallel import medicine is a medicine licenced in the European Economic Area (EEA) that the Medicines and Healthcare Regulatory Authority (MHRA) has assessed and allowed to be imported into the UK as it has no therapeutic difference to the UK product, this means it can be treated as if it was the licenced UK medicine and can be supplied and administered against a prescription for the UK medicine. However, these medicines often have different packaging to the UK version. The parallel import of Humulin S is called **Humulin Regular**, it has additional labelling to show it is Humulin S on the outer box and foil but the cartridges are labelled as Humulin Regular as these can't be relabelled individually. See pictures above.

**Important:** Humulin S and Humulin Regular are **NOT** the same as Humulin R U500 insulin. **This is a high strength insulin (500 units/ml).**

## DOAC Safety: Practice Quarterly Summary Reports - New Indicators

We are excited to announce some important updates to our key performance indicators on the latest practice prescribing report under the "safety" section. There are two new indicators alerting the proportion of patients at your practice who are **"POTENTIALLY"** on an under-dose or excess dose of DOAC.

Indicator	Value	Target
DOAC with up to date annual CrCl documented	94.22%	Higher
Proportion of Patients Potentially on under-dose of DOAC (August 24)	2.93%	Lower
Proportion of Patients Potentially on excess dose of DOAC (August 24)	15.79%	Lower
Safety Valproate Prescribing	3.13	Lower
Anti-thrombotic Burden Score	0.05%	Lower
Polyparmacy	6.62%	Lower

There are a number of Ardens® reports available which will help you identify these patients at your practice.

Reports can be found here: **Reporting -> Clinical Reporting -> Ardens Ltd -> Prescribing | Alerts -> Anticoagulants**

Indicator	Value	Target
On DOAC ?Increase dose - All	0.00%	Lower
On DOAC ?Increase dose of apixaban as AF + >=2 of <80y / Cr <133 / >60kg + CrCl<30	0.00%	Lower
On DOAC ?Increase dose of apixaban as DVT/PE in last 6m + issued 2.5mg tablets	0.00%	Lower
On DOAC ?Increase dose of dabigatran as <80y and CrCl >50	0.00%	Lower
On DOAC ?Increase dose of edoxaban as CrCl >50 + >60kg	0.00%	Lower
On DOAC ?Increase dose of rivaroxaban as AF + CrCl >50	0.00%	Lower
On DOAC ?Reduce dose - All	0.00%	Lower
On DOAC ?Reduce dose of apixaban as AF + >=2 of >80y / Cr >133 / <60kg	0.00%	Lower
On DOAC ?Reduce dose of apixaban as DVT/PE >6m ago, no AF + issued 5mg tablets	0.00%	Lower
On DOAC ?Reduce dose of apixaban as has AF + CrCl 15-29	0.00%	Lower
On DOAC ?Reduce dose of dabigatran as <80y / CrCl 30-49 / on verapamil	0.00%	Lower
On DOAC ?Reduce dose of edoxaban as on strong inhibitor of P-gp / CrCl 15-50 / <=60kg	0.00%	Lower
On DOAC ?Reduce dose of rivaroxaban as AF + CrCl 15-49	0.00%	Lower
On DOAC ?Stop - All	0.00%	Lower
On DOAC ?Stop apixaban as CrCl <15	0.00%	Lower
On DOAC ?Stop dabigatran as CrCl <30	0.00%	Lower
On DOAC ?Stop edoxaban as CrCl <15	0.00%	Lower
On DOAC ?Stop rivaroxaban as CrCl <15	0.00%	Lower
On DOAC ?Switch - All	0.00%	Lower
On DOAC ?Switch edoxaban to alternative DOAC as CrCl >100	0.00%	Lower
On DOAC ?Switch to warfarin as antiphospholipid syndrome or mechanical valve	0.00%	Lower
On DOAC ?Abnormal blood result (Bili >30, Hb <120 or ALT >80)	0.00%	Lower

We would like to remind our clinicians to always **use CrCl for DOAC dose calculations, as recommended by the MHRA and NOT eGFR**. Use of eGFR for dosing of DOACs is known to increase risk of bleeding events as a consequence of overestimating renal function.

When interpreting Ardens® reports result, **take into account the trend of CrCl changes** rather than point estimated value while making any relevant dosage adjustment. Ensure an **up-to-date weight** (in last 12 months) and height (in last 5 years) are documented.

**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.

Also see local guidance BSW Guide – Electronic Tools to Support Creatinine Clearance Calculation for DOACs [here](#) for further information.