NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

MOP UP

Medicines Optimisation Update Issue March 2025

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 (TLS)

- **Ropeginterferon alfa-2b –** added to formulary with RED TL following NHSE Clinical Commissioning Policy.
- Vortioxetine **traffic light changed from amber to GREEN –** as it has fewer side effects than other options and it is included in NICE guidance as a third line option. Vortioxetine is a more expensive 3rd line option, so it would be expected that other more commonly used options such as venlafaxine or mirtazapine are considered first.
- Opicapone **change in position in pathway –** to be joint first line option alongside entacapone. **Opicapone is more expensive than entacapone but** is once daily dosing and generally better tolerated.

New and Updated Prescribing Guidelines and Shared Care Agreements

- **UPDATED** Buccolam **and** Epistatus **SCA** – updated to include new license for use in adults and additional information section.
- **UPDATED** Erectile Disfunction Guidelines **–** this document has been converted from a position statement to prescribing guidance with updated position for daily tadalafil (5mg) and quantity of sildenafil that can be supplied per month.
- **UPDATED Melatonin in Children (liquids) –** updated to include information on the differing excipients and their appropriate use for children.
- **NEW** PERT Guidance –to support prescribers on alternative products during PERT shortage

Minor amendments to Netformulary

- BSW Glaucoma Guidelines removed and replaced with links to NICE guidelines
- MSN OOS links added to entries
- Green Book update has prompted some wording updates
- Somatropin TL changed to amber (from amber shared care) as monitoring stays within trusts
- Metformin sachets added to formulary as is the most cost-effective option for patients requiring a liquid preparation

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

FSRH Statement: Glucagon-like peptide-1 (GLP-1) agonists and contraception

The Faculty of Sexual and Reproductive Health (FSRH) advises that individuals use effective contraception whilst using GLP-1 agonists, with additional advice for those using tirzepatide. Clinicians who commence or review patients using GLP-1 agonists should be aware of these recommendations and ensure that patients are suitably advised and offered appropriate contraception.

The statement notes that there is a **lack of safety evidence** for this group of drugs **in pregnancy** and as such contraception should be used during treatment with all GLP-1 agonists. Details of the 'washout' period should also be shared if pregnancy is planned, the time-period before ending treatment and when the medication is cleared fully from the body.

- The FSRH statement highlights that tirzepatide has shown a clinically significant effect on the bioavailability of oral contraceptives and so individuals using tirzepatide and oral contraception should switch to a non-oral contraceptive method, or add a barrier method of contraception, for four weeks after initiation and for four weeks after each dose increase.
- There is currently no evidence that semaglutide, exenatide, liraglutide, dulaglutide or lixisenatide reduce effectiveness of oral contraception and so there is no need to add a barrier method of contraception.
- Individuals who experience severe diarrhoea or vomiting during use of GLP-1 agonists should follow existing FSRH recommendations for maintaining effective contraception.

For full information see FSRH statement and their Patient information leaflet – 'Advice on Contraception for People Taking GLP1 agonists'

Valproate Safety: Review by two specialists required for initiating valproate but **not for male patients** already taking valproate

The MHRA Drug Safety update for valproate concludes that a review by two specialists **remains in place for patients initiating** valproate **under 55 years of age** but the Commission on Human Medicines (CHM) has advised that it will **not be required for men** (or males) currently taking valproate.

For further information see - Drug Safety Update

The Public Assessment Report on managing reproductive risks in male patients under 55 taking valproate can be found here

Three infographics have been produced by the MHRA to clarify in which instances two specialist review may be required:

- Female patients less than 55 years old
- Male patients less than 55 years old
- Male and Female patients 55 years old or over

BSW resources on safe prescribing of Valproate can be found here

Wound Care –Formeo Important information

Bank Holiday delivery information. Please Log into Formeo and click on the News Tab for all ordering and delivery dates over **Easter and May Bank Holiday 2025.**

Health Innovation Network – polypharmacy new resource to reduce polypharmacy.

The resource — titled 'The mechanics of tackling overprescribing and problematic polypharmacy' — provides :

- systematic approach to identifying and addressing overprescribing
- strategies for conducting structured medication reviews, particularly in older individuals and those with multiple morbidities
- tools to measure success, including dashboards for monitoring prescribing trends and patient outcomes
- case studies of successful interventions.

Medicines Optimisation website

New document
Presentation –
Asthma Guideline Update (BSW Pharmacists)

Updated document
MOCH Thickeners – A Guide to Prescribing

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

Prolonged-release opioids: Removal of indication for relief of post-operative pain

The MHRA have **removed the indication for post-operative pain from the licenses of all prolonged release opioids** due to the increased risk of persistent post-operative opioid use (PPOU) and opioid induced ventilatory impairment (OIVI).

Advice for Healthcare Professionals:

- prolonged-release opioids should not be used for the treatment of acute pain following surgery
- prolonged-release opioids are associated with an increased risk of PPOU characterised as continued opioid use beyond 90 days following the operation, and an increased risk of OIVI causing serious respiratory depression, sedation, and depression of upper airway muscle tone
- before surgery, discuss with the patient the following:
  - explain the risks of PPOU, dependence and potential risk of addiction and withdrawal reactions
  - explain the risk of OIVI especially for patients with underlying respiratory conditions
  - immediate-release opioids are used for short-term treatment of acute pain
  - discuss with the patient pain management strategies involving the use of immediate-release opioids and multimodal analgesia and plan for end of treatment
- patients whose pain is managed with opioids pre-operatively should have their treatment reviewed before and after surgery in line with Consensus Best Practice Guidelines

- **at discharge from hospital**:
  - only prescribe and supply a sufficient amount of immediate-release opioid to treat acute post-operative pain to minimise the risk of PPOU, dependence, stock piling of unused opioids and potential for diversion
  - communicate the pain management plan with the primary care practice taking over care in the community and document in patient clinical notes

- it is important to report suspected dependence or respiratory depression to any medicine, including an opioid, via the Yellow Card Scheme
- if you are concerned for someone who has been using more opioids than prescribed, you can also seek advice from the NHS website

Full details of this Drug Safety Update and advice for Healthcare professionals to **provide to patients** can be found here

£££££££ Cost Saving drug switch of the month Lamictal tablets/dispersible tablets to Lamotrigine £££££££

In the past 12 months, **£228k** has been spent on **Lamictal branded** preparations. By **prescribing generically**, **over £200k** could be saved across BSW. Follow MHRA advice for switching suitability where epilepsy indications apply (Lamotrigine is a Category 2 antiepileptic):
Antiepileptic drugs: updated advice on switching between different manufacturers' products

Product	Pack size	Cost
Lamotrigine 100mg dispersible tablets	56	£13.78
Lamotrigine 100mg tablets	56	£2.81
Lamotrigine 200mg tablets	56	£4.61
Lamotrigine 25mg dispersible tablets	56	£8.25
Lamotrigine 25mg tablets	56	£1.75
Lamotrigine 50mg tablets	56	£2.25
Lamictal 100mg dispersible tablets	56	£69.04
Lamictal 100mg tablets	56	£69.04
Lamictal 200mg tablets	56	£117.35
Lamictal 25mg dispersible tablets	56	£23.53
Lamictal 25mg tablets	56	£23.53
Lamictal 50mg tablets	56	£40.02

Final reminder to **send in any cost savings that that your practice has completed**, as this will contribute towards your Prescribing Quality Scheme (PQS) target for 24/25.
bswicb.prescribing@nhs.net

Optimisation Teams with comments/feedback or information for inclusion. This newsletter is aimed at healthcare professionals working within BSW.