

To contact NHS BSW ICB Medicines Optimisation Team: ✉ [bswibc.prescribing@nhs.net](mailto:bswibc.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)**

- [Neomycin – Antibiotic Prophylaxis for colorectal surgery](#) – added with **RED** traffic light for use across BSW acute trusts. Unlicensed in the UK.
- [Otocomb Otic for treating inner ear infection \(unlicensed\)](#) – added with **RED** traffic light for use across BSW acute trusts. Unlicensed in the UK, for ENT specialist use only.
- [Aprepitant SINGLE DOSE pre-operatively for anti-reflux day care surgery](#) – OFF-LABEL USE added with **RED** traffic light for use across BSW.

**New and Updated Prescribing Guidelines and Shared Care Agreements**

- [BSW Guidance for the off-label use of Topical Testosterone in Women on HRT – changed from AMBER shared care agreement](#) – to **AMBER** Initiation (3 months). SCA is not appropriate for the majority of these patients as they are stabilised on the medication and discharged from the acute clinic. Further information can be found in the article on the second page of this newsletter.
- [BSW Prescribing Information for Relugolix-Estradiol-Norethisterone Acetate \(Ryeqo®\) for Treatment of](#) Endometriosis – approved for publishing. Guidance for use in endometriosis developed following NICE approval. 90day period for implementation finishes in July, when it will be published.
- [Guidance on ADHD medication requests for combination drugs for adults with ADHD](#) – this guidance was prompted due to a noticeable increase in requests from private clinics for combinations of amphetamines to be prescribed in primary care. Combinations are not approved by NICE and are outside of the evidence base.
- [Home Oxygen and smoking Southwest NHS Policy](#) – published to provide information.
- [Dronedarone SCA](#) – published to replace the three separate documents (one for each old CCG area) which were out of date. Patient numbers are small, and no new patients are expected to be initiated, but we do have a small population of patients on this drug which needs blood monitoring and ECGs.
- NHSE commissioning policy for treatment of Haemophagocytic Lymphohistiocytosis (HLH) added into anakinra entry.

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 [bswibc.formulary@nhs.net](mailto:bswibc.formulary@nhs.net)

**Oral Nutritional Supplement Prescribing on Discharge from Hospital**

ONS should **NOT** routinely be continued on discharge from hospital unless clear guidance i.e. suggested duration and treatment aim, included on discharge paperwork. If patient remains at nutritional risk and ONS is required, please prescribe as per local [Formulary](#). See summary table for preferred ONS options from our local guidance [here](#).

Preferred First line POWDER ONS choices on BSW ICB Formulary:  
Powders are not suitable as sole source of nutrition or for CKD4/5

Presentation	Product Name	Price	Monthly volume	Nutritional content/sachet	Instructions
Standard Volume	<a href="#">Aymes Shake</a>	£0.52/sachet	56 sachets	383kcal, 19g protein	Made up with 200ml full fat milk
Compact Volume	<a href="#">Aymes Shake Compact</a>	£0.52/sachet	56 sachets	320kcal, 15g protein	Made up with 100ml full fat milk
Juice Style and Dairy Free	<a href="#">Aymes Actasolve Smoothie*</a>	£0.99/sachet	56 sachets	297kcal, 11g protein	Made up with 150ml water

Preferred READY TO DRINK ONS choices. Only for patients who cannot make up a powdered shake.

Presentation	Product Name	Price	Monthly volume	Nutritional content/bottle	Instructions
Standard Volume	<a href="#">Altraplen Energy</a>	£0.99/200ml bottle	56 bottles (11200ml)	300kcal, 12g protein	N/A
Compact Volume	<a href="#">Altraplen compact DAILY</a>	£1.60/250ml bottle	28 bottles (7000ml)	600kcal, 24g protein	250ml bottle to be split and offered as 125ml BD
Juice Style	<a href="#">Aymes Actagain Juice*</a>	£1.80/200ml bottle	56 bottles (11200ml)	300kcal, 8g protein	N/A

The products above should be safe and suitable for most patients. Please refer to BNF, manufacturer's information or dietitian for advice if patient is following a restricted diet or has complex nutritional needs. Prices based on October 2024 MIMS data.

\*These products are not nutritionally complete and have significantly less protein and vitamins/minerals than alternatives. They remain AMBER on formulary so should they be deemed the only suitable products for your patients then consider Dietetic referral for further assessment and justification

**[Medicines Optimisation website](#)****Updated documents**

BSW Prescribing 2025-26 Savings Recommendations - [Prescribe Well Spend Less June 25.pdf](#)

Emergency Access to Medicines Scheme - list of medications-[Specialist-Medicines-list-June-2025-removal-of-Paxlovid.pdf](#)

**New documents**

Presentation - Asthma Children and young people-[CYP-asthma-update-for-BSW](#)

BSW Guidance for managing use of compliance aids- [BSW-Guidance-on-Managing-Use-of-MCAs](#)

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**

**Use of GLP-1s (incretin-based therapies) and HRT: British Menopause Society Tool for Clinicians**

The British Menopause Society (BMS) have issued a tool for clinicians which aims to highlight **safety considerations** for prescribing HRT in women prescribed GLP-1s.

GLP-1s (incretin-based therapies) e.g. semaglutide & tirzepatide used to treat diabetes and obesity, delay gastric emptying, regulate insulin secretion, appetite, and satiety.

Amongst other considerations, the tool highlights a concern related to potential reduced absorption of oral progestogens prescribed within HRT regimens and the potential effect this may have on protection from endometrial hyperplasia. The tool extrapolates data from other oral hormone-based therapies, recognising that there is very little data available for the effects of GLP-1s on HRT.

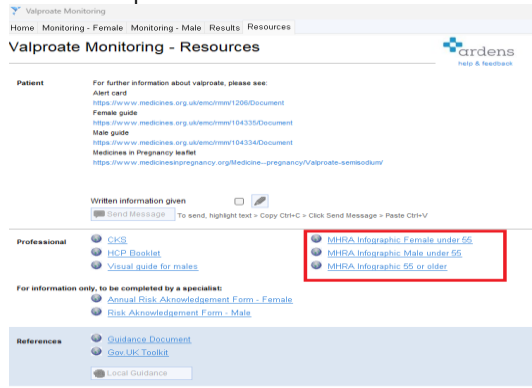
Access the full detail in the BMS tool [here](#).

## Valproate: Updated Safety and Educational Materials to Support Patient Discussion on Reproductive Risks

Comprehensively updated safety and educational materials for valproate are now available to support the implementation of additional MHRA regulatory measures introduced over the last 2 years. Full information can be found [here](#)

As reminder

- valproate must not be started in new patients (male or female) younger than 55 years unless two specialists independently consider and document that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risks do not apply.
- valproate must not be prescribed to any woman or girl able to have children unless the conditions of the Pregnancy Prevention Programme (PPP) are followed.
- as a precaution, recommend that male patients use effective contraception (condoms, plus contraception used by the female sexual partner) throughout the valproate treatment period and for 3 months after stopping valproate, to allow for one completed sperm cycle not exposed to valproate.



There are now *separate* Patient Guides for [Males](#) and [Females](#) prescribed valproate. Ensuring the most relevant information is provided about reproductive risks. The Valproate Safety Patient Card and pharmacy poster have been updated to include information for males prescribed valproate. Risk Acknowledgement Forms for males and females (usually completed by the specialist teams) have also been updated. Healthcare Professionals are asked to review the new materials and integrate them into their clinical practice in all parts of the patient's pathway including specialist, general practice and community pharmacy settings, prescribing and dispensing valproate. Arden's Valproate templates within GP clinical systems will be updated to include the new materials. All the relevant information has been collated into one webpage [here](#). N.B. - Ardens have added all resources to the Valproate Monitoring Template as shown.

## MHRA Drug Safety Update -Thiopurines and intrahepatic cholestasis of pregnancy

Following the guidance from MHRA found [here](#)

**Healthcare professionals** are warned that cholestasis of pregnancy has been reported in association with the use of **azathioprine**. The risk may also apply to **mercaptopurine** and **tioguanine**. Advice includes remaining vigilant to signs and symptoms of ICP (which may occur earlier in pregnancy than non-drug induced cholestasis in pregnancy) discussing concerns with patients' specialist and a hepatologist if necessary.

Advice for HC professionals to **provide to patients** –

- Discuss symptoms of cholestasis with your doctor or midwife –which include intense itching without a rash, nausea, and loss of appetite.
- Do not stop taking your medication unless advised to do so by your doctor or midwife.

## BSW Guidance for managing use of compliance aids

We are pleased to share our new resource - BSW **Guidance for managing use of compliance aids**.

This resource provides guidance for health and social care professionals involved in prescribing, dispensing, and administering medicines to patients living in the community. It features information such as -

- Resources to help educate HC professionals, patients, carers and families.
- Community Pharmacists responsibilities
- Reasonable adjustments
- Appropriate prescription lengths
- Social care and carers information

The resource can be found [here](#)

## £££££££ Ganfort 0.3mg/ml / 5mg/ml eye drops to Bimatoprost 300micrograms/ml / Timolol 5mg/ml eye drops ££££££££

In the past 12 months, £92k has been spent on Ganfort 0.3mg/ml / 5mg/ml eye drops (containing preservative). By prescribing generically, approximately £48k could be saved across BSW.

Product	Pack size	Cost
Bimatoprost 300micrograms/ml / Timolol 5mg/ml eye drops	3ml	£8.35
Ganfort 0.3mg/ml / 5mg/ml eye drops	3ml	£14.16

A search to identify patients can be located on SystmOne here - **Clinical Reporting > BSW General Practice > Medicine Optimisation Team > Cost Savings**

## BSW APC May 2025 Testosterone in women – change from SCA to prescribing guidance

The shared care agreement was previously developed as use of testosterone in women is off-label and blood monitoring is required. Patients are seen in acute trust clinics, initiated on testosterone and stabilised before being discharged to GP care. As they are discharged from the clinics there is no-one for the GP to share care with long-term. The BSW new drug LES was implemented in April and there are differing drug scenarios around shared care definitions, with various monitoring parameters and levels of ongoing care. For testosterone in women, testosterone does not require a shared care agreement, but the payment of blood tests will continue. Specialists at SFT and RUH have helped update the clinical information in the new guidance (link below).

The guidance has been revised several times to include more information and make prescribing easier. There is a very clear definition included to explain what a specialist is and what a GP is at the beginning and their roles. Any GP or clinician can refuse to prescribe an off-label drug, but this guidance aims to make prescribing clearer with the aim of equitable care across BSW. The guidance details what assessments GPs can undertake on these patients and explains how safe testosterone is in the lower dose used in women. Monitoring is annual and these women would already be set up with an HRT annual review so both drugs can be reviewed at the same time. Once a patient has been started and stabilised by a specialist, the only time treatment will change is when they stop. The monitoring is minimal, and patients receive good training in clinics.

GPs can ask the specialist for advice and guidance through Cinapsis. Also [bswibc.formulary@nhs.net](mailto:bswibc.formulary@nhs.net) can be contacted if there are any queries about this change.

**Conclusion/actions:** document approved for change and publication. Testosterone use in women to change to **Amber -Initiation (3/12)**.

**New guidance:** [BSW guidance for the off-label use of topical testosterone in women on HRT](#)

This newsletter represents what is known at the time of writing so information may be subsequently superseded. Please contact the Medicines Optimisation Teams with comments/feedback or information for inclusion. This newsletter is aimed at healthcare professionals working within BSW.