

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 BSW formulary and Change in Traffic Light Status (TLS)

- **Budenofalk 4mg suppositories x 30** – to be added to formulary pending further clarification. Approved for use for licensed indication of ulcerative proctitis in adults with AMBER traffic light.
- **Luja Catheter** – added with AMBER traffic light for use in patients who have trialled other types of catheters and have not been able to comply with them and had recurrent UTIs being treated by the Spinal Unit at SFT. Formulary inclusion will be reviewed in 12 months following an audit.
- **Rivaroxaban for off-label use for non-major lower limb surgery** – 6 week course added with a RED traffic light as an alternative to dalteparin when an injectable is unsuitable.
- **Triamcinolone (Intracinal)** – added with a RED traffic light for use in ophthalmology as the only available licensed option.

New and Updated Prescribing Guidelines and Shared Care Agreements

- **Paediatric ADHD Shared Care Agreement** – initial supply information updated to reflect current practice. Trusts supply 3 months before asking the GP to take over prescribing.
- **DMARD Shared Care Agreement** – information regarding pregnancy and breast feeding updated, specialists should be informed if a patient is pregnant or intending to become pregnant. Ciclosporin patients should be reviewed by their specialist and be switched to an alternative treatment.

Minor amendments to Netformulary

- Nystatin and Clindamycin brands are discontinued, now available as generics.
- Dalacin has been discontinued and now available generic.
- Update to **oral semaglutide** guidance as now needs to be **taken after 8 hours of fasting**.
- Donepezil TL moved back to green for Wiltshire locality only as there is a separate dementia LES under review.
- Novorapid pump cart has a supply issue which may present a significant concern for some patients. **Our local pathway for insulin pumps is led by the specialist diabetes nursing teams. Please work closely with them if existing patients are unable to access supplies because of this shortage.**
- information added to testosterone entry for use in men, it can now be initiated by GPs through advice and guidance from a specialist (amber recommended).

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

Shared Care Agreement (SCA) **NEW** Process

The SCA process was amended in 2021 at the BSW Area Prescribing Committee (APC) the changes were made to reduce the administrative burden to practices. The changes included a default position that SCAs were automatically accepted, and that primary care prescribers would only contact the specialist if they did not wish to participate in shared care for that patient.

New process-Due to changes in GP contracts and workforce challenges, questions have been raised as to whether the more "traditional" process where primary care prescribers proactively **give a response to each request to shared care** should be reinstated.

The APC GP members came to the collective conclusion that this is the right time to **make this process change** as it reflects the current workforce issues.

The BSW APC is aware that historically practices used to accept almost all SCA requests but currently, for a number of reasons, some practices do not accept any for certain conditions.

RMOC/NHSE have produced templates of shared care agreement response letters, either agreement or refusal, which we have adapted for use within BSW and can be found here: [Shared Care Agreements - Medicines](#)

The rejection letter provides different reasons for turning down the shared care request if necessary. It also provides an audit trail that can pick up trends to feedback to commissioners. The APC GPs concluded that medicolegally this reduces risk and facilitates practices a format to provide a rationale to the specialist when they do not wish to share care. The new process also captures **Right to Choose** providers and practices can acknowledge which providers they will not share care with.

Actions-

ICB Formulary team to amend all of the current SCAs to change the wording to reflect this change of process. Please be aware that this will take some time to complete. We will also discuss with **Ardens** as to adding SCAs to BSW guidance.

Acute trust formulary teams – disseminate this latest information to the acute trust teams that use Shared Care Agreements

Self-funded weight-loss treatment.

BSW ICB has provided information for patients around weight loss medications and Bariatric Surgery after accessing specialists privately. This may also be useful information for Primary Care to answer queries around Private to NHS support. [see here](#)

GLP1 medications- prevention of cardiovascular events

We are aware that there have been requests from acute trust cardiology colleagues for GPs to **initiate patients onto GLP1s for prevention of cardiovascular events**.

Wegovy (semaglutide) already has the license Cardiovascular Risk Reduction- Wegovy is indicated as an adjunct to a reduced-calorie diet and increased physical activity to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with **established** cardiovascular disease and either **obesity or overweight (BMI ≥27 kg/m²)**.

The [NHSE interim commissioning policy](#) for Mounjaro (tirzepatide) for obesity includes the criterion: Atherosclerotic cardiovascular disease (ASCVD). NHSE definition: **Established** atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure).

However, prescribers should be aware that the NICE TA in development for this indication is NOT due until May 2026 for information see [here](#)

Commissioners have **at least 90 days to implement (12th August 2026)**. As the cohort size will potentially be large, there may well be an NHSE financial variation to allow a staggered introduction as per the Mounjaro obesity NICE TA.

Therefore, please be aware of the NICE/NHSE criteria & arrangements for use of GLP1 medications and **do not prescribe outside of them**.

Please let Medicines Optimisation know about any requests for use outside of approved indications for us to follow up or where you need advice- bswicb.prescribing@nhs.net

Drug Name/Class	Examples
All medicines used in an emergency	Salbutamol inhaler, Anaphylaxis treatments such as Emerade®, EpiPen®, Jext®
Anti-coagulants	Apixaban, Acenocoumarol, Dabigatran, Dalteparin, Enoxaparin (Inrix®), Heparin, Rivaroxaban, Tinzaparin, Warfarin
Anti-epileptics	Carbamazepine (Tegretol®), Lamotrigine, Levetiracetam (Kepra®), Phenytoin, Sodium Valproate (Epilem®)
Anti-infectives	Antibiotics, Antifungals, Antimalarials, Antiretrovirals, Antivirals
Anti-psychotics and all medication prescribed for long term mental health conditions	Clozapine (Clozaril®), Lithium (Priadel®), Haloperidol, Olanzapine, Risperidone, Quetiapine, Valproic Acid
Corticosteroids	Budesonide (Budenofalk®), Endocort®, Pulmicort®), Dexamethasone, Hydrocortisone, Prednisolone
Insulins	Abasaglar, Actrapid, Apidra, Detemir, Humalog, Humalog Mix25, Humalog Mix50, Humulin I, Humulin M3, Humulin S, Insulatard, Insuman basal, Insuman Comb 15, Insuman Comb 25, Insuman rapid, Lantus, Levemir, Novomix 30, Tresiba, Toujeo
Immunosuppressants	Azathioprine (Azasan®), Cyclosporin (Neoral®), Tacrolimus (Prograf®/Advagraf®), Methotrexate, Mycophenolate Acid (Ceptava®, Myfortic®), Mycophenolate Mofetil (Cellcept®, Mycophenax®)
Parkinson's Medicines	Co-beneldopa (Madopar®), Co-careldopa (Sinemet®), Enacarbone, Rotigotine, Ropinirole, Pramipexole, Stalevo®, Sastravi®
Strong Opioids for acute or chronic pain	Buprenorphine (Butec®), Fentanyl, Methadone, Midazolam, Morphine, Oxycodone
Substance Misuse Treatment	Buprenorphine (Subutex®), Methadone

To reduce the risks of expired medication being issued a robust **checking system** and **regular, routine date checking**, including fridge items and especially critical medicines should be in place. See list of critical medicines (please note this list is not exhaustive)

The GPhC has some useful guidance in its Knowledge hub [Pharmacy inspections | GPhC | Knowledge hub | Monitoring of medication to ensure it is safe to use](#)

The GPhC also has useful guidance on storing medicines safely [Storing medicines safely and appropriately | General Pharmaceutical Council](#)

£££££££ Cost Saving drug switch of the month -Estril 0.01% vaginal cream to Estril 1mg/g vaginal cream ££££££££

In the past 12 months, almost £39k has been spent on **Estril 0.01% vaginal cream** with applicator. However, due to the increase in drug tariff price, it is forecast to **cost over £53k** over the next year. By prescribing as **Estril 1mg/g vaginal cream**, approximately **£50k could be saved across BSW**. This preparation **delivers the same dose of 0.5mg of estril per applicator, but in a smaller volume**.

Product	Number of doses/pack	Pack size	Cost	A search to identify patients can be located on SystmOne as below: Clinical Reporting > BSW General Practice > Medicine Optimisation Team > Cost Savings
Estril 1mg/g vaginal cream with applicator	30	15g	£5.45	
Estril 0.01% vaginal cream with applicator	16	80g	£57.25	

GLP-1 medicines for weight loss and diabetes: what you need to know-Patient safety alerts.

Following concerns that **GLP-1s are not being used safely**, the MHRA has issued guidance covering their uses, where to obtain them, risks, contraception and pregnancy, breastfeeding, depression or suicidal thoughts, and use around the time of surgery or an operation and can be found [here](#). We provided information re GLP-1 medicines in previous newsletters.

Contraception and pregnancy in our March 2025 MOP UP newsletter [here](#)
Use of GLP-1s and HRT: British Menopause Society Tool for Clinicians [here](#)

[Medicines Optimisation website](#)

Updated safety and educational materials are now available to support the implementation of the regulatory requirements for **prescribing Valproate safely**. To support this the [Valproate Safety](#) page and associated links have been updated.

Updated documents

BSW Prescribing 2025-26 Savings Recommendations Prescribe Well – Spend Less [PWSL - July 2025](#)

Memo for Safe Valproate Prescribing Female

[Memo - Valproate FEMALE](#)

Memo Precautionary Safety Advice for Men prescribed Valproate-[Memo- Valproate MALE](#)

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](#)

Labelling of dispensed medicines for children

The UK National & Paediatric Pharmacy Group (NPPG) has recently published a [position statement](#) which has been endorsed by the UK Royal Pharmaceutical Society on **labelling of dispensed oral medicines for children**. The statement was published after an extensive study at the Evelina Children's hospital which identified that the wording used to communicate dosing information on dispensing labels was highly variable. This lack of consistency increases the potential for confusion and dosing error; such errors have been associated with patient harm, including death.

To increase consistency and thus reduce the likelihood of error, the position statement makes clear recommendations for directions on dispensing labels for oral medicines, including:

- For liquid medicines, the **dose is expressed in millilitres (mL) only**. Ensure that the volume specified can be measured with the syringe/spoon provided.
- For solid dosage forms, the dose is expressed as the **number of tablets or capsules** to be taken. The quantity of tablets to be taken must be expressed numerically rather than in words, e.g. "1 capsule" or "2 tablets" rather than "one capsule" or "two tablets".
- The dosing frequency must be expressed in words as the **number of times "a day"** the medicine should be taken, rather than the number of times "daily" the medicine should be taken, e.g.: "ONCE a day", "TWICE a day", "THREE times a day" or "FOUR times a day".

Please read the [position statement](#) for full details

Recording medicines prescribed elsewhere into the GP practice record.

When GP practices receive information about medication supplied to a patient by an alternative care setting, for example medication prescribed by a specialist (e.g. mental health, rheumatology) this information should be added to their GP practice record.

If these medications are not recorded into the GP practice record, this could result in healthcare professionals not having enough information to make an informed clinical decision about a patient's care and may put patients at **risk of medication errors**.

[Recording medicines prescribed elsewhere into the GP practice record](#) explains how medicines prescribed outside a patient's GP practice can be recorded into their GP practice record, and the implications to the SCR when this is not done. It also explains what steps GP practices can take to ensure that this information is recorded correctly.

Ardens have useful information on recording medicines prescribed elsewhere and this can be found here – [Recording Hospital / Other Medications : Ardens](#)