

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)

- [Rifaximin for small intestinal bacterial overgrowth \(SIBO\) off-label use](#) – added to formulary with **RED** traffic light with wording to highlight this is for a one-off 10 day course **following failure of conventional treatment**.

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

- [Colomycin in non-CF Bronchiectasis](#) – changed from SCA to prescribing guidance and traffic light changed to **AMBER**. Approved for publication.
- [CKD Management Guidance \(BNSSG\)](#) – approved for publication and use across BSW after clarification on a few points.

### Minor amendments to Netformulary

- a few products have been debranded and generics are available, including Otomize, Caverject and ambisome.
- Champix is available again, but generic prescribing should continue.
- Shortage of bumetanide 1mg tablets, wording was added to formulary entry that no new patients should be initiated on this strength.
- Tolak added as an alternative to Efudix during shortages, but they are not exactly equivalent products and have differing licenses.
- Vitamin D guidance – this has been updated and published on the website.

### What the BSW ICB formulary team are currently working on

- Insulin formulary update
- Cost effective dapagliflozin switch
- Producing an amiodarone SCA

*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)*

### Wealth of resources

Were you aware that the **APC/MO website** - [bswtogether.org.uk/medicines](https://bswtogether.org.uk/medicines) has a wealth of useful information and resources. The website is keyworded so do utilise the Search function as well as the drop down menu.

#### Pages Include –

[Medications and CQC Assessment](#) - highlights relevant resources in preparing for a regulatory inspection, with a focus on resources that help support the medication related elements.

[Medication Safety](#) - highlights any national or local medicines safety resources to promote and support safer practice, see also [Valproate Safety](#)

[Improving Medicines Value](#) – highlights any national or local resources to promote and support cost-effective prescribing practice. Also includes a useful bulk switching video

[Stock Shortages](#) – includes latest information on ADHD shortages and a separate page on Creon (PERT) shortages- [here](#)

[Care Homes \(MOCH\)](#) - useful resources such as patch application record charts, expiry date Guidelines and more.

[Prescribing guidance](#) - guidance by BNF chapter

[Shared Care Agreements](#) - includes an alphabetical list of all shared care medications PLUS an acceptance and refusal letter.

#### Individual guidance includes-

[Private treatments](#)

[BSW Guidance for managing use of compliance aids](#)

#### Links to

[Duration of prescriptions - guidance from Wessex LMC](#)

[Patients Travelling Abroad - FAQs - Wessex LMCs](#)

[Items which should not routinely be prescribed in primary care: NHSE](#)

[Conditions for which over the counter items should not be routinely prescribed in primary care- NHSE](#)

### MedSIP Programme: Invitation to GP Practices and PCNs

We are inviting GP practices and Primary Care Networks (PCNs) to take part in the MedSIP programme, a national initiative focused on reducing harm from psychotropic medications in people with learning disabilities.

This programme offers a valuable opportunity to:

- Trial practical, evidence-informed approaches in real-world settings
- Improve outcomes for patients with complex needs
- Contribute to a collaborative and innovative network
- Support the national **STOMP/STAMP** campaigns by reducing the burden of brain-acting medications

We are currently in the planning phase and are looking to work directly with several practices to help shape and test new approaches. If your practice or PCN has a **particular interest in learning disabilities and safer prescribing**, we would welcome the opportunity to discuss your involvement.

To express interest or find out more, please

contact: [bswibc.prescribing@nhs.net](mailto:bswibc.prescribing@nhs.net)

### Medicines Optimisation website

#### Updated documents

[-Pancreatic-Enzyme-Replacement-Therapy-Guidance-Aug-25.pdf](#)

**PrescQIPP IMPACT** – Improving Medicines & Polypharmacy Appropriateness Clinical Tool, Bulletin 268 (log in to PrescQIPP for access)

[bulletin-268-impact/](#)

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**

Discontinuation of Dexcom One sensors

As of 31st March 2026, the **Dexcom ONE** continuous glucose monitoring (CGM) system will **be removed from the Drug Tariff**. **Dexcom ONE+**, was introduced in June 2024 and is set to replace Dexcom ONE. We recommend that patients currently using Dexcom ONE begin transitioning to Dexcom ONE+ as soon as clinically and practically possible, and certainly before the end of 2025. A transition guide can be found [here](#). To support this transition, Dexcom offers comprehensive training and educational resources for healthcare professionals and patients. In the coming weeks, this information will also be shared with practice-based healthcare professionals and their patients. For transition-related queries, please contact [david.raw@dexcom.com](mailto:david.raw@dexcom.com) Implementation Specialist at Dexcom. For a supply of Dexcom ONE+ receivers, please contact [luke.webb@dexcom.com](mailto:luke.webb@dexcom.com) Territory Sales Manager for BSW ICB.

**££££££££ Cost Saving drug switch of the month – Fortisip Compact Protein to preferred formulary option ££££££££**

Fortisip compact protein is **NOT a preferred formulary first line** oral nutritional supplement (ONS). Despite this, BSW spent >£400,000 on this product in the 12months June’24-May’25.

- Fortisip compact protein is AMBER on [Formulary](#) and should only be prescribed on the **advice of a Dietitian or specialist**.
- If ONS are indicated as per [local MUST guidelines](#), please prescribe preferred formulary ONS first line as appropriate. Please refer to our [local guidance](#) for more details on suitable ONS options including a helpful quick reference table.

Product	Cost (28 days, BD dose)
Fortisip Compact Protein 125ml	£145.60
Aymes Shake (powdered option)	£31.92
Altraplen Energy (ready- made)	£55.44
Altraplen Compact DAILY (ready- made compact)(*250ml presentation – contains 2 x 125mls doses)	£44.80*

NHSE Pharmacy and Genomics-Informed Medicines Optimisation - Webinars

Please find links below to register for two webinars on pharmacy and genomics-informed medicines optimisation from the NHSE Pharmacy Workforce Group for Genomics. Presenters will include members of the NHS Genomic Medicine Service and NHSE National Genomics Education programme. These webinars are open to all pharmacy professionals providing NHS services; please register using an NHS email address. The **first webinar** will be held on **Tuesday 9<sup>th</sup> September, 12:15-13:00** and will provide an introductory overview for all pharmacy professionals on the area of genomics-informed medicines optimisation. Speakers will cover key areas including:

1. What is genomics?
2. What are the national priorities for genomics-informed medicines optimisation?
3. How does genomics affect medicines? (Pharmacogenomics, precision medicines and antimicrobial resistance)
4. Education opportunities for pharmacy professionals and introduction to the next webinar.

**This session will be recorded** and it is advised that it is watched as an **introduction before the second interactive** webinar session in October. Registration link is here: [Microsoft Virtual Events Powered by Teams](#)

The **second webinar** will be held on **Wednesday 15th October, at 18:00-19:30** - providing an opportunity to discuss specific cases in breakout rooms. This session will build on the previous webinar and its introduction to areas in genomics-informed medicines optimisation. After a short recap of the previous webinar, participants will have the opportunity to join a breakout room covering a specific topic from one of these areas where they can discuss how genomic testing may influence future practice and consider enablers and barriers to advance their own professional practice and delivery of services to patients. Registration link is here: [Microsoft Virtual Events Powered by Teams](#)

Generic Dapagliflozin

Following the appeal and Supreme Court decision we believe generic dapagliflozin will now be entering the UK market. [AstraZeneca AB and another \(Appellants\) v Generics \(UK\) Limited and others \(Respondents\) - UK Supreme Court](#)  
<https://numarknet.com/news/2025-07/looking-new-generic>

We would expect the drug tariff price of generic dapagliflozin to drop in the coming months bringing significant savings to NHS BSW ICS. It would therefore seem prudent to now see **generic dapagliflozin as first line SGLT2 when initiating all new patients** for all the NICE and formulary approved conditions.

The use of dapagliflozin 1<sup>st</sup> line has been discussed with our specialist diabetes colleagues in BSW, as well as the renal specialist at Bristol about use of SGLT2s in CKD patients who have all agreed that it is appropriate to use this first line and for us to look at potentially switching appropriate patients on other SGLT2s to dapagliflozin as well. We have also asked local heart failure specialists about this & are awaiting response from them. Further consideration is required about switching within the ICB, so practices will be updated about that when we have further information. There are lots of people living with diabetes within BSW who aren't currently on a SGLT2 who could benefit from it and bring multi-systemic benefits, so further work is also needed to identify those patients.

Changes to the BSW formulary will be made to reflect this in the SGLT2 section, SGLT2 guidelines & on our primary care prescribing systems in due course.

TeamNet - New BSW intranet for Community Pharmacies

TeamNet is a knowledge platform (intranet) designed and built specifically for primary care teams. It has been used in BSW by our GP practices for many years to support PCN and Practice functions, enabling staff to access information quickly. The ICB uses it as a communications tool to share information, alerts, training etc and it has library and search function to keep latest clinical information, procedures, and policies just a click away. The ICB is pleased to be launching TeamNet for Community Pharmacies, and we hope that you will find it as useful as our GP practices have done. We have added some initial content, but it will grow over time. In the longer term it has the functionality to be set up to support closer integrated working with GP practices/PCNs which we think will be useful to deliver the vision in the NHS 10 year plan. As it's an intranet, each pharmacy will need to have login details/password. **Please keep an eye out for an email from Agilio TeamNet (from [teamnet-admin@clarity.co.uk](mailto:teamnet-admin@clarity.co.uk)). These emails will start to come through from 11th August onwards.**