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

MOP UP

Medicines Optimisation Update Issue December 2025

To contact NHS BSW ICB Medicines Optimisation Team: ✉
bswicb.prescribing@nhs.net
Website: https://bswtogether.org.uk/medicines/

BSW ICB Medicines Optimisation Team would like to wish all our healthcare professional colleagues a very Merry Christmas and a Happy New Year.

BSW Area Prescribing Committee (APC) Updates (see all recent decisions in full here)

New additions to BSWformulary and Change in Traffic Light Status (TLS)

Topical Tacrolimus – for eczema changed to GREEN traffic light to align with similar formulary products.

New and Updated Prescribing Guidelines and Shared Care Agreements

- Dapagliflozin switch protocol – protocol written to support switching SGLT2's to dapagliflozin in patients with T2DM, heart failure and CKD (not CKD without diabetes).

Minor amendments to Netformulary

- An update on COVID treatments – 6 pharmacies will hold treatments in stock; others can order it in within a day.
- Cefalexin – shortages have been extended to the end of November.
- Fluorouracil – Efudix has been de-branded. Tolak was added to formulary during shortages, but they were not an exact equivalent, this has now been made non-formulary.
- Levemir – updates will be added to formulary as they are made available.
- MMR vaccine – JCVI have added varicella so will change to MMRV in the schedule and MMR will just be used for catching up in people who have had previous doses of MMR but are not eligible for the new MMRV vaccine.

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

Reminder that Levemir is being discontinued.

Medicines Supply Notice (MSN) for the **discontinuation of all Levemir® insulin products** was previously shared (MSN Sept 2025 UPDATE: Levemir Discontinuation). Levemir® (insulin detemir) stock is **anticipated to be exhausted by the end of 2026.**

There is national ABCD/PCDO guidance (Discontinuation of Levemir (insulin detemir): Joint guidance from ABCD and PCDO Society - PCDO Society) to support clinicians in selecting appropriate alternatives for patients currently using Levemir.

Reminder to clinicians to not start new patients on Levemir. Identify patients prescribed Levemir using the clinical system (an Ardens search is available here- **Reporting>Clinical reporting>Ardens Ltd>Alerts CAS and MHRA a)2025>? Consider alternative as due to be discontinued Dec 2026-Levemir Flexpen +Penfill)**

Where GP Practices DO NOT have staff experienced/skilled with insulin prescribing use your next scheduled Diabetes MDT to agree a plan for each patient.

If you do not have a Diabetes MDT in place but would like to schedule one, please contact your local diabetes MDT administrator to arrange a suitable date. Diabetes MDT administration contacts are as follows:

- Wiltshire GP Practices: carolyn.ford@hcrgcaregroup.com **&** karen.fitzsimons@hcrgcaregroup.com
- BaNES GP Practices: amy.kittley@nhs.net
- Swindon GP Practices: Charis.oliver@nhs.net

Area	Sept 2025	Dec 2025
BANES	108	91
Swindon	119	106
Wiltshire	373	340

Thank you for the efforts already undertaken to reduce the prescribing of Levemir. We are pleased to report that the number of patients prescribed Levemir has decreased across BSW. Please see the summary table.

National Patient Safety Alert: Preventing Harm from Incorrect Recording of a Penicillin Allergy as a Penicillamine Allergy

The National Patient Safety Alert (NatPSA) found here has highlighted a critical issue where patients' penicillin allergy has been incorrectly recorded as a penicillamine allergy in electronic prescribing systems. This look-alike, sound-alike error poses a serious risk of patients receiving penicillin-based antibiotics, potentially leading to life-threatening anaphylaxis.

Why This Matters:

Accurate allergy recording is essential for patient safety. Misclassification can result in inappropriate prescribing and severe adverse reactions.

Required Actions for GP Practices:

Review Records: Identify and clinically review all patients recorded as having a penicillamine allergy. Confirm accuracy and update allergy status where necessary.

Update Systems: Correct any errors by recording the correct drug allergy in SystmOne via *Record Allergy or Sensitivity*. This ensures updates flow to Shared Care and Integrated Care Records.

Prevent Reoccurrence: Implement steps to avoid future errors, including staff awareness and system checks.

Support Tools Available:

Ardens Report: Navigate to ***Ardens > Prescribing Alerts > Allergies*** **to identify patients needing review**.

Pop-up Protocol: A prompt will appear if a penicillamine allergy is recorded, asking users to confirm accuracy.

Next Steps:

Regular reports will be run at BSW ICB level, with the next review in January. Currently, 476 patients across BSW GP Practices have a penicillamine allergy recorded.

A working group will be formed with stakeholders from acute trusts, primary care, and other providers to coordinate efforts and share progress. Please contact bswicb.prescribing@nhs.net if you wish to participate in the system working group.

Key Message:

Please act promptly to review and correct allergy records. **Accurate documentation saves lives.**

Oral anticoagulants and dental procedures

Although advice on whether to continue or withhold medication in advance of a dental procedure should be provided **by the dentist involved**, new guidance has been produced by NICE and the British Dental Association that offers advice for both low-risk and high-risk procedures. The guidance is accessible from the **BDA** or **NICE** websites

Medicines Optimisation Website Updated Documents

BSW Prescribing 2025-26 Savings Recommendations Prescribe Well – Spend Less December 2025 PWSL December 2025

Great Western Hospital and Salisbury Foundation Trust Low Molecular Weight Heparin Choice to Change to the Brand Inhixa (enoxaparin)

As we promised in the Newsletter in September MOP UP September 2025 we are sharing an update that Great Western Hospital (GWH) will be switching from using dalteparin (Fragmin) to **enoxaparin (Inhixa)** as its first line choice of low molecular weight heparin (LMWH) from 13th of **January 2026** and Salisbury Foundation Trust (SFT) will be changing from the 10th **of February 2026**.

After these dates, GPs within the GWH and SFT area will begin to see patients with **a cancer associated thrombosis** prescribed **enoxaparin as the Inhixa** brand via shared care agreement (SCA) instead of dalteparin, and an updated SCA will be available from GWH and SFT in our local Formulary. If you are asked to prescribe Inhixa (enoxaparin) via shared care agreement, please prescribe as the brand Inhixa (enoxaparin) within SystmOne. It has been added to the BSW Formulary on SystmOne and should automatically default to this brand when searching for Enoxaparin.

GP Practices within BSW providing an INR Monitoring service can continue to prescribe dalteparin (Fragmin) when patients, on Warfarin, with a high thrombosis risk present with a sub-therapeutic INR as per our local guidance Management-of-Subtherapeutic-INRs-in-patients-on-warfarin-RH-v5.pdf We will facilitate education/training for prescribing enoxaparin (Inhixa) for this indication and update local formulary guidance in the coming months.

£££££££ Cost Saving drug switch of the month £££££££

Ghost Branded Generics

Ghost-branded generics are **generic items which have unintentionally been prescribed with a manufacturer name**. For example, Naratriptan 2.5mg Tablets is the correct generic name; a ghost-branded version is Naratriptan 2.5mg Tablets (Teva UK Limited). When an item is prescribed generically, the dispenser is reimbursed at the price in the Drug Tariff; but when a manufacturer is stated, the reimbursement price is usually more expensive. In some cases, generics will be deliberately prescribed with the manufacturer name, for example where a patient needs to have the same colour pill consistently, or in items with a narrow therapeutic index. However, we assume these are a tiny majority of the total ghost-branded prescribing that happens.

During September 2025 alone, approximately **£5,300 could have been saved** across BSW by prescribing as the generic. You can find a list of products to investigate within your practice quarterly report under "Ghost Branded Generics".

Action Required
As we are now over halfway through the financial year, please do not delay in sending cost savings that that your practice has completed so far to bswicb.prescribing@nhs.net , as this will contribute towards your Prescribing Quality Scheme (PQS) target. Please refer to your practice quarterly report for 25/26 which includes the target for your practice.
Important Notice
Switches which have been undertaken for Alogliptin or Linagliptin > Sitagliptin cannot be included within your practice savings, as they are incentivised separately in the PQS under the "DPP4 switch programme" and do not contribute towards the calculated savings target. Please refer to the PQS Service Specification 25-26.

Fun Facts and Quirky History

Did you know that **Aspirin** was the first synthetically produced drug? Also, that Pharmacists helped to discover **Coca-Cola**!

These and other interesting facts can be found here - 20 Innovative and Fun Facts About the History of Pharmacy

The **History of Pharmacy in Great Britain – British Society for the History of Pharmacy**-Covers the evolution from apothecaries to modern pharmacists, with anecdotes about chemists selling **Worcestershire Sauce** and other unexpected ventures.

Here are some quirky historical facts about GPs

1. **The Original "House Calls"**
In the 18th and 19th centuries, GPs did not wait for patients to come to them—they travelled by horse and cart, often carrying a bag full of leeches, tonics, and brandy (for "medicinal purposes," of course!).

2. Prescriptions Were… Creative
Before standardised medicine, GPs prescribed remedies like **powdered toad**, **snake oil**, and even **chocolate for indigestion**. Imagine popping into your GP and leaving with a sweet treat.

3. The GP as a Barber
Early GPs often doubled as barbers. The iconic red-and-white barber pole? It symbolised bloodletting—a popular "cure" for almost everything. Fancy a haircut and a health check in one visit?

4. Diagnosis by Sniff
Before lab tests, some GPs diagnosed illnesses by smell. Sweet breath? Possibly diabetes. Foul breath? Time for a leech or two!

5. Payment in Chickens
In rural Britain, patients often paid GPs with eggs, chickens, or even homemade pies. Forget insurance—bring a basket of goodies!

Merry Christmas and Happy New Year to all.

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.