

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

**Accu-Chek Smartguide CGM** – added to formulary with **AMBER** traffic light as another option (not 1<sup>st</sup> line). This sensor has the added benefit of a predictive function which will be useful for unstable patients and care home patients.

**Semglee (Insulin glargine) Biosimilar Insulin** – added to formulary with **GREEN** traffic light as first line for new patients. Note - Units are exclusive to Semglee and are not interchangeable with other insulin analogues, further information can be found [here](#)

**Sulthiame liquid** – added to formulary with **RED** traffic light as third line treatment option for self-limited epilepsy with centrotemporal spikes as per NICE NG217.

**Pristinamycin** – added to formulary with **RED** traffic light for use by specialists in sexual health for resistant Mycoplasma genitalium.

**Paediatric Sodium Chloride** oral solution – added to formulary with **RED** traffic light as a licensed product is now available.

**Metformin for prediabetes in Severe Mental Illness** – approved for adding to formulary with **GREEN** traffic light for the indication of prediabetes in adults with SMI where dietary and lifestyle interventions have not worked or where people are unable to engage in these interventions.

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

**Amiodarone Shared Care Agreement** – Published and approved for use. See below-

**CAP updates to antibiotic guidance** and **Quick Reference Guide for Children** – updated to reflect recent updates to National guidance for the treatment of Community Acquired Pneumonia in children.

### Amiodarone Shared Care Agreement (SCA)

A BSW meeting was held with cardiology consultants from all trusts and APC GP representatives, and it was agreed that a [Shared Care Agreement](#).

**is needed for amiodarone**, this has also been agreed by the LMC. The formulary team have amended the NHSE RMOG SCA and made a few changes to localise it. We have agreed that when a patient is initiated on amiodarone by an acute trust, they will provide 28 days of medication. The guidance states that the practice need to accept or refuse to share care. NICE guidance [NG196](#) states that it should not be used for long term rate control.

There is a cohort of around 600 historic amiodarone patients in BSW, and it has been agreed that patients can be referred back to secondary care for review if tests are abnormal following an annual medication review in the GP practice. Advice and guidance can be sought via Cynapsis if this is appropriate. If tests are normal following a review, they do not require a referral to the cardiologist.

Endocrine teams have also reviewed the SCA and gave feedback on management of adverse effects and approved the SCA. **Payments for this are already within the LCS** so practices can access payments for the monitoring.

### Metformin for Pre-Diabetes in Adults with Severe Mental Illness (SMI).

People living with SMI have a **2–3 fold increased risk of developing type 2 diabetes** compared with the general population. This excess risk is multifactorial and includes:

- Antipsychotic-associated weight gain and insulin resistance
- Higher baseline cardiometabolic risk
- Reduced access to, or ability to engage with, structured lifestyle interventions.
- Health inequalities related to deprivation, trauma and service fragmentation.

Progression from pre-diabetes to type 2 diabetes occurs more rapidly in people with SMI, and once established, diabetes contributes significantly to the 15–20-year mortality gap observed in this population. NICE guidance ([PH38](#)) supports the use of metformin to prevent or delay progression to type 2 diabetes where lifestyle measures alone are insufficient. People with SMI are explicitly recognised within NICE guidance as a high-risk group who may require earlier pharmacological intervention.

The use of metformin is already **supported by Avon & Wiltshire Mental Health Partnership NHS Trust** guidance for antipsychotic-associated weight gain. People with SMI are at increased risk of developing T2DM, which contributes to the lower life expectancy of people with SMI.

**Dietary and lifestyle interventions are recommended** for this, however there are frequent barriers for patients with SMI to engage in these, and they are often ineffective. Metformin will reduce the risk or delay the onset of T2DM when dietary and lifestyle interventions either have not worked, or where people are unable to engage in these interventions.

**License**-Metformin modified-release oral formulations are licensed for Type 2 diabetes mellitus [*reduction in risk or delay of onset*]. Immediate-release formulations are not explicitly licensed for pre-diabetes, so use would be off-label.

BSW ICB **approve metformin for pre-diabetes in adults with SMI** for inclusion on the formulary, with the following parameters:

**Indication:** -Pre-diabetes (HbA1c 42–47 mmol/mol) in adults with severe mental illness

**Positioning:** -Second-line intervention where lifestyle and dietary measures have been ineffective or are not feasible

This will be an additional (not replacement) treatment option to complement existing dietary and lifestyle interventions. Metformin may be prescribed for pre-diabetes in people with SMI by any competent prescriber, in primary or secondary care.

**Formulary status:** **Green** (when dietary and lifestyle interventions either have not worked, or where people are unable to engage in these interventions). **NB** - M/R formulation may be used where GI adverse effects are experienced.

### GLP-1s and dual GLP-1/GIP: **acute pancreatitis**

The MHRA has issued a [Drug Safety Update](#) around GLP-1s and dual GLP-1/GIP receptor agonists (tirzepatide) and **risk of severe acute pancreatitis**. **Advice for healthcare professionals:**

- Be alert to risk of acute pancreatitis in patients receiving GLP-1s and GLP-1/GIPs. There have been rare reports of necrotising and fatal pancreatitis associated with these products.
- Advise patients to seek urgent medical attention if they develop severe and persistent abdominal pain that may radiate to the back and may be accompanied by nausea and vomiting
- Privately prescribed GLP-1s and GLP-1/GIPs may not appear on the patient's medical history so if a patient presents with these symptoms, enquire about GLP-1 or GLP-1/GIP use
- If pancreatitis is suspected, discontinue treatment with the GLP-1 or GLP-1/GIP receptor agonist immediately and do not restart therapy if the diagnosis of pancreatitis is confirmed
- GLP-1 and GLP-1/GIP receptor agonists should be used with caution in patients with a history of pancreatitis
- Report suspected adverse drug, via the [Yellow Card scheme](#). The product information for all GLP-1s and GLP-1/GIPs has been further updated to highlight the potential risk of severe acute pancreatitis with these products

## Major Revisions to the Faculty of Pain Medicine *Opioids Aware* Guidance

The Faculty of Pain Medicine (FPM) has released a significant update to [Opioids Aware](#), resource designed to support clinicians and patients in navigating the **safe and effective use of opioid medicines**. This comprehensive update reflects the latest clinical evidence, current UK data, and international best practice, aiming to strengthen safe prescribing and reduce opioid-related harm. Key changes at a glance include:-

### 1. Revised Dose Guidance

One of the most notable changes is the reduction of the recommended oral morphine equivalent (OME) threshold:

**Previous threshold: 120 mg/day- Now: 90 mg/day, Ideal target: 50 mg/day**

This revision is grounded in new evidence demonstrating increased risk of harm at higher doses without proportional benefit—helping prescribers make safer, evidence-based decisions.

**2. Updated patient information section** including updated patient information leaflets

**3. New Safeguarding Section-** A newly added section focuses on safeguarding considerations, particularly for vulnerable patient groups who may be at higher risk of harm from strong opioids. This addition supports prescribers in navigating risk more confidently and consistently.

### New FAQ & Guidance Document: Supporting Medicines-Related Queries

A new [Frequently Asked Questions \(FAQs\) and Guidance document](#) has been developed to help primary care teams quickly access reliable answers to common medicines-related queries. This resource consolidates responses to the **questions most frequently received** by the ICB, alongside direct links to key national guidance and trusted medicines information sources.

Due to ongoing **workforce capacity constraints** and evolving **strategic priorities**, the ICB has reduced ability to respond to individual queries and is **unable to provide clinical advice** via its prescribing or formulary inboxes. Practices are therefore asked to consult the FAQs **as the first port of call**, as many issues can be resolved without further escalation.

*Please note:* This applies to both [bswibc.prescribing@nhs.net](mailto:bswibc.prescribing@nhs.net) and

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

**The updated FAQ resource clarifies:**

- Appropriate routes for obtaining medicines information and clinical advice.
- Where to find current prescribing guidance, formulary information, and shared care protocols
- How to manage common operational challenges, including medicine shortages, specialist requests, and prescribing-responsibility questions

We **recommend saving the [BSW APC/MO website](#) to your favourites** and **using the search function** to quickly locate relevant guidance. If, after reviewing the FAQ document, further support is needed—particularly for issues relating to formulary processes, potential errors, or concerns about prescribing outside agreed arrangements—contact details are provided at the end of the resource.

### [Medicines Optimisation Website](#)

#### Updated documents

- [Answering questions about medicines-a list of useful resources](#)
- [Bariatric surgery-SPS guidance](#)
- [2025-26 Savings Prescribe Well – Spend Less](#)
- [Endorsing FS on SystemOne](#)

#### New documents

- [FAQ - resources to answer medicines related queries](#)

### Wegovy for obesity update:

The [SPC for Wegovy](#) has recently been updated to state the following: *If needed, for weight management in patients with obesity (see section 4.1), the dose can be increased to 7.2 mg once weekly (administered as 3 injections of 2.4 mg) after a minimum of 4 weeks on the 2.4 mg dose.*

Note- **this dose has not been appraised by NICE** and is therefore **not reimbursed by the NHS**. Therefore, practices providing the BSW obesity LCS service **should not prescribe this dose**. A 7.2mg dose pen is anticipated to become available by the manufacturer this year and NICE are reviewing that product. Further information can be found [here](#)

### Cost Saving drug switch of the month - Gepretix 100mg capsules to Progesterone micronized 100mg capsules

In the last 12 months £280k has been spent on Gepretix 100mg capsules. Gepretix is no longer a preferred brand. Approximately £78k could be saved across BSW over the next year by prescribing generically as progesterone micronized 100mg capsules. Please note: Gepretix contains grape seed oil whereas most generics contain sunflower oil. Please refer to individual SPCs. A search to identify patients can be located on SystemOne here-Clinical Reporting > BSW General Practice > Medicine Optimisation Team > Cost Savings

Product	Pack size	Cost	* Action required*
Progesterone micronized 100mg capsules	30	£3.41	As we are fast approaching the end of FY 25/26, please do not delay in sending cost savings that that your practice has completed so far to <a href="mailto:bswibc.prescribing@nhs.net">bswibc.prescribing@nhs.net</a> 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.
Gepretix 100mg capsules	30	£4.62	

**\*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.**

### A reminder - BSW Guidance on MCAs- Medicine Compliance Aids (dosettes)

The prescribing inbox frequently receives queries around MCAs. The guidance, found on our [APC/MO website](#) supports prescribers and community pharmacies in ensuring that medication support remains safe, clinically appropriate and person-centred and can be found [here](#)

**MCAs Are Not a First-Line Intervention-** For most patients, the safest and most appropriate approach is the use of original packs supported with reasonable adjustments such as reminder charts, alarms, large-print labels, or simple aids like winged bottle caps. Reviewing and simplifying treatment may be more effective than providing an MCA. **Important Principles for Prescribers:- Prescription duration remains a clinical decision.**

**A 28-day prescription cycle is recommended** unless there is a **clear clinical need for weekly dispensing**. Seven-day prescriptions should only be issued when prescribers determine that frequent dispensing is clinically necessary. See also [Prescribing and Prescriptions - Wessex LMCs](#)

#### Responsibilities for Community Pharmacies

- Community pharmacists must carry out an individual, documented assessment to determine whether an MCA is the most appropriate reasonable adjustment for the patient. This includes considering the patient's cognitive ability, dexterity, vision, and preferences.
- Assess risks associated with transferring medicines out of original packs.
- Consider alternative support options before offering an MCA.

**NB -A 7 day prescription should NOT be routinely requested in order to provide an MCA.**

**For queries relating to contractual requirements, Equality Act obligations, or the capacity to provide MCAs**, clinicians and Community Pharmacies are asked to contact **Roger Herbert**, Community Pharmacy Avon and Wiltshire, at: [roger.cpaw@gmail.com](mailto:roger.cpaw@gmail.com) rather than directing enquiries to the inbox.