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

MOP UP

Medicines Optimisation Update Issue March 2026

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

An Update on the Future of the MOP UP Newsletter

As we publish the March edition of the MOP UP newsletter, we want to share an important update about its future. **This month's issue will be the last for a while,** as our team is undergoing significant changes following recent voluntary redundancies and the ongoing consultation process. It is expected that further reductions to staffing levels will be made through compulsory redundancies across both the ICB organisation and the Medicines Optimisation team. This means that we must pause several pieces of work to ensure we continue to focus our limited capacity where it is needed most. In addition, the potential clustering of services with Dorset and Somerset is likely to shape how our communications evolve over the coming months. These wider changes will naturally influence how we share updates and information across the region.
For these reasons, the MOP UP newsletter will be taking a temporary pause.
However, this isn't goodbye. As our structures, teams and ways of working develop, we anticipate that a **new style of newsletter or communication format** may emerge—one that better reflects our future operating model and continues to support colleagues with timely, meaningful updates.

We want to thank everyone who has contributed to and engaged with MOP UP. Your support has helped the newsletter grow into a valued source of information, and we look forward to exploring new ways of keeping you connected in the future.

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

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

- Baloxivir – added with **RED** traffic light as 3rd line choice for severe influenza on microbiology recommendation.
- Denosumab biosimilar – added with **AMBER** traffic light with Zandenvi as brand of choice for acute trusts. Further guidance for primary care about this will be available soon.
- Octasa suppositories – added to mesalazine formulary entry due to stock shortages of formulary options and wording changed to reflect Pentasa for existing patients only.

New and Updated Prescribing Guidelines and Shared Care Agreements

- **Guanfacine ADHD SCA for adults and paediatrics –** both documents updated to include new cost effective generic bioequivalent version which comes in additional strengths.
- Trurapi **switch documents –** contains information for primary care on switch from Novorapid to Trurapi as 1st line choice Rapid Acting Analogue Insulin.
- Antibiotic Guidance – updates made to epididymo orchitis section

Minor amendments to Netformulary

- Updated insulin guidance to include semglee
- Generic propafenone discontinued, branded Arythmol added
- Added new DSU to semaglutide entry
- Info added to Wegovy entry regarding new 7.2mg pen
- Vaccination part of childhood vaccination programme added to paeds chapter and linked from adult vaccine chapter
- Sotrovimab discontinued, moved to non-formulary
- New MSN's added to relevant formulary entries
- Licensed spironolactone solution added to paeds entry with wording that it is not for neonates

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

Medicines Optimisation Website

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

Medicines Safety page:-
Medicine Safety Updates
MHRA Drug Safety Updates (link)
Drug Safety Update: monthly PDF newsletter -MHRA round up

Valproate Safety page:-
BSW System Partner Organisations – Valproate Safety Roles and Responsibilities

Updated position statement on labelling liquid medicines for children

The Neonatal and Paediatric Pharmacy Group NPPG have published v2 of their position statement Labelling-Position-Statement-V2', which supersedes the first edition published in June 2025. The updates can be summarised as follows:

• The recommendation to express the dose of oral liquid medicines in terms of millilitres (mL) is unchanged. However, a note has been added to state that the dose can be expressed in terms of "spoonfuls", provided that the volume of the spoonful is also specified on the label e.g. "….5mL spoonful".

• A statement has been added to confirm that expressing the dose to be given as a number of drops is also acceptable where the product is designed to be used in this way.

BSW ICB Prescribing support dietitian's generic email

The prescribing support dietitians email account has been closed (bswicb.prescribingsupportdietitians@nhs.net) This was a legacy from the POD (Prescribing Order Direct) service that ceased operating in 2024.

Before submitting any nutrition-related prescribing queries, please ensure you have reviewed the available resources. A selection of these can be found here-

Formulary
Prescribing guidance - Medicines
Overview | Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition | Guidance | NICE
PrescQIPP Bulletin 261: Oral Nutritional Supplements

If, after consulting these resources, you are still unable to locate the information you require, please direct your query to bswicb.prescribing@nhs.net

Should you have any dietetic **patient specific queries** please contact your community dietetic teams as appropriate;

BANES Community Dietitians – St. Martins Hospital, BA2 5RP, 01225 410073, ruh-tr.referralssmhdietitians@nhs.net
Swindon Community Dietitians – Eldene Health Centre, SN3 3RZ, 01793 646232, wilts.dietetics@hcrgcaregroup.com
Wiltshire Community Dietitians – Chippenham Community Hospital, SN15 2AJ, 01249 456512, wilts.dietetics@hcrgcaregroup.com

Hayfever Season: National guidance on OTC treatments

As we approach the peak hayfever season, we would like to remind GP practices that the majority of patients experiencing hayfever symptoms **do not require a GP appointment or a prescription.**
Community Pharmacists are well equipped to provide advice on symptom management, including guidance on avoiding known triggers and selecting appropriate over-the-counter treatments. Many effective options—such as antihistamines, nasal sprays, and eye drops—are both readily available and inexpensive, making community pharmacy the most appropriate first point of contact for most patients.

Directing patients to their local Community Pharmacist for hayfever support helps to:

- Reduce demand on GP appointments, ensuring capacity is available for patients with more complex needs.
- Promote self-care, in line with national guidance found here- NHS England » Policy guidance: conditions for which over the counter items should not be routinely …
- Support NHS resource sustainability, allowing budgets to be invested in other essential areas of healthcare.

We encourage practices to continue reinforcing this message during patient interactions, including through reception teams, care navigators, practice websites, and waiting-room displays.

If a patient presents with typical hayfever symptoms and no red flags, please continue to signpost them to their Community Pharmacist as the most appropriate source of treatment and advice.

SPS Update: Tamoxifen Added to QT-Prolonging Medicines List

Following our MOP UP newsletter (January 2026), clinicians should note that the Specialist Pharmacy Service (SPS) has updated its clinical guidance on medicines associated with QT interval prolongation, and tamoxifen has now been included in the list of medicines flagged by the MHRA as having the potential to prolong the QT interval, although the risk of Torsade de Pointes(TdP) remains low. Counsel patients to report palpitations, dizziness, or fainting promptly.
The SPS article details clinical factors to consider when assessing the risk of QT prolongation in individual patients e.g. concurrent medicines and clinical conditions.

Coroner highlights lack of head injury warnings for anticoagulant

A coroner has warned in a Prevention of Future Deaths report that patient information leaflets for the anticoagulant apixaban do not "expressly address" steps patients should take if they **sustain a head injury.**

After a review of apixaban patient information leaflets, the coroner noted that while patients are advised not to take apixaban if they are bleeding excessively and to seek medical advice if they are at 'increased risk of bleeding', patient information leaflets do not address what to do if a patient sustains trauma to the head. The MHRA and ABPI have 56 days to respond to the report.

In the meantime, we encourage healthcare professionals to opportunistically advise patients on the need to seek help after a head injury if they are prescribed any anticoagulant drugs. Read the Prevention of Future Deaths report in full on the Courts and Tribunals Judiciary website

PrescQIPP subscription

Reminder - BSW ICB's PrescQIPP subscription includes access for-

- GPs, practice/PCN pharmacists and pharmacy technicians- flyer
- Community pharmacists- flyer
- Care home pharmacists and pharmacy technicians- flyer
- Pharmacists and pharmacy technicians from acute trusts, mental health trusts and community health services- flyer

NEW resources - Bulletin 378. Gender dysphoria
This bulletin includes guidance on the safe prescribing and monitoring of medicines used for gender dysphoria in adults, young people, and children.