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MHRA Drug Safety Update - Hormone replacement therapy (HRT): further information on the known increased risk of breast cancer with HRT and its persistence after stopping

New data has confirmed breast cancer risk is increased during use of all types of HRT, except vaginal estrogens and has also shown that excess breast cancer risk persists for longer after stopping HRT than previously thought.

Prescribers are advised that HRT should **only be initiated for relief of postmenopausal symptoms that adversely affect quality of life** and should be continued **only as long as the benefit in alleviating menopause symptoms outweighs the risks associated with HRT use**.

In all cases, a careful appraisal of all the risks and benefits should be undertaken before use. These should be reassessed regularly during use as a woman's need for treatment and risk of adverse effects change over time. Prescribers of HRT should discuss the updated total risk with women using HRT at their next routine appointment.

To read the MHRA press release please click [here](#). There are two useful links below offering more information. These links can also be found on the BaNES/Swindon/Wiltshire (BSW) Formulary web page.

[Aug 2019 - Hormone Replacement Therapy \(HRT\) shortages](#)

[Sep 2019 - Prescribing Advice - New HRT Risk Data](#)

Hydroxychloroquine and retinopathy

Retinopathy is a potential side-effect of long-term hydroxychloroquine use. It is more common than previously thought, with a 7.5% prevalence in those on long-term (>5years) therapy, rising to 20–25% after 20 years. It may initially be asymptomatic, but it is sight-threatening. The Royal College of Ophthalmology issued recommendations on screening in February 2018 which can be accessed by clicking [here](#).

A screening service is in the process of being designed and commissioned and will be available soon. This will aim to ensure that all patients have a baseline examination prior to starting the drug and that annual screening is carried out on all those who have taken hydroxychloroquine for 5 years or more.

ACBS for sunscreens has changed from August 2019 Drug Tariff

The ACBS recommendation for Uvistat Sun cream SPF50 has been amended from “protection from UV radiation in abnormal photosensitivity” to “Uvistat Sun cream SPF 50 when prescribed for skin protection against ultraviolet radiation and/or visible light in abnormal cutaneous photosensitivity causing severe cutaneous reactions in generic disorders (including xeroderma pigmentosum and porphyrias), severe photodermatoses (both idiopathic and acquired) and in those with increased risk of ultraviolet radiation causing adverse effects due to chronic disease (such as haematological malignancies), medical therapies and/or procedures.

Treatment doses of Vitamin D, ensuring correct dose, frequency and duration of treatment

Prescribers are reminded to follow local guidance for prescribing vitamin D to ensure those prescribed high treatment doses receive the correct dosage, frequency, and duration of treatment.

Nationally there have been cases of significant harm to patients involving high dose vitamin D prescribed more frequently and for longer than the recommended course duration.

ACTION: Review all current prescriptions for doses of vitamin D exceeding 10,000 units to check appropriateness as per Joint Formulary Guidance available at

<https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=2072>

A shared search is available in TPP to support this.

BSW Formulary Update

We have brought forward the launch of the BaNES/Swindon/Wiltshire (BSW) joint formulary which is **NOW** live and can be found at www.bswformulary.nhs.uk (open access) or with a mobile app; instructions for opening and use can be found [here](#). A number of 'differences' in formulary options and traffic light statuses have yet to be agreed across BSW. Please bear with us as we work to review these differences. The current formulary groups will continue to meet independently until an overarching Area Prescribing Committee is established.

If you have trouble finding documents or have any feedback, contact us via bsccg.formulary@nhs.net or bsw.formulary@nhs.net

Formulary	Drug	Decision	Comments
BCAP	Testosterone (Testogel®)		For loss of libido in female patients (unlicensed indication)
BCAP	Quinagolide (Norprolac®)		AMBER with SHARED CARE for the second line treatment for hyperprolactinaemia where patient has not responded to cabergoline or has been unable to tolerate its side effects.
BCAP	Hydrocortisone sodium succinate injection (Solu-Cortef®)		For emergency steroid injection for patients with known adrenal insufficiency to allow GPs to replace supplies that have been used or have expired.
All BSW areas	Lidocaine 5% plasters		<ul style="list-style-type: none"> •To be used ONLY for the approved indications; Post herpetic neuralgia where alternative treatment has proved ineffective or is contraindicated (licensed) OR Focal neuropathic pain with allodynia, as advised by a pain specialist (off-label) OR Palliative care specialist recommendation (off-label). •Initiated in an out-patient setting by pain or palliative care specialist. •Ongoing prescribing in primary care where clear advice has been provided in a management and review plan. •Usage patterns to be reviewed after 6 months. •For further info see BSW Lidocaine guidance
All BSW areas	Xaggitin		Preferred brand. AMBER with SHARED CARE. Please note methylphenidate must be prescribed by brand.
BCAP	Beclomethasone Kelhale® 50microgram and 100microgram MDi inhaler.		A cost effective alternative to Qvar MDi inhaler.
BCAP	Ertugliflozin (Steglatro®)		For use with metformin and a dipeptidyl peptidase-4 inhibitor for T2D in line with NICE TA 583
BCAP	Toujeo Doublestar		Has not been added to the formulary until concerns around processes for education and training of patients and healthcare professionals are in place. Toujeo SoloStar remains the only Toujeo product on BCAP formulary.

Medicines Shortages

Medicines in a No Deal EU Exit

NHSE has published a list of [FAQ](#) around the government's approach to ensure that medicines continue to be available if there is a no-deal EU exit. There is also a link to the nhs.uk website which provides updated information for patients.

Further sources of information

More information on medicine shortages can be found on the **Specialist Pharmacy Service** website by clicking [here](#) or the **MIMS webpage "Drug Shortages – Live Tracker"** by clicking [here](#) (password required).

New Documents

MOCH Emollients and Barrier Creams

<https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=1924>