

December 2025 Volume 4 Issue 19



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

BOB Medicines Optimisation Bulletin



This bi-monthly newsletter is written by the Medicines Optimisation Team of the BOB Integrated Care Board and is intended for healthcare professionals and practice staff. If you have any questions or feedback, please contact the team via the email address: bobicb.medicines@nhs.net

Past editions of the bulletin can be found on the [SharePoint](#) website.

- [National updates](#)
- [BOB System updates](#)
- [Training, upcoming meeting and Resources](#)
- [Other news and information](#)

National updates

Penicillin Allergy status incorrectly recorded as Penicillamine Allergy

Following the [National Patient Safety Alert](#) issued on 20/11/2025 around incorrect recording of Penicillamine instead of Penicillin allergy, the following numbers of patients across BOB have a “penicillamine” allergy recorded (either as a current or past event).

Berks West = 136 patients

Buckinghamshire = 157 patients

Oxfordshire = 123 patients

Clinical system searches to identify patients are available from Ardens and BOB ICB as shown below, and we recommend all practices should run at least one of these.

Penicillamine Allergy Safety Alert - Ardens Information

Following the recent NHS England National Patient Safety Alert, we've created a new pop-up in EMIS Web and SystmOne. This will display if a penicillamine allergy or adverse reaction has been recorded, prompting users to confirm it wasn't entered in error instead of a penicillin allergy.

There is also a supporting search available in both systems via **Ardens > Prescribing Alerts > Allergies**, to help teams identify patients who may need review.

BOB ICB have designed the search below to pick up all patients in Emis web with a recorded “*penicillamine*” allergy status, which will show if these patients also have a “*penicillin*” allergy recorded (note: this will only pick up patients with coded allergy status and not free text entries). [Emis-web Penicillamine Allergy Search](#)

We would advise adding a consultation note to the patient record once you have checked what the allergy status should be to confirm what action you have taken e.g. “Penicillamine allergy checked and correctly recorded” or “Penicillamine allergy status amended to Penicillin allergy”.

MHRA drug safety update: Mesalazine and idiopathic intracranial hypertension

An [MHRA Drug Safety Update](#) has been published to advise that idiopathic intracranial hypertension (IIH) has been very rarely reported in patients treated with mesalazine. Following a recent review, warnings for IIH are being added to the product information for

all mesalazine products. If IHH occurs in patients, discontinuation of mesalazine should be considered.

See the update for further information and advice for healthcare professionals and to provide to patients.

Semglee (Insulin Glargine) Temporary Supply Constraint

There is a temporary supply constraint for Semglee® (Insulin Glargine) 100 units/ml solution for injection in pre-filled pen and delay to the stock delivery. The delay is due to local contract laboratory undertaking European Importation testing. **Supply will be available w/c 22nd December.** At present, there is still some Semglee® 100 units/ml solution for injection in pre-filled pen stock available within the distribution network, but it is running low.

The company have reiterated that there are NO Manufacturing issues with Semglee® and there are NO supply constraints on the UK ongoing supply for Semglee®.

If your patient is unable to get Semglee® and needs a supply before w/c 22nd December, alternative insulin glargine options are:

1. Abasaglar® KwikPen 100 units/ml 3mL prefilled disposable injection device
2. Lantus® Solostar 100 units/ml 3mL prefilled disposable injection device

There is no requirement to change the insulin dose when switching. The patient should continue to monitor their blood glucose levels in the usual way and be told to contact their doctor or diabetes team if there are any concerns about their glucose levels.



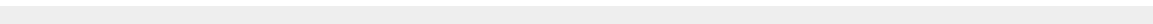
BOB System updates



Updates from Area Prescribing Committee

Lift Fast Acting Glucose Shot Liquid and Tablets

Lift Fast Acting Glucose Shot Liquid and tablets were discussed at BOB APC in September and the following status was agreed:



Lift Fast Acting Glucose Shot Liquid BNF SPC BNF C	Formulary AR	Suitable for prescribing for paediatrics with Type 1 Diabetes if required for hypoglycaemic episodes. The specialist team will recommend for appropriate patients (NB. No more than 10 shots/50 tabs per month should be necessary - should GPs notice that items are being ordered above monthly allowance, they can contact a patient's specialist team to review hypo frequency and treatment with them). Adult patients can purchase treatment over the counter (sweets, sugary drinks, glucose tablets/shots) if required in line with SERMOG-07 Over the counter (OTC) prescribing guidance. Lift tablets are more cost effective, so if tablets are suitable these should be issued as first choice (NB. the 50 pack size is more cost effective if more than 10 tablets per month are required).
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The tablets have the same status as the shots, pictured above.

If recommended by the specialist paediatric diabetes teams, Lift shots or tablets can be prescribed for paediatric patients.

There are over 1,755 adult patients being prescribed glucose drinks or tablets across BOB, costing over £100k per year. Adult patients should purchase treatment for hypoglycemic episodes in line with [sermog-07-over-the-counter-otc-prescribing-guidance.pdf](#). Options such as sweets, sugary drinks, glucose tablets or shots can all be purchased.

Fenofibrate - Diabetic Retinopathy

Fenofibrate for use in diabetic retinopathy was approved as Amber Recommendation at BOB APC in May 2025

Amber Recommendation: Recommended by a diabetes or ophthalmology specialist for diabetic retinopathy in line with [NG 242](#). Do not use in combination with statins at their highest dose – dose of statin should be halved (e.g. simvastatin or atorvastatin 80mg should be reduced to 40mg). The lipid lowering effect will be similar when combined with fenofibrate.

Two resources have now been developed to support with prescribing:

- Healthcare Professional Information: [fenofibrate-for-diabetic-retinopathy-healthcare-professional-information.pdf](#)
- Patient Information Leaflet: [bob-icb-fenofibrate-for-diabetic-retinopathy-patient-information.pdf](#)

Primary Care Prescribing of Continuous Glucose Monitors (CGM)

We are in the process of updating and reviewing the CGM options included on our formulary and guideline ([guidance-for-the-prescribing-of-continuous-glucose-monitors.pdf](#)). There have been many updated versions of the existing CGM products, for example the guidelines will be updated to reflect the latest versions of the most commonly prescribed meters **Freestyle Libre 2 Plus** and **Dexcom One Plus**. There are also some new

products on the market, and others which have been discontinued, the guidance will be amended to reflect this. To assess the appropriateness, we will look at study design, clinical accuracy, and regulatory approval status as shown in the [Diabetes Specialist Nurse Forum comparison table](#), to ensure the CGM that we include meets the most robust regulatory standard and performance criteria. The new guidance will hopefully be reviewed at January Area Prescribing Committee and be available to practices in February.

Clascoterone (Winlevi®) 1% cream

BOB APC has approved Clascoterone 1% cream for use in acne vulgaris in patients aged 12 years and over with a **Green Restricted** status. It should **not** be used first line but can be prescribed after trying 1-2 alternative topical options. It is for use on face only.

Clascoterone is a new class of topical treatment which works as an androgen receptor inhibitor. It may be of particular benefit in acne with a hormonal component. It should not be used in combination with other topical acne treatments.

Note that [NICE TA1105](#) on Clascoterone was published in Oct 2025 with a terminated appraisal status, however, this is due to the company not providing an evidence submission. Winlevi® cream is a licensed product in UK, however, please be vigilant as it is a Black Triangle medicine.

Budenofalk Enema

BOB APC approved Budenofalk 2mg foam enema as first line corticosteroid rectal foam in the treatment of active ulcerative colitis limited to the rectum and sigmoid colon. Please see the formulary entries below:

For treatment of active ulcerative colitis limited to the rectum and the sigmoid colon.

First line corticosteroid rectal foam (due to cost-effectiveness) for new patients and an option for existing patients who have previously received another corticosteroid enema and who require a second course of treatment. This would be following discussion with the patient.

BOB APC September 2025.

Prednisolone 20mg/metered application (Rectal Foam)

Second line corticosteroid enema for treatment of active ulcerative colitis limited to the rectum and sigmoid colon if patients experience local burning and pain with budesonide.

For ulcerative colitis affecting the entire distal colon and for the treatment of proctitis.

BOB APC September 2025.

SERMOG – Over the Counter Guidance

Clinicians can now refer to the new [SERMOG – Over the Counter Guidance](#) which replaces all previous older guidance's.

A reminder of the BOB OTC guidance can be found on the [BOB ICB webpage](#) and for BOB ICB patient facing resources, including NHS videos, visit [Over the counter medicines - Stay Well](#)

Medicines Safety

Rybelsus

See article 'Rybelsus®(oral semaglutide): risk of medication error due to introduction of new formulation with increased bioavailability' in [BOB ICB Site - Vol 4 Issue 16 BOB MOB October 2025 newsletter v2.pdf - SharePoint Section - BOB MOB](#).

The new strengths of Rybelsus® are now available on EMIS. The original strengths will be discontinued by the end of the end of January 2026. Patients should now be changed to the new formulation, ScriptSwitch will prompt the switch. A search is also available on Ardens to help identify patients.

NHS regional Valproate newsletter

Please see an update from the NHSE South East Quality team on the work around valproate digital platform pilot:

“Where we are now

- The platform is **in the testing phase**, using **dummy data only**.
- We expect to go live with **real patient data early in the New Year**, once all governance processes are complete (both internally and within each trust).

First trusts to adopt

- **Oxford University Hospitals** and **University Hospitals Sussex** will be the first to implement the platform.

What's included

- The tool currently starts with an option to select **female or male patients**.
- This is designed with future expansion in mind - if funding allows, we hope to extend the tool to cover other medications that require a checking process.
- For now, the tool is focused on **women and people of childbearing potential**.

Other updates

- We're making good progress on a **video resource** featuring clinicians and a patient representative.
- I'd love to include more **patients or carers** - if you know someone who might share their experience of valproate reviews, please let me know.
 - A **cost-benefit analysis** is complete and will be shared soon by our comms team. Projected savings across the region: **over £3 million in the next 10 years**, thanks to reduced waits, less admin, and fewer harms while waiting for appointments."

So what?

- If you are aware of any patients or carer who would be happy to share their experience of valproate reviews, please contact fishburn1@nhs.net (Senior Clinical Quality Improvement Manager, Clinical Quality and Improvement Team, NHS England South East Region)

ScriptSwitch Insights: Monthly Top Medication Switches

High Value Switch

We are asking prescribers to accept the switch from Macrogol 3350 oral powder (**£217.17 for 28 sachets**) to the Macrogol compound oral powder sachets NPF SF (**£5.97 for 30 sachets**). Both products provide the same therapeutic benefit, but the cost difference is significant.

To ensure we realise these savings, **please avoid selecting the original high-cost product when prescribing** and choose the recommended alternative wherever clinically appropriate.

Your support helps us deliver safe, effective care while protecting limited NHS resources.

Original		Replacement
Macrogol 3350 oral powder 8.5g sachets sugar free	>	Macrogol compound oral powder sachets NPF sugar free
ANY DOSAGE		SAME DOSAGE
Accept Replacement		

This is a **high cost item**. Please ensure it has not been selected in error.

Prescribing Macrogol compound oral powder sachets NPF sugar free is more cost effective.

Buckinghamshire, Oxfordshire, Berkshire West

So what?

- Communicate this switch out to all clinicians at clinical meetings
- Accept this switch wherever clinically appropriate

Quick Check: Is ScriptSwitch Installed and Active?

To help ensure you're getting the full benefit of prescribing best-practice guidance, Optum have put together a simple one-pager checklist to confirm that ScriptSwitch is correctly installed and running on your system. It takes less than a minute to review and can help prevent missed optimisation messages.

Access the one-pager [here](#)

If ScriptSwitch isn't active, the guide also explains the next steps to get you up and running.

Winter Top Offered Switches

Original Product	Replacement product	Did you know?
Salbutamol 100micrograms/dose inhaler CFC free	Salamol 100micrograms/dose inhaler CFC free	This switch was previously introduced but temporarily paused due to national stock issues. With supply now stabilised, it is active once again. As we head into the winter season, we traditionally see an increase in SABA prescribing to support patients with respiratory tract infections. Choosing Salamol as the preferred option not only helps maintain consistency with BOB ICB preferred choices, but also supports reduced overall ScriptSwitch offer rates.
Colecalciferol 800unit capsules	Strivit 800unit capsules	Vitamin D prescribing tends to increase in the winter. Strivit is the preferred brand across BOB.
Amoxicillin 500mg capsules Doxycycline 100mg capsules	Amoxicillin 500mg capsules 5 day course length i.e. 15 capsules Doxycycline 100mg capsules 5 day course length i.e. 6 capsules	Antibiotic prescribing increases during the winter months. National guidelines recommend that a 5-day course of treatment is appropriate for the majority of cases. Ensure that 5-day courses are selected where appropriate.

During November 2025, we've seen a slight increase in ScriptSwitch offer rates across BOB. Although several new switches have been added/reinstated to the profile during this period, our data review shows that these additions are *not* the reason for the rise.

Instead, the increase appears to be driven by other commonly prescribed items, in particular those impacted by winter pressures.

As always, please aim to prescribe the recommended **replacement product** where clinically appropriate. This helps maintain consistency with BOB preferred choices and supports more efficient medicines optimisation during the busy winter months.

Thank you for your continued support in keeping prescribing aligned and effective.

So what?

Share these switches amongst all clinicians, particularly locums during this winter period

Important Reminder: Hydroxycarbamide 1000mg Prescribing Alert

It has come to the attention of Medicines Optimisation of a recent patient safety incident where hydroxycarbamide 1000mg was prescribed in error instead of their usual 500mg strength. This resulted in the patient taking double their usual dose requiring hospital admission.

Key Points for Clinicians.

Hydroxycarbamide 1000mg is NON-formulary across the BOB ICB area. It is not recommended for prescribing in either primary or secondary care. Prescribing this strength can lead to serious dosing errors and patient safety risks.

Clinician Checklist before prescribing hydroxycarbamide:

- Check the netFormulary for the status for the indication.
- Prescribers must only prescribe the lower dose hydroxycarbamide 500mg tablets.

So what?

Incorrect prescribing of hydroxycarbamide can result in patient harm and significant clinical risk. Following formulary guidance ensures safe, effective, and consistent care across the BOB area.

Important Reminder: Prescription Accuracy for Nasal Sprays and Inhalers

BOB ICB have been made aware that a prescription was endorsed as having issued 140 nasal sprays in one transaction. We believe this is highly unlikely. In reality, one nasal spray was issued, which contains 140 doses per pack. Unfortunately, this error led to the NHS Business Services Authority (NHS BSA) reimbursing the community pharmacy £625.98 instead of the correct cost of around £5.59. This situation is under investigation, and the community pharmacy will take any necessary further action. The quantity of nasal sprays and inhalers should be prescribed as number of devices rather than number of doses to prevent this happening in future.

Why This Matters: Incorrect endorsements can result in significant financial impact on NHS resources and misleading prescribing data, which affects audits and patient safety monitoring.

Action for Clinicians: please ensure you actively check and confirm quantities when prescribing and endorsing items such as: Nasal sprays, Inhalers and other dose-based devices

Always verify: The pack size (e.g., 140 doses per spray, not 140 sprays).

Your practice is advised to use the pre-built EMIS Web searches provided by MOT below. These tools are designed to assist in the identification of patients potentially receiving excessive quantities, and all flagged patients should be reviewed.

[Potential oversupply of nasal sprays Auto Report.xml](#)

[Potential oversupply of inhalers Auto Report.xml](#)

Further Guidance: Refer to the [NHS Dictionary of Medicines and Devices \(dm+d\)](#) for correct pack sizes or [British National Formulary \(BNF\)](#).

So what?

Why does this matter? Because a simple mix-up—like confusing doses with packs—can turn a £5 prescription into a £625. That's money that could be spent on patient care elsewhere.

By taking a quick moment to double-check pack sizes and quantities, you help: Keep NHS resources where they're needed most and ensure accurate prescribing data.

Your practice is advised to use the pre-built EMIS Web searches provided by MOT, flagged patients should be reviewed.



Training, upcoming meeting and Resources



Pharmacy opening timings for the Festive Period

Please find attached the Christmas & New Year 2025/26 Bank Holiday Posters detailing which pharmacies will be open across the Southeast of England for your information:

- [Berkshire West](#)
- [Buckinghamshire](#)
- [Oxfordshire](#)

Pharmacies are only listed on the posters if they are opening one or more of the Bank Holiday dates.

A map of the pharmacies that will be open on the Bank Holidays has been created; anybody can access the map via the link [Click here to view map](#)

Register for free access to PrescQIPP resources

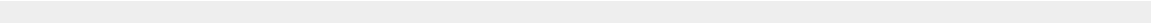
As an ICB we have subscribed to PrescQIPP, which means that GPs, practice/PCN pharmacist and pharmacy technicians can access a vast range of evidence-based, quality assured resources absolutely **free**.

The link below provides more information about the resources available and a link to register for your free access:

[PrescQIPP subscriber benefits GPs PCN practice pharmacists July 2025 England.pdf](#)

Respiratory Information and Resources

The BOB Integrated Respiratory Delivery Network (IRDN) have created a webpage on SharePoint to host respiratory resources to support your management of people with



respiratory conditions. For the latest information from BOB IRDN, please see the newsletters on this [link](#).

Diabetes Information and Resources

The BOB Integrated Diabetes Delivery Network (IDDN) have created a webpage on SharePoint to host diabetes resources relating to pathways and guidance to support your management of people with diabetes. For the latest information from BOB IDDN, please see the newsletters on this [link](#).

FreeStyle Libre 3[®] and FreeStyle Libre 3 Plus CGM[®] – Urgent Field Safety Notice

Abbott has issued an urgent field safety notice (ADC FA1002-2025) for some FreeStyle Libre 3[®] and FreeStyle Libre 3 Plus CGM[®] sensors. A subset of sensors may provide incorrect low glucose readings. This issue does not apply to any other Libre[®] sensors, apps or readers in the UK. The MHRA has been notified.

As per the Buckinghamshire, Oxfordshire and Berkshire Wesst (BOB) ICB Formulary status Freestyle Libre 3 Plus CGM is RED and therefore should not be prescribed in Primary Care.

Real time Continuous Glucose Monitoring (rtCGM) (Freestyle Libre 3+)	Formulary	Initiation criteria is set out in NICE TA943 Hybrid Closed Loop (HCL) Systems for Managing Blood Glucose Levels in Type 1 Diabetes . HCL will be delivered in accordance with the priority groups as set out in the NHSE and ICB implementation plan i.e. CYP, pregnancies and clinically urgent patients first.
  	  	
Freestyle Libre 3+ is available to prescribe on FP10. However, the red status will remain in place as there are more cost effective options available for patients being prescribed in primary care. FSL3+ will remain for patients on a HCL system managed in secondary care.		
Please note: FSL3 will be discontinued from Dec 2025, all patients should be switched to FSL3+. Please note: FSL3+ sensors last 15 days.		
BOB APC May 2025.		

The key points are:

- Only some FreeStyle Libre 3[®] and FreeStyle Libre 3 Plus CGM[®] sensors are affected – each sensor (in-use and unused) must be checked at [FreeStyleCheck.com](https://www.freestylecheck.com).
- Affected sensors may give falsely low glucose readings.
- Acting on incorrect low readings (e.g. taking extra carbohydrate, or skipping/delaying insulin) over time may cause loss of glucose control and risk of serious harm, including potential injury or death.

- Replacement sensors will be supplied free of charge by Abbott® for any sensors confirmed as potentially affected.
- If sensor readings do not match symptoms or expectations, patients should use a blood glucose meter or the built-in meter in the FreeStyle Libre 3® reader for treatment decisions.

How to check sensors:

All patients using FreeStyle Libre 3® or FreeStyle Libre 3 Plus CGM® should be asked to:

- Visit [FreeStyleCheck.com](https://www.FreeStyleCheck.com) and select “CONFIRM SENSOR SERIAL NUMBER”.
- Enter the serial number of each current and spare sensor to see if it is potentially affected.

If a sensor is confirmed as potentially affected on www.FreeStyleCheck.com or by Abbott® Customer Service, patients should:

- Immediately discontinue use and safely dispose of the affected sensor(s).
- Request free replacement sensor(s) via [FreeStyleCheck.com](https://www.FreeStyleCheck.com) (by entering serial number and contact details), or by calling Abbott® Customer Service on 0800 170 11 77

How to locate the sensor serial number (Please see image below)

- In the FreeStyle Libre 3® / FreeStyle Libre 3 Plus® app or reader for sensors currently being worn.
- On the label on the bottom of the sensor applicator or outer carton for unused sensors.
- In the connected insulin delivery device user manual, if used with such a device.

Other news and information

Medicines Supply Information

Some information on long-term supply issues can be found on [Prescquipp](#) or the [Medicines Supply Tool](#) on the SPS website. Please note this is not an exhaustive list.

Serious Shortage Protocols

Serious Shortage Protocols (SSPs), which enable community pharmacists to supply patients with specific alternative medicines, are available to view on the NHS Business Service Authority (BSA)'s [dedicated SSP web page](#), along with supporting guidance. Questions regarding the SSPs should be directed to the NHS Prescription Service:

Email: nhsbsa.prescriptionservices@nhsbsa.nhs.uk

Telephone: 0300 330 1349. Textphone: 18001 0300 330 1349

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