



## Doncaster Place and Bassetlaw Place Medicines Optimisation Bulletin

March 2025



Got a spare 2 minutes? Like what you see? Want to hear more from Medicines Optimisation? We need your feedback on the new style bulletin. Use the QR code opposite or follow the link: <https://forms.office.com/e/A21uYN9Jb>

### Traffic Light Status (TLS) additions and changes

TLS Integrated medicines Optimisation Committee (IMOC) List.

Please Note: TLS status finalised at IMOC all items are classified as non-Formulary unless stated otherwise.

For a full list of items that were classified in March click this link below:

[TLS IMOC LIST March 2025](#)

### Useful hyperlinks for Medicines Optimisation To open Press control and click the link below

[IMOC Webpage](#)

[Doncaster Place Website](#)

[MPD](#)

### New and updated Guidance and Shared Care

#### [Documents and position statements](#)

#### Updated Documents:

- [Melatonin updated SCP](#) [Click Here](#)
- [Hormone replacement therapy Guidance](#) [Click Here](#)

#### Position statements

- [Interim Position Statement for Tirzepatide for managing overweight and obesity](#) [Click here](#)
- [Interim Position Statement Hybrid Closed Loop \(HCL\) Systems for Managing Blood Glucose Levels in Type 1 Diabetes.](#) [Click Here](#)

### DIBS Update

You can find latest DIBS information and other useful resources on the DIBS page on the Medicines Management website by clicking this [link](#)

If you have any questions around DIBS, please contact the MO team via our email :

[syicb-doncaster.medicinesmanagementadmin@nhs.net](mailto:syicb-doncaster.medicinesmanagementadmin@nhs.net)

The DIBS work for the next year will be released shortly and your MO team will be discussing the workstreams soon.

### Eclipse Live Update

Eclipse Live is now up and running in 30 practices in Doncaster and is being used regularly in over half of them especially the RED and AMBER safety alerts which have been proven to be very useful in avoiding hospital admissions. If you still have not signed up to Eclipse Live and would like to download a blank contract you can find it by [clicking this link](#)

Alternatively contact [Karen.jennison@nhs.net](mailto:Karen.jennison@nhs.net)

You can also request support with Eclipse Live by contacting the following emails:

[syicb-rotherham.dataqualityanddigitaloptimisationteams@nhs.net](mailto:syicb-rotherham.dataqualityanddigitaloptimisationteams@nhs.net)

[support@prescribingservices.org](mailto:support@prescribingservices.org)

[Karen.jennison@nhs.net](mailto:Karen.jennison@nhs.net)

Two dedicated training sessions have been set up to go through RED and AMBER alerts on 29<sup>th</sup> April and 1<sup>st</sup> May 2025 at 12:30-13:15 and will be helpful for the next DIBS work that will be launched soon. If you wish to attend the training and have not received a MS teams invite, please contact [Karen.jennison@nhs.net](mailto:Karen.jennison@nhs.net)

### Clinical formulary updated version available

The updated version of EMIS web formulary (March 2025) is now live and will be shared with you via your MOT pharmacist or technician for importing, once imported please add users and deactivate the previous version. You will receive a brief guide on how to update the formulary and assign prescribers.

The clinical formulary for SystmONE is updated and published centrally. If you are a SystmONE practice, please can you ensure you are using the most up to date version of the formulary. 'Doncaster Place formulary' This will ensure you are receiving the most up to date information in line with local guidance and formulary choices.

Prescribers are advised not to use the MULTILEX formulary, as this does not reflect local formulary advice.

Old versions can be removed by accessing drug formularies via setup > Prescribing > Drug formularies. If you need any help or assistance, please ask your MOT Pharmacist or Technician.

### Update from NHS England

NHS England has recently published information regarding the commercial arrangements for continued access to Inclisiran until December 2027.

For the full article [Click here](#)

To access the Cardiovascular section of the MPD including links to relevant guidelines [Click Here](#)

MHRA Safety Alert February 2025 Click the headings below for more information

[GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation](#)

[Valproate](#) : review by two specialists is required for initiating valproate but not for male patients already taking valproate

[The Medicines \(Gonadotrophin-Releasing Hormone Analogues\) \(Restrictions on Private Sales and Supplies\)](#)

[Shortage of Pancreatic enzyme replacement therapy \(PERT\)](#)



### FreeStyle Libre 2 Sensors Discontinuation

**FreeStyle Libre 2 (FSL2) sensors will be discontinued in August 2025** with stocks predicted to be running low by June 2025. Patients using these sensors will need to be switched to the FreeStyle Libre 2 Plus (FSL2+). In order to support a smooth transition to FSL2+ an OptimiseRx rule has been enabled to prompt clinicians at the point of prescribing. Furthermore, from April 2025, where capacity allows, the SY ICB Medicines Optimisation Team (MOT) will support practices to switch any remaining patients on FSL2 to FSL2+ to ensure that no patients remain on FSL2 beyond August 2025.

FSL2+ sensors work with the existing FreeStyle LibreLink app and the FSL2 reader but have the following additional/improved features:

- Extended sensor wear: Easy to use and comfortable to wear for up to 15 days versus 14 days for FSL2.
- Better performance: Outstanding 15-day accuracy in the low end, where it matters most.
- Partnerships with insulin pumps: Designed to work the Omnipod® 5 Automated Insulin Delivery System, offering personalised automated insulin delivery and care for people living with type 1 diabetes, based on their glucose sensor readings.

There is no additional cost associated with the switch to FSL2+ but only if patients adhere to the **15-day** wear period, rather than 14-days with FSL2. It is therefore important to emphasise this duration to patients to avoid unnecessary costs.

When prescribing FSL2+, ensure the directions clearly state that the sensor must be replaced every **15 days**, and set the prescription duration accordingly. For example, two sensors will last 30 days. To support this, the Doncaster SystmOne MOT formulary has been configured with a quantity of 2 sensors, along with the appropriate directions and issue duration. Patients who experience issues with their sensor being faulty or falling off before the 15-day period ends, should contact the manufacturer for a replacement.

If the patient does not have a spare sensor, an early prescription can be provided to account for the delay in receiving a replacement from Abbott. Please note that the patient's next repeat prescription may not be due for at least another six weeks.

Lilly Medical have developed a [step-by-step FAQ on the use of Mounjaro pens](#). There have been occasional reports of malfunctioning pens and this FAQ contains all the information you would need to report faulty products or any other communication regarding Mounjaro.

The full FAQ can be found by [clicking this link](#)

#### Formulary updates March 2025

The following items will be added/amended on the [MPD](#)

<a href="#">2.5.5.1</a>	Ramipril	Post myocardial infarction, Heart failure, hypertension and nephropathy	Green 1 <sup>st</sup> Line
<a href="#">2.5.5.1</a>	Lisinopril	Post myocardial infarction, Heart failure, hypertension and nephropathy	Green Non-formulary
<a href="#">2.5.5.1</a>	Enalapril	Treatment of Hypertension, Treatment of Symptomatic Heart Failure, Prevention of Symptomatic Heart Failure in patients with Asymptomatic Left Ventricular Dysfunction (ejection fraction ≤ 35%	Green Non-formulary
<a href="#">2.5.5.1</a>	Perindopril erbumine	Post myocardial infarction, Heart failure, hypertension and nephropathy	Green Non-formulary
<a href="#">2.5.5.1</a>	Perindopril arginine	Hypertension, Hypertension, if used in addition to diuretic, or in cardiac decompensation or volume depletion, Heart failure (adjunct) (under close medical supervision), Prophylaxis of cardiac events following myocardial infarction or revascularisation in stable coronary artery disease	Grey Non-formulary

### Controlled Drug Reporting

It is a mandatory requirement that all incidents and concerns involving Controlled Drugs are reported to the NHS England Controlled Drug Accountable Officer (CDAO). This is in addition to reporting to the Learn From Patient Safety Events (LFPSE) service. This provides assurance that any risks have been mitigated and prompts any further necessary action to be undertaken. Reporting also allows for the identification of themes and trends in reported incidents from which learning can be shared across the system, to prevent re-occurrence and improve patient safety.

Please ensure all CD incidents and concerns are reported via the online portal [www.cdreporting.co.uk](http://www.cdreporting.co.uk). It only takes a couple of minutes to self-register and obtain a login to this portal.

Webinar tutorials and quick guides are available with more information about how to register and complete an incident or concern report.

You can also contact a member of the local ICB CD team with any queries by emailing: [syicb.controlleddrugssupport@nhs.net](mailto:syicb.controlleddrugssupport@nhs.net)

For the latest Out of Stock information Refer to your regular emails from medicines management Admin emails.

Contact us : South Yorkshire Integrated Care Board Doncaster Place Medicines Optimisation Team

Phone: 03000 213394

E-mail: [syicb-doncaster.medicinesmanagementadmin@nhs.net](mailto:syicb-doncaster.medicinesmanagementadmin@nhs.net) (general enquiries) or [syicb-doncaster.rxline@nhs.net](mailto:syicb-doncaster.rxline@nhs.net) (Clinical Enquiries)