Rotherham Place Prescribing Bitesize

NHS South Yorkshire Integrated Care Board

DECEMBER 2025

https://mot.southyorkshire.icb.nhs.uk

New SY ICB DOAC Position Statement

Clinicians are reminded of the fact that the DOACs apixaban and rivaroxaban are both now off patent and because of this the cost to the NHS has reduced drastically as both are available as generics. SY ICB has issued a position statement which is now live on the ICB website and can be accessed Here

As part of a patient-centred review, when considering a DOAC, then, in the absence of a specific clinical reason to select a particular DOAC, generic apixaban (best value twice a day treatment) and generic rivaroxaban (best value once a day treatment) are the DOACs of choice.

Clinical Practice Queries

As you may be aware, the Medicines Optimisation Team has been subjected to significant changes over the last few years with more drastic change on the horizon. If you have queries of a clinical nature, please contact the SPS team in the first instance: Medicines Advice contact details – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

asksps.nhs@sps.direct

Deal ensures continued access to inclisiran (Leqvio)

A reminder that NHS England and Novartis renegotiated access to inclisiran, an injectable cholesterol-lowering treatment for patients at risk of cardiovascular disease from April 2025. This renewed agreement ensures comprehensive lipid management pathway coverage, providing an option for patients whose cholesterol has not been effectively reduced by statins alone or combined with ezetimibe.

From 1 April 2025 GPs will be reimbursed at the rate of £60 which is a £10 increase on the previous rate of reimbursement. For general practice, inclisiran will continue to be available from the wholesaler (AAH) at £45 (nominal charge) plus VAT (health professionals and pharmaceutical products – VAT Notice 701/57).
The deal maintains pricing for current and new NHS patients in England until December 2027, with arrangements ensuring that any revisions from January 2028 will not affect patients already receiving treatment.

Visit the NHS England website for more information on lipid management including access to inclisiran and updated funding and supply arrangements.

Gluten free prescribing update.

Following a 12-week engagement process, the ICB Board took the decision on 3rd December to decommission the prescribing of gluten free bread and flour mixes in primary care.

In the wake of this decision, the ICB is asking that clinicians, in the first instance, do not start prescriptions for gluten free products in patients not currently receiving these.

This decision has not been taken lightly. However, in a difficult financial climate we have a responsibility to balance the needs of all our communities and ensure that we are delivering the best possible value for money within the resources available.

Further information [including around any exceptionality to the guidance] will be sent in the new year regarding the prescribing of gluten free products to those patients currently being issued with prescriptions.

Medicine discontinued - Insulin Levemir (detemir)

Guidance on switching to alternative insulins in adults

The Rotherham NHS Foundation Trust

Background

Insulin Levemir, a long acting analogue insulin, is being discontinued; stock is anticipated to be exhausted by the end of 2026.

Switching to alternative insulins takes into consideration whether Levemir dose is once a day or twice a day. Please consider key points for safely switching to new insulins.

Primary Care: if unable to control patients glucose post-switch, please refer these patients to the Diabetes Team.

Alternatives to insulin Levemir

Insulin Levemir (detemir) ONCE a day	•Switch to a long acting insulin •Insulin Semglee (glargine) ONCE a day (a biosimilar) •Reduce dose by 20%
Insulin Levemir (detemir) TWICE a day	•Switch to an intermediate acting insulin •Insulin Humulin I (isophane) TWICE a day •Reduce dose by 10%

All insulins are 100 units /mL

Key point to consider:

- **Do not initiate** treatment with insulin Levemir for new patients.
- Clinical review by a clinician is essential before switching to an alternative insulin.
- Switch to alternative insulins as above.
  When switching between insulins, there can be differences between absorption, potency, and action profile, therefore **reduce dose as above to avoid the initial risk of hypoglycaemia.**
- When prescribing new insulins, ensure any change in device type is explained to the patient with written product information provided (insulin "credit cards" / passports / booklets).
- Monitoring should rely on capillary blood glucose (CBG) at least four times daily, continuous glucose monitoring (CGM) and ketone monitoring (where appropriate) —not HbA1c alone, as it gives a historical context and not day to day or in-day variability.
- Risk of glucose instability is increased during insulin changes. A clinical review with CBG/CGM data is essential.
- For those with very erratic glucose levels, or disproportionately high insulin doses, assess injection technique and check for evidence of lipohypertrophy at injection sites. considerable dose adjustments may be necessary. Seek advice and guidance if unsure.
- Provide education and support to help individual's self-adjust doses post-switch, where appropriate, along with a check of understanding of sick day rules. Ensure adequate safety netting.
- Review patients at 2-3 weeks to support with dose titration, as necessary. For those at higher risk of dysglycaemia aim for close clinical review within 1-2 weeks of change where possible.

References:
NHS England: Levemir (Insulin detemir 100 units/mL prefilled pens and cartridges (MSN/2025/036)
Primary Care Diabetes & Obesity Society Discontinuation of Levemir (Insulin Detemir) Flexpen and Penfill Clinical Guideline

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