



## **BLMK** wide Joint Formularies Newsletter

(incorporates changes made to the Bedfordshire & Luton Joint Formulary <u>and</u> the Milton Keynes Joint Formulary)

## September 2021, Number 1



The following organisations contribute to and participate in the BLMK APC Formulary Subgroup – Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust.

#### Introduction

The BLMK Integrated Care System (ICS) currently has two Primary & Secondary care Joint formularies in operation: The Bedfordshire & Luton area Joint Formulary (incorporating the Bedfordshire hospitals NHS FoundaionTrust and the Milton Keynes area Joint Formulary (incorporating Milton Keynes University NHS FoundationTrust). As we move forward the intention is to ensure both formularies are in alignment, where possible.

This newletter contains details of the updates made to the individual Joint Formularies following the recommendations agreed at the BLMK Area Prescribing Committee (APC) Formulary Sub group meeting (7<sup>th</sup> September 2021) and the BLMK APC meeting (29<sup>th</sup> September 2021). Any differences between the individual formularies are clearly highlighted within each item.

NB:- The Bedfordshire & Luton Joint Formulary and the Milton Keynes Joint Formulary both utilise a colour coded 'traffic light' key system, but these are slightly different. Details of both colour coded 'traffic light' key systems are listed below and users should refer to the correct colour coded key depending on which joint formulary they are using.

## **Bedfordshire & Luton Joint Formulary**

The Bedfordshire & Luton Joint Formulary is a combined medicines formulary for use by Bedfordshire Hospitals NHS Foundation Trust, Community and Mental Services Providers in Bedfordshire and Luton (CCS; ELFT) and primary care colleagues in the Bedfordshire and Luton areas of BLMK CCG).

To access this Joint Formulary click here.

Unless otherwise stated decisions made apply to all organisations within the Bedfordshire and Luton areas of BLMK in the Joint Formulary Group.

#### Bedford and Luton Joint Formulary – Key for Traffic Light Status Information

| Status | Description   |
|--------|---|
| Red    | RED - Hospital only - to be prescribed by a specialist and supplied from secondary care ONLY throughout treatment   |
| Amber  | Amber medicines are considered suitable for GP prescribing following specialist initiation.   |
| Green  | These medicines are appropriate for initiation in both primary and secondary care. Prescribing is appropriate within licensed or local recommendations  |
| SCG    | Shared Care - these medicines require specialist initiation and stabilisation. Ongoing division of responsibility for drug and disease monitoring between specialist and GP by a Shared Care Guideline (SCG). If no SCG in place status reverts to red. |
| Black  | A decision has been made by either or both the local or national NHS not to routinely commission this preparation for its licensed indications. Do not prescribe.   |

## Milton Keynes Joint Formulary

The Milton Keynes Joint Formulary is a combined medicines formulary for use by Milton Keynes University Hospital NHS Foundation Trust, Community and Mental Health Services Providers in Milton Keynes (CNWL) and by primary care colleagues in the Milton Keynes area of BLMK CCG).

To access this Joint Formulary click here

## Milton Keynes Joint Net Formulary – Key for Traffic Light Status Information

| Status | Description   |
|--------|---|
| GREEN  | Routine prescribing within licensed indication  |
| AMB 1  | Specialist recommendation followed by GP initiation and continuation  |
| AMB 2  | Specialist or GP initiation in line with local guideline after 1st line failure followed by GP continuation |
| AMB 3  | Specialist initiation and stabilisation followed by GP continuation   |
| SCG    | Specialist initiation and stabilisation followed by GP continuation in line with an agreed shared care      |
|        | guideline   |
| RED    | Hospital or specialist prescribing only   |
| RR     | These medicines have been evaluated and rejected by MKPAG and are NOT approved for use within               |
|        | MK. They are not recommended for use because of lack of clinical effectiveness, cost effectiveness or       |
|        | safety.   |
|        |   |

# The following amendments to the individual Joint Formularies agreed by the BLMK APC Formulary Subgroup (September 2021) are listed below:

#### **ADDITIONS / DELETIONS**

## 1) Omega-3-Fatty Acids (Omacor®) – for the treatment of severe Hypertriglyceridaemia The following Recommendations were agreed:-

- Approved for use. Specialist initiation with GP to continue.
- <u>Criteria for use</u>: Restricted use as an option for the treatment of severe hypertriglyceridaemia, for the prevention of acute pancreatitis, if triglyceride (TG) levels are ≥ 10mmol/L despite addressing secondary causes, uptake of lifestyle changes and pharmacological therapy (on maximum tolerated statin and fibrate).
- Approval subject to audit across all three BLMK Lipid Clinics with 12 month review. (A longer period of time may be necessary depending on patient numbers)

## Formulary status: (Added to both Joint Formularies)

- Bedfordshire & Luton Amber
- Milton Keynes Amber 3

## 2) Testosterone Gel for low sexual desire in post-menopausal women

The following Recommendations were agreed:-

- To add Testosterone gel (Testogel®/Tostran®) for treating the symptom of low desire in post menopausal women to both Joint Formularies in accordance with the recommendations included in NICE Guideline 23 i.e. if HRT alone is not effective.
- GPs may continue therapy after initiation and stabilisation by a clinician with expertise in the treatment of the menopause (Defined as a Consultant Endocrinologist/Gynaecologist or a primary care clinician who has relevant experience and is clinically competent to prescribe).
- Notes to be added to each formulary to clarify the meaning of 'specialist' (see above).
- Fact sheet to be developed to assist GPs in taking over prescribing, including guidance regarding blood monitoring requirements and patient counselling.

#### NB :- No prescribing until fact sheet developed and agreed. (Due November 2021)

#### Formulary status: (To be added to both Joint Formularies)

- Bedfordshire & Luton Amber
- Milton Keynes Amber 3

### 3) Oestrogel® and Utrogestan®

The following Recommendations were agreed:-

 Oestrogel® and Utrogestan® to be added to the Bedfordshire and Luton Joint Formulary, as an additional Hormone Replacement Therapy option. Both products are already on the Milton Keynes Joint Formulary.

## Formulary status: (Added to Bedforshire & Luton formulary; already on MK formulary)

- Bedfordshire & Luton Green
- Milton Keynes Green (existing formulary status)

### 4) COPD Inhaler Review 2021

The following Recommendations were agreed:-

• Bevespi® and Trixeo® to be added to both Formularies – approved in accordance with the criteria outlined in the COPD Guidelines

#### Formulary status: (Bevespi® and Trixeo® added to both Joint Formularies)

- Bedfordshire & Luton Green
- Milton Keynes Green

#### 5) Trimbow – Licence Extension (to include asthma)

The following Recommendations were agreed:-

- Approve addition to the Formularies for the treatment of asthma initiation by specialist to be continued by GP.
- Change in traffic light status for the COPD indication from Amber to Green on the MK formulary (now suitable for GP initiation).

## Formulary status: Added to both Joint Formularies Asthma indication:

- o Bedfordshire & Luton Amber
- o Milton Keynes Amber 1

#### **COPD** indication:

- Bedfordshire & Luton Green (existing formulary status)
- Milton Keynes Green

## 6) Potassium Binders - Change in Formulary Traffic Light Status

The following Recommendations were agreed:-

• Patiromer formulary status changed from Amber to Red on the Bedfordshire & Luton Formulary (already Red on the Milton Keynes Formulary).

#### Formulary status: (change of Traffic light status)

- Bedfordshire & Luton Red
- Milton Keynes Red (existing formulary status)

#### 7) Budesonide 1 mg Orodispersible Tablet (Jorveza®)

The following Recommendation was agreed:\_

 Hospital only- prescribing for budesonide orodispersible tablets for induction of remission of eosinophilic oesophagitis (NICE TA 708)

NB: It is not recommended for maintenance of remission at the current time.

#### Formulary status: Added to both Joint Formularies

- Bedfordshire & Luton Red
- Milton Keynes Red

## 8) Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma

Chlormethine Gel 160 micrograms/g gel (Ledaga®). NICE TA720

The following recommendation was agreed:-

Hospital only prescribing (initiation of treatment will usually be in a tertiary centre).

#### Formulary status: Added to both Joint Formularies

- Bedfordshire and Luton Red
- Milton Keynes Red

# 9) Cinacalcet for the management of PRIMARY hyperparathyroidism in patients with severe hypercalcaemia awaiting surgery or deemed unfit for surgical management (New indication)

The following recommendations were agreed:-

To add cinacalcet for this new indication, to both joint formularies, with links to be added to the newly agreed shared care guideline.

#### Formulary status: Added to both Joint Formularies

- Bedfordshire and Luton Amber (shared care)
- Milton Keynes Amber (shared care)

#### **Formulary Maintenance**

Below is a summary of the Formulary maintenance amendments that were noted by the committee:-

#### **Summary of amendments:**

#### **Bedfordshire & Luton Joint Formulary**

- o Collagenase clostridium (Xiapex®) no longer available in the UK. Removed from Formulary.
- o Prochlorperazine buccal inadvertently deleted during Formulary merger. Added (Green traffic light).
- My Life Pura test strips discontinued. 4Sure strips removed from the blood glucose and ketone sections but meter left in the Dual meter section (Prescribing Committee Decision).
- Varicella zoster immunoglobulin (VZIG)/Hep B Immunoglobulin process to obtain supplies to be clarified on the Formulary. Process confirmed and wording updated in the relevant formulary entry.
- Oral Pilocarpine removed from the Formulary during the Formulary merger process as it was thought that this was no longer used. Confirmation has been received from the Rheumatologists that it is occasionally prescribed for patients with Sjogren's syndrome. It is prescribed via the FP10 HP route and then passed to the GP to continue prescribing. Added back on to the Formulary with an Amber designation.

#### **Milton Keynes Joint Formulary**

Liothyronine (oral) – advice issued by RMOC was considered by MKPAG in 2019 and MKPAG guidance updated but the Formulary entry was not updated at the time. Chairman's action – MKPAG agreed to update the Formulary page in accordance with the MKPAG advise.

### **BLMK ICS – Individual Acute Trusts Drug and Therapeutic Committee Formulary Updates**

Each Drugs and Therapeutics formulary related decisions are noted for information:-

#### **Bedfordshire Hospitals NHS Foundation Trust**

- Pegaspargase (Oncasper®) moved from Non-Formulary to Formulary (NICE TA)
- Ronapreve® (casirivimab + imdevimab) Covid 19 treatment

#### Milton Keyes University Hospital NHS Foundation Trust

• Ronapreve® (casirivimab + imdevimab) – Covid 19 treatment

### Wound care Management Group (a subgroup of the APC): Update

The following addititions to the wound care formulary were agreed (and ratified by the APC):-

• To add Eakin Wound Drainage Pouches

The Sub group also noted: The foam dressings available via the NHS Supply Chain is being amended from 1<sup>st</sup> November – no significant impact expected.

#### **NICE updates**

## Joint Formulary updates following publication of NICE Technology Appraisal Guidance

#### CCG Commissioned

The following CCG commissioned items have received positive NICE TAs and have been added to the Joint formularies as a result. If the item is already on the Joint Formularies, the existing entries have been updated where applicable.

- Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitisTechnology appraisal guidance [TA708] Published: 23 June 2021 https://www.nice.org.uk/guidance/ta708.
- Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs, Technology appraisal guidance [TA711] Published: 30 June 2021 https://www.nice.org.uk/guidance/ta711
- Dabigatran etexilate for the prevention of stroke and systemic embolism in atrial fibrillation,
   Technology appraisal guidance [TA249]Published: 15 March 2012 Last updated: 02 July 2021.
   <a href="https://www.nice.org.uk/quidance/ta249">https://www.nice.org.uk/quidance/ta249</a>
- Rivaroxaban for the prevention of stroke and systemic embolism in people with atrial fibrillation, Technology appraisal guidance [TA256]Published: 23 May 2012 Last updated: 02 July 2021. https://www.nice.org.uk/guidance/ta256
- Apixaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation, Technology appraisal guidance [TA275]Published: 27 February 2013 Last updated: 02 July 2021. https://www.nice.org.uk/guidance/ta275
- Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation, Technology appraisal guidance [TA355]Published: 23 September 2015 Last updated: 02 July 2021. https://www.nice.org.uk/guidance/ta355
- Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed, Technology appraisal guidance [TA715]Published: 14 July 2021. <a href="https://www.nice.org.uk/guidance/ta715">https://www.nice.org.uk/guidance/ta715</a>
- Secukinumab for treating non-radiographic axial spondyloarthritis, Technology appraisal guidance [TA719]Published: 21 July 2021. <a href="https://www.nice.org.uk/guidance/ta719">https://www.nice.org.uk/guidance/ta719</a>
- Ixekizumab for treating axial spondyloarthritis, Technology appraisal guidance [TA718]Published: 21
   July 2021. <a href="https://www.nice.org.uk/guidance/ta718">https://www.nice.org.uk/guidance/ta718</a>
- Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome
- Technology appraisal guidance [TA139]Published: 26 March 2008 Last updated: 20 August 2021. https://www.nice.org.uk/guidance/ta139
- Bimekizumab for treating moderate to severe plaque psoriasis
   Technology appraisal guidance [TA723]Published: 01 September 2021
   https://www.nice.org.uk/guidance/ta723

#### **NHSE Commissioned**

The following NHSE commissioned items have received positive NICE TAs and have been **added** to the Joint formularies as a result:- All of these drugs below have a **RED formulary status**: To be prescribed in secondary care by a specialist; **No GP Prescribing**.

 Pembrolizumab for untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency. Technology appraisal guidance [TA709] Published: 23 June 2021 https://www.nice.org.uk/guidance/ta709

- Ravulizumab for treating atypical haemolytic uraemic syndrome, Technology appraisal guidance [TA710] Published: 23 June 2021 https://www.nice.org.uk/guidance/ta710
- Nivolumab for advanced non-squamous non-small-cell lung cancer after chemotherapy, Technology appraisal guidance [TA713]Published: 07 July 2021. https://www.nice.org.uk/guidance/ta713
- Enzalutamide for treating hormone-sensitive metastatic prostate cancer, Technology appraisal guidance [TA712]Published: 07 July 2021. https://www.nice.org.uk/guidance/ta712
- Onasemnogene abeparvovec for treating spinal muscular atrophy, Highly specialised technologies guidance, Reference number: HST15, Published: 07 July 2021.
   <a href="https://www.nice.org.uk/guidance/hst15">https://www.nice.org.uk/guidance/hst15</a>
   **NB: NB:** This has been added to the MK Formulary but not added to Beds & Luton Formulary.
- Nivolumab with ipilimumab for previously treated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency. Technology appraisal guidance [TA716]Published: 28 July 2021.
  - https://www.nice.org.uk/guidance/ta716
- Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement Technology appraisal guidance [TA722]Published: 25 August 2021 https://www.nice.org.uk/guidance/ta722
- Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma Technology appraisal guidance [TA720]Published: 18 August 2021 https://www.nice.org.uk/guidance/ta720
- Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy Technology appraisal guidance [TA725]Published: 15 September 2021 <a href="https://www.nice.org.uk/guidance/ta725">https://www.nice.org.uk/guidance/ta725</a> NB: link removed to TA579 and replaced by TA725.

## Dates for BLMK APC Formulary Subgroup 2021/22 Meetings:

Tuesday 9<sup>th</sup> November 2021 - 12.30 - 15:00
Tuesday 8th February 2022 - 12.30 - 15:00
Tuesday 19th April 2022 - 12.30 - 15:00
Tuesday 7<sup>th</sup> June 2022 - 12.30 - 15:00
Tuesday 6<sup>th</sup> September 2022 - 12.30 - 15:00
Tuesday 15<sup>th</sup> November 2022 - 12.30 - 15:00