Bedfordshire, Luton and Milton Keynes Area Prescribing Committee – Formulary Subgroup meeting
Final Meeting Notes

Date: 7th June 2022
Time: 12.30- 3.00pm
Venue: Microsoft Teams

The following organisations contribute to and participate in the BLMK APC – 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

Name	Initial	Role	Present	Absent
Dr John Fsadni	JF	GP (Retired), Committee Chair	✓	
Taiya Large	TL	Professional Secretary/Commissioning Lead Pharmacist, NHS BLMK CCG	✓	
Candy Chow	CC	Hospital Pharmacy Representative, Milton Keynes University Hospital Trust	✓	
Suraiya Chandratillake	SC	ELFT Pharmacy Representative – Community Services (Beds)/Mental Health Services (Beds and Luton)		✓
Anshu Rayan	AR	CNWL Pharmacy Representative (Community and Mental Health Services Milton Keynes)		✓
Dr Mya Aye	MA	Medical Representative, Milton Keynes University Hospital		✓
Dr Eleanor Tyagi	ET	Medical Representative, Milton Keynes University Hospital	✓	
Carole Jellicoe	CJ	Nurse and Non Medical Prescribing Representative (Secondary Care)		✓
Dr Muhammad Nisar	MN	Medical Representative, Bedfordshire Hospitals NHS Foundation Trust	✓	
Nikki Woodhall	NW	Formulary Lead Pharmacy Technician, BLMK CCG		✓
Dr Kate Randall	KR	GP Representative, Bedfordshire and Luton		✓
Dr Jenny Wilson	JW	GP Representative, Bedfordshire and Luton		✓
Reginald Akaruese	RA	CNWL Pharmacy Representative (Community and Mental Health Services Milton Keynes)	✓	
Reena Pankhania	RP	Pharmacy Representative, Bedfordshire Hospitals NHS Foundation Trust	✓	
Mojisola Adebajo	MA	Place Based Lead Pharmacist		✓
Matt Davies	MD	Place Based Lead Pharmacist	✓	
Alex Hill	AH	Community Pharmacy Representative	✓	
Dr Dush Mital	DM	Medical Representative, Milton Keynes University Hospital NHS Trust		✓
Yolanda Abunga	YA	Pharmacist Representative, Cambridgeshire Community Health Services	✓	
Marian Chan	MC	Consultant, Bedfordshire Hospitals NHS Foundation Trust	✓ From 2pm	
Lindsay Mackenzie (deputises Jenny Wilson)	LM	GP Representative	✓	
Naomi Currie	NC	Place Based Lead Pharmacist	✓	
Richard Simpson	RS	GP Representative– Milton Keynes		✓
Nigel Fagan (deputises RS)	NF	GP Representative– Milton Keynes		✓
Anne Graeff	AG	Commissioning lead Pharmacist	✓	

Joy Mooring	JM	Primary Care Specialist Pharmacy Technician, BLMK	✓	
Dona Wingfield	DW	Commissioning lead Pharmacist	✓ From 1pm	
Sandra McGroarty	SMc	Commissioning lead Pharmacist	✓	
Karli Hart	KH	Pharmacy Procurement Technician Milton Keynes University Hospital NHS Foundation Trust	✓	
Jennis Cain	JC	Luton Place Based Team Coordinator, BLMK	✓	
Miranda Olding	MO	RGN MSCN Clinical Nurse Specialist in MS, Bedfordshire community health services for Item 5.5	✓	
Iffah Salim	IS	Interim Tower Hamlets Lead Pharmacist CAMHS for Item 5.6	✓	

No	Agenda Item	Action
1.	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the meeting. The meeting was confirmed as quorate.	
2.	**Declarations of Interest** All annual written declarations of interests were up to date. The Chair invited the members to reconfirm their current declarations on the Register of Interests and advise of any new declarations. All members confirmed their declarations were accurate and up to date. The Chair invited members to declare any declarations relating to matters on the Agenda. All members confirmed they had no declarations in relation to matters on the Agenda.	
3.	**Minutes of the previous meeting** The April 2022 FSG meeting notes were approved.	
4.	**Action Log** 00 BLMK Formulary Subgroup Action log	
5.	**Items for consideration**	

No	Agenda Item	Action
5.1	**Otigo** • The NICE guidelines[1] "Otitis media (acute): antimicrobial prescribing" (NG91) were updated in March 2022 to include a new recommendation to consider prescribing eardrops containing an anaesthetic and an analgesic because a licensed preparation is now available in the UK. • "An eardrop containing anaesthetic and analgesic should be **considered** for pain relief if an immediate oral antibiotic prescription is not given and there is no eardrum perforation or otorrhoea". • Otigo is the only UK licensed product available for this indication and is a prescription only medicine (POM). • Otigo is only indicated for individuals who do not receive immediate antibiotics, Venekamp *et al*. (2014) found that 87% of children presenting with acute otitis media are prescribed immediate antibiotics[4]. Assuming the availability of an alternative (non-antibiotic) treatment option is available leads to a drop in antibiotic prescribing (to ~70%) and that all other patients are prescribed Otigo eardrops the potential cost pressure would be up to £96,000 / year (large overestimate, which does not account for any reduction in antimicrobial prescribing as it is impossible to quantify) • There was little support from the committee due to lack of robust evidence – the CEDAR trial was conducted with small numbers of patients and the anaesthetic used was different to the one contained within Otigo. Evidence to support reduction in antibiotic prescribing is weak. Concerns were also raised about Otigo being a POM medicine, rather than available to buy OTC (which is the case for similar products in other countries). • RP mentioned some interest in secondary care, but unlikely to be used for otitis media indication which tends to be seen mostly in primary care. RP to gather information and share. • Decision went to vote – 3 in favour, all other members not in favour. • **Decision: Otigo to be placed Non-Formulary (BLACK/RedRed) not supported for prescribing.**	RP TL/CC
5.2	**Potassium Permanganate** • Used to form an astringent and antiseptic solution to treat weeping, exuding or for blistered skin that requires drying, principal usage is for leg/foot ulcers. • Usage is low, approx. 52 issues per year across BLMK in Primary Care. Secondary care also prescribe very little. • NPSA alert April 2022 – inadvertent oral administration of potassium permanganate *https://www.england.nhs.uk/publication/national-patient-safety-alert-inadvertent-oral-administration-of-potassium-permanganate/* • Scriptswitch and Optimise messages already deployed to highlight risks to prescribers • Milton Keynes dermatology specialist wishes to retain on Formulary as good effect seen for severe leg ulcers. • Other comments included that this risk is not isolated to Potassium Permanganate alone. • **Decision: Retain potassium permanganate on Formulary & optimise safety messaging on all platforms (Formulary/SS/Orx/Newsletters) to highlight the risk.** Action: TL to feed back to meds safety groups RE decision	TL/CC/ NW

No	Agenda Item	Action
		TL
5.3	**Gonadorelins Formulary Review** Review of gonadorelins on Formularies conducted. Currently the most used brand is Zoladex, with rebates in operation (Beds and MK rebate due to end June 2022 but NW is in discussion with company for potential new BLMK wide rebate). There is also a rebate in operation for Prostap. Licensing status for the different brands varies greatly, therefore a table has been created for publication to aid prescribers in selecting the appropriate brand for the indication in question (see paper) It was proposed that all gonadorelins are added to Formularies until such time as rebates end/generics become available, at which point individual therapies will be reviewed in light of possible cost savings. LM highlighted difference in ease of administration and the need to consider patient self-administration e.g. Prostap for gender dysphoria – patients self-administer. Zoladex requires a trained nurse to administer. Emergence of nursing associates raises questions about what they will be able to administer as they are restricted to only giving injectables (Zoladex classed as an implant). If self-administration is considered, monitoring processes would need to be robust. Gonadorelins have historically been added to MK Formulary as Green, in part possibly to facilitate a locally enhanced service which has now closed as gonadorelins have become more commonplace. Green also helped to avoid secondary care appointments where indication was clear. Noting that GPs would generally not initiate without specialist recommendation, the committee concluded that Amber 1 would be more reflective of current practice DW highlighted a review of GP LES to standardise payment for activity within the LES (current variations in payment across BLMK) – gonadorelins are included in this. **Decision: Add all gonadorelin products to Formularies as Amber/Amber 1 with link to Table 1: Licensed indications** Action: TL to feed back to Pharma Rep Cliff RE decision (triptorelins) Add review of generics and rebates to the workplan	TL/CC TL
5.4	**Buccal midazolam Formulary Review** • Safety issues highlighted with errors in prescribing – brand selection error and prescriptions for part doses from Pre-filled syringes (PFS) • Current guidance recommends Buccolam 1st line as licensed & that it should be prescribed by brand • Epistatus PFS are available on Formulary as unlicensed special – brands are not interchangeable, Epistatus is twice as potent as Buccolam (10mg/mL PFS is the only licensed Epistatus product) • Epistatus multi dose bottle (unlicensed) is non-formulary but is used for patients for whom the standard dosages from PFS (2.5mg/5mg/7.5mg/10mg) are not suitable • Epistatus multi dose bottle also available on MK Formulary for paediatric sedative pre-op and is also used in emergency trays at MKUH (not used at Bedfordshire Hospitals Trust). **Decisions:**	

No	Agenda Item	Action
	• **Add Epistatus multi dose bottle to Formularies (unlicensed) for use where non-standard dosing is required (Amber 1/Amber).** • **Separate entry for Milton Keynes Formulary to reflect RED uses of Epistatus multi dose bottle (pre-op and emergency trays).** • **Move all Epistatus PFS strengths to Non-Formulary, existing patients only – Buccolam to be used as first line product.** • **JPC Bulletin 155 to be reviewed and updated and taken through APC**	TL/CC
5.5	**Tizanidine for spasticity in multiple sclerosis** • Tizanidine is licensed for the treatment of spasticity in MS and is recommended by NICE as a 2nd line option • Across BLMK annual primary care annual usage approx. £25,000 (for 2mg and 4mg) • Seeking addition to the Formularies to remove barriers to access • Proposing to add as Amber/Amber3 – specialist initiates and stabilises then GP continues • The 4mg tablet is much more expensive vs the 2mg tablet (Drug Tariff), even when doubling up (Drug tariff) therefore only 2mg to be included in Formulary. • Some BLMK patients are on 4mg – SS/Orx messaging to dissuade prescribers from giving this strength • For MK hospital contracts 120 pack 2mg £7.82 4mg £8.50 • Majority of patients on max 12mg a day so pill burden is not significant by using only 2mg • **Decisions:** • **Add 2mg tizanidine to Formularies (Amber/Amber 3)** • **Generate SS/Orx messaging for 4mg tablets to discourage prescribing due to cost**	JM/NW TL/CC
5.6	**Agomelatine for depression** • Agomelatine has been on the market since 2014. It is available to prescribe within ELFT as an option for major depressive disorder where other antidepressants have not been tolerated and/ or ineffective • Dose range 25mg to 50mg. • Capacity issues for ELFT – they cannot see acute patients in a timely way due to retaining stable patients on their list. • The Maudsley pathway does include Agomelatine as a third line option after two ineffective antidepressant treatments • The proposal to BMLK is that during initiation and maintenance the prescribing would be completed by secondary care. The monitoring can be completed by secondary care and/ or primary care depending upon the service set up in the various localities. Once in the maintenance phase after the 24-week mark, on-going prescribing and 6 monthly FBC/LFT monitoring would be completed by the GP. On-going review of Agomelatine therapy would remain the responsibility of secondary care. • Other CCGs – wide variety of decisions (Black, Amb2, Amb3, Red). • Liver function testing is frequent – 3/6/12 and 24 weeks and "regularly" thereafter. • It was highlighted that patients are needing to go back to ELFT for their prescriptions as ELFT do not post and do not have e-prescribing systems. • IS proposed use of risk-minimisation materials in place of a SCG. Others were in favour of a SCG, as there are only a few patients it was thought that a SCG may mean less rejection of prescribing by	

<table>
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<tr><td></td><td>GPs and help with confidence in prescribing. SMc highlighted that there were SCGs in place for other low use items on Formulary.
• LM raised that if numbers are very low would there be any need to move patients to prescribing by GPs. It was agreed that numbers of patients currently being prescribed agomelatine regularly by ELFT needs to be clarified.
•
• IS mentioned that a Formulary review is underway and other applications may come to the committee for similar – specific mention of Depot antipsychotics.

Decision: RED position on Formularies pending further discussions on patient numbers and need for Shard Care. IS to clarify the number of patients currently being prescribed agomelatine regularly by ELFT.
NB: Milton Keynes Formulary to be updated from NF to Red</td><td>CC</td></tr>
<tr><td>5.7</td><td>Actimorph

• Actimorph is a new Oro-dispersible morphine immediate release tablet launched in March 2022, as a potential cost-effective alternative to Oramorph Solution or Sevredol Tablets
• There were some concerns by local Trusts over Actimorph® (morphine sulfate orodispersible tablet) as a complete replacement on the formulary as it is a schedule 2 drug, whereas morphine oral solution 10mg/5mL (Oramorph) is schedule 5, with regards to storage and administration of these products.
• Therefore, the recommendation would be to add Actimorph as an addition to the formulary rather than a complete replacement.
• Potential for illegal sale/misuse raised as a concern as tablets are more marketable than liquids. This is covered by the schedule 2 status.
• Noted that secondary care may be reluctant to select it first line over Oramorph as it is labour intensive for nurses to sign S2 CDs out of the cupboard (S5 CDs including oramorph can be kept in the drugs trolley on the ward).
• Criteria for use of each product suggested, however the committee concluded that selection can be individualised to a patient and that most GPs would be happy to switch from Oramorph to Actimorph where needed.

Decision: Add Actimorph to both Formularies as an additional option, with Oramorph to remain on Formulary (GREEN)</td><td>TL/CC</td></tr>
<tr><td>AOB</td><td>Narcolepsy and cataplexy
• Narcolepsy and cataplexy EoE PAC sodium oxybate guidance was approved for use Jan 2021. Within this PAC guidance, other medications as per the table below were included but not formally ratified for use.
• Solriamfetol for narcolepsy NICE TA758 – recommended only if modafinil and either dexamfetamine or methylphenidate have not worked well enough or are not suitable.
<table>
<tr><th></th><th>First line</th><th>Second line</th><th>Third line</th></tr>
<tr><td>Excessive daytime sleepiness</td><td>Modafinil</td><td>Dexamphetamine
Methylphenidate (immediate or prolonged release)</td><td></td></tr>
<tr><td>Cataplexy</td><td>Clomipramine</td><td>Venlafaxine
SSRIs</td><td>Sodium oxybate</td></tr>
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No	Agenda Item	Action
	Decisions: • **Modafinil - Non-Formulary to Amber SCG** • **Methylphenidate, Dexamfetamine – Amber SCG** • **Clomipramine, venlafaxine – Amber / Amber 3** • **BLMK is located between 3 tertiary sleep centres (Papworth, Guy's & Leicester) which have different SCGs – to use SCG from which the patient was referred in the interim.** • **Post meeting update: Oxford is also a sleep centre with a SCG** **Progesterone pessaries breach** • BLMK CCG made aware of a breach in prescribing. Patient sent to GP for continuation of progesterone pessaries (RED Formulary status) from EPAU. • A reminder that RED drugs are not for prescribing in Primary care and any breaches will be treated as an incident • Other CCGs have moved progesterone pessaries to Amber – for future review • Further discussion - updated RCOG guidance to be reviewed. Highlighted it is not clear that patients need to have a uterine pregnancy confirmed via scan. Possibly some patients being prescribed in primary care prior to receiving a scan. Further discussions within Medication Safety workstreams around this. • Need for robust breach process highlighted – to take forward as a project with secondary care. **Decision: Retain RED Formulary status until further review** **Chlordiazepoxide (Librium) warning (for noting)** • "The MHRA has been made aware of concerns raised following changes to the product information for chlordiazepoxide (Librium) regarding a possible genotoxicity risk and contraception requirements for males and females. This relates to recent implementation of the European Medicines Agency's SWP recommendations in relation to genotoxic medicines. • Approx 61 patients in BLMK being prescribed chlordiazepoxide • Healthcare professionals should continue to use current clinical guidelines while this issue is being evaluated. **Minor Formulary updates (for noting)** • Sitagliptin now first line DPP4 inhibitor in line with current PIS • Haloperidol 500mcg tablets removed due to large price rise. Now recommending oral solution as alternative • Rinatec has updated brand name to Rinaspray – Formulary updated (currently unavailable) • Elleste Solo MX patches have been discontinued **Future meetings:** • **Tuesday 6th September 2022 - 12.30-3 pm** • **Tuesday 15th November 2022 - 12.30-3 pm**	TL/CC TL/DW

Approval of minutes:
Chair: Dr John Fsadni

Signed: 

Date: 8th September 2022