

**Bedfordshire, Luton and Milton Keynes Area Prescribing Committee – Formulary  
Subgroup meeting  
Final Meeting Notes – November 2022**

Date: 15<sup>th</sup> Nov 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 ICB	✓	
Janet Corbett	JC	Pharmacy Programme Manager MKUH	✓	
Saema Arain	SA	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 ICB	✓	
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	✓	
Lindsay Mackenzie (deputises Jenny Wilson)	LM	GP Representative		✓
Naomi Currie	NC	Place Based Lead Pharmacist		✓
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	Medicines Use and Quality Manager, Bedfordshire Hospitals NHS Foundation Trust	✓	
Sandra McGroarty	SMc	Commissioning lead Pharmacist	✓	
Karli Hart	KH	Pharmacy Procurement Technician Milton Keynes University Hospital NHS Foundation Trust		✓
Raye Summers	RS	Admin support	✓	
Iffah Salim	IS	Interim Tower Hamlets Lead Pharmacist CAMHS for Item 5.6	✓	
Jacqueline Clayton	JC	Commissioning lead pharmacist		✓
Nicholas Beason	NB	Procurement technician MKUH		✓
Rebecca Papadopoulos	RB	For item 5.9	✓ From 2pm	
Aneet Judge	AJ	For items 5.13 & 5.14	✓	
Alisha Gandhi	AGa	Place based pharmacist – Luton	✓	
Eleanor Land	EL	For items 5.13 & 5.14	✓	

## Summary of acronyms used in the document

Acronym	Explanation
MKF	Milton Keynes Formulary
B&LF	Bedfordshire and Luton Formulary
FSG	Formulary subgroup
SS/Orx	Scriptswitch/Optimise GP messages
SCG	Shared care guidance

No	Agenda Item	Action
1.	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair welcomed everyone to the meeting.</p> <p>The meeting was confirmed as quorate.</p>	
2.	<p><b>Declarations of Interest</b></p> <p>All annual written declarations of interests are up to date.</p> <p>The Chair invited members to declare any declarations relating to matters on the Agenda.</p> <p>AJ declared a non-financial personal interest in two agenda items and confirmed the DOI declaration has been submitted for records.</p>	
3.	<p><b>Minutes of the previous meeting</b></p> <p>The September 2022 FSG meeting notes were approved.</p>	
4.	<p><b>Action Log</b></p> <p></p> <p>00 BLMK Formulary Subgroup Action log I</p>	

No	Agenda Item	Action
5.	<b>Items for consideration</b>	
5.1	<p>Removal of canakinumab from Milton Keynes Formulary</p> <p>Canakinumab is listed on the MKF however a review identified that there is no prescribing of the drug therefore request to remove to align with B&amp;L.</p> <p>Action: Remove canakinumab entry from MKF</p>	JC
5.2	<p>Colchicine for acute gout designation change</p> <p>Request received to change the designation from Amber to Green for gout to align MKF with B&amp;LF. Green is also more reflective of current practice therefore the change was approved.</p> <p>It was noted that MK also has a pericarditis indication on Formulary, which remains Red.</p> <p>Care should be taken to select the correct quantity when prescribing, as there are two options – one for an acute short course and one for prophylaxis use which is longer term.</p> <p>The group noted the useful information on the MKF and it was proposed that this be duplicated on to the B&amp;LF.</p> <p>Action: Explore SS/Orx messaging to highlight the differences in acute and prophylactic prescribing Action: Amend MKF entry to Green Action: Apply MKF wording to the B&amp;L entry</p>	NW/EH/TL JC TL
5.3	<p>Febuxostat for gout designation change</p> <p>NICE guidance for management of gout was published in June 2022. The recommendations included febuxostat as joint first line therapy for treatment of gout alongside allopurinol.</p> <p>The cost difference between the two medications has also reduced.</p> <p>The group noted that titration and prescribing is straightforward and febuxostat was moved from Amber to Green.</p>	

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	<p>Concerns around cardiovascular risks and safety alerts associated with the medication were raised, therefore the following were recommended:</p> <p>-Action: Link all relevant alerts to the formulary monograph  <i>1. MHRA/CHM advice: Serious hypersensitivity reactions (June 2012)</i>  <i>2. MHRA/CHM advice: Febuxostat (Adenuric®): increased risk of cardiovascular death and all-cause mortality in clinical trial in patients with a history of major cardiovascular disease (July 2019)</i></p> <p>-Action: Notation of the entry to signpost patients at risk of major cardiovascular disease to allopurinol rather than febuxostat as first line as per NICE recommendations</p> <p>Action: Amend febuxostat from Amber/Amber2 to Green on the Formularies</p>	JC/TL
5.4	<p>Flurbiprofen removal from Formulary</p> <p>Request to remove flurbiprofen from the MK formulary was approved. There is no prescribing of the medication according to data.</p> <p>Action: Remove flurbiprofen from MK formulary</p>	JC
5.5	<p>Fixkoh Airmaster for asthma and COPD</p> <p>Fixkoh was presented as a cost-effective alternative to Seretide accuhalers. It was noted that:</p> <p>-For new patients, fluticasone/salmeterol is not a preferred first line option anymore and these inhaler combinations are no longer included in BLMK guidelines.</p> <p>-For existing patients, based on previous projects it is difficult to switch patients as Seretide is a trusted brand for them</p> <p>-Possible opportunistic switch for willing patients (expected to be few) or those on a MDI who may want a more environmentally friendly DPI choice (lower carbon footprint)</p> <p>AH confirmed that only the highest strength is currently available to order via the wholesalers.</p> <p>DW raised that there is usage of inhaler therapies within BHFT.</p> <p>The group concluded there were no significant cost saving to be made as there is no clear place for Fixkoh on the Formulary.</p>	

No	Agenda Item	Action
	Action: Place Fixkoh in the Non-Formulary section on both formularies	JC/TL
5.6	<p>Mefenamic acid for menorrhagia and dysmenorrhea designation change</p> <p>Request received to amend the traffic light from Amber2 to Green. Concerns in relation to GI bleed and cardiovascular risks were discussed. JC confirmed check of yellow card data afforded no additional concerns over other NSAIDs.</p> <p>The group agreed it would be restricted to first line use only in patients that require a reduction in blood flow, e.g. patient with both menorrhagia and dysmenorrhea and noted it would be for short term use.</p> <p>The group also noted that there was a significant difference between tablets(63p each) and capsules (25p each) therefore only the capsules would be included as a cost effective choice. NW noted this may change subject to drug tariff prices and categories.</p> <p>It was noted that the capsules may not be acceptable to vegans, therefore the tablets could be considered under this exception where necessary. Numbers are expected to be low.</p> <p>Request to amend mefenamic acid capsules from Amber2 to Green on MKF was approved.</p> <p>Action: Amend mefenamic Amber 2 to Green on MKF Action: Add mefenamic wording from MKF to B&amp;LF.</p>	TL/JC
5.7	<p>Ulcerative colitis/Cortiment</p> <p><i>Deferred to February meeting</i></p> <p>Action: TL to contact author to re-arrange</p>	TL
5.8	<p>Trurapi biosimilar insulin aspart</p> <p>Trurapi is a biosimilar insulin aspart with close similarity to Novorapid, with a 30% cost saving over the originator brand. Although the look, device operation &amp; pharmacokinetics are highly similar, the group noted the requirement for closer monitoring of glucose following a switch as some patients may respond differently to the biosimilar. This requirement dissuaded the group from active switching due to the number of patients</p>	

No	Agenda Item	Action
	<p>on Novorapid. Therefore, the Formularies will recommend Trurapi as the preferred option for new patients, with opportunistic switching of existing patients where appropriate. Novorapid will remain on the Formulary alongside.</p> <p>The group were also made aware of a shortage of Novorapid flexpens, expected to last until 22<sup>nd</sup> November. Trurapi was added to the Formularies by chair action on 9.11.22 to allow prescribing of this alternative insulin for patients who could not source their usual Novorapid. BLMK have approximately 1,500 patients prescribed the Novorapid Flexipen and Pharmacies were already reporting no stock via the WhatsApp groups. The decision to send out a rapid communication and use the biosimilar was necessary to ensure patients weren't left without insulin, and this is the sole reason we have deviated from our governance process. This was necessary in Primary Care, but may not be necessary in the trust as they can use vials/other preparations.</p> <p>DW Trusts explored Fiasp and Humalog as alternatives to manage the shortage and highlighted that uptake in secondary care is likely to be phased, as risk assessments required for use on wards (and risk of picking error) and this process adheres to their Trust governance process.</p> <p>DM Several Trusts now introducing mandatory insulin training due to incidents. Further guidance needed for monitoring and prescribing.</p> <p>Trurapi have stated that only a partial uplift in demand could be supported therefore active switch not suitable as market may destabilise.</p> <p>NW confirmed that guidance for prescribers on the shortage has been deployed through SS/Orx messaging</p> <p>The group concluded there is a need for an implementation plan going forward, with a phased approach.</p> <p>Action: Add Trurapi to the Formularies (Green) with further discussion on implementation across BLMK between primary care/Medicines Optimisation team and secondary care</p>	<p>TL/JC</p>
5.9	<p>Softacort eye drops for dry eyes</p> <p>Softacort eye drops contain a weak steroid (hydrocortisone). It has the benefits of having a lower impact on intraocular pressure through a reduction in corneal penetration. It is also preservative free.</p>	

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	<p>Alternative product is prednisolone 0.5% however this is stronger and more expensive.</p> <p>Duration of use was discussed, and assurance was given that duration and stop date would be specified on the letters. This will avoid patients in primary care receiving it long term on repeat inappropriately.</p> <p>Softacort is already on B&amp;LF so request is to add as Amber 3 to MKF. The request was approved.</p> <p>Action: Add Softacort to MKF as Amber 3</p>	JC
5.10	<p>Azathioprine SCG for MK</p> <p>The MK azathioprine and mercaptopurine SCG for inflammatory bowel disease was updated to include the additional indication of autoimmune hepatitis patients as an interim measure until such time as the national RMOC SCG is reviewed and adopted for use in BLMK.</p> <p>A request was received from a GP raising concerns about the process for hypersensitivity management and lack of specificity for monitoring frequency. Request also for contact details to be included. JC and DW to review the document in light of comments received.</p> <p>MC raised that the helpline in secondary care will not always be manned and therefore enquirers may not receive an immediate response when contacting specialist teams.</p> <p>DW has circulated the SCG to B&amp;L gastroenterology specialists as there is also a need for the indication to be under SCG there. DW confirmed that the consultants accepted the proposed adoption of the MK SCG with retirement of the Beds and Luton ones.</p> <p>Action: DW and JC to liaise and produce a single unified version of the SCG on the latest BLMK template. Final version will be virtually ratified.</p>	DW/JC
5.11	<p>Ethinylestradiol 30 mcg / drospirenone 3 mg tablets for contraception</p> <p>Request to amend the designation on B&amp;LF from Red and remove wording to stipulate Yasmin and associated brands can only be prescribed by Luton sexual Health Clinic. (NB: Amber2 on MKF)</p>	

No	Agenda Item	Action
	<p>Restrictions were thought to be associated with venous thromboembolism risk (similar risk level to 3<sup>rd</sup> generation Combined oral contraceptives (COCs) e.g. Femodene, which are Green on the Formularies) and a legacy from the origins of the formulary within the Luton and Dunstable Hospital.</p> <p>UKMEC categorises VTE risk for this COC in the same group as others. <a href="https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/">https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/</a></p> <p>JW Reported first line use for patients who are prone to acne and second line use where the second generation COCs are not tolerated.</p> <p>Other brands include Yinzell and Lucette The different products should be prescribed by brand name due to differences in formulation (e.g. Lucette is not suitable in peanut allergy). Yinzell is the most cost-effective however it was noted that the company is small so supply may be a problem if widely used.</p> <p>DM – Sexual health clinics in BLMK are provided by Cambridge Community Services (CCS). Do we liaise with CCS about the decisions? What is the TOR when providers are not locally based? Concerns re overcharging. Monitor pricing and bulk purchasing. MK SHC courier service from outside of MK for medicines supply. Need unified pricing for all of BLMK.</p> <p>JC: Review CCS contract to see if obligation to prescribe in line with BLMK Formulary. Contracts team to review/advise.</p> <p>Action: To amend ethinylestradiol 30 mcg / drospirenone 3 mg tablets on the Formularies to Green, with wording to advise brand prescribing and information about cost-effective choice</p> <p>Action: Produce SS/Orx messages with advice for prescribing and cost-effective brand choices</p> <p>Action: Add review of COCs to workplan (NB: JW able to assist with review)</p>	<p>JC/TL</p> <p>NW/EH/TL</p> <p>TL</p>
5.12	<p>Norditropin growth hormone designation change</p> <p>Request to change the designation of norditropin growth hormone on the Formularies from Red to Amber/Amber3. The main driver for the application is capacity issues within MKUH to retain these patients.</p> <p>Norditropin was noted anecdotally to be more accepted by patients as the carrier does not result in as much stinging versus other preparations. Potential cost savings which were difficult to quantify however as data on stinging and acceptance rate has not been established. It was reported in the paper that an <i>estimate</i> of 4 patients in the last year needed to be switched from other brands of growth hormone due to stinging.</p> <p>The manufacturer also have a pen recycling scheme as additional environmental benefit.</p>	

No	Agenda Item	Action
	<p>There are a number of patients in MK who are receiving the preparation from their GP, outside of BLMK guidance, which stipulates this preparation is to be retained by secondary care due to a large cost difference for primary care in comparison to secondary care (£8 more per dose). This is in line with PAC recommendations.</p> <p>Bedford hospital supply norditropin via homecare with Pharma funding therefore no additional costs to the Trust. This was not felt to be an option for MKUH due to no capacity to run homecare service.</p> <p>Concerns were raised that Amber/Amber3 status would lead to an increase in secondary care initiations, resulting in a significant cost pressure for primary care. Approx. 90 patients have been prescribed norditropin across BLMK in the last 6 months outside of recommendation (Red on Formularies).</p> <p>The group concluded that existing patients may remain in primary care as to expedite back to secondary care would not be possible due to capacity issues.</p> <p>The application was not approved – remains red on the Formulary – any new patients must be retained in secondary care.</p> <p>Action: Explore possibility of rebate to price match norditropin within primary care to the secondary care price as this is the main barrier to the change</p>	NW
5.13 & 5.14	<p>Dexcom 1 application &amp; GlucoRx Aidex application</p> <p>Application to add two cost-effective real time continuous glucose monitors (rtCGM), available via FP10 prescription, to the Formularies. Funding has already been approved the ICS Transitional Interim Leadership Team and a working group formed to produce guidance on priority cohorts. The guidance is currently in circulation for comment by APC members.</p> <p>Until the guidance is finalised, specialists may initiate and decide on priority patients. Concerns were raised that GPs would initiate rtCGM if the devices are available on the Formulary however AJ confirmed that although prescribable on FP10, starter packs cannot be ordered in the community therefore primary care prescribers will have no access to these. Manufacturer is supplying starter packs directly to secondary care only.</p> <p>DW requested information in relation to the rollout – phased implementation by cohort? AJ provided detail on cohorts and the plan for implementation and indicated workforce as a limiting factor to uptake.</p> <p>S1, EPACT and AGEM CSU are able to run reports on FP10s to monitor and manage potential overspending in primary care.</p>	JC/TL

No	Agenda Item	Action
	Action: To add both devices to the Formularies Amber/Amber 3	
AOB	<p>Ephedrine 0.5% nasal drops have been removed from the Drug Tariff – therefore amend from Green to OTC on the Formularies. Action: To update formularies</p> <p>Hypromellose 0.3% eye drops were removed from the DT, resulting in a high cost increase for prescribing as an unspecified item. Evolve brand has now been listed as the Formulary choice to avoid high charges. Action: To update formularies &amp; confirm SS/Orx messaging in place</p> <p>Denosumab SCG – The group were requested to ratify some minor changes to the SCG. Removal of reference to eGFR and replace with CrCl &lt;30ml/min, as per the denosumab SPC and with signposting to tools to aid prescribers with the calculation of creatinine clearance, in the guidance and amend supply source for practices as Movianto no longer supply denosumab. The changes were approved. Discussion around reports of rejected vitamin D sampling at the lab – Action: MN and SMC to explore addition of tick box questions to ICE request template to clarify that the vitamin D request is for denosumab monitoring which should ensure the lab run the test.</p> <p><b>Future meetings:</b></p> <ul style="list-style-type: none"> <li>• <b>7<sup>th</sup> February 2023 12:30-3pm</b></li> <li>• <b>18<sup>th</sup> April 2023 12:30-3pm</b></li> <li>• <b>13<sup>th</sup> June 2023 12:30-3pm</b></li> <li>• <b>5<sup>th</sup> September 2023 12:30-3pm</b></li> <li>• <b>14<sup>th</sup> November 2023 12:30-3pm</b></li> </ul>	<p>JC/TL</p> <p>JC/TL</p> <p>MN/SMC</p>

**Approval of minutes:**

Chair: Dr John Fsadni

Signed: 

Date: 8<sup>th</sup> February 2023