

Bedfordshire, Luton and Milton Keynes Area Prescribing Committee – Formulary Subgroup meeting Final Meeting Notes – April 2023

Date: 18th April 2023
Time: 12.30 - 15.00pm
Venue: Microsoft Teams

The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes Integrated Care Board; 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	JCo	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	JWi	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 BLMK ICB	✓	

Matt Davies	MD	Place Based Lead Pharmacist BLCK ICB	✓	
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	✓	
Naomi Currie	NC	Place Based Lead Pharmacist BLMK ICB	✓ From 1:30	
Anne Graeff	AG	Commissioning lead Pharmacist BLMK ICB	✓	
Joy Mooring	JM	Primary Care Specialist Pharmacy Technician, BLMK ICB	✓	
Dona Wingfield	DW	Medicines Use and Quality Manager, Bedfordshire Hospitals NHS Foundation Trust	✓	
Iffah Salim	IS	Interim Tower Hamlets Lead Pharmacist, ELFT BLMK ICB		✓
Jacqueline Clayton	JCI	Commissioning lead pharmacist		✓
Nicholas Beason	NB	Procurement technician MKUH		✓
Jennis Cain	JCa	Administrative support BLMK ICB	✓	
Candy Chow	CC	Commissioning Lead Pharmacist BLMK ICB	✓	
Sandra McGroaty	SMc	Commissioning Pharmacist, BLMK ICB	✓ Until 2.00	
Jonathan Walter	JWa	Milton Keynes GP representative	✓ Until 2.00	
James Bursell	JB	For Item 5.1	✓	
Rebecca Papadopoulos	RPa	For item 5.7	✓	
Himabindu Gundapudi	HG	For item 5.10	✓	

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
1.	<p>Welcome, Introductions and Apologies</p> <p>Welcome James Bursell and Rebecca Papadopoulos for agenda items 5.1 and 5.7</p> <p>The group were notified of Muhammad Nisar's withdrawal from the Subgroup to support APC for 2023/24 and thanks were extended for his contribution and support to the group.</p> <p>The meeting was confirmed as quorate.</p>
2.	<p>Declarations of Interest</p> <p>Annual written declarations of interests – two outstanding, to be sent via email to JCa.</p> <p>Members were invited to declare any declarations relating to matters on the Agenda. There were no conflicts of interest raised.</p>
3.	<p>Minutes of the previous meeting</p> <p>The February 2023 FSG meeting notes were approved as accurate.</p>
4.	<p>Action Log</p> <p>Actions were noted in accordance with the action log</p> <p>1 – Liothyronine monitoring – now on rolling workstreams for pulling of data monthly. Close</p> <p>2 – Spironolactone monitoring – To add to workplan and close</p> <p>3 – Methotrexate 10mg active switching – Information disseminated via MK place meetings. Technician is currently working on a patient letter and involved in practice engagement. Reports of resistance from patients – key to explain safety risk. 10mg no longer on Formulary therefore cannot be prescribed.</p> <p>4-On agenda (Azathioprine SCG)</p> <p>5-Trurapi biosimilar insulin – low uptake of preparation and highly rejected switch in primary care. Discussions ongoing with secondary care as drive for the change likely to be mainly by specialists.</p> <p>6-Budelin Novolizer – For review and addition in line with other novolizers. To update formulary and close.</p> <p>7 – Norditropin – Ongoing shortage of preparation. Most patients have now been switched on to other preparations therefore no value in pursuing a price match with secondary care. To close.</p> <p>8 – Carbon footprints – Remains open, pending update to MKF</p> <p>9 – Minor amendments risk assessment grid – No longer required. To close.</p> <p>10 – Cortiment for use at Beds/Luton – Application to be taken forward by the Trust. To close on action log.</p>
5.	<p>Items for consideration</p>

No	Agenda Item
5.1	<p>Liraglutide for Type 2 diabetes and obesity in paediatrics</p> <p>Liraglutide use already established in adults for T2DM and is now part of national guidance for children going forward. (<u>ACDC</u> and soon <u>NICE</u>)</p> <p>Request from MKUH with support from L&D for inclusion of Saxenda and Victoza on the Formularies for paediatric use in obesity and type 2 diabetes.</p> <p>Currently, for T2DM, the only available treatments are insulin and metformin and some patients are resistant to therapy.</p> <p>For obesity, there is a new service within MKUH to support children who usually attend tertiary weight management centres. The specialist centres are requesting that MKUH prescribe liraglutide under their guidance. This will be more convenient for patients and will have a positive environmental impact as patients will no longer need to travel to Oxford to obtain treatment.</p> <p>Saxenda to be used from age 12 – for obesity and Victoza from age 10 – for T2DM (in accordance with the respective product licenses).</p> <p>Liraglutide is not a PBR excluded drug – Trusts absorb cost. Not expected to have significant impact on activity at the Trusts as patient numbers are small. General and divisional managers have been consulted with at MKUH and are in agreement.</p> <p>Patient Access Scheme (PAS) price for Saxenda expected to be the same as for adults when procured through the Trust systems.</p> <p>Duration of treatment for children is yet to be established (currently 2 years for adults) – many clinics are taking part in national pilots which will, as part of the service, gather further data on efficacy and establish a number of unknowns including duration of therapy.</p> <p>The group concluded a full SCG was not required for the use of liraglutide in paediatrics for Type 2 diabetes, however some supporting information would be beneficial for GPs. Supporting information to be developed by JCo and JB.</p> <p>Decision: Add both indications as red to the Formularies until supporting information for GPs published, at which time prescribing for T2DM can move to Amber/Amber 1. Document to be submitted to July APC.</p>
5.2	<p>Emollients section review</p> <p>Whole section review of Formulary subchapter to rationalise and align choices.</p> <ul style="list-style-type: none"> • Addition of Epimax range as cost-effective choice (joint first line with Zero range) • Addition of detail (as extracted from PrescQipp resources) to aid prescriber selection of products based on characteristics of the product types • Removal of all QV products (high cost with no unique clinical benefit identified over other more cost-effective emollients) • Removal of QV wash in line with NHSE guidance – patients to purchase in place of regular shower gels / bath products where desired • Addition of Adex gel, Amber/Amber 1 restricted, for use in eczema and psoriasis where tacrolimus/pimecrolimus or steroids are contraindicated/inappropriate or as alternative to frequent dermol use • Replace Dermacool products with Methoderm. Dermacool highest cost in this category and also contains SLS which may cause skin irritation. Methoderm costs £1 more vs Arjun (most-cost effective) however it comes as a pump, which is recommended to reduce contamination vs a tub. Arjun also contains SLS. Methoderm to be designated Green on Formularies. • Restrictive wording to be added to Dermol to define appropriate use • Addition of urea/lauromacrogol agents e.g. E45 itch relief with wording to detail appropriate use

No	Agenda Item																																			
	<ul style="list-style-type: none"> Flexitol urea added as a replacement of Eucerin intensive (discontinued) for use in cracked diabetic feet only. <p>The group noted the use of Dermol as a soap substitute, both for patient use and also occupational use for those who handwash frequently (e.g. clinicians, nurses etc).</p> <p>Intermittent shortages with Epimax noted; the range is to be added as a choice alongside Zero range. Prescriber discretion advised to select available products.</p> <p>GP messaging to be reviewed to point to cost-effective choices. Addition of information as per NHSE self-care guidance to be included (i.e for diagnosed conditions, long term use – not for mild dry skin, which is a self-care indication).</p> <p>Post meeting note:</p> <p>Addition of information regarding which products can be used as soap substitutes to be included on the Formulary monographs, with further investigation into an appropriate choice for occupational use.</p>																																			
5.3	<p>Reconciliation of RedRed and black designations with conversion to DNP</p> <p>Alignment of categories across BLMK to the new “Do not prescribe” category (DNP). Changes have been actioned for Beds/Luton Formulary and any medicines in this section with historically differing decisions have been added to the workplan for formal review.</p> <p>It was noted that MK Formulary is awaiting addition of the DNP stamp by the central NetFormulary team.</p> <table border="1" data-bbox="236 1196 1436 2056"> <thead> <tr> <th data-bbox="236 1196 491 1319">Drug</th> <th data-bbox="491 1196 1061 1319">Information/Rationale</th> <th data-bbox="1061 1196 1220 1319">Proposal for Beds/Luton</th> <th data-bbox="1220 1196 1436 1319">Proposal for MK</th> </tr> </thead> <tbody> <tr> <td data-bbox="236 1319 491 1505">Dicycloverine 10mg tablets</td> <td data-bbox="491 1319 1061 1505">DT Feb 2023: Cost £212 for box of 100.Liquid is available as Green on MK Formulary (£174 for 120mL)</td> <td data-bbox="1061 1319 1220 1505">Assign DNP</td> <td data-bbox="1220 1319 1436 1505">Removal from Formulary in line with National recommendations</td> </tr> <tr> <td data-bbox="236 1505 491 1639">Mebeverine Hydrochloride 50mg/5mL</td> <td data-bbox="491 1505 1061 1639">DT Feb 2023: Cost £187 for 300mL</td> <td data-bbox="1061 1505 1220 1639">Black to DNP</td> <td data-bbox="1220 1505 1436 1639">Create monograph - DNP</td> </tr> <tr> <td data-bbox="236 1639 491 1706">Perindopril Arginine</td> <td data-bbox="491 1639 1061 1706"></td> <td data-bbox="1061 1639 1220 1706">Black to DNP</td> <td data-bbox="1220 1639 1436 1706">Assign DNP status</td> </tr> <tr> <td data-bbox="236 1706 491 1774">Prazosin (cardio indication)</td> <td data-bbox="491 1706 1061 1774"></td> <td data-bbox="1061 1706 1220 1774">Black to DNP</td> <td data-bbox="1220 1706 1436 1774">Assign DNP status</td> </tr> <tr> <td data-bbox="236 1774 491 1863">Ipratropium bromide with salbutamol</td> <td data-bbox="491 1774 1061 1863"></td> <td data-bbox="1061 1774 1220 1863">Black to DNP</td> <td data-bbox="1220 1774 1436 1863">Assign DNP status</td> </tr> <tr> <td data-bbox="236 1863 491 1930">Mizolastine</td> <td data-bbox="491 1863 1061 1930"></td> <td data-bbox="1061 1863 1220 1930">Black to DNP</td> <td data-bbox="1220 1863 1436 1930">Assign DNP status</td> </tr> <tr> <td data-bbox="236 1930 491 2056">Hyaluronic acid</td> <td data-bbox="491 1930 1061 2056"></td> <td data-bbox="1061 1930 1220 2056">To add to workplan for review</td> <td data-bbox="1220 1930 1436 2056">To add to workplan for review and alignment</td> </tr> </tbody> </table>				Drug	Information/Rationale	Proposal for Beds/Luton	Proposal for MK	Dicycloverine 10mg tablets	DT Feb 2023: Cost £212 for box of 100.Liquid is available as Green on MK Formulary (£174 for 120mL)	Assign DNP	Removal from Formulary in line with National recommendations	Mebeverine Hydrochloride 50mg/5mL	DT Feb 2023: Cost £187 for 300mL	Black to DNP	Create monograph - DNP	Perindopril Arginine		Black to DNP	Assign DNP status	Prazosin (cardio indication)		Black to DNP	Assign DNP status	Ipratropium bromide with salbutamol		Black to DNP	Assign DNP status	Mizolastine		Black to DNP	Assign DNP status	Hyaluronic acid		To add to workplan for review	To add to workplan for review and alignment
Drug	Information/Rationale	Proposal for Beds/Luton	Proposal for MK																																	
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No	Agenda Item			
			and alignment	
	Nandrolone 50mg/mL		Black to DNP	Assign DNP status
	Strontium Ranelate		To add to workplan for review and alignment	To add to workplan for review and alignment
	SUCRALFATE 2g/50ml enema		Black to DNP	Assign DNP status
	Inositol Nicotinate		Black to DNP	Assign DNP status
	Co-amilozide	In 2022 Jan-Nov, 85 patients on 2.5/25 (£13.5k) and 94 (£15.k) on 5/50 EPACT2	To add to workplan for review and alignment	To add to workplan for review and alignment
	Cilostazol		Black to DNP	Assign DNP status
	Acrivastine		Black to DNP	Assign DNP status
	Desloratadine		Black to DNP	Assign DNP status
	Levocetirizine		Black to DNP	Assign DNP status
	Pseudoephedrine Hydrochloride	EPACT2 2022 (Jan-Nov) 100 patients prescribed pseudo products (£900)	Black to DNP	Move to Non-Formulary. Limited clinical value. Jan 2023: Under safety review
	Glycopyrronium oral liquid		Black to DNP	RedRed to DNP
	Dipipanone		Black to DNP	Assign DNP status
	Insulin soluble (BOVINE)		Hide monographs	Remove bovine insulins from MKF - no longer available

No	Agenda Item			
	Insulin soluble (PORCINE)		Create combined Porcine (Hypurin) monograph to be used in existing patients only	Same as for Beds/Luton
	Isophane Insulin (BOVINE)		Hide monograph	Hide monograph
	Biphasic Isophane Insulin (PORCINE)	https://www.wockhardt.co.uk/medicines/hcp/hypurin/ Porcine insulins now only manufactured by Wockhardt.	Create combined Porcine (Hypurin) monograph to be used in existing patients only	Same as for Beds/Luton
	Famciclovir		To add to workplan for review and alignment	To add to workplan for review and alignment
	Daclizumab 150mg		Black to DNP	Red to DNP and add information
	Vitamin B Tablets (Compound)		Black to DNP	RedRed to DNP
	Hylan G-F 20		To add to workplan for review and alignment	To add to workplan for review and alignment
	Methocarbamol		Black to DNP	RedRed to DNP
	QV Gentle Wash®	Included for review as part of emollients paper due April 2023	DNP	Remove from formulary - DNP
	Oxycodone/Naloxone		Black to DNP	Assign DNP status

No	Agenda Item			
	Olmesartan		Black to DNP	Assign DNP status
	Rupatadine		Black to DNP	Assign DNP status
	Bath additives and shower emollient wash preparations		Black to DNP	Create same and hide all other bath & shower preparations
	Iodosorb		Remove all dressing and signpost to Wound care Formulary on Microguide	Remove all and signpost to Care homes and nurses wound care documents for MK
	Aquacel Ag flat		Remove all dressing and signpost to Wound care Formulary on Microguide	Remove all and signpost to Care homes and nurses wound care documents for MK
	Activon Tulle (Honey Dressing)		Remove all dressing and signpost to Wound care Formulary on Microguide	Remove all and signpost to Care homes and nurses wound care documents for MK
	Mesitran (Honey ointment) 15g		Remove all dressing and signpost to Wound care Formulary on Microguide	Remove all and signpost to Care homes and nurses wound care documents for MK

No	Agenda Item			
	Bilastine		Black to DNP	Assign DNP status
	Retigabine		Hide monograph	Hide monograph
	Activon (Honey)		Remove all dressing and signpost to Wound care Formulary on Microguide	Remove all and signpost to Care homes and nurses wound care documents for MK
	Dapoxetine		Black to DNP	Assign DNP status
	Diphtheria, Tetanus, Pertussis (Acellular, Component), Poliomyelitis (Inactivated) and Haemophilus Type b Conjugate Vaccine		Black to DNP	Assign DNP status
	Sodium hyaluronate and triamcinolone hexacetonide		Black to DNP	Assign DNP status
	Mirtazapine 15mg/1mL	DT Feb 2023: £117 per 66mL bottle	Hide monograph and add wording to indicate liquid should not be prescribed within the central mirtazapine monograph	Add wording to indicate liquid should not be prescribed within the central mirtazapine monograph
	Olaratumab	Product no longer available as it is not effective as per government advice https://www.gov.uk/drug-safety-update/lartruvo-olaratumab-withdrawal-of-the-eu-marketing-authorisation-due-to-lack-of-efficacy	Black to DNP	Red to DNP and move to Non-Formulary.

No	Agenda Item			
	Safinamide		Black to DNP	Assign DNP status
	Prednisolone e/c tablets		Black to DNP	Create monograph for e/c/ tablets and assign DNP
	Melatonin		Black to DNP	assign DNP status
	Formaldehyde solution		Black to DNP	RedRed to DNP
	Glutaraldehyde paint		Black to DNP	RedRed to DNP
	Glycopyrronium powder		Black to DNP	RedRed to DNP
	Glucagon Pre filled pen		Black to DNP	RedRed to DNP
	Doxylamine & Pyridoxine		Black to DNP	Assign DNP status
	Fixkoh airmaster		Black to DNP	Create matching monograph
	Eflornithine	EPACT2 11 months Jan-nov 2022: £11.8k, 75 patients.	To add to workplan for review and alignment	To add to workplan for review and alignment
	Finasteride (Propecia) (Double Red - not approved for use within MK)		Assign DNP	RedRed to DNP
	Minoxidil		Assign DNP	RedRed to DNP
	Armour thyroid®		Assign DNP	RedRed to DNP
	Replens MD®		Create vaginal lubricants combined monograph - DNP	Create vaginal lubricants combined monograph - DNP

No	Agenda Item			
	Flutter		Assign DNP	RedRed to DNP
	Enfamil® O-Lac with LIPIL		No action	Hide and duplicate Beds/Luton combined entries in line with new guidance
	Wysoy		No action	Hide and duplicate Beds/Luton combined entries in line with new guidance
	Yes® water-based intimate lubricant		Create vaginal lubricants combined monograph - DNP	Create vaginal lubricants combined monograph - DNP
	Chenodeoxycholic acid		assign DNP	RedRed to DNP
	Sylk® vaginal moisturiser		Create vaginal lubricants combined monograph - DNP	Create vaginal lubricants combined monograph - DNP. Include replens MD, Yes, Sylk and Hyalofemme
	Aptamil lactose free		No action	Hide and duplicate Beds/Luton combined entries in line with new guidance
	Enfamil AR		No action	Hide and duplicate Beds/Luton combined entries in line with new guidance
	Hyalofemme® vaginal moisturiser		Create vaginal lubricants combined monograph - DNP	Create vaginal lubricants combined monograph - DNP
	Aveeno Cream®		Assign DNP	RedRed to DNP

No	Agenda Item			
	Chenodeoxycholic acid		Assign DNP	Hide duplicate entry
	Aptamil Anti-Reflux		No action	Hide and duplicate Beds/Luton combined entries in line with new guidance
	Cow & Gate Anti-Reflux		No action	Hide and duplicate Beds/Luton combined entries in line with new guidance
	SMA Anti-Reflux		No action	Hide and duplicate Beds/Luton combined entries in line with new guidance
	SMA LF Lactose free		No action	Hide and duplicate Beds/Luton combined entries in line with new guidance
	Midazolam (Epistatus brand)		Add existing patients only flag	RedRed to Existing
	Phenazone with Lidocaine hydrochloride		Assign DNP	RedRed to DNP
	Dosulepin	No longer recommended (DROP listed)	Assign DNP	Amber 2 to DNP
	Doxazosin MR	No longer recommended (DROP listed)	Assign DNP	Create monograph and assign DNP
	Co-proxamol	Drop listed and withdrawn from market	Assign DNP	Assign DNP
	tramacet	Drop listed	Assign DNP	Assign DNP
	Lutein antioxidants - combine and tidy	Drop listed	Assign DNP	Create and assign DNP
	Chondroitin & Glucosamine	Drop listed	Assign DNP	Assign DNP

No	Agenda Item			
	IQoro	Reviewed by EOEPAC and rejected	Assign DNP	Create and assign DNP
	Varenicline	Discontinued due to safety issues	Assign DNP	Move to NF DNP and update info in line with Beds/Luton
	<p>Post meeting note 19.4.23: DNP now available on MKF for action</p> <p>Post meeting note 20.4.23: OPEP (Flutter) device- agreement in place for limited use via specialist respiratory physios and designated as red - not changed to DNP. Both added to workplan for future alignment.</p>			
5.4	<p>Indapamide 1.5mg MR tablets for hypertension</p> <p>The position of modified release indapamide on the Formularies was discussed. Evidence suggests a similar reduction in blood pressure vs the standard release tablets, with less incidence of hypokalaemia as an unwanted side effect. The group concluded there was little value in addition to the Formulary, as anecdotally there appears to be a negative impact on serum sodium which limits use. In addition, prescribers favoured selection of an alternative medicine should electrolyte disturbance occur rather than switching to MR. The cost is also higher vs the standard release tablets (4 fold).</p> <p>It was noted that there has been some historical work in MK to discourage use, therefore patients numbers are mainly from Bedfordshire and Luton.</p> <p>Discussion of the impact on patients admitted to hospital on therapy discussed – possibility of switch where appropriate or Non-Formulary Drug request form may be completed for access.</p> <p>In light of the circa 2000 patients already on therapy, the decision was to place indapamide MR tablets in the Non-Formulary section with wording to detail the rationale for non- inclusion. Existing patients may remain on therapy.</p> <p>Decision: Remove indapamide MR tablets from Beds/Luton Formulary and place in NF, existing patients only. To be placed in NF section of MKF also.</p>			
5.5	<p>Metformin oral powder sachets</p> <p>Addition to the formularies (Green) as an alternative / preferred option for patients with swallowing difficulties. Cost saving vs liquid metformin (5 fold) however the group noted that each sachet (500mg) requires reconstitution in 150mL of water which may be a limitation for use in some patients.</p> <p>Decision: Add to both Formularies (Green) as a cost-effective option for patients unable to swallow tablets</p>			
5.6	<p>Alemtuzumab Shared Care Guidance</p> <p>Cambridgeshire and Peterborough SCG update submitted for approval. It was confirmed there was no change to content, with the exception of the letter in the appendix. The purpose of the SCG is to</p>			

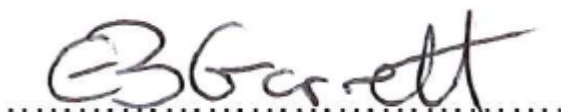
No	Agenda Item
	<p>avoid patients attending the tertiary centre at Addenbrooke's monthly for 4 years for blood test monitoring (there is no primary care prescribing) as a requirement of therapy (two infusions given 1 year apart).</p> <p>It was noted that alemtuzumab is prescribed and administered at the Luton & Dunstable Hospital site, however patient monitoring is managed in-house. Alemtuzumab is not in use at Bedford Hospital or Milton Keynes Hospital. The SCG will be used for patients under the care of Addenbrooke's Hospital.</p> <p>Decision: The updated SCG was ratified for local use for patients under the care of Addenbrooke's Hospital. Updated shared care guidance to be linked to the B&L Formulary monograph for alemtuzumab.</p>
5.7	<p>Fixapost preservative eye drops for glaucoma</p> <p>Combination latanoprost and timolol preservative free (PF) eye drop. Currently the most cost-effective preservative free combination preparation vs other PF combination drops. Fixapost listed on the Moorfields eye formulary since 2019.</p> <p>European glaucoma society state preservative free eye drops are of benefit for patients as they cause less ocular inflammation and are particularly useful in younger patients who may remain on these drops long term.</p> <p>Estimated 240 patients in Milton Keynes per year will need Fixapost. (NB: Bedfordshire and Luton numbers to be established-current usage is low).</p> <p>Fixapost will be used third line, after single agent glaucoma eye drops and after preservative containing timolol/latanoprost combination has been tried.</p> <p>There is a low threshold amongst ophthalmologists for preservative free drops vs benzalkonium containing drops. Examples of reasons for use of preservative free include: young patients, significant ocular inflammation, intolerance to preservatives and individuals who are expected to have ophthalmic surgery in the near future. Action: To develop wording in conjunction with stakeholder partners (Dr Lobo, DW, RP, JCo) to clarify when preservative-free eye drops should be used. This will then be applied to all relevant monographs on the Formularies.</p> <p>Decision: Fixapost to be added (Amber/Amber 1) with restrictions on use as per the above.</p>
5.8	<p>Azathioprine and mercaptopurine Shared Care Guidance</p> <p>The updated SCG was presented for approval. The Milton Keynes document has been updated and expanded for use across BLMK ICB, with retirement of the Beds/Luton version.</p> <p>Summary of changes:</p> <ul style="list-style-type: none"> -Beds/Luton version retired -MK version updated and adopted BLMK wide -Addition of autoimmune hepatitis indication <p>Minor requests for amendments in the meeting to be actioned:</p> <ul style="list-style-type: none"> -remove reference to azathioprine booklets if they are not used -enhance visibility of allopurinol interaction as it is significant and requires dose reduction <p>The updated SCG was approved for use across BLMK.</p>

No	Agenda Item																																																																						
5.9	<p>Minor amendments log</p> <p>The below changes were approved:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Beds/Luton updated?</th> <th>MK updated?</th> <th>Item</th> </tr> </thead> <tbody> <tr> <td>3.2.23</td> <td>yes</td> <td></td> <td>Lubiprostone discontinued 2019. Removed from Beds&Luton (not listed at MK)</td> </tr> <tr> <td>3.2.23</td> <td>yes</td> <td></td> <td>Haloperidol 1mg/ 5mL removed from beds/luton Black section - product discontinued</td> </tr> <tr> <td>3.2.23</td> <td>yes</td> <td></td> <td>Bath and shower preparations merged into one - do not prescribe statement</td> </tr> <tr> <td>6.2.23</td> <td>yes</td> <td></td> <td>Perindopril erbutamine - Prescribe generically note and hide duplicate entry</td> </tr> <tr> <td>13.2.23</td> <td>Yes</td> <td></td> <td>Dosulepin - addition of wording in line with current SS message. Drop listed.</td> </tr> <tr> <td>13.2.23</td> <td>Yes</td> <td></td> <td>Doxazosin MR - wording from DROP list added</td> </tr> <tr> <td>13.2.23</td> <td>Yes</td> <td></td> <td>Co-proxamol wording from DROP list added</td> </tr> <tr> <td>13.2.23</td> <td>Yes</td> <td></td> <td>Tramacet wording from DROP list added</td> </tr> <tr> <td>13.2.23</td> <td>Yes</td> <td></td> <td>Lutein antioxidants - combine and tidy. On the DROP list</td> </tr> <tr> <td>13.2.23</td> <td>Yes</td> <td></td> <td>Minocycline - hide duplicate entries and add information from DROP list on to remaining entry</td> </tr> <tr> <td>13.2.23</td> <td></td> <td>To do</td> <td>Salbutamol Oral preps - remove from MK formulary and leave oral solution as cost effective option if inhalers not an option? (Beds have as non formulary currently)</td> </tr> <tr> <td>14.2.23</td> <td>yes</td> <td></td> <td>Strontium monograph wording updated. Re-launched in 2019 under brand name Aristo®. Remains Non-formulary - no formal assessment.</td> </tr> <tr> <td>15.2.23</td> <td>yes</td> <td></td> <td>Insuman range is being discontinued – link added to notify</td> </tr> <tr> <td>17.2.23</td> <td>yes</td> <td></td> <td>Betamethasone (as Valerate) 0.025% - removal of Betnovate RD brand as generic available (Audavate)</td> </tr> <tr> <td>17.2.23</td> <td>yes</td> <td></td> <td>Benzoyl and clindamycin topical (Duac once daily) re-worded as generics now available</td> </tr> <tr> <td>20.2.23</td> <td>yes</td> <td></td> <td>Anthelios spf 50 sunscreen has been re-launched/rebranded. Added back as Amber second choice as was previously designated.</td> </tr> </tbody> </table>			Date	Beds/Luton updated?	MK updated?	Item	3.2.23	yes		Lubiprostone discontinued 2019. Removed from Beds&Luton (not listed at MK)	3.2.23	yes		Haloperidol 1mg/ 5mL removed from beds/luton Black section - product discontinued	3.2.23	yes		Bath and shower preparations merged into one - do not prescribe statement	6.2.23	yes		Perindopril erbutamine - Prescribe generically note and hide duplicate entry	13.2.23	Yes		Dosulepin - addition of wording in line with current SS message. Drop listed.	13.2.23	Yes		Doxazosin MR - wording from DROP list added	13.2.23	Yes		Co-proxamol wording from DROP list added	13.2.23	Yes		Tramacet wording from DROP list added	13.2.23	Yes		Lutein antioxidants - combine and tidy. On the DROP list	13.2.23	Yes		Minocycline - hide duplicate entries and add information from DROP list on to remaining entry	13.2.23		To do	Salbutamol Oral preps - remove from MK formulary and leave oral solution as cost effective option if inhalers not an option? (Beds have as non formulary currently)	14.2.23	yes		Strontium monograph wording updated. Re-launched in 2019 under brand name Aristo®. Remains Non-formulary - no formal assessment.	15.2.23	yes		Insuman range is being discontinued – link added to notify	17.2.23	yes		Betamethasone (as Valerate) 0.025% - removal of Betnovate RD brand as generic available (Audavate)	17.2.23	yes		Benzoyl and clindamycin topical (Duac once daily) re-worded as generics now available	20.2.23	yes		Anthelios spf 50 sunscreen has been re-launched/rebranded. Added back as Amber second choice as was previously designated.
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	20.2.23	yes		Uvistat sunscreen note added to list available SPFs (30 and 50)
	27.2.23	yes		Addition of salamol inhaler (half the carbon footprint of other MDIs) - PrescQipp and also care homes bulletin list as an area of focus for switch to lower carbon footprint
	2.3.23	yes	n/a	Budesonide Easyhaler added to Beds/Luton Formulary - noted to be missing therefore added in retrospect as part of the already approved asthma guideline.
	8.3.23	yes	n/a	SCG linked to formulary for dementia drugs
	9.3.23	yes		Femseven Sequi discontinued
	9.3.23	yes		Ketovite discontinued
	9.3.23	yes		NG219 linked to allopurinol, colchicine and febuxostat
	10.3.23	yes	n/a	Sucralfate wording updated "N.B. These products are very expensive in primary care (including our FP10 prescriptions) and are not always available. Please prescribe on hospital out patient prescriptions to ensure patients obtain supply from the hospital."
	14.3.23	Yes		Calcipotriol scalp solution - wording added high cost preparation - consider tacalcitol lotion as alternative cost-effective preparation. 1st choice removed
	14.3.23	Yes		Psorin and Clinitar hidden - discontinued long ago
	14.3.23	Yes		Psoriderm bath additive hidden as discontinued
	14.3.23	Yes		Zorac hidden as discontinued
	14.3.23	Yes		Pinetarsol hidden as discontinued
	14.3.23	Yes		Dithrocream moved to discontinued
	14.3.23	Yes	n/a	Betamethasone scalp application added to align with MK (1st line potent steroid for scalp psoriasis (NICE), widely prescribed in BLMK (EPACT2)
	14.3.23	Yes	n/a	Calcipotriol/betamethasone ointment added to align with Milton Keynes and recommendations in existing Bedford guideline. Widely prescribed and recommended in NICE guidance. Ointment generic is more cost-effective than Enstilar foam.
	14.3.23	Yes	n/a	Toujeo and Tresiba links to updated JPC bulletins re-linked (links were broken)

No	Agenda Item			
	21.3.23	Yes		Codeine schedule 5 CD flag added
	28.3.23	Yes		Daktacort ointment discontinued
	28.3.23	Yes	n/a	Salofalk foam enema added to B&L to align with MK. More cost-effective VS Pentasa enema. Also, lower volume of 30 mls per canister 1 gram per squirt (can be used for 7 days), has shorter tube and easy to use for most patients.
	28.3.23	Yes	n/a	Salofalk suppositories added to B&L to align with MK. More cost-effective VS Pentasa suppositories plus bullet shape size makes it more favourable for patients in terms of comfort.
	28.3.23	Yes		Pholcodine linctus moved to DNP as withdrawn from UK market
	28.3.23	Yes		Glucosamine - DNP added (DROP listed)
	3.4.23	Yes		Folic acid 400mcg split out from 5mg and added as self-care in pregnancy
	<p>Action TL: To discuss with JCo best mechanism for capturing MKUH amendments – need for NHS.net account to access the shared spreadsheet is currently blocking MKUH updates from being included.</p> <p>JCo noted some difficulty in obtaining replies from the NetFormulary team to activate some of the icons required to allow completion of the updates to the Formulary e.g. DNP</p>			
5.1 0	<p>Adaflex (melatonin) tablets for children with insomnia associated with ADHD</p> <p>Adaflex is licensed for age 6-17 year old children with ADHD to promote sleep where sleep hygiene measures have been insufficient. Currently, only Ceyesto 3mg are available on formulary for this indication. Adaflex is available in a range of dosages to provide flexibility.</p> <p>Support for the application has been obtained from ELFT representatives, who will be driving the initiation and switching to Adaflex as the preferred licensed product.</p> <p>It was noted that some patients have specific needs and switching may cause difficulty in relation to taste, visuals and texture of the product. The specialists expressed a desire for choice and agreed to use Adaflex wherever possible. Where not appropriate, the reason for the chosen Non-Formulary product must be stipulated clearly in communications to general practice.</p> <p>There are future plans for a wider review in 2023 as new products become available, with workstreams to reduce inappropriate prescribing ongoing.</p> <p>Decision: Add Adaflex to both Formularies as Amber SCG/Amber 1 for use in paediatrics</p>			

No	Agenda Item
AO B	<p>Tiogiva inhaler – Submission from BHFT for noting – addition of cost-effective device type (near identical to Spiriva Handihaler) for addition to the Formularies in line with Trust contract NHS supply chain. Decision: Add to both Formularies (Green).</p> <p>Otigo ear drops – Recommendation made to change from DNP (previous decision based on weak evidence) to Green with messaging on GP support systems to highlight use solely as an antibiotic sparing therapy. Antibiotics should NOT be co-prescribed with Otigo. This will bring recommendations in line with NICE (consider option) and with National Ardens templates for otitis media, which suggest Otigo as an option. The change was approved.</p> <p>Symbicort 200/6 turbobaler – Now has a reliever license for Asthma patients. Request to add a statement to highlight extra license – “Symbicort Turbobaler is also indicated as reliever therapy for adults and adolescents (12 years and older) with mild asthma”. The change was approved.</p>



Signature of chair: