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

Date: 13th June 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
Fiona Garnett	FG	Committee Chair	✓	
Taiya Large	TL	Professional Secretary/Formulary & Medication Safety 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)		✓
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	✓	
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	✓ From 1pm	
Anila Anwar	AA	Governance and Policies Pharmacist Bedfordshire Hospitals NHS Foundation Trust	✓	
Iffah Salim	IS	Interim Tower Hamlets Lead Pharmacist, ELFT BLMK ICB		✓
Jacqueline Clayton	JCl	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	✓	
Jonathan Walter	JWa	Milton Keynes GP representative	✓	

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.	**Welcome, Introductions and Apologies** The group were informed with great sadness of Dr John Fsadni's passing. He was a longstanding and highly valued member of the team who will be greatly missed. Fiona Garnett is interim chair for the June meeting pending the appointment of a permanent chair. Welcome Anila Anwar (representative deputising for Dona Wingfield, representing Bedfordshire Hospitals NHS Trust). Apologies: CC, JCl, AH. The meeting was confirmed as quorate.
2.	**Declarations of Interest** Annual written declarations of interests – some outstanding, to be sent via email to JCa. Members were invited to declare any declarations relating to matters on the Agenda. FG declared a personal non-financial interest in relation to agenda item 5.5. JW declared a personal non-financial interest in relation to agenda item 5.6. No other declarations.
3.	**Minutes of the previous meeting** The April 2023 FSG meeting notes were approved as accurate.
4.	**Action Log** Actions were noted in accordance with the action log Item 1 – Liraglutide supporting information has been developed and has been submitted for approval to July APC. Item 3 – Methotrexate 10mg tablets – Update received regarding de-prescribing of 10mg tablets from NW – some difficulty with a small number of patients – work continues in this area. Item 5 – Trurapi insulin – The team are in discussions with the Trusts regarding specialist initiation in order to realise cost-savings from biosimilar insulins. A review of data suggests switch messages are highly rejected due to specialists continuing to prescribe Novorapid on letters, which is subsequently continued on in Primary Care. This is an ongoing action. Item 7-Emollients for occupation use – Remains open **Action TL**: To update at the next meeting Items 2,4,6 and 8 were closed
5.	**Items for consideration**

No	Agenda Item
5.1	**Strontium for osteoporosis – review of Formulary position** • In May 2017, the manufacturer of strontium ranelate (Protelos®) communicated the intention to cease supply of strontium, stating withdrawal was for commercial reasons as the restrictions on therapy led to the continuous decrease of patients treated with strontium. • Strontium ranelate is indicated in the treatment of severe osteoporosis in postmenopausal women and in adult men at high risk of fracture, for whom treatment with other medicinal products approved for the treatment of osteoporosis is not possible due to, for example, contraindications or intolerance. • Strontium ranelate has been the subject of several safety alerts over the years including life threatening allergic reactions, venous thromboembolism and increased risk of heart problems. MHRA alert 2014 – Strontium ranelate: cardiovascular risk • More recently, Aristo Pharma have re-launched strontium , with associated risk minimisation materials including a patient alert card and a prescriber guide/checklist. • The re-launch has led to enquiries from specialists regarding use, as it was removed from Beds/Luton Formulary following discontinuation. Strontium is Amber 2 on Milton Keynes Formulary, however this entry is based on the Protelos brand. • Currently 4 patients on this product in primary care – specialists estimate approximately 55 patients may be candidates for therapy (£91k cost pressure) • Proposal to add as Amber/Amber 1 (SpA), restricted to use where all other options have failed or are unsuitable. It was highlighted that the osteoporosis guidance will require review to incorporate the change if approved. Additional clarity in the absence of shared care guidance is required, relating to the responsibility of monitoring – due to likely small numbers of patients, monitoring may be at risk of being overlooked in Primary Care. It was also raised that responsibility for romosuzumab monitoring should be considered alongside development of a process for strontium. **Action TL/SMcG**: Further investigation and establish responsibility for monitoring of strontium and review/update of osteoporosis guideline. Following on from this, Formulary can be updated to Amber/Amber 1 (or spA) with restriction to last line therapy.
5.2	**Aciclovir eye ointment for herpetic keratitis – product re-launch** Aciclovir eye ointment has been re-launched following discontinuation of the only available product in 2018 (Zovirax). Aciclovir AGEPHA is therapeutically equivalent to Zovirax 3% eye ointment. The current product on Formulary for the treatment of herpes simplex keratitis is ganciclovir 0.15% gel (Virgan) with equal efficacy but aciclovir is the better tolerated product based on evidence. Evidence summary: Ganciclovir 0.15% ophthalmic gel is an effective, safe, and well-tolerated treatment for acute dendritic herpetic keratitis. Local tolerance is better than acyclovir, hence increasing patient compliance. It is commercially available in over 30 countries in Europe since 1996 and is approved by FDA in United States since 2009. Randomized multi-center clinical trials demonstrated that ganciclovir ophthalmic gel 0.15% is as effective as acyclovir in the treatment of acute epithelial herpetic keratitis.However, due to its formulation it is less toxic than acyclovir. It also has a prolonged contact time with the cornea and causes less blurring and stinging, improving patient tolerance. Given its equivalent efficacy with acyclovir and lower toxicity and side effects, ganciclovir ophthalmic gel is a valuable and

No	Agenda Item
	important addition to the armamentarium in the treatment of acute epithelial herpetic keratitis. Unique benefits of aciclovir and rationale for addition: • Preservative free – useful for those who cannot tolerate benzalkonium (which is contained within ganciclovir) • Licensed for use in paediatrics and experience of use in pregnancy & breastfeeding (vs ganciclovir – no data) • As a negative – considerably higher cost vs ganciclovir (£45 vs £20) The group noted that addition as green may open up usage as first line therapy rather than second line restricted use as is intended. **Action TL**: Develop GP support messages to indicate restrictions The addition of aciclovir 3% eye ointment to the Formulary (Green) for restricted use in children or pregnancy or for use where benzalkonium preservative is unsuitable was approved.
5.3	**Lenzetto spray for Hormone Replacement Therapy in Post-menopausal women – new addition** • Lenzetto® is a HRT for oestrogen deficiency symptoms in postmenopausal women (in women at least 6 months since last menses or surgical menopause, with or without a uterus). • Lenzetto® launched in the UK in April 2020 and is the first transdermal spray to be licensed in the UK for the management of oestrogen deficiency symptoms in postmenopausal women. • The ICB have begun receiving requests for this treatment in patients who cannot absorb/tolerate gels. • 228 patients already on therapy – therefore expected to be cost neutral overall • Dose is 1-3 sprays daily. Cost is comparable to other products available at the lower doses. • Proposal to add to the Formularies as Green within licensed indication for restricted use - only when alternative transdermal products are not tolerated/contraindicated. The proposal was approved.
5.4	**Captopril liquid for paediatric patients – Formulary designation amendment and alignment** • Request to align captopril oral solution on the Formularies (currently green on MKF and Red on B&LF). Proposal is Amber/Amber 3, in line with advice from NICE BNF which states for use in children, treatment should be under specialist supervision. • There is some prescribing in primary care already and requests have been received from secondary care specialists (e.g. Guys and St Thomas) to continue therapy in Primary Care. This will avoid patients having to travel long distances to obtain the medicine, with subsequent positive impact on the environment and is more convenient for patients. • The move from red to amber in B&L is not expected to increase pressures in Primary Care as patient numbers are very small. • Change to Amber/Amber 3 (SpIS) on the Formularies – approved.
5.5	**Hydrocortisone emergency kits for Adrenal Crisis – clarification of where to obtain kit refills** Wording proposed to clarify how components of hydrocortisone emergency kits should be obtained.

No	Agenda Item
	Succinate powder (with solvent) is the most cost-effective and convenient – 1st line. The powder without solvent or the sodium phosphate base are other options, which should be used second line due to higher cost. The group recommended that 2-3 vials would be sufficient for re-supply to balance wastage with vial failure or user error. The need for a sharps bin was discussed and concluded to not be needed as the used needle may be disposed of in the care setting e.g. A&E or ambulance, as seeking medical help is always necessary following an adrenal crisis. Needles and syringes are not prescribable items so may be obtained ideally from the specialist at routine review, or from practice stock or sourced online by the patient as indicated on the Self-Help website (linked from the monograph). It was also noted that the endocrinology clinics are able to post replacement consumables to patients. Feedback was received in advance of the meeting regarding supply of filter needles for glass ampoules and a mechanism to ensure a diluent is provided where needed to reconstitute powder vials. Some concerns were raised regarding the need to source box contents from multiple care settings. The monograph was approved for use. **Action TL**: Explore possible mechanisms for guidance on appropriate needle supply.
5.6	**Hypromellose and carmellose eye drops for dry eye disease– Addition of preferred brands** • The Evolve brand of Hypromellose 0.3% preservative free drops have been discontinued and alternative brands remaining are comparatively expensive (£5 per bottle). Without selecting a product when prescribing, hypromellose is entered as an unspecified item which costs approximately £30 per bottle. • There are preservative free unit dose vials (UDVs) however these are also high cost and not environmentally friendly due to high amount of plastic waste. There has also been feedback that UDVs tend to be overprescribed as prescribers and patients erroneously believe that one vial = 1 dose (often they can be used more than once). • In the absence of a cost-effective preservative free hypromellose product, the ophthalmologists were consulted on the use of carmellose preservative free as an alternative. Support has been received for this. • • It is proposed that 1st line, preserved Hypromellose 0.3 or 0.5% drops should be used and are suitable for the majority of patients (approx. £1 per bottle) – brands Aapromel or Aaculose • Where preservatives are not tolerated, carmellose preservative free 0.5% or 1% (Eyeaze or Vizcellose brands) can be used. • Addition of wording to stipulate these are usually considered a self-care product– advise patient to purchase • The proposal was approved. **Action TL**: Create GP support messaging for clarity on this position and the preferred brands.
5.7	**Formulary entries audit – approval of monographs to be converted to Green, Red and Non-Formulary statuses as part of alignment work** • The paper forms part of the alignment work - MK Amber 2 traffic light has been cross compared with Beds/Luton and an analysis conducted to establish the most suitable place for the monographs under the new designations. • Amber 2 will be redistributed into either Green, Red or SpA going forward. • This paper extracts green and red entries, leaving the remainder to be assigned SpA, which will be switched en masse by the Netformulary team in the coming weeks.

No	Agenda Item
	Medicines reassigned green status (previously Amber2): Pioglitazone Evorel Conti patches Tridestra tablets Depo-Provera syringes Mesalazine preparations currently available on Formulary Carbocisteine capsules and liquid Co-danthrusate capsules Fusidic acid 2% cream/ointment Azelaid acis (Skinoren) Lorazepam tablet/oral liquid Lidocaine spray (Xylocaine) Buprenorphine patches Gabapentin capsules Benzylpenicillin sodium injection Lymecycline capsules Glimepiride tablets Solifenacin tablets Trospium tablets Tadalafil 10mg and 20mg tablets Alfacalcidol (One-alpha) capsules Diltiazem 2% ointment/cream Mefenamic acid capsule Ofloxacin eye drops Betnesol ointment Betnesol N eye drops Otomize spray Gentamicin ear drop Flixonase nasal spray Cyclopentolate eye drops Timoptol LA eye drops Mesalazine formulary products Levomepromazine tablets and injection Avamys nasal spray EllaOne tablets Doxycycline capsules Lymecycline capsules Sayana Press injection Relvar Ellipta inhaler Treclin gel Trelegy Ellipta inhaler Betamethasone soluble tablets Diltiazem tablets Duloxetine for chronic non cancer pain Sumatriptan nasal spray

No	Agenda Item
	Discontinued products to be removed: Isotrexin gel Danazol Fluphenazine (Modecate) Move to red: Flurbiprofen eye drops (Ocufen) Atropine injection and prefilled syringes Ocriplasmin injection Changes in the meeting: Bowel cleansing agents (klean-prep, picolax, moviprep) – SpA Primidone tablets – SpIS Anti-tuberculosis products (e.g. isoniazid, ethambutol, Rifater) – SpA Valaciclovir tablets – SpA Chlortalidone 12.5mg and 50mg tablets – SpA (review of usage indicated approx. 30 patients on therapy) Tetracaine (Ametop) gel – Approx 200 patients, mostly in Luton area. It was also noted to be used in MK hospital and has the benefit of not causing vasoconstriction, which is useful for cannulation, **Action MA**: To confirm rationale for usage with Luton practices **Action TL**: Check pricing difference against EMLA Diclofenac (oral) prompted further discussion and highlighted the need for review of prescribing across the system. Prescribers in the group reported that diclofenac is no longer a preferred NSAID due to concerns over cardiovascular safety, prompting possible removal of the product from the Formulary and possible de-prescribing of existing patients. Retain existing Formulary positions until further investigation. **Action DW/JCo**: To explore usage and prescribing habits within the Trusts and confirm whether there is a place for diclofenac with the pain teams. Report back findings at next FSG (September) **Action NW**: Source EPACT2 data for Primary care prescribing for review **Action TL**: To add diclofenac as a topic of discussion at the next Medicines Safety Group meeting Post-meeting note (Drug Tariff June 2023): EMLA x30g £12.30 (dose varies by site) Ametop 1.5g £1.08 (one tube per site)
5.8	**Lithium Shared Care Guidance – BLMK wide document based on National NHSE Template** Updated and adapted SCG, based on national RMOC guidance, for BLMK wide use. Lithium is the first one to be reviewed using the national template. Changes have been made to include local guidance. Formulary section has been updated as part of minor amendments (see 5.9b) Empagliflozin and dapagliflozin have since been added to the interactions section. Addition of Scriptnote to indicate level to enable community pharmacist to check prior to dispensing- concerns raised over consistency this mechanism as it would need to be manually entered in SystmOne.

<table>
<tr><th>No</th><th>Agenda Item</th></tr>
<tr><td></td><td>
Addition of the following points to patient/carer section as extracted from ELFT SCG document:

• Report any mood changes to the GP or Specialist.
• Inform their usual community pharmacist that they have started on lithium therapy, specifying the specific brand and formulation prescribed, (as brands and formulations are not interchangeable).
• Tell their GP/Specialist of all medicines (including OTC preparations and any alternative / complementary medicines) that they are currently taking.
• In general, to maintain adequate fluid intake - this is particularly important during periods of warm weather and on travelling to countries where the temperature may be very high and also where there is a significant change in physical activity.
• To ensure they maintain their fluid intake, particularly if they have a fever, if they are immobile for long periods or if they are being treated for a chest infection or pneumonia as advised by their doctor.
• Avoid dietary changes which could reduce or increase salt intake during lithium treatment as an alteration in sodium intake can affect lithium levels.
• Avoid making any changes to their regular caffeine intake as such a change can affect lithium levels
Addition of these components was approved.

Other comments:
-Amend chest infection to infection (any infection could affect levels e.g. gastroenteritis)
-Further exploration as to the nature/effect of the dapagliflozin/empagliflozin and lithium interaction.
-Consideration of drugs affecting thyroid function – lithium can affect thyroid function.
-Consideration of drugs that affect renal function as lithium is renally excreted.
-Noted that risk and interaction lists cannot be exhaustive.
Action SMc: Explore the need for wording to indicate renal risk and impact of drugs and conditions that cause shift in fluid/electrolytes which may affect lithium levels, with consideration of whether any further special monitoring is required. Findings to be fed back at next meeting.

RA: Mental Health team run a lithium clinic where renal function is closely reviewed alongside levels and interactions with other medicines.
It was noted that after 2 years this monitoring is passed to the GP.

Community Pharmacy – Old SCG required level to be confirmed prior to dispensing.
Pharmacies can now access summary care record to check level.
Lithium levels may not be reliably recorded for external viewing and out of date levels may display – risk. Practice pharmacists monitor and chase lithium levels in house.
Action FG: Check lithium level is available via spine – if so – disseminate information regarding this.
</td></tr>
<tr><td>5.9a & 5.9b</td><td>
Minor amendments Log

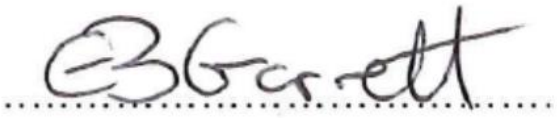
5.9a: Update to the previous minor amendments log as shared in April, with documentation of changes made to MKF.

5.9b: Minor amendments log for changes made April – June 2023
<table>
<tr><th>Date</th><th>B&L updated</th><th>MK updated</th><th>Item</th></tr>
</table>
</td></tr>
</table>

No	Agenda Item			
	3.4.23	n/a	Yes	Phosphate enema (Formula B) to Cleen ready-to-use enema
	5.4.23	Yes	Yes	Marol wording - preferred brand in Primary Care. Also removal brand from title as other cost-effective brands available (Trusts may use depending on contract)
	6.4.23	yes	Yes	Addition of 50mg MR strength of MR Tramadol to monograph (second most used preparation).
	17.4.23	Yes	Yes	Codeine injection discontinued (60mg strength) therefore moved to NF
	17.4.23	Yes	Yes	Somatuline LA moved to discontinued
	25.4.23	Yes	N/A	MK aerochamber monograph copied on to Beds/Luton - more detail regarding available devices
	28.4.23	Yes	Yes	Gemeprost discontinued - moved to NF on both Formularies
	3.5.23	Yes	yes	Removal of Butrans brand from buprenorphine patches as cheaper generics available, which will be advised via SS/Orx
	3.5.23	yes	yes	Arachis oil removed from Naseptin - wording updated on the Formulary.
	4.5.23	yes	n/a	Propranolol 160mg MR added (80mg already on Formulary). This aligns with MKF and current messaging, which advises 1x160mg is more cost effective vs 2x80mg capsules.
	10.5.23	yes	yes	Naseptin wording update - Update May 2023: The product has now been reformulated with medium-chain triglycerides replacing the arachis oil (peanut oil) excipient. Contraindications for use in people with peanut and/or soya have therefore been removed. However, please note that stock containing arachis oil may still be available in community pharmacies and caution should still be exercised in prescribing this for people with peanut allergy.
	10.5.23	yes	Yes	Emerade - Class 1 recall information linked to Formulary
	10.5.23	yes	Yes	Selection of cost effective hypromellose products. Aapromel or Aaculose for cost-effective preservative containing ones. Decision on pres-free TBC

No	Agenda Item			
	10.5.23	yes	yes	Eluxadoline discontinued - removed from formulary
	9.5.23	yes	Yes	clobazam to zacco liquids - update messages on both ORx/SS plus formulary amendments to add 5mg/5ml liquid to MK to align (Amber 1) and 10mg/5ml liquid to both
	10.5.23	yes	yes	Hide duplicate duloxetine entries and add notation that 20 40 90 120mg are high cost and NF. Duloxetine moved to Amber 3 from Red to align with Beds/Luton and current practice for GAD and depression
	12.5.23	Yes	n/a	Chloramphenicol wording from MK applied to Beds/Luton
	15.5.23	yes	yes	fixapost wording update: Restricted to patients with true preservative allergy and/or evidence of epithelial toxicity from preservatives and/or severe dry eyes. They should be initiated by secondary care specialist and continued by GPs. Preservative free glaucoma eyedrops are a good choice for younger patients who will need lifelong use of these medicines and should be considered for patients likely to have glaucoma filtration surgery in the near future to enhance success of the operation.
	15.5.23	yes	yes	Amiodarone assigned SCG status from Amber as there is a SCG live in Beds/Luton. Also updated in MK from Green to Amber in line with current practice
	17.5.23	yes	n/a	Somatropin monograph tweaked to clarify norditropin brand specifically is Red (others Amber)
	17.5.23	N/A	yes	Fulvestrant moved from NF to formulary (red) - recommended by NICE in combination with other treatments
	18.5.23	yes	yes	Circadin brand removed as now Cat M generics now available
	22.5.23	n/a	Yes	Buprenorphine 4mg and 8mg s/l added to MKF - Red to align with B&L

No	Agenda Item			
	23.5.23	yes	yes	sodium chloride 5% added to MKF to align with B&L (Green). For use in corneal oedema as confirmed by the ophthalmologists
	23.5.23	yes	Yes	Cilodex ear drops stamped with DNP to reflect local guidelines already in place. Messages already deployed therefore Formulary entry updated to clarify stance.
	24.5.23	yes	n/a	Apalutamide = red designation added as none previously assigned
	25.5.23	yes	n/a	Merged covering creams in to one monograph
	2.6.23	Yes	Yes	Lithium entries reviewed: Priadel branded first choice in line with data and ELFT practices. Priadel brand added to the liquid for clarity. Creation of lithium carbonate 250mg tablets - NF (high cost). Link updated to SCG.
	25.5.23	n/a	Yes	Aztreonam nebulizer - tidied on MKF (Cayston removed as never ordered)
	2.6.23	n/a	Yes	Kaletra – added generic strength of 200mg/50mg
	2.6.23	n/a	Yes	Azathioprine for Dermatology changed from Amber SCP to Amber 3 as no shared care protocol agreed
	5.6.23	TBC	Yes	Epoetin Zeta added as long standing omission from formulary
	7.6.23	yes	Yes	Added information about availability of Vancomycin caps in primary care
AOB	For noting - Blood glucose testing strips and devices – NHSE guidance is under review in conjunction with the specialists. Meeting dates for 2024 are now available on BLMK ICB Website https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/			



Signature of chair: