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

Date: 5th September 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		✓
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	✓	
Dupe Fagbenro	DF	Deputy Chief Pharmacist (Luton and Bedfordshire) East London NHS Foundation Trust	✓	
Muhammad Nisar	MN	Agenda item 5.1	✓	

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

No	Agenda Item
1.	**Welcome, Introductions and Apologies** The chair welcomed everyone to the meeting. 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 conflicts of interest relating to matters on the Agenda, none declared.
3.	**Minutes of the previous meeting** The June 2023 FSG meeting notes were approved as accurate.
4.	**Action Log** Actions were noted in accordance with the action log:

Item	Title	Action	Update
1	**Strontium**	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. Update: Dr Rae – able to monitor BP, lipids and symptoms in yearly FUs	The group **agreed to close** this action – TL add review of guidance to workplan to include strontium and take via APC by end of 2023.
2	**Diclofenac**	**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)	BHFT have expressed a wish to retain diclofenac on formulary for analgesia. Consideration of SpA designation (**add to workplan**) and review of prescribing in Primary Care ongoing to reduce historical/long term usage on repeat where possible.

No	Agenda Item			
	3	**Trurapi insulin biosimilar**	Low uptake of switching. Update from AG/DW re discussions with Trusts.	BHFT have ordered as stock and have designated areas for implementation – as mentioned previously, this is not a conventional biosimilar switch for Trusts like a high cost drug where the stock / access is usually in a contained area, like clinic and/or accessible via pharmacy only – as this biosimilar switch is widespread and will be alongside the originator as an option to pick on wards there is an education piece and extra vigilance/ monitoring required –first internal implementation meeting (quality clinical team and medicines safety) on Thursday. **Remains open for progress update.**
	4	**OPEP device for AIRS**	Designation of red causing problems for MK AIRS service – NW to update following discussions with lead for solutions.	FG/NW working with AIRS to utilise a prescribing code to enable self-sufficient prescribing. **To close.**
5.	**Items for consideration**			
5.1	**Etoricoxib 30/60/90mg for rheumatology indications** Proposal from rheumatology specialists to add etoricoxib to the Formularies to be used in preference to celecoxib for inflammatory arthritis including psoriatic, spondylo, reactive, IBD related and sero-ve disease. Etoricoxib has a number of clinical advantages including the ability to adjust the dose (range of strengths available) and ability to administer once a day. Experience with use suggests better tolerability vs celecoxib in particular for axial spondylarthritis and a 2015 Cochrane review found clinically relevant (although statistically insignificant) benefits vs celecoxib. The safety alerts associated with etoricoxib are thought to be related to the higher use and experience with the drug over others. Place in therapy is proposed to be SpA – 3rd/4th line where current formulary choices (including self-care with ibuprofen) have not been successful, with retention of celecoxib as alternative choice after etoricoxib. No additional cost pressure expected as prescribing is already occurring, plus both drugs are the same price. Etoricoxib is a category M medicine which should be prescribed generically – there is already GP support messaging in place to encourage switching from Arcoxia brand to generic in Primary Care. The application was approved.			

No	Agenda Item
5.2	**Ryaltris (olopatadine hydrochloride and mometasone furoate monohydrate) nasal spray for allergic rhinitis** Request from ENT specialist at BHFT to include a new product on the Formularies for use in allergic rhinitis. The nasal spray is slightly more cost-effective vs the current Formulary choice (Dymista) and is proposed to sit alongside Dymista as an alternative option. The driver for the request are reports of some patients disliking the taste of Dymista, therefore Ryaltris provides an alternative cost-effective option. The preparation is also alcohol free and makes it a more suitable option for people who do not wish to intake alcohol. Ryaltris is proposed to be added to the formulary (Green) with restriction to adults and adolescents ≥ 12 years for the relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient. The group approved the addition.
5.3	**Viscose garments for atopic eczema** The application seeks to formalise the position on viscose garments as there is some usage in BLMK which generates queries as to whether they should be prescribed and by whom. The most used products appear to be base layers – Tubular stockinettes, leggings, vest and gloves. There is a lack of good quality evidence of efficacy, however there is support among specialists who observe benefits in practice. A 2020 Delphi survey gathered consensus opinion from dermatologists and allergologists in Spain, who found that 90.4% agreed the use of wet wraps with steroids reduced the severity of atopic dermatitis. National Eczema society report that wet wrap therapy reduces eczema symptoms in over 70% of children who try it. Comfifast is the most cost-effective range (marginal) so this brand is proposed to be the current preferred for BLMK. Feedback from Primary Care GP with specialist interest in dermatology indicated there may be use for these occasionally as a temporary measure for children but low value for adults as there are better treatments available (e.g. biologics). Secondary care specialists were more in favour of therapy for atopic dermatitis and widespread fragile skin/ blistering where adhesive dressings would damage the skin. Proposed position: SpA, noting elasticated stockinette garments are a more costly option, so should be selected if other options are unsuitable or if they offer an advantage that would support concordance and treatment efficacy. The group discussed the application and raised concerns over the lack of good quality evidence for the garments. The application was not approved – further investigation needed as to the frequency of patient reviews undertaken by dermatology specialists as this will define the traffic light position on the Formulary.
5.4	**Recommendations for medical devices** Much of the content of this paper was approved at APC in July 2023, however some items which were proposed to not be listed on the Formulary will now be included following feedback that it would be useful to have all items reflected on the Formulary for ease of reference. The proposals therefore for items originally not planned for Formulary inclusion are: -

No	Agenda Item
	• Accel-Heal – Do not prescribe (DNP) • Cost effective hypertonic saline – – 3% & 6% Bronchoclear and Pulmoclear – NB: 6% not currently included on Formulary – propose add – 7% - Pulmoclear, Respi-clear, Salineb • Insert for stress incontinence – DNP • Needle free insulin delivery system – List as plain NF (80:20 rule) • OPEP within AIRS service (see action log) was granted Red Formulary status at APC however post-meeting there have been reports of the AIRS service being unable to prescribe for their patients. (See action log) • Ostomy support – NF for parastomal hernia (PH) prevention, SpIS for management of PH • Pelvic toners – DNP • ActiPatch – DNP • Lymphoedema garments – Red, with SpIS for basic re-supply of worn-out garments where complete information including sizing is provided to the GP. It was noted that for cancer related lymphoedema these are supplied by hospices and for wound healing the TVNs prescribe and supply. BLMK ICB are working on a commissioned pathway to enable prescribing of the garments for a range of indications beyond the two noted above. All of the above changes were approved.
5.5	**Anticholinergics and mirabegron Formulary alignment** Rationalisation and alignment of Formulary choices in line with NICE guidance and harmonisation to the two local pieces of guidance into a BLMK wide document. It was noted that much of the evidence was based on use in women however as the choices are based on cost in the main (NICE do not specify clinical advantage of one over another), the guidance is also applicable to men. **Proposed Formulary Choices:-** • **First Line Choices -** Oxybutynin (immediate release) **or** Solifenacin **or** Tolterodine • **Second Line Choices** - One of the alternative first line choices not tried already **or** Fesoterodine M/R **or** Tolterodine M/R (Tolthen XL®) **or** Trospium **or** Darifenacin • **Third Line Choice -** Mirabegron • **Difficulty in swallowing –** Oxybutynin transdermal patch **Additional Proposals:-** • **Tolterodine M/R 4mg -** Tolthen X/L® to replace Neditol X/L ®

No	Agenda Item
	• **Liquid Medicines** - Solifenacin 5mg/5ml suspension to replace oxybutynin 5mg/5ml oral solution (to include active switching) • **Vesomni® 6mg/0.4 mg modified release tablets (solifenacin/tamsulosin) -** non-Formulary with active switching to the two single components where appropriate. (Prescription charges) • **Retire MK and Beds and Luton Pathways** The switch from Neditol to Tolthen was approved on the basis of there being no financial detriment to community pharmacies and also that Tolthen was held in sufficient quantity to meet demand in the wholesalers. **Action AH**: To confirm the above. The place of liquid preparations were also discussed in more detail, noting that if the patch is approved for swallowing difficulties then there may be no place for liquids. Possible use in children and care homes / where patches may damage the skin. Further investigation into the place of liquids and re-visit at next FSG. The Trusts noted that liquid was used predominantly on care of elderly wards. Action RP: To feedback rationale for use of liquids over patches in elderly patients (NB: patches are not listed on prescribing system at the Trust). To confirm also with paediatrics regarding possible switch to solifenacin liquid (cost-effective) vs oxybutynin liquid. Small numbers of patients overall. Discussion around removal of MR oxybutynin – MR preparation not listed in NICE guidance and feedback from GPs that if an MR preparation was required tolterodine would likely be chosen. Removal agreed. The above changes were approved, pending confirmation of the above points.
5.6	**Review of hydrocortisone products for adrenal insufficiency in adults and children** Review of hydrocortisone preparations to add a range of strengths that support accurate dosing for adults and children. 10mg and 20mg tablets can be halved (suitable for the majority and cost-effective) Where 10mg tablets cannot be halved e.g. children in schools and those with dexterity problems, 5mg tablets and 5mg soluble tablets to be added to the Formulary under these restrictions. A 2.5mg tablet will also be added for use in children to ensure dosing accuracy. In addition, Alkindi granules (0.5mg, 1mg and 2mg) were agreed to be added to the Formularies (SpIS) for use in younger children where small increments of dosing are required. Of note the 5mg strength will be non-formulary due to disproportionately high cost and availability of other suitable options on Formulary. The liquid was discussed for its place in therapy as an unlicensed special. The paper proposed to retain on Formulary for use where all the other above options are unsuitable. This proposal was supported.
5.7	**Lithium Shared Care Guidance** The lithium SCG was re-visited following feedback at the last meeting regarding clarification of renal and drug interactions. The sections have been updated in green for review and approval.

No	Agenda Item
	Further discussions have been held with community pharmacy representatives and GPs regarding the practicality of communication / checking of lithium levels, noting there are often a number of barriers to this. Wording updated in the SCG to take a pragmatic approach – recommending that GPs where possible annotate lithium levels, and date measured, on the prescription to enable the community pharmacist to undertake a second check. It was fed back that there is no easy way to electronically endorse lithium levels, nor is there easy access to allow pharmacists to check it. Often patients have lithium prescription delivered or a representative with limited knowledge will collect on the patients behalf. There is a small pilot within BLMK to allow SystmOne access – going forward this may be rolled out further and may enable easier checking of levels in community. The amended SCG was approved. **Action SMc**: Finalise document and upload to BLMK website.
5.8	**Hydroxycarbamide liquid – change of traffic light for paediatrics with sickle cell** Application to amend traffic light designation of liquid for treatment of paediatric patients with sickle cell from red to SpIS. The group noted the presence of a national SCG for treatment of adult patients and nationally there is very little prescribing in Primary Care. The proposal is for GPs to prescribe with monitoring to be retained by the specialist. A review of all hydroxycarbamide preparations and rationalisation of the pathway for adults needs to be undertaken, accounting for both capsules and liquid and transition from child to adult services in relation to prescribing. Due to the frequent monitoring and nature of the disease it is likely that patients are seen regularly by the specialist, therefore retention of prescribing until holistic review of all hydroxycarbamide preparations was agreed by the group to be the safest option. The application was declined – retain status quo – liquid to remain RED.
5.9	**Calcium acetate formulary alignment for hyperphosphatemia in chronic renal insufficiency in patients undergoing dialysis** Request for alignment of MKF with B&LF. Proposal to add calcium acetate (Renacet®) to MKF as SpA for use within licensed indication. Approved.
5.10	**Famotidine formulary alignment** The request is for a change in formulary states for famotidine from non-formulary to green status on Beds/Luton Formulary for use within licensed indications. This will bring the Bedfordshire and Luton Formulary in line with the Milton Keynes formulary. The change will allow patients access to a H2 receptor antagonist in light of the ongoing unavailability of ranitidine. Currently other H2 receptor antagonists are also non-formulary: nizatidine, cimetidine.

No	Agenda Item
	Cost impact is significant: the average cost per patient to treat with famotidine is £30-40, versus Formulary choice PPI at an average of £2-3. There are currently in the order of 4000 patients prescribed famotidine in BLMK, which is thought to be historical switching in the main as a result of unavailability of ranitidine. Historically patients were noted to step down from PPI to H2 antagonist. Other mechanisms for this are now commonplace in practice, including tapering of PPI dose and substitution with alginates where rebound reflux occurs following discontinuation. It was noted that usage is increasing, however addition to Formulary is not expected to bring about any additional cost pressure to the system as usage is already widespread. Rationalising the restrictions may support a reduction in usage and with usage increasing over time clear guidance on place in therapy essential to manage the cost pressure. The group acknowledged a place for famotidine on the formulary for patients who are intolerant of PPIs e.g. experience electrolyte imbalance and for those who have a contraindication to PPIs. It is proposed that restrictions are added to famotidine to recommend use only after multiple PPIs (minimum two) have been trialled and failed, or where a contraindication to PPIs exists. This was approved, with green indication. The group also acknowledged that there is a wider project to deprescribe PPIs, noting that their inappropriate/over use may be contributing to higher incidence of C.difficile in the population.
5.11	**Altraplen compact daily** Altraplen compact daily (ACD) is currently recommended by MK Community Dietetics as a more cost-effective option to prescribing two “compact” supplements. Dietetics had verbal confirmation from medicines optimisation that it was suitable for use (as it is more cost effective), but this has never been formalised. It is the equivalent of two “compact” ONS in one carton at a much lower cost. ACD is a ready to drink milkshake style oral nutritional supplement available in a range of flavours which are reported to be well-liked and well-tolerated by patients. 250ml Tetrapak carton (better environmental profile vs plastic bottles). Contains 600kcal, 24g protein. Complete in micronutrients in two cartons. Can be used as a sole source of nutrition or used to supplement a patient’s dietary intake. £1.60 per 250ml (Ensure Compact is £1.35 per 125ml, 300kcal, 12.8g protein). Can be used as 250ml, 125ml “compact”, or “shot-style”. Free from: egg, fish, gluten, lactose, nuts, wheat. Vegetarian, Halal, Kosher. It was noted that Altraplen is a borderline substance approved only the below indications (Drug Tariff September 2023):

No	Agenda Item
	ALTRAPLEN COMPACT Disease related malnutrition, short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, patients with proven inflammatory bowel disease, following total gastrectomy, bowel fistulae, dysphagia. ALTRAPLEN COMPACT DAILY For the dietary management of disease related malnutrition. Proposal to add to Formularies (in place of Altraplen Compact) for use 2nd line where powdered ONS are not suitable was approved. Post-meeting note: Confirmed with dietician – in addition to Altraplen compact – with compact daily as preferred cost-effective choice.
5.12	**Liothyronine national recommendations** FSG agreed in Feb 2023 – alignment of the Joint Formularies with respect to Liothyronine (oral), with recommendations based on RMOC guidance. RMOC Guidance has now been superseded by national guidance. Depression added as an indication, but little, if any prescribing for this indication locally. SpA designation in Beds and Luton Joint Formulary/SpIS designation in Milton Keynes Joint Formulary which requires alignment. Proposal:- The NHS England prescribing guidance on liothyronine is adopted and the Formularies are aligned with a traffic light status of SpIS for all indications except for oncology and psychiatry which remain red. The group endorsed the changes.
5.13	**Switching preferred choice of oral iron preparation** Application to request promotion of the usage of ferrous fumarate over ferrous sulphate and re-enforce once-a-day dosing regimen (as per CKS and BSG recommendations). The poor tolerability of oral iron is leading to an increase in the use of IV products, which carry a high cost and safety concerns. MK formulary currently shows equal standing between ferrous sulphate and ferrous fumarate whereas the Bedfordshire and Luton Formulary shows preference for ferrous sulphate. Cost difference between the two is negligible (small saving from fumarate). The change was approved, noting that ferrous sulphate would remain on Formulary as a choice due to widespread prescribing, but with promotion of fumarate salt as first line option.
5.14	**Gliclazide and metformin MR amendment for Type 2 diabetes** Application for the below amendments to help improve concordance and HBA1C control for patients within BLMK. Up to 25% of patients experience side effects on the immediate release leading to poor compliance and increased cost as a result of repeat GP visits and reviews. **Metformin – request for removal of restriction on MR tablets** • Tolerability will encourage better medication adherence

<table>
<tr><th>No</th><th>Agenda Item</th></tr>
<tr><td></td><td>

Additional flexibility of simpler dosing regimen – once daily
Lower cost of appointments needed due to intolerance
Improve outcomes/ attainment of individualised treatment targets
Metformin 500mg vs metformin MR 500mg – £1.58 vs £1.66 per 56 tablets
Metformin 1000mg vs metformin MR 1000mg - £54.57 vs £1.08 per 28 tablets
Continued restriction on metformin 750mg MR (approx. 4X cost of metformin 500mg MR)

Gliclazide MR – request to align MK formulary with Beds/Luton formulary

30mg once daily regimen provides flexibility and convenience instead of 80mg IR tablets twice daily.
Suitable option for patients switched from GLP-1 receptor agonists (RA) during national shortage.
Small patient numbers expected.
Careful selection of patients, dose, and clear patient directions to reduce the risk of hypoglycaemic episodes.

Based on August 2023 drug tariff price, the difference in cost between the metformin 500mg preparations would be small in absolute terms. Therefore, the cost impact is expected to be minimal if the 500mg strength is used (e.g., metformin 500mg vs metformin MR 500mg – £1.58 vs £1.66 per 56 tablets). But this will be offset by encouraging better medication adherence, lower health care usage/costs of appointments needed due to intolerance and improve outcomes/ attainment of individualised treatment targets.

Cost of 1000mg MR tablets is much cheaper than the IR tablets of the same strength which is currently Non-Formulary across BLMK. Using the 1000mg MR tablets will also help reduce pill burden for patients.

The above changes were approved.
</td></tr>
<tr><td>6</td><td>
Minor amendments log
<table>
<tr><th>Date</th><th>Beds/Luton update</th><th>Milton Keynes update</th><th>Action</th></tr>
<tr><td>5.6.23</td><td>yes</td><td>already done</td><td>Proshield and Proshield plus added to DNP as per wound care formulary</td></tr>
<tr><td>9.6.23</td><td>yes</td><td>n/a</td><td>Furosemide 50mg/5mL liquid strength added to align with MKF</td></tr>
<tr><td>15.6.23</td><td>yes</td><td>Yes</td><td>Tirzepatide monograph added - new product no assessment</td></tr>
<tr><td>20.6.23</td><td>yes</td><td>Yes</td><td>celecoxib wording updated to Restricted - ~~prescribing by~~ on recommendation of Consultant Rheumatologists only</td></tr>
</table>
</td></tr>
</table>

No	Agenda Item			
	21.6.23	yes	Yes	Triamcinolone hexa - moved from A2 to red on MKF. Single GP administered in primary care historically who has now retired. EPACT2 shows no primary care prescribing for 22/23.
	22.6.23	yes	Yes	Yiznell discontinued - removed from formulary.
	28.6.23	n/a	Yes	All remaining double red references removed from monographs and RedRed designation disabled
	29.6.23	yes	Yes	GLP-1 shortage national guidance added to Formulary monograph
	29.6.23	yes	n/a	Addition of L&D referral form to obesity service to saxenda monograph
	30.6.23	yes	Yes	Tacrolimus and sirolimus Red and SpA re-organised on monograph - no new patients should be going to primary care
	30.6.23	yes	n/a	Testosterone for low sexual desire spA to SpIS to align with MK and in line with current wording on the monograph
	3.7.23	yes	Yes	Both Formularies checked for old traffic light wording and updated where necessary
	3.7.23	yes	Yes	Campral brand removed (Rx generically)
	4.7.23	yes	Yes	Broken links to EOE PAC narcolepsy guidance fixed
	3.7.23	yes	Yes	Ketamine indications and products updated and monographs split to clarify information
	3.7.23	yes	Yes	sodium aurothiomalate discontinued - removed
	4.7.23	yes	n/a	Donepezil 5mg dispersible generic added to B&L to align with MKF. cost effective dispersible product.
	6.7.23	yes	Yes	Sulfasalazine for GI indications noted not to be under shared care. traffic light changed from SCG to SpIS
	7.7.23	yes	Yes	Rifaximin monograph updated to include indications for which it is and isn't recommended. (SpA for hepatic enceph. and DNP for all others)
	18.7.23	n/a	Yes	Bulevirtide (Hepcludex®) wording added - restricted to teritary centre in line with NICE TA896
	24.7.23	yes	n/a	Cetraxal monograph updated - presented in 0.25mL single use containers which equate to one dose. Entry updated to include this info.
	25.7.23	yes	Yes	Remove GlucoRx aidex from formulary

No	Agenda Item			
	27.7.23	yes	n/a	Naltrexone for opioid dependence - former SCG historically retired and SCG designation remained. Updated to SpIS.
	28.7.23	yes	Yes	Victoza for T2DM in paediatrics - guidance uploaded and traffic light changed red to SpIS as previously agreed through FSG.
	28.7.23	yes	Yes	Fentanyl lozenges tidied up (NF) - brands added for clarity
	28.7.23	yes	Yes	Effentora - removal of strengths as some missing. Updated wording to "Various strengths available" to future proof as all same price.
	28.7.23	yes	n/a	Addition of current preferred brand (Fencino) to fentanyl patch monograph for clarity
	28.7.23	yes	Yes	Instanyl discontinued - hidden (fentanyl nasal spray)
	28.7.23	yes	Yes	Breakyl buccal film (fentanyl discontinued – hidden)
	28.7.23	yes	Yes	Ionsys discontinued hidden - fentanyl transfermal system
	28.7.23	yes	n/a	Anti-TB drugs aligned to SpA with Milton Keynes as text says "restricted to micro or consultant approval"
	31.7.23	n/a	Yes	Disipal discontinued (orphenadrine) remove from monograph
	31.7.23	yes	Yes	Addition of cost effective brands Ipinnia and Repinex to ropinirole XL monograph
	31.7.23	yes	Yes	Sondate XL preferred brand added to quetiapine
	31.7.23	yes	Yes	Addition of current preferred brands for Stalevo. The preferred brands are Stanek or sastravi

No	Agenda Item			
	2.8.23	yes	Yes	Ogluo authorised for use as a temporary measure during Glucagen shortage Where patients have insufficient supplies of GlucaGen® to last until the re-supply date: Prescribe Ogluo®(glucagon) pre-filled auto-injector pen for the treatment of severe hypoglycaemic episodes Counsel patients how to administer the pre-filled auto-injector pen Limit prescriptions to TWO devices per patient on an ACUTE prescription until normal supply resumes. Please advise patient that when normal supplies of GlucaGen resume that Ogluo pen will no longer be prescribed for them.
	2.8.23	yes	Yes	Information regarding shortage linked to Glucagen Hypokit monograph
	2.8.23	yes	Yes	atomoxetine supply issues added to Formulary monogrpah
	2.8.23	yes	Yes	Loperamide 1mg/5mL discontinued
	2.8.23	yes	Yes	Addition of links to PenCycle information - scheme to recycle Novonordisk pens (insulin and some GLP-1 agonist and growth hormone pens)
	2.8.23	yes	Yes	Nacl 3% inhalation - preferred brands added (Bronchclear and Pulmoclear)
	2.8.23	yes	Yes	Nacl 7% inhalation- addition of current preferred brands PulmoClear®, Respi-clear® or Salineb®
	2.8.23	yes	Yes	Update to tolterodine preferred brand - Tolthen XL for 2mg and 4mg tablets
	2.8.23	yes	Yes	Tolterodine immediate release - addition of "prescribe generically" information (Category M drug
	3.8.23	yes	Yes	Fidaxomicin granules for suspension added to monograph with tablets. Same cost for a course but licensed via enteral feeding tubes (only suitable option)
	12.6.23	yes	yes	Added link to Biologics Migraine pathway
	12.6.23	n/a	yes	Added Sterile larvae to formulary as historic omission

No	Agenda Item			
	12.6.23	yes	yes	Added links to DSU bulletins where missing
	14.6.23	n/a	yes	Undertook actions post FSG and Amber 2s to green
	19.6.23	n/a	yes	Added lercandipine as included in hypertension guidance
	26.6.23	n/a	yes	Removed Rifaximin for CDI as no previous application could be found (requested by Antimicrobial Pharmacist)
	3.7.23	yes	yes	Removed sodium aurothiomalate as discontinued
	3.7.23	n/a	yes	Removed monograph text references to old Amber designations
	10.7.23	n/a	yes	Hid duplicate entries for pregabalin and buprenorphine
	24.7.23	n/a	yes	Added isotretinoin 10mg caps as more cost-effective option than 2x5mg
	Saxenda – Review of obesity service with development of a SystmOne referral form – the current form as is attached to the Formulary may be retired imminently. Fidaxomicin – confirmation of availability of granules in Primary Care – confirmed available with very low patient numbers. Post meeting update: 1. Fidaxomicin granules – being recommended in the Trust – AH checked and are available in primary care 2. Wegovy – tier 3 weight loss services referral form uploaded onto formulary site – note that S1 referral form will be live soon but the paper form can continue to be used (when S1 form goes live the formulary page will need updating to signpost to this)			
AOB	Updated TOR to include new framework template – approved. Meeting dates for 2024 are available on BLMK ICB Website – Formulary Page https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/			