BEDFORDSHIRE, LUTON AND MILTON KEYNES AREA PRESCRIBING COMMITTEE

Meeting Notes

Date: 01 March 2023
Time: 12.30 - 15.25
Venue: Microsoft Teams

Attendees:

Name	Initial	Role
Dr Muhammad Nisar	MN	Chair (Medical Representative, Bedfordshire Hospitals NHS Trust)
Yolanda Abunga (until 15.14)	YA	CCS Pharmacy Representative (Community Services Pharmacist, Beds and Luton)
Mojisola Adebajo	MA	Place Based Lead Pharmacist – Luton
Nicola Ainsworth (until 14.27)	NA	Consultant in Public Health
Reginald Akaruese	RA	CNWL Pharmacy Representative (Community and Mental Health Services Milton Keynes)
Saema Arain	SA	ELFT Pharmacy Representative – Community Services (Beds)/Mental Health Services (Beds and Luton)
Sally Cartwright (until 14.27)	SC	Consultant in Public Health
Dr Samantha Chepkin (until 15.02)	SCh	Consultant in Public Health
Jacqueline Clayton	JC	Chair of Wound Care Group
Janet Corbett	JCo	Milton Keynes Hospital Pharmacy Representative (Pharmacy Programme Manager, Milton Keynes Hospital)
Naomi Currie (until 15.04)	NC	Place Based Lead Pharmacist - Bedford
Matt Davies	MD	Place Based Lead Pharmacist – Central Bedfordshire
Dr John Fsadni	JF	Chair of Formulary Subgroup
Fiona Garnett	FG	Associate Director and Head of Medicines Optimisation, BLMK ICB

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

Anne Graeff	AG	Commissioning Lead Pharmacist, BLMK ICB (Professional Secretary)
Carole Jellicoe	CJ	Nurse Representative (Independent Prescriber)
Dr Dush Mital (until 14.46)	DM	Medical Representative, Milton Keynes Hospital
Dr Kate Randall	KR	Place Based Lead GP – Central Bedfordshire
Dr Mitan Sarkar	MS	Place Based Lead GP - Luton
Dr Jonathon Walter (until 15.00)	JWa	Place Based Lead GP – Milton Keynes
Dr Jenny Wilson	JW	Place Based Lead GP - Bedford
Dona Wingfield (until 15.15)	DW	Chair of Medicines Safety Group / Bedfordshire Hospitals Trust Pharmacy Representative (Medicines Use and Quality Manager, Bedfordshire Hospitals Trust)

In attendance:

Name	Initial	Role
Rafal Ali	RA	Commissioning Pharmacist, BLMK ICB
Dr Marian Chan (until 14.48)	MC	Medical Representative, Bedfordshire Hospitals NHS Trust
Candy Chow	CC	Commissioning Lead Pharmacist, BLMK ICB
Dr Andrew Cooney (from 13.20 – 13.42)	AC	Medical Representative, Milton Keynes Hospital
Taiya Large	TL	Formulary and Medicines Safety Pharmacist BLMK ICB
Sandra McGroarty	SMcG	Commissioning Pharmacist, BLMK ICB
Dr Joy Mutitika (until 15.11)	JM	Medical Representative, Keech Hospice
Kike Pinheiro (until 15.03)	KP	Representative, Willen Hospice
Sharon Wilmore	SW	PA to MOT, BLMK ICB (admin support)
Nikki Woodall	NW	Lead Medicines Optimisation Technician, BLMK ICB
Dr Fatima Mohri (for agenda item 5.4)	FM	BLMK GP and ICB Dermatology Clinical lead
Suzanna Whitwell (for agenda item 8.2a)	SWh	Lead Tissue Viability Nurse, CNWL
Funmi Balogun (observer)	FB	BLMK ICS Community Pharmacy Clinical Lead
Naisha Henry (observer)	NH	Audit & Compliance Manager, BLMK ICB
Asmita Modha (observer)	AM	Advanced Specialist Pharmacist, Milton Keynes Perinatal Mental Health Service, CNWL
Stephanie Ransom (observer)	SR	Safety and Governance Pharmacist, Cambridgeshire & Peterborough ICS

Apologies:

Name	Initial	Role
Lesley Bates	LB	Representative, St John's Hospice
Helen Chadwick	HC	Milton Keynes Hospital Pharmacy Representative (Chief Pharmacist, Milton Keynes Hospital)
Alice Green	AGr	Representative, St John's Hospice
Cheryl Green	CG	Patient Representative
Raye Summers	RS	PA to MOT, BLMK ICB (admin support)
Dr Sarah Whiteman	SW	Chief Medical Director, BLMK ICB

No	Agenda Item	Action
1.	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the meeting. Apologies were received and noted as above. The meeting was confirmed as quorate. The Chair thanked Samantha Chepkin and Lesley Bates for their service to the Committee. The Chair welcomed Sally Cartwright (Consultant in Public Health), Nicola Ainsworth (Consultant in Public Health), Kike Pinheiro (Willen Hospice representative) and Alice Green (St John's Hospice representative) to the Committee.	
2.	**Declarations of Interest** The Chair invited the members to reconfirm their current declarations on the Register of Interests and advise of any new declarations. All other members confirmed their declarations were accurate and up to date. The Chair invited members to declare any declarations relating to matters on the agenda. All other members confirmed they have no declarations in relation to matters on the agenda. Post meeting note: JC has a non-financial personal interest in relation to agenda item 5.4 and took no part in the discussion.	
3.	**Minutes of 07 December 2022 APC meeting** The minutes of the meeting held on 07 December 2022 were approved.	
4.	**Matters Arising**	
4.1	**Feedback on miscellaneous actions not included on the agenda from APC meetings**	
4.1.1	**Localised Severe Psoriasis**	AG

No	Agenda Item	Action
	Local review to be undertaken of PAC policy to include: number of lines of therapy available and choice of therapy (following comments received by local clinicians). **Update 06/02/2023** - PAC is reviewing the evidence for the therapies in response to the feedback from BLMK - the outcome of this is awaited and clinicians have been informed. This is therefore an ongoing action.	
4.1.2	**Icosapent Ethyl (NICE TA805)** Review of prescribing data over six months to review usage and uptake. **Update 09/02/2023** – to be fed back to the Committee at the next APC meeting in May. This is an ongoing action.	MD
4.1.3	**Icosapent Ethyl (NICE TA805)** Local adaptation of national lipid pathway to be produced, to include icosapent ethyl, if not produced nationally within two months. **Update 19/01/2023** - the national lipid pathway has been updated to include icosapent ethyl, and the link is available via the Medicines website. It was proposed and agreed that this action could be closed.	Close
4.1.4	**Ulcerative Colitis treatment pathway** To check the final upadacitinib NICE TA and determine whether there are any changes to the FAD, then to finalise and publish the pathway. **Update 11/01/2023** - NICE TA for upadacitinib checked against the FAD - no changes. Note - a minor omission was spotted following the December APC meeting, allowing a second TNFi as a second line treatment option (included in the previous version of the pathway, but accidentally omitted in the updated version). Re-inclusion of this option approved by Chair's action prior to uploading of the pathway to the Medicines website. It was proposed and agreed that this action could be closed.	Close
4.1.5	**BLMK ICB Hypertension Adult Treatment Guidelines** Link to be added to clarify the guidance in relation to patients with CKD. **Update 09/02/2023** - this is an ongoing action.	MD
4.1.6	**BLMK ICB Hypertension Adult Treatment Guidelines** Template/leaflet to be produced to provide information to patients and support the communication of the treatment plan (to be uploaded onto the Medicines website alongside the treatment pathways). **Update 09/02/2023** - draft leaflet complete, next step is to go to co-design for patient input. This is an ongoing action.	MD
4.1.7	**GLP-1 Agonist Prescribing Guideline** Wording in relation to the initiation of semaglutide (persons eligible to prescribe) to be amended and clarified. **Update 06/02/2023** - wording updated and guideline uploaded to the Medicines website. It was proposed and agreed that this action could be closed.	Close
4.1.8	**GLP-1 Agonist Prescribing Guideline**	Close

No	Agenda Item	Action
	Formulary entries and Scriptswitch/Optimise wording for all GLP-1 agonists to be reviewed and updated in accordance with the guidance. **Update 20/02/2023** - Formulary entries on both formularies and SS/Orx wording updated. It was proposed and agreed that this action could be closed.	
4.1.9	**Paediatric ADHD Shared Care Guideline** Amendments to be made as discussed and agreed at the December meeting (see minutes). **Update 24/01/2023** - amendments made as agreed at the December meeting, and finalised SCG uploaded onto the Medicines website. It was proposed and agreed that this action could be closed.	Close
4.1.10	**Shared Care Patient Information Leaflet** For further consultation in the acute Trusts, including determining the need for approval via Trust Documentation Committees, logos to be used. **Update 01/03/2023** – Trust representatives advised that the leaflet is on the agenda for the next relevant Trust Committee meetings. This is an ongoing action.	JCo/DW
4.1.11	**Relugolix–estradiol–norethisterone acetate and Avacopan** To be added to both Formularies with Amber/Amber 3 status and Red status respectively. **Update 20/02/2023** - Ryeqo added to B/L and MK formularies. Confirmed Avacopan is restricted to specialist centres only, therefore not added to local formularies. It was proposed and agreed that this action could be closed.	Close
4.1.12	**BLMK APC Terms of Reference** Updates to be made as agreed at the December 2022 meeting. **Update 15/12/2022** - updates completed and ToR uploaded to Medicines website. It was proposed and agreed that this action could be closed.	Close
5.	**Items for consideration at meeting**	
5.1	**Crohn's Disease Biologic Pathway Update** The Committee discussed the proposed updates to the Crohn's disease biologics pathway. The current pathway was previously agreed by the Bedfordshire & Luton Joint Prescribing Committee, and last updated at the May 2022 APC. The current pathway update will apply across BLMK and has been discussed with clinicians across BLMK. NICE currently recommend 4 biologics for the treatment of moderate to severe Crohn's disease: adalimumab, infliximab, ustekinumab and vedolizumab. NICE do not provide guidance regarding the sequential use of any of the 4 individual drugs for patients with Crohn's who have lost response / cannot tolerate two previous biologic agents. As a result, treatment options for third and fourth line needs to be agreed as part of local decision-making and commissioning. The RMOC advice on the sequential use of biologic agents, issued in May 2020, was noted.	

No	Agenda Item	Action

	The Committee discussed the following key points:
	• Patients on an established biologic regimen can lose response and it is routine practise to try a dose escalated / interval shortening regimen for a period of time to attempt to recapture remission, where applicable, before considering a switch to a different agent.
	• TNFi drug and antibody levels are often monitored to help guide treatment/dosing choices.
	• Proposed pathway changes:
	  ○ Switching to infliximab from adalimumab added as an option (adalimumab to infliximab switching included in the previous pathway, but not vice versa).
	  ○ Addition of a fourth line treatment option (likely to be ustekinumab or vedolizumab, whichever wasn't used 3rd line).
	  ○ Dose escalation/interval shortening of infliximab IV, adalimumab and ustekinumab (8-weekly) for more than 6 months, at clinical discretion (applies to approximately 5% of dose escalated patients).
	  ○ To allow the use of an alternative treatment option for patients with fistulating disease who cannot have or who loss response to infliximab
	• Dose escalation of vedolizumab, and of ustekinumab to 4-weekly or 6-weekly, are not included in the routinely commissioned pathway.
	• Dose escalation of subcutaneous infliximab is not included in the routinely commissioned pathway – this was previously discussed by the Committee when the addition of s/c infliximab to the formulary was agreed. Dose escalation of s/c infliximab is outside of the UK product license and was considered by the EMA during the licensing process (but not included in the license).
	• Published clinical evidence supporting the switch between ustekinumab and vedolizumab is limited however as these drugs have different modes of action, the decision to consider a switch to another agent with a different mode of action would be in line with the pragmatic decisions that have previously been adopted in other local disease pathways e.g. Rheumatoid Arthritis.
	• Follow-up appointments may be either face-to-face or via telephone. Extended dose escalation, and extension to fourth line may reduce the need for future appointments, admissions and surgery.
	• Cost impact of adding a fourth line treatment option to the existing pathway is estimated to be between £ 20,000 - £90,000 per year.
	• Additional costs associated with extended dose escalation is estimated to be £60,000 per year (medicine costs only).
	• The associated costs fall within the delegated budgetary responsibility of the Committee.	

No	Agenda Item	Action
	Decision: The Committee approved the extended Crohn's disease biologic treatment pathway for use across BLMK. **EQIA Assessment:** Positive impact anticipated due to extension of the pathway, and proposed increase in the number of treatment options available. **BLMK ICB E and D Lead comment:** No further comments	
5.2	**Sodium valproate in women of childbearing potential** Valproate is known to have a high teratogenic potential and, due to the risk of serious harm to an unborn baby with the use of valproate in pregnancy, the Valproate Pregnancy Prevention Programme (PPP) was introduced by the MHRA in April 2018. All women and girls of childbearing potential being treated with valproate medicines must be supported by the PPP to ensure that: 1. They have been told and understand the risks of use in pregnancy and have signed a Risk Acknowledgement form (RAF) every year 2. Are on highly effective contraception if necessary 3. See their specialist at least once a year. The rate of valproate usage in females of childbearing potential has declined nationally since 2018 however this rate of decrease has now plateaued. In 2022 the Commission on Human Medicines (CHM) completed a further review of safety of prescribing of valproate and has recommended several regulatory actions to further strengthen the safety measure already in place for valproate. The review also considered the risks to male fertility and has therefore extended its recommendations to include males and females. These measures will be introduced over the coming months according to patient priorities so they can be introduced safely. Advice on the timing of introduction will be provided once the CHM's implementation group has finalised plans and after full engagement with stakeholders. The proposals include the recommendation that 2 specialists should independently consider and document that there is no other effective or tolerated treatment or risks do not apply (for both male and female patients under the age of 55). The BLMK ICS Medication Safety Group had identified prescribing of valproate in pregnancy as one of its areas of focus following its formation in September 2021. It was recognised by all sectors that the completion of the PPP forms was an area that needed to be improved across BLMK. Work to ensure RAF form completion, raise awareness and understand barriers to completion of the current PPP requirements was being completed by each provider and the ICB team. An analysis of SystmONE prescribing data for the female patients prescribed valproate indicated that 60% patients are being prescribed valproate for neurology indication and 40% prescribed for	

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	mental health indication. There is some isolated off-label prescribing in primary care which tends to be historic. The Committee discussed the following additional points: • BHFT and ELFT representatives confirmed that their organisations are looking at the issues, and identifying what actions need to be taken to support the workstream. • It is currently unclear whether the two specialists independently considering the need for valproate (as advised in the CHM recommendations) would need to be from separate teams. Further clarification is awaited. • Work is being undertaken by the iCASH (integrated Contraception and Sexual Health) lead at CCS with regards to patients who are obtaining contraception via the iCASH service, rather than their GP. • There is the potential for drug interactions with a wide variety of contraceptives (oral or injectable, oestrogen and progesterone) and prescribers need to be aware of this and make use of drug interaction checkers. • Pharmacists in practices in Milton Keynes are undertaking valproate reviews (previously agreed via MKPAG to support the implementation of the PPP). • Key stakeholders e.g. iCASH and family planning clinic leads, PCN pharmacists, to be invited join the discussions on valproate at the Medicines Safety Group. **EQIA Assessment:** N/A **BLMK ICB E and D Lead comment:** N/A	NC/DW
5.3	**Ankylosing Spondylitis and Non-radiographic Axial Spondyloarthritis Pathway Update** The BLMK Ankylosing Spondylitis (AS) and Non-radiographic Axial Spondyloarthritis (nrAxial SpA) pathway was proposed to be updated in the following three ways: • Update of terminology from 'biologics', as not all treatment options now fall within this definition. • To incorporate Upadacitinib for nrAxialSpA, in accordance with NICE TA861 published 01 February 2023, into the pathway. • To extend the pathway to allow 4 lines of therapy, provided a treatment with a different mode of action is chosen. NICE provides recommendations on use of medicines and decides whether they are a clinically and cost-effective use of NHS resources but gives little guidance on number of lines of therapy. For some indications, NICE has stated in the TA that treatments are suitable for use 1st or 2nd line, and occasionally 3rd line, but rarely makes recommendations beyond this stage. Treatment recommendations beyond 3rd line therefore need to be made as part of local decision-making processes. The Committee noted the RMOC recommendations on the sequential use of biologic agents, issued May 2020.	

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	In common with other high cost drugs treatment pathways reviewed recently, it was proposed that the AS/nr Axial SpA pathway is extended to offer an additional line of therapy. This would allow a total of four lines of therapy to be prescribed for each patient, within the routine commissioning pathway, provided that an agent with a different mode of action is used at 3rd and 4th line. The extension is proposed as local specialists have highlighted that there is now a cohort of patients reaching this stage of the treatment pathway and there is therefore an unmet clinical need. The expected cohort of patients progressing to 4th line treatments is small, at approximately 6 patients per year across BLMK. The addition of a fourth line of treatment to the pathway is most likely to be cost neutral overall. Evidence for optimal sequencing of agents at 3rd and 4th line is limited. The Committee agreed a pragmatic approach to extending the pathway, in line with pathway extensions in other similar therapy areas, to allow patients to trial treatments available with different modes of action. The Committee noted the recommendations made by the EMA, in November 2022, on measures to be taken "to minimise risk of serious side effects with Janus kinase inhibitors for chronic inflammatory disorders", and that the MHRA is aware of the EMA recommendations and is considering whether to issue updated advice on the use of JAK inhibitors in the UK. **Decision**: The Committee approved the extension of the Ankylosing Spondylitis and Non-radiographic Axial Spondyloarthritis Pathway. **EQIA Assessment:** Yes, but in a positive way – the addition of a new drug and an additional line of treatment will benefit patients **BLMK ICB E and D Lead comment:** No further comments.	
5.4	**Pathway for the management of psoriasis in Primary Care using topical agents** A full review of recommendations for the Primary Care management of Psoriasis in adults and children using topical agents has been undertaken and pathways produced for BLMK use. This forms part of the guideline and Formulary alignment work and will ensure equity of access for patients across the areas. The current Bedfordshire and Milton Keynes documents will be retired and replaced with the BLMK wide pathways. Consultants at all local hospital sites have been involved in the production of the pathways. The proposed pathways largely follow NICE and PrescQIPP recommendations with some amendments, which are in line with Primary Care Dermatology Society (PCDS) recommendations. The pathway is similar to the Nottinghamshire APC approved pathway. The pathway changes have aimed to simplify the previous pathways. The Committee noted the following key points: • NICE recommends use of monotherapy with topical corticosteroids and vitamin D analogues, prior to considering	

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	moving onto combined products. The proposed pathway differs from this by offering combined therapy first line. • Enstilar is listed jointly as an option with others for scalp psoriasis. Enstilar is reported to be better absorbed than other products due to the formulation but is more expensive. • Enstilar included for the generalised psoriasis, as well as scalp psoriasis, as suggested by local consultants – less confusing for patients than using separate products and may result ultimately in cost savings. • Topical calcineurin inhibitors added for prescribing by GPs with specialist interest in dermatology in Primary Care. • Need to attain an acceptable balance between cost and efficacy and consider the overall cost-effectiveness of recommending the use of Enstilar early in the pathway. NICE consider QALYs and make cost-effectiveness assessments when developing their guidelines – unclear if the PCDS have a similar process when developing their recommendations. • The ICER calculated by NICE for the combined product containing calcipotriol monohydrate and betamethasone dipropionate compared to the base case was well above the NICE cost-effectiveness threshold of £20,000 per additional QALY. • The NICE guidance was last updated in 2017, and dermatology conferences and specialist websites (e.g. Primary Care Dermatology Society) suggest a different approach, with early use of combination products. • The PCDS receives sponsorship from Leo (manufacturer or Enstilar) (alongside a number of other sponsors). • The cost differential between monotherapy products and Enstilar is very large. The potential use of gel or ointment products was discussed prior to Enstilar foam but indicated to be less effective than the foam. • It was noted that Enstilar already accounts for 34% of items dispensed, and 45% of costs, in this therapy area within BLMK. • Additional costs such as patient and GP time, patients' quality of life, quantities of products required and hospital referrals, also need to be considered. • Patients need to be well educated on the use of their topical treatments and followed up regularly. • Concerns were raised about the potential extended use of Enstilar with the current recommendations in the pathway, and about potential off label use in children. • It was proposed that the pathway could be trialled for 6 months, and audited to look at uptake, costs etc. • Achieving good control of psoriasis also helps to improve other associated conditions e.g. cardiovascular, joint disease. **Decision**: The Committee did not approve the pathway as presented and advised that further work is required to take into account the concerns raised. To be reviewed and brought back to the Committee at the next meeting in May.	FM/TL

No	Agenda Item	Action
	EQIA Assessment: No impact envisaged **BLMK ICB E and D Lead comment:**	
5.5	**Vitamins and minerals prescribing guidance** Local BLMK guidance has been developed to support rationalisation of prescribing of vitamins and minerals in line with national guidance. Vitamins and minerals are essential nutrients which most people should be able to get from eating a healthy, varied and balanced diet. Many vitamin and mineral supplements are classified as food supplements and not medicines; they do not have to go through the strict criteria laid down by the Medicines and Healthcare products Regulatory Agency (MHRA) to confirm their quality, safety, and efficacy before reaching the market, and are not suitable for prescribing on the NHS. The Committee noted the following key points: • Broadly: vitamins and minerals are not to be prescribed except those with a medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption (NB: Bariatric surgery is outside the scope of the guidance considered at the meeting, see separate previously agreed "Vitamin and Mineral Supplementation Post Bariatric Surgery" guidance). • The document also seeks to address some of the requests received to initiate vitamins for a variety of conditions for which there is limited evidence of benefit e.g. vitamin D for multiple sclerosis • A review of data suggests some prescribing of products that are not recommended by NHSE (in their guidance issued in 2019: "Items which should not routinely be prescribed in primary care: Guidance for CCGs"), therefore the proposal aims support with reducing this by providing clarity for when and when not to prescribe • Sanatogen: The specific brand name listed on the formulary is a prescribable supplement and therefore remains recommended as previously agreed. Other Sanatogen products are blacklisted in the drug tariff and are therefore not prescribable and are non-formulary. • Vitamin D – the guidance for Bedfordshire, Luton and Milton Keynes are on the workplan for review, and therefore not examined too closely in the paper. • Some patients have medically diagnosed deficiencies caused by poor diet and/or they are from a deprived background. This is a broader issue regarding health inequalities, but it is within the prescriber's discretion to prescribe when they feel it is appropriate for individual patients. The comments from the E&D lead had not been addressed directly, prior to the meeting, as they were only received on the morning of the meeting. • The following also need to be included in the document:	TL

No	Agenda Item	Action
	○ Oral vitamin B supplementation in alcoholism (RMOC guidance). ○ Vitamin B compound strong for refeeding syndrome (RMOC guidance). ○ Vitamin D in pregnancy – self-care. ○ Cross reference this guidance to the existing BLMK guidance on vitamin B12. ○ Use of iron in pre-term neonates. Niferex elixir (Polysaccharide Iron Complex) is on the formulary in MK for use in infants born prematurely. **Decision**: The Committee approved the guidance document, with the amendments discussed at the meeting. **EQIA Assessment:** No impact envisaged **BLMK ICB E and D Lead comment:** There are some vitamins which have been identified as important to supplement in different patient groups e.g. vitamin D in elderly/BME patients etc. Suggest including this in section 3 with links to additional guidance or a statement highlighting that this has been taken into consideration. Patients from a deprived background (health inequalities) may be unable to purchase supplements – has this been considered and is there an alternative route for them to access? Post meeting update: information included into the guidance to incorporate the Equality lead comments.	TL
5.6	**Patient Group Direction policy** The Committee considered a proposal to create a new subgroup to the APC to consider Patient Group Directions, and a policy to support this work. Background: some providers (e.g. Private Providers, hospices) to the ICS are not allowed to legally authorise PGDs. Currently the ICB does not have a formal policy and 'adhoc' PGDs have been ratified by the BLMK Primary Care Prescribing Committee. This has been a useful and acceptable process for primary care medicines, but it is not the best forum for ratification of medicines not commonly prescribed in primary care e.g. medication used prior to MRIs. It was therefore proposed that the authorisation of PGDs is moved to a working subgroup of the APC to enable the wider expertise of the APC members or their representatives to be involved. The policy would only apply when providers are not legally allowed to authorise PGDs and would not apply for providers who do legally have this authority. The following points were discussed: • The role of proposed subgroup would be to provide a clinical check (carried out by the Medicines Optimisation team), checks to ensure that the internal governance of the organisation presenting the PGD has been followed, and that the PGD is fit for purpose.	

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	• The policy/procedure is intended to outline what the remit of the subgroup would be, but also what is not within the remit of the group e.g. writing PGDs on behalf of other organisations is outside the remit. • The subgroup would allow access to the wider support of the APC when considering PGDs. • Timescales for review – this is not clearly laid out in the document and concerns were raised about extra time needed to be built into the PGD review process, by the provider, in order for the proposed BLMK process to be followed. • Once a PGD is out of date, it is no longer able to be used for clinical care, which may put patient care at risk. • Consideration needs to be given, when reviewing PGDs, to determine whether a PGD is the right process for the administration of the medicine. • PGDs reviewed by the subgroup would come to the APC for ratification, similarly to other subgroups to the APC e.g. formulary subgroup. • BHFT are in the process of setting up a new subgroup of their Drugs and Therapeutics Committee to review PGDs and will be happy to share the Terms of Reference. A list of PGDs in use in the Trust will also be shared. • The APC terms of reference would need to be updated to include the review of PGDs as a key role/responsibility. **Decision:** The Committee confirmed that it is happy to be part of the governance process for PGDs. An updated version of the policy to be brought to the next meeting, taking into account comments fed back by Committee members. **EQIA Assessment:** N/A **BLMK ICB E and D Lead comment:** N/A	DW JC FG/JC/JCo
6.0	**NICE Guidance – 24th November 2022 to 14th February 2023** **The following NICE Technology Appraisal Guidance (ICB Commissioned) have been published:** **Luspatercept for treating anaemia caused by myelodysplastic syndromes (terminated appraisal)** Technology appraisal [TA844] Published: 24 November 2022 https://www.nice.org.uk/guidance/ta844 **APC action:** none – terminated appraisal. **Mepolizumab for treating severe chronic rhinosinusitis with nasal polyps (terminated appraisal)** Technology appraisal [TA847] Published: 29 November 2022 https://www.nice.org.uk/guidance/ta847 **APC action:** none – terminated appraisal.	

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	Esketamine nasal spray for treatment-resistant depression Technology appraisal guidance [TA854] Published: 14 December 2022 https://www.nice.org.uk/guidance/ta854 **APC action:** none – terminated appraisal. **Avatrombopag for treating primary chronic immune thrombocytopenia** Technology appraisal guidance [TA853] Published: 15 December 2022 https://www.nice.org.uk/guidance/ta853 Resource impact: NICE do not expect this guidance to have a significant impact on resources. **APC action:** link added to Formularies (RED traffic light). **Upadacitinib for treating moderately to severely active ulcerative colitis** Technology appraisal guidance [TA856] Published: 04 January 2023 https://www.nice.org.uk/guidance/ta856 Resource impact: NICE do not expect this guidance to have a significant impact on resources. **APC action:** link added to Formularies (RED traffic light). Added to ulcerative colitis pathway as draft, at December 2022 meeting. Updated to final version following publication of TA856. **Angiotensin II for treating vasosuppressor-resistant hypotension caused by septic or distributive shock (terminated appraisal)** Technology appraisal [TA859] Published: 16 January 2023 https://www.nice.org.uk/guidance/ta859 **APC action:** none – terminated appraisal. **Upadacitinib for treating active non-radiographic axial spondyloarthritis** Technology appraisal guidance [TA861] Published: 01 February 2023 https://www.nice.org.uk/guidance/ta861 Resource impact: NICE do not expect this guidance to have a significant impact on resources. **APC action:** link added to Formularies (RED traffic light). Ankylosing spondylitis/ non-radiographic axial spondyloarthritis pathway review discussed under agenda item 5.3. **Somatrogon for treating growth disturbance in people 3 years and over Technology appraisal guidance** [TA863] Published: 01 February 2023 https://www.nice.org.uk/guidance/ta863 Resource impact: NICE do not expect this guidance to have a significant impact on resources. **APC action:** created and added to Formularies (RED traffic light)**.**	

The following NICE Guidelines (NG) (Medicine related and ICB Commissioned) have been published / updated by NICE:

Tobacco: preventing uptake, promoting quitting and treating dependence NICE guideline [NG209] Published: 30 November 2021 Last updated: 16 January 2023
https://www.nice.org.uk/guidance/ng209
APC action: none (no medicines related updates)

Diabetic foot problems: prevention and management NICE guideline [NG19] Published: 26 August 2015 Last updated: 18 January 2023 https://www.nice.org.uk/guidance/ng19
APC action: none (no medicines related updates)

Delirium: prevention, diagnosis and management in hospital and long-term care Clinical guideline [CG103] Published: 28 July 2010 Last updated: 18 January 2023
https://www.nice.org.uk/guidance/cg103
APC action: none (no medicines related updates)

Barrett's oesophagus and stage 1 oesophageal adenocarcinoma: monitoring and management NICE guideline [NG231] Published: 08 February 2023
https://www.nice.org.uk/guidance/ng231
APC action: none – medicines recommendations are as per previously published NICE guidance: "Follow the recommendations on interventions for gastro-oesophageal reflux disease (GORD) in the NICE guideline on gastro-oesophageal reflux disease and dyspepsia in adults."

The following COVID 19 related information has been produced/updated by NICE: None published

The following NICE TAs are the commissioning responsibility of NHSE and are listed for information only:

Luspatercept for treating anaemia caused by beta-thalassaemia (terminated appraisal) Technology appraisal [TA843] Published: 24 November 2022 https://www.nice.org.uk/guidance/ta843
APC action: none – terminated appraisal

Mepolizumab for treating eosinophilic granulomatosis with polyangiitis (terminated appraisal) Technology appraisal [TA845] Published: 29 November 2022
https://www.nice.org.uk/guidance/ta845
APC action: none – terminated appraisal

Mepolizumab for treating severe hypereosinophilic syndrome (terminated appraisal) Technology appraisal [TA846] Published: 29 November 2022 https://www.nice.org.uk/guidance/ta846
APC action: none – terminated appraisal

	Cemiplimab for untreated PD-L1-positive advanced or metastatic non-small-cell lung cancer (terminated appraisal) Technology appraisal [TA848] Published: 01 December 2022 https://www.nice.org.uk/guidance/ta848 **APC action:** none – terminated appraisal **Cabozantinib for previously treated advanced hepatocellular carcinoma Technology appraisal guidance** [TA849] Published: 14 December 2022 https://www.nice.org.uk/guidance/ta849 **APC action:** link added to Formularies (Cabometyx brand) **Amivantamab for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy** Technology appraisal guidance [TA850] Published: 14 December 2022 https://www.nice.org.uk/guidance/ta850 **APC action:** none – not recommended **Pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer** Technology appraisal guidance [TA851] Published: 14 December 2022 https://www.nice.org.uk/guidance/ta851 **APC action:** link added to Formularies **Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments** Technology appraisal guidance [TA852] Published: 14 December 2022 https://www.nice.org.uk/guidance/ta852 **APC action:** created and link added to Formularies **Mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy** Technology appraisal guidance [TA855] Published: 04 January 2023 https://www.nice.org.uk/guidance/ta855 **APC action:** created and link added to Formularies **Nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma** Technology appraisal guidance [TA857] Published: 11 January 2023 https://www.nice.org.uk/guidance/ta857 **APC action:** link added to Formularies **Lenvatinib with pembrolizumab for untreated advanced renal cell carcinoma** Technology appraisal guidance [TA858] Published: 11 January 2023 https://www.nice.org.uk/guidance/ta858 **APC action:** link added to Formularies **Maribavir for treating refractory cytomegalovirus infection after transplant** Technology appraisal guidance [TA860] Published: 18 January 2023 https://www.nice.org.uk/guidance/ta860 **APC actions:** created and link added to Formularies	

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	Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 1 or more anti-HER2 treatments Technology appraisal guidance [TA862] Published: 01 February 2023 https://www.nice.org.uk/guidance/ta862 **APC action:** link added to Formularies **Nintedanib for treating idiopathic pulmonary fibrosis when forced vital capacity is above 80% predicted** Technology appraisal guidance [TA864] Published: 01 February 2023 https://www.nice.org.uk/guidance/ta864 **APC action:** link added to Formularies **Nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma** Technology appraisal guidance [TA865] Published: 08 February 2023 https://www.nice.org.uk/guidance/ta865 **APC action:** link added to Formularies **Regorafenib for previously treated metastatic colorectal cancer** Technology appraisal guidance [TA866] Published: 08 February 2023 https://www.nice.org.uk/guidance/ta866 **APC action:** link added to Formularies	
7.	**Medicines Safety update** A Primary Care Medicines Safety Update and a Medicines Safety Group Update was presented to the committee. **Primary Care Medicines Safety Update** This update focussed on the primary care response to the MHRA Drug Safety Updates (November 2022 to February 2023). In particular: **Nov 2022: Dupilumab (Dupixent▼): risk of ocular adverse reactions and need for prompt management** Healthcare professionals prescribing dupilumab should be alert to the risks of ocular reactions. New onset or worsening ocular symptoms require prompt review. Referral for ophthalmological examination should be made as appropriate. **Action(s) taken:** Inclusion in the Primary care bulletin to raise awareness amongst prescribers to check whether patients presenting with ocular symptoms are receiving dupilumab and to escalate appropriately. The DSU was also discussed in the January MSG meeting to disseminate the information to partners and the information has been linked to the Formularies. **December 2022: Valproate: reminder of current Pregnancy Prevention Programme requirements; information on new safety measures to be introduced in the coming months** In view of data showing ongoing exposure to valproate in pregnancy, this article reminds healthcare professionals of the risks in pregnancy and the current Pregnancy Prevention Programme requirements,	

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	and provides information about the potential risks of valproate in other patients following a review of the latest safety data. Following advice from the Commission on Human Medicines (CHM), new safety measures for valproate-containing medicines are to be put in place in the coming months. **Actions(s) taken**: Work continues in this area to establish a sustainable mechanism for completion of the forms. See project update below and agenda item 5.2. **January 2023: Topical testosterone (Testogel): risk of harm to children following accidental exposure** Premature puberty and genital enlargement have been reported in children who were in close physical contact with an adult using topical testosterone and who were repeatedly accidentally exposed to this medicine. To reduce these risks, advise patients to wash their hands after application of topical testosterone, cover the application site with clothing once the product has dried, and wash the application site before physical contact with another adult or child. **Action(s) taken**: The testosterone for low sexual desire factsheet has been updated to include the above DSU and the information has been linked to the Formularies. This DSU will also be added to the next MSG meeting for discussion (29th March). **Decision:** The updated testosterone factsheet was approved by the APC. **January 2023: Xaqua (metolazone) 5mg tablets: exercise caution when switching patients between metolazone preparations** Prescribers and dispensers should use caution if switching patients between different metolazone preparations as the rate and extent of absorption of metolazone are formulation dependent. This can impact the bioavailability of the product. Follow good practice in prescribing medicines by considering the licensed formulation (Xaqua) in preference to unlicensed imported metolazone preparations in new patients. The product information for Xaqua has been updated to clarify that references to comparative bioavailability with other metolazone products relate specifically to Metenix and not to any other metolazone preparations. **Action(s) taken**: the MedsOpt team are working with heart failure specialists to manage the safety concerns. Information was circulated in October 2022 to partners and colleagues to raise awareness. Work continues on Scriptswitch and Optimise to develop appropriate messages for prescribers around this alert. As of end of 2022, Xaqua was not yet available in wholesalers. **National Patient Safety Alert – Use of oxygen cylinders where patients do not have access to medical gas pipeline systems** The current pressures on the NHS, exacerbated by the surge in respiratory-related conditions, has increased the demand on supplies of oxygen gas cylinders, in particular small cylinders. To ensure continuity of supply of small cylinders especially for use in ambulances, larger cylinders are being used more routinely in	

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	hospitals. The guidance below reiterates current best practice in the use of oxygen gas cylinders and asks organisations to undertake an urgent risk assessment of all acute clinical areas where patients are treated without immediate access to medical gas pipeline systems (MGPS), and oxygen cylinders are required. **Action(s) taken:** This alert was issued to acute trusts with an emergency department and ambulance trusts, however the any subsequent shortages that may impact patients in Primary care (e.g. those receiving home oxygen cylinders) will continue to be monitored. The NPSA alert was also discussed at the January MSG meeting. **<u>Medicines Safety Group Update</u>** The last MSG was held 25th Jan 2023 with update given on the following projects: **Sodium Valproate Pregnancy Prevention Forms** (see also agenda item 5.2): Feedback is being obtained from the secondary care specialists regarding how this will be managed whilst the publication of the full CHM recommendations is awaited. **Insulin errors project:** The group identified a collaborative project for 2023 as multiple providers are reporting a theme of insulin related incidents. The project for 2023 aims to improve the safety of insulin prescribing with joint contribution via the MSG group. It is proposed that the May 2023 MSG will be a platform for insulin incident sharing and brainstorming ideas for improving error rates across the system. Work continues with scoping of errors and gathering intelligence on the status quo in relation to the current management of errors and meetings to discuss them. **Safe discharge project:** The March MSG will be a dedicated brainstorming session around safer discharge processes. All partners have been requested to bring a summary of issues faced for discussion. The group noted the need for a system wide approach to streamline discharge error reporting and feedback mechanisms. The next MSG (March 2023) will be a focus group for the discharge improvement workstreams. **New patient safety incident response framework** The PSIRF will replace the current Serious Incident Framework (2015). The framework represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. It is a key part of the NHS patient safety strategy. Organisations are expected to transition to PSIRF within 12 months from September 2022. PSIRF implementation will be discussed further at the next MSG.	

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8.	**Formulary Update**	
8.1	**Formulary Subgroup Recommendations** The following recommendations were made by the Formulary subgroup at the 7th February 2023 meeting: • **Salbulin Novolizer (salbutamol)** - Salbulin is a dry powder inhaler with an intrinsically low carbon footprint. It has clinical advantages over other DPIs as less inspiratory effort is required, meaning more patients may be able to be switched from high carbon footprint MDIs. The device is refillable with a life of up to 1 year. The decision was to add Salbulin (Green) to both Formularies alongside salbutamol Easyhaler and salbutamol MDI as an environmentally friendly option for patients. The Committee noted that the carbon emissions from salbutamol MDIs issued within BLMK in 2021 is equivalent to travelling around the world 843 times. Cost impact is difficult to quantify, but Salbulin Novolizer is expected to be cost neutral or cost saving in comparison to salbutamol Easyhaler. • **Lacosamide tablets for epilepsy** – Review of Non-Formulary drug applications at MKUH highlighted omission of lacosamide from the Formularies. The updated NICE NG 217 recommends its use and data suggests it is being prescribed. The proposal to add lacosamide as Amber/Amber 3, for use in line with NICE NG217 was approved. No cost impact envisaged. • **Tacalcitol lotion for scalp psoriasis** – PrescQipp review of shampoos and scalp preparations Oct 2022 states: If a single-component vitamin D preparation for the scalp is indicated: consider tacalcitol lotion, if suitable and acceptable for the patient, in preference to calcipotriol scalp solution which currently costs significantly more than tacalcitol lotion. Tacalcitol and calcitriol may be less irritating than calcipotriol. As a vitamin D analogue, tacalcitol could be used where steroid therapy is not appropriate or where a break from steroids is needed. The addition of tacalcitol lotion with a Green designation was approved for scalp psoriasis. Cost impact of decision: Assuming 100% preferential prescribing of tacalcitol over calcipotriol, this could save approximately £30k per annum. • **Liothyronine for hypothyroidism** – It was proposed that the recommendations from the Regional Medicines Optimisation Committee (RMOC) for the prescribing of liothyronine are adopted across BLMK to align and ensure clear and equitable access for the small group of patients who may benefit from treatment. Milton Keynes already endorse RMOC guidance and list liothyronine as Amber 3. The change from Red to Amber on Beds/Luton will be applied, with endorsement of RMOC recommendations for prescribing. NB: Oncology and psychiatry indications remain Red on the Formularies. No cost impact envisaged. Prescribing of liothyronine in primary care to be closely	

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	monitored. Scriptswitch/Optimise messages have been put in place to direct prescribers to cost effective liothyronine preparations. • **Cortiment MMX (budesonide) tablets for Ulcerative Colitis (UC)** – Application from MK gastroenterology team. Cortiment MMX is prescribed as an 8-week course for induction of remission for patients with mild to moderate UC where 5-ASA treatment is not sufficient or where patients are unsuitable for oral prednisolone. Currently Cortiment is Red on Beds/Luton Formulary and Non-formulary on Milton Keynes Formulary (MKF). The application requests addition to MKF, with enablement of GP initiation in Milton Keynes only where patients are under the Patient Initiated Follow Up (PIFU) service. Patient access is restricted to those enrolled on the PIFU pathway and are limited to request one course from the GP via presentation of a cover letter requesting a prescription. Those who are not considered suitable for self-management under PIFU will obtain Cortiment from secondary care. The request was approved, with Amber 1 designation for PFU patients, in MKF only. To remain Red in the Beds/Luton formulary and for MK patients not on the PIFU pathway. Estimated cost pressure to Primary Care is £2800. The Committee discussed the number of courses of Cortiment which may be prescribed to PIFU patients by the GP. To be confirmed with the gastroenterology team at MKUH. <u>Post meeting note:</u> the gastroenterology team has confirmed that only ONE course of cortiment should be prescribed in general practice for PIFU patients. If the patient does not respond adequately, or a subsequent course is required, they should be referred back to the specialists. • **Spironolactone 12.5mg tablets** – Application to include 12.5mg strength spironolactone tablets on the Formularies on behalf of the Milton Keynes cardiology team. Current practice is to cut the 25mg tablets however due to tablet thickness and film coating the tablets are fragmenting (even when using a pill cutter), which makes it difficult to dose patients accurately. The 12.5mg tablets were approved for addition to both Formularies as Green, with communication to ensure no doubling up of the 12.5mg tablets occurs. No significant cost impact envisaged. • **Minor amendments to the Formulary policy** – Development of a new policy that allows for minor amendments to be made to the Formulary in a timely fashion, with retrospective reporting for governance via Formulary Group as a standing agenda item. The policy aims to support the Formulary merger project and removes the need for an individual paper for each amendment. • The formulary subgroup noted the **minor amendments log**. • **Methotrexate never event occurrence** in Milton Keynes – Patient received high dose methotrexate and was admitted to hospital. Approval sought to immediately remove 10mg	TL

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	strength from Milton Keynes Formulary which was supported by the group. Risk outweighs the benefits and the 10mg tablets will subsequently be removed. Patients will actively be switched to 2.5mg. **Decision**: The committee ratified the recommendations of the Formulary Subgroup.	
8.2	**Wound Management Formulary Steering Subgroup Recommendations** The Committee noted the report from the wound care subgroup, including: • UrgoClean AG has been added to the formulary as ratified at the APC in December. • DebriClean has also been added to the formulary as ratified at the APC in December. • Milton Keynes Practice Nurse Wound Management Formulary – Ongoing discussion with ONPOS (account management) to receive a full list of items and access to the account with NWOS (ordering service). • Tissue Viability Nurses from MKUH and CNWL continue to meet bimonthly to ensure their Formularies remain aligned, allowing for variation in clinical need. The Group now has representation from MK Practice Nurses. Work is being undertaken to produce an online formulary to cover Milton Keynes, alongside the existing Beds/Luton online wound care formulary.	
8.2a	**HidraWear Formulary Application** The Committee considered the request for the addition of HidraWear, for the management of hidradenitis suppurativa (HS), which was referred by the Wound Care subgroup. The Wound Care subgroup is supportive of the application. The Committee noted that that wound care products do not normally carry the same level of evidence base as for new medicine applications and utilisation of manufacturers information is standard. The Committee noted the following key points: • HS is a chronic, inflammatory skin disorder characterised by recurring nodules, abscesses, and lesions. • Leakage, pain, and odour from HS wounds require substantial management. • Management is often initiated with lifestyle changes e.g. smoking cessation and weight loss. Patients commonly require frequent antibiotic prescriptions, and may require immune modulating medicines, biologics and/or surgery. • Many patients with more advanced HS need five or more daily dressing changes. • Frequent dressing changes increase a patient's risk of medical adhesive skin injury and due to the location of lesions in axilla and groins, are difficult to dress and retain dressing products.	

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	• There is a substantial impact upon the patient and on nurse time to manage the condition. • HidraWear is a HS specific wound dressing system, intended for home use by people with wounds in difficult to dress areas of the body, such as the groin or armpits. It comprises a superabsorbent non adhesive wound dressing and retention aid (garment). There are fixation strips which come with the superabsorbent pad to hold the dressing in place. • HidraWear would be a last-line choice where other treatment options have not been successful. • The dressing system may be cost saving, both in terms of direct cost for the dressing/garments and for nursing time. The garments are likely to need to be replaced approximately every 6 months, and patients would need to have 2 at a time (one to wear, one to wash). • HidraWear is available on FP10 but is only available to source via Daylong (dispensing appliance contractor). • Concerns were raised about mixed messaging as GPs have been asked not to prescribe silk garments. • Prescribing should be restricted to specialists to ensure appropriate use and prescribing. **Decision**: The Committee approved the addition of HidraWear to the wound care formularies across BLMK, restricted to TVN or specialist use only (RED traffic light on the main formularies).	
9.	**Antimicrobial Resistance Update** The BLMK AMR/HCI group met on 8th February and was attended by the NHSE East of England AMR Team. Since the last APC meeting, total antibiotic prescribing has gone up, and is likely related to the Group A Strep (GAS) outbreak. Broad spectrum antibiotic prescribing is below the NHS England target in primary care. Work is being carried out within BLMK to look at the secondary care performance in relation to IV to oral switching and encouraging the use of oral antibiotics. Both acute trusts were represented at the meeting, and Milton Keynes Hospital presented some of the work they have been doing in relation to IV to oral switching. The Committee discussed the negative effects of the GAS outbreak on antibiotic prescribing habits in primary care. A session is to be run, for PCN and practice pharmacists, to reiterate good practice when prescribing antimicrobials, such as the use of delayed prescribing, with a view to this being cascaded out to their practices/PCNs.	
All other papers (from this point in the agenda) are for noting/information by the Committee		
10.	**East of England Priorities Advisory Committee (PAC) – items for noting/approval**	

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10.1	EoEPAC Meeting Notes – September 2022 The Committee noted the minutes for information.	
10.2	EoEPAC draft Meeting Notes – November 2022 The Committee noted the minutes for information.	
10.3	**PAC insulin degludec (Tresiba) and insulin glargine (Toujeo) documents** The Committee considered the updated PAC recommendations on insulin degludec (Tresiba) and insulin glargine (Toujeo), and the proposed local amendments. PAC has recently reviewed their recommendations on the use of insulin degludec (Tresiba) and insulin glargine (Toujeo) (originally issued in 2018 and adopted (with some local amendments) within Bedfordshire and Luton). This was in light of updated guidance being issued by NICE in NG17 – Type 1 diabetes in adults: diagnosis and management. The PAC recommendations remain largely unchanged from 2018, but the guidance on insulin degludec has been amended to include the cohorts of patients recommended within NG17 and both documents have some updates to wording. The 2022 PAC recommendations have been reviewed against the previous (2018) Bedfordshire/Luton recommendations and suggested wording for BLMK was circulated to local specialists for comment. Proposed recommendations were based upon previous (2018) Bedfordshire and Luton recommendations, existing traffic light status in Milton Keynes, the change in NICE guidance recommending use of insulin degludec 100 units/ml and comments received from specialists. The following proposed amendments were discussed: • Removal of requirement for stabilisation by the specialist team within Beds/Luton following initiation of degludec 100 units/ml (in line with current MK formulary status, and in response to feedback from clinical team in MK re capacity and workload). • 'Softening' of the wording in relation to stabilisation for the high strength insulins (degludec 200 units/ml, glargine 300 units/ml) to facilitate transfer to primary care sooner than 3 months after initiation *only if* the patient has been stabilised. • Replacement of "chaotic patients" wording with "people with erratic lifestyles". • Rearrangement of some wording to improve the flow of the local recommendations (no additional change to content). The comment from the E and D lead were noted, and it was agreed these would be followed up with the specialist teams after the meeting. **Decision**: The Committee approved the updated guidance documents, with the local amendments as proposed. **EQIA Assessment:** There may be a positive impact upon the additional patient cohort recommended for treatment with insulin degludec (as per NICE NG17).	AG

No	Agenda Item	Action
	BLMK ICB E and D Lead comment: With Toujeo in particular being used in Type 2 diabetics with a higher incidence in people from a BME background has consideration been given to delivering education to ensure they are aware to use the new dose (due to bioequivalence) with consideration to potential language and cultural barriers?	
10.4	**Botulinum toxin recommendations** The Committee considered the revised guidance for botulinum toxin, following an update of the EoEPAC guidance. Bedfordshire and Luton Joint Prescribing Committee has had an approved local guidance on the use of Botulinum Toxin A in place for some years. This guidance was accepted by relevant specialists in Milton Keynes Hospital as part of the guidance/policy alignment work which was undertaken prior to the formation of BLMK CCG and subsequently the BLMK ICB. The Committee noted that botulinum toxin was removed from the national excluded high cost drugs list in April 2022, but both acute trusts are in agreement that BLMK guidance for the use of botulinum toxin should be maintained, updated and agreed. This is to ensure the ensure the safe and appropriate use of botulinum toxin across BLMK. The following key points were discussed: • Most of the recommendations remain unchanged from the previous review. • Hyperhidrosis – BLMK Hyperhidrosis Policy, approved by APC in September 2022, supersedes the PAC hyperhidrosis pathway (issued June 2015). • Focal Limb Dystonia (Upper and lower limb) – BLMK recommendations retained, but requirement for audit removed. • Cervical Dystonia: Botulinum toxin B – bulletin retired, therefore references to it not included in the revised document. • Frey's Syndrome – positive PAC recommendation added. • Correction of squint – negative PAC recommendation added. • Raynaud's disease – negative PAC recommendation added. • References to CCG updated to ICB throughout. A query was raised about the funding for the use of botulinum toxin for focal spasticity in children. It was confirmed that there is no change to the recommendation for spasticity treatment in paediatric cerebral palsy – this is ICB commissioned when used by a non-specialist centre and NHS England commissioned when used by a specialist centre. **Decision**: The Committee approved the update to the botulinum toxin guidance.	

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	EQIA Assessment: No impact expected – the bulletin is largely unchanged from the previous version and while bulletins have been updated for some indications, the decision on whether use should be recommended is unchanged where a negative decision was in place. There are two new positive recommendations – 'Massetric hypertrophy and temporomandibular disorders in adults aged 18 and over' (previous guidance only supported the masseteric hypertrophy indication) and 'Frey's syndrome'. **BLMK ICB E and D Lead comment:** No further comments	
11.	**Bedfordshire, Luton and Milton Keynes Local Prescribing Committee Minutes.** The Committee noted the following minutes for information.	
11.1	Minutes of the Bedfordshire Hospitals Foundation Trust DTC meeting – November 2022 and January 2023	
11.2	Minutes of the Milton Keynes Hospital Prescribing & Medicines Governance Committee (PMGC) – September and November 2022	
11.3	Minutes of the BLMK Wound Management Formulary Steering Group – October and November 2022	
11.4	Minutes of the BLMK Formulary Subgroup – November 2022	
11.5	Minutes of the BLMK Medicines Safety Group – November 2022	
11.6	ELFT Medicines Management Committee Minutes (Mental Health) – September and November 2022	
11.7	Minutes of the Cambridgeshire Community Services Medication Safety and Governance Group – September 2022	
11.8	Minutes of the CNWL Trustwide Medicines Optimisation Group (MOG) – September 2022	
11.9	Minutes of the Circle/MSK Medicines Management Committee – November 2022	
12.	**Papers for information / ratification**	
12.1	**Group A Streptococcus in Children** The Committee noted the following update on the management of Group A Streptococcus (GAS) in children: • Following the discussion at the December APC, local guidance for the management of GAS in children was produced and published on 8th December 2022. This was subsequently superseded by national interim clinical guidance published by NHS England. • A number of serious shortage protocols (SSPs) were issued to allow pharmacists to use their professional skill and judgement to decide whether it's reasonable and appropriate to substitute the patient's prescribed order for a medication listed within the protocol.	

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	• The SSPs were originally due to expire on 31st January 2023, but subsequently extended to 31st March 2023. • NHS England Group A Streptococcus interim clinical guidance for primary and community care settings retired as of 15 February 2023. • NICE Sore Throat (Acute) NG84 guideline reinstated for all age groups from 15 February. **Decision**: The Committee noted the update and ratified the national Interim Clinical Commissioning Policy "Group A streptococcus in children: Interim clinical guidance summary for case management" and associated guidance document "Group A streptococcus in children – guidance for primary and community care settings".	
12.2	**Cannabis-based products for medicinal use Patient Registry** The Committee noted the following information about the national patient registry for cannabis-based products for medicinal use (CBPMs): • The registry was established in April 2021 but became a mandatory requirement for completion in all direct commissioning contracts for 2022/23. • In December 2022, NHS England issued a letter to Trust Chief Pharmacists and Medical Directors asking for their support in making sure that the relevant clinical teams are aware of the requirement to complete the registry. • There are two CBPMs on the local formularies: Cannabidiol (Epidyolex) (use in accordance with NICE guidance for seizures associated with Dravet syndrome or Lennox–Gastaut syndrome) and Cannabis Extract (Sativex) (use in accordance with NG144 for moderate to severe spasticity in adults with multiple sclerosis). Both products and indications are Red on the joint Formularies, with prescribing restricted to specialists. • There is no prescribing of Cannabidiol (Epidyolex) in primary care, and a very limited amount of prescribing of Cannabis Extract (Sativex) some of whom are historic patients. Steps have been taken within the ICS to inform prescribers of the requirement to register patients being prescribed CBPMs on the national registry, however issues have been identified with accessing the registry which were escalated to NHS England. Further information has recently been received regarding the accessing the registry. Trust representatives to update the Committee at the next meeting.	JCo/DW
13.	**Any other business** The Committee noted that the Lithium monitoring app, referred to in the current Bedfordshire and Luton shared care guideline, is no longer available via the Apple app store. It is still available to download and use for android users. A message has been added to the Medicines website, on the lithium shared care guideline webpage, to provide this information and highlight the purple lithium monitoring book as an alternative.	

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14.	**Future Dates for BLMK APC 2023 Meetings (all to be held from 12:30-15:00 via Microsoft Teams):** Wednesday 3rd May 2023 Wednesday 5th July 2023 Wednesday 27th September 2023 Wednesday 6th December 2023	

Approval of minutes:

Chair: Muhammad Nisar

Signed: 

Date: 9 May 2023

Appendix 1 – Approved 07 February 2023 Formulary Subgroup Minutes:

BLMK Formulary subgroup final minute