BEDFORDSHIRE, LUTON AND MILTON KEYNES AREA PRESCRIBING COMMITTEE

Meeting Notes

Date: 05 July 2023
Time: 12:30 – 15:07
Venue: Microsoft Teams

Attendees:

Name	Initial	Role
Dr Muhammad Nisar	MN	Chair (Medical Representative, Bedfordshire Hospitals NHS Trust)
Yolanda Abunga (from 12:40 – 15:01)	YA	CCS Pharmacy Representative (Community Services Pharmacist, Beds and Luton)
Mojisola Adebajo	MA	Place Based Lead Pharmacist – Luton
Nicola Ainsworth (until 15:00)	NA	Consultant in Public Health
Reginald Akaruese	RA	CNWL Pharmacy Representative (Community and Mental Health Services Milton Keynes)
Dr Mya Aye (until 14:08)	MAy	Medical Representative, Milton Keynes Hospital
Dr Marian Chan (until 14:54)	MC	Medical Representative, Bedfordshire Hospitals NHS Trust
Jacqueline Clayton	JC	Chair of Wound Care Group / Deputy for the Associate Director and Head of Medicines Optimisation BLMK ICB (until 12:56)
Janet Corbett	JCo	Milton Keynes Hospital Pharmacy Representative (Pharmacy Programme Manager, Milton Keynes Hospital)
Naomi Currie (until 15:03)	NC	Place Based Lead Pharmacist - Bedford
Matt Davies	MD	Place Based Lead Pharmacist – Central Bedfordshire
Fiona Garnett (from 12:56)	FG	Associate Director and Head of Medicines Optimisation BLMK ICB
Anne Graeff	AG	Commissioning Lead Pharmacist, BLMK ICB (Professional Secretary)
Cheryl Green	CG	Patient Representative
Dr Kate Randall (until 14:56)	KR	Place Based Lead GP – Central Bedfordshire

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

Dr Mitan Sarkar (from 12:39)	MS	Place Based Lead GP - Luton
Shyaam Teli (until 14:50)	ST	ELFT Pharmacy Representative – Community Services (Beds)/Mental Health Services (Beds and Luton)
Dr Jonathon Walter	JWa	Place Based Lead GP – Milton Keynes
Dr Jenny Wilson	JW	Place Based Lead GP - Bedford
Dona Wingfield	DW	Chair of Medicines Safety Group / Bedfordshire Hospitals Trust Pharmacy Representative (Medicines Use and Quality Manager, Bedfordshire Hospitals Trust)

In attendance:		
Rafal Ali (until 15:00)	RA	Commissioning Pharmacist, BLMK ICB
Candy Chow	CC	Commissioning Lead Pharmacist, BLMK ICB
Taiya Large	TL	Formulary and Medicines Safety Pharmacist BLMK ICB
Sandra McGroarty	SMcG	Commissioning Pharmacist, BLMK ICB
Dr Dush Mital (until 14:00)	DM	Medical Representative, Milton Keynes Hospital
Dr Joy Mutitika	JM	Medical Representative, Keech Hospice
Kike Pinheiro (from 13:30)	KP	Representative, Willen Hospice
Andrew Tse (until 13:28)	AT	Milton Keynes Hospital Pharmacy Representative (Medication Safety Officer, Milton Keynes Hospital)
Sharon Wilmore	SW	PA to MOT, BLMK ICB (admin support)
Nikki Woodall (until 14:58)	NW	Lead Medicines Optimisation Technician, BLMK ICB
Frank Castro (for agenda item 5.5)	FC	Inflammatory Bowel Disease Clinical Nurse Specialist, Bedfordshire Hospitals Trust
Linda Tuck (for agenda item 5.5)	LT	Inflammatory Bowel Disease Clinical Nurse Specialist, Bedfordshire Hospitals Trust
Eleanor Land (for agenda item 13.3)	EL	Transformation Programme Manager, BLMK ICB

Apologies:		
Pritesh Bodalia	PB	Bedfordshire Hospitals Trust Pharmacy Representative (Chief Pharmacist, Bedfordshire Hospitals Trust)
Sally Cartwright	SC	Consultant in Public Health
Helen Chadwick	HC	Milton Keynes Hospital Pharmacy Representative (Chief Pharmacist, Milton Keynes Hospital)
Alice Green	AGr	Representative, St John's Hospice
Carole Jellicoe	CJ	Nurse Representative (Independent Prescriber)

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 Committee was informed with great sadness of the passing of Dr John Fsadni. He was a longstanding and highly valued member of the team who will be greatly missed. The Chair expressed gratitude and thanks to John for his long service to the APC, and its predecessor the Bedfordshire & Luton Joint Prescribing Committee. The Chair thanked Janice Jones, who will be retiring, for her service to the Committee and welcomed Linda Tuck and Frank Castro (IBD clinical nurse specialists from BHFT), in attendance for agenda item 5.5, to the meeting.	
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 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 members confirmed they have no declarations in relation to matters on the agenda.	
3.	**Minutes of 03 May 2023 APC meeting** The minutes of the meeting held on 03 May 2023 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** 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 05/07/2023** - PAC has been reviewing the evidence for the therapies in response to the feedback from BLMK - clinicians were informed. PAC agreed at the meeting which took place on Monday 3rd July that the extension to the guidelines will not be progressed. This will therefore need to be progressed locally within BLMK. This is therefore an ongoing action.	AG
4.1.2	**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	MD

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	uploaded onto the Medicines website alongside the treatment pathways). **Update 19/04/2023** - draft leaflet complete, next step is to go to co-design for patient input. Links to resources for HCPs have been added to the Medicines website. This is an ongoing action.	
4.1.3	**Position Statement on Shared Care with Private Providers** Clarification to be sought regarding whether right to choose is only available for mental health patients, or whether this is a broader right within the NHS. **Update 18/05/2023** - it has been confirmed via the NHS website that the Right to Choose (RTC) applies to both mental and physical health. See https://www.nhs.uk/using-the-nhs/about-the-nhs/your-choices-in-the-nhs/. It was proposed and agreed that this action could be closed.	Close
4.1.4	**Migraine Biologics Pathway** Pathway to be updated with the changes agreed at the May meeting. **Update 05/06/2023** - the pathway has been updated with the changes agreed at the meeting and uploaded to the Medicines website https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/guideline/biologic-migraine-prevention-pathway-in-adults/. It was proposed and agreed that this action could be closed.	Close
4.1.5	**Patient Group Direction Policy** Approval process / authority to be clarified in the policy and PGD subgroup terms of reference. **Update 15/06/23** - the approval process has been clarified and the PGD policy approved through the BLMK operational group meeting on 22/05/23. It was proposed and agreed that this action could be closed.	Close
4.1.6	**Methylphenidate memo** Memo to be updated with the changes discussed at the May meeting. **Update 29/06/23** - the memo has been updated with the changes agreed at the meeting. The table of equivalent methylphenidate products will be uploaded to the Medicines website shortly. It was proposed and agreed that this action could be closed.	Close
4.1.7	**NICE TA guidance – actions to be undertaken** Finerenone formulary entries to be created on both formularies (Amber / Amber 3 traffic light); COVID TA entries to be updated and traffic lights to be assigned as agreed at the May meeting. **Update 28/06/2023** - finerenone entry added to both formularies (NB see also agenda item 5.4). Covid TA entries updated on both Formularies. It was proposed and agreed that this action could be closed.	
5.	**Items for consideration at meeting**	
5.1	**Somatostatin Analogues Bulletin update** The existing bulletin on somatostatin analogues, approved by the Bedfordshire and Luton Joint Prescribing Committee (JPC), has been reviewed and updated. The bulletin clarifies the commissioning	

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	responsibilities relating to these medicines and provides useful prescribing information. There are no major changes from the previous JPC document aside from a summary table that gives more clarity on Formulary status. Milton Keynes did not previously have a similar document relating to somatostatin analogues and it is intended that the updated bulletin will apply across the whole of BLMK. The Committee discussed the following points: • There is no formal shared care in place for somatostatin analogues – the aim of the document is to provide information on commissioning responsibility, and to provide clinical information for primary care prescribers. • Where a medicine has more than one formulary status (for different indications) e.g. octreotide, the overarching formulary status will be SpIS, with specific information provided within the monograph if a specific indication has a different formulary status i.e. Red. • There is currently a change in commissioning arrangements from NHS England to ICBs underway, and the document has been futureproofed as much as possible. The document therefore has a short review date to ensure it is reviewed and updated in accordance with the commissioning changes. • Regarding octreotide s/c infusions: primary care prescribers would be happy to continue with octreotide s/c infusions following initiation by specialist palliative care prescribers. This is anticipated to be a rare occurrence, as most patients at this stage in their care pathway will be admitted to a hospice. SpIS traffic light status is therefore suitable for this indication. **Decision**: The Committee approved the updated bulletin, with traffic lights amended to reflect the recently updated traffic lights on the formulary (Amber/Amber 3 to SpIS). This will apply across BLMK. **EQIA Assessment:** N/A	JC
5.2	**Prescribing guidance for Liraglutide for children and young people under 18 years with Type 2 Diabetes (T2DM)** It was agreed at the Formulary Subgroup meeting in April 2023 that liraglutide could be added to the Formularies for use in children and young people under 18 years with Type 2 Diabetes. However, the subgroup also agreed that, in order to facilitate an Amber/Amber 3/SpIS traffic light, support materials needed to be produced to provide primary care prescribers with additional information. The Committee was presented with the prescribing guidance, which has been developed in conjunction with local specialists, for consideration. The document provides information on liraglutide and its place in therapy, initiation of treatment, prescribing, adverse effects and cautions, monitoring, follow up, missed doses, and advice and guidance for healthcare professionals in primary care. The Committee discussed the following additional points:	

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	• Clarification was requested regarding potential patient numbers anticipated to be on the treatment – these are anticipated to be very small (approximately 10). • It was noted that the current supply problems impacting GLP-1 receptor antagonists (see also agenda item 5.8) may impact on the ability for the treatment to be started while supplies are restricted. • The specialists are aware of the updated NICE guidance regarding the management of type 2 diabetes in children and young people (NG18) but local clinicians have most familiarity with liraglutide and therefore wish to adopt use of liraglutide in the first instance. **Decision**: The Committee approved the liraglutide prescribing guidance and change of formulary traffic light to SpIS (previously Amber/Amber 3). **EQIA Assessment:** The treatment will have a positive impact on children and young people with T2DM. Moving from red to Amber/Amber 3 will improve access to this medication for children and young people with T2DM, many of whom will be from a BME background as they have a higher risk of T2DM, also reducing potential for health inequalities. Consideration will be given to ensuring patient information is available as appropriate as per the accessible information standard. (NB – updated following receipt of E&D lead comments below). **BLMK ICB E and D Lead comment:** Section 4 states there is a positive impact – please elaborate on this. E.g. moving from red to amber etc will improve access to this medication for children and young people with T2DM, many of whom will be from a BME background as they have a higher risk of T2DM, also reducing potential for health inequalities. Consideration will be given to ensuring patient information is available as appropriate as per the accessible information standard.	JCo/TL
5.3	**Shared Care Prescribing Guideline Patient Information Leaflet** The Committee considered a patient information leaflet which has been developed to provide patients with additional, general information about shared care guidelines. It was agreed at the last APC meeting in May that the leaflet will be optional for trusts to use. The leaflet will be made available both as an appendix to the BLMK Shared Care Guideline Template and as a free standing document on the BLMK Medicines Optimisation website. The following points were discussed: • The leaflet has been simplified to improve usability and usefulness to patients and clinicians. • The leaflet will be taken back to the MK Prescribing and Medicines Governance Committee with a view to adoption of the leaflet within MKUH. • BHFT are happy to adopt the leaflet as proposed.	

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	• The document has been run through a word document readability analysis and it came out with quite a high result. It was confirmed that the leaflet has been extensively discussed with the lay representative and wording adjusted in response to this. The lay representative advised that, as this is to supplement information provided by the clinician when shared care was being discussed, that the language is anticipated to be appropriate. • Further work to be done to identify a suitable route to gauge additional patient opinion. The leaflet will also be run past the CCS co-production team to seek their input. • Clinical teams (Rheumatology at BHFT, in the first instance) will use the leaflet in practice and ask for feedback from patients to 'test' the patient acceptability and accessibility of the leaflet. To work with the lay representative on the best way to achieve this. • Committee to consider producing guidance for the production of patient leaflets to ensure these involve co-production in the future. **Decision:** The Committee approved the patient information leaflet for restricted use within BLMK (initially Rheumatology at BHFT). If feedback is received via patient group consultation, the co-production team or directly from Rheumatology patients, indicating that changes are required, then it will be brought back to a future meeting for further discussion and agreement. **EQIA Assessment:** N/A	NA/JC/ YA MC/CG
5.4	**Finerenone for treating chronic kidney disease in type 2 diabetes** The aim of the paper was to highlight to the Committee the recently published NICE recommendations (NICE TA877) on the use of Finerenone for treating chronic kidney disease (CKD) (stage 3 and 4 with albuminuria) in type 2 diabetes (T2DM) and agree a suitable traffic light status for use within BLMK. Standard of care (SoC) for CKD in people with T2DM includes the use of angiotensin-converting enzyme (ACE) inhibitors, angiotensin-receptor blockers (ARBs) and, more recently, sodium–glucose cotransporter-2 (SGLT2) inhibitors. In patients with T2DM with CKD, finerenone a novel, non-steroidal, selective antagonist of the mineralocorticoid receptor, improves kidney function and helps to slow the worsening of the disease compared with placebo (plus SoC, with and without SGLT2 inhibitors). NICE TA 877 recommends finerenone as an option for treating stage 3 and 4 chronic kidney disease (with albuminuria) associated with type 2 diabetes in adults. It is recommended only if: • it is an add-on to optimised standard care; this should include, unless they are unsuitable, the highest tolerated licensed doses of:	

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	○ angiotensin-converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs), and ○ sodium–glucose cotransporter-2 (SGLT2) inhibitors, and • the person has an estimated glomerular filtration rate (eGFR) of 25 ml/min/1.73 m² or more A SpA (previously Amber/Amber 1) formulary designation was proposed, with initiation being recommended via 'referral for review' or 'advice and guidance' or virtual CKD clinic without specialist clinicians physically seeing these patients. Other routes would be through recommendations from diabetes specialist clinics or MDT. All monitoring and supply would be undertaken in primary care. The following points were discussed: • The incidence of CKD in patients with T2DM is increased in certain minority groups, for example Asian populations – these were well represented in the pivotal clinical trial (FIDELIO-DKD). • The patients in the eligible cohort are usually managed in primary care. • Monitoring to be undertaken in primary care - serum potassium and eGFR must be measured prior to initiation to determine appropriateness of treatment, starting dose and must also be monitored during continuing of treatment. • Treatment delays progression of the disease and reduces need for more costly interventions in the future e.g. renal dialysis. • NICE consider finerenone to be an acceptable use of NHS resources and anticipated to have a cost impact for BLMK of approximately £90,000 per year. There may be cost savings from reducing progression of the disease and use of dialysis. **Decision**: The Committee approved the inclusion of finerenone in the formularies with a SpA designation (altered from Amber/Amber 3/SpIS designation agreed provisionally at the May APC meeting). **EQIA Assessment:** Yes, but in a positive way. Access to finerenone is expected to slow CKD disease progression and reduce number of end-stage renal events in adults with T2DM with stage 3 and 4 CKD, many of whom will be from lower socio-economic groups and minority BAME ethnic populations as they have a higher risk of disease progression. This also has the potential to reduce health inequalities. Monitoring and patient counselling will be available as required. (NB – updated following receipt of E&D lead comments below). **BLMK ICB E and D Lead comment:** Suggested addition of the following text to the rationale for the Equity & Equality Impact Assessment: please relate the comments in the Equity & Equality Impact Assessment section to the impact on people identifying under the appropriate protected characteristics for the medication or condition being treated.	TL/JCo

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5.5	**Ulcerative Colitis pathway update** The Committee discussed a proposed update to the Ulcerative Colitis treatment pathway, which was last discussed at the December 2022 APC and updated to include the recently published NICE technology appraisal guidance. Discussions with local gastroenterology specialists agreed further update to the pathway to include: • Extension of the pathway from 4 to 5 lines of therapy to include TNF inhibitor switching as an additional line of therapy. • Dose escalation Although some health economies have supported the strategy, evidence (clinical and cost effectiveness) to support sequential use of biologic agents to line 5 in the treatment of ulcerative colitis is lacking. This is to be anticipated as the further that you move down a pathway, the evidence becomes sparser and is of poorer quality. Given that all the treatment options have been approved by NICE, as with decisions made by the APC relating to biologic pathways for other therapy areas, a pragmatic approach was proposed to support expansion to the pathway provided the cost impact of this could be established. Local gastroenterology specialists provided additional information including patient numbers, sequencing etc. The estimated cost to the BLMK Health Economy of introducing an additional step in the pathway (i.e. option to use two anti-TNF inhibitors) is £10,000 per annum*. For dose escalation, there is evidence to support this in line with the product licenses for adalimumab, ustekiumab, vedolizumab and tofacitinib and some evidence of efficacy of off label use of infliximab. It was therefore proposed that a strategy based on the Hertfordshire and West Essex pathway for dose escalation is adopted. The estimated cost to the BLMK Health Economy of introducing dose escalation as per the Hertfordshire pathway is £86,000 – £97,500 per annum*. *Although unquantifiable, it is anticipated that some of these additional costs will be offset by reducing hospital admissions/ surgery. The Committee noted the following: • That there is no evidence to support the use of ustekinumab dose escalation outside of the licensed doses. 4-weekly ustekinumab was therefore not supported due to a lack of clinical and cost-effectiveness data and very high treatment costs. • 4-weekly IV vedolizumab, although licensed, was also not supported due to lack of cost-effectiveness and high cost. • Neither 4-weekly ustekinumab nor 4-weekly vedolizumab would be within the range that NICE would assess as a cost-effective treatment. • The original 2020 Herts pathway has been updated as a Herts/West Essex (HWE) document, but there are no	

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	material changes to the dose escalation pathway section. Minor changes to the pathway were agreed at the meeting as a result of the production of an updated version of the HWE document i.e. refer the user to the SPC/Drug Safety updates for dosage recommendations for tofacitinib. In addition, the BLMK wording was slightly amended to state 'Alternatively consider other treatment options as per the pathway' in order to futureproof the pathway. • Clarification was provided regarding the proposal regarding dose escalation of infliximab: 1 dose of 10mg/kg or 3 doses of 5mg/kg given 4-6 weekly and then stretch back to 8 weekly; a trial of maintenance escalated dose may be considered for patients with clear objective evidence of response to escalated dose & loss of response on de-escalation to standard dose. Patients should be reviewed every 6-12 months thereafter to determine continued suitability of escalated dosing. **Decision**: The Committee supported the update of the Ulcerative Colitis pathway to include TNF inhibitor switching and dose escalation, as outlined above. **EQIA Assessment:** Yes – but in a positive way. The extension of lines of therapy within the commissioned pathway from 4 to 5 and dose escalation will benefit patients. It will hopefully lead to better control of a patient's disease with reduced hospital admissions/need for surgery. Patients who reach the end of the pathway can be considered for additional treatment options via the ICB Individual Funding Route. Ulcerative colitis is more common in the communities as stated in section 3. It follows NICE TA and will clarify the pathway for everyone but in particular will benefit people identifying with these protected characteristics. (NB – updated following receipt of E&D lead comments below). **BLMK ICB E and D Lead comment:** Suggested addition of the following text to the rationale for the Equity & Equality Impact Assessment: It follows NICE TA, and will clarify the pathway for everyone but in particular will benefit people identifying with these protected characteristics. (The statement has been updated to include these comments).	
5.6	**AHSN Lipid Optimisation Pathway** The APC discussed two new pathways which have been developed by the Academic Health Science Network (AHSN): one for management of acute cardiovascular disease in secondary care, and one for primary care clinicians. The pathways have been developed in collaboration with the Accelerated Access Collaborative (AAC) and NICE to address the clinical priority of improved lipid management. This is intended to meet the need to provide clear and simple guidance for clinicians on how optimal lipid management may be achieved. The pathways should be considered alongside other	

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	relevant guidance e.g. the AAC Lipid Management Pathway and Statin Intolerance Pathway. The pathways provide further clarification of existing pathways, rather than new information, and therefore has not been consulted upon specifically within secondary care. The Committee agreed that the pathways were useful as an additional resource to assist clinicians with optimising lipid management. **Decision:** The Committee approved the pathways for promotion and adoption within BLMK, to be used alongside the current AAC lipid management pathways. **EQIA Assessment:** No impact – summarises national guidance on lipid management only	
5.7	**Medical Devices Bulletin - Update** The Bedfordshire and Luton Joint Prescribing Committee had a Medical Devices Bulletin which was based on the PrescQIPP drop list and recommendations from the East of England Priorities Advisory Committee. Milton Keynes did not have a similar document. The PrescQIPP DROP list has been replaced by a PROP list which contains information on medicines and medical devices. The update reviewed the new PROP list recommendations against the old DROP list recommendations, highlighted any changes (many recommendations were unchanged), included the current Formulary position in MK and Beds and Luton and suggested a Formulary position where appropriate. NB – most of the proposed formulary positions were Non-Formulary (NF), Red, Do not Prescribe (DNP), or not for inclusion in the Medicines Formulary. As the 'amber/amber 1' designation had recently changed, it was proposed that unless otherwise stated, these designations would be updated the equivalent new designation 'SpA' within the document. The final document would also be linked to both joint formularies for reference. The updated draft document has had wide circulation for consultation across all constituent member organisations of the APC, ICB, Wound Care Formulary Sub-group and Primary Care and when approved will apply across all of BLMK. Many of the recommendations were unchanged, and therefore the APC focussed detailed discussions on the following topics: • **Dry mouth products** Artificial saliva substitute is green on the MK joint Formulary and Non-Formulary on the Beds and Luton Formulary. It was noted that the artificial substitute was used in end of life care in MK and initiated or recommended by palliative care teams. PrescQIPP recommendations agreed with a SpA formulary designation, as there are a number of non-drug interventions which may be undertaken. An Optimise Rx message will be created to support appropriate prescribing, and text will be added to the Formularies.	JC JC/TL/JCo/NW

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	• **Oscillating positive expiratory pressure device (OPEP device)** Current formulary status – red on MK Joint Formulary and DNP on Beds and Luton Joint Formulary. MK respiratory teams had fed back and advised that they wished to continue to use the device. Agreed to accept PrescQIPP recommendations with Red formulary status (specialist prescribing only). Initial supply and continuation by the specialist team. Annual review required to determine whether continued use of the device is appropriate. • **Ostomy underwear** Feedback from Stoma nurses was that they ask patients to buy supportive underwear but that level 2/3 support was prescribed to prevent and treat parastomal hernia. It was agreed that patients should buy underwear, but that level 2/3 support may be prescribed when recommended by stoma services (following appropriate measurements for the support garments- stoma nurses have confirmed that they ask a specialist company to measure patients). It was further agreed that the document would be clarified to make the distinction between the underwear and level 2/3 support clear. • **Rectal irrigation systems** PrescQIPP recommendations supported with the addition of information about cost-effective products to the formulary work programme. Specialist Initiation and stabilisation (SpIS) formulary position agreed. • **Waterproof limb covers** This was a new addition to the document. Decisions on whether these products should be available on prescription for Wounds and/or PICC lines. The Wound Care Formulary Subgroup had advised that for wound care, these products would not be routinely prescribed and in most cases patients would be asked to purchase the product. For PICC lines, GPs advised, if needed, these would normally be provided by the specialist service. Red formulary status agreed. • **Jaw rehabilitation device (e.g. Therabite)** The formulary position differed between the MK Joint Formulary and Beds and Luton Joint Formulary. The Committee agreed to support Red formulary position as the patient will need to be fitted with the device and trained on its use. A query was raised around resupply (via GP prescription) of lymphoedema garments after the initial fitting and supply by the lymphoedema service. It was agreed that this was appropriate, provided that patients were re-measured (by the lymphoedema service) as appropriate and clear advice on products to be prescribed provided to GPs. It was further noted that the lymphoedema services within BLMK were currently being reviewed by the ICB commissioning team. JCo/TL will review the formulary statuses and bring any further suggested changes to the Formulary subgroup for consideration.	JCo/TL

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	Decision: The document was approved, with the amendments/decisions as documented above, pending finalisation of Formulary changes, to be agreed at the Formulary Subgroup. **EQIA Assessment:** Many of the recommendations remain unchanged as a result of the update. The recommendations are based on the PrescQIPP document with some local amendments. Clinical judgement will still apply for those patients that require any items outside of this list regardless of protected characteristics. The following devices affect females: • Vaginal dilators or trainers • Insert for female stress incontinence • Pelvic toners Vacuum pumps for erectile dysfunction – affects males. Oscillating positive expiratory pressure device (OPEP) – currently not recommended in Bedfordshire and Luton). If added for prescribing, this will be a positive impact on the patient population. (This statement has been updated in accordance with ICB E and D Lead comments) **BLMK ICB E and D Lead comment:** Rationale for Equity & Equality Impact Assessment: Include something along the lines of: 'The recommendations are nationally approved with some local amendments and clinical judgement will still apply for those patients that require any items outside of this list regardless of protected characteristics. Gender should ideally be stated as female or male (rather than women and men).	JC
5.8	**Glucagon-Like-Peptide 1 Receptor Agonist National Shortage Guidance** There are currently ongoing supply chain issues affecting the availability of GLP-1 Receptor Agonists (GLP-1 RAs). Supplies of some GLP-1 RA preparations has been intermittent however where there has been availability, there may be insufficient stock to support switching everyone with type 2 diabetes (T2DM) currently prescribed an affected GLP-1 RA to another alternative brand. It is anticipated that the limited availability of GLP-1 RAs will continue until mid-2024 (as per Medicine Supply Notification published by the Department of Health and Social Care, published 27/06/23). The Association of British Clinical Diabetologists (ABCD) and Primary Care Diabetes Society (PCDS) have collaborated to produce a guidance to support clinical decision making during this period of national shortage of GLP-1RAs and the APC was asked to ratify this guidance to support clinicians in selecting alternative glucose lowering therapies when GLP-1 RAs prescribed for the management of T2DM in adults are unavailable during the national shortage. The guidance will be used in conjunction with recommendations for choosing medicines in the NICE Guidance (NG28) for the management of T2DM in adults.	

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	Decision: The APC ratified the PCDS-ABCD guidance for GLP-1 RAs to be used alongside NICE NG28 guidance during the period of national shortage. **EQIA Assessment:** No equity and equality impact anticipated. **BLMK ICB E and D Lead comment:** No additional comments.	
6.0	**NICE Guidance – from 20th April 2023 to 22nd June 2023** **The following NICE Technology Appraisal Guidance (ICB Commissioned) have been published:** **Risankizumab for previously treated moderately to severely active Crohn's disease** Technology appraisal guidance [TA888] Published: 17 May 2023 https://www.nice.org.uk/guidance/ta888 **Resource Impact**: NICE do not expect this guidance to have a significant impact on resources (less than £8,800 per 100,000 population; approx. £88,000 for BLMK). This is because the technology is a further treatment option, and the overall cost of treatment will be similar. **APC actions**: created and link added to Formularies (RED traffic light). Crohn's treatment pathway to be updated (planned to be presented at September 2023 meeting). **Esketamine for treating major depressive disorder in adults at imminent risk of suicide** (terminated appraisal) Technology appraisal [TA899] Published: 06 June 2023 https://www.nice.org.uk/guidance/ta899 **APC actions**: N/A (terminated appraisal) **Tixagevimab plus cilgavimab for preventing COVID-19** Technology appraisal guidance [TA900] Published: 14 June 2023 https://www.nice.org.uk/guidance/ta900 **APC action:** none – not recommended **Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction** Technology appraisal guidance [TA902] Published: 21 June 2023 https://www.nice.org.uk/guidance/ta902 **Resource Impact**: the NICE resource impact template indicates likely cost impact of £142,000 in year 1, rising to £436,000 by year 5. **APC action:** link added to formularies. The Committee discussed the appropriate traffic light status for dapagliflozin for treating chronic heart failure with preserved/mildly reduced ejection fraction. Only 5-10% of the patients with preserved/mildly reduced ejection fraction will be under the care of heart failure specialists and therefore Amber/Amber 1/SpA (the traffic	SMcG

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	light status agreed for patients with reduced ejection fraction (NICE TA679)) may not be appropriate and may result in the exclusion of a high proportion of patients from treatment. It was agreed that it would be useful to have some clear guidance for GPs/primary care prescribers on initiating and monitoring patients on dapagliflozin. This will therefore be developed and brought to the APC in September to support primary care prescribers with selecting patients and prescribing for appropriate patients. It was also highlighted to the Committee that there are some existing leaflets available within SystmOne providing patient information on SGLT2 inhibitors. **Decision:** Green traffic light, with additional guidance to be produced to support prescribers in primary care. **Upadacitinib for previously treated moderately to severely active Crohn's disease** Technology appraisal guidance [TA905] Published: 21 June 2023 https://www.nice.org.uk/guidance/ta905 **Resource Impact**: The NICE resource impact template indicates that there may be cost savings from the use of upadacitinib displacing other more expensive treatments - £169,000 in year 1, rising to £646,000 in year 5. This may be an overestimate for BLMK ICS. **APC actions**: link added to Formularies (RED traffic light). Crohn's treatment pathway to be updated (planned to be presented at September 2023 meeting). **Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19** Technology appraisal guidance [TA878] Published: 29 March 2023 Last updated: 22 June 2023 https://www.nice.org.uk/guidance/ta878 NB: In **June 2023**, NICE added a section with supporting information on risk factors for progression to severe COVID-19. This supporting information was provided by the independent advisory group commissioned by the Department of Health and Social Care. **Resource impact**: assessed and advised at May 2023 APC meeting. **APC action:** links added to each formulary entry and traffic lights to updated: Casirivimab plus imdevimab: DNP Nirmatrelvir plus ritonavir (Paxlovid): GREEN Sotrovimab: RED Tocilizumab: RED **The following NICE Guidelines (NG) (Medicine related and ICB Commissioned) have been published / updated by NICE:**	MD SMcG

	Diabetes (type 1 and type 2) in children and young people: diagnosis and management NICE guideline [NG18] Published: 01 August 2015 Last updated: 11 May 2023 https://www.nice.org.uk/guidance/ng18 **APC action:** consider formulary amendments in line with the NG18 recommendations (CGM to be discussed via the diabetes technologies working group). Paper to be brought to September APC meeting. **Cost impact:** NICE assumptions indicate that the resource impact of the guideline update for BLMK will be approximately £18,000 for any single guideline recommendation, and £88,000 for implementing the whole guideline. **Acne vulgaris: management** NICE guideline [NG198] Published: 25 June 2021 Last updated: 17 May 2023 https://www.nice.org.uk/guidance/ng198 **APC action:** to be discussed via Medicines Safety Group (see agenda item 8.0) **Cardiovascular disease: risk assessment and reduction, including lipid modification** Clinical guideline [CG181] Published: 18 July 2014 Last updated: 24 May 2023 https://www.nice.org.uk/guidance/cg181 **APC action:** none required at the current time. **Atopic eczema in under 12s: diagnosis and management** Clinical guideline [CG57] Published: 12 December 2007 Last updated: 07 June 2023 https://www.nice.org.uk/guidance/cg57 **APC action:** none required – local recommendations are in line with the guideline updates. **The following NICE TAs are the commissioning responsibility of NHSE and are listed for information only:** **Tezepelumab for treating severe asthma** Technology appraisal guidance [TA880] Published: 20 April 2023 https://www.nice.org.uk/guidance/ta880 **APC action:** created and link added to formularies **Ripretinib for treating advanced gastrointestinal stromal tumour after 3 or more treatments** Technology appraisal guidance [TA881] Published: 03 May 2023 https://www.nice.org.uk/guidance/ta881 **APC action:** none – not recommended **Voclosporin with mycophenolate mofetil for treating lupus nephritis** Technology appraisal guidance [TA882] Published: 03 May 2023 https://www.nice.org.uk/guidance/ta882 **APC action:** created and link added to formularies **Tafasitamab with lenalidomide for treating relapsed or refractory diffuse large B-cell lymphoma** Technology appraisal	

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	guidance [TA883] Published: 03 May 2023 https://www.nice.org.uk/guidance/ta883 (not recommended) **APC action:** link added to existing lenalidomide monograph (highlighted as not recommended) **Capmatinib for treating advanced non-small-cell lung cancer with MET exon 14 skipping (terminated appraisal)** Technology appraisal [TA884] Published: 03 May 2023 https://www.nice.org.uk/guidance/ta884 **APC action:** none (terminated appraisal) **Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer** Technology appraisal guidance [TA885] Published: 03 May 2023 https://www.nice.org.uk/guidance/ta885 **APC action:** link added to formularies **Olaparib for adjuvant treatment of BRCA mutation-positive HER2-negative high-risk early breast cancer after chemotherapy** Technology appraisal guidance [TA886] Published: 10 May 2023 https://www.nice.org.uk/guidance/ta886 **APC action:** link added to formularies **Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer** Technology appraisal guidance [TA887] Published: 10 May 2023 https://www.nice.org.uk/guidance/ta887 **APC action:** link added to formularies **Ciltacabtagene autoleucel for treating relapsed or refractory multiple myeloma (terminated appraisal)** Technology appraisal [TA889] Published: 17 May 2023 https://www.nice.org.uk/guidance/ta889 **APC action:** none (terminated appraisal) **Difelikefalin for treating pruritus in people having haemodialysis** Technology appraisal guidance [TA890] Published: 17 May 2023 https://www.nice.org.uk/guidance/ta890 **APC action:** created and link added to Formularies (NB: supply via specialist renal centres only – East & North Herts Trust for BHFT and Oxford UHFT for MKUH) **Ibrutinib with venetoclax for untreated chronic lymphocytic leukaemia** Technology appraisal guidance [TA891] Published: 31 May 2023 https://www.nice.org.uk/guidance/ta891 **APC action:** link added to formularies **Mosunetuzumab for treating relapsed or refractory follicular lymphoma** Technology appraisal guidance [TA892] Published: 31 May 2023 https://www.nice.org.uk/guidance/ta892 **APC action:** none (not recommended)	

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	Brexucabtagene autoleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over Technology appraisal guidance [TA893] Published: 07 June 2023 https://www.nice.org.uk/guidance/ta893 **APC action:** created and link added to formularies **Axicabtagene ciloleucel for treating relapsed or refractory follicular lymphoma** Technology appraisal guidance [TA894] Published: 07 June 2023 https://www.nice.org.uk/guidance/ta894 **APC action:** link added to formularies (not recommended) **Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy** Technology appraisal guidance [TA895] Published: 07 June 2023 https://www.nice.org.uk/guidance/ta895 **APC action:** link added to formularies **Bulevirtide for treating chronic hepatitis D** Technology appraisal guidance [TA896] Published: 07 June 2023 https://www.nice.org.uk/guidance/ta896 **APC action:** created and link added to formularies **Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma** Technology appraisal guidance [TA897] Published: 06 June 2023 https://www.nice.org.uk/guidance/ta897 **APC action:** link added to formularies **Dabrafenib plus trametinib for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer** Technology appraisal guidance [TA898] Published: 14 June 2023 https://www.nice.org.uk/guidance/ta898 **APC action:** link added to formularies **Cemiplimab for treating recurrent or metastatic cervical cancer (terminated appraisal)** Technology appraisal [TA901] Published: 20 June 2023 https://www.nice.org.uk/guidance/ta901 **APC action**: N/A terminated appraisal **Darolutamide with androgen deprivation therapy and docetaxel for treating hormone-sensitive metastatic prostate cancer** Technology appraisal guidance [TA903] Published: 21 June 2023 https://www.nice.org.uk/guidance/ta903 **APC action:** links added to formularies **Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer** Technology appraisal guidance [TA904] Published: 21 June 2023 https://www.nice.org.uk/guidance/ta904 **APC action:** links added to formularies	
7.	**Virtual Recommendations/Documents**	

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7.1	**Patient Group Directions (PGDs)** The Committee considered 3 PGDs submitted by the newly formed PGD subgroup. The PGDs were submitted by HCRG Care Group, a private provider commissioned by BLMK ICB to provide a Musculoskeletal Clinical Assessment, Triage and Treatment Service. The PGD subgroup group have considered three PGDs which will be used by Physiotherapists, Advanced Physiotherapy Practitioners and Advanced Podiatry Practitioners employed by HCRG Care Group: • Depo-medrone with lidocaine injection (Methylprednisolone acetate 40mg/ml with lidocaine 10 mg/ml) • Lidocaine 1% injection • Triamcinolone acetate (Adcortyl and Kenalog) The PGD template has been peer reviewed by the HCRG Care Group Quality and Safety Group & Medicines Management Group in accordance with HCRG Care Group Patient Group Directions Policy. It has been approved by the HCRG Care Group Quality and Safety Group & Medicines Management Group. Clarifications on the following points were requested and provided, during the virtual consultation period, as follows: • Skin atrophy and skin discolouration with triamcinolone and methylprednisolone / lidocaine PGDs – this is listed in the adverse effects on P10 of the documents, and the patient consent form includes these potential adverse effects. It is noted that these effects are not always reversible. • Injection into small joints – the service is not contracted to inject joints that require ultrasound guidance, therefore the small joints of the hands would never be injected within these community clinics. To be added as an exclusion during the next PGD update. • Interactions with CYP 3A4 inhibitors: concerns were raised about the potential for non-disclosure and / or lack of recording on GP systems for patients being treated with antiretrovirals for HIV, and the potential for serious adverse effects. The provider confirmed that current medications are always checked with patients as part of the consent process, but acknowledged that patients may not always choose to disclose the information. An additional statement is to be added to the triamcinolone and methylprednisolone / lidocaine PGDs to state “concomitant use must be confirmed with the patients HIV/Sexual Health practitioner before use” for application in relevant patients. • Dates missing in the original circulation were added and the	AG

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	documents recirculated. • The documents were signed prior to circulation to the APC as a result of concerns about delaying implementation post-meeting due to availability of key individuals. **Decision**: The APC ratified the PGDs, with the changes agreed during the virtual consultation process.	
8.	**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 (April 2023). In particular: **Nitrofurantoin: reminder of the risks of pulmonary and hepatic adverse drug reactions** **Actions taken:** DSU has been added to the Formulary, awaiting messages to be centrally created for Optimise Rx prior to activation. MSG are seeking advice from the SPS regarding frequency of monitoring. The DSU will also be circulated in the next care homes newsletter to disseminate the information. **JAK inhibitors – Red on Formulary** **Actions taken:** Noted at MSG and linked to the Formularies. Actions to be taken forward by the Trusts to disseminate. **Isotretinoin (Roaccutane▼): new safety measures to be introduced in the coming months, including additional oversight on initiation of treatment for patients under 18 years and updated NICE guidance** **Actions taken**: Review of EPACT2 data highlighted 17 patients in primary care being prescribed isotretinoin, mostly as one-offs/where dermatology letters have been unclear. Pharmacists in practices have picked this up and stopped further prescribing. In process of repatriating patients back to secondary care. Trusts to raise with dermatology teams and review clarity of clinic letters sent to GPs to ensure that it is clear the GP is not being asked to prescribe. DSU has been linked to the Formularies and isotretinoin wording strengthened on GP messaging systems to highlight the medicine is hospital only prescribing. **Medicines Safety Group Update** • **Discharge safety project** The Medicines Safety Group (MSG) are collaborating to explore a systemwide discharge group which will be led by Bedfordshire Hospitals NHS Foundation Trust. It is anticipated that external partners will be invited to share learning and resolve interface issues. The local Trusts are both undertaking Quality Improvement Projects to resolve issues within the discharge pathway.	

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	Work is also ongoing with 'bounceback' forms – the group are reviewing the form and process currently used by Milton Keynes and plan to adapt and roll out both across BLMK. Bounceback forms provide a mechanism for Primary Care clinicians to reject inappropriate prescribing requests from specialists (e.g. non-formulary and red medicines). The latest Medication Safety newsletter has now been published and comms will be circulated to advertise it. • **Insulin safety** ELFT Community Health Services shared learning with the MSG about a deep dive they have conducted to look at medication errors. This involved sharing of the error themes and mitigations put in place, in particular targeted training for insulins. • **Medication Safety webinar hosted by PrescQipp** – sharing of learning with system partners ○ A number of new criteria have been added to a version 3 of the STOPP/START toolkit, which is due for release soon. ○ New patient safety commissioner website launched – aims to give patients a voice in medication safety: https://www.patientsafetycommissioner.org.uk/ ○ New video launched to explain the Learning From Patients Safety Incidents (LFPSE) service: https://www.youtube.com/watch?v=mlRu-B-XbGM ○ New decision support tool for valproate use in epilepsy and bipolar: https://www.england.nhs.uk/publication/decision-support-tool-is-valproate-the-right-epilepsy-treatment-for-me/ ○ NHSE Antimicrobial resistance team have published some medicines safety pages via: https://future.nhs.uk/A_M_R/view?objectId=43635696 The Committee noted the Medicines Safety update.	
9.	**Formulary Update**	
9.1	**Formulary Subgroup Recommendations** The following recommendations were made by the Formulary subgroup (FSG) at the 13 June 2023 meeting: • **Strontium for osteoporosis (review of position)** - Aristo Pharma have re-launched strontium, with associated risk minimisation materials including a patient alert card and a prescriber guide/checklist. The re-launch has led to enquiries from specialists regarding use, as it was removed from Beds/Luton Formulary following discontinuation of the formerly available product (Protelos®) in 2016. Strontium is Amber 2 on Milton Keynes Formulary, however this entry is based on Protelos®. Additional clarity in the absence of shared care guidance is required, relating to the responsibility of monitoring – due to likely small numbers of patients, monitoring may be at risk of being overlooked in Primary Care. It was also raised that	

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	responsibility for romosuzumab monitoring should be considered alongside development of a process for 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/SpA with restriction to last line therapy. *Cost impact of decision:* Currently 4 patients on this product in primary care – specialists estimate approximately 55 patients may be candidates for therapy (£91k per annum cost pressure) however this is thought to be an overestimate • **Aciclovir eye ointment for herpetic keratitis (product re-launch)** - Addition of aciclovir 3% eye ointment to the Formulary (Green) for restricted use in children or pregnancy or for use where benzalkonium preservative is unsuitable was approved. Unique benefits of aciclovir and rationale for addition: ○ Preservative free – useful for those who cannot tolerate benzalkonium (which is contained within ganciclovir) ○ Licensed for use in paediatrics and experience of use in pregnancy & breastfeeding (vs ganciclovir – no data) ○ As a negative – considerably higher cost vs ganciclovir (£45 vs £20) Additionally, the APC approved the change of the ganciclovir 0.15% ophthalmic gel formulary status to Green on the Beds/Luton formulary (currently Amber/SpA) to rationalise the position as 1st line therapy, alongside aciclovir which is 2nd line Green. *Cost impact of decision:* approximately £1000, but difficult to quantify. • **Lenzetto® (estradiol) spray for Hormone Replacement Therapy** - Proposal to add to the Formularies as Green within licensed indication (post menopause, with or without a uterus) for restricted use - only when alternative transdermal products are not tolerated/contraindicated. The proposal was approved. *Cost impact of decision*: Cost is comparable to other products available at the lower doses. 228 patients already on therapy – therefore expected to be cost neutral overall. • **Captopril liquid for paediatrics (amendment to traffic lights)** - Alignment of captopril oral solution on the Formularies (currently green on MKF and Red on B&LF). Proposal approved - Amber/Amber 3/SpIS, in line with advice from NICE BNF which states for use in children, treatment should be under specialist supervision. *Cost impact of decision:* None • **Hydrocortisone emergency kits for adrenal crisis (information regarding re-fills of the kits)** – wording agreed for inclusion in the formularies for patients requiring emergency kits: ○ Succinate powder (with solvent) is the most cost-effective and convenient – 1st line. The powder without solvent or the sodium phosphate base are other options, which should be used second line due to higher cost – supplied by Primary Care (Amber/Amber1/SpA) ○ Needles and syringes are not prescribable items so may be obtained ideally from the specialist at routine review, or from	

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	practice stock or sourced online by the patient as indicated on the Self-Help website (linked from the monograph). Endocrinology clinics are also able to post replacement consumables to patients. *Cost impact of decision*: none • **Hypromellose and carmellose eye drops for dry eye** - Addition of cost-effective brands to Formularies to avoid prescribing of high-cost unspecified items. Due to a lack of suitable cost-effective preservative free Hypromellose products, the proposal to use carmellose second line was made in consultation with ophthalmology specialists and supported. ○ 1st line preserved Hypromellose 0.3 or 0.5% drops should be used and are suitable for the majority of patients (approx. £1 per bottle) – brands Aapromel® or Aaculose®. ○ Where preservatives are not tolerated, carmellose preservative free 0.5% or 1% (Eyeaze® or Vizcellose® brands) can be used. ○ Addition of wording to stipulate these are usually considered a self-care product– advise patient to purchase. *Cost impact of decision*: Likely cost saving overall – difficult to quantify. • **Review of Amber and Amber 2 entries for conversion to Green (alignment workstream)** - MK Amber 2 traffic light has been cross compared with Beds/Luton and an analysis conducted to establish the most suitable place for the monographs under the new designations. Amber 2 has been redistributed into either Green, Red or SpA (specialist advised). • **BLMK Lithium Shared care Guidance** - Updated and adapted SCG, based on national RMOC guidance, for BLMK wide use. Lithium is the first one to be reviewed using the national template. Changes have also been made to include local guidance from existing SCGs. Work is ongoing with further investigation into interactions and the impact of these in the context of renal impairment. There are also recommendations in development to establish a mechanism for community pharmacists to confirm lithium levels prior to dispensing. Support was received for the SCG, with amendments as discussed at the meeting. Post-FSG there are some additional points to be brought back to the Formulary Subgroup for further consideration (for further review in at September FSG). Lithium formulary products were also reviewed and rationalised as part of this workstream. • The log of minor amendments was noted. • A workstream is underway to review the blood glucose meters commissioning recommendations, which were recently released by NHSE. Updates will be reported at future Formulary Subgroups. **Decision:** The committee ratified the recommendations of the Formulary Subgroup.	
9.2	**Formulary alignment project update** The Committee noted an update on the project to align the formularies across BLMK:	

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	• Beds/Luton Black and MK RedRed categories on the Formularies are now aligned and “DNP” (do not prescribe) has been applied across the systems. • Red - Work is underway to cross-compare the content of both Formularies and ensure that products are in the Red category on Optimise Rx • Green currently remains untouched, as there are no messages live on Optimise Rx for this category due to the unrestricted nature of prescribing. Where there are restrictions, information messages are in development to highlight these where there is value to add. • Amber 3 (MK only) has been audited and switched to SpIS. • Amber 2 (MK only) has also been fully audited, with identification and extraction of red, discontinued and green products which is now completed. Amber 2 remaining list has been merged and re-named with amber 1 list to SpA. • Shared care smart messages in development to highlight medicines subject to shared care. Provision of a direct link from the pop up to be included for ease of access. • New category – “not yet assessed”. Benefits include the ability to monitor prescribing and gauge interest in products and provide information and guidance on what to do prior to initiating a new medicine. • Any medicines with an active difference on the Formularies will be included on the workplan for discussion and alignment as part of ongoing workstreams. • A paper was recently taken to the Medical Director and Executive team at Milton Keynes hospital which resulted in agreement to the proposal of a single, amalgamated formulary for BLMK. Papers are now being taken to the MK Prescribing Group and the MKUH Prescribing and Medicines Governance Committee proposing one amalgamated BLMK formulary. If approved, this will further the formulary alignment project and reduce duplication of work across the two current formularies. **Alignment of GP support messaging systems** There is currently misalignment and duplication of GP support messaging systems (GPDS) through historical selection of different software add ins in Bedfordshire (Scriptswitch), Luton and Milton Keynes (Optimise Rx). In April 2023, a full assessment of the benefits and drawbacks of both systems was conducted, and the recommendation submitted to BLMK Prescribing Committee (primary care) to move Bedford Borough and Central Bedfordshire practices over to Optimise Rx and decommission Scriptswitch. Support was received for this following consultation with the practices. Onboarding is expected to begin in September 2023, with completion by end of March 2024. During the period of April to June, a large-scale audit and update of Optimise Rx has also been conducted to ensure accuracy and value in the messages that present. The project to align the formularies and rationalise the GP support messaging systems is anticipated to produce substantial cost	

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	savings across the ICS, support safer prescribing, reduce workload and ensure equity in access to medicines for all patients within BLMK.	
9.3	**Wound Management Formulary Steering Subgroup Recommendations** The following recommendations and information were reported by the woundcare group: • **Emollients** – Bedfordshire/Luton - unable to align with the main formulary choices as they aren't available via NHS Supplies. In terms of alignment, the Wound Management Formulary is therefore out of scope for emollients. Both QV and Epaderm remain available on NHSSC but will not be visible on Microguide. These are used by Tissue Viability Nurses in clinics only; Milton Keynes - Epimax is available on ONPOS/NWOS (CNWL Procurement platform) and has been added to the MK formulary. • **Proshield** has continued to be requested via FP10 in the community. The product has been confirmed as non-formulary (both Medicines and Wound Management) and a message has been added to the Bedfordshire and Luton Formulary. It does not appear on the MK/CNWL formulary. • An **Online Formulary** is in development for use by practice nurses and community nurses in MK. It is anticipated that this will improve adherence to the woundcare formulary and also improve associated quality and savings. **Decision:** The Committee ratified the recommendations of the Wound Management Formulary Steering Group.	
10.	**Antimicrobial Resistance (AMR) Update** An update was provided to the Committee on primary care antimicrobial prescribing within BLMK: • 84 practices achieved previous 21/22 antimicrobial target (<0.965 items/ STAR-PU). • 68 practices achieving <0.871items/STAR-PU in April 22. • Significant Group A Streptococcus (GAS) outbreak (October 22) led to marked increase in total antimicrobial prescribing. • 39 practices achieved the <0.871 items/STAR-PU in March 23. • 65 practices were achieving prior to GAS outbreak (September 22 data). • BLMK and national averages were above national target. • Both nationally and within BLMK total antibiotic prescribing has been slowly rising throughout 21/22 and 22/23, although this appears to be levelling out from recently released data for April 2023. • Broad spectrum prescribing as a proportion has gone down due to the increase in total antibiotic prescribing. • There is an increase in cases of clostridium difficile currently being seen at the Trusts, the potential causes of which were discussed recently by the BLMK AMR pharmacists' subgroup to the AMR steering group.	

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	The Committee noted the antimicrobial update.	
11.	**East of England Priorities Advisory Committee (PAC) – items for noting/approval**	
11.1	EoEPAC Meeting Notes – January and March 2023 The committee noted the minutes for information.	
11.2	EoEPAC draft Meeting Notes – May 2023 The committee noted the minutes for information.	
11.3	EoEPAC document for ratification	
11.3a	**Dibotermin alfa for the management of acute tibial fractures in adults** The East of England Priorities Advisory Committee (PAC) has recently updated its guidance on bone morphogenic proteins (BMP) (dibotermin alfa). The previous PAC guidance on bone morphogenic proteins was ratified by the Bedfordshire & Luton Joint Prescribing Committee in 2015, and it was proposed that the updated document is ratified for use across BLMK. Note: as there is only one BMP available in the UK, the policy title has been amended accordingly. An evidence review and update was undertaken for the previous PAC document, due to the age of the document and time since the previous review was undertaken. The evidence base for the intervention is unchanged and therefore the recommendations remain largely unchanged (minor amendments to wording and formatting only). To date, dibotermin alfa has not been prescribed within BLMK. **Decision:** The Committee ratified the PAC guidance for use within BLMK.	
11.3b	**EXOGEN ultrasound bone healing system for the management of bone fractures** PAC has recently updated its guidance on the Exogen ultrasound bone healing system. The previous guidance on Exogen was ratified by the Bedfordshire & Luton Joint Prescribing Committee in 2015, and it was proposed that the updated document is ratified for use across BLMK. Priorities Forum (PF) recommendations for the use of EXOGEN have subsequently replaced the 2015 PAC recommendations, however it has been agreed that the updated PAC guidance will supersede the Priorities Forum guidance and the PF policy, dated December 2019, will be removed from the ICB website. Exogen is used occasionally for eligible patients with non-union fractures of the long bones at Bedfordshire Hospitals Foundation Trust (3 requests in the last 12 months). **Decision:** The Committee ratified the PAC guidance for use within BLMK.	

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12.	**Bedfordshire, Luton and Milton Keynes Local Prescribing Committee Minutes.** The Committee noted the following minutes for information:	
12.1	Minutes of the Bedfordshire Hospitals Foundation Trust DTC meeting – March 2023	
12.2	Minutes of the Milton Keynes Hospital Prescribing & Medicines Governance Committee (PMGC) – May 2023	
12.3	Minutes of the Bedfordshire and Luton Wound Management Formulary Steering Group – March 2023	
12.4	Minutes of the BLMK Formulary Subgroup – April 2023	
12.5	Minutes of the BLMK Medicines Safety Group – April 2023	
12.6	ELFT Medicines Management Committee Minutes – March 2023	
12.7	Minutes of the Cambridgeshire Community Services Medication Safety and Governance Group – March 2023	
12.8	Minutes of Circle/MSK MMC Meeting – April 2023	
12.9	Minutes of the CNWL Trustwide Medicines Optimisation Group (MOG) – May 2023	
13.	**Papers for information / ratification**	
13.1	**BLMK APC Annual Report** The committee considered the second Annual Report of the BLMK APC, the contents of which reflect the output from the committee meetings on 4th May 2022, 29th June 2022, 28th September 2022, 7th December 2022 and 1st March 2023. The report summarises the participating organisations, meeting attendance figures, the Committee's activities and achievements and the future work programme. **Decision:** The Committee ratified the BLMK Area Prescribing Committee annual report.	
13.2	**Covid-19 Therapeutics and CMDU update** The Committee was provided with an update on the implementation of NICE MTA 878 (Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19) and the transition out of pandemic specific arrangements within BLMK. Alongside NICE TA878, NHS England published an Interim Clinical Commissioning Policy: remdesivir and molnupiravir for non-hospitalised patients with COVID-19 on 11 May 2023. Which stated the options are: • First-line: nirmatrelvir plus ritonavir (as per the published NICE MTA) • Second-line: sotrovimab (as per the published NICE MTA) • Third line: remdesivir (where supply is available)	

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Fourth line: molnupiravir
This remains in place until NICE publish further recommendations. BLMK ICB has commissioned the continuation of the existing CMDU triage service until the end of March 24, on grounds of patient safety. Templates are in place to facilitate easy referral into the triage service by GP practices and NHS 111. Supply of oral antivirals is via community pharmacies, and prescribing has moved to EPS. Intravenous therapies, if required, will be administered by the Trusts for non-hospitalised patients. It is anticipated to be a rare occurrence that a patient would need an IV therapy and none have been administered in BLMK since September 2022.

Since the last APC meeting, NICE has published TA900 (Tixagevimab plus cilgavimab (Evusheld) for preventing COVID-19) – NICE do not recommend this intervention.

The Committee noted the Covid-19 therapeutics update.
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<tr><td>13.3</td><td>
Continuous Glucose Monitoring (CGM) update
The following recommendations were made by the Diabetes, Insulin Pumps and Technologies Working Group:

GlucoRx Aidex is to be removed from the formulary as a CGM option. Despite expectations, the manufacturer has not updated the product literature with regards to licensing of the device. Patient numbers on the device are very small – a search will be conducted to identify the patients and switch them to an alternative device.
The working group has discussed and agreed CGM devices to be used in pregnancy and accompanying wording to be added to the “Guidance for Continuous Glucose Monitors (CGM) in people with diabetes” document. Formulary choices are as follows:

<table>
<tr><th>Type of Diabetes</th><th>Device</th></tr>
<tr><td rowspan="3">Type 1</td><td><u>First line</u>: FSL2</td></tr>
<tr><td><u>Second line:</u> FSL3 or Dexcom G7</td></tr>
<tr><td><u>Third line</u>: Dexcom G6 (only if pump connectivity is required)</td></tr>
<tr><td>Type 2</td><td><u>First line:</u> FSL2 or Dexcom One*</td></tr>
</table>
* Dexcom One does not have follow-app functionality

Decision: The committee ratified the recommendations of the Diabetes Working Group.
</td><td></td></tr>
<tr><td>14.</td><td>
Any other business
The Committee were informed that Fiona Garnett will be the new Chair of the Formulary subgroup.
</td><td></td></tr>
<tr><td>15.</td><td>
Future Dates for BLMK APC 2023 / 2024 Meetings (all to be held from 12:30-15:00 via Microsoft Teams):

Wednesday 27th September 2023
Wednesday 6th December 2023
</td><td></td></tr>
</table>

No	Agenda Item	Action
	Wednesday 28th February 2024 Wednesday 1st May 2024 Wednesday 3rd July 2024 Wednesday 25th September 2024 Wednesday 4th December 2024	

Approval of minutes:

Chair: Dr Muhammad Nisar

Signed: 

Date: 5 Oct 2023

Appendix 1 – Approved 13 June 2023 Formulary Subgroup Minutes:

FSG Final Minutes Signed June 2023.pdf