Bedfordshire, Luton and Milton Keynes Health and Care Partnership

BLMK Wide Joint Formularies

NHS

February 2024

Medicines Formulary New additions and changes

SpA **Glycopyrronium tablet (prescribe as Assicco® brand)** added to Formularies for use in sialorrhea in children and adolescents (licensed) and adults (off-label). NB: Use in hyperhidrosis is not supported—see hyperhidrosis pathway for Formulary options.

SpA **Freestyle Libre 3 (FSL3)** is now available to be prescribed on FP10 for the following groups in Bedfordshire & Luton only:

-New patients using hybrid closed loop pump systems (HCL)

-Patients under 20 years of age either with HCL or as a standalone device

Existing patients will be transferred on to FP10 and rollout of the change to Milton Keynes will follow shortly.

NB: Patients on FSL2 should not be upgraded to FSL3 except on the advice of the specialist multidisciplinary team.

Updated preferred Direct Oral Anticoagulant (DOAC) choice for new patients

- Generic apixaban is now the preferred DOAC for initiation in new patients
- There is no requirement to change existing patient's DOAC unless there is a clinical reason to do so.
- All DOACs remain an option on Formulary for prescribing in line with NICE TAs.

In response to **National Shortage of GLP-1 receptor agonists**, Semaglutide tablets (Rybelsus®) are now to be offered as first-line option for new initiations for those meeting criteria in NICE NG28 and the other injectable GLP-1 RAs licensed for T2DM in adults will be second line options. The continuation criteria for all GLP-1 RA in line with NICE NG28 will still apply.

Any patients receiving Byetta® will be required to switch due to product discontinuation. Patients on Victoza® will also require switching as stocks of this brand are critically low. Switching guidance will be available shortly on the Medicines Optimisation website to support prescribers.

Addition of Abasaglar® and Semglee® biosimilar insulin glargine to Formulary

In response to reported shortage of Lantus®, the two above biosimilar brands have now been added to the Formulary as alternative cost-effective options.

- Consider Semglee® first line for new initiations.
- No switching of existing patients is being recommended however, if a patient is switched to the biosimilar, dose adjustment may be needed.

RED **Nutriprem Human Breast Milk Fortifier** for pre-term low birth weight infants was assessed for Primary Care prescribing—discussions are ongoing however the product remains Red until a pathway is formed.

DNP **Azathioprine 75mg and 100mg strengths** were assessed and rejected for use in BLMK due to safety concerns and disproportionate cost. Do not prescribe.

SCG **The Dementia Shared Care Guidance** has been updated and expanded for use across BLMK.

Thankyou!

We would like to extend a big thankyou to all of those who took the time to respond to the ICB Communications Survey. Results will be taken forward to help shape and improve the way we send out our information to you.

For those who missed the survey, feedback is always welcomed — email blmkicb.medsopt@nhs.net

The following organisations contribute to and participate in the BLMK APC Formulary Subgroup – 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.