Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

BLMK Wide Joint Formularies

NHS

September 2023

Medicines Formulary New additions and changes

Etoricoxib 30/60/90mg to be used in preference to celecoxib for inflammatory arthritis including psoriatic, spondylo, reactive, IBD related and sero-ve disease, where recommended by specialist rheumatologist (SpA). Celecoxib remains on Formulary as alternative option.

Ryaltris® (olopatadine/mometasone nasal spray) for adults and adolescents ≥ 12 years for the relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient (Green)

Altraplen Compact Daily® for patients unable to tolerate large volumes of supplement, where advised by a dietician (Green)

Renacet® (calcium acetate) for treatment of hyperphosphatemia in chronic renal insufficiency in patients undergoing dialysis (SpA)

Gliclazide 30mg MR added to MK Formulary (Green) to align with Beds/Luton as alternative to twice daily immediate release gliclazide

Metformin MR 500mg and 1gram tablets (Green)—Restrictions on use removed—can now be started 1st line for type 2 diabetes. NB: 750mg MR tablets are high cost and remain restricted use.

Famotidine tablets—Added to B&L Formulary to align (Green), however please note new restrictions—to be used only where multiple PPIs have been trialled (a minimum of two) and failed or where a contraindication to PPIs exists. Famotidine is high-cost compared to PPI treatment.

Hydrocortisone for adrenal insufficiency—new recommendations to ensure accurate dosing

A review of hydrocortisone oral preparations has been undertaken with the aim of ensuring doses can be accurately given for all cohorts of patients. Recommendations are as follows:

- 10mg and 20mg tablets remain on Formulary (Green) and will be suitable for the majority of patients.
- 5mg soluble and 5mg tablets added (Green) restricted to use where cutting 10mg tablets is not an option - e.g. to allow dosing in schools or to facilitate dosing where patients have dexterity issues that make cutting tablets difficult
- 2.5mg tablets (Green) added to ensure accuracy of dosing in children who require a small dose
- Alkindi® capsules (0.5mg/1mg/2mg) added (SpIS) for young children who require very small doses. NB the 5mg capsule is Non-Formulary due to availability of other more cost effective tablet option (see above).
- Liquid hydrocortisone remains on formulary (Green) for use where all other alternatives are unsuitable.

Update to preferred iron preparation

Ferrous fumarate tablets are now the first line choice for treatment and prevention of anaemia (Green). Ferrous sulphate remains available, however the fumarate salt is better tolerated. The ICB also endorse recommendations of NICE CKS and The British Society of Gastroenterology, both of whom suggest once daily dosing is sufficient to treat anaemia whilst limiting negative side effects.

Liothyronine

BLMK ICB now endorse the **recommendations for prescribing of liothyronine** as published by NHSE. This supersedes the previously endorsed RMOC guidance which has now been retired.

Review of anticholinergics for urinary incontinence

The anticholinergic pathway for urinary incontinence is due to be retired alongside review and alignment of cost-effective choices. The updated choices are as follows (all Green):-

First line: Oxybutynin immediate release or solifenacin or tolterodine tablets

Second line: One of the alternative first line choices not tried already or Fesoterodine M/R or Tolterodine M/R (Tolthen XL® being the preferred brand) or Trospium or Darifenacin

Third line: Mirabegron

Swallowing difficulty: Oxybutynin patch

Vesomni® (solifenacin/tamsulosin combination) has been removed from Formulary—consider active switching to separate components (more cost-effective) where clinically appropriate.