

Bedfordshire, Luton and Milton Keynes Area Prescribing Committee – Formulary Subgroup meeting Meeting Notes – February 2024

Date: 6th February 2024 Time: 13.00 - 15.00pm Venue: Microsoft Teams

The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes Integrated Care Board; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust

Name	Initial	Role	Present	Absent
Fiona Garnett	FG	Committee Chair	✓	
Taiya Large	TL	Professional Secretary/Formulary	~	
		& Medication Safety Pharmacist,		
		NHS BLMK ICB		
Janet Corbett	JCo	Pharmacy Programme Manager MKUH		×
Saema Arain	SA	ELFT Pharmacy Representative		~
		 Community Services 		
		(Beds)/Mental Health Services		
		(Beds and Luton)		
Anshu Rayan	AR	CNWL Pharmacy Representative		✓
		(Community and Mental Health		
		Services Milton Keynes)		
Dr Mya Aye	MA	Medical Representative, Milton		√
		Keynes University Hospital		
Dr Eleanor Tyagi	ET	Medical Representative, Milton		✓
, ,		Keynes University Hospital		
Carole Jellicoe	CJ	Nurse and Non Medical		✓
		Prescribing Representative		
		(Secondary Care)		
Nikki Woodhall	NW	Formulary Lead Pharmacy		✓
		Technician, BLMK ICB		
Dr Kate Randall	KR	GP Representative, Bedfordshire	✓	
		and Luton		
Dr Jenny Wilson	JWi	GP Representative, Bedfordshire	✓	
		and Luton		
Reginald	RA	CNWL Pharmacy Representative	✓	
Akaruese		(Community and Mental Health		
		Services Milton Keynes)		
Mojisola Adebajo	MA	Place Based Lead Pharmacist	✓	
, ,		BLMK ICB		
Matt Davies	MD	Place Based Lead Pharmacist	✓	
		BLCK ICB		
Alex Hill	AH	Community Pharmacy	✓	
-		Representative		



Dr Dush Mital	DM	Medical Representative, Milton Keynes University Hospital NHS Trust	✓	
Yolanda Abunga	YA	Pharmacist Representative, Cambridgeshire Community Health Services	\checkmark	
Marian Chan	MC	Consultant, Bedfordshire Hospitals NHS Foundation Trust	~	
Naomi Currie	NC	Place Based Lead Pharmacist BLMK ICB	\checkmark	
Anne Graeff	AG	Commissioning Lead Pharmacist BLMK ICB	~	
Joy Mooring	JM	Primary Care Specialist Pharmacy Technician, BLMK ICB	\checkmark	
Samantha Golton	SG		\checkmark	
Dona Wingfield	DW	Medicines Use and Quality Manager, Bedfordshire Hospitals NHS Foundation Trust		~
Anila Anwar	AA	Governance and Policies Pharmacist Bedfordshire Hospitals NHS Foundation Trust	✓	
Iffah Salim	IS	Interim Tower Hamlets Lead Pharmacist, ELFT BLMK ICB		~
Nicholas Beason	NB	Procurement technician MKUH	✓	
Candy Chow	CC	Commissioning Lead Pharmacist BLMK ICB	✓	
Sandra McGroaty	SMc	Commissioning Pharmacist, BLMK ICB		~
Jonathan Walter	JWa	Milton Keynes GP representative		✓
Dupe Fagbenro	DF	Deputy Chief Pharmacist (Luton and Bedfordshire) East London NHS Foundation Trust	✓	
Alisha Gandhi	AGa		\checkmark	
Samina	SH		\checkmark	
Jane Stanger	JS		\checkmark	
Sarah Wocka	SW		\checkmark	

Summary of acronyms used in the document

Acronym	Explanation
MKF	Milton Keynes Formulary
B&LF	Bedfordshire and Luton Formulary
FSG	Formulary subgroup
SS/Orx	Scriptswitch/Optimise GP messages
SCG	Shared care guidance

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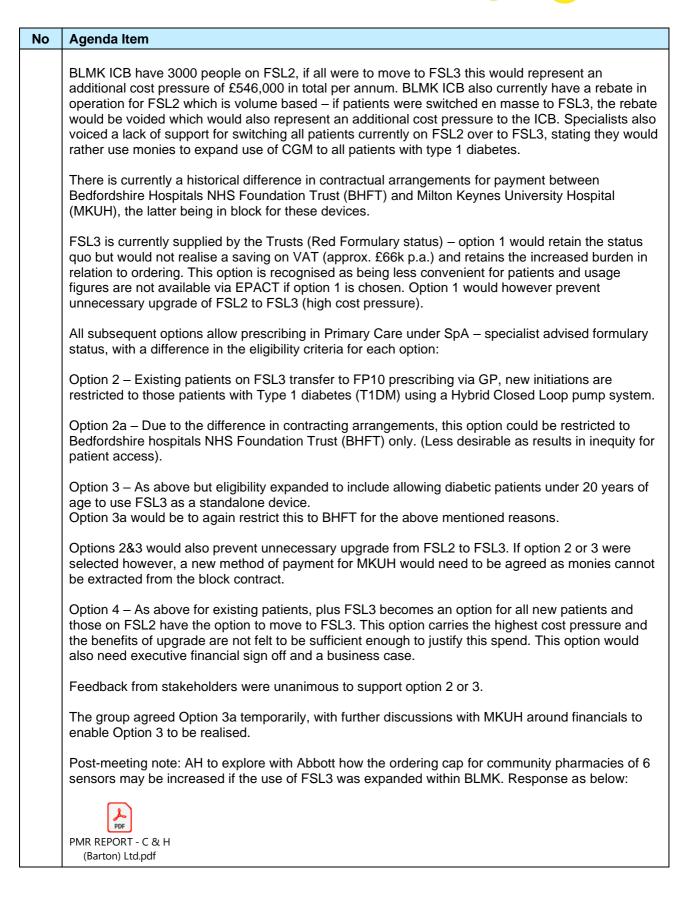
No	Agend	a Item		
1.	Welcor	ne, Introductions	and Apologies	
	The cha	air welcomed every	rone to the meeting.	
	The me	eting was confirme	ed as quorate.	
2.	Declara	ations of Interest		
	Annual	written declaration	s of interests up to date.	
	Membe declare		leclare any conflicts of interest relating	to matters on the Agenda, none
3.		s of the previous	meeting meeting notes were approved as accu	ırate.
4.	Action	Log		
	Actions	were noted in acc	ordance with the action log:	
	Item	Title	Action	Update
	1	Dementia SCG	Expand for use BLMK wide	On agenda for approval
	2	Gepretix	Deploy Optimise Rx messages for switching for new patients (represents 30% cost saving over other available products)	Actioned – To close
	3	Anticholinergic liquids	The place of liquid preparations were also discussed in more detail, noting that if the patch is approved for swallowing difficulties then there may be no place for liquids. Possible use in children and care homes / where patches may damage the skin. Further investigation into the place of liquids and re-visit. Action RP: To feedback rationale for use of liquids over patches in elderly patients (NB: patches are not listed on prescribing system at the Trust). To confirm also with paediatrics regarding possible switch to solifenacin liquid (cost-effective) vs oxybutynin liquid. Small numbers of patients overall.	Open – TL to continue to review.



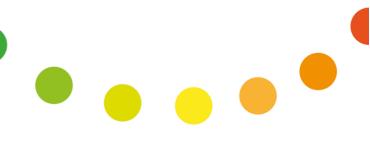


 Agenda Item Note regarding Gepretix 100mg: There is currently a <u>Class 4 defect alert on Gepretix</u>, relating to an inaccuracy in the patient information leaflet. The product is not being recalled therefore stocks should not be affected. Items for consideration Glycopyrronium 1mg & 2mg tablets (Assicco brand) Assicco is licensed for symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders. Glycopyrronium Bromide liquid preparation is currently on both formularies. However, when ePACT data was reviewed a significant proportion of Tablets have been prescribed in primary care but is not on the formulary (19% of total oral glycopyrronium). Whilst looking at cost effective switch options for BLMK, Assicco was considered as a cost-effective brand of Glycopyrronium tablets – small patient numbers but significant saving potential. Therefore, the application is to consider adding tablets on to Beds/Luton & MK Formularies as a cost-effective formulation alternative to liquid preparations in line with current use, recommending Assicco brand as 1st line tablet option.
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 It should be noted that use in adults is not licensed however a review of data for BLMK suggests adult prescribing for both the licensed indication (sialorrhea) and also for hyperhidrosis. Hyperhidrosis is not part of the pathway as agreed in April 2022, therefore alongside the application it is proposed that Optimise Rx messages are constructed and deployed to clarify the stance i.e. prescribing for hyperhidrosis is not supported. Active switching of those on generic tablets to Assicco is required to realise the cost savings. Proposal: Add Assicco as the preferred tablet option for sialorrhea in children and adolescents (licensed) and also for the same indication in adults (off-label). Use for hyperhidrosis is not supported. Traffic light – SpA, in line with Sialanar solution. The proposal was approved.
Freestyle Libre 3 (FSL3)
FSL3 was previously approved for use in the Continuous Glucose Monitoring guidance via APC, however due to a change in the route of supply the device (FSL3 is now in the Drug Tariff and available to prescribe on FP10) has been brought to FSG to agree the best mechanism for prescribing and by whom.
Recently, FSL2 software was upgraded to a real time continuous glucose monitoring system, similar to FSL3. This is a highly desirable feature for the device operation.
 Other advantages of FSL3 are less pronounced and include: Sensor is lighter and smaller vs FSL2 – this may be preferable for children as the sensor is less cumbersome Stakeholders in paediatrics preferred using FSL3 due to the ability for remote sharing of
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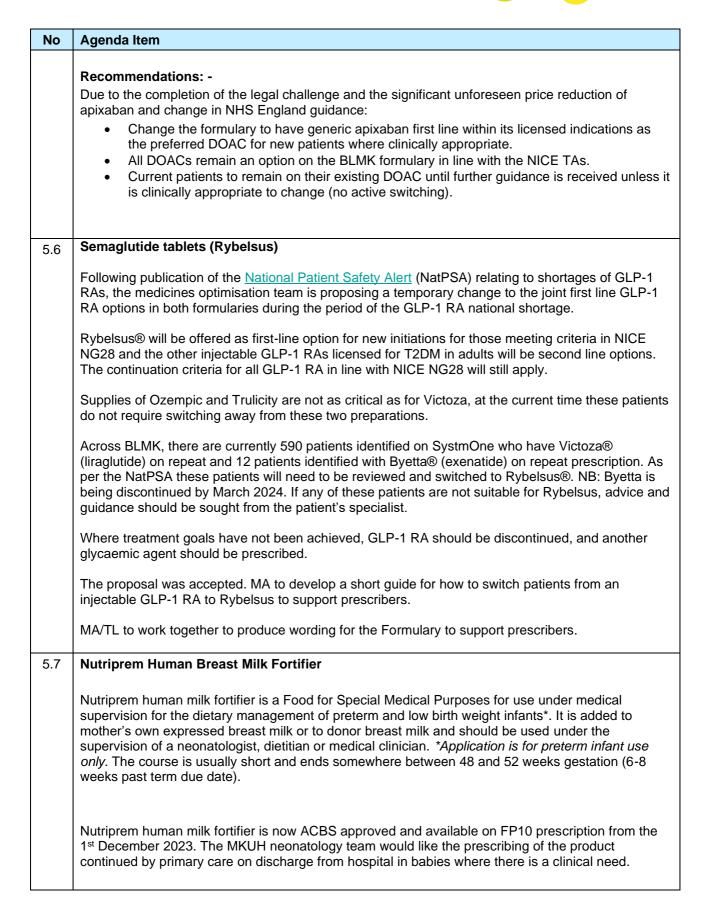






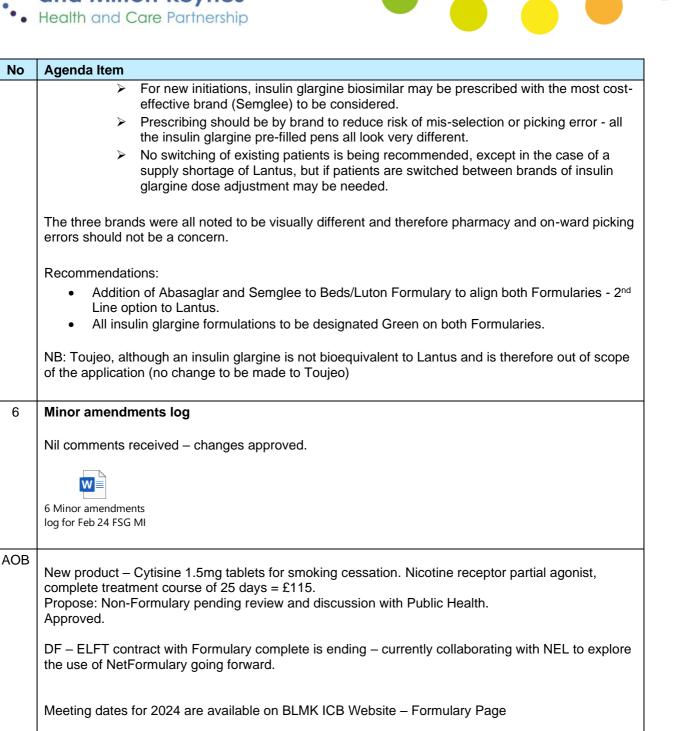
No	Agenda Item
5.3	Dementia Shared Care Guidance
	The dementia SCG was brought to the last meeting of the formulary subgroup in November but was only applicable for Bedfordshire and Luton. At the last meeting, it was indicated that this may be able to be extended to include Milton Keynes. The committee is therefore asked to review the SCG with a view to adopting it for use across the whole of BLMK. The SCG comprises information to support the initial sharing of care between the specialist and the GP/primary care prescriber, and the subsequent transfer of care. Practices can refer back to the specialist service at any time if they need advice about anti-dementia medications or there has been a deterioration in cognitive function. Previously there has not been shared care agreed in MK and therefore this will also require a change in the formulary traffic light status from SpA to Amber SCG, but this change will provide additional support and guidance for primary care clinicians.
5.4	Azathioprine 75mg and 100mg tablets
	Two new strengths of tablet have recently been launched and carry a significantly higher cost (~£30-40 for 100 vs ~£2-4 for 100 of the 25mg and 50mg currently on Formulary). The group acknowledged the potential benefit of reduced pill burden for patients on higher doses was not outweighed by the risks associated with dosing error e.g. if higher strength was prescribed the patient may inadvertently take the same number of tablets they are used to leading to overdose. Pharmacy colleagues also raised concerns about picking error, for which the risk increases where more strengths are available. Azathioprine was felt to be in a similar category of risk to methotrexate, therefore limiting of available strengths will mitigate against dosing errors. The proposal to designate 75mg and 100mg strengths "DNP" was approved.
5.5	Generic apixaban
	The patent holder for apixaban, Bristol Myers Squibb (BMS), incorrectly filed the patent extension for apixaban which has led to the early and unexpected introduction of generic apixaban. The introduction of generic apixaban was legally challenged by BMS, and rejected by the Court of Appeal, BMS appealed the decision, and sought permission to take the legal case to the Supreme Court. In October 2023 the appeal to take the legal case to the Supreme Court was declined. This means that there is no further barrier to the supply of generic apixaban.
	Based on the current pricing and estimated patient numbers the predicated saving based on current prescribing of the apixaban price drop is £4.7M per annum for BLMK ICB.
	Active switching from edoxaban to apixaban is not desirable due to the workload burden on GPs and the presence of a market share dependent rebate on edoxaban, which if voided would result in a significant additional cost pressure for the ICB. Concerns have also been raised around the dosing change from once daily with edoxaban to twice daily with apixiaban, which may not be favourable to patients.
	The group noted there is also legal challenge ongoing with rivaroxaban which may also lose patented status going forward.
	MD recommended utilisation of the new DOAC dashboard on Eclipse to identify those who may be clinically appropriate for a switch e.g. those on warfarin with poor time in range of INR.





	Bedfordshire, Luton
	and Milton Keynes
•.	Health and Care Partnership
No	Agenda Item
	Estimated approx. 8 patients per annum from MKUH, representing a cost pressure in the region of £4000 per annum to primary care. BHFT confirmed in meeting that it is also a product in use on the neonatal unit there. SW/TL to obtain usage figures and BHFT model for supply (if any) on discharge.
	GP representatives raised concerns about the specialist nature of the product and also the fact that GPs tend not to see an infant so early on and therefore were not best placed to supply the rest of the sachets following discharge. Support for the products use was however received.
	AH noted that it wasn't available to order in community – to investigate and feedback.
	The application received support for use however approval for GP prescribing was not supported. FG/TL to work with SW and JS to explore viability of alternative HCPs e.g. Health Visitors, who may be better placed to assess and prescribe for these infants.
	TL/SW to obtain usage figures from BHFT and review cost-pressure data.
	Post-meeting note: AH confirmed ordering details on Alliance as follows:
	Drug Name / PIP / EAN: 8062564
	Product Supplier Price
	Product Supplier Price CG IMF POWD HMF (CG IMF POWD HMF) EAN:8718117111459 NUTRICIALITE C10.50
5.8	Product Supplier Price CG IMF POWD HMF (CG IMF POWD HMF) ◆ EAN:8718117111459 PIP: 8062564 NUTRICIALTD £42.50 Considerations- • Ordering system forces 4 boxes at a time – possible wastage if patient numbers low and courses are short following discharge. • An old product (2.2g size) is showing on SystmOne as being available to prescribe. The manufacturer confirms this has been discontinued. • The product name on the ordering system is difficult to find – pharmacies may not be able to
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https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/

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