



BLMK apomorphine shared care guideline - Amber SCG

This treatment supports patients with refractory motor fluctuations in Parkinson's disease. This is an alignment of the existing shared care guidelines. Consideration has been given to the fact that a Parkinson's disease nurse specialist may not be available, or be a prescriber. Patients on Dacepton[®] will be supported by CQC registered nurses. Training, educational and professional support will be provided by the specialists. The duration for optimisation is patient led but will be a minimum of 28 days.

Review of formulary choice of standard disposable pen needles – Green

Prompted by recent supply disruptions to MyLife pen needles the formulary choices of standard disposable pen needles have been reviewed. A range of 5 different cost-effective needles has been selected to mitigate against supply disruptions. Smaller length, higher gauge needles help to reduce pain and a universal fit ensures compatibility with all major pens including insulin and GLP-1 analogues.

Pen Needle	Cost (pack size 100)	4mm			5mm		6mm	
		31G	32G	33G	31G	32G	31G	32G
GlucoRx® CarePoint	£2.75	1			1		1	
GlucoRx® CarePoint Ultra	£2.75		×					
GreenFine®	£2.75		1		1		1	
Insupen® Original	£2.49		1	1	1		1	✓
Microdot® Max	£2.74		1				1	

Review of temazepam and nitrazepam formulary status - DNP

<u>NICE CKS for insomnia</u> recommends drug therapy only when sleep hygiene measures fail, daytime impairment is severe causing significant distress, and insomnia is likely to resolve soon. Risks with the use of benzodiazepines are well established and include tolerance, which progressively reduces their effectiveness, dependence, such that treatment may serve only to prevent withdrawal symptoms, adverse effects such as depression and anxiety, road traffic accidents, and interactions with alcohol or other drugs with sedative actions. <u>NICE CKS for insomnia</u> and <u>PrescQIPP's Insomnia Bulletin 352</u> do not recommend management with benzodiazepines. It was agreed that the status of temazepam and nitrazepam should move from green to do not prescribe (DNP) for new patients, existing patients to be reviewed with a discontinuation plan.

Alternative guide to prescribing 'specials' update - Approved

This support tool has been created for practices which are prescribing specials. Recommendations are based on cost, licensing, and local formularies. This document supports the cost saving element of the PIS (Prescribing Incentive Scheme) 24/25 and future PIS. It can be found under <u>PIS Resources for Practices – BLMKICB Medicines Optimisation</u>. Appropriate messages have been added to OptimiseRx to reduce prescribing of specials. This guidance will be regularly reviewed and updated.

Addition of varenicline – Green

First marketed in the UK by Pfizer in 2006, varenicline (Champix[®]) was an important stop smoking aid until 2021 when it was withdrawn after it was found to contain nitrosamine contaminants above the acceptable level. A generic has been now been introduced to the market. There is a <u>NICE TA123</u> for varenicline which was first published in July 2007. Varenicline has been added to the formularies and will be reviewed after NICE updates NG209 (Tobacco: preventing uptake, promoting quitting, and treating dependence) (expected publication date: February 2025).

Glaucoma eye drops review — Amber SpA

Approval of the rationalisation of the formulary options has been considered with colleagues at the trusts. Recommendations are based on <u>NICE CKS for Glaucoma</u> and <u>PrescQIPP's Bulletin 344 Eye Preparations</u>. There is the potential for generic savings and use of combination drops if patients are unable to manage the individual preparations. However, care is required if switching as this may prompt extra monitoring visits, confusion for the patient and review of any administration aids being used to ensure compatibility.

Potassium liquid formulary choices-Red

Kay-Cee-L syrup is currently the only licensed potassium chloride oral solution. NPSA alerts have been issued regarding the shortage and subsequent discontinuation of this product. Cost-effective, products with a suitable self life that would be safe for use in neonates and paediatrics were reviewed. It was agreed that unlicensed potassium chloride oral solution 1mmol/ml should become Red (hospital prescribing only) on the formularies due to difficulties obtaining a specific manufacturer's special in the community. This preparation is restricted to neonatal and paediatric patients (0-17 years) on a dose <12 mmol or doses that cannot be rounded up to a full Sando-K tablet (containing 12 mmol potassium).

Possible drug related death due to colchicine toxicity locally.

There has been an <u>MHRA warning</u> that colchicine is extremely toxic in overdose. This is a reminder to practices that colchicine has a narrow therapeutic index, and symptoms of overdose are often delayed. Symptoms include nausea, vomiting, abdominal pain and diarrhoea. Caution is required in renal impairment, hepatic impairment, patients with gastrointestinal or cardiac disease, and at extremes of age. Use the lowest effective dose for the shortest possible time. A request has been placed to change the default pack size on SystmOne.

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.