

Date: 14th November 2023 Time: 12.30 - 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)		
Reena Pankhania	RP	Pharmacy Representative,		✓
		Bedfordshire Hospitals NHS		
		Foundation Trust		
Mojisola Adebajo	MA	Place Based Lead Pharmacist	✓	
		BLMK ICB		

Matt Davies	MD	Place Based Lead Pharmacist BLCK ICB	√	
Alex Hill	АН	Community Pharmacy Representative	√	
Dr Dush Mital	DM	Medical Representative, Milton Keynes University Hospital NHS Trust	√	
Yolanda Abunga	YA	Pharmacist Representative, Cambridgeshire Community Health Services	√	
Marian Chan	MC	Consultant, Bedfordshire Hospitals NHS Foundation Trust	✓	
Naomi Currie	NC	Place Based Lead Pharmacist BLMK ICB	✓	
Anne Graeff	AG	Commissioning Lead Pharmacist BLMK ICB	✓	
Joy Mooring	JM	Primary Care Specialist Pharmacy Technician, BLMK ICB	✓	
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	✓	
Jennis Cain	JCa	Administrative support BLMK ICB	✓	
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		√
Vivian De Vittoris	VDV	Operations, Quality and governance Pharmacist MKUH	✓	
Helen McGowan	НМс	Place based Pharmacist, BLMK ICB	✓	
Tsana Simmonds	TSi	Lead Pharmacist for Community Transformation across Luton, Central Bedfordshire and Bedford	√	
Quynh Nguyen	QN	Lead Pharmacist – Primary Care Primary Care Directorate East London NHS Foundation Trust	✓	

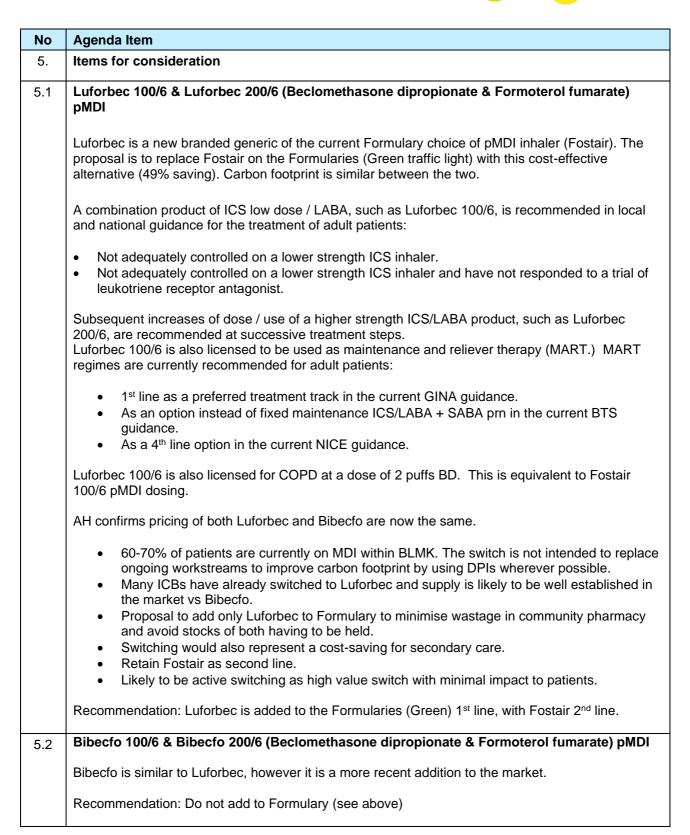
Bedfordshire, Luton and Milton Keynes Health and Care Partnership

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

No	Agenda Item
1.	Welcome, Introductions and Apologies
	The chair welcomed everyone to the meeting.
	The meeting was confirmed as quorate.
2.	Declarations of Interest
	Annual written declarations of interests – all up to date. JCa to file.
	No conflicts of interest relating to matters on the agenda were declared.
3.	Minutes of the previous meeting
	The September 2023 FSG meeting notes were approved as accurate.
4.	Action Log
	Actions were noted in accordance with the action log:
	1 – Strontium – addition to formulary following market re-launch
	Confirmation now received from specialist at Bedfordshire hospitals that they will be able to undertake annual monitoring. Confirmation pending with Milton Kenyes. SMc to updated osteoporosis guidance to include strontium. Close action.
	2 – Diclofenac – Previous review of diclofenac position on Formulary. Feedback received from secondary care that diclofenac is still used however it is no longer routinely used in Primary Care due to safety concerns. Possible project needed to de-prescribe in Primary Care as pockets of high usage and chronic use. Proposal to leave position on Formulary as status quo (SpA 3 rd line after ibuprofen and naproxen) and shift project to Medication Safety and pain management workstreams. Close on Formulary Subgroup.
	3 - Viscose garments for atopic eczema - Propose add to Formulary as SpA and close action. Confirmation now received from specialists that they follow up cases and review. Garments can be supplied in Primary care provided there is absolute clarity regarding sizing and type of garment required from the specialist.
	4 - Anticholinergic liquids – place on Formulary. Remains open.







No Agenda Item

5.3 Blood glucose, ketone and lancets review

NHS England led a national clinical assessment to better understand the products available and how they meet the needs of all people living with diabetes. The NHSE Commissioning recommendations for blood glucose and ketone meters, testing strips and lancets published April 2023 recommends 16 of the 90 currently available meters, giving ICBs the opportunity to review their preferred formulary meters for most type 1 and type 2 patients.

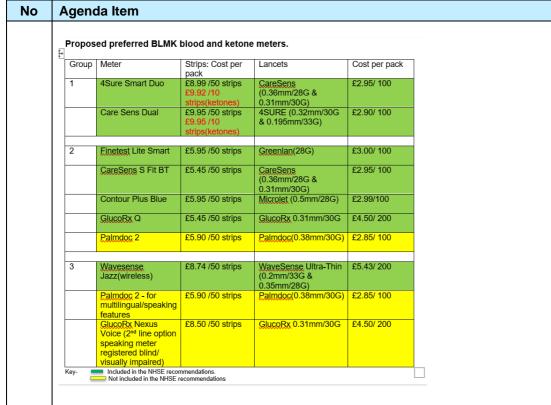
The recommendations have been grouped into three categories:

- Category 1a & 1b Meters and strips which are suitable for most people with type 1 and ketosis prone type 2 diabetes. Most people with T1DM (especially if at risk of DKA) will need a meter with a ketone testing functionality even if using a CGM device. Also included in this category are those who may have received structured education on additional functionality such as carbohydrate counting.
- Category 2 Meters and strips which are suitable for most people with Type 2 diabetes (~ 90% of eligible T2DM patients will be suitable for these meters)
- Category 3 Meters and strips which are suitable for people with Type 2 diabetes that require additional functionality.

Due to differing formulary choices the use of NHSE recommended blood glucose and ketone testing strips in BLMK is relatively low compared to other ICBs and the national average of 47.2%. This is partly because our two (TEE2+ and Palmdoc 2) most prescribed testing strips are not included. The TEE2+ testing strips costs more than those included as options (<£6.00 /50 strips) for most T2DM patients. In previous reviews, the old BCCG made the decision to use the TEE2+ and this has been widely used even for gestational diabetes patients. The Palmdoc 2 is very popular amongst our diverse non-English speaking population due to its multilingual functionality.

The specialist teams reviewed features specific to each meter and any additional needs provided (e.g., ease of use, talking meter, dexterity problem, visual impairment, language, integrated system, alternative site testing, renal impairment/dialysis patients, bolus advisor built in or App, specialised integration with Apps such as Diasend, Bluetooth connectivity and finger pricker performance). A choice of seven (7) meters were proposed for both formularies with request to add two (2) additional meters not included in the NHSE recommendations but deemed suitable for our local population. Proposal was to include the Palmdoc 2 and GlucoRx Nexus Blue voice meter as speaking meters suitable for non- English-speaking patients and those with visual impairment respectively.





Reduction in use of test strips likely due to approval of continuous glucose monitoring this year.

Palmdoc 2 is not in NHSE guidance however it is available as a multi-lingual talking meter which suits the diverse population well.

Good practice is that meters are changed every 4-5 years. TEE2 switch began in 2018 therefore these patients are now due an updated meter.

Communication to practices to order in new meters (diabetes nurses especially). JM is able to support active switching.

The choices as outlined in the paper were approved.

5.4 Adjuvant bisphosphonates in early breast cancer

Sets out to align the Formulary choices of bisphosphonates in the management of early breast cancer for post-menopausal women to improve breast cancer survival.

Formulary Proposals

- Ibandronic acid is proposed to be removed from the Bedfordshire and Luton Joint Formulary and made 'Non-Formulary' as per the Milton Keynes Joint Formulary but with a note that it can continue to be prescribed for existing patients.
- Amendment of the Bedfordshire and Luton Joint Formulary so that the information on use for early breast cancer appears under the 4mg preparation rather than the 5 mg preparation.
- Addition of information to both formularies that zoledronic acid is first line and sodium clodronate second line in line for the use of adjuvant bisphosphonates in the treatment of Early and locally advanced breast cancer as outlined in NICE Guideline (101) - Early and

No	Agenda Item
	locally advanced breast cancer: diagnosis and management, https://www.nice.org.uk/guidance/ng101
	 No other changes to the Formularies are required as the current position is that Pamidronate and Zoledronic acid are 'red' and Sodium Clodronate is SpA on both formularies.
	 Retire JPC bulletin 260 "Addition of adjuvant bisphosphonate therapy to the management of early breast cancer for post-menopausal women to improve breast cancer survival"
	The proposal was approved.
5.5	Dementia Shared Care Guidance (SCG)
	 Review and update of the existing Bedfordshire & Luton dementia shared care guideline. Continues to apply to Beds/Luton only, due to different systems in place in MK. The document has been transferred into the agreed BLMK SCG template. Contact details provided for out of hours support for both Bedfordshire and Luton. Covers in initial shared care and transfer as care (as per the previous version of the SCG – transfer of care usually after 6-8 months). Discussed and approved at ELFT Medicines Committee 08/11/23.
	Community Pharmacy section – involvement in shared care limited. Not realistic for Pharmacists to follow up / confirm results. Removal of wording around communication in CP section from SCG. RA – confirmed MK practice is similar and SCG could apply to MK. Process is initiate and stabilise patients before transfer to primary care for continuation. GPs then continue – review and stepdown is not routinely done however pathway for referral back to specialist is open for patients who need it. Following further discussions it was agreed that the SCG would be made suitable as a BLMK document. AG / RA to liaise to finalise.
5.6	Paraldehyde injection and Paraldehyde 50% in olive oil rectal solution for status epilepticus
	Paraldehyde is administered rectally as an enema and is currently on the Beds/Luton Formulary (Red) for use in paediatric patients (unlicensed use). The product is currently not included on the Milton Keynes Formulary.
	Important to counsel patients on use – must be properly mixed. Very small numbers on therapy – if stable and GP happy to continue, repatriation is not necessary. 12 items issued May to June 2023 – 9 of which were from MKUH.
	Review of secondary care usage: MKUH: 38 bottles in a year. 5 patients in MK with paraldehyde on repeat. No new patients to be started in Primary Care.
	Recommendation: Add to MK Formulary as red to align with Beds/Luton. Stable existing patients may remain in Primary Care provided GP is happy to continue prescribing. No further patients to be transferred to primary care.
5.7	Actinic Keratosis Formulary choices of topical agents



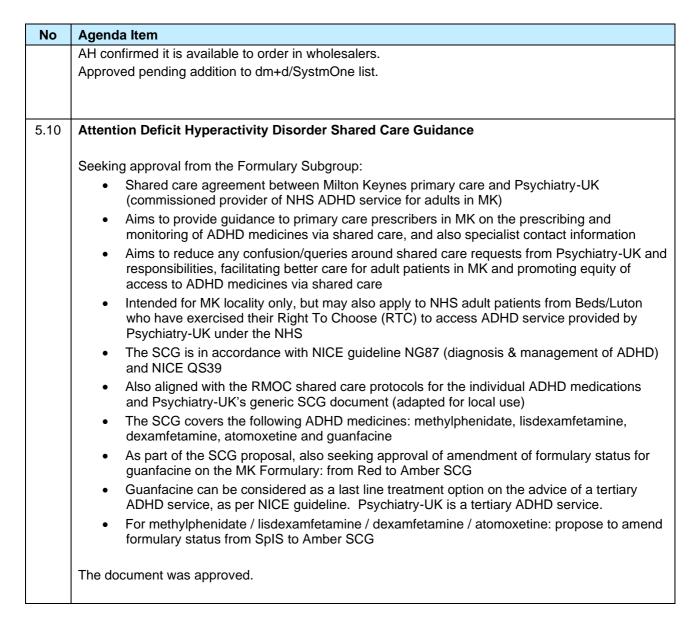
No Agenda Item The current products on the Formularies are not in alignment with the national Ardens templates which is causing confusion for prescribers and rejection of Optimise Rx messages. This has a negative impact on the trust in the system, as commonly used products are missing from the formulary. The proposals are as follows: Addition of diclofenac 3% gel (Solaraze) - This is the most prescribed product in Primary Care for the indication and currently has a Non-Formulary status. (Feedback received that diclofenac is less efficacious however it is also less likely to cause eczematous skin reactions) Addition of imiquimod 3.75% cream (Zyclara) – Recommended in Ardens template for large areas of AK - Currently Non-Formulary Fluorouracil 5% cream (Efudix) and imiquimod 5% cream (Aldara) – Update designation from SpA to green - Commonly prescribed in Primary Care in line with Ardens templates and PCDS state that the majority of cases of AK can be managed in Primary Care. Actikerall solution combines 5-FU with salicylic acid and is recommended in Ardens for thick solitary lesions - currently Non-formulary. Klisyri cream (tirbanibulin) – No usage – Remain Non-Formulary Feedback from GPs regarding experience with products – some seeking dermatology advice prior to prescribing in line with Ardens templates. The proposals were accepted. 5.8 Heparin flushes for paediatric community nursing services Formulary status change request for heparin sodium for flushing of IV lines in children under the care of the children's community nursing services. Consideration of change in formulary status from RED to SPA for a defined group of individuals with long term central IV access devices cared for in their own homes by the community nursing teams. Individuals with intravenous lines (e.g. tunnelled central venous lines or indwelling ports) that are accessed in the patients homes by the community nursing team will require heparin flush to be available in order to maintain the patency of the line. The community nursing team are not currently all non-medical independent prescribers and may therefore require the patients GP to prescribe as per care plan to ensure continuity of care. Proposal to move to SpA approved, subject to a clear care plan being in place for the patient. Important to have clarity around which product is intended to be prescribed. Optimise Rx messages and SystmOne formulary to be updated to further provide clarity. 5.9 Micronised progesterone (Gepretix) for Hormone Replacement Therapy

Gepretix is due to become available on the market Jan 2024 as a cost-effective bioequivalent to the

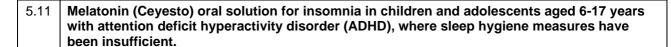
current formulary choice Utrogestan. Due to the difficulties sourcing Hormonal Replacement Therapies, it is proposed to add Gepretix (Green) but also retain Utrogestan on Formulary and

deploy a switch message on Optimise Rx for new patients to help support savings.









Ceyesto 1mg/1ml oral solution (a new cost-effective licensed preparation of Melatonin) has been launched (due to be available in wholesalers November 23).

Current Beds/Luton & MK formularies have KidMel 1mg/mL oral liquid (Unlicensed special for children under 5 years due to its lower Propylene glycol content) and Colonis preparation 1mg/mL oral solution (licensed product being used off label for children over 5 years as has higher PG content).

Supplier / Brand	Strength (1mg/ml)	Licensed Product	Pack Size	Cost	Storage (after opening)	Excipie PEG	nts (inc Ar Alcohol (ethanol)	nounts) Sorbitol	Flavour
Cevesto	Yes	Yes	150mL	£25.65	1month	52mg/ml	-	-	Strawberry
Colonis	Yes	Yes	150mL	£125.95	2months	150mg/ml	1	140mg/ml	Strawberry
Kidmel	Yes	No	200mL	Various (as special)	Stable for at least 4 weeks	52mg/ml	-	ı	Strawberry

Prescribers will be asked to review patients currently on unlicensed or more costly liquid preparations (e.g., KidMel / Colonis) and consider switch to Ceyesto as cost effective option of Melatonin.

Proposed traffic light status: Amber SCG Beds/Luton & SpA in MK - accepted

Not currently on dm+d but is available in wholesalers.

Kidmel and Ceyesto are made by the same manufacturer and are identical products.

Option 1 (approve Ceyesto and remove the two other products) was approved.

5.12 | Ximluci and Yuflyma (noting)

Ximluci - cost-effective biosimilar ranibizumab

Yuflyma – cost-effective biosimilar adalimumab

Going forward, where originator product is on the Formulary – delegate ability to the Trusts to add cost-effective brands to the Formulary and bring the switch to Formulary Subgroup for noting. BlueTeq forms will subsequently be updated by the commissioning team. A formal submission will still be required for new biologics.

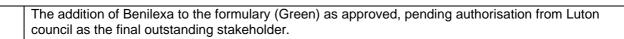
5.13 Levonorgestrel 20 micrograms/24 hours Intrauterine Delivery System (Benilexa® One Handed Intrauterine Device)

Benilexa is a cost-effective alternative to Mirena (£71 vs £88 respectively). It is licensed for contraception and Heavy Menstrual Bleeding (but not endometrial protection) and is endorsed by the Faculty of Reproductive and Sexual Health (FSRH). Similar insertion process to Mirena, however one possible negative identified that the introducer is wider which is less comfortable for patients during insertion.

Gedeon Richter have indicated they may be able to train some staff and the applicant has indicated she will include Benilexa in any training for new GPs on an ad hoc basis.

Benilexa is a long acting reversible contraceptive device – other devices in this category are cross-charged back to public health via the councils therefore their agreement has been sought for this.

Page 10 of 13



5.14 Torasemide for use during bumetanide shortage

Following the release of the <u>Medication Supply Notice (MSN)</u> which states bumetanide 5mg tablets are out of stock until March 2024, torasemide 5mg and 10mg tablets were requested to be added to the Formularies as a short-term alternative.

The majority of patients will be advised to switch to furosemide tablets, however a proportion of those prescribed bumetanide for heart failure have not tolerated or are treatment resistant to furosemide. Torasemide would be the only alternative for this group. Unlicensed bumetanide has been included as an option within the MSN, however it has been confirmed that these preparations cannot currently be sourced through community pharmacy.

AH confirms 1mg bumetanide is still available as green (unrestricted) in the wholesalers but 5mg is not

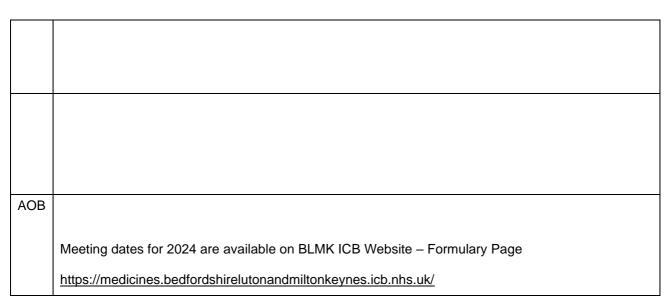
Torasemide approved for use only where stock is truly unavailable and bumetanide cannot be sourced.

6 Minor amendments log

Date	Bed/Luton updated	MK updated	Item	
4.8.23	yes	NFD in MK	Reboxetine shortage MSN - linked to Formulary	
21.8.23	yes	Yes	Addition of Novopen 6 and Echo plus to specify usage restrictions for the period of Tresiba flexpen shortage.	
21.8.23	yes	N/A as POM/GSL not specified	Ibuprofen gel - monograph updated to change 10% gel from POM to GSL status.	
1.9.23	yes	Already linked	Obeticholic acid DSU link added to monograph april 2018 - historic omission	
1.9.23	yes	Already linked	NICE TA 443 obeticholic acid linked to Formulary - historic omission	
1.9.23	yes	N/A	Luradisone typo fixed "initiation"	
1.9.23	yes	Yes	Shortage of 100mg phenytoin caps info added as per MSN	
1.9.23	yes	Yes	MooGoo skin products added to site - DNP	
6.9.23	n/a	Yes	MKFormulary change celecoxib tablets to capsules (amend wording)	
28.9.23	yes	N/A	Typo fixed - miferex is now Niferex	

28.9.23	yes	Yes	Review and update of methylphenidate monograph includes Affenid as cheapest brand available and also links to CAS alert issued 27.9.23 regarding shortage		
28.9.23	yes	Yes	Niferex discontinued - removed.		
4.10.23	yes	Yes	Stand down Ogluo as shortage of Glucagen now resolved		
24.10.23	yes	Yes	Bumetanide shortage info added		
24.10.23	n/a	yes	37.5mcg fentanyl patch added		
24.10.23	n/a	yes	Zometa assigned red status (previously no designation)		
24.10.23	n/a	yes	Liothyronine 5 and 10mcg added (historic omission)		
24.10.23	yes	yes	MHRA DSUs added - quinolone, methotrexate, valproate		
24.10.23	n/a	yes	EMA advice topiramate in pregnancy added		
24.10.23	n/a	yes	sodium chloride 1mmol/ml added as licensed alternative to 5mmol/ml to align with B&L		
25.10.23	yes	yes	remove vagirux as a brand - Rx generically Cat M price has dropped		
26.10.23	yes		General tidy up of discontinued oral contraceptives		
	yes	Yes	Add Drovelis to contraceptives section - Non- Formulary (not assessed, high cost)		
26.10.23	yes	Yes	Add Bimizza as another cost-effective brand alongside Gedarel 20/150 pill (£5.04 and £5.98 respectively)		
26.10.23	yes	Yes	Dretine and Yacella (£8.30) added as cost-effect brands to ethinylestradiol/drospirenone monogra Lucette and Yasmin (£14.70) also listed.		
26.10.23	yes	Yes	Syreniring brand added with Nuvaring monograph (Non-Formulary)		
26.10.23	yes	Yes	Add Maexeni to ethinylestradiol/levonorgestrel monograph. Cost-effective brand with Levest and Rigevidon		
26.10.23	yes	Yes	Update desogestrel monograph - Available as generic but consider prescribing by brand in patien with soya or nut allergy (some generics may containgredients unsuitable for soya or nut allergy sufferers - check individual SPCs) Generic prescribing is most cost effective in prima care		
26.10.23	yes	Yes	Addition of Slynd (drospirenone POP) - new produc , non formulary no assessment		
26.10.23	yes	Yes	Add Cimizt alongside Gedarel 30/150 as cost- effective brand (£3.80 vs £4.93 respectively)		
27.10.23	yes	Yes	cabergoline 500 mcg tablets now moved to category M in DT. Dostinex no longer a preferred brand - prescribe generically		





Chair Signature: 36-4-4

Date 14.2.24