

## Bedfordshire, Luton and Milton Keynes Area Prescribing Committee – Formulary Subgroup meeting Final Meeting Notes – November 2023

Date: 14<sup>th</sup> 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 Akaruese	RA	CNWL Pharmacy Representative (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	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	✓	
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	HMc	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	✓	

## 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.	<p><b>Welcome, Introductions and Apologies</b></p> <p>The chair welcomed everyone to the meeting.</p> <p>The meeting was confirmed as quorate.</p>
2.	<p><b>Declarations of Interest</b></p> <p>Annual written declarations of interests – all up to date. JCa to file.</p> <p>No conflicts of interest relating to matters on the agenda were declared.</p>
3.	<p><b>Minutes of the previous meeting</b></p> <p>The September 2023 FSG meeting notes were approved as accurate.</p>
4.	<p><b>Action Log</b></p> <p>Actions were noted in accordance with the action log:</p> <p>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 Keynes. SMC to updated osteoporosis guidance to include strontium. Close action.</p> <p>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<sup>rd</sup> line after ibuprofen and naproxen) and shift project to Medication Safety and pain management workstreams. Close on Formulary Subgroup.</p> <p>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.</p> <p>4 - Anticholinergic liquids – place on Formulary. Remains open.</p>

No	Agenda Item
5.	<b>Items for consideration</b>
5.1	<p><b>Luforbec 100/6 &amp; Luforbec 200/6 (Beclomethasone dipropionate &amp; Formoterol fumarate) pMDI</b></p> <p>Luforbec is a new branded generic of the current Formulary choice of pMDI inhaler (Fostair). The proposal is to replace Fostair on the Formularies (Green traffic light) with this cost-effective alternative (49% saving). Carbon footprint is similar between the two.</p> <p>A combination product of ICS low dose / LABA, such as Luforbec 100/6, is recommended in local and national guidance for the treatment of adult patients:</p> <ul style="list-style-type: none"> <li>• Not adequately controlled on a lower strength ICS inhaler.</li> <li>• Not adequately controlled on a lower strength ICS inhaler and have not responded to a trial of leukotriene receptor antagonist.</li> </ul> <p>Subsequent increases of dose / use of a higher strength ICS/LABA product, such as Luforbec 200/6, are recommended at successive treatment steps.</p> <p>Luforbec 100/6 is also licensed to be used as maintenance and reliever therapy (MART.) MART regimes are currently recommended for adult patients:</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> line as a preferred treatment track in the current GINA guidance.</li> <li>• As an option instead of fixed maintenance ICS/LABA + SABA prn in the current BTS guidance.</li> <li>• As a 4<sup>th</sup> line option in the current NICE guidance.</li> </ul> <p>Luforbec 100/6 is also licensed for COPD at a dose of 2 puffs BD. This is equivalent to Fostair 100/6 pMDI dosing.</p> <p>AH confirms pricing of both Luforbec and Bibecfo are now the same.</p> <ul style="list-style-type: none"> <li>• 60-70% of patients are currently on MDI within BLMK. The switch is not intended to replace ongoing workstreams to improve carbon footprint by using DPIs wherever possible.</li> <li>• Many ICBs have already switched to Luforbec and supply is likely to be well established in the market vs Bibecfo.</li> <li>• Proposal to add only Luforbec to Formulary to minimise wastage in community pharmacy and avoid stocks of both having to be held.</li> <li>• Switching would also represent a cost-saving for secondary care.</li> <li>• Retain Fostair as second line.</li> <li>• Likely to be active switching as high value switch with minimal impact to patients.</li> </ul> <p>Recommendation: Luforbec is added to the Formularies (Green) 1<sup>st</sup> line, with Fostair 2<sup>nd</sup> line.</p>
5.2	<p><b>Bibecfo 100/6 &amp; Bibecfo 200/6 (Beclomethasone dipropionate &amp; Formoterol fumarate) pMDI</b></p> <p>Bibecfo is similar to Luforbec, however it is a more recent addition to the market.</p> <p>Recommendation: Do not add to Formulary (see above)</p>

No	Agenda Item
5.3	<p data-bbox="248 371 783 405"><b>Blood glucose, ketone and lancets review</b></p> <p data-bbox="248 434 1401 584">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. <a href="#">The NHSE Commissioning recommendations for blood glucose and ketone meters, testing strips and lancets</a> 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.</p> <p data-bbox="248 618 1011 651">The recommendations have been grouped into three categories:</p> <ul data-bbox="300 685 1417 1066" style="list-style-type: none"> <li>• Category 1a &amp; 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.</li> <li>• 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)</li> <li>• Category 3 - Meters and strips which are suitable for people with Type 2 diabetes that require additional functionality.</li> </ul> <p data-bbox="248 1099 1433 1346">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 (&lt;£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.</p> <p data-bbox="248 1413 1430 1684">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.</p>

No	Agenda Item																																																		
	<p><b>Proposed preferred BLMK blood and ketone meters.</b></p> <table border="1"> <thead> <tr> <th>Group</th> <th>Meter</th> <th>Strips: Cost per pack</th> <th>Lancets</th> <th>Cost per pack</th> </tr> </thead> <tbody> <tr> <td rowspan="2">1</td> <td>4Sure Smart Duo</td> <td>£8.99 /50 strips £9.92 /10 strips(ketones)</td> <td>CareSens (0.36mm/28G &amp; 0.31mm/30G)</td> <td>£2.95/ 100</td> </tr> <tr> <td>Care Sens Dual</td> <td>£9.95 /50 strips £9.95 /10 strips(ketones)</td> <td>4SURE (0.32mm/30G &amp; 0.195mm/33G)</td> <td>£2.90/ 100</td> </tr> <tr> <td rowspan="6">2</td> <td>Finetest Lite Smart</td> <td>£5.95 /50 strips</td> <td>Greenlan(28G)</td> <td>£3.00/ 100</td> </tr> <tr> <td>CareSens S Fit BT</td> <td>£5.45 /50 strips</td> <td>CareSens (0.36mm/28G &amp; 0.31mm/30G)</td> <td>£2.95/ 100</td> </tr> <tr> <td>Contour Plus Blue</td> <td>£5.95 /50 strips</td> <td>Microlet (0.5mm/28G)</td> <td>£2.99/100</td> </tr> <tr> <td>GlucorX Q</td> <td>£5.45 /50 strips</td> <td>GlucorX 0.31mm/30G</td> <td>£4.50/ 200</td> </tr> <tr> <td>Palmdoc 2</td> <td>£5.90 /50 strips</td> <td>Palmdoc(0.38mm/30G)</td> <td>£2.85/ 100</td> </tr> <tr> <td>3</td> <td>Wavesense Jazz(wireless)</td> <td>£8.74 /50 strips</td> <td>WaveSense Ultra-Thin (0.2mm/33G &amp; 0.35mm/28G)</td> <td>£5.43/ 200</td> </tr> <tr> <td></td> <td>Palmdoc 2 - for multilingual/speaking features</td> <td>£5.90 /50 strips</td> <td>Palmdoc(0.38mm/30G)</td> <td>£2.85/ 100</td> </tr> <tr> <td></td> <td>GlucorX Nexus Voice (2<sup>nd</sup> line option speaking meter registered blind/visually impaired)</td> <td>£8.50 /50 strips</td> <td>GlucorX 0.31mm/30G</td> <td>£4.50/ 200</td> </tr> </tbody> </table> <p>Key- <span style="color: green;">■</span> Included in the NHSE recommendations. <span style="color: yellow;">■</span> Not included in the NHSE recommendations</p>	Group	Meter	Strips: Cost per pack	Lancets	Cost per pack	1	4Sure Smart Duo	£8.99 /50 strips £9.92 /10 strips(ketones)	CareSens (0.36mm/28G & 0.31mm/30G)	£2.95/ 100	Care Sens Dual	£9.95 /50 strips £9.95 /10 strips(ketones)	4SURE (0.32mm/30G & 0.195mm/33G)	£2.90/ 100	2	Finetest Lite Smart	£5.95 /50 strips	Greenlan(28G)	£3.00/ 100	CareSens S Fit BT	£5.45 /50 strips	CareSens (0.36mm/28G & 0.31mm/30G)	£2.95/ 100	Contour Plus Blue	£5.95 /50 strips	Microlet (0.5mm/28G)	£2.99/100	GlucorX Q	£5.45 /50 strips	GlucorX 0.31mm/30G	£4.50/ 200	Palmdoc 2	£5.90 /50 strips	Palmdoc(0.38mm/30G)	£2.85/ 100	3	Wavesense Jazz(wireless)	£8.74 /50 strips	WaveSense Ultra-Thin (0.2mm/33G & 0.35mm/28G)	£5.43/ 200		Palmdoc 2 - for multilingual/speaking features	£5.90 /50 strips	Palmdoc(0.38mm/30G)	£2.85/ 100		GlucorX Nexus Voice (2 <sup>nd</sup> line option speaking meter registered blind/visually impaired)	£8.50 /50 strips	GlucorX 0.31mm/30G	£4.50/ 200
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	<p>Reduction in use of test strips likely due to approval of continuous glucose monitoring this year.</p> <p>Palmdoc 2 is not in NHSE guidance however it is available as a multi-lingual talking meter which suits the diverse population well.</p> <p>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.</p> <p>Communication to practices to order in new meters (diabetes nurses especially). JM is able to support active switching.</p> <p>The choices as outlined in the paper were approved.</p>																																																		
5.4	<p><b>Adjuvant bisphosphonates in early breast cancer</b></p> <p>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.</p> <p><b>Formulary Proposals</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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</li> </ul>																																																		

No	Agenda Item
	<p>locally advanced breast cancer: diagnosis and management, <a href="https://www.nice.org.uk/guidance/ng101">https://www.nice.org.uk/guidance/ng101</a></p> <ul style="list-style-type: none"> <li>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.</li> <li>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"</li> </ul> <p>The proposal was approved.</p>
5.5	<p><b>Dementia Shared Care Guidance (SCG)</b></p> <ul style="list-style-type: none"> <li>Review and update of the existing Bedfordshire &amp; Luton dementia shared care guideline.</li> <li>Continues to apply to Beds/Luton only, due to different systems in place in MK.</li> <li>The document has been transferred into the agreed BLMK SCG template.</li> <li>Contact details provided for out of hours support for both Bedfordshire and Luton.</li> <li>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).</li> <li>Discussed and approved at ELFT Medicines Committee 08/11/23.</li> </ul> <p>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.</p> <p>Following further discussions it was agreed that the SCG would be made suitable as a BLMK document. AG / RA to liaise to finalise.</p>
5.6	<p><b>Paraldehyde injection and Paraldehyde 50% in olive oil rectal solution for status epilepticus</b></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
5.7	<p><b>Actinic Keratosis Formulary choices of topical agents</b></p>

No	Agenda Item
	<p>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:</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• Addition of imiquimod 3.75% cream (Zyclara) – Recommended in Ardens template for large areas of AK – Currently Non-Formulary</li> <li>• 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.</li> <li>• Actikerall solution combines 5-FU with salicylic acid and is recommended in Ardens for thick solitary lesions – currently Non-formulary.</li> <li>• Klisyri cream (tirbanibulin) – No usage – Remain Non-Formulary</li> </ul> <p>Feedback from GPs regarding experience with products – some seeking dermatology advice prior to prescribing in line with Ardens templates.</p> <p>The proposals were accepted.</p>
5.8	<p><b>Heparin flushes for paediatric community nursing services</b></p> <ul style="list-style-type: none"> <li>• Formulary status change request for heparin sodium for flushing of IV lines in children under the care of the children’s community nursing services.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p>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 SystemOne formulary to be updated to further provide clarity.</p>
5.9	<p><b>Micronised progesterone (Gepretix) for Hormone Replacement Therapy</b></p> <p>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.</p>



No	Agenda Item
	<p>AH confirmed it is available to order in wholesalers. Approved pending addition to dm+d/SystemOne list.</p>
5.10	<p><b>Attention Deficit Hyperactivity Disorder Shared Care Guidance</b></p> <p>Seeking approval from the Formulary Subgroup:</p> <ul style="list-style-type: none"> <li>• Shared care agreement between Milton Keynes primary care and Psychiatry-UK (commissioned provider of NHS ADHD service for adults in MK)</li> <li>• Aims to provide guidance to primary care prescribers in MK on the prescribing and monitoring of ADHD medicines via shared care, and also specialist contact information</li> <li>• Aims to reduce any confusion/queries around shared care requests from Psychiatry-UK and responsibilities, facilitating better care for adult patients in MK and promoting equity of access to ADHD medicines via shared care</li> <li>• Intended for MK locality only, but may also apply to NHS adult patients from Beds/Luton who have exercised their Right To Choose (RTC) to access ADHD service provided by Psychiatry-UK under the NHS</li> <li>• The SCG is in accordance with NICE guideline NG87 (diagnosis &amp; management of ADHD) and NICE QS39</li> <li>• Also aligned with the RMOC shared care protocols for the individual ADHD medications and Psychiatry-UK's generic SCG document (adapted for local use)</li> <li>• The SCG covers the following ADHD medicines: methylphenidate, lisdexamfetamine, dexamfetamine, atomoxetine and guanfacine</li> <li>• As part of the SCG proposal, also seeking approval of amendment of formulary status for guanfacine on the MK Formulary: from Red to Amber SCG</li> <li>• Guanfacine can be considered as a last line treatment option on the advice of a tertiary ADHD service, as per NICE guideline. Psychiatry-UK is a tertiary ADHD service.</li> <li>• For methylphenidate / lisdexamfetamine / dexamfetamine / atomoxetine: propose to amend formulary status from SpIS to Amber SCG</li> </ul> <p>The document was approved.</p>

5.11	<p><b>Melatonin (Ceyesto) oral solution for insomnia in children and adolescents aged 6-17 years with attention deficit hyperactivity disorder (ADHD), where sleep hygiene measures have been insufficient.</b></p> <p>Ceyesto 1mg/1ml oral solution (a new cost-effective licensed preparation of Melatonin) has been launched (due to be available in wholesalers November 23).</p> <p>Current Beds/Luton &amp; 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).</p> <table border="1" data-bbox="252 721 1385 965"> <thead> <tr> <th rowspan="2">Supplier / Brand</th> <th rowspan="2">Strength (1mg/ml)</th> <th rowspan="2">Licensed Product</th> <th rowspan="2">Pack Size</th> <th rowspan="2">Cost</th> <th rowspan="2">Storage (after opening)</th> <th colspan="3">Excipients (inc Amounts)</th> <th rowspan="2">Flavour</th> </tr> <tr> <th>PEG</th> <th>Alcohol (ethanol)</th> <th>Sorbitol</th> </tr> </thead> <tbody> <tr> <td><del>Ceyesto</del></td> <td>Yes</td> <td>Yes</td> <td>150mL</td> <td>£25.65</td> <td>1month</td> <td>52mg/ml</td> <td>-</td> <td>-</td> <td>Strawberry</td> </tr> <tr> <td><del>Colonis</del></td> <td>Yes</td> <td>Yes</td> <td>150mL</td> <td>£125.95</td> <td>2months</td> <td>150mg/ml</td> <td>-</td> <td>140mg/ml</td> <td>Strawberry</td> </tr> <tr> <td><del>Kidmel</del></td> <td>Yes</td> <td>No</td> <td>200mL</td> <td>Various (as special)</td> <td>Stable for at least 4 weeks</td> <td>52mg/ml</td> <td>-</td> <td>-</td> <td>Strawberry</td> </tr> </tbody> </table> <p>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.</p> <p>Proposed traffic light status: Amber SCG Beds/Luton &amp; SpA in MK - accepted</p> <p>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.</p>	Supplier / Brand	Strength (1mg/ml)	Licensed Product	Pack Size	Cost	Storage (after opening)	Excipients (inc Amounts)			Flavour	PEG	Alcohol (ethanol)	Sorbitol	<del>Ceyesto</del>	Yes	Yes	150mL	£25.65	1month	52mg/ml	-	-	Strawberry	<del>Colonis</del>	Yes	Yes	150mL	£125.95	2months	150mg/ml	-	140mg/ml	Strawberry	<del>Kidmel</del>	Yes	No	200mL	Various (as special)	Stable for at least 4 weeks	52mg/ml	-	-	Strawberry
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5.12	<p><b>Ximluci and Yuflyma (noting)</b></p> <p>Ximluci - cost-effective biosimilar ranibizumab Yuflyma – cost-effective biosimilar adalimumab</p> <p>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.</p>																																											
5.13	<p><b>Levonorgestrel 20 micrograms/24 hours Intrauterine Delivery System (Benilexa® One Handed Intrauterine Device)</b></p> <p>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.</p> <p>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.</p> <p>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.</p>																																											

	The addition of Benilexa to the formulary (Green) as approved, pending authorisation from Luton council as the final outstanding stakeholder.																																														
5.14	<p><b>Torsemide for use during bumetanide shortage</b></p> <p>Following the release of the <u>Medication Supply Notice (MSN)</u> which states bumetanide 5mg tablets are out of stock until March 2024, torsemide 5mg and 10mg tablets were requested to be added to the Formularies as a short-term alternative.</p> <p>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. Torsemide 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.</p> <p>AH confirms 1mg bumetanide is still available as green (unrestricted) in the wholesalers but 5mg is not.</p> <p>Torsemide approved for use only where stock is truly unavailable and bumetanide cannot be sourced.</p>																																														
6	<p><b>Minor amendments log</b></p> <table border="1"> <thead> <tr> <th>Date</th> <th>Bed/Luton updated</th> <th>MK updated</th> <th>Item</th> </tr> </thead> <tbody> <tr> <td>4.8.23</td> <td>yes</td> <td>NFD in MK</td> <td>Reboxetine shortage MSN - linked to Formulary</td> </tr> <tr> <td>21.8.23</td> <td>yes</td> <td>Yes</td> <td>Addition of Novopen 6 and Echo plus to specify usage restrictions for the period of Tresiba flexpen shortage.</td> </tr> <tr> <td>21.8.23</td> <td>yes</td> <td>N/A as POM/GSL not specified</td> <td>Ibuprofen gel - monograph updated to change 10% gel from POM to GSL status.</td> </tr> <tr> <td>1.9.23</td> <td>yes</td> <td>Already linked</td> <td>Obeticholic acid DSU link added to monograph april 2018 - historic omission</td> </tr> <tr> <td>1.9.23</td> <td>yes</td> <td>Already linked</td> <td>NICE TA 443 obeticholic acid linked to Formulary - historic omission</td> </tr> <tr> <td>1.9.23</td> <td>yes</td> <td>N/A</td> <td>Luradisone typo fixed "initiation"</td> </tr> <tr> <td>1.9.23</td> <td>yes</td> <td>Yes</td> <td>Shortage of 100mg phenytoin caps info added as per MSN</td> </tr> <tr> <td>1.9.23</td> <td>yes</td> <td>Yes</td> <td>MooGoo skin products added to site - DNP</td> </tr> <tr> <td>6.9.23</td> <td>n/a</td> <td>Yes</td> <td>MKFormulary change celecoxib tablets to capsules (amend wording)</td> </tr> <tr> <td>28.9.23</td> <td>yes</td> <td>N/A</td> <td>Typo fixed - miferex is now Niferex</td> </tr> </tbody> </table>			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
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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-effective brands to ethinylestradiol/drospirenone monograph. 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 patients with soya or nut allergy (some generics may contain ingredients unsuitable for soya or nut allergy sufferers - check individual SPCs) Generic prescribing is most cost effective in primary care
26.10.23	yes	Yes	Addition of Slynd (drospirenone POP) - new product , 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



AOB	<p>Meeting dates for 2024 are available on BLMK ICB Website – Formulary Page</p> <p><a href="https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/">https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/</a></p>

Chair Signature: *E. Garrett*

Date 14.2.24