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

Date: 11th June 2024
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) | | ✓ |
| Mojisola Adebajo | MA | Place Based Lead Pharmacist BLMK ICB | ✓ | |
| Matt Davies | MD | Place Based Lead Pharmacist BLCK ICB | | ✓ |
| Alex Hill | AH | Community Pharmacy Representative | ✓ | |

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| 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 | | ✓ |
| 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 | | ✓ |
| Muhammad Nisar | MN | Agenda item 5.1 | ✓ | |
| Emma Tagg | ET | Agenda item 5.7 | ✓ | |
| Alisha Gandhi | AGa | Agenda item 5.8 | ✓ | |
| Samina Hassanali | SH | Place Based Lead Pharmacist BLMK ICB | ✓ | |

**Summary of acronyms used in the document**

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

<table>
<tr><th>No</th><th>Agenda Item</th></tr>
<tr><td>1.</td><td>Welcome, Introductions and Apologies<br><br>The chair welcomed everyone to the meeting.<br><br>The meeting was confirmed as quorate.</td></tr>
<tr><td>2.</td><td>Declarations of Interest<br><br>Annual written declarations of interests – up to date<br><br>Members were invited to declare any conflicts of interest relating to matters on the Agenda, none declared.</td></tr>
<tr><td>3.</td><td>Minutes of the previous meeting<br><br>The April 2024 FSG meeting notes were approved as accurate.</td></tr>
<tr><td>4.</td><td>Action Log<br><br>Actions were noted in accordance with the action log:<br><br>
<table>
<tr><th>Item</th><th>Title</th><th>Action</th><th>Update</th></tr>
<tr><td>1</td><td>Nutriprem Human Breast Milk Fortifier</td><td>Request for Nutriprem Human Breast Milk Fortifier was considered Feb 2024 – it was felt that GPs were not best placed to continue to supply of a short, fixed course of a specialist product. Dietician oversight also required and concerns raised about interface communication failure leading to prescribing errors in newly discharged premature infants. Further exploration of a safe and effective pathway to be taken forward outside of FSG with updates to the meeting as it progresses.</td><td>Trusts currently exploring internal mechanisms for supply of this specialist product. Until pathway explored, remains Red on Formularies.<br><br>June 2024: Paper for MKUH only on agenda.</td></tr>
<tr><td>2</td><td>Cytisine</td><td>Update paperwork and finalise with new name (Cytisinicline).<br>Add dosing schedule to SystmOne central Formulary.</td><td>Paperwork now finalised. Dosing schedule is not practical to include on Optimise or SystmOne Formulary therefore links to the local guidance to support prescribers will be included instead which contains the dosing schedule and key</td></tr>
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| | | | | information about the medicine.<br><br>Close action. |
| | 3 | **FSL2Plus** | Pending ETP compliance prior to switching patients. | Update – ORx messages in development to support sustainable switching as product now ETP compliant. Close action. |
| | 4 | **Gonadorelins and licensed indications table** | Tables were reviewed and following consultation have been retired as the content changes too frequently to maintain accuracy of the document. It is also straightforward to check the latest information via EMC website so the document is no longer needed. | For info. Close action. |
| 5. | **Items for consideration** | | | |
| 5.1 | **Domnisol (calcifediol monohydrate) 266 micrograms capsules for vitamin D deficiencies.**<br>Domnisol is a new POM form of vitamin D in the UK taken as a single capsule once a month. Calcifediol, 25-hydroxy-vitamin D3 (25(OH)D3) is a metabolite of colecalciferol (vitamin D3). It is licensed for the treatment and prevention of vitamin D deficiency or as an adjunct to specific therapy for osteoporosis in patients with or at risk of vitamin D deficiency.<br><br>The following significant advantages compared to colecalciferol are:<br>• faster onset of action and has been shown to be more effective in increasing serum vitamin D levels than colecalciferol[1].<br>• does not require hepatic metabolism, making it suitable for patients with impaired hepatic function[2].<br>• better intestinal absorption as it is absorbed and transported directly into the bloodstream. Thus, more efficacious in patients with malabsorption[2].<br>• less lipophilic than colecalciferol, less likely to be sequestered in adipose tissue and may be preferable in patients with obesity[2].<br>• standard dosing is once monthly capsule[1]. This may be preferred by patients and improve adherence[4].<br>• more cost effective.<br><br>Propose green – second line but may be suitable as first line in certain patient groups.<br><br>MN explained that Domnisol could be offered to adult patients such as those who have osteogenesis imperfecta, 25-hydroxylase deficiency, people with obesity, or hepatic dysfunction and patients that, despite repeated courses of colecalciferol, are unable to become replete. Delays in parenteral therapies (and risks of fractures) until the patient is replete could be prevented. If colecalciferol doesn't work, patients are given 3 monthly intramusacular injections of ergocalciferol. An option such as calcifediol could therefore offer significant advantages.<br><br>Review of vitamin D guidance is on the commissioning team's workplan.<br><br>The company has confirmed that the product is halal certified but not suitable for vegetarians and vegans. | | | |

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| | JWa commented on the need to have controls to prevent taking over OTC use.<br><br>JM confirmed that Domnisol was available on SystmOne to prescribe.<br><br>The proposal to add Domnisol to the formularies as green was approved. Optimise and formulary messaging to be used to support appropriate use (second line but may be suitable as first line in certain patient groups.).<br><br>**Action: MN and SH to liaise to include details of specific patient groups on the formulary application for addition to the formulary and ORx.** |
| 5.2 | **Dexcom One+ sensor**<br>Second-generation product which offers more features for patients and clinicians with these comparative enhancements:<br>• Smaller sensor<br>• Improved accuracy to 8.2% overall MARD from 9%<br>• Reduced warm up period of 30 minutes from 2 hours.<br>• Requires no separate transmitter.<br>• Ability to add events for meals and insulin to fit lifestyle.<br>• Compatible share and follow app for up to 10 people.<br>• Suitable from 2 years old and in people who are pregnant.<br>• Can be used for up to 10 days with an additional 12-hour grace period when switching sensors.<br><br>The cost of Dexcom One+ is comparable to Dexcom One i.e., the cost per sensor is £24.97 and annual cost per patient is £899. Dexcom One is expected to be discontinued in next 12 months so the intention is to bulk switch patients via a letter, if approved.<br><br>The proposal is addition of Dexcom One + to the formularies (green designation) and amendment of the CGM standalone guidance.<br><br>AH explained that the packaging for both Dexcom One and One + are the same apart from the plus sign on the description. Community pharmacists will need to search carefully when ordering from Alliance under “more products”. JM confirmed care would also be required when selecting the product via SystmOne as the plus sign was the only difference in the description. There is a potential for errors while both products are available.<br><br>The addition of Dexcom One + to the formularies (green designation) was approved. Optimise messaging to be used to support appropriate selection with an explanation that it is due to discontinuation of Dexcom One and with a summary of the benefits.<br><br>**Actions – ICB to communicate with community pharmacy colleagues regarding the switch and CGM standalone guidance to be amended to include this product.** |
| 5.3 | **Fluticasone nasal drops for nasal polyps**<br>Newly launched product which replaces the previously discontinued but widely used product Flixonase nasules for nasal polyps.<br><br>The proposal is to add this similar product back on to the Formularies.<br><br>There is an approximate £45k per annum cost pressure when prescribing the fluticasone nasal drops assuming prescribing quantities will be as per the previous product, Flixonase nasules. NB: Cost is £3 per box more than Flixonase nasules. |

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| | Specialist opinion is that fluticasone nasal drops are more effective compared with the alternative, Betnesol nasal drops, and there is less systemic absorption.<br><br>Approved formulary status as green, for use when nasal sprays and other first line formulary options are not effective. |
| 5.4 | **Triptans Formulary review**<br>The aim was to align the Formularies and rationalise lineage of triptan choice.<br><br>The lineage of choice was based on comparison to sumatriptan 100mg for adverse effects (lower for naratriptan 2.5 mg, almotriptan 12.5 mg and frovatriptan 2.5 mg), two-hour pain response (better for eletriptan 80 mg and rizatriptan 10 mg and almotriptan 12.5 mg), recurrence rate (lower for frovatriptan 2.5 mg, and eletriptan 40 mg.<br><br>SIGN 155 Pharmacological management of migraine 2023 update states that clinically, there are no major differences in efficacy, safety, or tolerability profiles. Treatment choices should be based on the most cost-effective option.<br><br>The proposal, therefore, was to keep sumatriptan as the first line option, naratriptan second line, rizatriptan 10mg third line, zolmitriptan fourth line and almotriptan 5th line.<br><br>A cost-effective dispersible option for those unable to swallow is rizatriptan 10mg dispersible and zolmitriptan 5mg dispersible.<br><br>Frovatriptan inclusion as Green Restricted based on use specifically for menstrual migraine.<br><br>The following preparations are non-formulary: eletriptan, rizatriptan 10mg oral lyophilisates SF, rizatriptan 5mg (10mg is the BNF listed start dose) and zolmitriptan 5mg.<br><br>NB: Injectables and intranasal preparations have been rationalised under minor amendments policy – see agenda item 6.<br><br>Dr Cohen, neurologist from Luton and Dunstable hospital, has requested use of frovitriptan specifically for perimenstrual. She is recommending sumatriptan 3mg injection as it is about as effective as the 6mg with fewer side effects.<br><br>The proposal was approved, options, other than first line sumatriptan, second line with supportive prescribing messaging.<br><br>**Action to add sumatriptan 3mg injection via the minor amendments log and consider the removal of the 6mg strength.** |
| 5.5 | **Hertfordshire renal shared care guidelines: phosphate binders and cinacalcet**<br>Previously, the Bedfordshire and Luton Joint Prescribing Committee (JPC) ratified the Hertfordshire SCGs for lanthanum and sevelamer for local use to facilitate the provision of the medicines via shared care between the renal unit at the East & North Herts Trust and practices in Bedfordshire and Luton. These SCGs have recently been reviewed, updated, and moved onto a new HWE shared care template. The renal team have requested ratification and adoption of the updated SCGs for lanthanum and sevelamer and for 2 additional SCGs: |

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- Sucroferric oxyhydroxide for hyperphosphataemia in adult patients with end stage renal failure requiring renal replacement therapy.
- Cinacalcet for use in secondary hyperparathyroidism in adults with end stage kidney disease (ESKD) requiring renal replacement therapy.

The above SCGs have been in use in Hertfordshire for some time, but not ratified and adopted for use within BLMK (not previously forwarded for consideration by the Beds/Luton JPC).

The medicines are commissioned by NHS England for patients on dialysis (NB: shared care with primary care is supported by NHSE) and by ICBs for patients with CKD not on dialysis.

Updates are in line with NICE NG203 and NICE TA117 respectively.

For use for patients under the care of East & North Herts trust only.

- FSG actions:
  - To review and make recommendations on the adoption of the HWE shared care guidelines.
  - To consider the requirement to respond when *agreeing* to undertake shared care.
  - To review the formulary statuses of the medicines.

Formulary status

| Drug | Beds/Luton | MK | Proposed |
|---|---|---|---|
| **Cinacalcet** | SCG (NB: the only currently agreed SCG is for primary hyperparathyroidism) | SCG (NB: the only currently agreed SCG is for primary hyperparathyroidism) | SCG |
| **Lanthanum** | SCG | SpIS | SCG |
| **Sevelamer** | SCG | SpIS | SCG |
| **Sucroferric oxyhydroxide** | NF* | NF* | SCG |

* NF on both formularies but recommended in NICE NG203; on high-cost drugs list and NHSE commissioned for renal dialysis patients, but NHSE recommend that it's suitable for shared care with primary care and it is on the list of medicines which can be recharged to NHSE (within the East of England).

Oxford do not use a SCG with MK GPs (except for sevelamer), but SpIS was also not seen as an appropriate designation as per the current MK formulary.

Th proposal approved by the group was that patients should be managed as per the SCG if under the care of East and North Hearts and a red formulary status if under the care of Oxford (except sevelamer, which also has a SCG in place in Oxford), with corresponding ORx messaging.

The Committee discussed the requirement within the Hertfordshire SCGs for practices to respond within two weeks if they are agreeing or refusing to take on shared care. This is not standard practice within BLMK as it has been locally agreed that practices do not need to respond if they are agreeing to share care, only if they are refusing. AG to inform The Lister that shared care may be assumed if no response is received from the GP, to reduce administrative burden, and any GPs refusing shared care will write back within 2 weeks.

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| 5.6 | **Attention deficit hyperactivity disorder Shared Care Guidance for adults – deferred to September meeting** |
| 5.7 | **Human Breast Milk Fortifier pathway for Milton Keynes**<br>Nutriprem Human Breast Milk Fortifier (HMF) was discussed at the Feb 2024 FSG with subsequent support for use. The pathway for appropriate supply mechanisms was subject to further discussion following the meeting.<br><br>MK will discharge patients with 2 boxes from the unit (approx. 2 weeks supply for the majority who will be discharged on 6-7 sachets/day). GPs will be sent a letter on discharge from the unit to provide a one-off prescription for 4 boxes (200 sachets) which should be adequate for weaning down at home (under the advice of Neonatal Community and/or Dietetics if required) with the eventual stopping by 48+0 weeks. There would be no further involvement from the GP unless specifically requested from a dietitian.<br><br>The MK dietitians are seeking approval for the discharge letter that has been developed to support primary care prescribers with issuing the remainder of the supply of the product.<br><br>Amendments suggested by the group include the addition BLMK headers and a patient details box, using the description: “Nutriprem HMF powder” as this is the description on SystmOne and for ordering via Alliance. There needs to be consistency in using the term “human milk fortifier” or “breast milk fortifier”. Using the word “start” was suggested as misleading as it would be a one-off prescription. The directions stated, “variable amounts”, it was suggested that this is replaced with "as directed”. The guidance document will need to be updated to remove the statement that Nutriprem HMF powder is not available in the community once the letter is approved. It was requested that GPs received the letter promptly.<br><br>The letter and model of supply was approved by the group based on the agreed amendments.<br><br>**Action ET: To finalise letter and send to SH / TL** |
| 5.8 | **Licensed hydrocortisone 5mg/5mL and 10mg/5ml SF oral solutions**<br>Review of licensed hydrocortisone 5mg/5ml and 10mg/5ml SF oral solutions which have recently been released. These products are more expensive than the current preparations already on the formulary.<br><br>When checking ePACT data over a 3-month period (Jan to March ‘24), 10 patients were issued the 5mg/5ml oral suspension (unlicensed). The total cost for 4,450ml was £424.12. If these patients were switched to the newly licensed products, with a BNF pricing for 100ml at £135, the cost for 4,450ml would be £6,007.50. This equates to a difference of £5,583.38 which is an approximate total extra spend of £22,000 per year across BLMK.<br><br>The propylene glycol content of the licensed oral solutions are unsafe in neonates according to NPPG recommended levels.<br><br>The proposal is that the licensed oral solutions are added to the formularies as non-formulary and designated as ‘do not prescribe’ (DNP).<br><br>The group were concerned about the unlicensed formulation being included when there was an equivalent licensed formulation available for patients other than neonates. It was discussed that the use of a liquid formulation would only be required when the dose was small and could not be |

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| | administered any other way. Alkindi is on the formulary and can be used for children requiring small doses.<br><br>JM found that 5 MK patients have had hydrocortisone liquid recently issued on their current repeats.<br><br>The proposal was that all liquid hydrocortisone products on the formulary are assigned as DNP for now.<br><br>**Actions are to complete a patient level review for the need to prescribe hydrocortisone liquid and check the formulary at Oxford as the trust likely to be initiating.** |
| 5.9 | **Combination antidiabetic tablets - deferred to September meeting.**<br>MA explained that queries from the diabetic specialist teams have led to the need for further investigation. |
| 5.10 | **Praziquantel/albendazole (noting)**<br>There was a need for alignment of the products for the treatment of tape worms across the joint formulary (currently the two drugs are only listed on Bedford/Luton Formulary) and addition of information to clarify situations for use, choice, and sourcing of medicine to prevent delay to treatment.<br><br>There is more evidence for the use of praziquantel, compared with albendazole, and it has the additional benefit of causing paralysis of the worm (making it fall off the lining of the intestine and allow excretion by the body). However, microbiology prefers to use albendazole first line.<br><br>Albendazole is easier than praziquantel to obtain as praziquantel is an unlicensed import and has a 4–5-day lead time. Praziquantel costs £220 for a 6 pack of tablets which is a wasted expense as only a one-off dose is required. Albendazole costs £9.50 for one dose, which would be £28.50 for a 3-day course.<br><br>The MKUH prefers to order both praziquantel and albendazole in on a named patient basis, to prevent stock going out of date. It can be provided by the outpatients' pharmacy.<br><br>It was agreed, due to the specialist nature and infrequent need for the medicines, that albendazole and praziquantel to be assigned a red formulary status.<br><br>MKUH Pharmacy Clinical and Improvement Group have agreed to the proposal. However, MKUH Prescribing and Medicines Governance Committee need to ratify.<br><br>**Action: Bedfordshire and Luton formulary lists praziquantel in a different area to albendazole as it is in the flat worm section rather than the threadworm section. The entry needs moving or replicating so clinicians can see all three, including mebendazole, as they are in the same BNF section of the formulary.**<br>**Completed 14/6/24.** |
| | **Minor amendments log**<br>  <br>6 Minor amendments log June 2024.docx |

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**Vizidor and Vizidor Duo**

These formulations are a multidose preservative free eye drop bottle which provide a greener choice; however, they are slightly more expensive, although Bausch and Lomb are offering a higher rebate. It was therefore decided to go with the Scope Eyecare products, Dimaz and Codimaz, instead. They will eventually include the bimatoprost and latanoprost products.

AH informed the group that there is a current supply problem with Vizidor.

**Daktacort to Nystaform HC**

Daktacort is being discontinued so the MK formulary now includes the alternative Nystaform which is already on the Beds and Luton formulary.

**Dapagliflozin/empagliflozin**

NICE NG28 recommended an SGLT2i with proven cardiovascular benefit for Type 2 DM. Initially, Dapagliflozin had wider indication for use in HF (+/- T2DM) and later CKD (+/- T2DM) and was assigned first choice on formulary.

Empagliflozin now has a wider indication for use and there is no significant difference in effectiveness between both in T2DM with CVD (See Comparison of Cardiovascular Outcomes Between Dapagliflozin and Empagliflozin in Patients with Type 2 Diabetes: A Meta-Analysis - PMC (nih.gov)).

The BLMK primary care prescribing guidance in HF and CKD recommends dapagliflozin or empagliflozin and acquisition cost is same for both.

Dapagliflozin is likely to be first off patent.

| Drug | Indications | Dosing | Drug Tariff Price |
|---|---|---|---|
| Dapagliflozin | Glycaemic control – Type 2 diabetes (T2DM)-NG28 | 10mg | £36.59 |
| | Diabetic Kidney Disease/Chronic Kidney Disease (DKD/CKD)-NICE TA 775 | | |
| | Chronic Heart Failure (HFrEF)- NICE TA 679 | | |
| | Chronic heart failure with preserved (HFpEF) or mildly reduced ejection - NICE TA 909 | | |
| Empagliflozin | Glycaemic control – Type 2 diabetes (T2DM)-NG28 | 10mg, increased to 25mg if required | £36.59 |
| | Diabetic Kidney Disease/Chronic Kidney Disease (DKD/CKD)-NICE TA 942 | | |
| | Chronic Heart Failure (HFrEF) – NICE TA 773 | | |
| | Chronic heart failure with preserved (HFpEF) or mildly reduced ejection- NICE TA 929 | | |
| Canagliflozin | Glycaemic control – Type 2 diabetes (T2DM)- NG28 | 100mg, increased to 300mg if required | £39.20 |
| | Diabetic Kidney Disease (DKD)- alternative option | | |
| Ertugliflozin | Glycaemic control – Type 2 diabetes (T2DM)-NG28 | 5mg, increased to 15mg if required | £29.40 |

The first choice SGLT2i designation for Dapagliflozin on both formularies is to be removed and all SGTL2i to be options within their licensed indications.

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Meeting dates for 2024 are available on BLMK ICB Website – Formulary Page

https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/

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Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Chair signature: