

Medicines Formulary New additions and changes

Dapagliflozin—Following patent expiry, dapagliflozin is now the first line SGLT2i of choice (GREEN). Dapagliflozin should be prescribed generically to realise cost-savings vs the branded product (Forxiga). The ICB are also working with providers to review and switch patients where clinically appropriate from other SGLT2i (empagliflozin, canagliflozin) to dapagliflozin.

Fresubin Pro Compact—Has been added to the Formularies as a cost-saving alternative to Fortisip Compact Protein for use under guidance of dietitian specialist (SpA). The two products are equivalent and patients in Primary Care should be switched on to Fresubin in line with Optimise Rx swap messages which are now live on the system.

Desmopressin sublingual tablets and Demovo oral liquid—have been added for use in paediatric nocturnal enuresis (GREEN). Of note, Desmomelt lyophilisates are Non-Formulary and should not be prescribed.

Desmopressin for diabetes insipidus and other indications—The Formularies have been updated to clarify the licensing status of desmopressin products for various indications. Noqdirna (licensed for adult idiopathic nocturia) was reviewed and added to the Formularies as RED—No prescribing in Primary Care.

Arize Infant Formula—Hydrolysed rice based Formula was added to the Formularies, to be used second line after extensively hydrolysed formulas for patients with cows milk protein allergy. Amino acid based formulas are now third line after trial of Arize (Formulary traffic light- GREEN). The [Infant Formula guidance](#) has also been updated to include Arize.

Shower coverings for dialysis / long term lines—A [position statement](#) has been published recommending that shower coverings such as Independence, CathDry and LINC are NOT prescribed in Primary Care (DO NOT PRESCRIBE). Any requests for these should be declined and patients referred back to their specialist for information regarding how to keep their line dry when bathing.

BLMK Guidance for blood glucose and ketone testing meters and strips has been updated in line with updated NHSE guidance:

- **Palmdoc 2** blood glucose meter and testing strips – was not in the first NHSE assessment, locally second most prescribed testing strips. Palmdoc 2 is now included in the NHSE recommendations and will continue as a BLMK formulary choice. Palmdoc Smart meter (with connectivity to smartphone as well as existing USB and Bluetooth connectivity) to be available from October 2025.
- **FineTest lite Testing strips** – Drug Tariff price reduction, from £5.35 to £5.15 per 100 strips.
- **4 Sure Smart Duo** blood glucose testing strips – Drug Tariff price reduction from £8.99 to £7.99.
- **Greenfine** (0.35mm/28G) lancets – new, cost-effective (£1.79/100) and compatible with universal lancing devices- add to Formularies.
- **Recycling information** now available - will support BLMK sustainability initiative and the NHS net zero target.

Nirsevimab (Beyfortus®) – Respiratory Syncytial Virus monoclonal antibody immunisation—Add to the Formularies with a RED (hospital only) status for use in pre-term neonates / selected high risk children up to 24 months of age as outlined in the [Green book](#).

The Shared Care Guidance for acamprosate is due to be retired. APC are developing prescribing support materials which are anticipated to be published by the end of 2025, at which point acamprosate will no longer be under Shared Care within the Beds/Luton area. Updated traffic light statuses are: Beds/Luton—SpIS (specialist initiates and stabilises) and in Milton Keynes—RED (specialist only). It was noted from data that some patients have received extended courses beyond the usual [maximum treatment duration of 12 months](#). The ICB are working with Primary Care providers to review patients prescribed acamprosate to ensure appropriate continuation.

Semaglutide (Rybelsus) reformulation—Oral Semaglutide (Rybelsus) tablets will be replaced with a new formulation with increased bioavailability, which is bioequivalent to the initial formulation as described in the table below. The new formulation has the same efficacy, safety, and method of administration as the initial formulation. Both formulations will temporarily co-exist, therefore there is the potential risks associated with the change in dosing and packaging.

Initial formulation (one oval tablet)	Bioequivalent	New formulation (one round tablet)
3 mg (starting dose)	=	1.5 mg (starting dose)
7 mg (maintenance dose)	=	4 mg (maintenance dose)
14 mg (maintenance dose)	=	9 mg (maintenance dose)