**Bedfordshire, Luton, and Milton Keynes Area Prescribing Committee – Formulary Subgroup meeting**
**Meeting Notes**

Date: 9th of September 2025
Time: 13.00 - 14.30pm
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 | ✓ | |
| Alex Hill | AH | Community Pharmacy Representative | ✓ | |
| Amjid Hussain | AHu | Bedfordshire Lead for the Community Mental Health Services, East London Foundation Trust. | | ✓ |
| Anne Graeff | AG | Commissioning Lead Pharmacist BLMK ICB | ✓ | |
| Carole Jellicoe | CJ | Nurse and Non-Medical Prescribing Representative (Secondary Care) | | ✓ |
| Dona Wingfield | DW | Head of Medicines Governance Safety and Quality (cross site) Bedfordshire Hospitals NHS Foundation Trust | | ✓ |
| Dr Dushyant Mital | DM | Medical Representative, Milton Keynes University Hospital NHS Trust | | |
| Dr Eleanor Tyagi | ET | Medical Representative, Milton Keynes University Hospital | | ✓ |
| Dr Jenny Wilson | JWi | GP Representative, Bedfordshire and Luton | ✓ | |
| Dr Kate Randall | KR | GP Representative, Bedfordshire and Luton | ✓ | |
| Dr Mya Aye | MA | Medical Representative, Milton Keynes University Hospital | | ✓ |
| Dupe Fagbenro | DF | Deputy Chief Pharmacist (Luton and Bedfordshire) - ELFT | | ✓ |
| Faisal Khan | FK | Medicines Use & Quality Manager MKUH | ✓ | |

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| Grace Khoo | GKh | CNWL Pharmacy Representative (Community and Mental Health Services Milton Keynes) | ✓ | |
| Jonathan Walter | JWa | Milton Keynes GP representative | | ✓ |
| Joy Mooring | JM | Primary Care Specialist Pharmacy Technician, BLMK ICB | | ✓ |
| Maggie Winter | MW | Milton Keynes GP representative | | ✓ |
| Marian Chan | MC | Consultant, Bedfordshire Hospitals NHS Foundation Trust | ✓ | |
| Matt Davies | MD | Head of Pharmacy and Medicines Optimisation and Place Based Lead Pharmacist, C Beds | ✓ | |
| Mojisola Adebajo | MA | Place Based Lead Pharmacist BLMK ICB, Luton | ✓ | |
| Nicholas Beason | NB | Procurement technician MKUH | | ✓ |
| Nigel Fagan | NF | GP Local Medical Committee representative | ✓ | |
| Nikki Woodhall | NW | MK Place lead Medicines Optimisation & digital transformation lead | ✓ | |
| Prabjoth Kaur | PK | Lead Pharmacist Medicines Information and Formulary | | ✓ |
| Qiratulain Khan | QK | Lead Pharmacist Medicines Information and Formulary | ✓ | |
| Reginald Akaruese | RA | CNWL Pharmacy Representative (Community and Mental Health Services Milton Keynes) | | ✓ |
| Saema Arain | SA | ELFT Pharmacy Representative – Community Services (Beds)/Mental Health Services (Beds and Luton) | | ✓ |
| Samina Hassanali | SH | Medicines Optimisation Pharmacist | ✓ | |
| Sandra McGroarty | SMc | Commissioning 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 |

| No | Agenda Item |
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| 1. | **Welcome, Introductions and Apologies**<br><br>The chair welcomed everyone to the meeting.<br><br>Nigel Fagan was welcomed back as our LMC representative.<br><br>The meeting was confirmed as quorate. |
| 2. | **Declarations of Interest**<br><br>Annual written declarations of interests – currently up to date and requests for updates have been sent.<br><br>Members were invited to declare any conflicts of interest relating to matters on the agenda, none declared. |
| 3. | **Minutes of the previous meeting**<br><br>The June 2025 FSG meeting notes were approved as accurate. |
| 4. | **Action Log**<br><br>Actions were noted in accordance with the action log:<br><br>Bupropion – Guidance document circulated for comment to ELFT and CNWL. Comments now received and will be collated into a new document for circulation and approval.<br><br>Paediatric ONS –To determine appropriate traffic light status as paediatric ONS should be under the supervision of a dietician – Traffic light status SpA, and close action.<br><br>Pylera – Education sessions for GP planned. Guidance will be taken via APC for approval. To close. |
| 5. | **Items for consideration** |
| 5.1 | **Fresubin Pro Compact**<br><br>Fresubin Pro Compact is a new cost-effective product which is an equivalent to Fortisip Compact Protein.<br>A 100% switch could realise cost savings of £229k per annum across BLMK.<br>It was noted that the Trusts have enteral nutrition contracts in place and switching to Fresubin may represent a cost pressure, therefore switch to Fresubin will need to happen upon transfer to Primary Care. KS highlighted that this particular product is not usually used in secondary care.<br>Implementation plan is for active switching in Primary Care. The plan is already in place within Milton Keynes.<br>The group discussed concerns regarding suitability of the pink nutritional products as they are unsuitable for vegetarians (beetle based colourant) – Fresubin have removed this as of Jan 2025 and is now suitable for vegetarians. |

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| | Action KS: To share implementation plan with Beds/Luton dietitian colleagues<br>Action TL: To develop Optimise Rx messaging to support the switch [*Action complete 23.10.25]*<br>Action NW: Source EPACT2 data to identify high use areas to prioritise switching program<br>Acton NW: To add this product to the PIS 25/26 cost saving incentive scheme list<br><br>**Fresubin was approved – to add as SpA to Formulary for adults.** |
| 5.2 | **Desmopressin for nocturnal enuresis**<br><br>Desmopressin is used to treat children for nocturnal enuresis.<br>• **Current formulary option**: Desmopressin 100mcg, 200mcg tablets<br>• **Challenges**:<br>– Swallowing difficulties, resulting in non-compliance<br>– Social discretion: Water is required for ingestion and in some social situations such as sleepovers, children prefer to maintain privacy. A sub-lingual tablet is more discreet<br>– Crushing tablets: This can result in a gritty suspension, and in the ingestion of more water than is advisable when needing to restrict fluid intake.<br>• **Request**: To add sublingual desmopressin tablet and the oral solution to the formulary.<br>• **Benefits**:<br>– A wider choice of alternatives for patients and clinicians<br>– Improved compliance<br>– Cost saving with s/l tablets compared with standard tablets, and particularly when compared with the oral lyophilisates which is commonly prescribed currently.<br>– The oral solution is nearly cost neutral compared with standard tablets.<br>• NB: sublingual tablets contain fish gelation – not suitable for strict vegetarians.<br><br>**Desmomelt oral lyophilisates to be placed as Do not prescribe (DNP) with active switching where possible to sublingual tablets. NB: Optimise Rx message is already live for this switch.**<br>**Add Desmopressin sublingual tablets to Formularies (Green) for continence.**<br>**Add Demovo oral solution to formularies (Green) for continence.**<br><br>**Action NW: To liaise with CNWL who have Desmomelt in their policy – to be removed.**<br>**Action DF: Review in progress within ELFT for Desmomelt – to monitor and feedback the outcome of this meeting into the review.**<br>**Action PJ: To raise awareness within CCS of the DNP position of Desmomelt.** |
| 5.3 | **Desmopressin tidy up (other indications and products)**<br><br>The paper summarises a holistic review of all other desmopressin products and indications. The paper seeks to clarify on Formulary which preparations are licensed for each indication and prevent confusion and off-label prescribing.<br><br>The tidy-up highlighted small amounts of prescribing of a new product – Noqdirna, which is licensed for idiopathic nocturia in adults. A mini audit highlighted inappropriate use for diabetes insipidus and prescribing for children – a deeper look into these patients is required to ascertain whether it is intended or a picking error.<br><br>Safety:<br>The most significant risk associated with Noqdirna is hyponatremia, especially in the elderly. Serum sodium monitoring is essential before initiation and during treatment, particularly in patients over 65. |

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| | The group felt this was a specialist medication, not suited for prescribing in Primary care.<br><br>**Noqdirna was approved for addition to the Formularies with Red traffic light status.**<br><br>**Individual review of those prescribed in Primary Care +/- repatriation or stopping of therapy where appropriate. Action TL: To work with MA to investigate via central systmone reporting the prescribing of Noqdirna in Primary Care.**<br><br>**Addition of other licensed products were approved in line with recommendations in the paper.**<br>**Green for continence**<br>**SpA for Diabetes insipidus**<br>**SpA for pituitary removal**<br>**Diagnostics/bleeding: Red** |
| 5.4 | **Oxybutynin Modified Release tablets for nocturnal enuresis**<br><br>Request for addition of oxybutynin Modified Release (MR) for use in paediatric nocturnal enuresis.<br>• **Current formulary options**:<br>– Oxybutynin 2.5mg and 5mg immediate release tablets<br>– Solifenacin 10mg and 5mg tablets. Dose in children (off-label, BNFC) is based on body weight, and the liquid formulation (non-formulary) would be required for children weighing less than 61kg. Also, the child's body weight is not readily available to the children's continence service.<br>– Tolterodine immediate release tablets<br>• **Challenges**:<br>– Immediate release oxybutynin tablets are short acting and must be taken two or three times per day. This can affect compliance. It also results in fluctuations between peak and trough concentrations, which can affect efficacy during the night.<br>– Immediate release tablets are less well tolerated than MR tablets by children, who are susceptible to anticholinergic side effects. This affects compliance.<br>– Experience finds that tolterodine is less effective than oxybutynin<br><br>Current spend on MR oxybutynin (all patients including adults) approximately £97k per annum.<br><br>The group discussed the need for more data to distinguish adult vs child prescribing and a wider review of the use of MR oxybutynin and options for continence medications on the Formulary. Oxybutynin was acknowledged as being a medication with more unwanted side effects, prompting the question of appropriateness in the wider cohorts.<br>AG raised that MR tolterodine could be considered as an option within paediatrics.<br>Action: Run central SystmOne searches to identify those on Oxybutynin MR and review.<br><br>It was noted that upcoming products such as vibegron may need incorporating into the updated pathways. This option reportedly has fewer blood pressure related side effects.<br><br>QK: Offered link with elderly and surgical pharmacists at the Trusts as contacts.<br><br>**The application was not approved, noting further work and more data is required before taking it forward.** |

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| | It was raised within the meeting regarding prescribing of ostomy support garments (OSG) for children by CCS colleagues. OSG are Non-Formulary in the BLMK area and should not be recommended for prescribing.<br><br>**Action PJ**: To share within CCS the ICB stance on prescribing of ostomy support garments for children.<br><br>**Action TL/PJ**: To review continence options. |
| 5.5 | **Arize Infant formula**<br><br>New hydrolysed rice-based infant Formula for use in patients with Cows Milk Protein Allergy (CMPA).<br>Extrapolation of data within BLMK indicates savings of approximately £30k per annum could be realised if Arize is added to Formulary as a second line option after Extensively Hydrolysed Formulas (EHF) and before Amino Acid Formulas (AAF) (e.g. Puramino).<br>It is estimated that 175-260 infants have CMPA and would be eligible for specialised Formula.<br>NB: Arize is not considered interchangeable with rice milk (which is available in supermarkets) – it is not hydrolysed and is contraindicated in children under 4 years of age.<br>Opportunistic switching from AAF to Arize in existing patients during review by dieticians will be undertaken.<br>Infant Formula guidance has been updated and included with the paper to include Arize.<br><br>Action TL: Develop Optimise messaging to recommend Arize before AAF for new patients.<br><br>**Arize was approved – Add to Formulary as Green, Second choice after EHF.** |
| 5.6 | **Independence shower/swim products position statement**<br><br>A position statement has been developed to formalise the recommendations to not prescribe shower/swim patches for patients with lines. The document was developed in response to inappropriate promotion of a Non-formulary product and reports of Pharma Reps handing samples out directly to patients on our Trust sites and telling them they are available via GP. This has been raised with the company.<br><br>The shower pouches are high cost (approximately £12 each) and are a poor use of NHS resources. For patients who wish to purchase shower pouches this option is available via online retailers at a much lower cost vs the pouches that GPs are being requested to prescribe.<br><br>It was noted that there are documents in circulation from Secondary Care and National Kidney Foundation suggesting use of plastic coverings to enable showering – therefore advice is conflicting and requires review.<br><br>Renal clinics in BLMK have been consulted and they have confirmed they do not recommend these products.<br><br>Urology patients in Oxford receive 1 week supply of dressings on discharge from ward and ward orders 1 month supply on discharge through Manfred Sauer Care. The patients are advised that they can then reorder through the company as needed. The team have been notified of the requirement to retain prescribing if they wish to continue them. |

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| | **The position statement was approved with shower and swim pouches to be placed in Do Not Prescribe (DNP).** |
| 5.7 | **Updated NHSE recommendations on blood glucose and ketone meters and** strips<br><br>NHSE Commissioning Recommendations for Blood Glucose and Ketone published June 2025 following second assessment of available devices. Additional products, recycling information for meters and new category for lancets now included.<br><br>**Update to BLMK formularies**<br>➢ **Palmdoc 2** blood glucose meter and testing strips – was not in the first NHSE assessment, locally second most prescribed testing strips. Now included and will continue as formulary choice. Palmdoc Smart meter (with connectivity to smartphone as well as existing USB and Bluetooth connectivity) to be available from October 2025.<br>➢ **FineTest lite Testing strips** – Drug Tariff price reduction, from £5.35 to £5.15 per 100 strips.<br>➢ **4 Sure Smart Duo** blood glucose testing strips – Drug Tariff price reduction from £8.99 to £7.99.<br>➢ **Greenfine** (0.35mm/28G) lancets – new, cost-effective (£1.79/100) and compatible with universal lancing devices- add to Formularies.<br>➢ Recycling information now available - will support BLMK sustainability initiative and the NHS net zero target.<br><br>It was noted that meters are recommended to be renewed every 3-4 years.<br><br>Reviewing & switching of non-formulary blood glucose meters/testing strips included in cost-saving target for the prescribing incentive scheme (PIS) 25/26.<br><br>**The updates were approved.** |
| 5.8 | **Generic dapagliflozin**<br><br>• Dapagliflozin (Forxiga®) patent has expired. SGLT2 inhibitor indicated for T2DM, heart failure and CKD.<br>• Accounts for 70% SGLT2i prescribed in BLMK (others – empagliflozin and canagliflozin)<br>• Significant cost saving from price drop in September Drug Tariff (estimated £223K monthly savings based on expenditure on dapagliflozin).<br>• NICE has opened consultation on draft update to NG28 (management of T2DM) - SGLT2i being proposed as 1st line with metformin. This change is anticipated to increase prescribing of dapagliflozin significantly.<br>• Cost-effective option providing more opportunity not just for glycaemic control but CVD and renal protection.<br><br>**Proposal & Actions:**<br>• Generic dapagliflozin as first line SGLT2i, update Optimise Rx message and switch any prescribed as Forxiga® to generic to realise savings.<br><br>**Additional cost saving potential:**<br>• Patient reviews for other SGLT2 inhibitors – addition to PIS 25/26 cost savings target. |

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| | • Locally commissioned change programme subject to ICB approval (estimated patient numbers of ~5,800).<br>• Rapid change plan has been approved at executive level.<br>• A paper has been taken to the investment and oversight group to highlight the saving and there are plans for reinvestment into hybrid closed loop systems for patients aged 25 and under.<br>• The Trusts have been engaged with this and are in support of generic prescribing and of the use of dapagliflozin as the preferred choice over other SGLT2i (empagliflozin, canagliflozin). There is a concentration of historic empagliflozin prescribing in Milton Keynes which will be reviewed as part of the switch schemes. Communications have been circulated.<br><br>**Generic dapagliflozin with rapid active switching away from Forxiga® brand was approved.** |
| 5.9 | **Nirsevimab (Beyfortus®) – Respiratory Syncytial Virus monoclonal antibody immunisation**<br><br>RSV vaccination is being rolled out for infant / selected high-risk children up to 24 months of age. The program will start from late September 2025 and will replace palivizumab injections that were previously in place to treat RSV.<br><br>If 95% of eligible infants receive nirsevimab, there could be nearly 350 fewer hospital admissions Around 9,000 babies and infants in the UK are expected to benefit per year avoiding hospitalisation as per the Green Book (Chapter 27a).<br><br>RSV vaccine is offered to pregnant women at the recommended time of around 28 weeks. However, babies born before 32 weeks have limited or no protection.<br><br>A single Nirsevimab vaccine protects for 6 months and will replace monthly injections of palivizumab (palivizumab provides around 55% protection while nirsevimab offers more than 80% protection).<br><br>The cost is £1683 per dose, which will be funded by NHSE.<br><br>**Nirsevimab (Beyfortus®) to be added to Formularies with red traffic light status.** |
| 5.10 | **Acamprosate – review of Formulary status**<br><br>• Possibility of retiring the existing Beds / Luton SCG and reverting to RED formulary status discussed at July APC. Currently Beds/Luton have SCG, whereas acamprosate is SpA within Milton Keynes.<br>• Discussion with drug & alcohol providers indicates that ELFT and CGL Resolutions (providers for Bedfordshire and Luton respectively) prescribe as per the current SCG – retaining prescribing for the first 6 months, then asking primary care to prescribe for the second six months.<br>• Information from CNWL (provider for Milton Keynes) indicates that they retain the prescribing, but there is prescribing in MK practices (EPACT2 data). |

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| | • Feedback from providers indicates that changing the arrangements would cause capacity issues and may impact service user outcomes (some evidence that staying in drug services too long when abstinent can lead to relapse.<br>• Most patients stop after 12 months total treatment.<br>• Proposal – to amend formulary designation to SpIS, with specific information in the formulary entries to clarify that services must prescribe for the first 6 months, with accompanying prescribing support document.<br>• Formulary statuses in C&P and HWE align with the proposal above.<br>• Acamprosate is Level 0 (no payment) under GP Local Enhanced Scheme (LES) for SCGs.<br><br>NF raised concerns around extended courses in GP surgeries.<br>The SCG recommends blood tests however no specific tests are required according to manufacturer documents.<br>NW reports in Milton Keynes acamprosate is cross-charged back to the council. A historic request for more GP prescribing (via prescribing group) was declined.<br><br>**The retirement of SCG for acamprosate was approved.**<br>**For Beds/Luton – Move to SpIS, when prescribing support document is released (Expected at December APC).**<br>**For Milton Keynes, move from SpA to Red, with further review into individual cases to ascertain what the prescribing habits are.**<br><br>**Action TL:** Develop Optimise Rx messaging to highlight maximum advised course lengths. |
| 6 | **Minor amendments log**<br><br>Noted. |
| AOB | **Update to contact details** on Formulary application forms – ELFT and CNWL partners to supply TL with a generic email please for use on the forms.<br><br>**Jorveza – withdrawn application**<br>Previous application to assess the use of Jorveza (budesonide orodispersible) for maintenance of eosinophilic oesophagitis was withdrawn due to a NICE TA which is currently in development looking at the same.<br><br>**Rybelsus (semaglutide) – notification of reformulation of the product resulting in increased bioavailability and change to equivalent strengths of product:**<br>This is a potential medication safety risk – comms to be developed and shared widely across the system to raise awareness.<br>Estimated 2600 patients mostly in central beds are affected.<br><br>**Action TL**: Develop urgent Optimise Rx messaging.<br><br>Post meeting update – communications circulated:<br><br>Dear colleagues<br><br>Whilst this may be a duplication of e-mails, we wanted to ensure you were all aware of the communication below regarding Rybelsus tablets. |

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| | **Document**<br><br>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:<br><br>**Initial formulation (one oval tablet)** / **Bioequivalent** / **New formulation (one round tablet)**<br>**3 mg (starting dose)** = **1.5 mg (starting dose)**<br>**7 mg (maintenance dose)** = **4 mg (maintenance dose)**<br>**14 mg (maintenance dose)** = **9 mg (maintenance dose)**<br><br>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.<br><br>Your support in ensuring your patients are aware of the change and the bioequivalence is appreciated. Please share this information directly(*using the link provided*) with all persons on repeat for Rybelsus - https://www.medicines.org.uk/emc/rmm/105214/Document<br><br>Remember when making the switch advise the patient to finish any of their current tablets before ordering the new tablets in the new formulation. |
| | Meeting dates for 2025 are available on BLMK ICB Website – Formulary Page<br><br>https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/<br><br>**Meeting closed at 14:07pm.** |

Chair Signature: EBGarrett
Date: