BEDFORDSHIRE, LUTON AND MILTON KEYNES AREA PRESCRIBING COMMITTEE

Final Meeting Notes

Date: 04 March 2026
Time: 12.30- 3.00pm
Venue: Microsoft Teams

Attendees:

Name	Initial	Role
Dr Muhammad Nisar	MN	Chair (Medical Representative, Bedfordshire Hospitals NHS Trust)
Mojisola Adebajo	MA	Medicines Optimisation Lead Pharmacist, BLMK ICB
Nicola Ainsworth	NA	Consultant in Public Health
Reginald Akaruese	RA	CNWL Pharmacy Representative (Community and Mental Health Services Milton Keynes)
Pritesh Bodalia (until 13:36)	PB	Bedfordshire Hospitals Trust Pharmacy Representative (Chief Pharmacist, Bedfordshire Hospitals Trust)
Dr Marian Chan	MC	Medical Representative, Bedfordshire Hospitals NHS Trust
Matt Davies	MD	Head of Medicines Optimisation, BLMK ICB (deputising for Fiona Garnett)
Dupe Fagbenro	DF	ELFT Pharmacy Representative (Deputy Chief Pharmacist (Luton and Bedfordshire), ELFT)
Anne Graeff	AG	Commissioning Lead Pharmacist, BLMK ICB (Professional Secretary) / Chair of Wound Care Group
Cheryl Green	CG	Patient Representative
Emma Hooton	EH	Practice Pharmacist Representative (Independent Prescriber)
Carole Jellicoe	CJ	Nurse Representative (Independent Prescriber)
Faisal Khan	FK	Milton Keynes Hospital Pharmacy Representative (Medicines Use & Quality Manager, Milton Keynes Hospital)
Dr Kate Randall	KR	Place Based Lead GP – Central Bedfordshire
Dr Maggie Winter	MW	Place Based Lead GP – Milton Keynes
Dr Jenny Wilson	JW	Place Based Lead GP - Bedford
Dona Wingfield (until 14:13)	DW	Chair of Medicines Safety Group / Bedfordshire Hospitals Trust Pharmacy Representative (Medicines Use and Quality Manager, BHFT)

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

In attendance:		
Samina Hassanali	SH	Medicines Optimisation Pharmacist, BLMK ICB
Alex Hill	AH	Community pharmacy representative / Formulary Subgroup member
Qiratulain Khan	QK	Bedfordshire Hospitals Trust Pharmacy Representative
Taiya Large	TL	Formulary and Medicines Safety Pharmacist, BLMK ICB
Helen McGowan (from 13:15)	HM	Medicines Optimisation Pharmacist, BLMK ICB
Sandra McGroarty	SM	Commissioning Pharmacist, BLMK ICB
Joy Mooring	JMo	Primary Care Specialist Pharmacy Technician, BLMK ICB / Formulary Subgroup member
Dr Joy Mutitika (from 12:37)	JM	Medical Representative, Keech Hospice
Kike Pinheiro (from 12:40)	KP	Representative, Willen Hospice
Nikki Woodhall	NW	Lead Medicines Optimisation Technician, BLMK ICB
Rachel Cox (observer)	RC	Bedford Hospital site lead, Bedfordshire Hospitals Trust
Chrissie Edley (for agenda item 5.3)	CE	Pelvic Health Physiotherapy Clinical lead Milton Keynes and Perinatal Pelvic Health Physiotherapy Clinical Physiotherapy Lead BLMK
Portia Jackson (for agenda item 5.10)	PJ	Lead Pharmacist iCaSH, Cambridge Community Services
Aarti Shah (for agenda items 5.1 and 5.4)	AS	Medicines Optimisation Pharmacist, BLMK ICB

Apologies:		
Dorothy Aladejobi	DA	Pharmacist Representative, NHS Northampton Hospital Foundation Trust Secure Services
Rafal Ali	RA	Commissioning Pharmacist, BLMK ICB
Fiona Garnett	FG	Associate Director: Pharmacy and Medicines optimisation, BLMK ICB
Dr Dush Mital	DM	Medical Representative, Milton Keynes Hospital
Dr Mitan Sarkar	MS	Place Based Lead GP - Luton
Helen Smith	HS	Milton Keynes Hospital Pharmacy Representative (Chief Pharmacist, Milton Keynes Hospital)

No	Agenda Item	Action
1.	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the meeting. Apologies were received and noted as above. The meeting was confirmed as quorate.	
2.	**Declarations of Interest** The Chair invited the members to reconfirm their current declarations on the Register of Interests and advise of any new declarations. All members confirmed their declarations were accurate and up to date. The Chair invited members to declare any declarations relating to matters on the agenda. All members confirmed they have no declarations in relation to matters on the agenda.	
3.	**Minutes of 03 December 2025 APC meeting** The minutes of the meeting held on 03 December 2025 were approved. **Minutes of the 11 November 2025 Formulary Subgroup meeting** The minutes of the meeting held on 11 November 2025 were approved.	
4.	**Matters Arising** The Chair recognised that this will be the final meeting of the BLMK Area Prescribing Committee and thanked all members for their commitment and contributions to the Committee. The Professional Secretary advised that work is currently being done towards forming a Central East Area Prescribing Committee and that documents are hoped to be available soon for consultations on the proposals for the new committee. The Committee noted that this is a combined meeting of the Area Prescribing Committee and the Formulary Subgroup, and that this is reflected in the agenda items for consideration.	
4.1	**Feedback on miscellaneous actions not included on the agenda from APC meetings**	
4.1.1	**Pylera for the treatment of H. Pylori**: support / guidance document to be produced by specialist to clarify place of Pylera in the treatment pathway for H Pylori; GP education session to be organised. This has not progressed and therefore Pylera remains SpA on formularies until guidance developed and agreed. This is an ongoing action.	SH/DW/ QK
4.1.2	**Dry Eye Guideline:** identification of preferred products for prescribing in primary care, to enable updating of OptimiseRx messages. This work is in progress to identify the preferred products for prescribing in primary care and is on the ORx worklist. It was proposed and agreed that this action could be closed.	Close

No	Agenda Item	Action
4.1.3	**Chronic heart failure:** prescribing guidance will be produced to aid primary care teams prescribing for heart failure patients. This has been deferred for development and further discussion around implementation of the NICE heart failure guidance via Central East processes. It was proposed and agreed that this action could be closed.	Close
4.1.4	**Baloxavir for seasonal influenza**: addition to formularies as Amber SpA– added to both formularies as discussed and agreed at the December meeting (with restrictions as agreed at that meeting). It was proposed and agreed that this action could be closed.	Close
4.2	**Feedback on miscellaneous actions not included on the agenda from Formulary Subgroup meetings**	
4.2.1	**Bupropion for treatment resistant depression** – additional guidance to support a formulary change to Amber SpIS has been delayed; bupropion, for this indication, has reverted to Red on the formularies pending the submission of a relevant support document. It was proposed and agreed that this item could be closed but it will be reopened if the guidance is submitted for consideration.	Close
4.2.2	**Desmomelt to be removed from CNWL formulary** – it was recommended during the review of desmopressin products that desmomelt should not be prescribed as there are other cheaper, suitable products available. It was identified that Desmomelt appeared in the CNWL nocturnal enuresis guidance and needed to be removed. This has now been updated, and the action was agreed to be closed.	Close
4.2.3	**Compleat products (enteral feeds)** – it has been confirmed that there are no contractual restrictions to prevent the prescribing of Compleat within BLMK and these products have therefore been added to the formularies. It was proposed and agreed that this action could be closed.	Close
4.2.4	**Dexamethasone soluble for croup** – message requested to promote rationale use for this indication, via Optimise Rx team, however due to multiple uses it is not possible to add “acute use / 2 tablets only” to the messages. The Committee discussed that an alternative is to add information to the SystmOne formulary for croup, to advise on dose / quantities to be prescribed. Appropriate wording to be agreed outside of the meeting.	TL/JMo
4.3	**Formulary minor amendments log** The Committee noted the log of minor amendments made to the formularies since the last Formulary Subgroup meeting (standing agenda item for the Formulary Subgroup).	
5.	**Items for consideration at meeting**	
5.1	**Amiodarone shared care guideline (SCG)** The Committee considered an updated version of the amiodarone SCG, which was originally presented to Formulary Subgroup for consideration in November 2025. The subgroup was generally in agreement with the proposed SCG, however additional clarification was requested regarding magnesium and T3/T4 monitoring requirements. These amendments were made, and the document	

No	Agenda Item	Action
	recirculated for comment, following which additional amendments / updates were made in response to feedback received. Changes included updating links and ensuring different sections containing monitoring requirements are consistent with each other. This SCG aims to ensure alignment across the system and provide additional guidance and support for primary care clinicians involved in the ongoing management of patients prescribed amiodarone. It will replace the existing SCG in Bedfordshire and Luton, and will be a new document in Milton Keynes. The introduction of shared care within Milton Keynes will require a change to the formulary traffic light status from SpIS (Specialist initiation and stabilisation) to Amber SCG (Specialist initiation and stabilisation followed by GP continuation in line with an agreed shared care guideline). The document is based upon the national amiodarone SCG and utilises the agreed BLMK shared care guideline template. The following additional points were raised at the meeting: • Page 6 of the document refers to crushing of the tablets being unlicensed, and it was suggested that this should state 'off-label' instead. (*Post meeting note* – it was checking and confirmed that crushing the tablets would make this unlicensed use and therefore the wording was not changed). • Page 9 refers to urgent referral to hospital for second- or third-degree heart block – additional information was requested to clarify how this should be facilitated. Wording to be added to state that emergency admission is required. **Decision**: The amiodarone shared care guideline was approved subject to above amendments. **EQIA Assessment:** N/A – procedural document	AS AS
5.2	**Denosumab prescribing support document** It was agreed at July 2025 APC meeting that the existing BLMK shared care guideline could be retired and replaced with a prescribing support document. It was noted that the document relates to the use of denosumab 60mg only for the management of osteoporosis. Denosumab 120mg is indicated for prevention of skeletal related events in patients with bone metastases and treatment of giant cell tumour of the bone; use of the 120mg strength is restricted to specialists and is RED on the formularies. The prescribing support document aims to provide primary care clinicians with a resource that outlines the relevant clinical information, and explains what the primary care clinician needs to do regarding monitoring, counselling etc. The Committee noted that denosumab biosimilars are now available and the acute trusts have been allocated a biosimilar brand via national contracting processes (NB: these are different for the two BLMK trusts). A variety of biosimilar brands have been approved for use in the UK, in addition to the 2 allocated to the trusts and an	

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	options paper is currently being finalised to review choices for primary care. The clinical efficacy, safety profile and immunogenicity of denosumab 60mg biosimilars and Prolia, the reference product, are similar. The Committee also discussed the following points: • Payments to primary care for administration of denosumab will remain unchanged; the payments are part of the 'administration' section of the Primary Care Framework and not linked to denosumab being designated as a shared care medicine. • Patients also have a responsibility to ensure that they have their blood tests, and receive their dose of denosumab, in a timely manner. It was agreed that some text should be added to the document to highlight this. • Patients need to be given clear information to explain the change from Prolia to biosimilar, to assuage any concerns that the patient may have. **Decision**: The denosumab prescribing support document was approved with the addition of information around patient responsibilities. **EQIA Assessment:** No impact anticipated - primary care clinicians will continue to take over prescribing and monitoring in the primary care setting for eligible patients.	SM
5.3	**Vaginal stress incontinence devices formulary application** The Committee considered a proposal to change the formulary status of the stress incontinence devices (Diveen, Efemia and Contiform) from DNP and make them available to patients on a restricted basis. Stress incontinence devices were reviewed as part of an overall review of medical devices undertaken in 2023 which was approved at the July 2023 APC meeting. Current local recommendations are in accordance with the PrescQIPP PROP-List (Products to Review for Optimised Prescribing) published in 2021. Proposal for formulary inclusion (key points): • Indication: Women ≥18yrs with stress urinary incontinence (SUI) which is predominantly exercise related and not managed by supervised pelvic floor exercises alone. • To be prescribed via Pelvic Health Physiotherapy (specialist assessment, to include sizing). • In line with NG210 (2021): Trial only if non-surgical options unsuccessful. • Drivers: >1yr surgical waits; RCOG 2022/2024 guidance; support while awaiting surgery or when surgery unsuitable. • Alternative to pad use and invasive procedures (bulking 50–70% success; colposuspension invasive). • Prevalence: SUI affects ~1 in 3 women; 70% improve with pelvic floor training (first line) • Use: Worn during high abdominal pressure activities (exercise, cough, lifting)	

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	• Safety: Low risk; avoid in pregnancy, infection, severe prolapse, active malignancy, <3/12 postnatal. • Follow-up: Specialist clinic fitting + 6-month PIFU; GP informed of suitability and contraindications • Cost: Current BLMK spend ~£1,000 vs ~£8,000 per year in high-spend ICBs; potential savings via reduced pads, outpatient appointments, and surgery. • System benefit: Keeps care in community, supports exercise/weight loss, reduces surgical demand The following additional points were discussed: • Milton Keynes has the highest waiting list in the country for managing women's health conditions, including continence support. • Stress incontinence affects quality of life and ability to exercise, which then has wider effects on health e.g. weight management / BMI. • Pelvic floor exercises are supervised for a minimum of 3 months. • The number of primary care clinicians who can fit intravaginal devices e.g. ring pessaries is diminishing. Services are available via specialist women's health hubs, which can fit ring pessaries, and issues such as this are being discussed and addressed by the ICB women's health stakeholder group. • The Primary Care Women's Health Society is supportive of the use of the devices in appropriate patients. • The proposal is that the devices should be provided via Bullens appliance prescription service, and only supplied by specialist physiotherapists or consultants. Additional work may be required outside of the meeting to add the option of supply via the appliance prescription service. • Patients would get ongoing support from the specialist who would fit the device and follow up for a minimum of 6 months under PIFU. **Decision**: The Committee approved the addition of intravaginal stress incontinence devices to the formularies, restricted to patients who have not responded adequately to supervised pelvic floor exercises. To be prescribed by specialist pelvic health physiotherapists, and consultants, only (red traffic light status). **EQIA Assessment:** Positive impact on the relevant population if approved **BLMK ICB E and D Lead comment:** Not available	
5.4	**Anticoagulant guidelines** The Committee considered updated guidelines for oral anticoagulation for patients with non-valvular atrial fibrillation (AF) to prevent stroke in adults. The updated guideline supports standardised, high-quality care across BLMK, in alignment with national best practice.	

No	Agenda Item	Action
	Key Updates include: • Referral pathways: Clear criteria for when to refer to the anticoagulation clinic, renal impairment, extremes of weight, bleeding risk, recent VTE and drug interactions. • Updated resources: Refreshed links to CHA_2DS_2-VASc, ORBIT, Cockcroft-Gault calculators, SPCs, NHS DOAC commissioning guidance, BLMK formulary, SPS interaction guidance, Ardens templates. • DOAC choice and formulary: First-line: generic apixaban or rivaroxaban; second-line: edoxaban; third-line: dabigatran. Clear guidance for borderline renal function, age and weight; improved clarity on when to avoid DOACs. • Streamlined structure: One-page summary plus detailed sections on investigations, dosing, contraindications, monitoring, and switching. • Enhanced clinical guidance: Risk stratification (CHA_2DS_2-VASc), bleeding risk (ORBIT), baseline tests, dose selection, renal monitoring frequency, switching table, and warfarin TTR review. • Evidence-aligned: Updated to reflect NICE NG196, SPC dosing guidance, International Society on Thrombosis and Haemostasis (ISTH) recommendations for obesity, UKCPA/SPS monitoring standards, with BLMK-specific pathway adaptations. The Committee noted the following additional points: • The most clinically appropriate and cost-effective anticoagulant options have been recommended in line with BLMK formulary priorities. • DOACs remain the preferred first-line anticoagulants, where clinically appropriate, due to their efficacy, safety profile, and reduced monitoring burden compared with warfarin. • Guidance reinforces the use of CHA_2DS_2-VASc for stroke risk assessment and ORBIT to identify modifiable bleeding risks, supporting safe and consistent anticoagulation decisions. • Baseline investigations, renal function checks (via Cockcroft-Gault), dosing adjustments, and monitoring schedules have been clearly standardised to reduce variation in practice. • Switching guidance and practical considerations—such as swallowing difficulties, feeding tubes, and borderline dosing—are included to support individualized prescribing. • No change in formulary status for any DOAC or warfarin within this guidance; however, preferred DOAC choices (apixaban and rivaroxaban) are clearly positioned to ensure consistent, evidence-based prescribing across BLMK. • A minor point was raised to highlight that the brand name Eliquis is used on p11, rather than the generic name – to be updated to apixaban, in line with the rest of the document. **Decision**: The Committee approved the anticoagulant guidelines, with above minor amendment.	AS

No	Agenda Item	Action
	EQIA Assessment: The document has been reviewed with regard to Equality, Inclusion and Human Rights and no issues have been identified. **BLMK ICB E and D Lead comment:** not available	
5.5	**Touejo formulary amendment** There is an existing agreed policy for the use of Toujeo, high strength basal insulin glargine (300 units/ml), in BLMK. This is a locally amended version of the East of England Priorities Advisory Committee guidance on the use of Toujeo. Toujeo has a more stable profile, more predictable patient response and a prolonged duration of action (up to 36 hours) which should be prescribed by brand only. Its place of therapy is as follows: • Severe insulin resistance with large daily insulin dose requirements (≥3 units/kg/day). • Requirement for ultralong acting basal insulin (e.g. persons who work night shifts and cannot give insulin at the same time every day). • Option for those prescribed Levemir which is being discontinued, in accordance with national guidance. The proposal is that the formulary designation should remain Amber SpA, but that the group of people who can initiate or recommend should be widened. It is suitable for initiation in primary care on advice and guidance from specialist diabetes team or health care professional with expertise in insulin management. Specialists to include clinical pharmacists, practice nurses and GPs with expertise and skills in insulin management. Appropriate wording to be added to the formularies to clarify who is eligible to initiate/recommend use of Toujeo. **Decision**: The Committee approved the extended definition of specialist, and therefore the group of prescribers eligible to initiate/recommend initiation of Toujeo. It was confirmed that there is no change to the currently approved PAC/local guidance intended in terms of clinical cohorts. **EQIA Assessment:** the decision has been reviewed with regard to Equality, Inclusion and Human Rights and no issues have been identified. **BLMK ICB E and D Lead comment:** N/A	TL/MA
5.6	**Hydroxychloroquine shared care guideline** The Committee discussed a merged and updated shared care guideline (SCG) for hydroxychloroquine, which aligns existing Bedfordshire / Luton and Milton Keynes SCGs, and the available national shared care guideline template. Hydroxychloroquine is not licensed for all the indications it is used to treat, but use is well established. It is used for a range of conditions across rheumatology, dermatology, respiratory and renal medicine.	

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	There is no routine blood test monitoring required for hydroxychloroquine, however retinal screening is required after 1 or 5 years (depending on individual patient risk factors) due to the risk of retinopathy developing. Prevalence in long-term users appears to be around 7.5% from international data, depending on dose and duration, and can increase to 20-50% after 20 years of therapy, however the Committee noted that UK data indicates that the prevalence is only about 0.7%. The only intervention to prevent further damage is stopping the medicine. The arrangements for screening differ at local trusts: in Milton Keynes, the trust clinical team will refer to ophthalmology after 1 or 5 years (according to individual patient risk factors), whereas at Bedfordshire Hospitals, patients may be under PIFU, and practices may also need to refer patients to ophthalmology. Responsibility for referring patients to ophthalmology has therefore been added to both secondary care and primary care responsibilities. It was highlighted that reference to 'unlicensed' use on p4 of the document should be changed to 'off-label' and that the specialist contact details need to be updated. Trusts to provide relevant contact details to allow this section to be updated. **Decision**: The hydroxychloroquine shared care guideline was approved, subject to the minor amendments outlined above. **EQIA Assessment:** N/A – procedural document	SH/QK/ FK
5.7	**Primary care Antimicrobial Prescribing guidelines** A full review and update of the existing BLMK primary care antimicrobial prescribing guidelines has been undertaken as part of an annual review process. Updates are based on national guidance, primarily the UKHSA guidance on antimicrobial prescribing in primary care. The following changes have been made: • Influenza: removal of information regarding CAS alert. • Acute otitis externa: addition of Flumetasone / Clioquinol per NICE CKS update (note: this is already on the BLMK formularies as green). • Community acquired pneumonia: amendments as per NICE update September 25. Duration of treatment for non-severe CAP in children age 3m-11yrs = 3 days. • Oral candidiasis: update to Fluconazole dosing as per NICE CKS update. • Gonorrhoea: update to alternative treatments to 1st line as per BASHH guideline 2025. • Dermatophyte infections (nail): updated text for MK practices on when to send nail clippings. This is due to MK being part of the Oxfordshire pathology network & regional pathology network implementation of a selective testing pathway. Bedfordshire & Luton to remain as clippings can be sent for all patients, in the interim. • Shingles: updated wording around when to consider when to prescribe antivirals, as per NICE CKS.	

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	It was noted that changes in BASHH recommendations in relation to treatment of scabies, and the relative positioning of ivermectin in the treatment pathway, are not reflected in the BLMK guidance update – this will be considered for Central East following the merger of the ICBs. **Decision**: The updated antimicrobial guidelines were approved. **EQIA Assessment:** No differential impact anticipated – recommendations in accordance with national guidelines **BLMK ICB E and D Lead comment:** N/A	
5.8	**Dry Eye guidance** The Committee considered an update to the existing prescribing guidelines for the management of dry eye syndrome at the previous meeting in December. Since then, some additional comments have been received from specialists and proposed amendments are as follows: • Sodium hyaluronate 0.1%: Potential to remove and only retain carbomer and carmellose for moderate dry eyes. • Dual preparation sodium hyaluronate and trehalose before trial with triple preparation sodium hyaluronate, trehalose and d-panthenol • VisuXL preparations contain Coenzyme Q10 which is required for healing with corneal staining i.e. retain • Merge evaporative eye and meibomian gland disease; Amend evaporative eye wording to state "evaporative eye secondary to meibomian gland dysfunction". • Add wording to keratitis to state, "Dry eye secondary to keratitis". • Addition of drops for initiation by the specialist: ○ Allergy and dry eye: Xailin Ectoine eye drops (sodium hyaluronate 0.1%/ectoine 2% eye drops P/F) (new product in the guidance) • Retain Evolve Revive on the formularies as SpA. **Decision**: The Committee approved the updated dry eye guidance. **EQIA Assessment:** Positive impact anticipated, as the guidance will help reduce health inequalities and ensure consistent access to effective treatments across BLMK; dry eye syndrome is more prevalent in older adults and women. **BLMK ICB E and D Lead comment:** none available	
5.9	**Relugolix CT (Ryeqo) Prescribing Support Document** The Committee considered a prescribing support document for Relugolix CT (relugolix–estradiol–norethisterone acetate (Ryeqo®)) which has been developed to support primary care clinicians prescribing this treatment. NICE has recommended the use of relugolix CT as an option, within its marketing authorisation for treating the following conditions:	

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	• Moderate to severe symptoms of uterine fibroids in adults of reproductive age (NICE TA832). • Symptoms of endometriosis in adults of reproductive age who have had medical or surgical treatment for endometriosis (NICE TA1057). An Amber SpIS traffic light was agreed at previous meetings, and the document recommends prescribing by specialists for a minimum of 3 months. Some feedback from primary care was received to express the opinion that this should be a specialist only (red) medicine, however the NICE TA guidance indicates that it is considered suitable for initiation by specialists followed by continuation in primary care. Following additional feedback received, the following changes to the document were tabled at the meeting: • Stopping treatment – how to determine if patient enters the menopause, as many patients have amenorrhoea? Proposed additional text: – Take into account symptoms and family history for age of menopause when considering stopping treatment, taking a similar approach to the review of progesterone only contraception in the perimenopause. Treatment can be recommenced if symptoms recur. • Proposed to add to primary care responsibilities: – Monitor for relevant changes in patient history, such as migraines with aura or unprovoked VTE in a family member. See also cautions and contraindications. • Under cautions: – Change in menstrual bleeding pattern. Seek advice and guidance if there are concerns about the pattern or extent of bleeding. **Decision**: The relugolix CT prescribing support document was approved, with the additional text tabled at the meeting. **EQIA Assessment:** the document has been reviewed with regard to Equality, Inclusion and Human Rights and no issues have been identified. Prescribing support guidance to assist with the implementation of NICE TA832 and TA1057 only – no deviation from national guidance, as per NICE TAs. **BLMK ICB E and D Lead comment:** N/A	
5.10	**Oxybutynin MR formulary application** A formulary application was considered for the addition of oxybutynin MR tablets to the treatment pathway for the treatment of daytime and nighttime wetting in children. Oxybutynin MR tablets are currently non-formulary for all age groups, based on relative cost of different modified release anticholinergic drugs. The Committee noted the following key points:	

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	• Immediate release (IR) oxybutynin is the first line treatment but must be taken two to three times per day, which results in fluctuating peak and trough concentrations.
	• IR oxybutynin tablets are less well tolerated than MR tablets by children who are susceptible to anticholinergic side effects, affecting compliance.
	• Other alternative treatment options, e.g. tolterodine and solifenacin, are not licensed for use in children; there is less evidence of efficacy and the SPCs do not recommend use in children (although there are doses in the BNFc).
	• Practice Guidelines from the Paediatric Innovation, Education and Research (PIER) Network recommend the following treatment options:
	  ○ Stage 1: IR oxybutynin, switched to MR oxybutynin if partial success in managing symptoms (partial success includes 'working but adherence issues' or 'working but with side effects'.)
	  ○ Stage 2: consider either solifenacin or tolterodine
	  ○ Stage 3: add in mirabegron. This is usually initiated in secondary care following a complete review.
	• Anticipated benefits of including oxybutynin MR as an option are: better control of continence, fewer children experiencing anticholinergic side effects, and fewer referrals to the Urology specialists.
	• Drug Tariff price of oxybutynin MR tablets has reduced significantly over recent months.
	
	The Committee discussed the relative cost of 5mg MR and 10mg MR tablets and considered the possibility of using 2 x 5mg tablets, rather than 1 x 10mg tablet, as this would be the cheaper option. It was considered that this may affect compliance in children, and also that prices are expected to change further / level out with time, and therefore this proposal was not endorsed.
	
	Decision: The addition of oxybutynin MR tablets, for use in children with daytime or nighttime wetting was approved as green on the formularies, second line after use of IR oxybutynin. Careful wording is required on the formularies to clarify the eligible group and place in the treatment pathway.
	
	EQIA Assessment: Positive impact – additional option available on Formulary for children who are not responding well to first line options.
	
	BLMK ICB E and D Lead comment: none available
		PJ/TL

6.0	**NICE Guidance – from 20 November 2025 to 18 February 2026** **The following NICE Technology Appraisal Guidance (ICB Commissioned) have been published:**	

No	Agenda Item	Action
	• **Depemokimab for treating chronic rhinosinusitis with nasal polyps in adults (terminated appraisal)** Technology appraisal Reference number: TA1123 Published: 22 January 2026 https://www.nice.org.uk/guidance/ta1123 **Resource impact:** none – terminated appraisal **APC actions:** none – terminated appraisal • **Targeted-release budesonide for treating primary IgA nephropathy** Technology appraisal guidance Reference number: TA1128 Published: 04 February 2026 https://www.nice.org.uk/guidance/ta1128 NB: updates and replaces NICE TA937 **Resource impact:** NICE estimates that the resource impact of the updated guidance will be £204k in year 1, rising to £324k in year 3. **APC actions:** link added to formularies (RED traffic light) **The following NICE Guidelines (NG) (Medicine related and ICB Commissioned) have been published / updated by NICE:** **Overweight and obesity management** NICE guideline Reference number: NG246 Published: 14 January 2025 Last updated: 08 January 2026 https://www.nice.org.uk/guidance/ng246 This guideline covers the prevention and management of overweight, obesity and central adiposity in children, young people and adults. It brings together and updates all NICE's previous guidelines on overweight and obesity. It does not cover pregnancy. **Last reviewed:** 8 January 2026 NICE amended recommendations 1.10.5, 1.10.10 and 1.10.11 and the corresponding rationale sections to clarify that height-to-weight ratios should only be used to classify the degree of central adiposity in children and young people aged 5 years and over. **APC actions:** none – changes are not medicines related. **Type 2 diabetes in adults: management** NICE guideline Reference number: NG28 Published: 02 December 2015 Last updated: 18 February 2026 https://www.nice.org.uk/guidance/ng28 This guideline covers care and management for adults (aged 18 and over) with type 2 diabetes. It focuses on education, dietary advice, managing cardiovascular risk, managing blood glucose levels, and identifying and managing long-term complications. **Last reviewed:** 18 February 2026 **February 2026:** NICE reviewed evidence on medicines for type 2 diabetes, for people with no relevant comorbidities as well as for people with common comorbidities. NICE made new and updated recommendations on metformin, SGLT-2 inhibitors, GLP-1 receptor agonists, DPP-4 inhibitors, sulfonylureas and pioglitazone. These are marked **[2026]**.	

No	Agenda Item	Action
	NICE made pragmatic changes without an evidence review to the recommendations on insulin, in the context of the withdrawal of insulin products and known insulin brand shortages. NICE have also amended other recommendations without reviewing the evidence (see guidance for details). **APC actions:** to be reviewed and considered for implementation on a Central East wide basis. **The following NICE TAs are the commissioning responsibility of NHSE and are listed for information only:** **Talquetamab for treating relapsed and refractory multiple myeloma after 3 or more treatments** Technology appraisal guidance Reference number: TA1114 Published: 03 December 2025 https://www.nice.org.uk/guidance/ta1114 **APC action:** created and link added to formularies (RED traffic light) **Glofitamab with gemcitabine and oxaliplatin for treating relapsed or refractory diffuse large B-cell lymphoma** Technology appraisal guidance Reference number: TA1113 Published: 03 December 2025 https://www.nice.org.uk/guidance/ta1113 **APC action:** link added to formularies (RED traffic light) **Vutrisiran for treating transthyretin amyloidosis with cardiomyopathy** Technology appraisal guidance Reference number: TA1115 Published: 10 December 2025 https://www.nice.org.uk/guidance/ta1115 **APC action:** none – no local use anticipated (specialist/tertiary centres only) **Obecabtagene autoleucel for treating relapsed or refractory B-cell precursor acute lymphoblastic leukaemia** Technology appraisal guidance Reference number: TA1116 Published: 11 December 2025 https://www.nice.org.uk/guidance/ta1116 **APC action**: none – no local use anticipated **Dostarlimab with platinum-containing chemotherapy for treating primary advanced or recurrent endometrial cancer with microsatellite stability or mismatch repair proficiency** Technology appraisal guidance Reference number: TA1117 Published: 16 December 2025 https://www.nice.org.uk/guidance/ta1117 **APC action:** link added to formularies (RED traffic light) **Entrectinib for treating NTRK fusion-positive solid tumours in people 12 years and over (terminated appraisal)** Technology appraisal Reference number: TA1118 Published: 07 January 2026 https://www.nice.org.uk/guidance/ta1118 **APC action:** link added to formularies (TERMINATED APPRAISAL) **Note:** This guidance updates and replaces NICE technology appraisal guidance 644 on entrectinib for treating NTRK fusion-	

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	positive solid tumours, which was available through the Cancer Drugs Fund. People already having it will be able to continue until they and their healthcare professional decide when best to stop. **Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia** Technology appraisal guidance Reference number: TA1119 Published: 07 January 2026 https://www.nice.org.uk/guidance/ta1119 **APC action:** links added to formularies (RED traffic light) **Avelumab with axitinib for untreated advanced renal cell carcinoma** Technology appraisal guidance Reference number: TA1120 Published: 08 January 2026 https://www.nice.org.uk/guidance/ta1120 (NB: replaces TA645) **APC action:** links added to formularies (RED traffic light) **Acoramidis for treating transthyretin amyloidosis with cardiomyopathy** Technology appraisal guidance Reference number: TA1121 Published: 14 January 2026 https://www.nice.org.uk/guidance/ta1121 **APC action:** none (specialist centre only) **Amivantamab with lazertinib for untreated EGFR mutation-positive advanced non-small-cell lung cancer** Technology appraisal guidance Reference number: TA1122 Published: 21 January 2026 https://www.nice.org.uk/guidance/ta1122 **APC action:** created and links added to formularies (RED traffic light) **Sirolimus for treating facial angiofibroma caused by tuberous sclerosis complex in people 6 years and over (terminated appraisal)** Technology appraisal Reference number: TA972 Published: 22 May 2024 Last updated: 27 January 2026 https://www.nice.org.uk/guidance/ta972 **APC action:** none – terminated appraisal **Concizumab for treating haemophilia A or B in people 12 years and over with factor inhibitors (terminated appraisal)** Technology appraisal Reference number: TA1124 Published: 27 January 2026 https://www.nice.org.uk/guidance/ta1124 **APC action:** none – terminated appraisal **Pembrolizumab with pemetrexed and platinum-based chemotherapy for untreated unresectable advanced malignant pleural mesothelioma (terminated appraisal)** Technology appraisal Reference number: TA1125 Published: 27 January 2026 https://www.nice.org.uk/guidance/ta1125 **APC action:** links added to formularies (RED traffic light) **Natalizumab (originator and biosimilar) for treating highly active relapsing–remitting multiple sclerosis after disease-modifying therapy** Technology appraisal guidance Reference number: TA1126 Published: 28 January 2026	

No	Agenda Item	Action
	https://www.nice.org.uk/guidance/ta1126 **APC action:** link to be added to formularies and entries updated (RED traffic light; NB: intravenous originator NOT recommended) **Nivolumab with chemotherapy for neoadjuvant treatment then alone for adjuvant treatment of resectable non-small-cell lung cancer** Technology appraisal guidance Reference number: TA1127 Published: 04 February 2026 https://www.nice.org.uk/guidance/ta1127 **APC action:** link added to formularies (RED traffic light) **Talazoparib with enzalutamide for untreated hormone-relapsed metastatic prostate cancer** Technology appraisal guidance Reference number: TA1130 Published: 11 February 2026 https://www.nice.org.uk/guidance/ta1130 **APC action:** links added to formularies (RED traffic light) **Obinutuzumab with mycophenolate mofetil for treating lupus nephritis** Technology appraisal guidance Reference number: TA1131 Published: 12 February 2026 https://www.nice.org.uk/guidance/ta1131 **APC action:** created and links added to formularies (RED traffic light) **Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy** Technology appraisal guidance Reference number: TA1129 Published: 12 February 2026 https://www.nice.org.uk/guidance/ta1129 **APC action:** links added to formularies (RED traffic light) **Ruxolitinib for treating moderate to severe chronic graft versus host disease after an allogeneic stem cell transplant in people 28 days to 17 years (terminated appraisal)** Technology appraisal Reference number: TA1132 Published: 17 February 2026 https://www.nice.org.uk/guidance/ta1132 **APC action:** links added to formularies (TERMINATED APPRAISAL) **Dupilumab for treating severe chronic rhinosinusitis with nasal polyps** Technology appraisal guidance Reference number: TA1134 Published: 18 February 2026 https://www.nice.org.uk/guidance/ta1134 **APC action:** links added to formularies (RED traffic light) **Belantamab mafodotin with pomalidomide and dexamethasone for previously treated multiple myeloma** Technology appraisal guidance Reference number: TA1133 Published: 18 February 2026 https://www.nice.org.uk/guidance/ta1133 **APC action:** created and links added to formularies (RED traffic light)	

No	Agenda Item	Action
	Cerliponase alfa for treating neuronal ceroid lipofuscinosis type 2 Highly specialised technologies guidance Reference number: HST34 Published: 18 February 2026 https://www.nice.org.uk/guidance/hst34 **APC actions:** none – not recommended	
7.	**Medicines Safety update** A Primary Care Medicines Safety Update and a Medicines Safety Group Update was presented to the committee. **Primary Care Medicines Safety Update** This update focussed on the primary care response to the MHRA Drug Safety Updates (December 2025 to February 2026) and CAS alerts (November and December 2025). In particular: **Mesalazine and idiopathic intracranial hypertension (DSU, December 2025)** Idiopathic intracranial hypertension (IIH) has been very rarely reported in patients treated with mesalazine. Following a recent review, warnings for IIH are being added to the product information for all mesalazine products. **Actions taken:** trusts have taken steps to introduce counselling for patients, provide patient information, and include in relevant newsletters. The information has also been shared in the Primary Care Bulletin. **Rybelsus® (semaglutide tablets): transition to new formulation and risk of medication error (DSU, December 2025)** There is a risk of patient harm arising through medication error during a transition period where the original and new formulation of Rybelsus® tablets, which have different stated mg doses but are bioequivalent, will both be available on the market. **Actions taken:** Discussed at MSG and place-based meetings with direct primary care correspondence and a switch letter template from the ICB; Formularies updated. **Improving Information Supplied with Gabapentinoids (Pregabalin/Gabapentin), Benzodiazepines and Z-Drugs (DSU, January 2026)** The MHRA has reviewed the warnings regarding addiction, dependence, withdrawal, and tolerance for gabapentin, pregabalin, benzodiazepines, and z-drugs. The findings (detailed in the Public Assessment Report) were that it was necessary to strengthen these warnings in the product information and on packaging to better inform healthcare professionals and patients of these known risks. **Actions taken** include the planned introduction of patient information leaflets, to be given during patient counselling, and actions to raise awareness amongst prescribers. **Isotretinoin – changes to prescribing guidance and additional risk minimisation measures (DSU, January 2026)** The Commission on Human Medicines (CHM) has endorsed changes to the risk minimisation measures for isotretinoin, following	

No	Agenda Item	Action
	a review of the impact of the measures implemented in 2023. The MHRA ask healthcare professionals to review these new measures and supporting materials and integrate them into their clinical practice. **Actions taken:** acute trusts are reviewing internal processes but currently maintain face-to-face testing for safety. **Semaglutide (Wegovy, Ozempic and Rybelsus): risk of Non-arteritic Anterior Ischemic Optic Neuropathy (NAION) (DSU, February 2026)** Non-arteritic anterior ischemic optic neuropathy (NAION), a condition that can cause sudden deterioration in vision, usually in one eye at a time, has been very rarely reported in association with semaglutide in the treatment of type 2 diabetes, weight management and cardiovascular risk reduction. Patients reporting a sudden loss of vision (including partial loss) while on semaglutide treatment should be urgently referred for ophthalmological examination. **Actions taken:** To be discussed at March MSG. Formularies have been updated. **Harm from incorrect recording of a penicillin allergy as a penicillamine allergy (CAS alert, November 2025)** This error can result in patients with known penicillin allergies being prescribed penicillin-based antibiotics, increasing the risk of a potentially fatal anaphylactic reaction. Primary and secondary care organisations must form working groups to identify and review affected patients' records and act appropriately to correct any inaccuracies, implement additional safeguards in training and processes, and work with digital system suppliers to develop technical mitigations. **Actions taken:** Trusts have taken actions to identify relevant patients, in collaboration with the ICB where relevant. The alert has been discussed at primary care place meetings and practices have been signposted to resources to support such as searches, Tall Man lettering and alerts on SystmOne. **<u>Medicines Safety Group (MSG) Update</u>** • The group noted the information in the December 2025 MHRA Safety Roundup on a review launched after concerns were raised by families and patients that current safety warnings in the patient information leaflets (PILs) for antidepressant medicines did not clearly explain certain side effects – specifically suicidal behaviours, and sexual dysfunction that may continue after the treatment is stopped. The CHM advised the MHRA on a series of updates for the communication of risks of suicidal behaviours. These are to be taken forward in the coming months and include: o updates to the PILs, to provide clarity and strengthen the wording o introduction of a patient card o introduction of an ancillary leaflet for patients	

No	Agenda Item	Action
	• Sodium valproate update: the latest Primary Care figures show compliance is low – 17.9% have ARAF or exemption in place, but fewer patients overall are being prescribed valproate. Trust representatives to raise with specialist teams as practice has slipped now that it is no longer part of the prescribing incentive scheme. • A number of medicines safety targets are proposed to be included in the 2026/27 primary care Prescribing Incentive Scheme, including reviewing Eclipse Medication Safety alerts (red RADAR alerts and DOAC dashboard), a focus on CKD prescribing and antimicrobial resistance, and quality improvement projects with a focus on anticholinergic burden, PPIs and HRT). The Committee noted the medicines safety update.	
8.	**Formulary Update**	
8.1	**Wound Management Formulary Steering Subgroup Recommendations** A report from the wound management subgroup meeting in January 2026 was presented to the Committee: • **Formulary Alignment and Development:** ○ Pharmapad Carbon has been added across all formularies to replace Clinisorb which has been discontinued. This represents a cost saving. • **Financial:** Spend is within expected limits. • **Waste Reduction in Wound Care:** The initiative to reduce dressings use and waste by District Nurses in patients' homes is shortly to be launched in South Bedfordshire but is being delayed by arrangements for printing of posters for information. • **Matters arising:** The project to onboard nursing homes in Bedfordshire and Luton onto ONPOS, so that they can order dressings via the direct procurement, has begun with onboarding sessions now taking place. The expectation was that all nursing homes would be able to order via ONPOS by the end of February, a month ahead of estimated timelines. **Decision:** The Committee ratified the recommendations of the Wound Management Steering group	
9.	**Patient Group Direction Subgroup Recommendations** The following recommendations were made by the Patient Group Direction (PGD) subgroup:	
9.1	**HCRG Care Group PGDs** The Committee was asked to ratify the recommendations made by the PGD Subgroup for the following PGDs (extension of existing PGDs to cover the period from January – March 2026; Approved via Chair's action and recorded on the Chair's action log): • Triamcinolone acetate PGD • Depo-Medrone with Lidocaine Injection PGD • Lidocaine 1% & 2% Injection PGD	

No	Agenda Item	Action
	In addition, ratification of the recommendations made by the PGD Subgroup to approve the following PGDs (for use from April 2026 onwards) was requested: • Lidocaine 1% and 2% injection PGD • Methylprednisolone Acetate 40mg/ml suspension of injection (Depo-Medrone®) PGD – note replaces previous triamcinolone PGD due to discontinuation of Adcortyl & Kenalog. • Methylprednisolone acetate with lidocaine injection (Depo-Medrone 40mg/ml with lidocaine 10mg/ml) PGD **Decision:** The Committee ratified the recommendations of the PGD subgroup.	
	British Pregnancy Advisory Service (BPAS) PGDs The following PGDs were presented for ratification, with limited clinical changes from the previous versions (note: both are based on national templates): • Levonorgestrel (emergency hormonal contraception) • Ulipristal (emergency hormonal contraception) The above PGDs were reviewed/approved via a PGD Memorandum of Understanding for all ICBs which will be part of Central East ICB from 1st April 2026. The Committee notes that BPAS has reviewed the ongoing need for PGDs in their organisation and retired 4 which are no longer required. Apart from the 2 listed above, 4 other PGDs will remain in use and are currently being updated following a recent update of the relevant national PGD templates. These will be reviewed via the MOU process once available. **Decision:** The Committee ratified the recommendations of the PGD subgroup to approve the two PGDs for emergency hormonal contraception.	
10.	**Antimicrobial Stewardship Update** The Committee was presented with an AMS update which focussed on the EoE AMR Programme board, which took place for BLMK in February 2026, and included the following: • Almost half of BLMK practices are at or below the NHSE 27% target for paediatric antibiotic prescribing, which is an improvement in the number of practices achieving this target. • National data does not seem to accurately reflect the above, and this has been escalated to NHSE. • Time was taken to celebrate the achievements of colleagues working in the BLMK IPC / AMR steering group, who have been very engaged, and to thank Public Health colleagues and GP practices across the ICS for their commitment and engagement with the workstream • It was noted that there will be significantly reduced staffing in Central East ICB for AMS and IPC, and there will be no dedicated AMS role.	

No	Agenda Item	Action
	The Committee noted the antimicrobial stewardship update.	
11.	**East of England Priorities Advisory Committee (EoE PAC) – items for noting/approval**	
11.1	EoE PAC Meeting Notes – September and December 2025 The Committee noted the minutes for information.	

11.2	**EoEPAC document for ratification: Recommendations on the use of growth hormone devices in children**
	The Committee was presented with an update to the previous PAC recommendations for the use of growth hormone devices in children and young people (CYP) (note: previous version ratified locally in 2018). Since 2018, there have been several changes, including:
	• Discontinuation of some somatropin products which were previously available in the UK e.g. Humatrope®. There have also been shortages of Norditropin® products, although these are resolved at the current time.
	• Changes to secondary care contract prices and/or primary care costs for somatropin products.
	• Approval by NICE of two once-weekly products for the treatment of growth disturbance caused by growth hormone deficiency in children and young people:
	  ○ NICE TA863: Somatrogon for treating growth disturbance in children and young people aged 3 years and over.
	  ○ NICE TA1066: Somapacitan for treating growth hormone deficiency in people 3 to 17 years.
	
	The document was circulated to local clinicians for comment, both during the update process and following publication of the final recommendations, but no comments were received.
	
	In order to implement the updated recommendations, the following formulary amendment is required:
	• Saizen (somatropin) products to change from SpA to RED.
	• To apply to new patients only; existing patients may continue with their current prescribing arrangements (as agreed for Norditropin products).
	
	Decision: The Committee approved the updated PAC recommendations on the use of growth hormone devices in children and young people.	

12.	**Bedfordshire, Luton and Milton Keynes Local Prescribing Committee Minutes.** The Committee noted the following minutes for information.	
12.1	Minutes of the Bedfordshire Hospitals Foundation Trust Drug and Therapeutics Committee (DTC) – June to November 2025	
12.2	Minutes of the Milton Keynes Hospital Prescribing & Medicines Governance Committee (PMGC) – November 2025 & January 2026	
12.3	Minutes of the BLMK Formulary Subgroup – September & November 2025	

No	Agenda Item	Action
12.4	Minutes of the BLMK Wound Management Formulary Steering Group – November 2025	
12.5	Minutes of the BLMK Medicines Safety Group – October 2025	
12.6	Minutes of the ELFT Medicines Management Committee – January 2026	
12.7	Minutes of the Cambridgeshire Community Services Medication Safety and Governance Group – December 2025	
12.8	Minutes of the CNWL Trustwide Medicines Optimisation Group (MOG) – December 2025	
12.9	Minutes of Circle/MSK Medicines Management Committee – none available	
13.	**Any other business** None raised	

Approval of minutes:

Chair: Dr Muhammad Nisar

Signed: 

Date: 18/05/2026