NHS
North East London

North East London Formulary & Pathways Group (FPG)
Wednesday 22nd February 2023 at 12.30pm via MS Teams

Minutes

Attended by:	
Gurvinder Rull (GR)	Chair, Consultant Clinical Pharmacology, Barts Health NHS Trust
Belinda Krishek (BK)	Director of Medicines Optimisation, NHS North East London (NEL)
Maruf Ahmed (MA)	Formulary Pharmacy Technician, Barts Health NHS Trust
Jaymi Teli (JT)	Lead Formulary & Pathways Pharmacist, Barts Health NHS Trust
Nilou Nourishad (NN)	Commissioning & Contracting Pharmacist, NHS NEL
Nicola Fox (NF)	Commissioning & Contracting Senior Pharmacy Technician, NHS NEL
Annett Blochberger (AB)	Deputy Head of Regional Specialised Commissioning – Pharmacy NHSE
Denise Baker (DB)	Medicines Optimisation Business Manager, NHS NEL (minute taker)
Anh Vu (AV)	Joint Formulary Pharmacist, NHS NEL
Louise Abrams (LA)	Clinical Pharmacologist, DTC Chair, Homerton Healthcare NHS Foundation Trust (HHFT)
Dinesh Gupta (DG)	Assistant Chief Pharmacist, Clinical Service, Barking, Havering & Redbridge University Trust (BHRUT)
Mohamed Kanji (MK)	NEL Primary Care Non-Medical Prescriber representative, NHS NEL
Tase Oputu (TS)	Lead Pharmacist, Medicines Commissioning & Pathways, Barts Health NHS Trust
Sibel Ihsan (SI)	Lead Directorate Pharmacist for Waltham Forest, North East London Foundation Trust (NELFT)
Kiran Dahele (KD)	Formulary & Governance Pharmacist, North East London Foundation Trust (NELFT)
Iola Williams (IW)	Chief Pharmacist, Homerton Healthcare NHS Foundation Trust
Natalie Whitworth (NW)	Commissioning & Contracting Pharmacist, NHS NEL
Suzanne Al-Najim (SA)	NHSEI Commissioning Pharmacist, Barts Health NHS Trust
Chinedu Ogbuefi (CO)	Interim Deputy Chief Pharmacist for London services, East London NHS Foundation Trust (ELFT)
Apologies:	
Rahil Patel (RP)	Senior Prescribing Advisor, NHS NEL
John Booth (JB)	Consultant Nephrologist, Barts Health NHS Trust
Dr Sarah Hall (SH)	Co-Chair, GP, Medicines Optimisation Lead for Tower Hamlets
In Attendance:	

Iffah Salim (IS)	CAMHS Directorate Lead/ MI Pharmacist, East London Foundation Trust (ELFT)
Beebee Meeajun (BM)	Consultant Dermatologist, BHRUT
Malvina Cunningham (MC)	Consultant Dermatologist, Barts Health NHS Trust
Linda Oparaocha (LO)	Dermatology Pharmacist, BHRUT
Lisa Boateng (LB)	Lead Specialist Antimicrobial Pharmacist, OPAT Lead, Barts Health NHS Trust
Professor Raja Rajakulasingam (RR)	Consultant in Allergy/Respiratory Medicine, Homerton Healthcare NHS Foundation Trust
Natalie Hollins (NH)	Specialist Antimicrobial Pharmacist, Barts Health NHS Trust
Cristina Suarez (CS)	Consultant in Infections Diseases and Medical Microbiology, Barts Health NHS Trust
Thippeswamy Billahalli TB)	Lead Nurse, Adult Allergy Service, Homerton Healthcare NHS Foundation Trust
Stacey Clough (SC)	Consultant in Special Care Dentistry, Barts Health NHS Trust
Zahra Shehabi (ZS)	Consultant in Special Care Dentistry, Acting Clinical Director for Dental and OMFS, Chair MCN NEL, Barts Health NHS Trust
Panna Shah (PS)	Consultant in Special Care Dentistry, Sedation Lead for INEL/ONEL, Kent Community Health NHS Foundation Trust

No.	Agenda item and minute	Action
1.	**Quoracy check**	
	It was noted that a GP representative was not in attendance. It was agreed that meeting could go ahead but if a GP decision was needed then this could be sought after the meeting.	
2.	**Welcome / Introduction and Apologies**	
	The Chair welcomed all to the meeting and apologies were noted as above.	
3.	**Declarations of interest from member and presenters**	
	The Chair reminded members and presenters of their obligation to declare any interests relating to agenda items.	
4.	**Minutes from previous meeting**	
	The minutes of the previous meeting (January 2022) were agreed subject to the following amendment: <u>Updated protocol on switch Metformin oral solution to powder for oral solution</u> - to clarify that cost savings highlighted were related to all three strengths of metformin oral solution being switched to the powder for oral solution preparations. The redacted minutes for December 2022 were approved.	**DB** - To amend January drafted minutes as requested

5.	Matters Arising	
	Review of Action Log AV provided the following updates: • Escalated doses of Adalimumab in patients with psoriasis – this action was now closed as the NEL Psoriasis pathway was included in the agenda for consideration. It was noted that stage two of the pathway which would include escalating doses, would be submitted to the group by June 2023. **Complete** • Shared Care & Transfer of Care / Guidelines & Pathways Working Groups – this action was now closed as initial meetings for the working groups had been arranged to take place during March 2023. **Complete** • Betesil Medicated Plasters – following the recent approval of this application, it was confirmed that a one- page guidance was required to support primary care prescribing; an extension for producing this guidance had been agreed and a revised deadline of April 2023 set. It was also reiterated that if Betesil plasters were to be used outside of the current licensing (for example Betesil plasters to be worn continuously for 5 days) than a further application to the group would be required • TA832 Relugolix-estradiol-norethisterone acetate (Ryego) – It was confirmed that in the interim, Ryeqo would be approved as a 'hospital only' medication. The formulary status would be updated to Amber (transfer of care) once the relevant treatment pathway and transfer of care information had been agreed across NEL. Barts Health Trust had since responded and advised that their preference would be for Ryego to remain as a 'hospital only' medication for two years whilst experience of the drug was gained. Feedback was awaited from Homerton Trust and BHRUT on their intended use of Ryego **NEL ADHD Shared Care Guideline** CO advised that due to ongoing discussions across NEL organisations, the deadline to produce a NEL ADHD shared care guideline was not going to be met and an extension of three months was subsequently requested. The new deadline date of May 2023 was agreed to enable further discussions regarding the disparity of current services across NEL. BK suggested that once drafted, the document should be referred to the Shared Care & Transfer of Care Working Group prior to submission to the FPG. **Approved extension for three months.**	**FPG Leads** - To review action log **AV/RP/JT** - To email Professor Bewley to clarify the suggestion of extended use **AV/RP** - To update the action log to reflect the change to deadline date **AV**

	FPG Working documents: Cover sheet v3/ Drug application form v2/ Declaration of Interest form Documents were approved and it was agreed to review the forms in six months. **Approved**.	- To amend wording to 'How will this be monitored?' on page 2 of the cover sheet
For Discussion - Items submitted for Approval		
6.	**NEL High-cost drugs pathway for Psoriasis**	
	Malvina Cunningham, Consultant Dermatologist at Bart Health NHS Trust and Linda Oparaocha, Dermatology Pharmacist at BHRUT were welcomed to the meeting and presented the above document that had been adapted from the existing North Central London pathway. It was confirmed that eligibility and previous systemic medications had not changed, with adalimumab remaining the preferred choice for patients. An alternative biologic was offered to patients who had contraindications, were at risk of high infections, tuberculosis or cardiovascular conditions. It was explained that the expectation was for patients to receive 1st, 2nd ,3rd line medications with 4th and 5th line being considered only in specialist centres. Clarity was requested regarding the pathway and the switching of biologics within the same class. Several concerns were raised and it was agreed that the pathway should be deferred and updated to address these issues before further consideration by the group. It was noted that a further updated version had since become available and it was agreed that this would be circulated. Once the concerns outlined by the group had been addressed, a revised version would be shared. **Outcome:** Deferred – revised version to be shared with group for approval.	**NW/MC/LO** - Include a statement explaining the switching of an alternative biologic within the same class - Add detail outlining the clinical consideration that should be given to patients with renal/liver conditions - Clarify the review process and appropriateness of reverting back/ continuing/ escalation of dose - Clarify number of doses when 80mg adalimumab prescribed - Clarify whether cost neutral/cost saving for escalated adalimumab dosing - Ascertain information regarding Homerton/BHRUT use of escalated adalimumab dosing - List the drugs in cost preference (Table 2)

7.	**NEL Treatment pathway for Inflammatory Bowel Disease in Adults**	
	NW advised that the above pathway previously approved by the group in November 2022, had been updated to include the recent NICE TA approval of Ozanimod. Minor amendments had also been made following feedback from BHRUT and these were outlined on the comments' tracker included with the submission paper. The pathway was approved subject to the minor amendments requested by the group. **Outcome:** Approved subject to amendment – final version to be shared with group.	**NW** - To add Homerton Trust contact details - To consider amending the footnote on page 1 - To amend the symbol on pathway 1 which refers to 'age more than 45' - To amend the line direction from the methotrexate box to 'Advanced therapy pathway' on IBD pathway 3
8.	**NEL High-cost drugs pathway for Atopic Dermatitis**	
	NN provided a presentation to the group outlining the production of the above pathway and confirmed that the document had been developed based on the NICE TAs, currently available to support the treatment of atopic dermatitis. Unfortunately, a specialist clinician/dermatologist was unavailable to attend the meeting. Therefore, the group requested that this item be deferred to another meeting when a specialist clinician/dermatologist would be available to support the discussions. In the meantime, concerns were raised and were to be addressed before re-submission. **Outcome:** Not Approved **-** deferred to next meeting to allow specialist clinician to be in attendance to support discussions.	**NN** - To clarify the use of higher dose 30mg upadacitinib and circumstances around escalation - To gain feedback and patient numbers from Homerton Trust
9.	**Device application: Elastomeric devices in Outpatient Parenteral Antimicrobial Therapy (OPAT)**	
	Cristina Suarez (CS), Microbiology and OPAT Consultant and Natalie Hollins (NH), Specialist Antimicrobial Pharmacist, both from Barts Health NHS Trust were welcomed to the meeting and explained the proposal for the use of the elastomeric device (pump) within the community environment allowing OPAT patients to receive the administration of intravenous antibiotics within their home for a specified period (e.g. 24 hours), depending on the drug. The devices could be provided via a homecare service or direct hospital prescription enabling devices to be dispensed via an outpatient pharmacy and delivered to patients; ancillary items would need to be supplied by the hospital with the second option. The following was highlighted:	

	• Simple to use and needle friendly for patients to use, training available • Filled by the manufacturer using a range of antibiotics that would otherwise require a four- hourly administration e.g. Penicillin. Supports first line treatment rather that the use of broad- spectrum antibiotics which could cause antimicrobial resistance • Treatment proposal was not new and was currently being used within other Trusts and had been supported for the last fifteen years for the same indications as being presented in the proposal • Financial breakdown included for St Bartholomew's OPAT service with the aim to expand the use of the device within the three ? two other OPAT services at Barts Health NHS Trust; staffing resources to be made available and finance sign off received first The following concerns were raised and discussed: • Pharmacokinetics – *NH advised that all the pumps within the proposal met the required stability 'yellow' standard which was a process to test the pump setter for a specific temperature and specific time length.* • Device failure – BHRUT experience was that the devices could sometimes fail to deliver the medication and whilst the OPAT team may be aware when an issue arises, what measures would there be in place to support patients to establish if a device had failed? – *CS advised that training to use the devices and a guide including a leaflet highlighting the problems that could be encountered was provided plus contact details for the OPAT team support; initial assessment of patients ability to use the device and alternative treatment options available when required e.g. remain in hospital* • Assurance from Baxter to provide continuity of supply of the devices – *NH advised that the only concern was regarding the pumps that had a short expiry and although they were not regularly used, an assurance had been received that all orders would only be accepted if the devices could be provided* • Homerton OPAT service and use of Baxter – *IW advised that the turnaround time was approximately 3 days, requiring refrigeration and availability of empty devices to bridge any gap. Several patients were not keen to have the device attached and therefore to trial the device with the patient prior to the use of homecare* • Funding across NEL – *It was confirmed that the OPAT teams across NEL were aware that the use of the devices could only be initiated once funding had been approved. At present, St Bartholomews site had secured funding arrangements and therefore any other site wishing to use the devices would need to obtain Chairs' action*	

	The group considered the proposal and it was highlighted that the requirement for patients/carers to speak English should be reconsidered to be more inclusive. However, it was explained that the expectation for clinicians to train and ensure patient competency could prove difficult if language barriers were identified. Therefore, some patients would continue to receive their treatment within the hospital setting. The supplementary guidance for the use of elastomeric device at Barts Health was included in the application for approval by the FPG. This document contains information on eligibility, supply and administration for the elastomeric device. It is intended to be read in conjunction with other OPAT documents. It was clarified that the OPAT Policy document that had been included with the submission papers was still in draft format and was not to be considered at the present time. The policy was to be re-submitted as an agenda item at a later date and the group requested that engagement occur across NEL to ensure that one NEL policy/pathway was produced. **Outcome:** • Approved elastomeric device for use at Barts Health NHS Trust subject to financial approval per site. Device to be supplied via Homecare or hospital outpatient pharmacy. • Approved Barts Health guidance for 'Use of elastomeric pumps for the administration of intravenous anti-infectives'.	
10.	**Protocol for Blocked PICC Lines in Adults**	
	CS and NH presented the protocol to unblock PICC lines in adult patients and explained that the document had been produced to support the identification of blocked lines and provide standardised methods for unblocking lines using pharmacological or/and non-pharmacological methods. This protocol was to be used for both inpatient and outpatient settings by trained OPAT nurses and community nurses who work closely with the OPAT teams. It was clarified that fibrinolytic agents used for unblocking PICC lines would remain as 'hospital only' drugs. If patients experience any issues at the weekend then attendance to A&E would be required for treatment. A PGD could be considered to support nurses with obtaining the drug from A&E and administering the treatment at the patients' home; currently the preferred process is for patients to attend A&E for treatment. It was confirmed that whilst Taurelock was listed as the third line fibrinolytic	**CS/NH** - To liaise with all NEL Trusts to produce an NEL document within the next six months

	agent this has currently become 1st line treatment due to supply issues with both Alteplase and Urokinase. **Outcome:** Approved protocol for Barts Health NHS Trust - with the understanding that the protocol should be reviewed to be a NEL document within the next six months.	
11.	**Drug application – ITULAZAX 12 SQ-Bet oral lyophilizate for tree pollen allergy in adults**	
	Prof Rajakulasingham (RR) and Thippeswamy Billahalli (TB) were welcomed to the meeting and presented the application for ITULAZAX to be added to the Homerton formulary. Barts Health and BHURT did not express an interest for use of this drug. It was explained that ITULAZAX was a licensed sublingual immunotherapy used for the seasonal treatment of tree (birch) pollen allergic rhinitis and/or conjunctivitis. This was to replace Oralvac which was the current unlicensed more expensive medication used by the Homerton Trust. ITULAZAX would be used for a three- year period. It was confirmed that the use of ITULAZAX would not be used to treat food allergies. The first dose of ITULAZAX would be within the specialist setting to ensure patient safety. Ongoing supply would be via the hospital with regular follow-ups from the hospital. **Outcome:** Approved **Formulary status:** Hospital only **Funding:** In-tariff drug	
12.	**Drug application – Remimazolam as a sedative for dental patients in specialist settings**	
	Dr Stacey Clough, Dr Zahra Shehabi and Dr Panna Shah, Consultants in Special Care Dentistry were welcomed to the meeting and presented the application for Remimazolam to be added to formulary which would enable patients who require sedation for planned treatment to have an alternative to general anaesthesia. It was noted that general anaesthesia is more expensive, requires theatre space, additional staffing time to support patient recovery and has a greater environmental impact. The use of Remimazolam enabled short procedures to be undertaken for patients requiring rapid recovery such as for patients with physical and cognitive disabilities. This drug is also recommended by the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD). Concerns were raised regarding storage of remimazolam and midazolam and it was confirmed that the drugs would be stored separately with additional labelling and double-checking by two members of staff before administration to patients. It was clarified that the drug would also be used in specialist dentistry service in the community as well as the hospital environment. It was agreed to amend the agenda item title which referred to primary and	**CS/ZS** - to provide an update and patient numbers within six months

	secondary care to 'Remimazolam as a sedative for dental patients in specialist settings' to provide clarity. **Outcome:** Approved for use as a sedative for dental patients in specialist settings. Not to be used by other specialties, unless as part of a clinical trial. **Formulary status:** Hospital only, unless prescribed by specialist community dental service **Funding:** In-tariff drug	
13.	**Drug application – Lurasidone for Schizophrenia**	
	Iffah Salim (IS), CAMHS Directorate Lead/Medicines Information Pharmacist at ELFT was welcomed to the meeting. IS explained that this was a request for lurasidone to be made an Amber drug in NEL to enable this to be initiated and stabilised by the specialist service before transfer to their GP for on-going prescribing. There was some confusion as to the current formulary status of lurasidone for this indication across NEL. The application stated that lurasidone is a non-formulary drug at both ELFT and NELFT. However, despite the non-formulary status, GPs in NEL have routinely been asked to take on prescribing of lurasidone following initiation of the drug by these Trusts. SI confirmed that within NELFT, use of lurasidone was approved via Chairs action and currently non-formulary with GPs being requested to continue prescribing. It was agreed to email IS to request clarification on the formulary status referred to in the submission paper. It was confirmed that the use of lurasidone did not require any special precautions to be considered or additional monitoring outside the standard antipsychotic monitoring and therefore a shared care document was not required. Annual reviews of patient medications would continue within secondary care in line with other antipsychotic medications. It was confirmed that lurasidone could be used for the treatment of schizophrenia in adults and children over 13 years and was appropriate for long term use. The following concerns were raised and clarified: • ***Interaction with other drugs that patients may need to receive upon admission to hospital and the possible risks*** – IS advised that NELFT, ELFT, and Psych liaison teams were available to advise hospital clinicians regarding any patient within their services who attends hospital. Should patients require lurasidone to be stopped in order to receive other medications that would otherwise interact, IS confirmed that lurasidone could be reinstated at the same dose within 2/3 days of stopping or should the drug be withheld for longer, titration could be required • ***Drugs supply during hospital stay and addition to formulary*** – it was confirmed that hospitals would be expected to provide lurasidone whilst the patient was treated, although ideally	**AV** - to refer agenda item to Dr Sarah Hall for her consideration as GP

	the patient would bring their own supply with them. However, upon discharge the hospital would be responsible for ensuring that the patient had sufficient supply of lurasidone or ensure that the GP continued to prescribe **Outcome**: Approved subject to consideration by Dr Sarah Hall. Post-meeting: Dr Sarah Hall confirmed approval of lurasidone. **Formulary status:** to be clarified. Post-meeting formulary status: Amber (to be initiated and stabilised by mental health services with ongoing prescribing to be continued in primary care) **Funding:** In-tariff drug ***Post-meeting correspondence*** *IS clarified that lurasidone is a formulary drug at ELFT and for their cohort of patients in Luton and Bedfordshire, GPs would continue to prescribe this after initiation by ELFT (Amber status). However, as the drug is not on formulary for local NEL places, ELFT policy states that prescribing would remain in the hospital. Lurasidone is not on NELFT's formulary. This application was to make lurasidone a formulary drug at both ELFT and NELFT and to have this as an Amber drug to enable GPs to continue prescribing following initiation by Mental Health Trusts (ELFT and NELFT).*	
NICE TA / NHSE Circulars for Ratification / Implementation		
14.	**NICE TA Ratification and Horizon Scanning**	
	NF presented the summary sheet, which was available on the MS Teams channel to gather patient numbers, establish individual Trust costs and overall total cost within NEL for the following NICE TAs: **Avatrombopag for primary chronic immune thrombocytopenia (TA853)** – *implementation date 15.03.23, Barts Health patient numbers 31 (across two strengths)* **Upadacitinib for active non-radiographic axial spondyloarthritis (TA861)** – *implementation date 03.03.23, Barts Health patient numbers 30* **Somatrogon for growth disturbance in people 3 years and over (TA863)** – *implementation date 03.03.23, Barts Health patient numbers 20* Review templates had also been provided for information to support the above NICE TAs. **Noted.**	

15.	**NICE TAs for Discussion – nil**	
16.	**NHSE Circulars**	
	The following NHSE circular was ratified: 1. SSC1938_Clinical Commissioning Policy Statement: Rituximab bio-similar for the treatment of myasthenia gravis (adults) – Update The following NHSE circulars were noted: 2. SSC2468_ Specialist Commissioning Update: NICE Appraisals that are due to be commissioned during March2023 3. SSC2471_NICE TA FAD: Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma **4.** SSC2479_Specialised Commissioning Update: NICE Appraisals that are due to be commissioned between January and April 2023	
Standing Items		
17.	**Commissioning update**	
	AB highlighted that a Covid-19 therapeutic TA had been released and advised that the commissioning responsibility would be for NEL ICB; NW had previously been notified. A pathway was to be shared at a later date. **Noted.**	
18.	**London Formulary Medicines Group (LFMG) meeting update**	
	BK shared slides which informed of the priorities that had been collated across London and highlighted that each of the 5 ICS's had identified different priorities. The two priorities for NEL were: • Standard formulary application forms across London • Respiratory pathways as opposed to standalone list of drugs The following recommendations and proposal for 2023/24 were shared: • Continue to fulfil deliverables against 22/23 LFMG workplan to include: 1. Maintenance of ophthalmology chapter 2. Maintenance of hospital only list 3. Completion and maintenance of inhaler formulary for asthma/COPD	-

	4. RightBreathe 5. Completions of MCCA and interface prescribing policy • Propose the above would take up to Q2 2023 • MOPP team could take on potentially one or two projects from list submitted depending on scale • Workshop to be held in the next 4-5 weeks to scope out and agree priorities for 2023/24 **Noted.**	
19.	**Work plan review – no update provided**	
20.	**Equality: Monitoring of usage and outcomes – nil at present**	
21.	**Items for Ratification – nil**	
Information Items (Items 22 – 25)		
26.	**AOB** **Clinical Pharmacology Observer/ Pharmacy Students –** it was agreed to allow colleagues to join future meetings for observational purposes **Shared Care & Transfer of Care Working Group (SC&TOC WG)/ Guidelines & Pathways Working Group (G&P WG)**– it was confirmed that the initial meetings had been planned and the first work area for the G&P WG would be to harmonise the guidelines within primary care.	
	Next meeting: **Wednesday 29th March at 12.30 via MS Teams –** calendar invite to be circulated.	