NHS
North East London

North East London Formulary & Pathways Group (FPG)
Wednesday 29th March 2023 at 12.30pm via MS Teams

Meeting Chair: Sarah Hall

Minutes

Attendance	Name	Initials	Designation	Organisation
Clinical Representatives				
Present	Sarah Hall	SH	GP, Medicines Optimisation Lead for Tower Hamlets (FPG Co-Chair)	NHS NEL
Present	Gurvinder Rull	GR	Consultant Clinical Pharmacology (FPG Co-Chair)	BH
Present	Vikas Kapil	VK	Consultant Clinical Pharmacology	BH
Absent	Maisarah Amran	MA	ST Clinical Pharmacology	BH
Apologies	Louise Abrams	LA	Clinical Pharmacologist, DTC Chair	HHFT
Present	John Booth	JB	Consultant Nephrologist	BH
Trusts' Pharmacy Representatives				
Present	Tase Oputu	TO	Lead Pharmacist, Medicines Commissioning & Pathways	BH
Apologies	Jaymi Teli	JT	Lead Formulary & Pathways Pharmacist	BH
Absent	Suzanne Al-Najim	SA	NHSEI Commissioning Pharmacist	BH
Present	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Present	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Present	Iola Williams	IW	Chief Pharmacist	HHFT
Absent	Chinedu Ogbuefi	CO	Interim Deputy Chief Pharmacist for London Services	ELFT
Present	Kiran Dahele	KD	Formulary & Governance Pharmacist	NELFT
Absent	Sibel Ihsan	SI	Lead Directorate Pharmacist for Waltham Forest	NELFT
NEL Medicines Optimisation Team's Representatives				
Present	Belinda Krishek	BK	Director of Medicines Optimisation	NHS NEL

Apologies	Denise Baker	DB	Medicines Optimisation Business Manager	NHS NEL
Present	Anh Vu	AV	Joint Formulary Pharmacist	NHS NEL
Present	Rahil Patel	RP	Senior Prescribing Advisor	NHS NEL
Present	Natalie Whitworth	NW	Commissioning & Contracting Pharmacist	NHS NEL
Present	Niloufar Nourishad	NN	Commissioning & Contracting Pharmacist	NHS NEL
Present	Nicola Fox	NF	Commissioning & Contracting Senior Pharmacy Technician	NHS NEL
Other Representatives				
Present	Mohammed Kanji	MK	Prescribing Advisor (Representing NEL Primary Care Non-Medical Prescribers)	NHS NEL
Present	Annett Blochberger	AB	Deputy Head of Regional Specialised Commissioning - Pharmacy	NHSE
Guests				
Present	Chris Wing Sin **(6)**	CWS	Consultant Haematologist	BHRUT
Present	Inaul Hussain **(6)**	IH	Lead Pharmacist Anticoagulation	BHRUT
Present	Rahina Kamali **(7)**	RK	Pharmacist	BHRUT
Present	James Lindsay **(8)**	JL	Consultant Gastroenterologist	BH
Present	Usha Hawker **(8)**	UH	Lead Pharmacist for Specialist Medicine	BH

North East London organisations:

- Barts Health NHS Trust (BH)
- Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
- Homerton Healthcare NHS Foundation Trust (HHFT)
- East London NHS Foundation Trust (ELFT)
- North East London NHS Foundation Trust (NELFT)
- North East London Integrated Care Board (NHS NEL)

No.	Agenda item and minute	Action
1.	**Quoracy check**	
	The meeting was quorate	
2.	**Welcome, introduction and apologies**	
	The Chair welcomed all to the meeting and apologies were noted as above. VK was welcomed as a new member of the FPG.	
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 (February 2023) were reviewed and approved.	
5.	**Matters Arising**	
	Review of Action Log The following updates were provided by RP: • North East London attention deficit hyperactivity disorder (ADHD) shared care guideline is expected in May 2023. • Action for discussion around Omnitrope commissioning policy has been deferred to June 2023. • Inclisiran guidance for NEL is expected in May 2023. • No expected timeline for high cost drug (HCD) treatment pathway for psoriasis (February 2023 FPG meeting – agenda item 6). • Information around the use of Betesil® is expected in April 2023. **North East London treatment pathway for inflammatory bowel disease in adults** This item was deferred from February 2023 FPG meeting – agenda item 7. The pathway was updated based on comments received at the previous meeting. **Outcome:** approved – decision for ratification by the NEL Integrated Medicines Optimisation Committee (IMOC).	
For discussion – items submitted for approval		
6.	**Shared care guideline (SCG) – Enoxaparin pre-filled syringes for patients within BHRUT**	
	Guests: Inaul Hussain (IH), Lead Pharmacist Anticoagulation, BHRUT Dr Chris Wing Sin (CWS), Consultant Haematologist, BHRUT **Declarations of interest:** nil declared This was a request for approval of the updated enoxaparin SCG for use within BHRUT. Enoxaparin is a low molecular weight heparin (LMWH) and is indicated for the prevention and treatment of venous (and sometimes arterial) thromboses in selected patient groups. The SCG covers licensed and unlicensed indications of enoxaparin and applies to obstetric and non-obstetric patients. The aim of the SCG is to enable continuation of enoxaparin by GPs following initiation by clinical teams at BHRUT. IH gave an overview of the information contained within the SCG including dosing, monitoring,	**All FPG members** To review the SCG and email feedback to AV within 2 weeks of the meeting date. **IH & CWS** To update the enoxaparin SCG

	management of adverse events and prescribing arrangements. The SCG also contains a request for shared care proforma in the appendix. Clinical specialties involved in the prescribing of enoxaparin (at BHRUT) have been consulted during the development of this SCG. **Key discussions:** • It was noted that the document presented at the meeting was an update to the version circulated in the agenda pack. This version was updated based on comments received from AV prior to the meeting. Members present at the meeting therefore did not have the chance to review the document in details. • There is a need to harmonise the SCG for use across NEL and other NEL areas would need to be consulted. It was acknowledged that other NEL trusts may have a different LMWH as their preferred choice and other areas already have other versions of this SCG in use. It would be challenging to have a single document that encompasses recommendations from all the trusts. It was suggested for the SCG for BHRUT to be given a 1 year expiry to provide sufficient time for a NEL-wide LMWH SCG to be developed, taking into consideration the expiry date of other areas' SCGs which would be around September/October 2023. It was suggested for the NEL-wide SCG to also include information on warfarin and DOAC bridging therapy. • Clarity on the recommendation for monitoring platelet count for those who received heparin in the previous 100 days. Latest guidance (2012) from the British Society for Haematology (BSH) only recommend platelet count 24 hours after starting heparin for post-operative patients and cardiopulmonary bypass patients, however, there was no recommendation for routine monitoring for all patients after 10-14 days. It was agreed that the SCG would be updated to reflect BSH guidance. • Queried the need for cover for osteoporosis with long term use of enoxaparin. • Discussion around GP acknowledgement of shared care – to follow recommendations by the Regional Medicines Optimisation Committee's Shared Care Working Group. • Clarity around requirement for GPs to carry out routine monitoring as listed in the SCG and additional monitoring if specified by the specialists for certain patient characteristics. **Outcome:** decision deferred to April 2023 FPG meeting. This would provide the opportunity for FPG members to review the updated SCG and provide any further feedback to the authors.	and submit to the April 2023 FPG meeting for approval as 'matters arising' item.
7.	**Harmonisation of NEL formulary – addition of Mydrane® to BHRUT formulary for mydriasis and intraocular anaesthesia during cataract surgery**	
	Guests: Rahina Kamali (RK), Pharmacist, BHRUT **Declarations of interest:** nil declared	**IW** To confirm if Mydrane® would

	This was a request for the addition of Mydrane® (lidocaine hydrochloride 10mg/mL, phenylephrine hydrochloride 3.1mg/mL, tropicamide 200mcg/mL) solution for injection to the BHRUT formulary. A full application was not required as Mydrane® is already approved on BH's formulary for the same indications. Currently, unlicensed intracameral injections of phenylephedrine and lidocaine are being administered individually for mydriasis and anaesthesia for cataract surgeries. Mydrane® is a licensed preparation and is cost-saving versus the unlicensed preparations. Estimated patient number for BHRUT is 400 and estimated cost is £2,400 for year 1, £4,800 for year 2 and £7,200 for year 3. Estimated number of patients across BHRUT and BH is 2000. It was unclear whether this drug would be applicable for HHFT as patients requiring cataract surgery would usually be referred to Moorfields. **Outcome:** approved addition of Mydrane® to BHRUT's formulary – decision for ratification by IMOC. **Funding:** in-tariff drug **Formulary status:** hospital only	be applicable for use at HHFT
8.	**Application for free of charge (FOC) scheme – upadacitinib for Crohn's disease**	
	Guests: Professor James Lindsay (JL), Consultant Gastroenterologist, BH Usha Hawker, Lead Pharmacist for Specialist Medicine, BH **Declarations of interest:** nil declared This was a request for approval of the FOC scheme for upadacitinib for the management of Crohn's disease. NICE is currently in the process of appraising upadacitinib for Crohn's disease and the technology appraisal (TA) is expected in June 2023. Upadacitinib is a JAK1 inhibitor and is a novel agent for Crohn's disease and currently the only JAK inhibitor that has reached the market for this condition. Evidence shows benefits for both clinical and endoscopic disease outcomes, as well as patient reported outcomes. The trials included refractory patients and upadacitinib demonstrated a strong steroid-sparing effect (patients were tapered from steroids during the induction phase). Upadacitinib has low immunogenicity due to being a small molecule. Upadacitinib would be indicated as a last line for patients who have failed and/or when other therapies currently approved by NICE are not suitable. **Key discussions:** • Clarity provided around dosing: induction dose is 45mg once daily for a maximum of 12 weeks. The lowest effective dose would be used during the maintenance phase, 15mg would be used for most people, however, those with significant extra-intestinal manifestations or patients who have failed multiple therapies and may benefit from the higher (30mg) maintenance dose.	

	• Clarity provided around stopping criteria: treatment would be discontinued if patients haven't achieved a clinical response and a meaningful improvement in their objective markers at the end of week 12 or those who flare despite maintenance therapy.
	• It was clarified that upadacitinib FOC scheme would also apply to BHRUT and HHFT, both trusts have received the contract from the company. The contracts for BHRUT and HHFT were not included in the agenda pack. Estimated patient numbers for year 1 were 30 patients for BH. Concerns were raised around having a cap for patients in the contract and access to treatment when patient numbers exceed the original estimated numbers. It was clarified that the company would increase the number if there were more eligible patients. It was requested for this to be confirmed in writing or have the cap removed from the contract.
	• Uncertainties around the contract:
	  ○ Number of patients listed was less than the number provided at the meeting. It was clarified that the contract has been updated but was not submitted to the FPG in time.
	  ○ The BH contract only states Royal London Hospital but the scheme would apply to the whole trust.
	  ○ Funding to stop after 60 days post-NICE TA publication date. It was clarified that this would be an accelerated TA with 30 days implementation therefore the company would provide an extra month before funding is transferred to the NHS.
	• Discussed potentially introducing inequity if approving pre-NICE. It was clarified that the upadacitinib FOC scheme is already in place at Guys' and St Thomas' NHS Foundation Trust and University College Hospital is in the process of submitting is similar application, therefore approving the scheme for NEL would potentially reduce inequity.
	• Discussed the rationale for approving a drug under the FOC scheme when NICE TA publication is imminent. It was acknowledged that there was a clinical need for this treatment and a delay of 2 months would have a significant impact on a patient's outcome (e.g. the need for life-changing surgery). It was noted that JT is in the process of harmonising the FOC guidance for NEL.
	• Homecare provision – BH pharmacy is not currently taking on new homecare scheme due to staff capacity issues. Upadacitinib would be supplied via Lloyds Outpatient Pharmacy in the interim. Homecare schemes for FOC drugs are expected to be reviewed in June 2023 with the plan for upadacitinib homecare scheme to be set up in the future.
	
	Information received post-meeting
	• *Estimated patient number for BHRUT for year 1 is 2 patients. BHRUT will only sign the FOC contract when they have a patient that require treatment.*
	• *Estimated patient number for HHFT for year 1 is 5 patients. HHFT has already signed the contract and shared with the FPG for information.*
	• *Updated contract for BH and written confirmation from the company that there would not be a cap to patient numbers received post-meeting.*	

Outcome: approved clinically for NEL – decision for ratification by IMOC.
Funding: FOC scheme. Post-NICE TA approval, this would be a high cost drug funded by the NEL Integrated Care Board (ICB).
Formulary status: hospital only

NICE TA/NHSE circulars for ratification/implementation

9. NICE TA ratification and horizon scanning

This item was presented by NF.
The TA implementation documents were provided in the agenda pack for information.

NICE TA	Implementation deadline	Patient no. (year 1)	Decision	Formulary status
Maribavir for treating refractory cytomegalovirus infection after transplant (TA860) – NHSE commissioned	18/04/2023	BH – 4 BHRUT – N/A HHFT – N/A	Agreed for local implementation – decision for ratification by IMOC	Hospital only
Eptinezumab for preventing migraine (TA871)	31/03/2023	BH – TBC BHRUT – TBC HHFT – N/A	Agreed for local implementation – decision for ratification by IMOC	Hospital only
Upadacitinib for treating moderately to severely active ulcerative colitis (TA856)	04/04/2023	BH – 50 BHRUT – TBC HHFT – TBC	Agreed for local implementation – decision for ratification by IMOC	Hospital only

10. NICE TAs for discussion - nil

11. NHSE circulars

The following NHSE circulars were agreed for local implementation – decision for ratification by IMOC:

1. SSC2303_Clinical commissioning policy: vismodegib for adults with either Gorlin syndrome or non-Gorlin syndrome related multiple basal cell carcinomas. (Adults) (210504P) [URN: 1905].
2. SSC2480_ Interim commissioning position statement: transcatheter aortic valve implantation (TAVI) and surgical aortic valve replacement (SAVR) for symptomatic, severe aortic stenosis (adults) to support elective performance.
3. SSC2841_ Commissioning policy: dialysis away from base [A06/p/a] December 2022.

	4. SSC2484_ NICE Technology Appraisal final draft guidance: nivolumab with chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer. The following NHSE circulars were noted: 1. SSC2842_ End of 2022-23 respiratory syncytial virus (RSV) season and cessation of access to palivizumab passive immunisation against RSV in at risk pre-term infants. 2. SSC2483_Vestronidase alfa mucopolysaccharidosis type VII for (infants).	
Standing items		
12.	**Commissioning update**	
	Update provided by NW: • NW is in the process of getting the 2023/24 high cost drug (HCD) contract updated and aligned for the three provider trusts (BH, BHRUT, HHFT). This is expected in the next two weeks. • NF and NW have been working on the HCD-commissioned drugs list for NEL which would be taken to IMOC for ratification. Update provided by AB and discussion: • The NHS Payment scheme 23/25 (including Annex A workbook – HCD list) will be published by April 2023 followed by the NHSE Spec comm High cost drug commissioning list later that week. There will not be any major changes in terms of drugs removed from the HCD list but a number of drugs will be added on. To note that somatropin will be classified again as a HCD (ie included in the HCD list in Annex A NHSPS). It was removed in 22/23 (ie moved into tariff) but this will be reversed in 23/24. The majority of indications for Growth Hormone is falling under ICB commissioning responsibility. • COVID-19 guideline has been published by NICE. • Remdesivir: not currently recommended by NICE. This would not be funded by Department of Health and Social Care. Free of charge stock is limited. If trusts would like to continue using this then would need to absorb the cost. It was noted that the drug is currently undergoing an appeal process, along with molnupiravir and cilgavimab. • Suggested for Blueteq forms to be completed for COVID-19 drugs if still available on the system to help with record keeping. Forms have been downloaded by NF.	
13.	**London Formulary Medicines Group (LFMG) meeting update**	
	Slides were included in the agenda pack for information. No verbal update was provided due to time limitation.	

14.	**FPG sub-working groups update**	

	1. Shared care and transfer of care working group (STWG) – update provided by AV
	• First meeting with a small number of members held at the beginning of March 2023.
	• Shared care/transfer of care documents for NEL categorised according to key therapeutic areas.
	• Agree the working structure and proposal presented at the Pharmacy Leads' meeting.
	  ○ **Core members** who would attend regular meetings and act as a link for their respective organisation.
	  ○ **Linked members** from different clinical specialties who would support with the update and development of shared care guidelines. Trusts are to nominate members.
	
	2. Guidelines and pathways working group (GPWG) – update provided by RP
	• Current GPWG consists of ICB members, there will be further update of the terms of reference around membership.
	• Documents categorised according to BNF therapeutic areas.
	• Priority key agreed: 3-6 months, 6-12 months and 12-24 months.
	• Working groups to be formed to support the review of documents.
	• Guidelines and pathways will come to the GPWG for sense check then to the FPG for approval.	

15.	**FPG workplan review – not discussed**	
16.	**Equality: monitoring of usage and outcomes – nil at present**	
17.	**Items for ratification – nil** It was clarified post-meeting that the FPG will not have the authority to ratify items. All decisions are to be made at IMOC as per current governance structure.	
Information items (18 – 21)		
18.	**NEL Sub-regional immunoglobulin assessment panel agenda – February 2023** Noted	
19.	**Local Medicines Optimisation Group (MOG) updates:** 1. BH summary of chairs actions – February 2023 2. NELFT MOG exception report – January 2023 & February 2023 3. BHRUT MOG agenda and minutes – January 2023 4. BH Cancer Drugs and Therapeutic Committee (DTC) agenda and minutes – February 2023 All noted	
20.	**NEL FPG outcome letters:** 1. Protocol for blocked PICC lines in adults for Barts Health NHS Trust 2. Elastomeric device for administration of intravenous antibiotics in Outpatient Parenteral Antimicrobial Therapy (OPAT) 3. Remimazolam as a sedative for dental patients in specialist settings	

	4. Itulazax® 12 SQ-Bet oral lyophilizate for the treatment of birch pollen allergy in adults 5. Lurasidone for the treatment of schizophrenia	
21.	**Documents approved via NEL FPG chairs actions – decision to be ratified by IMOC:** **1. North East London management of infection guidance for primary care v1.6** Update to Group A Streptococcus section **2. North East London guidance for safe fasting during Ramadan** This was adapted from various NEL Ramadan document use across NEL	
21.	**Any other business**	
	Ratification of FPG decisions by IMOC The group were informed that going forward, all decisions made by the FPG would need to be ratified by IMOC for governance. It was agreed that the FPG minutes for items approved would state 'decision for ratification by IMOC'. Members raised concerns around the delay to items being approved due to the time gap between the FPG and IMOC meetings. It was agreed that the dates for the FPG meetings would need to be adapted so that the is minimal time gap between the two meetings. It was noted that IMOC meeting dates would be changing in the future. **Proposal for NEL formulary team** BK is proposing for a formulary team to be formed across NEL with input from NEL ICB and provider trusts. BK will be meeting with BH, BHRUT and HHFT deputy/chief pharmacists to discuss proposal. Once the formulary team has been established, they would support the harmonisation of NEL formularies via the formulary working group. **Availability of oral vancomycin and oral fidaxomicin in the community** DG raised an issue regarding the limited availability of oral vancomycin and fidaxomicin in the community; these are not routinely stocked by community pharmacies. It was noted that there was already work underway to look at the commissioning for the provision of oral vancomycin and fidaxomicin by community pharmacies. **TO stepping down from FPG** The group was informed that TO would be stepping down from the FPG and this would be their last meeting before moving on to pastures new. The group thanked TO for their hard work and contributions to the FPG and wished TO good luck with their new role.	
	Next meeting: **Tuesday 25th April at 12.30 via MS Teams –** calendar invite to be circulated.	