NHS
North East London

North East London Formulary & Pathways Group (FPG)
Tuesday 10th October 2023 at 12.30pm via MS Teams

Meeting Chair: Dr Gurvinder Rull

Minutes

Attendance	Name	Initials	Designation	Organisation
Clinical Representatives				
Present	Gurvinder Rull	GR	Consultant Clinical Pharmacology (FPG Chair)	BH
Present	Narinderjit Kullar	NK	Clinical Director for Havering	NHS NEL
Present	Chloe Benn	CB	Lead Women's and Children's Consultant Pharmacist and a non-medical prescriber	BH
Absent	Mehul Mathukia	MM	Medicines Optimisation Clinical Lead for Redbridge	NHS NEL
Present	Louise Abrams	LA	Clinical Pharmacologist, DTC Chair	HHFT
Absent	John McAuley	JM	Consultant Neurologist, DTC Chair	BHRUT
Present	John Booth	JB	Consultant Nephrologist	BH
Trusts' Pharmacy Representatives				
Present	Jaymi Teli	JT	Lead Formulary & Pathways Pharmacist	BH
Present	Farrah Asghar	FA	Lead Clinical Pharmacist, Medicines Commissioning & Pathways	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
Apologies	Iola Williams	IW	Chief Pharmacist	HHFT
Present	Saima Chowdhury	SC	Principal Pharmacist for EMRS and Education & Training	HHFT
Present	Chinedu Ogbuefi	CO	Interim Deputy Chief Pharmacist for London Services	ELFT
Present	Iffah Salim	IS	CAMHS Directorate Lead, Medicines Information Pharmacist	ELFT
Absent	Kiran Dahele	KD	Formulary & Governance Pharmacist	NELFT
Present	Sibel Ihsan	SI	Lead Directorate Pharmacist for Waltham Forest	NELFT
NEL Pharmacy & Medicines Optimisation Team's Representatives				
Present	Belinda Krishek	BK	Deputy Director of Medicines Optimisation	NHS NEL

Present	Denise Baker	DB	Senior Administrative Officer, Medicines Optimisation	NHS NEL
Present	Anh Vu	AV	Joint Formulary Pharmacist	NHS NEL
Present	Ann Chan	AC	Senior Prescribing Advisor	NHS NEL
Present	Natalie Whitworth	NW	Commissioning & Contracting Pharmacist	NHS NEL
Present	Nicola Fox	NF	Commissioning & Contracting Senior Pharmacy Technician	NHS NEL
Other Representatives				
Apologies	Shilpa Shah	SS	Chief Executive Officer	NEL LPC
Present	Mohammed Kanji	MK	Prescribing Advisor (Representing NEL Primary Care Non-Medical Prescribers)	NHS NEL
Present	Yasmine Korimbux	YK	Senior Transformation Manager/Lead Medicines Optimisation Pharmacist, NICE Medicine and Prescribing Associate	NHS NEL
Present	Jiten Modha	JMo	Specialised Commissioning Senior Pharmacy Advisor	NHSE
Guests				
Present	Katti Nwosu (8)	KN	Senior Prescribing Adviser	NHS NEL
Present	Shaista Hussain (8)	SH	Interim Senior Prescribing Advisor	NHS NEL
Present	Sanjay Patel (10)	SP	Head of Medicines Optimisation, B&D lead and Primary Care Medicines value	NHS NEL

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)
- North East London Local Pharmaceutical Committee (NEL LPC)

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.	
3.	**Declarations of interest from members and presenters**	
	The Chair reminded members and presenters of their obligation to declare any interests relating to agenda items.	
4.	**Minutes**	
	The minutes of the previous meeting (September 2023) were reviewed and approved with the following minor amendments: <u>NEL ONS guidelines and Patient Resources</u> – amend to include the following wording 'List of emollient products recommended to be included into the NEL formulary as part of the approval'. <u>NICE TA912 Cipaglucosidase alfa with miglustat for late-onset Pompe disease</u> – correction to previous wording where BH were quoted as having one patient. It is not a commissioned centre, so will not be treating this cohort (RFH, UCLH and GOSH are the commissioned centres) The redacted minutes for July 2023 were agreed.	**DB** To amend minutes as per agreed wording
5.	**Matters Arising**	
	<u>Action Log</u> AV requested the following actions on the agenda log to be closed and this was agreed: **Action 202210_01, 202210_02 and 202210_03 Ranibizumab biosimilar** • Moorfields were to inform on their use of the biosimilar and provide assurance of adequate training for clinicians. A report to the FPG was to be provided informing of clinical experience, patient numbers, reasons for non-uptake of the biosimilar and any unexpected adverse effects. This information has not been received and a pan London pathway incorporating this biosimilar is now awaited **Action 202301_07 for NICE TA832 relugolix-estradiol-norethisterone acetate (Ryego)** • A treatment pathway for the management of fibroids was to be produced. However, BH have a Standard Operating Procedure (SOP) for the prescribing of Ryego which indicates hospital only whilst prescribing experienced is gained. HHFT have adopted this SOP restricting prescribing to hospital only in line with BH **Action 202302_02 NEL HCD pathway for atopic dermatitis** • Pathway has been produced and will be included on the agenda for the November FPG meeting	

	The following updates to outstanding actions were provided: **Action 202309_02 COVID-19 interim guidelines** • It was confirmed that Chairs action approval had been received for the extension of the guidance to March 2024; whilst the clinical aspects would remain the same within the document, there would be regular updates to the table outlining potential costs in Appendix 3 which would be circulated **Action 202309_04 L-ornithine L-aspartate (LOLA) for the treatment of severe hepatic encephalopathy formulary application** • LA advised that the HHFT hepatologist had indicated that they did not want the responsibility for the use of LOLA within the Trust. GR agreed to send an email to all the NEL Trusts requesting a response regarding the practicalities of its use by specialist teams **<u>NEL Inflammatory Bowel Disease pathway</u>** It was confirmed that both risankizumab and upadacitinib had been added to the pathway including the dose options which would be administered depending on individual patient presentation. It was highlighted that the lower dose would remain the preferred option due to risk factors and cost implications. A CE declared battery operated device was also now available; discussions to include both HHHT and BHRUT were to take place which would include the consideration of the device's environmental impact due to its reliance on batteries. It was confirmed that patients would be allowed to access all available appropriate therapies as the only other alternative option is surgery. It was agreed that an audit of patient numbers, costings and outcome data would be required to support approval. **Outcome: Approved (require ratification from IMOC)**	**GR** To email Acute Trusts regarding the formulary application (following update from AV) **AV** To request an audit following 12 months to include patient numbers, costings and outcome data
For discussion – items submitted for approval		
6.	**Sevikar HCT formulary status alignment (HH)**	
	Presenters: Dr Louise Abrams (LA), Clinical Pharmacologist HHFT Saima Chowdhury (SC), Principal Pharmacist for EMRS and Education & Training HHFT Declarations of interest: Nil declared GR exited MS Teams whilst this item was discussed and BK stepped in as interim Chair for this part of the meeting. It was explained to the group that this formulary application was to support a status change for HHFT from 'hospital only' to 'amber'. This would enable GPs to continue prescribing for patients who had been initiated and stabilised by	**AV** To request a review of patient adherence following the availability of Sevikar as an amber formulation; to include the suggestion of possible alternative compliance strategies

	the specialist clinician and would also harmonise the HHFT formulary status in line with BH; BHRUT had not provided feedback regarding this application. It was acknowledged that adherence was an issue for this cohort of patients due to the number of medications that would be prescribed to support treatment. The use of Sevikar HCT, a combination preparation would reduce pill burden and reduce costs for those patients who paid prescription charges. The following considerations were highlighted: • Space requirement within the dispensary robot to provide the various of strengths of Sevikar HCT • To consider alternative strategies to improve adherence for patients • To ensure that any decision would not set precedent for other combination product formulary alignment requests • Request for a formulary review to be undertaken if the desired improvement to adherence was not found • To include all strengths on the formulary • Should patients be unable to tolerate Sevikar there would be the option to revert back to previous medications • Amlodipine in the combined Sevikar preparation did not seem to cause foot swelling which is a renowned side effect experienced by patients when amlodopine was taken as an individual medication It was reiterated that this application was only being considered as this related to formulary alignment within NEL and that any new combination products would require a full application to the group. The application was approved for Sevikar HCT to be included to align the NEL formularies and whilst a specific strength would not be specified, an additional note would be added highlighting the preferred strength which would be '40mg/10mg/25mg' as tablets could be halved to enable lower strengths to be administered. **Outcome:** Agreed to support the alignment of NEL formularies (decision for ratification by IMOC) **Formulary status:** Amber	
7.	**Tirbanibulan for the treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis of the face or scalp in adults**	
	This item was deferred to the November FPG meeting.	
8.	**NEL Emollients Guidance**	

	Presenters: Katti Nwosu (KN), Senior Prescribing Advisor NELICB Shaista Hussain (SH), Interim Prescribing Advisor NELICB Declarations of interest: Nil declared KN and SH presented the 'NEL Emollients Guidance' and confirmed to the group that all stakeholders across NEL including GPs with special interest (GPsWI) in dermatology, dermatologists and dermatology service providers had been involved in the development of this first NHS NEL wide emollient guideline. The NEL PMOT Quality Innovation, Productive and Prevention (QIPP) programme team had identified the prescribing of emollients as an area where significant cost savings could be made and this was reflected in the product choices within the guidance. Whilst the document supported cost effective prescribing, the guidance enabled NEL clinicians both in secondary and primary care to consider preferred choices of emollients when initiating or changing emollient therapy for patients. This will support the aligning of dermatology products prescribing within NEL. A patient information leaflet (PIL) was also to be developed to support changes to emollient prescribing. A concern was raised regarding the prescribing of emollient bath oils particularly for paediatric patients. It was highlighted to the group that historically for some areas within NEL, bath oils had not been prescribable as certain emollients were able to be used for bathing and therefore recommended as a more cost- effective option. GR was concerned on the impact for patients if bath oils were not readily available if clinically required and requested any evidence of a patient trial regarding this. CB offered to gain feedback from BH dermatology colleagues in paediatrics. It was suggested that the guidelines be agreed in their present format and following feedback an update could be made if necessary. It was noted that the list of emollient products recommended by the guideline would be included in the NEL formulary as part of the approval. **Outcome:** Approved with the request for a 24 months review date (decision for ratification by IMOC) **Formulary status**: Green	**KN/SH** To add Acute trust logos **KN/SH** To add link between emollient guideline and dermatitis pathway **CB** To liaise with BH paediatric dermatology colleagues regarding request for bath oils to be considered for addition to the guidelines
9.	**Recommended preparations for Melatonin products for use across NEL as part of the NEL Medicines Optimisation (MO) QIPP Programme**	
	Presenters: Yasmine Korimbux (YK), Lead Pharmacist, NEL ICB	**YK** To add page numbers

	Declarations of interest: Nil declared
	
	YK explained that as part of the NEL QIPP programme, an initiative was being suggested which could enable potential cost savings to be generated, if specific cost-effective preparations for melatonin products were to be prescribed. It was confirmed that NEL mental health colleagues had provided valuable input into the decisions regarding preparation choices, cohorts of patients and specific administration of products. The NEL Local Pharmaceutical Committee (LPC) had been advised of this workstream and were supportive of the use of licenced products.
	
	Potential changes to melatonin prescribing were outlined as below:
	
	• **No prescribing** of melatonin for short-term treatment of **jet lag** in adults
	• Switch patients to **tablet** formulation.
	  o All melatonin capsules would be considered non-formulary as they were associated with significant higher costs and no clinical advantage
	• Initiate all new patients on first line branded generic: **Adaflex® Tablets (immediate release tablets [IR])** where appropriate. Cyesto® could be used as a second line option but is not available in the full range of strengths
	• If a modified release (MR) preparation was required the first line preference to be adopted:
	  o **Generic MR tablet** or **Circadian® MR tablet** (where a patient was stabilised on that preparation)
	• If a patient required a liquid preparation consider initially if **Adaflex® IR tablet can be crushed and mixed with water prior to administration**
	  o This included children who were previously using oral liquids but if appropriate as they get older could consider switch to oral solid tablet form
	• Where a liquid formulation was required, preferred **choices were Kidmel® and Ceyesto®** as they meet the excipient requirements and more cost-effective choices
	
	The group were assured that manufacturers of the above products had been contacted and confirmed that any concerns regarding stock levels were not anticipated should this initiative be agreed. Also, the manufacturers would instruct local depots to hold more stock. GP practices would be encouraged to work closely with local community pharmacies to support continued stock availability. Messages to support the recommendations would be added to the primary care clinical system, OptomiseRx, together with the availability of an implementation document and supporting resources.
		Crib version, Page 1, Recommendations section, bullet point three, amend wording to include ‘to’
		
		Page 3, Action for practices section, 2b remove errant ‘o’
		
		To consider wording regarding the use of unlicensed special liquid preparations and add reference to support use of Adaflex for PEG, amend PEG to enteral feeding tube

The following details outlining potential savings had been shared:

Current Products Prescribed In 2022-23	**Sum of Cost 2022-23**	**Proposed recommended product: Adaflex®** [1mg, 2mg, 3mg,4mg 5mg IR Tablet]	**Potential Cost-Saving (if 100% switch)**
Melatonin 1mg, 2mg, 3mg, 5mg & 10mg IR Capsules	£217,718	£88,155	£129,563
Melatonin 1mg/ml oral solution The 1mg/ml has been chosen to calculate savings as it represents the largest denominator of all liquid strengths prescribed	£461,158 with unit average cost of £0.99 Total cost of all liquids = £488,950.68	Adalfex tab unit cost £0.6 which is 39% cheaper	£179,851

It was noted that 100% switch was not be expected as not all patients would be suitable.

The following recommendations were agreed for patients newly initiated:

- Prescribers should review the use of unlicensed melatonin preparations with a view to switching patients to a cost-effective licensed alternative suitable for the individual patient
- Switching of **stable** patients prescribed Circadin® to alternative melatonin preparations was not supported by the guidance.
- Switching from unlicensed oral solutions to tablets following review would be more cost-effective
- When considering switching to review children who were initially initiated on liquid but can consider tablets as they get older
- When considering for switching, the opportunity should be used to review ongoing need for melatonin. particularly in young people approaching their 18th birthday
- Prescribers should support review of patients on melatonin higher than 10mg with view to de-prescribe as maximum dose of Melatonin is 10mg

	• Patients should be advised to report any changes in symptoms when switched to the recommended brands for the products above A clinical pathway was requested to support insomnia and YK advised that this would be submitted to the group at a later date for discussion. CB raised concern regarding the liquid formulations section which highlighted the use of an unlicensed special for PEG (enteral feeding tubes) and advised that crushed and dispersed Adaflex tablets could be used; a reference to support this was to be added. **Outcome:** Approval of melatonin switch protocol subject to minor amendments. Formulary choices summary, patient letter and community pharmacy letter approved. (decision for ratification by IMOC)	
10.	**Calcium and Vit D guidance (adults) (QIPP)**	
	Presenter: **Sanjay Patel, Head of Medicines Optimisation, B&D lead and Primary Care Medicines Value** Declarations of interest: Nil declared SP explained that as part of the NEL MO QIPP programme, the use of cost-effective calcium and vitamin D combination products in primary and secondary care had been identified to provide potential significant savings across NEL. A previously approved existing implementation protocol had been updated as a NEL document to support the safe and cost-effective prescribing of calcium and vitamin D combination preparations for adults at risk of osteoporosis. The group were advised that there was a significant cost difference between different calcium and vitamin D combination preparations. The implementation of this guidance and the initiation of the chosen products would represent a reduction in the current prescribing allowing substantial savings, reduced pill burden and reduced medicines wastage through improved patient compliance (once daily preparations). The annual spend on prescribing of calcium and vitamin D combination products was over £929k with a potential saving of over £257k if 100% switch to cost-effective choices was made. However, NEL ICB were aiming to target a 75% switch which could generate potential savings of over £193k. It was proposed that all patients who meet the criteria should be initiated/switched to a recommended calcium and vitamin D combined preparation; these included options of chewable/non-chewable tablets and granules for patients with swallowing difficulties. It was requested that the following concerns were considered: • availability of a vegetarian/vegan tablet • inclusion of another formulation of effervescent granule sachet (vegetarian/vegan)	**SP** To refer back to Trust clinicians the concerns raised by the group and update document accordingly

	• increase options for patients with allergies It was agreed to remove any reference to patients being returned to their previous brand once switched due to deterioration, as it was felt that the content of all preparations included within the guidance were equitable to any existing medication that the patient had been switched from. SP will refer the above concerns to Trust colleagues and once updated, the guidance would be considered for approval via FPG chairs' action. **Outcome:** Not approved – awaiting further update and then to be referred for approval via FPG Chairs action. **Post meeting note**: The Calcium and Vit D guidance was not updated in time for FPG Chairs action and IMOC ratification. This will now come back as FPG matters arising.	
NICE TA/NHSE circulars for approval/implementation		
11.	**NICE TA approval and horizon scanning**	
	The following updates were provided by NF: **NEL ICB commissioned:** **TA 916** Bimekizumab for treating active psoriatic arthritis (implementation date 03/11/23). Patient numbers for BH had been identified as 25 (in year cost of £76,250) however both BHRUT and HHFT were yet to provide details. **Outcome: Agreed** for local implementation (decision for ratification by IMOC) **Formulary status:** Red **NHSE commissioned:** **HST28** Birch bark extract for treating epidermolysis bullosa (no commissioned centres within NEL ICB – GOSH and GST) **Noted.**	**BHRUT/HHFT** To provide patient numbers, where relevant
12.	**NICE TAs for discussion**	
	Nil	
13.	**NHSE circulars**	
	The following NHSE circular was **noted:** • **SSC2567** Specialised Commissioning Update	

Standing items		
14.	**Commissioning update**	
	ICB update The ICB update was provided by Natalie Whitworth (NW), Commissioning & Contracting Pharmacist: The Medicines Value Group (MVG) had considered the NHSE national medicines optimisation opportunities and subsequently these had been presented to IMOC. The following six areas had been agreed for implementation within the NEL ICS: • Addressing problematic polypharmacy • Obtaining secondary care medicines in line with NHS England commercial medicines framework agreements • Using best value biologic medicines in line with NHS England commissioning recommendations • Appropriate prescribing and supply of blood glucose and ketone meters, and testing strips • Identifying patients with atrial fibrillation and using best value direct-acting oral anticoagulants • Improving valproate safety It was noted that interface issues would be discussed by the MVG and any considerations would be shared with NHSE, IMOC and the NEL ICB Finance Committee. It was agreed that a summary report would be added as a standing item to the NEL FPG agenda (15 minutes) for discussion. The Formulary Group had also been established to discuss potential e-platforms for a NEL formulary and a scoping process had commenced; three e-platforms were available for consideration: • BNF complete • Net.formulary • MOM complete systems An open request for representatives across all stakeholders to attend/provide feedback had been circulated to encourage engagement from as many users as possible; meeting dates were to be circulated shortly. **NHSE update** The NHSE update was provided by Jiten Modha (JM), Specialised Commissioning Senior Pharmacy Advisor: **Invest to save programmes:** • Teriflunomide – data awaited	**FPG team** To add MVG summary as a standing item for future FPG agendas **All** To consider attending meeting/providing feedback regarding e-platform for NEL formulary

	• Blood factors work (BH) – data to be submitted 16/10/23, subsequent reimbursement to Trust to be reinvested to service **Specialised commissioned (Spec com) drugs: financial spend/services** – a formal update would be shared when available. **Noted.**	
15.	**London Medicines & Pathway Group (LMPG) meeting update**	
	Update to be provided at the November FPG meeting.	
16.	**FPG workplan review – not discussed**	
17.	**Equality: monitoring of usage and outcomes – nil at present**	
18.	**Items for Approval - nil**	
Information items (19 – 23)		
19.	**CAS Alert and NEL ADHD shortage MEMO** **Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets** **https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103238** Iffah Salim (IS), CAMHS Directorate Lead, Medicines Information Pharmacist ELFT, outlined to the group the details of the above national alert which confirmed that 90% of ADHD preparations were either in short supply or out of stock; this was having a significant effect and added pressure on Child and Adolescent Mental Health Services (CAMHS). A MEMO had been produced which advised that new patients should not be initiated on any ADHD medications and existing patients should not be switched to alternative products unless absolutely necessary. Details of the medications that were available/not available were noted in the MEMO along with recommendations for both GPs and community pharmacies whilst this issue continued. Information leaflets had been produced for patients and schools/social care to encourage the sharing of stocked medication. It was confirmed that these resources had been approved by both ELFT and NELFT and did not require further approval from the FPG.	**YK** To share updated version of the MEMO with JT, DG and SC prior to re-submission for FPG Chairs action/IMOC ratification

	YK advised of updates that had been made to the MEMO and confirmed that ELFT/NELFT specialist services were available to support GPs with any switches/changes to medications for patients. JT advised the group that a version of the MEMO had previously been considered by GR for FPG Chairs action and ratification via IMOC Chairs action was awaited. As further updates had since been made a revised version of the MEMO was requested for consideration. Whilst the patient information leaflet stated that where possible a two-week time period should be allowed to enable medications to be sourced, a concern was raised as to how an urgent request for a patient would be considered. IS advised that due to pressures already being experienced by the specialist teams, a guarantee could not be provided that a response would be received within a specific time frame although a telephone triage system was in place. A buffer stock system was suggested to support the availability of stock levels within areas. It was requested that ELFT/NELFT logos and wording be added to the document regarding complex/high risk patients. The updated version of the MEMO was then to be shared with NEL Trust colleagues prior to submission for FPG Chairs action/IMOC ratification. **Outcome:** Not approved. Updated version of the MEMO to be submitted for FPG Chairs action (decision for ratification via IMOC Chairs action).	
20.	**Papers from committee reporting into the FPG:** 1. BH Cancer DTC Agenda and minutes – No meeting in August, September postponed to October 2. NEL Sub-Regional Immunoglobulin Assessment Panel Agenda – June minutes and July agenda **Noted.**	
21.	**Local Medicines Optimisation group updates:** 1. BH – Summary of Chairs Actions – August, September 2023 2. NELFT exception report - NIL 3. ELFT medicines committee minutes – NIL 4. BHRUT MOG agenda and minutes – NIL 5. Homerton - NIL **Noted.**	

21.	**NEL FPG Outcome Letters:** 1. Benilexa for contraception and heavy menstrual bleeding 2. LOLA for hepatic encephalopathy 3. NEL adult respiratory inhaler formulary 4. NEL HCD psoriasis pathway 5. NEL Inclisiran primary care guidance 6. NEL Primary care infection guide v1.7 7. NEL ONS primary care guideline 8. NICE TA890 Difelikefalin for pruritis in haemodialysis 9. NICE TA896 Bulevirtide for chronic hepatitis D 10. NICE TA902 Dapagliflozin for heart failure 11. NICE TA906 Rimegepant for preventing migraine 12. NICE TA907 Deucravacitinib for plaque psoriasis **September NEL FPG recommendations ratified at IMOC September 2023:** • Primary care guidance for prescribing and supplying inclisiran • Adult respiratory inhaler formulary (Duoresp correction) • Guidelines on the identification, treatment and management of malnutrition in adults, including the appropriate prescribing of oral nutritional supplements (primary care) • High cost drugs treatment pathway for psoriasis (update) • Formulary application, L-ornithine L-aspartate (LOLA) for the treatment of severe hepatic encephalopathy (unlicensed use) • Formulary application, Benilexa (levonorgestrel 20mcg/24h intrauterine delivery system) for contraception and heavy menstrual bleeding – formulary harmonisation • NICE TA902 – Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction • NICE TA906 – Rimegepant for preventing migraine (ICB commissioned high cost drug) • NICE TA907 – Deucravacitinib for treating moderate to severe plaque psoriasis (ICB commissioned high cost drug)	

	• NICE TA896 – Bulevirtide for treating chronic hepatitis D (NHSE commissioned high cost drug) *1 patient approved via Chair's action • NICE TA890 – Difelikefalin for treating pruritus in people having haemodialysis (NHSE commissioned high cost drug) *1 patient approved via Chair's action • ~~NICE TA912 – Cipaglucosidase alfa with miglustat for treating late-onset Pompe disease (NHSE commissioned high cost drug)~~ • COVID-19 interim treatment guidance • Management of infection guidance for primary care v1.7 (nitrofurantoin monitoring update) • Free of charge (FOC) medicines scheme – national policy recommendations for local systems (NHSE policy) **Noted.**	
22.	**NEL FPG Chairs Actions** **ADHD NEL shortage MEMO and supporting documents –** updated version of the MEMO to be considered (refer to agenda item 19)	
23.	**NEL FPG finalised minutes** – July 2023	
24.	**Any other business**	
	The group discussed the possibility of a meeting in December and it was agreed that a calendar invite for Tuesday the 5th December would be circulated.	**DB** To circulate a calendar invite to the group
	<u>Time & date of next FPG meeting</u> **Tuesday 7th November 2023 at 12.30 via MS Teams –** calendar invite circulated.	