NHS
North East London

North East London Formulary & Pathways Group (FPG)
Wednesday 14th December 2022 at 12.30pm via MS Teams

Minutes

Attended by:	
Gurvinder Rull (GR)	Chair, Consultant Clinical Pharmacology, Barts Health NHS Trust
Dr Sarah Hall (SH)	GP, Medicines Optimisation Lead for Tower Hamlets
Belinda Krishek (BK)	Director of Medicines Optimisation, NHS North East London (NEL)
Iola Williams (IW)	Chief Pharmacist, Homerton Healthcare NHS Trust
Kiran Dahele (KD)	Lead Directorate Pharmacist for Waltham Forest, NELFT
Iffah Salim (IS)	CAMHS Directorate Lead/ MI Pharmacist, East London Foundation Trust (ELFT)
Maruf Ahmed (MA)	Formulary Pharmacy Technician, Barts Health NHS Trust
Jaymi Teli (JT)	Lead Formulary & Pathways Pharmacist, Barts Health NHS Trust
Dr Haren Patel (HP)	GP, Clinical Lead Prescribing for City & Hackney
Dr Amit Sharma (AS)	GP, Clinical Lead Prescribing for Barking & Dagenham
Dr Maurice Sanomi (MS)	GP, Clinical Lead Prescribing for Havering
Nilou Nourishad (NN)	Commissioning & Contracting Pharmacist, NHS NEL
Rahil Patel (RP)	Senior Prescribing Advisor, NHS NEL
Nicola Fox (NF)	Commissioning & Contracting Senior Pharmacy Technician, NHS NEL
Natalie Whitworth (NW)	Commissioning & Contracting Pharmacist, NHS NEL
Suzanne Al-Najim (SA)	NHSEI Commissioning Pharmacist, Barts Health NHS Trust
Chinedu Ogbuefi (CO)	Lead Pharmacist, ELFT (Newham)
Tase Oputu (TO)	Lead Pharmacist, Medicines Commissioning & Pathways, Barts Health NHS Trust
Dr Syed Raza (SR)	GP, Clinical Lead Prescribing for Redbridge
John Booth (JB)	Consultant Nephrologist, Barts Health NHS Trust
Annett Blochberger (AB)	Deputy Head of Regional Specialised Commissioning – Pharmacy NHSE
Denise Baker (DB)	Medicines Optimisation Business Manager, NHS NEL (minute taker)
Saima Chowdhury (SC)	Principal Pharmacist for Clinical Services, Homerton Healthcare NHS Trust

Apologies:	
Anh Vu	Joint Formulary Pharmacist, NHS NEL
Louise Abrams	DTC Chair, Homerton Healthcare NHS Trust
Sibel Ihsan	Lead Directorate Pharmacist, North East London Foundation Trust (NELFT)
In Attendance:	
Christabelle Chen (CC)	Lead Respiratory Pharmacist, Barts Health NHS Trust
Paul Wright (PW)	Lead Cardiovascular Pharmacist, Barts Health NHS Trust
Dr Christopher Primus (CP)	Consultant Cardiologist, Barts Health NHS Trust
Dr Mona Waterhouse (MW)	Consultant Endocrinologist, Bart Health NHS Trust
Nilofer Patel (NP)	Interim Pharmacist for Surgery, Barts Health NHS Trust
Tatenda Kanyasa (TK)	Endocrinology Specialist Nurse, Barts Heath NHS Trust
Professor Raja Rajakulasingham (RR)	Consultant, Respiratory and Allergy, Homerton Healthcare NHS Trust
Rabbia Awan (RA)	Highly Specialist Oncology Pharmacist, Barts Health NHS Trust
Sanjay Patel (SP)	Deputy Director of Medicines Optimisation, NEL ICB
Paul Pfeffer (PP)	Respiratory Consultant, Barts Health NHS Trust
Sudeshna Patra (SUP)	Ophthalmology Consultant, Barts Health NHS Trust

No.	Agenda item and minute	Action
1.	**Quoracy check**	
	It was confirmed that 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 member and presenters**	
	Members and presenters were reminded of their obligation to declare any interests and the requirement for submissions to be electronically completed for inclusion in the Formulary & Pathways Group (FPG) register. It was requested that before any decisions made by the FPG were finalised all electronic DOIs previously requested were to be submitted and available for consideration.	
4.	**Minutes from previous meeting**	
	The minutes of the previous meeting (November) were agreed as an accurate record with the amendment to the named organisation a Barts Health NHS Trust colleague	

5.	**Redacted minutes**	
	The redacted minutes (September) were agreed.	
6.	**Matters Arising**	
	Action Log Barts Health Trust colleague provided the following updates: Review of NEL Guidelines for the Management of Type 2 Diabetes – required amendments had been made to the document and it was agreed that the finalised version would be re-circulated to members of the group. TA820 Brolucizumab for treating diabetic macular oedema – agenda item for the meeting A reminder was provided for all relevant members of the group to consider the action log available on the NEL FPG Teams channel and either complete actions or provide updates for sharing at the January NEL FPG meeting.	
Discussion Items – None		
Items submitted for Approval		
7.	**Vericiguat in Heart Failure**	
	Barts Health Trust representatives were welcomed to the meeting and presented the drug application for the novel therapeutic medication Vericiguat for patients with heart failure and reduced ejection fraction who had an established diagnosis and were under the care of specialist clinicians. The chair requested DOIs and responses noted. Although four pathways (pillars) were currently available the request was for Vericuguat to be included as a potential fifth pathway to support patients who met the set criteria. Barts Hospital was one of five tertiary centres within the country and wanted to offer this treatment to reduce future hospitalisation for identified patients; treatment would follow discussion within a multi- disciplinary team (MDT) with expected patient numbers to be one per month. Concerns were raised regarding the following: • The proposal of the NICE TA 731 which was withdrawn and the reason for this withdrawal – PW advised that the TA had been withdrawn during the Covid pandemic and the manufacturer was looking to reapply • The Victoria Study had included less than 5% of black ethnicity and ancestry and therefore Hydralazine and nitrate combination continued to be a preferred option to Vericiguat – the group were advised that whilst Hydralazine and nitrate combination were preferred for the very elderly, patients of black caribbean descent and those suffering from impaired kidney function, trials to support this treatment were before the advent of modern heart failure therapies • Prescribing experience – advised that Vericiguat was currently not included in any Trust formulary within the UK and Barts Hospital as a tertiary centre would be the first to provide it as a treatment option	

	• Transfer of Care to primary care (stated in application) – when patients were stabilised after step titration, transfer to primary care could be considered. However, if the group felt that this was not suitable, patient care could remain with specialist clinicians. It was suggested an evaluation of 6-12 months before any further consideration of primary care involvement • Identifying patients – inpatient heart failure nurses would identify patients and the specialist team would look to standardise the process across the NEL Trusts. Once known to specialist clinicians, patients would be seen at two weeks after discharge and would then be reviewed at six months by the dedicated heart failure clinics. Vericiguat would be a therapeutic adjunct to patients already being cared for It was agreed that clarity should be sought regarding the level of evidence which appeared weak, an explanation as to the TA withdrawal and clearly identify the cohort of patients that would be considered for Vericiguat. The group agreed that this medication should remain in secondary care (Red) and an established process for deprescribing of the medications due to lack of efficacy be considered. It was confirmed that chairs action would be considered for individual patients who could possibly benefit from receiving Vericiguat, following discussion at MDT meetings. The group would also recommend that a clinical trial be considered for a defined cohort of patients and include identifying a metric that could highlight the benefit of the medication and provide data for a 12- month period. **Not approved.**	
8.	**Omnitrope Biosimilar**	
	Barts Health Trust representatives were welcomed to the meeting and DOIs were requested. The group were advised that biochemical growth hormone deficiency is established in adult patients by using a dynamic test which provides a score enabling symptoms to be outlined and growth hormone to be considered as a trial. Only one growth hormone treatment pen device which is Genotropin is currently used, however this pen does not allow flexibility for different doses and is not always a user- friendly device for some patients. Therefore, the addition of Omnitrope as an option would enable patient choice and offer a device with a dialling mechanism which would support flexible dosing regimens. Concerns were raised regarding the suggestion of shared care and it was confirmed that the shared care agreement which was now out of date would be updated. The group were advised that whilst some GP practices were willing to accept shared care and prescribe for patients, the hospital would continue to prescribe, make changes to devices and put home care arrangements in place, if GP practices chose not to accept shared care. It was stated that if shared care was not generally being agreed to then a fragmented service continued for patients and it was mentioned that shared care resources within primary remained an issue. It was highlighted that national guidance was for growth hormone treatment to be offered as shared care and the preference was for GPs who were already prescribing to continue. It was stated that NICE did not mandate shared care for	

	growth hormone treatments for adults and this was the national guidance for paediatrics. It was confirmed that with regard to growth hormone treatments monitoring was continued in secondary care with only prescribing of treatments being requested from primary care. The group noted that Omnitrope had a lower cost than Genotropin. The group acknowledged that shared care was already in existence for growth hormone treatments and therefore would not form part of the decision for the request to add Omnitrope to the formulary. However, the request was made for the shared care to be updated and re-submitted to the Shared Care and Transfer of Care Working Group for discussion. It was agreed to approve the addition of Omnitrope to the formulary as a growth hormone replacement therapy for adult patients. **Approved.**	
9.&10.	**NEL Adult Asthma Guideline & NEL Chronic Obstructive Pulmonary Disease (COPD) Guideline**	
	Barts Health representatives and an NHS NEL representative were welcomed to the meeting and DOIs were requested. It was noted that all three presenters had submitted their DOIs electronically but these were yet to be available as part of the NEL FPG DOI register and would be reviewed. Barts Health Trust representative explained to the group that there had not been any update to the Barts Health use of inhalers during the last 4/5 years. Therefore, a review of asthma and COPD guidelines was required to include new indications and the new inhalers that were now available such as triple inhalers and greener inhalers ie dry powder inhalers which were recommended by NHSE. It was confirmed that the guidelines had been shared with relevant colleagues/organisations within NEL for comment and subsequently compromises and changes had been made in accordance with requests. The guidelines had been designed for easy use and provided more than one choice, should any supply issues arise. Both documents incorporated national guidance and recommendations from NHSE. **Approved.**	
11.	**NEL Respiratory Inhaler Formulary**	
	Barts Health Trust representative explained that the formulary included triple inhalers of high and low strength in MDI and DPI devices which enabled a wide choice of options enabling sufficient recommended inhalers to alleviate pressures on stock and supply. The Bevespi Aerosphere, LABA/LAMA combination MDI device, was also included as an important option as it was currently the only inhaler offering this combination in this type of device.	

	Barts Health Trust representative advised that the seven NEL boroughs had different usage of inhalers and therefore a NEL-wide Task & Finish group had been established to discuss choices. The group were advised that regular attendance would continue to the meetings of the Pan London Inhaler Formulary Group where recommendations were discussed. It was confirmed that there would not be mass switching of inhalers and brand and device prescribing had been mandated to enable usage to be tracked and the carbon footprint monitored. An exception list was also produced within the document which included non-formulary inhalers and their appropriate use. All new inhalers included in the formulary were already within an existing class of drug and cost equivalent within that class, ensuring costs remained neutral. It was confirmed that overall there was not a cost impact related to the inhaler formulary as costs for inhalers remained neutral or were in fact cost saving. NHS NEL representative highlighted that the Pan London timeline for producing guidance was running behind and therefore not aligned to the production of guidance within NEL. Any variations following the completion of the London inhaler workstream would be addressed within the NEL guidance. A programme had been planned regarding education for prescribers and clinicians which would include inhaler technique training. Gratitude was expressed on behalf of the group for the extensive work that had been undertaken in the production of the documents for agenda items 9,10 and 11. **Approved.**	
12.	**Acarizax in Allergy**	
	Homerton Trust representative was welcomed to the meeting and confirmed that a DOI had been submitted electronically although this was yet to be included in the NEL FPG register and would be reviewed. It was explained that Homerton Hospital provided a tertiary allergy service which was one of the nine accredited services within the UK and would like to include Acarizax, a sub lingual form of immunotherapy for patients who were suffering from allergic rhinitis to house dust mites. These patients could not be controlled optimally using antihistamines, Montelukast or topical creams and therefore required an alternative treatment. Previously, Oralvac which was a more expensive unlicensed product has been used but Acarizax which had recently been licensed was a more cost effective equivalent. It was confirmed that support was available for GPs who may encounter patients should there be medication issues with emails addresses and phone numbers available for support from the allergy service team: there have been no known issues in contacting support so far. It was raised that Barts Health NHS Trust tertiary allergy centre were not requesting the use of Acarizax and RR explained that allergy services tend to continue to use their existing known medications. However, this did not mean that they would not consider alternative medications in the future.	

	It was confirmed that the service was commissioned by NHSE but drug costs would be absorbed by Homerton Trust. The group agreed that Acarizax was an effective equivalent and would replace a more expensive unlicensed product. **Approved.**	
NICE TA / NHSE Circulars for Ratification / Implementation		
13.	**NICE TA Ratification and Horizon Scanning**	
	NHS NEL colleague presented the summary sheet, which has been added to MS Teams to gather patient numbers, establish individual Trust costs and overall total cost within NEL for the following NICE TAs: • TA824 Dexamethasone intravitreal implant for treating diabetic macular oedema – *24 patients within Barts Health NHS Trust; patient numbers awaited from other NEL Trusts* • TA825 Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis – *NHSE Commissioned indication so patient numbers not required* • TA828 Ozanimod for treating moderately to severely active ulcerative colitis **Noted.**	
14.	**NICE TAs for Discussion**	
	TA820 Brolucizumab for treating diabetic macular oedema (already ratified Nov 2022) It was agreed to request written confirmation from the Ophthalmology Consultant at Barts Health NHS Trust regarding the Trust's intention not to use Brolucizumab as outlined in the TA and the rationale for this decision. **Noted.**	
15.	**NHSE Circulars**	
	The following NHSE circulars were noted: • SSC2451 - Specialised Haemoglobinopathy Services - Service Specification Compliance Exercise – *submission date 2nd December 2022* • SSC2411 - Updated Reissue- Specialised Commissioning update - July to October 2022 (v4) • SSC2450 - Specialised Commissioning Update December 2022 to January 2023 **Noted.**	
Standing Items		

16.	**Commissioning update**	
	NHSE – It was explained that limited information was currently available due to the delay in delegation of specialised commissioning arrangements for 2023/24. It was explained that there is not a regional budget available at the moment. The budget is held by the national team. NHSE consultation documents would be shared during the next few weeks regarding contracts for high cost drugs. Further updates would be provided by AB when they were available. NHS NEL – the group were advised that a meeting was soon to take place with NHS NEL Chief Pharmacist and the ICB Finance team to discuss the financial arrangements to support drug expenditure within the ICB following the pandemic. The planning guidance was awaited and expected before the Christmas break. A medicines value group was also to be established during the next few months to discuss areas such as high impact medicines. **Noted.**	
17.	**London Formulary Medicines Group (LFMG) meeting update**	
	NHS NEL representative advised that the next meeting of the LFMG would follow the NEL FPG meeting and priority areas would be discussed following the recent completion of ophthalmology and the Hospital Only List (HOL) by the end of the financial year. It was requested that the group members advise of any particular area that should be prioritised for NEL. The next meeting of the Pan London Red List Working Group would take place on the 11th January with the expectation that the list would be published at the end of the financial year 2022-23. Barts Health NHS Trust representative advised that ToR for the Pan London Interface Prescribing Policy Group had been produced and would include both Trust and ICB policies. Fourteen core topics had been highlighted for inclusion in the Pan London policy and TO requested that any aspects of prescribing which would require a Pan London approach should be emailed. **Noted.**	
18.	**Work plan review – no update provided**	
19.	**Equality: Monitoring of usage and outcomes – nil at present**	
20.	**Items for Ratification**	
	<u>TOR Shared Care and Transfer of Care Working Group / TOR Guidelines and Pathways Working Group</u> The group were advised that ToRs had been prepared for both working groups and these had been circulated for comment. Subsequently, section six of the documents covering the Roles of Members had been added which outlined the roles of group members and the objectives aligned to these roles. **Approved.**	

Information Items (Items 21 – 26)		
22.	**Local Medicines Optimisation Group Updates – Barts Health Summary of Chairs Actions** Barts Health Trust representative confirmed that for medicines that had received several requests for 'chairs action', the respective lead pharmacists had been advised to begin the process of submitting formulary applications. **Noted.**	
27.	**Any other business** <u>NICE/UKHSA advice for acute sore throat guideline and for Scarlet Fever</u> NHS NEL representative updated the group that following the updated NICE/UKHSA advice for acute sore throat guideline and for Scarlet Fever, a summary had been produced which detailed the immediate required changes to the current AMRSG NEL guideline. Chair persons action was requested to approve the change. <u>Co-ordination of NEL FPG meetings from January to March 2023</u> – The group were advised that from January, NHS NEL would commence co-ordinating the next three NEL FPG meetings. Gratitude was expressed to those who had supported the co-ordination over the last three months and a general expression of thanks was shared with all the group for their time, support and effort in establishing this NEL wide group. <u>Three-month review of NEL FPG</u> – It was agreed that a meeting between the chairs and meeting co-ordinators would be arranged to consider current practice and membership.	
	Next meeting: **Wednesday 25th January at 12.30 via MS Teams –** calendar invite to be circulated.	