NHS
North East London

North East London Formulary & Pathways Group (FPG)
Tuesday 6TH February 2024 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
Absent	Narinderjit Kullar	NK	Clinical Director for Havering	NHS NEL
Apologies	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
Apologies	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
Apologies	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Present	Kemi Aregbesola	OA	Medicines Information and Formulary Pharmacist	BHRUT
Present	Ayel Ariec	AA	Lead Pharmacist for Medicines Information, Formulary and Pathways	HHFT
Absent	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
Apologies	Nicola Fox	NF	Commissioning & Contracting Senior Pharmacy Technician	NHS NEL
Other Representatives				
Present	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	Dr Michale Yoong	MY	Consultant Paediatric Neurology, Royal London Hospital	BH
Present	Mohammed Abou Daya	MAD	Specialist Paediatric Pharmacist, Royal London Hospital	BH
Present	Katti Nwosu	KN	Senior Medicines Optimisation Pharmacist – City and Hackney	NHS NEL
Present	Christine Hultholm	CH	Prescribing Support Dietitian	NELFT
Apologies	Dr Sajith Philp	SP	Consultant Anaesthetist	BH
Present	Dr Rayzen Abdulrahman	RA	Consultant Anaesthetist	BH
Present	Dr Ashwani Jha	AJ	Consultant Neurologist	HHFT

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
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 (December 2023) were reviewed and approved. The redacted minutes for November 2023 were agreed.
5.	**Matters Arising**
	1. <u>Action Log</u> The following updates were provided for outstanding actions. It was requested that any further updates to actions be amended on the action log or shared with the formulary team. **Action 202309_06 NHSE Free of Charge (FOC) policy** • The group were advised that it had been decided to adapt the RMOC template to produce a NEL FOC policy. **Action 202311_03 ADHD medicines shortages protocol** • The group were advised that following discussions it had been decided that it was not feasible to establish an advice line. **Action closed** **Action 202312_03 NEL GLP-1RA drug shortage protocol** • A further update to this protocol was required and would be submitted for consideration at a future meeting. **Action 202312_5 TA922 Daridorexant for treating long-term insomnia** • A response regarding primary care prescribing of daridorexant to be established.

	COVID19 interim policy update for paediatrics – Progress to be established. **2. <u>TDM1 CGM implementation pathway – final version</u>** A final version had been shared following update; information relating to GlucoRx Aidex had been checked with the manufacturer and the amount of test strips had subsequently been reduced and aligned to the other devices. **3. <u>TDM1 CGM pathway transfer of care V2- final version</u>** The Transfer of Care (TOC) and GP letter had now been combined, instructions added to advise of pack requirements for a four-week period and formatting changed to include a tick box for each named device. It was requested that a further amendment be made changing the wording from CBG to glucose test strips. **4. <u>Type 2 diabetes management guideline V2 – final version</u>** A final version had been shared following the update to dapagliflozin and empagliflozin. **5. <u>Blood glucose test strips guideline V2 – final version</u>** A final version was shared following update. **6. <u>Elastomeric OPAT devices at BH (SBH site) – restrictions of indications post NEL FPG</u>** The group were advised that following previous approval by the group for the device, restriction of indications had been implemented due to financial implications.
6.	**Clonidine patches in paediatric dystonia**
	Declarations of interest: Nil declared It was explained that oral clonidine was currently used to treat dystonia for children with cerebral palsy and other neurological conditions. However, there were patients with severe dystonia who could not be adequately managed on oral medications either due to side effects from higher doses or the burden of increased frequency of dosing administered by carers and families (e.g. four hourly administration). Other treatment options were not always effective or tolerated due to side effects. Therefore, clonidine transdermal patches would be a preferred off licence treatment for some patients due to the following reasons: • Ease of administration for parents/carers and provide sustained relief – transdermal patches to be changed weekly for long term treatment • Better control of dystonia and avoidance of hospital admissions due to better management of dystonia • Improved quality of life

	• Assurance that appropriate continued dose was being received by patient A treatment guideline and pathway had been produced which outlined that patients already under care by the paediatric neurological team would need to have been on a minimum of 100mcg of oral clonidine per day before transdermal patches would be considered. It was also explained that patch dose was based on patient weight and up to five patches could be applied at the same time but each patch would be the same dose of patch (100, 200 and 300micrograms/day patches available). Whilst the paediatric service included patients from four to eighteen years, a transition pathway to adult services was not currently available and this was being considered. An inequity for young adult patients who would not currently have the option of this treatment was highlighted. It was acknowledged that the draft guideline and algorithm did not currently mention transdermal patches and it was confirmed the aim would be for the two documents to be merged and include reference to the patches. An amendment was requested to page 4 of the algorithm; a change from IV clonidine to oral clonidine in the last box on the left of the flow chart. Supply issues for clonidine was not currently a concern, however should there be an issue for this cohort of patients an emergency conversion of treatment would take place by the specialist team to support any change to medication branding. It was confirmed that the medication supply for patients would be provided by the hospital pharmacy. A parental report and a dystonia chart would be provided to parents/carers to record periods of dystonia enabled the monitoring of treatment. There was concern raised regarding the removal/ falling off of a patch. The group were advised that the transdermal patch enabled a small reservoir of the drug to be formed under the skin which should the patch be disconnected from the skin, an amount of the drug would still remain within the body until further medication was administered. **Outcome:** Approved subject to the merging to one document of the draft guideline and algorithm and requested amendment. Updated version to be shared for information at a future FPG meeting. To ensure a plan is in place for the transition from paediatric to adult services for patients. To request the submission of 12- month data. **Formulary status:** Hospital only. Decision for ratification by the Integrated Medicines Optimisation & Prescribing Committee (IMOC).
7.	**Nutrition Patient Information resources**
	Declarations of interest: Nil declared The group were advised that the following patient nutrition resources which had previously been considered by the FPG members had been shared with both a patient group (Hackney Healthwatch) and the NEL communication teams for comment as requested. All resources below had been agreed and were now included within the NEL Oral Nutritional Supplements (ONS) guidelines and accessible via the website:

	• Food based treatment • Hydration • Nourishing drinks • Nourishing snacks • Nutritional supplements A patient leaflet was included within the resources which explained why the patient had been initiated on ONS and provided a section outlining a management plan to be completed by the dietitian; it was felt that this would be particularly useful for patients and carers within residential homes. **Outcome:** Approved with the request for a three-year review of resources. Decision for ratification by IMOC.
8.	**Updated Oral Nutritional Supplements (ONS) guidelines**
	Declarations of interest: Nil declared The above document was to be re-considered by the group due to various updates that had been made to reflect recent price changes, the addition of vegan options for patients and feedback from the QIPP Working Group. Amendments had been made to the Red, Amber Green (RAG) tables outlined in 'Appendix 3: Quick product change reference guide' and these updates were clearly outlined in the item cover sheet. It was asked whether all NEL Trusts had agreed to use 'Appendix 12: Standard Dietitian letter of initial assessment' and the group were advised that whilst Queens/King George's Hospital dietetic teams had agreed to use, confirmation from the other NEL Trusts was awaited. Discharge templates were being considered by the ONS Working Group which would support the implementation of communications from Acute Trusts. An amendment to page 9 of the guideline was requested, section 2.4, first bullet point to change the wording to outline two separate stages. Discussion took place regarding the ordering of sample products and it was agreed that it would be difficult for GPs to manage and support the process due to capacity to provide follow up appointments. **Outcome:** Guideline approved including all preparations within the document for addition to formulary. One-year review agreed due to product price fluctuations. A disclaimer to be included whilst the discharge letter/process was being finalised. Decision for ratification by IMOC.

9.	**NEL Shared Care: Azathioprine and mercaptopurine for patients within adult services (non-transplant indications)**
	This item had been deferred prior to the meeting.
10.	**Salbutamol Inhaler for use in the treatment of acute bronchospasm in anaesthetised patients directly via a breathing circuit**
	Declarations of interest: Nil declared The group were advised that the use of a salbutamol 100micrograms metered dose inhaler (MDI) when used with a special breathing system adaptor could administer the drug quickly to anaesthetised patients suffering from acute bronchospasm without affecting the ventilation of the patient. It was explained that the special breathing system kit was practical, inexpensive and easy to use. The use of the salbutamol MDI was already in practice as a first line emergency treatment option for patients at both Homerton and Newham hospitals and therefore the request was for formulary alignment across all the NEL Trusts. It was highlighted that five boxes would be required across the services at Whipps Cross Hospital with one kit likely being used per month; in total there would be the requirement for 60 inhalers per year for the site. **Outcome:** Approved to support formulary harmonisation across NEL **Formulary status:** Hospital only (off label use) Decision for ratification by IMOC.
11.	**Opicapone (Ongentys®) in Parkinsons disease formulary and formulary status harmonisation (amber)**
	Declarations of interest: Nil declared The request to commence prescribing of opicapone at Homerton Hospital was explained which was already available on the BH and BHRUT formularies and would therefore support formulary harmonisation across NEL. Opicapone would be an additional treatment for adult patients with Parkinson's disease and would be an alternative for some patients where use of entecapone is inappropriate, ineffective or not tolerated. Opicapone was also a once daily preparation (50mcg) in comparison to entacapone which needs to be taken multiple times during the day leading to a reduced pill burden. It was suggested that GPs could initiate opicapone for patients following the receipt of a letter from the specialist team which would outline instructions to start treatment; the specialist team would contact the patient within four weeks to discuss continued treatment and discuss any reduction of levodopa. It was confirmed that opicapone would not be prescribed for patients suffering with dementia or psychosis. The monthly Multi-Disciplinary Team (MDT) meeting which enabled both psychiatry and Parkinson's disease specialists to discuss patient treatment could relay where possible, medication updates to mental health teams.

	The group acknowledged that the formulary request within the submission was for primary care clinicians to prescribe following specialist initiation. It was suggested that patients could be prescribed two months of medication by the specialist team and the patient transferred for primary care prescribing once stabilised. Concerns were raised regarding the suggestion of dosette boxes being used for patient medications and the possible wastage of medication should a two-month prescription be provided to a patient whose medication is then changed within this time period. **Outcome:** Approved to support formulary harmonisation across NEL **Formulary status:** Amber (primary care to prescribe following specialist recommendation) Decision for ratification by IMOC.
12.	**IQoro® position statement**
	Declarations of interest: Nil declared It was explained that IQoro® was a neuromuscular training device used for stimulating nerves and strengthening muscles in the face, mouth, throat, oesophagus and diaphragm. The device could be used for patients suffering with reflux, snoring and dysphagia (swallowing difficulties). NICE had produced 2 MedTech briefings for IQoro® for hiatus hernia and stroke-related dysphagia in March 2019. Both of these briefings highlighted the lack of high-quality evidence for use of IQoro®. An evidence search was also carried out for IQoro® for the period between 2018-2023 and did not identify further evidence to support its use. Furthermore, the stroke and gastroenterology specialists at Barts Health, BHRUT and Homerton were consulted with via their lead formulary pharmacists and did not want to use this product. Within NEL, IQoro®was not recommended for the treatment of hiatus hernia and reflux, stroke-related dysphagia and other indications due to the lack of supportive evidence. The position statement had been produced to support primary care clinicians in making decisions when requested to prescribe the device. The statement outlined the roles and responsibilities of clinicians when considering IQoro® and advised GPs and non-medical prescribers that the device should not be prescribed on an NHS prescription whether the request was received from the patient or specialist. It was agreed that this device should be non-formulary across NEL. **Outcome:** Approved position statement and formulary status proposal for IQoro® device **Formulary status:** non-formulary Decision for ratification by IMOC.
13.	**NICE Technology Appraisal (TA) approval and horizon scanning**
	The following updates were provided:

	NEL ICB commissioned - NIL **NHSE commissioned:** **TA934** Foslevodopa-foscarbidopa for treating advanced parkinson's with motor symptoms (due to be on HCD list from April 2024) (estimated 15 patients per year from BH) **Outcome:** Agreed for local implementation (decision for ratification by IMOC) **Formulary status:** Hospital only **TA935** Secukinumab for treating moderate to severe hidradenitis suppurativa (estimated 30 patients for BH) **Outcome:** Agreed for local implementation (decision for ratification by IMOC) **Formulary status:** Hospital only **To Note:** **TA755** Risdiplam for treating spinal muscular atrophy. The Medicines and Healthcare products Regulatory Agency (MHRA) approved a licence extension for risdiplam to include people for all ages (updated NICE TA) **Noted.** **To action for commissioned services:** **TA743** NICE TA Guidance: Crizanlizumab for preventing sickle cell crises in sickle cell disease (TA743): NICE has withdrawn this guidance. Novartis will stop marketing crizanlizumab (Adakveo) because its marketing authorisation has been withdrawn by the MHRA. Novartis has issued a direct letter to healthcare professionals specialising in haematology. No new people will start taking crizanlizumab in the UK. Healthcare professionals should discuss alternative treatment options with people currently having crizanlizumab. **Outcome:** Medicine to be removed from NEL formularies Decision for ratification by IMOC.
14.	**NICE TAs/NHSE commissioned policies for discussion - NIL**
15.	**NHSE circulars**
	The following NHSE circulars were **noted:** **SSC2605 -** Specialised commissioning update **SSC2604 -** Real time Data Reporting to the Renal Registry by Specialised Renal Services **SSC2596** – Clinical Commissioning Policy: Infliximab for refractory sarcoidosis (excluding neurosarcoidosis) (adults) (2204) **SSC2599** – Publication of NHS England Parenteral Nutritions (HPN) toolkit and inhouse training pilot

	SSC2592 – Specialised Regional Infectious Diseases Services – Core Requirements **SSC2590** – NICE TA Guidance: Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy (TA913) **SSC2573** – Intestinal Failure Registry now live for paediatric patients **SSC2587** – Cystic Fibrosis (CF) Modulator Therapies Commissioning Statement
16.	**Commissioning update**
	ICB update Medicines Value Group update – at the January meeting the group had discussed the workplan going forward and agreed the following agenda standing items: • RMOC Subgroup Update- Best Value Medicines Group (BVMG) • NEL Prescribing Efficiency Plan - Primary care update • Medicines Optimisation Opportunity Key Priority -SPS Dashboards and Biosimilar dashboard • NHSE Specialised Commissioning Update Future agenda items would include: • Horizon scanning February 2024 • NEL Medicines Value Group Terms of Reference review and update **–** links to IMOC/FPG/RMOC BVMG • Population Health **-** linking population health data and patient outcomes to medicine expenditure • Tracking the impact of clinical pathways to patient outcomes **NHSE update** Future NHSE schemes would now be discussed at the Medicines Value Group and then subsequently reported at the FPG for discussion over the coming months. Key points: **Natalizumab biosimilar switch –** saving scheme was currently being reviewed with a potential March 2024 start date. **Tocilizumab –** S/C and IV biosimilar would be available on contract from the 1st March 2024 and patient numbers were being established. A slide for the Medicines Value Group meeting was being produced which could then be shared. **Noted.**
17.	**London Medicines & Pathway Group (LMPG) meeting**
	A slide outlining the following LMPG update was shared:

	Interface Prescribing Policy - the following timeline and next steps were presented: • There were a number of comments from stakeholders that needed further discussion • The SLWG met on the 30th November 2023 to discuss these and further changes were made to the policy • A revised version was sent for comment by the 19th January 2024 • The SLWG met on the 25th January 2024 to agree which parts of the policy may be for local adaptation • The SLWG will also consider future work for the policy **Ophthalmology update** • Therapeutics in retina webinar hosted by the Medicines Optimisation and Pharmacy Procurement team at NHS London Procurement Partnership 6th Feb 2024 **Diabetes report** • To be shared once ready **London Hospital Only List** • To arrange a further SLWG meeting to go through drugs that need to be added – date tbc for a time when all members can attend • To check with netFormulary if the drug lists can be exported as an excel document to then allow ICSs to perform gap analysis. Yes - exports can be downloaded by netFormulary via a submitted request • To check with netFormulary if ICS can adopt the master London list. Yes, ICS can adopt the London list and then maintain their own list e.g. NEL can adopt the London list and then edit it with their own local information • LMPG to determine the next steps to support the implementation of the HOL • LMPG want to look at outcomes and where variation has occurred across London. This is to be mapped out to demonstrate warranted and un-warranted variation • Continue working on netFormulary once decisions made on additions to the draft master **Noted.**
18.	**FPG workplan review**
	The following update relating to the Formulary Working Group was provided: • Decision had been made regarding the eFormulary platform for NEL-wide use • A workplan had been drafted by the formulary pharmacists • Guiding Principles had been drafted by the formulary pharmacists • A letter has been circulated to NEL Trusts requesting the release of their formulary pharmacist for one day per week dedicated support for both formulary and FPG workstreams Next steps: • Download formulary for NEL ICB and upload to eFormulary platform and complete simple harmonisation process across NEL over a six-month period • New electronic formulary platform contract to go live from 1st April with a possible test chapter in March 2024

	Noted.
19.	**Equality: monitoring of usage and outcomes – nil at present**
20.	**Items for Approval**
	NEL FPG Outcomes follow up for formulary applications for approval The group were advised that the NEL template outcome form had been shared within the agenda pack for comment. The form had also been shared with the applicants who had submitted the request for remimazolam to be approved for dental surgery and their response was awaited. **Outcome:** Approved (decision for ratification by IMOC)
21.	**Papers from committee reporting into the FPG:** 1. BH Cancer DTC – November 2023 minutes and December 2023 agenda 2. NEL Sub-Regional Immunoglobulin Assessment Panel Agenda – nil **Noted.**
22.	**Local Medicines Optimisation group updates:** 1. BH – Summary of Chairs Actions – December 2023 2. NELFT exception report - NIL 3. ELFT medicines committee minutes – NIL 4. BHRUT MOG – November 2023 and January 2024 agenda 5. Homerton - NIL **Noted.**
23.	**Nel FPG recommendations ratified at IMOC December 2023** • IMOC Highlight Report **NEL FPG Outcome Letters:** • Dienogest for treatment of endometriosis • Remimazolam for sedation during direct current cardioversion (DCCV) • Carbetocin intravenous injection for prevention of post-partum haemorrhage following caesarean section (formulary harmonisation) • Paxlovid for treatment of COVID-19 in children 12 – 18 years old (ICB commissioned HCD) • Calcium and vitamin D (colecalciferol) preparations for adults at risk of osteoporosis • Guidelines for the management of type 2 diabetes (update) • GLP1-RA shortage protocol

	• Blood glucose test strips guideline (update) • High cost drugs treatment pathway for rheumatoid arthritis (update) • North East London formulary for oral contraceptive pills • TA919 Rimegepant for treating migraine • TA922 Daridorexant for treating long-term insomnia (no service in NEL) • TA924 Tirzepatide for treating type 2 diabetes • TA925 Mirikizumab for treating moderately to severely active ulcerative colitis • TA929 Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction • TA913 Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopath • CGM implementation document for T1DM and transfer of care document **(approved November 2023)** **Noted.**
24.	**NEL FPG Chairs Actions - nil**
25.	**NEL FPG finalised minutes** – November 2023
26.	**Any other business - nil**
	<u>Time & date of next FPG meeting</u> **Tuesday 12th March 2024 at 12.30 via MS Teams –** calendar invite circulated.