NHS
North East London

North East London Formulary & Pathways Group (FPG)
Tuesday 6th June 2023 at 12.30pm via MS Teams

Meeting Chair: Gurvinder Rull

Minutes

Attendance	Name	Initials	Designation	Organisation
Clinical Representatives				
Present	Gurvinder Rull	GR	Consultant Clinical Pharmacology (FPG Co-Chair)	BH
Present	Narinderjit Kullar	NK	Clinical Director for Havering	NHS NEL
Present	Louise Abrams	LA	Clinical Pharmacologist, DTC Chair	HHFT
Present	John McAuley	JM	Consultant Neurologist, DTC Chair	BHRUT
Absent	Maisarah Amran	MA	ST Clinical Pharmacology	BH
Apologies	John Booth	JB	Consultant Nephrologist	BH
Absent	Vikas Kapil	VK	Consultant Clinical Pharmacology	BH
Trusts' Pharmacy Representatives				
Present	Jaymi Teli	JT	Lead Formulary & Pathways Pharmacist	BH
Present	Farrah Asghar	FA	Lead Clinical Pharmacist, Medicines Commissioning & Pathways	BH
Present	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 Clinical Services	HHFT
Apologies	Chinedu Ogbuefi	CO	Interim Deputy Chief Pharmacist for London Services	ELFT
Present	Iffah Salim	IS	CAMHS Directorate Lead, Medicines Information Pharmacist	ELFT
Present	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	Director of Medicines Optimisation	NHS NEL

Present	Denise Baker	DB	Medicines Optimisation Business Manager	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	Niloufar Nourishad	NN	Commissioning & Contracting Pharmacist	NHS NEL
Apologies	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
Apologies	Yasmine Korimbux	YK	Senior Transformation Manager/Lead Pharmacist, NICE Medicine and Prescribing Associate	NHS NEL
Present	Annett Blochberger	AB	Deputy Head of Regional Specialised Commissioning - Pharmacy	NHSE
Guests				
Present	Adel Alsohaimi (observing)	AA	Trainee Pharmacist (MSc student)	BH
Present	Anjili Mehta **(6)**	AM	Specialist Pharmacist for Rheumatology & Dermatology	BH
Present	Dr Aadarsh Shah **(6)**	AS	Consultant Dermatologist, Royal London Hospital	BH
Present	Sadeer Fhadil **(7)**	SF	Lead Cardiac Pharmacist	BH
Present	Reema Patel **(9)**	RP	Prescribing Advisor	NHS NEL
Present	Bola Sotubo **(11)**	BS	Senior Transformation Manager	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)

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. The newly appointed Lead Clinical Pharmacist, Medicines Commissioning & Pathways at BH was welcomed to the meeting as a new member of the group.
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. It was agreed that all members and guests submitting an item to the FPG for discussion/approval would be required to declare any interests relating to the submitted item via the drug application form/FPG cover sheet.
4.	**Minutes**
	The minutes of the previous meeting (April 2023) were reviewed and approved. The redacted minutes for March 2023 were agreed.
5.	**Matters Arising**
	<u>Action Log</u> The action log had been shared with the agenda and updates had been requested to support the outstanding items; responses were awaited. It was requested that the following two items on the action log be closed and this was agreed: • QIPP Plan – to be removed and a request to ensure liaison with secondary care colleagues • Psoriasis pathway – final version included with the agenda for approval **<u>Terms of Reference (ToR)</u>** The latest version of the FPG ToR were shared and the changes explained that had been made following previous FPG discussion and the additional requests for amendments that had been received. The group discussed the inclusion of a lay representative and agreed that this could be on an availability/optional basis. The clinical trials bullet point had also been removed as this area did not form part of the FPG's remit. **Outcome:** Approved – decision for ratification by the NEL Integrated Medicines Optimisation and Prescribing Committee (IMOC). **<u>NEL High-Cost Drugs Treatment pathway for Psoriasis</u>** It was confirmed that the information regarding dose escalation for adalimumab had been included and this was now the final version of the pathway (part one) which would require ratification by the IMOC; part two of the pathway would include the recently approved dose escalation for secukinumab.

	Outcome: Approved – decision for ratification by IMOC. **<u>Update to TA871 Eptinezumab for preventing migraine (published March 2023)</u>** The group were advised that the previous submission stating zero patients on behalf of BH had been updated to 20 patients following information received from the surgical led headache pain clinic (HCD TBC) (TA already ratified at IMOC) **Noted.**
6.	**Ustekinumab dose escalation in psoriasis**
	Presenters were welcomed to the meeting and explained that the application was to support dose escalation of ustekinumab for patients suffering with severe chronic plaque psoriasis. The following proposals to dose changes which were supported by the British Association of Dermatologists (BAD) and within license were requested to be considered: • Patients ≤ 100 kg - Ustekinumab 45 mg SC every 12 weeks (licensed dose) may be increased to a maximum of 90 mg every 8 weeks • Patients >100kg - Ustekinumab 90 mg every 12 weeks (licensed dose) may be increased to a maximum of 90 mg every 8 weeks Inclusion criteria for dose escalation/increased dosing interval would be for those who experience a waning response to their usual licenced maintenance dose of ustekinumab sooner than their next scheduled dose (due to drug clearance from the body) and this would have been quantified by using the Psoriasis Area and Severity Index (PASI) and the Dermatology Life Quality Index (DLQI). Each patient considered for escalation of dose would be discussed at a dermatology biologics multi-disciplinary team (MDT) meeting. Whilst concern was raised regarding ustekinumab being one of the more expensive biologics, the group were advised that there would a small number of new initiations due to alternative cheaper biologics being available which provided better efficacy. It was also highlighted that ustekinumab would no longer be subject to patent restrictions at the end of 2023 and would therefore become cheaper. It was confirmed that patients would not have a change to their dose interval at the same time as an escalation to their ustekinumab dose. The group were advised that by being able to escalate doses of their current medication, clinicians were able to ensure that alternative lines of therapy remained available and existing options were maximised first. It was explained that the proposals were not to support patients who had experienced secondary failure but were to enable patients to have a shorter interval between treatments to ensure that the relief provided by the medication was maintained and did not expire. **Outcome:** approved subject to the provision of 12 months data for monitoring and the inclusion of the dose escalation within part two of the NEL Psoriasis Pathway – decision for ratification by IMOC **Funding:** NEL Trusts to fund the excess treatment cost and ascertain agreement within their own organisations. NEL ICB to fund once secukinumab escalated dose is included in the NEL psoriasis pathway.

	Formulary status: Hospital only
7.	**Primary care guidance for prescribing and supplying inclisiran**
	The presenter was welcomed to the meeting and outlined the guidance which had been produced to support primary care clinicians with the initiation of inclisiran, a Low Density Lipoprotein cholesterol (LDL-C) lowering therapy that inhibits proprotein convertase subtilisin/kexin type 9 (PCSK9) production. Patients were to be identified in primary care using the criteria set within the NICE guidance (TA733) and prescribing continued or initiated by the GP with the support and advice from a specialist lipid clinic; each patient would be discussed at an MDT meeting prior to initiation. Following a pilot within primary care, a Redbridge GP had provided feedback regarding the document and it was confirmed that specialist clinicians from HHFT and BHRUT joined the MDTs and were aware of the guidance being submitted. The following comments were discussed: • Page 2 – The LDL target of <1.4 (should be <1.8) and the lack of reference to HDL – it was explained that the document had been updated with the NICE guidance targets and also the target from the ESC vascular guidance. It was agreed to add the reference to the ESC guidance as a side note in the appendix and refer only to NICE guidance in the main recommendation. • Page 3 – Include three options for primary care clinicians: 1. Those clinicians who feel confident to prescribe, 2. Those clinicians who require support of A&G to prescribe, 3. Those clinicians who decide not to prescribe and refer. • Page 5 – Concern that new accounts with wholesalers could not be set up within one day and the availability of stock. • Page 5 - Include the link to the NHSE document https://www.england.nhs.uk/aac/publication/summary-information-on-the-funding-and-supply-of-inclisiran-leqvio/ • Appendix 1 – to check strength of valsartan example and both doses listed (120mg and 80mg). Relevance of including feedback from one patient. • Although recommended by NICE there seemed to be a lack of vascular outcome data to support the use of inclisiran compared with the prescribing of PCSK9 inhibitors; a request for careful monitoring of prescribing until real outcome data became available (due 2026). It was confirmed that inclisiran was to be added to lipid therapies and not to replace the current use of statins or the option of prescribing a PCSK9 inhibitor; patients would continue to be offered a choice of treatment. However, it was felt that inclisiran could become a preferred option for those who met the set criteria due to its dosing regimen of one initial dose, followed by a second dose at three months and then maintenance doses every six months. It was requested that the document be disseminated to support and provide confidence where needed with prescribing of inclisiran and confirmed his support to events such as prescribing forums, which were regularly attended by primary care clinicians. The group agreed that the treatment pathway required further update following the discussions and was to be re-submitted to the next FPG meeting.

	Outcome: Treatment pathway to be updated and re-submitted to a future FPG meeting.
8.	**Generic medicine prescribing in primary care position statement**
	The position statement that had been produced to support generic medicine prescribing in primary care was presented. This document also outlined the appropriate use of alternative medications should shortages occur and provided examples of medication that should only be prescribed by brand. It was confirmed that the document had been shared with NEL Local Pharmaceutical Committee (LPC) colleagues and community pharmacy leads for comment. The group concluded that the document was extremely helpful but a request was made for the list of medications that should only to be prescribed by brand, to include depo injections. Additional information regarding shortages was also requested to ensure that patients were reverted back to their initial medication as soon as stocks resumed. **Outcome:** Approved subject to amendments – decision for ratification by IMOC.
9.	**London Kidney Network (LKN) Chronic Kidney Disease (CKD) Early Identification and Optimisation Pathway**
	The presenter was welcomed to the meeting and outlined the LKN CKD Early Identification and Optimisation pathway that had been produced to support primary care clinicians to identify CKD early, reduce variability in detection and management, and optimise interventions such as RAS/RAAS (renin angiotensin system/renin angiotensin aldosterone system) blockade, statins and SGLT2 (sodium glucose co-transporter 2) inhibitors to save lives. The document aimed to prevent or delay the progression of CKD and reduce the risk of complications and cardiovascular disease and support appropriate prescribing of SGLT2 inhibitors for the following cohort of patients: • People living with type 2 diabetes, CKD and albuminuria • People living with CKD and albuminuria, without diabetes It was confirmed that the document had been discussed at the NEL Diabetes Network, NEL Renal Clinical Network and both LKN and CKD working groups. During discussion of the pathway it was acknowledged that the document had been submitted to the FPG for adoption across NEL, rather than approval (as this is a London document). The following comments were shared: • the reference to heart failure as one of the three triggers within the pathway and not hypertension • to consider the following additional wording ‘where possible’ to the prescribing of an ACE on page one • include reference to Fournier gangrene within the document; it was confirmed this would be included in the Patient Information Leaflet produced to support the pathway

	• the achievability of three practice appointments being available to support patients within the first three months of treatment • to either reduce the number of acronyms or ensure that they are outlined in full within the document It was agreed to feed the above comments back to the authors of the pathway for their consideration in the next iteration. **Outcome:** Agreement to adopt for NEL – decision for ratification by IMOC.
10.	**Blueteq form creation approval process**
	This item was deferred to the July meeting.
11.	**Implementation of recommendations from NICE and London Diabetes Clinical Network on the use of Continuous Glucose Monitoring (CGM) in adults with Type 1 Diabetes**
	The presenter was welcomed to the meeting and outlined documents that had been produced to support access to CGM for adults with Type 1 diabetes, in accordance with the recently updated NICE guidelines. It was confirmed that the London CGM pathway, flowchart and device list in type 1 diabetes had been considered by the NEL Diabetes Network and the following related local implementation documents were developed by a multi-disciplinary task and finish sub group of the Network: • NEL CGM pathway - Initiation and transfer of prescribing of CGM for adults living with type 1 diabetes • Template letter – Request to Primary Care to prescribe CGM for adults living with type 1 diabetes • Prescribing Information for Dexcom ONE sensors and transmitters when prescribing on FP10 forms Mental health representatives had attended the discussions and additional requirements had not been identified. Initiations were to commence in secondary care and would include the first two months of prescribing and a two month review. Appropriate patients would then be transferred to primary care for follow up treatment and continuation of prescribing for products that are available on FP10. Approval was being sought for all the devices as per the London CGM pathway and device list recommendations and it was noted that Decom ONE and GlucoRx Aidex are new devices available on FP10. It was confirmed that this pathway was an update to the original version which had been produced to support the prescribing of Freestyle Libre. Further documents would follow to support CGM access for the following additional cohorts of patients: • Children and Young Adults with Type 1 Diabetes • Type 2 Diabetes The group were advised that an additional pathway to support patients who did not want to attend secondary care and receive treatment from non-specialist clinicians was also going to be developed.

	It was confirmed that finance to support all three cohorts of patients with access to CGM across NEL had been agreed. It was recognised that there was not the capacity within the system to commence treatment of all Type 1 Diabetes patients with immediate effect and therefore those patients who could benefit most would be identified and focussed on initially. ***Information received post-meeting*** *The ICB financial agreement for CGM covers the prescribing cost across the ICS which includes the costs for CGM initiation / continuation incurred at individual Trusts.* **Outcome:** approved London and NEL CGM (continuous glucose monitoring) pathway in type 1 diabetes and related local implementation documents – decision for ratification by IMOC.
12.	**NICE TA approval and horizon scanning**
	The following updates were provided: **NEL ICB commissioned** <u>TA769 Palforzia for treating peanut allergy in children and young people (update) (HCD – BT)</u> This TA although published last year had now been added to HCD for this year which enable patients 18 and under to receive a complete treatment cycle. Blueteq forms had been completed for the next 24 months and it was requested that any new patients be added to the spreadsheet on MS Teams. **Agreed for local implementation –** decision for ratification by IMOC. <u>TA888 Risankizumab for previously treated moderately to severely active Crohn's disease</u> The implementation date for this drug administered by an on body injector device was 16.06.23. However, it was anticipated that patients would not commence treatment until September 2023 (CE mark awaited). Patient numbers to be added to the spreadsheet on MS Teams. **Agreed for local implementation –** decision for ratification by IMOC. <u>TA878 Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 (HCD-BT)</u> The following drugs had been added to the TA and were agreed for local implementation from 27th June 2023: • Paxlovid – high risk patient not requiring supplementary oxygen for adult patients (hospital only) • Sotrovimab – high risk patients not requiring oxygen for patients 12 years and over (hospital only) • Tocilizumab - high risk patients requiring supplementary oxygen (hospital only) • Casirivimab plus imdevimab (Ronapreve) (not recommended)

	Discussions were continuing and decisions to be made regarding in-patients, use of the Covid Medicines Delivery Unit (CMDU) service, and RAG rating of the drugs to ensure appropriate availability within the community. The group were advised that the appeals process was taking longer than anticipated and could be further drawn out. The group were advised that the expectation by the Department of Health was for the oral antivirals to be available within primary care; a more detailed plan was awaited. It was highlighted that within primary care there would be limited experience of managing these drugs. It was confirmed that there was anxiety amongst GPs due to limited knowledge and despite numerous communications, confusion existed regarding the CMDU service. It was suggested that a borough wide service would enable eligibility to be assessed and patients triaged by clinicians with the expertise, rather than individual GP practices prescribing for patients. It was agreed that another meeting was required to discuss the Covid treatments in more details. **Agreed for local implementation –** decision for ratification by IMOC. **NHSE Commissioned** The following TAs were highlighted: TA880 Tezepelumab for treating severe asthma – (22 patients BH) TA873 Cannabidiol for treating seizures caused by tuberous sclerosis complex (10 patients BH) **Noted.**
13.	**NICE TAs for discussion**
	The following TAs had been shared: **TA875 Semaglutide (Wegovy)** **Agreed for local implementation.** Hospital only as part of specialist Tier 3 or equivalent weight management service. **Semaglutide (Wegovy) / Liraglutide (Saxenda) for obesity – position statement** The drafted position statement had been produced following the recommendation outlined in TA875 and provided support to GPs with request and queries that were received from patients who would like access to the above treatments. Specialist Tier 3 services or equivalent weight management services which were required to assess patient suitability for the treatment were yet to be established within NEL. Therefore, a consistent message that could be shared with patients was welcomed. It was requested that the wording 'not available due to supply issues' be added to the position statement and the reference to 'GP' be amended to 'GP practice'.

	Outcome: Approved subject to amendment – decision for ratification by IMOC. ***Information received post-meeting*** *IMOC ratification via Chairs action received on the 9th June 2023* **TA877 Finerenone for treating chronic kidney disease in type 2 diabetes** The group discussed the formulary status of this drug and agreed that it should be amber, allowing initiation by/or on recommendation of a specialist. **Outcome:** Amber formulary status approved - decision for ratification by IMOC.
14.	**NHSE circulars**
	The following NHSE circulars were noted: - PRN00453 Interim Clinical Commissioning Policy: remdesivir and molnupiravir for non- hospitalised patients with COVID-19 - SSC2484 NICE Technology Appraisal Final Draft Guidance: nivolumab with chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer - SSC2485 Therapeutic apheresis services data gathering exercise - SSC2490 Specialised Commissioning Update NICE appraisals March to May 2023 - SSC2493 NICE Technology Appraisal Final Appraisal Document: pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer - SSC2497 Specialised Commissioning Update March 2023 - SSC2498 NICE Technology Appraisal Final Draft Guidance: olaparib for adjuvant treatment of BRCA mutation-positive HER2-negative high-risk early breast cancer after chemotherapy - SSC2499 NICE Technology Appraisal Final Appraisal Document: olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer - SSC2500 Notification of new arrangements for five Specialised and one Highly Specialised Services Quality Dashboard (SSQD) submissions from Q4 2022/2023 onwards - SSC2502 Changes to patient cohorts eligible for COVID-19 treatments - SSC2504 NICE Highly specialised technologies guidance: Onasemnogene abeparvovec for treating pre-symptomatic spinal muscular atrophy [HST24] - SSC2505 NICE Technology Appraisal Final Draft Guidance: Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma

	- SSC2507 NICE Technology Appraisal Final Appraisal Document: axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy - SSC2514 NICE Technology Appraisal Final Appraisal Document: pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer **Noted.**
15.	**Commissioning update**
	Weekly letters regarding commissioning status updates from June 2023 onwards would be shared.
16.	**London Medicines & Pathway Group (LMPG) meeting update**
	The group were advised that the LFMG had changed its named to the London Medicines and Pathways Group. The next meeting of the group would be on the 14th June 2023 when discussion would take place regarding the maintenance of the ophthalmology, hospital only list and respiratory chapters. The following information was shared: • The RightBreathe app had received continued funding for 2023/24 • Meeting with Denise Rosenburg, Assistant Director at the London Procurement Partnership (LPP) to discuss three new workstreams: o Cost Improvement Plans (CIPs) o Population health analytics (CGM) o HCD pathway for London – suggested rheumatoid arthritis pathway and ophthalmology pathway **Noted.**
17.	**FPG workplan review – not discussed**
18.	**Equality: monitoring of usage and outcomes – nil at present**
19.	**Items for Approval**
	Shared Care NEL template This document had been produced based on the RMOC template. It was noted that this version would support single drug shared care but would require appendices to support multiple indications. As previously agreed, it was confirmed that if secondary care clinicians did not receive a response from primary care clinicians to the request for shared care, they could contact the Pharmacy and Medicines Optimisation Team (PMOT) for support and an email address for the team would be included. It was agreed to extend the deadline for responses to shared care requests from two weeks to four weeks. **Outcome:** Approved subject to amendment - decision for ratification by IMOC

	Updated NEL FPG cover sheet / Updated NEL FPG application form The group were advised that both documents had been updated to include a DOI section which would require completion by all authors/presenters to the FPG. Information relating to electronic submissions via Disclose had been removed. **Outcome:** Approved – decision for ratification by IMOC.
20.	CAS Alerts – Covid 19 from CMO **Noted.**
21.	Orkambi license extension in cystic fibrosis from two years to one year **Noted.**
22.	NEL FPG end of year report **Noted.**
23.	ADHD Methylphenidate memo **Noted.**
24.	Papers from committee reporting into the FPG: 1. BH Cancer Drugs and Therapeutic Committee (DTC) – April minutes and May 2023 agenda 2. NEL Sub-regional immunoglobulin assessment panel – April minutes and May 2023 agenda **Noted.**
25.	**Local Medicines Optimisation Group (MOG) updates:** 1. BH summary of chairs actions – April and May 2023 2. NELFT exception report March and April 2023 3. ELFT medicines committee minutes - nil 4. BHRUT MOG agenda and minutes – March 2023 5. Homerton - nil **Noted.**
26.	**NEL FPG outcome letters:** • Enoxaparin Shared Care Guideline BHRUT • Secukinumab dose escalation in psoriasis with discount scheme • Fentanyl lozenges as part of NEL formulary alignment April NEL FPG recommendations ratified by IMOC May 2023:

	- Fentanyl lozenges for acute vaso-occulsive pain management in sickle cell patients – part of formulary harmonisation - Secukinumab dose escalation (300mg every 2 weeks maintenance) for psoriasis in patients >90kg with secondary failure as per NICE criteria - Discount scheme: secukinumab 300mg every 2 weeks maintenance for psoriasis in patients >90kg with inadequate response to treatment - NEL Blood glucose testing patient information booklet - NEL Checklist for initiating SGLT2i (canagliflozin, empagliflozin, dapagliflozin and ertugliflozin) - BHRUT SCG for Enoxaparin pre-filled syringes for prophylaxis and management of venous thromboembolism in adult patients (obstetric and non-obstetric indications) **Noted.**
27.	**Documents approved via NEL FPG chairs actions –** nil
28.	**Finalised Minutes –** March 2023
29.	**Any other business -** none
	Next meeting: **Tuesday 4th July at 12.30 via MS Teams –** calendar invite circulated.