NHS
North East London

North East London Formulary & Pathways Group (FPG)
Tuesday 7TH November 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
Absent	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
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				
Apologies	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
Absent	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Present	Kemi Aregbesola	OA	Medicines Information and Formulary Pharmacist	BHRUT
Apologies	Iola Williams	IW	Chief Pharmacist	HHFT
Present	Ayel Ariec	AA	Lead Pharmacist for Medicines Information, Formulary and Pathways	HHFT
Absent	Saima Chowdhury	SC	Principal Pharmacist for EMRS and Education & Training	HHFT
Present	Chinedu Ogbuefi	CO	Interim Deputy Chief Pharmacist for London Services	ELFT
Absent	Iffah Salim	IS	CAMHS Directorate Lead, Medicines Information Pharmacist	ELFT
Absent	Kiran Dahele	KD	Formulary & Governance Pharmacist	NELFT
Apologies	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
Present	Nicholas Dolan	ND	Commissioning & Contracting Pharmacy Technician (observing)	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	Professor Anthony Bewley (6)	AB	Consultant Dermatologist	BH
Present	Melissa Nankoo (7)	MN	Highly Specialist Pharmacist for Womens' Health	BH
Present	Elizabeth Ball (7)	EB	Consultant Gynaecologist and Endometriosis lead at RLH	BH
Present	Lekha Shah (7)	LS	Lead pharmacist	BH
Present	Padma Mohandas (8,9)	PM	Consultant Dermatologist	BH
Present	Bobby Huda (10)	BH	Consultant Endocrinologist	BH

North East London organisations:

- Barts Health NHS Trust (BH)
- Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
- Homerton Healthcare NHS Foundation Trust (HHFT)
- East London NHS Foundation Trust (ELFT)
- North East London NHS Foundation Trust (NELFT)
- North East London Integrated Care Board (NHS NEL)
- 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 (October 2023) were reviewed and approved with a minor amendment. The redacted minutes for September were agreed subject to a minor amendment. The wording regarding the development of a migraine pathway to be amended to state 'pathway to be developed'.
5.	**Matters Arising**
	<u>Action Log</u> It was requested that the following action on the agenda log be closed and this was agreed: **Action 202309_02 Covid-19 interim guidance** • The guidance had received approval via Chairs action for an extension to 31st March 2024. The following actions were overdue and an update would be chased for sharing at the next meeting: **Action 202302_03 Protocol for blocked PICC line** **Action 202302_04 Remimazolam for specialist dentistry** It was mentioned that the updated version of the Calcium and Vitamin D Guidance was still awaited.

6.	**Tirbanibulin ointment for the treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis of the face or scalp in adults**
	Declarations of interest: Nil declared It was explained that the formulary application was for tirbanibulin, a topical medication which could be used to treat the following patients: • Co-first line for non-hyperkaratotic, non-hypertrophic actinic keratosis (AK) in immunosuppressed patients/ renal or transplant patient who require a topical treatment for AK and cannot have surgery • Second line for treatment failures/contra-indication to topical 5-fluorouracil in other patients It was explained that the ointment was to be applied to the face or scalp of adults as a once daily treatment and could be applied to an area of skin up to 25cm^2. The mild to moderate side effect profile of tirbanibulin would make the treatment a useful addition to the current options available, especially when considered against other more potent treatments which required higher frequency of applications and could cause more severity of local skin reactions. The group were also advised that in some rare instances tirbanibulin could be used for application to lower legs and backs. However, it was highlighted that tirbanibulin would only be approved for use on the face and scalp as per the trials undertaken. Clarity was sought regarding the requirement for primary care to prescribe tirbanibulin and it was confirmed that this treatment would remain 'hospital only'. GPs could gain support via Advice & Guidance (A&G) and refer back to the secondary care clinicians if discharged patients attended the practice with treatment concerns. Concerns were raised regarding the weak evidence base and the lack of long-term safety data. However, the group agreed that the addition of tirbanibulin to formulary would be a useful treatment option for transplant and immunosuppressed patients; a current unmet need in the treatment pathway. **Outcome:** Approved the addition of tirbanibulin as outlined in the formulary application with the following requests: • Patient information Leaflet (PIL) to be given to all patients when receiving tirbanibulin treatment • 12-month usage and outcome data to be submitted to the FPG following addition to the formulary • Any requirement for tirbanibulin to be used outside of the approved areas must be submitted for Chair's action **Formulary status:** Hospital only Decision for ratification by the Integrated Medicines Optimisation & Prescribing Committee (IMOC).
7.	**Dienogest in endometriosis**
	Declarations of interest: Nil declared

	The formulary application for dienogest was presented and explained that there were currently a high volume of patients awaiting surgery to treat endometriosis. Dienogest had been proven to reduce symptoms including pain and discomfort along with decreasing the endometrioma volume whilst maintaining the ovarian reserve and is a once daily tablet. Currently, patients were being offered GnRH agonist injections on a one to three monthly basis which required repeated intramuscular administration and follow up appointments. It was highlighted that patients with a high risk of osteoporosis would require a DEXA scan prior to commencing treatment and again after three months; this would not be routine practice for all patients. DEXA scans would be organised by the specialists. The following key points were discussed: • Long term safety concern – manufacturers had advised that there was not a mandatory requirement to do any testing prior to commencement of treatment but to check and monitor patient oestrogen levels and adjust the dose as needed • Pregnancy – the guidelines stipulated that women who wished to become pregnant would not receive hormone therapy and would receive pain management or await surgery • GP prescribing – initiation of treatment would be by secondary care and include one month's prescription with GPs requested to continue with prescribing. However, there was confusion regarding the one-month prescription being provided by secondary care and the subsequent request for GPs to continue with prescribing whilst the patient awaited their review at three months. Prescribing in secondary care for three to four months should be considered to allow for the patient to have their three- month review and time for the request to be agreed by their GP without the patient running out of their medication. The group concluded that further clarity was required regarding prescribing arrangements for patients and their transfer to primary care. A defined patient pathway and the availability of a Transfer of Care document outlining clinical responsibilities was also requested. **Outcome:** Deferred.
8.	**Atopic Dermatitis Pathway**
	Declarations of interest: Nil declared The NEL High Cost Drugs Treatment Pathway for Atopic Dermatitis (Adults) was presented and the treatment options outlined for patients diagnosed with the condition. It was confirmed that it was the intention for all five high cost drug treatments included in the pathway to be commenced on the lower dose where possible or if the higher dose was to be initiated this would subsequently be titrated down. Discussion took place regarding the level of dosing required, the cost implication for the different treatment options and the next steps should all lines of therapy fail. Concern was raised regarding the reference to Individual Funding Requests (IFR) which required patient exceptionality to be identified. Clarity was also requested regarding the three- lines of therapy and the opportunity to revert back to a previous line of therapy or standard care.

	Outcome: Approved subject to the following requirements: • Consider the removal of the IFR reference within the pathway; IFR requires patient exceptionality to be established • Update pathway to clearly define when the pathway would be exited and standard care recommenced Decision for ratification by IMOC.
9.	**Update to the NEL Psoriasis Pathway**
	Declarations of interest: Nil declared The updated advanced treatment pathway for adult patients diagnosed with psoriasis was presented and the group advised of the following changes to the document: • Deucravacitinib added to the pathway • Dose escalation updated for adalimumab inadequate response (primary and secondary failure) • Appendix 1 update to include route of administration There was confusion regarding the use of certolizumab pegol for patients who were pregnant or trying to become pregnant. Clarity was sought regarding the wording in the section 'Treatment choice in pregnancy and breastfeeding' to ensure equitable lines of therapy remained available for both cohorts of patients. **Outcome:** Approved subject to the following amendments: • Consider the removal of IFR reference within the pathway; IFR requires patient exceptionality to be established • Update pathway to clearly define when the pathway would be exited and standard care recommenced • To reword the section 'Adverse Reaction' on page 5 • Re-word the section regarding the transfer to Certolizumab pegol for pregnant women to ensure equitable lines of therapy remained available Decision for ratification by IMOC.
10.	**Continuous Glucose Monitoring (CGM) in Type 1 Diabetes pathway and Transfer of Care (TOC) (update)**
	Declarations of interest: Nil declared It was explained that a NEL Implementation document for continuous glucose sensors for adults with Type 1 diabetes had been developed. A Transfer of Care document had been updated to support the patient's continued prescribing from secondary care to primary care.

	The following concerns were raised regarding the TOC document: • Identification of the device chosen for the patient and the number of sensors and transmitters to be prescribed per month, including the requirement for blood glucose testing strips (if both ketone and glucose were to be tested) • To confirm that all patient concerns should be directed to specialist team – concerns were raised regarding capacity to respond from the specialist team It was acknowledged that additional information relating to prescribing for the patient would be included in the GP cover letter. However, it was suggested that both the TOC and GP letter (previously approved by FPG) be combined into one document. Concern was raised regarding capacity within the hospital pharmacy to store and dispense devices. **Outcome:** Approved - NEL Implementation document for continuous glucose sensors for adults with Type 1 diabetes. NEL Transfer of prescribing for CGM for adults with Type 1 diabetes (TOC) approved subject to the following: • To identify the device, the number of sensors and transmitters to be prescribed for each month in the document including the type of testing strips. • To add wording that states that the TOC must be sent to primary care within the 1st month of the patient being initiated on a device. • To merge TOC and the GP letter so that all information is available within one document. Decisions for ratification by IMOC.
11.	**NICE TA approval and horizon scanning**
	The following updates were provided by NF: **NEL ICB commissioned:** **TA 918** Bimekizumab for treating axial spondyloarthritis – implementation date 10.11.23, BH have 20 patients awaiting patient numbers from other Trusts. No significant financial impact. **Outcome:** Agreed for local implementation (decision for ratification by IMOC) **Formulary status:** Hospital only **TA 920** Tofacitinib for treating active ankylosing spondylitis – implementation date 17.11.23, BH have 20 patients awaiting patient numbers from other Trusts. No significant financial impact. **Outcome:** Agreed for local implementation (decision for ratification by IMOC) **Formulary status:** Hospital only

	NHSE commissioned: **Clinical Commissioning Policy –** Nebulised liposomal amikacin for the treatment of non-tuberculous mycobacterial pulmonary disease caused by mycobacterium avium complex refractory to current treatment options (adults and post pubescent children) (2111) [221007P] **TA926** Baricitinib for treating severe alopecia areata is not recommended (negative TA) **TA274** Ranibizumab for treating diabetic macular oedema has been updated: The wording of the recommendation describing the patient access scheme and procurement information about ranibizumab biosimilars have been updated. **Noted.**
12.	**NICE TAs for discussion**
	Nil
13.	**NHSE circulars**
	The following NHSE circulars were **noted:** **SSC2563** Palivizumab passive immunisation against Respiratory Syncytial Virus (RSV) in at-risk infants 2023-24 season commencement **SSC2568** NHS England Commissioning Statement: Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease [2304] **SSC2570** NICE Technology Appraisal Final Draft Guidance: secukinumab for treating moderate to severe hidradenitis suppurativa – the group were advised that secukinumab was an alternative treatment to adalimumab for this condition and was being offered at BH. All patients requiring secukinumab were to be registered via Blueteq having met the clinical criteria on the registration form and payments would be made to Trusts upon completion of the Blueteq registration and the IMF MDS record applicable to the drug.
14.	**Commissioning update**
	ICB update – COVID-19 Interim Guidance update – Appendix 3 outlined the latest costs/patient numbers and at present a big impact on the spend of COVID-19 drugs was not anticipated. Numbers would continue to be monitored and regular updates provided to the group. Ophthalmology Pathways (wAMD, DMO) – it was confirmed that previous joint pathways with NCL were now out of date and the draft pan-London pathways had been considered for update by clinicians; pharmacists were to consider cost implications and share comments by the 30th November. LPP Biologics dashboard – the dashboard had been re-vamped to include biologics data for the Trusts. The NEL Pharmacy Leads meeting provided the opportunity for Trusts to consider the data before information is shared as part of the NEL Medicines Value Group. Medicines Value Group – the finalised minutes from this group would be shared at FPG meetings.

	NHSE update – Innovative Medicines Fund (IMF) – the group were requested to consider the details for the IMF and contact the team if any support was required. **Noted.**
15.	**London Medicines & Pathway Group (LMPG) meeting -no update**
16.	**FPG workplan review**
	Formulary Working Group – the Terms of Reference (ToR) had been agreed at the last meeting of the working group and would be submitted for consideration at to the December FPG meeting. • E-platform for NEL formulary - the agreed criteria had been circulated to the respective companies and responses were awaited. The December meeting of the FWG would enable demonstrations to be provided to the group with short listing planned for the meeting in January. It was confirmed that this information had been shared with all NEL Chief Pharmacists with an open invite for staff to attend the December meeting and provide feedback. **Noted.**
17.	**Equality: monitoring of usage and outcomes – nil at present**
18.	**Items for Approval**
	The following FPG documents had been updated and were agreed: • Full application updated: new logo and title changed to include change of dose and indication of medicines already on formulary • Cover sheet updated: information included to show when to use the cover sheet vs the full application including a new section on change of formulary position or status change • Chairs action form updated: logo added, IMOC Chairs Action ratification and notification to applicant **Outcome:** approved (decision for ratification by IMOC)
19.	**Papers from committee reporting into the FPG:** 1. BH Cancer DTC Agenda and minutes – Agenda October 2023 2. NEL Sub-Regional Immunoglobulin Assessment Panel Agenda – October 2023 agenda **Noted.**
20.	**Local Medicines Optimisation group updates:** 1. BH – Summary of Chairs Actions – October 2023 2. NELFT exception report - NIL 3. ELFT medicines committee minutes – NIL

	4. BHRUT MOG agenda and minutes – July agenda/minutes and September minutes 5. Homerton - NIL **Noted.**
21.	**NEL FPG Outcome Letters:** • TA916 – Bimekizumab for treating active psoriatic arthritis • Treatment pathway for inflammatory bowel disease in adults v1.2 (update) • Primary care QIPP programme: Melatonin – cost effective formulary choices • Sevikar HCT (Olmesartan/ Amlodipine/ Hydrochlorthiazide) tablets (all strengths) for essential hypertension - Formulary harmonisation (in line with BH formulary) **October NEL FPG recommendations ratified at IMOC October 2023:** • TA916 – Bimekizumab for treating active psoriatic arthritis • Treatment pathway for inflammatory bowel disease in adults v1.2 (update) • Primary care QIPP programme: Melatonin – cost effective formulary choices • Sevikar HCT (Olmesartan/ Amlodipine/ Hydrochlorthiazide) tablets (all strengths) for essential hypertension - Formulary harmonisation (in line with BH formulary) • ADHD medication shortage MEMO **Noted.**
22.	**NEL FPG Chairs Actions - nil**
23.	**NEL FPG finalised minutes** – September 2023
24.	**Any other business**
	FPG survey – It was agreed that the results of the FPG survey would be shared at the December meeting. ADHD protocol – A concern was raised regarding primary care clinicians struggling to contact specialist clinicians for advice. It was confirmed that due to capacity any referrals should be for cases that were high priority and switching medications was to be refrained from where possible; agreed to feedback the concerns to the specialist teams.
	Time & date of next FPG meeting **Tuesday 5th December 2023 at 12.30 via MS Teams –** calendar invite circulated.