

North East London Formulary & Pathways Group (FPG)

Tuesday 12th March 2024 at 12.30pm via MS Teams

Meeting Chair: Dr Gurvinder Rull

Minutes

| Attendance | Name | Initials | Designation | Organisation |
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| Clinical Representatives | | | | |
| Present | Gurvinder Rull | GR | Consultant Clinical Pharmacology (FPG Chair) | BH |
| Apologies | 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 |
| Present | Mehul Mathukia | MM | Medicines Optimisation Clinical Lead for Redbridge | NHS NEL |
| Present | Louise Abrams | LA | Clinical Pharmacologist, DTC Chair | HHFT |
| Absent | John McAuley | JM | Consultant Neurologist, DTC Chair | BHRUT |
| Present | John Booth | JB | Consultant Nephrologist | BH |
| Trusts' Pharmacy Representatives | | | | |
| Present | Jaymi Teli | JT | Lead Formulary & Pathways Pharmacist | BH |
| Apologies | 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 |
| Present | Ayel Ariece | 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 |
| Present | Catriona Holms | CH | Senior Pharmacist - Formulary & Governance | 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 |

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| Present | Denise Baker | DB | Senior Administrative Officer, Medicines Optimisation | NHS NEL |
| Present | Anh Vu | AV | Formulary Pharmacist | NHS NEL |
| Present | Ann Chan | AC | Formulary Pharmacist | NHS NEL |
| Apologies | Natalie Whitworth | NW | Commissioning & Contracting Pharmacist | NHS NEL |
| Present | 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 | Senior Medicines Optimisation Pharmacist (Representing NEL Primary Care Non-Medical Prescribers) | NHS NEL |
| Present | Yasmine Korimbux | YK | Lead Medicines Optimisation Pharmacist, NICE Medicine and Prescribing Associate | NHS NEL |
| Apologies | Jiten Modha | JMo | Specialised Commissioning Senior Pharmacy Advisor | NHSE |
| Guests | | | | |
| Present | Arron Jones (6) | AJ | Lead Clinical Pharmacist Hepatology | BH |
| Present | Selena Singh (7) | SSi | Consultant HIV/Integrated Sexual Health | BH |
| Present | Jennifer Amartey (7) | JA | Highly Specialist Pharmacist – Infection and Immunity | BH |
| Present | Katti Nwosu (8) | KN | Senior Medicines Optimisation Pharmacist | NHS NEL |
| Present | Sofiane Kouadria (observer) | SK | IMT-2 doctor with our RLH Care of the Elderly team | 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 |
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| 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 |
| | <p>The minutes of the previous meeting (February 2024) were reviewed and approved.</p> <p>The redacted minutes for December 2023 were agreed.</p> |
| 5. | Matters Arising |
| | <p>1. Action Log The following updates were provided:</p> <p>Action 202312_5 TA922 Daridorexant for treating long-term insomnia</p> <ul style="list-style-type: none"> Feedback regarding primary care prescribing of daridorexant had been requested, although responses had not been received. It was agreed that it would be appropriate for GPs to prescribe daridorexant when the appropriate primary care guidance was in place. Closed <p>Action 202312_01 COVID19 interim policy update for paediatrics</p> <ul style="list-style-type: none"> The addition of Paxlovid for paediatric patients as part of the CMDU service was agreed. It was acknowledged that the current guidance was soon to be superseded by the impending release of updated NICE guidance. <p>Outcome: Approved. Decision for ratification by the NEL Systems Prescribing and Medicines Optimisation (SyPMO) Board.</p> |
| 6. | NEL Shared Care Guideline: Azathioprine and mercaptopurine for patients within adult services (non-transplant indications) |
| | <p>Declarations of interest: Nil declared</p> <p>It was explained that the shared care document had been produced to incorporate all the existing shared care agreements in place to support the prescribing of azathioprine and mercaptopurine for a variety of conditions. It was acknowledged that indications had been added that had</p> |

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| | <p>previously not been included in any previous existing shared care and these were identified to the group. Monitoring responsibilities had been outlined for each indication including blood test requirements which were in accordance with national guidance.</p> <p>Clarity was sought regarding the green book recommendation that live vaccines could be provided to immunosuppressed patients as concerns had been raised by clinicians who felt that live vaccines should not be given to specific patients. Therefore, it was agreed that a tick box should be added to the checklist section within the GP letter clarifying the clinical recommendation following a risk assessment by the specialist for each individual patient. Concern was also raised regarding the use of allopurinol and it was agreed that the section referencing this medication would be highlighted in red with additional wording to emphasize the possibility of severe/fatal consequences of its continued use.</p> <p>It was acknowledged that support for GPs could be via Advice & Guidance, although some email contact details had been provided within the document.</p> <p>The group expressed their appreciation for the production of the combined document which was the first to use the new shared care template and agreed that existing azathioprine and mercaptopurine shared care documents should refer to this newly formatted version.</p> <p>Outcome: Approved for one year, with a review date of six months to be added to the FPG workplan to enable feedback to be received and brought back to FPG earlier than one year if concerns/issues were raised. Decision for ratification by the SyPMO Board.</p> |
| 7. | <p>Pristinamycin 500mg tablets (unlicensed) for the third line treatment of <i>Mycoplasma genitalium</i></p> |
| | <p>Declarations of interest: Nil declared</p> <p>The group were advised that the request was for the following cohort of patients suffering from <i>Mycoplasma genitalium</i> to be offered pristinamycin:</p> <ul style="list-style-type: none"> • For patients who had experienced first and second line treatment failure • For patients who were pregnant and required treatment and could not have the first or second line options which were contraindicated in pregnancy <p>It was noted that pristinamycin was well tolerated, did not require specific monitoring and was already included in the British Association for Sexual Health and HIV (BASHH) national guideline for the management of infection with <i>Mycoplasma genitalium</i>. It was confirmed that discussions had taken place between all three NEL Acute Trusts who provided sexual health services. The application is for the drug to be added to the formulary for all three NEL Acute Trusts (BH, BHRUT, HHFT).</p> <p>Outcome: Approved</p> |

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| | <p>Formulary status: Hospital only Decision for ratification by SyPMO Board.</p> |
| 8. | <p>GLP-1RA shortage protocol (update)</p> <p>Declarations of interest: Nil declared</p> <p>The group were advised that the existing protocol had been updated to reflect the NPSA alert that had been shared in January 2024 and outlined the amendments that had been highlighted in yellow throughout the document. It was confirmed that this document was relevant to adults only and that a link to the NPSA alert had been included for reference. It was suggested that the wording for the last bullet point be extended to include 'dose equivalent switching advice' as this was also available within the alert and would support GPs with prescribing.</p> <p>A concern was raised regarding the BMI lower cut off of >37.5kg/m² (as per the HHFT weight management clinic) for morbidly obese Black and Asian patients stated within the protocol. It was suggested that this should state >35kg/m² and requested that the protocol be shared with the BH Obesity clinic for comment.</p> <p>Outcome: Approved subject to clarification of the BMI query raised and the addition of wording to refer to dose equivalent switching advice available to GPs. Decision for ratification by SyPMO Board.</p> |
| 9. | <p>Private prescribing guidance for GPs</p> <p>Declarations of interest: Nil declared</p> <p>NEL NHS and private prescribing guidance and supporting documents It was explained that the guidance and supporting documents had been produced to support NEL primary care prescribers when dealing with requests from registered patients to provide an NHS prescription following a private consultation. The following documents were outlined to the group:</p> <p>9a. NHS and private interface prescribing guidance – to support requests for GPs to issue NHS prescriptions recommended by private providers. Note this included a linked document for shared care medicines.</p> <p>9b. NHS and private interface prescribing checklists – standalone checklists to support decision-making which could be uploaded to a patient's medical record.</p> <p>9c. Patient Information Leaflet (PIL): Information on obtaining prescriptions following a private consultation – to be given to patients when they were considering a private consultation or when requesting a GP to supply an NHS prescription following a private consultation. The</p> |

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| | <p>PIL has been co-produced with the patient representatives at Healthwatch Hackney and was based on the PIL originally produced by PrescQIPP.</p> <p>It was requested that wording be removed from the PIL which stated that GPs would prescribe if the patient advised that they were unable to afford the medicine privately as it would be difficult to ascertain the validity of this claim by the patient. It was confirmed that the documents had been shared with Local Medical Committees and that reference to GP throughout the documents did refer to all primary care prescribers within the practice.</p> <p>9d. Memorandum of understanding (MOU): participation in shared care arrangements between North East London GP practices and private sector organisations</p> <p>It was explained that the MoU defined the minimum good practice requirements, assurance and governance that must be in place between the private care provider, the practice and the patient, in order for shared care to be considered.</p> <p>It was acknowledged that shared care requests were increasing due to long NHS patient waiting lists and patients subsequently seeking medical treatment privately. The decision to prescribe under private shared care arrangements would be at the primary care prescriber's discretion. A request was made for the guidance be shared with other service providers within NEL for information.</p> <p>Outcome: All four documents (9a – d) approved subject to the amendment to the PIL. Decision for ratification by SyPMO Board.</p> |
| <p>10.</p> | <p>Adrenaline with articaine hydrochloride for local anaesthesia during minor oral surgical procedures (formulary harmonisation)</p> <p>Declarations of interest: Nil declared</p> <p>This submission was to align the formulary options across NEL to enable adrenaline with articaine hydrochloride to be used for minor oral surgery procedures within BHRUT; already on formulary within BH and HHFT.</p> <p>Outcome: Approved Formulary status: Hospital only Decision for ratification by SyPMO Board.</p> |
| <p>11.</p> | <p>NEL Guidance for safe fasting during Ramadan (clinician guidance) for information</p> <p>The above guidance had been updated to reflect any changes to advice since the approval of the previous version and to ensure that included links were still correct and relevant. Whilst this document had been shared for information only, it was suggested that the reference to COVID - 19 be re-considered and this comment would be shared back to the editing team. Concern was also raised regarding timelines for the review</p> |

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| | <p>of this guidance to ensure that future versions would be available to support clinicians to consider Ramadan within their patient clinics, prior to the commencement of the fasting period.</p> <p>Noted.</p> |
| 12. | NICE Technology Appraisal (TA) approval and horizon scanning |
| | <p>The following updates were provided:</p> <p>NEL ICB commissioned: TA937 – Targeted-release budesonide for treating primary IgA nephropathy. This TA will go live on 19.03.24. This is a new formulation of budesonide and is classed as a high cost drug (HCD). A patient access scheme (PAS) scheme could be put in place to support treatment costs. Outcome: Agreed for local implementation (decision for ratification by SyPMO Board) Formulary status: Hospital only</p> <p>TA942 – Empagliflozin for treating chronic kidney disease. It was confirmed that the current checklist to support the prescribing of SGLT2 inhibitors was available on the website to support GPs. A review of the formulary status was to take place and considered at a future FPG meeting. Outcome: Agreed for local implementation (decision for ratification by SyPMO Board) Formulary status: Amber ((initiated by or on recommendation of a specialist), as per other SGLT2 inhibitors on formulary, with a future review to green formulary status planned.</p> <p>NHSE commissioned: Nil</p> |
| 13. | NICE TAs/NHSE commissioned policies for discussion - NIL |
| 14. | NHSE circulars |
| | <p>The following NHSE circulars were noted:</p> <ul style="list-style-type: none"> • SSC2615 - NICE Technology Appraisal: Foslevodopa–foscarbidopa for treating advanced Parkinson’s with motor symptoms. [TA934] • SSC2616 - End of 2023-24 Respiratory Syncytial Virus (RSV) season and cessation of access to palivizumab passive immunisation against RSV in at risk pre-term infants • SSC2614 - Specialised Commissioning Update January to March 2024 |
| 15. | Commissioning update |
| | ICB update – the following details were provided: |

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| | <p>Medicines Value Group – standing items for this meeting included:</p> <ul style="list-style-type: none"> • Primary Care Efficiency Plan / SPS key molecules / LPP biosimilars – each Trust was requested to feedback on each work area • Specialist Commissioning – the priority list for the current financial year and next financial year were considered <p>In the February 2024 meeting, the following item was discussed:</p> <ul style="list-style-type: none"> • Horizon scanning and contract for 24/25 for each Trust <p>The Terms of Reference for the MVG which had previously been in draft were to be discussed at the March 2024 meeting which followed today's FPG.</p> <p><u>NHSE update –</u> The group were advised that 'Invest to Save' schemes were being worked on and details would be shared at a later date.</p> <p>Noted.</p> |
| 16. | London Medicines & Pathway Group (LMPG) meeting – no update |
| 17. | FPG workplan review |
| | <p>The following update relating to the Formulary Working Group was provided:</p> <ul style="list-style-type: none"> • Recommendation had been made regarding the eFormulary platform for NEL-wide use and this had been shared at the Pharmacy Leads meeting, IMOC, Investment Review Group, Procurement Group, and was expected to be signed off shortly and the contract awarded • Agreement had been received from all NEL Trusts to release their formulary pharmacist for one day per week dedicated support for both formulary and FPG workstreams • The new electronic formulary platform contract was expected to start from 1st April with a possible test chapter during March 2024 • A six-month period to add the formularies and harmonise where possible, anticipating one big chapter and two small chapters per month <p>Noted.</p> |
| 18. | Equality: monitoring of usage and outcomes – nil at present |
| 19. | Items for Approval |
| | <p>NEL Formulary status key</p> <p>The group were advised that a new formulary status key had been produced following feedback that had been received that there were too many different amber statuses. Therefore, the revised key included only one amber status but would allow for wording to be included in the</p> |

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| | <p>formulary to outline any restrictions specific to the indication. It was confirmed that amber status would allow a primary care prescriber to initiate with the appropriate knowledge/training or decide to continue with prescribing for a patient following specialist recommendation or initiation. A new purple status had been included for shared care and this would refer to medications that should be initiated by a specialist only but could be continued by a primary care prescriber, if a shared care agreement was in place.</p> <p>It was acknowledged that HHFT would be required to change their current blue formulary status to red for specialist or hospital only prescribing to align with the agreed NEL formulary status key. The group were advised that the grey formulary status referred to medicines that were not recommended for use in primary/secondary or tertiary care (i.e. non-formulary).</p> <p>Noted.</p> |
| 20. | <p>License extension for noting (BH ONLY): Dupilumab treatment of patients from 6 months of age and older with severe atopic dermatitis who have responded inadequately to at least one systemic therapy or where the available systemic therapies are not recommended or are not tolerated (in relation to NICE TA534) - commissioned by the ICB in adults and NHSE in children.</p> <p>Noted.</p> |
| 21. | <p>Papers from committee reporting into the FPG:</p> <ol style="list-style-type: none"> 1. BH Cancer DTC – January 2024 minutes and February 2024 agenda 2. NEL Sub-Regional Immunoglobulin Assessment Panel Agenda – nil <p>Noted.</p> |
| 22. | <p>Local Medicines Optimisation group updates:</p> <ol style="list-style-type: none"> 1. BH – Summary of Chairs Actions – February 2024 2. NELFT exception report - NIL 3. ELFT medicines committee minutes – NIL 4. BHRUT MOG – January 2024 minutes and February 2024 agenda 5. Homerton - NIL <p>Noted.</p> |
| 23. | <p>Nel FPG recommendations ratified at IMOC December 2023</p> <ul style="list-style-type: none"> • IMOC Highlight Report <p>NEL FPG Outcome Letters:</p> |

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| | <ul style="list-style-type: none"> • Clonidine patches in paediatric dystonia • NEL ONS Guideline and patient information resources • NICE TA934 • NICE TA935 • Opicapone for Parkinson's disease (formulary harmonisation) • IQoro® position statement • Salbutamol MDI for acute bronchospasm in anaesthetised patients <p>Noted.</p> |
| 24. | NEL FPG Chairs Actions - nil |
| 25. | NEL FPG finalised minutes – December 2023 |
| 26. | <p>Any other business</p> <p>The FPG Terms of Reference would be updated to reflect the change from the Integrated Medicines Optimisation Committee (IMOC) which would now be referred to as the Systems Prescribing and Medicines Optimisation (SyPMO) Board.</p> |
| | <p><u>Time & date of next FPG meeting</u> Tuesday 9th April 2024 at 12.30 via MS Teams – calendar invite circulated.</p> |