

North East London Formulary & Pathways Group (FPG)
Tuesday 12th September 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
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
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
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
Apologies	Iola Williams	IW	Chief Pharmacist	HHFT
Present	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	Director of Medicines Optimisation	NHS NEL
Apologies	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	JM	Specialised Commissioning Senior Pharmacy Advisor	NHSE
Guests				
Present	Paul Wright (5)	PW	Lead Cardiovascular Pharmacist	BH
Present	Sadeer Fhadil (5)	SF	Lead Cardiac Pharmacist	BH
Present	Professor Riyaz Patel (5)	RP	Consultant Cardiologist	BH
Present	Arron Jones (6)	AJ	Lead Clinical Pharmacist Hepatology	BH
Present	Lekha Shah (7)	LS	Service Lead Pharmacist Women and Children	BH
Present	Christine Hultholm (8)	CS	Prescribing Support Dietitian	NELFT
Present	Katti Nwosu (8)	KN	Senior Prescribing Adviser	NHS NEL
Present	Katie O'Toole (observer)	KO	Senior Rotational Pharmacist	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
	<p>The minutes of the previous meeting (July 2023) were reviewed and approved.</p> <p>The redacted minutes for June 2023 were agreed.</p>
5.	Matters Arising
	<p><u>Action Log</u> The action log and progress had been shared with the agenda and members were given the opportunity to provide an update on their assigned actions.</p> <p>The following actions on the agenda log were requested to be closed and this was agreed:</p> <p>Actions 202210_06, 202210_07 and 202210_08 for NICE TA805 Icosapent ethyl</p> <ul style="list-style-type: none"> • Request for dietary information to support TA implementation is no longer required as the mechanism of action is different to other fish oils. • Local pathway not needed as there is a national Accelerated Access Collaborative (AAC) lipids pathway. • There is a patient leaflet from Heart UK that can be utilised, therefore a local leaflet is not required. <p>Action 202306_04 for NICE TA878 Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19</p> <ul style="list-style-type: none"> • The COVID-19 pathway has been produced, so this action was agreed to be closed. <p>The group had a general discussion on the COVID-19 guidelines: further clarification on the 'low flow oxygen' terminology used within the guideline was requested as it felt that this was unclear, particularly for general physicians.</p>

It was confirmed the information has been in the guidelines since 2020 and in NHS guidance, there is also supporting information in the table. It was suggested to consider having additional clarification on oxygen flow wording to support clinicians.

Primary care guidance for prescribing and supplying inclisiran

Declaration of interests: nil

The above presenters were welcomed to the meeting and outlined the minor amendments made to the previous version of the primary care guidance for prescribing and supplying inclisiran that was submitted to the June 2023 FPG.

The key changes based on feedback from the previous discussion included:

- adding resources (e.g. patient information leaflets, how to administer, ordering of supply, checklist for appropriate use)
- changing the algorithm based on previous comments, which aligns with AAC guidance and local pathways
- removing patient examples

The aim of the guidance is to support primary care clinicians with initiation of inclisiran in primary care.

The group discussed that there may be a number of primary care clinicians who may be reluctant to prescribe inclisiran because of a recent British Medical Journal (BMJ) article. It was clarified that inclisiran does have NICE approval (TA733) with several years of well documented safety information and this guidance is aimed at providing advice and support for prescribers who do wish to prescribe.

Outcome: The updated 'Primary care guidance for prescribing and supplying inclisiran' was **approved**, with an expiry date of 2 years. Decision to be ratified by the Integrated Medicines Prescribing and Optimisation Committee (IMOC). It was noted that the guidance would need to be endorsed with the NEL logo and individual Trusts logo's to enable uploading onto the hospitals' websites.

NEL Psoriasis Pathway (PART 1 - update)

Declaration of interests: nil declared

An update on the 'NEL high cost drugs treatment pathway for psoriasis' with the addition of Secukinumab and Ustekinumab dose escalation information to the pathway was provided. There will be a meeting between the dermatologists, Trust pharmacists to discuss the atopic dermatitis pathway and an update to the psoriasis pathway.

The group was informed that further information on atopic dermatitis and psoriasis will be submitted to FPG.

Outcome: The NEL high cost drugs treatment pathway for psoriasis was **approved** (decision for ratification by IMOC).

	<p><u>NEL Adult respiratory inhaler formulary (small correction for Duoresp)</u> Declaration of interests: nil declared</p> <p>This was a minor correction on the licensed age of DuoResp Spiromax in the NEL Adult Respiratory Inhaler Formulary document.</p> <p>Outcome: The updated NEL Adult respiratory inhaler formulary was approved. Decision to be ratified by the IMOC.</p> <p><u>Interim Covid-19 interim arrangements:</u> Declaration of interests: nil declared</p> <p>The interim COVID-19 interim arrangements were presented. The request is to extend the current NEL COVID-19 interim treatment guidance (which was previously approved via Chair’s action and valid up to 1st October 2023) to the end of March 2024, as NICE is unlikely to release any further update before the end of 2023.</p> <p>The projected cost table will be moved outside the ‘clinical information’ section as an appendix instead, with the table being updated. None of the algorithms or clinical information have been changed as there has not been any new information from NICE but the predicted patient numbers, free stock situation and best estimated guess of the costs will be updated and finance will be informed of the likely expectations.</p> <p>Estimating patient numbers has been difficult at this stage; checking with a BH virologist on predicted patient numbers on any growth from last year. The group acknowledged the disease profile may differ from previous years. A Chair’s action on the revised version will be requested between now and IMOC to allow IMOC ratification.</p> <p>If any new information comes to light, the document will be updated accordingly.</p> <p>Outcome: The group was in agreement for this interim policy to be extended to the end of March 2024. However, the above changes are being worked through and a request for Chair’s action will be made when this is ready for approval</p>
For discussion – items submitted for approval	
6.	L-ornithine L-aspartate (LOLA) for the treatment of severe hepatic encephalopathy
	<p>Declarations of interest: nil declared</p> <p>The presenter was welcomed to the meeting and outlined the application request for L-ornithine L-aspartate (LOLA) to be added to the formulary for the treatment of severe hepatic encephalopathy (HE) as a last line option for patients with decompensated cirrhosis. These patients may have been admitted to ITU.</p>

	<ul style="list-style-type: none"> • LOLA is a very specialised treatment which should only be started after the patient is seen and a review and assessment has been undertaken by a hepatology consultant as a last line option for in-patients with severe liver impairment who have already tried Lactulose and Rifaximin for hepatic encephalopathy. • Patients must have received maximal therapy for HE with no improvement in clinical symptoms before they are considered for LOLA. • Very specialised treatment which can only be agreed once the consultant hepatologist has seen the patient • Expectations is approximately 22 patients (17 Barts Health and 5 BHRUT) with a short treatment course (costing is based on most patients receive 5 days IV, then further 5 days of oral) • Patient will not be discharged on LOLA and GPs will not be asked to prescribe this medication (hospital only status) • LOLA is an unlicensed product <p>The following comments were discussed:</p> <ul style="list-style-type: none"> • It was clarified the flowchart presented was just for information as an example and was not being planned to be used in any guidance/ wider • Support to pharmacists when screening/ relevant staff – targeting specific wards for training • The practicalities of requiring a consultant hepatologist review and assessment were discussed • In relation to any training/ supportive messaging on electronic formulary and guidelines development, it was highlighted this is NEL-wide, not just Barts Health, as other trusts have provided patient numbers • It was confirmed BHRUT patient numbers are linked to Barts numbers as the hepatologists work across both Trusts <p>Outcome: Application for LOLA for management of hepatic encephalopathy was approved (decision for ratification by IMOC) for hospital only use (noted unlicensed product), subject to:</p> <ul style="list-style-type: none"> • Further clarification around the practicalities of requiring a consultant hepatologist assessment and seeing the patient (e.g. is it acceptable if ITU consultant agree on the use with a consultant hepatologist over a telephone discussion?) • Team to provide feedback to the FPG on patient numbers and situations the drug is being used in 12 months' time • The FPG strongly recommend for an NEL hepatology encephalopathy guideline (with this treatment incorporated) to be developed within the next 6 months and brought back to FPG for approval.
7.	<p>Levonorgestrel Intrauterine Delivery System (Benilexa) - Formulary alignment</p>
	<p>Declarations of interest: Nil declared</p> <p>The presenter was welcomed to the meeting to discuss the formulary alignment of Levonorgestrel 20 micrograms/24 hours Intrauterine Delivery System (Benilexa). It is already on formulary at BHR therefore Benilexa is being requested for it to be added to BH formulary for contraception and heavy menstrual bleeding.</p> <ul style="list-style-type: none"> • Homerton is interested in using this as first line – patient numbers to be confirmed

- Confirmed as in-tariff drug.
- Additional training for staff may be required as the insertion technique for Benilexa is more complicated than Mirena.

Outcome

- Benilexa for contraception and heavy menstrual bleeding has been **approved** for HHFT and BH (decision for ratification by IMOC).
- **Amber formulary status** (to be prescribed and administer via sexual health/ gynaecology clinics and commissioned primary care services/GP practices)

It would be useful to have patient numbers for Homerton.

For future consideration:

- To consider Benilexa place in primary care – there is a potential for primary care use in future but need appropriate training and guidance for GPs
- To note that commissioning arrangements differ in different boroughs - some are local authority commissioned.

8. NEL ONS guidelines and Patient Resources

Presenters:

Declarations of interest: Nil declared

The ‘Guidelines on the identification, treatment and management of malnutrition in adults, including the appropriate prescribing of oral nutritional supplements’ were presented.

The background was provided:

- The NEL Medicines Optimisation QIPP working group have identified oral nutritional supplements (ONS) as an area where significant savings could be made if cost effective ONS products are prescribed (when clinically indicated).
- This document is an amalgamated version of previously existing ONS guidelines across the different NEL places, and also takes in to account NICE and PrescQIPP information.
- This document provides guidance to primary care prescribers on the following:
 - Step by step process to aid prescribing decision.
 - Explains when it is appropriate to prescribe ONS (thus reducing inappropriate ONS prescribing across primary care).
 - Additional screening tools and patient association nutritional checklist.
 - It also provides guidance to secondary care to avoid patients being discharged on inappropriate ONS and switches to cost effective alternatives in the community if ONS is to continue on discharge.

The NEL ONS guidelines working group has been set up and gave input into the guidelines. The working group will work collaboratively to ensure thorough dissemination and implementation across NEL.

The next steps include:

- Targeted training led by community dietitians at the point of launch (linking in with relevant stakeholders in secondary care to ensure that patients are not discharged on ONS inappropriately) and how to upskill our local stakeholders.
- Rolling training will be provided to focus on when prescribing is appropriate and when ONS can be stopped.
- Pop-up messaging at the point of prescribing on prescribing support systems.
- Guidelines and resources to be uploaded on NEL websites.
- Patient resources are being developed.
- Prescribing support dietitians can be contacted where appropriate.

The following comments were raised:

- The group highlighted there is still a mismatch between primary and secondary care and more work is needed to harmonise and align this in the longer term. The NEL ONS working group are to discuss a long-term solution for this.
- As an interim solution, the discharge letter will contain wording to say 'GPs are able to switch to alternatives on discharge'.
- There is work underway in the Nutrition and Hydration Prescribing Group at the London Procurement Programme (LPP) – one of the areas being looked at is the nutrition handover from secondary care to primary care.

The patient resources were not discussed in the meeting and will be brought back to a future meeting for discussion.

Outcome: The ONS guidelines **were approved** with a 24 months review date. The list of emollient products recommended to be included into the NEL formulary as part of the approval.

It is noted these guidelines are for primary care use at present.

NICE TA/NHSE circulars for approval/implementation

9. NICE TA approval and horizon scanning

The following updates were provided:

NEL ICB commissioned:

TA902 Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction

The group acknowledged this is being prescribed by clinicians already. The formulary status would be amber (specialist recommendation / initiation and no shared care) for treating chronic heart failure with preserved or mildly reduced ejection fraction.

	<p>Outcome: Agreed for local implementation (decision for ratification by IMOC) Formulary status: Amber (to be initiated by or on recommendation of a specialist)</p> <p>TA906 Rimegepant for preventing migraine (HCD) This is the first oral treatment that has been released alongside a line of other recent treatments for migraine. There may be potential for primary care prescribing if the commissioning arrangements allow. This will be explored as part of the migraine pathway to be developed and to consider the existing migraine service at BHRUT and the headache service at Barts Health. There are other ICSs which are beginning to formulate a migraine pathway and these will be contacted for more information. The group welcomed the development of a pathway. It was noted there may be a clinical review needed at 12 weeks – this would need to be considered in the pathway and local commissioning aspects. The formulary status will be kept as ‘hospital only’ for now.</p> <p>Outcome: Agreed for local implementation (decision for ratification by IMOC) Formulary status: Hospital only</p> <p>TA907 Deucravacitinib for treating moderate to severe plaque psoriasis (HCD) It was mentioned she will discuss the PAS information with GR outside the meeting. Outcome: Agreed for local implementation (decision for ratification by IMOC) Formulary status: Hospital only</p> <p>NHSE commissioned:</p> <ul style="list-style-type: none"> • TA896 Bulevirtide for treating chronic hepatitis D - approved via Chair’s action Outcome: Agreed for local implementation (decision for ratification by IMOC) Formulary status: Hospital only • TA890 Difelikefalin for treating pruritus in people having haemodialysis - approved via Chair’s action Outcome: Agreed for local implementation (decision for ratification by IMOC) Formulary status: Hospital only • TA912 Cipaglucosidase alfa with miglustat for treating late-onset Pompe disease Outcome: Agreed for local implementation (decision for ratification by IMOC) Formulary status: Hospital only
10.	NICE TAs for discussion
	Nil

11.	NHSE circulars
	<p>The following NHSE circulars were noted:</p> <p>a. SSC2538 - Age group licence extension to for lumacaftor/ivacaftor (Orkambi®) for patients aged 1-2 years with CF</p> <p>b. SSC2111 - Technology Appraisal 614 and 615: Cannabidiol with clobazam for treating seizures associated with Lennox–Gastaut syndrome and Dravet syndrome</p>
Standing items	
12.	Commissioning update
	<p><u>ICB update</u></p> <p>The following ICB update was provided:</p> <p>The Medicines Value Group (MVG) has been set up for NEL ICS. This newly established group will look at best value in terms of finance and patient outcomes and how best to achieve this aim within the funds we have.</p> <p>There has been good engagement in the initial meetings, where the group looked at the MVG Terms of Reference and the recent national medicines optimisation opportunities published by NHS England; how the ICS is achieving and how to feedback to regional groups.</p> <p>There is also work underway to look at establishing effective communication and connection with the ICS systems, finance and establishing the flow of items e.g. CGM is being brought to MVG to look at patient outcomes and finance impact perspective but any pathway design will then need to come to NEL FPG for discussion.</p> <p>The Medicines efficiency plan is being developed.</p> <p><u>NHSE update</u></p> <p>The following NHSE update was provided:</p> <ul style="list-style-type: none"> • Best value medicines group is promoting medicines optimisation and best value through various schemes (e.g ‘Invest to save’ schemes - blood factors and teriflunomide) • Generics – supporting local commissioners and providers on the switching process • Homecare framework and transport of medicines framework <p>Noted</p>

13.	<p>London Medicines & Pathway Group (LMPG) meeting update</p> <p>An update on the London Medicines & Pathway Group meeting was provided:</p> <ul style="list-style-type: none"> • Update on the maintenance of the Hospital only List (HOL) summary - ophthalmology chapter and preferred inhaler list for asthma and COPD maintenance model <ul style="list-style-type: none"> - The highlight report for IMOC will also be sent to the LPP going forward post FPG. The information will be collated alongside with the other 4 ICSs on their decisions into a “live” excel document. This allows sharing of information across London to maintain those chapters. Once the information is collated, this will be used to update the London hospital only list, ophthalmology chapter and the preferred inhaler list - Useful way to compare the formulary decisions across London and to view the work other ICSs are undertaking. - This is a pilot which goes live in October for 6 months • Interface prescribing policy – a short life working group is working on the next version which will include a section on dietetics. • Medicines compliance aids (MCA or dosette box) – LPP has produced a document and is submitting to each IMOC for ICSs to adapt and adopt. • Health economist at LPP is starting work on looking at cost-effectiveness of CGM across London. • The Pan-London meeting has agreed to focus on Ophthalmology as the pathway project in this financial year. <ul style="list-style-type: none"> - A wet AMD pathway was produced by clinicians and now involving pharmacy to ensure it is updated with cost effective choices and national priorities. Diabetic Macular Oedema pathway will be the next area. <p>Noted.</p>
14.	FPG workplan review – not discussed
15.	Equality: monitoring of usage and outcomes – nil at present
16.	Items for Approval - nil
Information items (17 – 23)	
17.	<p>NHSE National Policy Recommendations: FOC Schemes</p> <p>The group discussed the NHSE “Free of charge (FOC) medicines schemes – national policy recommendations for local systems” which supersedes the previous RMOC recommendations.</p>

	<p>The following comments were shared:</p> <ul style="list-style-type: none"> - The information in the policy is useful with the ‘Appendix 3: Free of charge (FOC) Supply – Request for approval standard’ template looks particularly useful to complete when reviewing a scheme. - Adjust the “Trust name” box in appendix 3 to allow specification. This could include the estimated patient numbers and funding arrangements and which Trusts the information is applicable for - Important with FOC schemes that the exit strategy is clear. - The FPG was keen to adopt the policy and update the FOC / Discounted Schemes policy for use in future NEL FPG discussions. - The NEL FOC policy was being updated– this NHSE policy will be adopted with any necessary adjustments, acknowledge where it is from and bring back for approval at the next NEL FPG. <p>Outcome:</p> <ul style="list-style-type: none"> • Adoption of the NHSE FOC policy has been approved, with any necessary adjustments to be brought back for approval at the next NEL FPG. • Appendix 3 to be considered for use when developing the checklist for Trusts
18.	Updated NEL FPG Terms of Reference – not discussed
19.	<p>Papers from committee reporting into the FPG:</p> <ol style="list-style-type: none"> 1. BH Cancer DTC Agenda and minutes – June and July 2023 2. NEL Sub-Regional Immunoglobulin Assessment Panel Agenda – May minutes and June agenda <p>Noted.</p>
20.	<p>Local Medicines Optimisation group updates:</p> <ol style="list-style-type: none"> 1. BH – Summary of Chairs Actions – July 2023 2. NELFT exception report - NIL 3. ELFT medicines committee minutes – NIL 4. BHRUT MOG agenda and minutes – June 2023 5. Homerton - NIL <p>Noted.</p>

21.	<p>NEL FPG Outcome Letters:</p> <ol style="list-style-type: none"> 1. NEL Adult ADHD SCG 2. NEL Adult asthma guidelines 3. NEL pen needle guidance and QIPP 4. QIPP macrogol prescribing 5. QIPP respiratory prescribing <p>July NEL FPG recommendations ratified at IMOC July 2023</p> <ul style="list-style-type: none"> • NEL Primary and secondary care adult asthma prescribing guideline (update) • Supporting cost-effective and greener prescribing in respiratory disease (implementation document) • NEL Guidance on the cost-effective prescribing of disposable pen needles • Protocol to support the safe and cost-effective prescribing of disposable pen needles & NEL implementation of guidance • Cost effective brand prescribing for macrogol compound preparations for adults and children (implementation document) • Use of methylphenidate, dexamfetamine, lisdexamfetamine dimesylate and atomoxetine for the management of attention-deficit hyperactivity disorder (ADHD) in adult patients • TA882 – Voclosporin with mycophenolate mofetil for treating lupus nephritis (NHSE commissioned) • TA905 – Upadacitinib for previously treated moderately to severely active Crohn’s disease (ICB commissioned) • Terms of Reference for NEL FPG Pathways & Guidelines Working Group (update) <p>Noted.</p>
22.	<p>NEL FPG Chairs Actions: The following were approved via Chair’s action:</p> <ul style="list-style-type: none"> • NICE TA896 Bulevirtide for treating chronic hepatitis D • NICE TA890 Difelikefalin for treating pruritus in people having haemodialysis • NEL Antimicrobial Guidance (Nitrofurantoin monitoring update p12) • Covid 19 interim treatment guidance <p>Noted.</p>
23.	<p>NEL FPG finalised minutes – June 2023</p>
24.	<p>Any other business</p>
	<p><u>NEL FPG survey:</u> AV mentioned the NEL FPG survey for members has been finalised following comments and is ready to be used.</p>

	<p>The chair asked if the results can be anonymised.</p> <p>Outcome: Survey approved to be sent to members, with a suggested 2 weeks deadline for responses.</p> <p><u>Date of next meeting:</u></p> <p>The date of the next NEL FPG has been agreed to be moved to 10th October 2023.</p>
	<p><u>Time & date of next FPG meeting</u></p> <p>Tuesday 10th October 2023 at 12.30 via MS Teams – calendar invite to be circulated</p>