

North East London Formulary & Pathways Group (FPG)

Tuesday 9th April 2024 at 12.30pm via MS Teams

Meeting Chair: Dr Gurvinder Rull

Minutes

Attendance	Name	Initials	Designation	Organisation
Clinical Representatives				
Present	Gurvinder Rull	GR	Consultant Clinical Pharmacology (FPG Chair)	BH
Apologies	Narinderjit Kullar	NK	Clinical Director for Havering	NHS NEL
Absent	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
Present	Louise Abrams	LA	Clinical Pharmacologist, DTC Chair	HHFT
Absent	John McAuley	JM	Consultant Neurologist, MOG Chair	BHRUT
Apologies	John Booth	JB	Consultant Nephrologist	BH
Trusts' Pharmacy Representatives				
Present	Jaymi Teli	JT	Lead Formulary & Pathways Pharmacist	BH
Present	Farrah Asghar	FA	Lead Clinical Pharmacist, Medicines Commissioning & Pathways	BH
Absent	Suzanne Al-Najim	SA	NHSEI Commissioning Pharmacist	BH
Present	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Present	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Apologies	Kemi Aregbesola	OA	Medicines Information and Formulary Pharmacist	BHRUT
Present	Ayel Ariec	AA	Lead Pharmacist for Medicines Information, Formulary and Pathways	HHFT
Absent	Chinedu Ogbuefi	CO	Interim Deputy Chief Pharmacist for London Services	ELFT
Apologies	Iffah Salim	IS	CAMHS Directorate Lead, Medicines Information Pharmacist	ELFT
Apologies	Catriona Holms	CH	Senior Pharmacist - Formulary & Governance	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	Formulary Pharmacist	NHS NEL
Apologies	Ann Chan	AC	Formulary Pharmacist	NHS NEL
Present	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
Apologies	Yasmine Korimbux	YK	Lead Medicines Optimisation Pharmacist, NICE Medicine and Prescribing Associate	NHS NEL
Present	Jiten Modha	JMo	Specialised Commissioning Senior Pharmacy Advisor	NHSE
Guests				
Present	Katti Nwosu (5)	KN	Senior Medicines Optimisation Pharmacist	NHS NEL
Present	Bobby Sandhu (6,7,8)	BS	Lead Medicines Optimisation Pharmacist	NHS NEL
Present	Eric-Wailun Chu (6,7,8)	EC	Lead Medicines Optimisation Pharmacist	NHS NEL
Present	Paul Wright (6,7,8)	PW	Lead Cardiovascular Pharmacist	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
	<p>The minutes of the previous meeting (March 2024) were reviewed and approved subject to a minor amendment on page 9 (change from 2023 to 2024).</p> <p>The redacted minutes for February 2024 were agreed subject to a minor amendment on page 11 (change from 2023 to 2024).</p>
5.	Matters Arising
	<p>1. <u>Action Log</u></p> <p>The group were advised that the previous action log had been deleted from the Teams channel and therefore a new action log had been created to capture actions from April 2024 onwards. The following actions were outlined for update:</p> <p>Action 202302_03 Protocol for blocked PICC line – It was agreed to close this action as it was the remit of the Trusts to produce the protocol. Closed</p> <p>Action 202302_04 Remimazolam for specialist dentistry – A reminder would be forwarded to the dentistry team at BH requesting the completion and submission of the data template.</p> <p>Action 202309_06 Development of NEL Free of Charge (FOC) policy – The group were advised that an initial draft protocol had been adapted from the NHSE FOC policy for NEL.</p> <p>Action 202403_02 Update to FPG Terms of Reference - An update of the ToR to reflect the name change of the Integrated Medicines Optimisation Committee (IMOC) to the System Prescribing and Medicines Optimisation (SyPMO) Board. The group were requested to forward any further suggested changes to the ToR. Wording to reflect the consideration of devices and medical gases by the FPG as possible submission items was requested.</p> <p>2. <u>Updated GLP1-RA shortage protocol in diabetes</u></p> <p>A minor amendment had been made to the recently approved GLP1-RA shortage protocol in diabetes. The change to the document had followed the release of an updated medicines supply notification which recommended the following:</p> <ul style="list-style-type: none"> • Prescribe Rybelsus® tablets or Mounjaro® KwikPens for new initiations of GLP-1 RAs (in line with NICE NG28)

	<ul style="list-style-type: none"> Identify patients prescribed Byetta® and Victoza® injection (in line with NICE NG28) or patients unable to obtain Ozempic® or Trulicity® for 2 weeks or more and switch to Rybelsus® tablets or Mounjaro® KwikPens. <p>It was confirmed that following the FPG's prior consideration of the document, further clarification had been added to the document regarding switching between GLP-1 RA medications. Confirmation had also been requested regarding the statement 'BMI lower cut off of >37.5kg/m² for morbidly obese Black and Asian patients' and this had subsequently been removed as the latest guidance advised that medication switching could now be considered for this cohort of patients.</p> <p>The group requested that a link to the Diabetes NEL guidelines is also included.</p> <p>Noted.</p>
6.	<p>Position Statement – Preferred Direct Oral Anticoagulant (DOAC) for prevention of stroke and systemic embolism in adults with Non-Valvular Atrial Fibrillation (NVAF)</p>
	<p>Declarations of interest: Nil declared</p> <p>The position statement that had been produced to reflect the updated commissioning recommendations that had been published in response to the patent expiry for Eliquis® (apixaban) was shared; subsequently generic apixaban had become the best value and preferred DOAC in England for adults with NVAF.</p> <p>The position statement outlined the following:</p> <ul style="list-style-type: none"> Generic apixaban is the preferred DOAC for new initiations for patients with NVAF All four DOACs are available on NEL formularies to prescribe for NVAF. The remaining three DOACs (dabigatran, edoxaban, rivaroxaban) can be prescribed if apixaban is contraindicated, not tolerated or clinically inappropriate Routine switching from other DOACs to apixaban should not be undertaken as a cost efficiency measure <p>It was noted that apixaban is a twice daily medication whilst some of the other DOACs were once daily and concerns were raised regarding patient adherence. Whilst it was anticipated that specialist clinicians would adhere to guidance, the decision as to which DOAC was provided to a patient would remain with the clinician to consider on an individual basis. It was suggested that should a specialist require an alternative DOAC to apixaban to be prescribed in primary care, then the GP should be informed of the reason for the decision within the request; this would be in addition to the details being added to the patient's medical record.</p> <p>An issue was highlighted regarding the under-dosing of apixaban for some patients and it was suggested that the annual review which would normally consider a stepping down of medication, should also include the possibility of dose escalation.</p>

	<p>Outcome: Approved.</p> <p>Decision for ratification by the SyPMO Board.</p>
7.	<p>Direct Oral Anticoagulant (DOAC) Initiation and Monitoring Guidance Template in NVAF</p> <p>Declarations of interest: Nil declared</p> <p>It was explained that the DOAC initiation and monitoring guidance template had been produced to support primary care clinicians to safeguard patients with NVAF who were being initiated on a DOAC and provide guidance for monitoring of DOAC therapy for all therapeutic indications; with the aim to enable a consistent approach across NEL. The template also included a counselling checklist to support the patient consultation. It was suggested that wording should be included to reflect the possibility of dose escalation as a consideration during the patient consultation.</p> <p>It was highlighted that the harmonisation of the formulary status within NEL would be the next step to support the prescribing and monitoring of DOACs.</p> <p>Outcome: Approved subject to minor amendments.</p> <p>Decision for ratification by the SyPMO Board.</p>
8.	<p>Calculating Renal Function (Creatinine Clearance) When Monitoring DOACs for Safe and Effective Dosing of Patients</p> <p>Declarations of interest: Nil declared</p> <p>It was explained the importance of creatine clearance (CrCl) being used to calculate the accurate dose of a DOAC and not an estimated Glomerular Filtration Rate (eGFR). The group were advised that using an incorrect body weight measurement type could lead to the incorrect dosing of a DOAC and the following recommendations were highlighted in the guidance:</p> <ul style="list-style-type: none"> • Calculating CrCl using Cockcroft-Gault equations • Avoiding use of eGFR when calculating DOAC dosing • Use Actual Body Weight when calculating CrCl, not Ideal Body Weight or Adjusted Body Weight • Using online validated calculator (MDCalc) rather than using calculators embedded into the clinical system • Frequency of monitoring of renal function

	<p>A concern was raised regarding bedbound patients within primary care whose actual body weight could be difficult to establish. In these circumstances, it was suggested that a weight estimation be made and a change to creatine levels be considered to justify any dose adjustment for the patient.</p> <p>Outcome: Approved.</p> <p>Decision for ratification by the SyPMO Board.</p>
9.	Formulary Harmonisation - nil
10.	Updated Guidelines - nil
11.	NICE Technology Appraisal (TA) approval and horizon scanning
	<p>The following updates were provided:</p> <p>NEL ICB commissioned: TA953 – (update to TA613) Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema. Outcome: Agreed for local implementation (decision for ratification by the SyPMO Board) Formulary status: Hospital only.</p> <p>TA956 – Etrasimod for treating moderately to severely active ulcerative colitis in people aged 16 and over. NF advised that clarification is awaited regarding NHSE commissioning treatment for under 18s. Outcome: Agreed for local implementation (decision for ratification by the SyPMO Board) Formulary status: Hospital only.</p> <p>NHSE commissioned: Nil</p>
12.	NICE TAs/NHSE commissioned policies for discussion
	<p>Guidance on Measles Post Exposure Prophylaxis - Human Normal Immunoglobulin (off label/ unlicensed use) The group were advised that guidance had been provided by NHSE regarding the unlicensed use of human normal immunoglobulin to reduce the symptoms of measles for susceptible immunocompetent infants and pregnant women. It was confirmed that the Sub-Regional Immunoglobulin Assessment Panel (SRIAP) would continue to monitor off-label and unlicensed use whilst it was acknowledged that there had been no cases of measles within NEL during March 2024. All local Trusts would be advised to refer to their local unlicensed policy if required to administer and gain patient consent.</p> <p>Noted.</p>

13.	NHSE circulars - nil
14.	Commissioning update
	<p>ICB update – the following details were provided: <u>Medicines Value Group (MVG)</u> – the MVG meeting was to follow today’s FPG meeting and would include the following areas for discussion:</p> <ul style="list-style-type: none"> • Data/data qualities including accuracy • Commissioning of high-cost drugs for this financial year – efficiencies within trusts <p>NHSE update – the following update was provided: <u>Natalizumab</u> – this would be part of A2 wave for BH. NHSE would prioritise the need to ensure that stock was distributed appropriately to support this scheme.</p> <p>Noted.</p>
15.	London Medicines & Pathway Group (LMPG) meeting - no update
	<p>The group were advised that the Regional Medicines Optimisation Committee (RMOC) had been paused whilst the Terms of Reference for the committee were re-considered and a consultation period had been set to support is. All sub-groups under the remit of RMOC were also to be paused during this period.</p> <p><u>Interface Prescribing Guidance for Pan London</u> – this guidance had been produced and was expected to be adapted for the production of an Interface Prescribing Policy for NEL.</p> <p>Noted.</p>
16.	FPG working group update
	<p>The following update relating to the Formulary Working Group was provided:</p> <ul style="list-style-type: none"> • Procurement had been successful with a contract offered to netFormulary • Training for members of staff was to commence • October 2024 launch date set • All current NEL formularies that were on the BNF platform had been merged to one excel spreadsheet which outlined present drug statuses. This did not include the BHRUT and NELFT formularies and a separate status review would be undertaken. <p>Noted.</p>

17.	Equality: monitoring of usage and outcomes – nil at present
18.	Items for Approval
	<u>NEL FPG Cover sheet v3.3</u> - The cover sheet had been updated to include a text box to outline any messages that would need to be created or updated on a primary care prescribing support tool, such as OptimiseRx, when the submission paper was considered by the FPG. Noted.
19.	Papers from committees reporting into the FPG: 1. BH Cancer DTC – February 2024 minutes and March 2024 agenda 2. NEL Sub-Regional Immunoglobulin Assessment Panel Agenda – October & November 2023 minutes, January 2024 minutes and February 2024 agenda Noted.
20.	Local Medicines Optimisation group updates: 1. BH – Summary of Chairs Actions – March 2024 2. NELFT exception report - NIL 3. ELFT medicines committee minutes – NIL 4. BHRUT MOG – February 2024 minutes and March 2024 agenda 5. Homerton – Medicines Committee agenda and minutes (March 2024) Noted.
21.	NEL FPG recommendations ratified at the SyPMO Board March 2024 <ul style="list-style-type: none"> • SyPMO Board Highlight Report NEL FPG Outcome Letters: <ul style="list-style-type: none"> • Pristinamycin 500mg tablets for treatment of Mycoplasma genitalium (unlicensed) 3rd line • Adrenaline with articaine hydrochloride for local anaesthesia during minor oral surgical procedures (formulary harmonisation) for BHRT • NHS and private interface prescribing guidance and supporting documents: 1) NHS and private interface prescribing checklists 2) PIL - Information on obtaining prescriptions following a private consultation • Participation in shared care arrangements between North East London GP practices and private sector organisations • TA937 - Targeted-release budesonide for treating primary IgA nephropathy (NHSE commissioned HCD) • TA942 - Empagliflozin for treating chronic kidney disease Note: formulary status of all SGLT2 inhibitors to be reviewed in due course to facilitate uptake in primary care Noted.

22.	NEL FPG Chairs Actions - nil
25.	NEL FPG finalised minutes – February 2024
26.	Any other business It was suggested that the group have an awayday as an educational event and an opportunity for members to meet in person.
	<u>Time & date of next FPG meeting</u> Tuesday 7th May 2024 at 12.30 via MS Teams – calendar invite circulated.