NHS
North East London

North East London Formulary & Pathways Group (FPG)
Tuesday 4th June 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	GP, Clinical Director for Havering	NHS NEL
Present	Chloe Benn	CB	Lead Women's and Children's Consultant Pharmacist and a non-medical prescriber	BH
Apologies	Mehul Mathukia	MM	GP, 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
Present	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
Present	Abubaker Eltayeb	AE	Clinical pharmacology trainee	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 Ariec	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
Apologies	Catriona Holms	CH	Senior Pharmacist - Formulary & Governance	NELFT
Absent	Sibel Ihsan	SI	Lead Directorate Pharmacist for Waltham Forest	NELFT

Present	Kam Takhar	KT	Associate Director of Pharmacy	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	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
Present	Chandni Radia	CR	Pharmacy and Medicines Optimisation Transformation Lead & Lead Medicines Optimisation Pharmacist - Vaccine Programme	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
Absent	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	Samantha Harding	SH	Consultant Ophthalmologist	BH
Present	Nilofer Patel	NP	Lead Pharmacist, Surgery and Anaesthetics	BH
Present	Guy Negretti	GN	Consultant Ophthalmologist	BH
Present	Mohammed Abou Daya	MAb	Service Lead Pharmacist Paediatrics	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**
	It was noted that due to apologies received there was no NEL GP representation at the meeting. It was agreed that an ICB representative would meet with a Havering GP prior to future FPG meetings, to discuss relevant agenda items and gain comments/feedback from a GP perspective to support discussions.
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 (May 2024) were reviewed and approved. A post meeting note on the gender incongruence prescribing guide for primary care was agreed. The redacted minutes for April 2024 were agreed.
5.	**Matters Arising**
	1. <u>Action Log</u> **202405_01 Apixaban following gynaecology oncology surgery:** to share available wording for patient consent statement (as this is off-label use) with applicant – it was confirmed that Apixaban would be used as a routine off label medication and therefore a patient consent form would not be required. **Completed** **202405_02 CGM Transfer of Care for Type 2 Diabetes in adults** – the document had been amended to include 'insulin treated' in the title. **Completed.** **202405_03/04 Buvidal (buprenorphine) for treatment of opioid dependence** – a progress update was provided at the meeting. Supporting documents were being developed to support safe patient management as they move between settings. It was anticipated these would be submitted at the July meeting. **2. <u>Psoriasis High Cost Drugs (HCD) Treatment Pathway</u>** The pathway had received further update and now included information relating to Tuberculosis as a clinical consideration; this amendment had received agreement from all NEL Trusts. **Approved.**

	3. <u>Gender Incongruence prescribing guide for primary care</u> It was explained that following consideration by the FPG of the above guidance, further comments had since been received and therefore the guide was under further review. An updated version would be re-submitted for consideration at a future FPG meeting. **Noted.** **4. <u>Misoprostol in Induction of Labour – HHFT update</u>** The group were advised of the number of patients anticipated to receive this treatment within HHFT. **Noted.**
6.	**Verkazia (ciclosporin) Eye Drops**
	Declarations of interest: Nil declared It was explained to the group the proposal for Verkazia to be added to the NEL formulary, having already been reviewed as part of the pan London ophthalmology formulary. As part of the review, agreement was received from all pan London Trusts that Verkazia should be added to formularies as a licensed treatment for severe vernal keratoconjunctivitis (VKC) in children from four years of age and adolescents. It was highlighted that Ikervis, the alternative ciclosporin eye drops, was not as gentle on younger eyes and therefore Verkazia would be the preferred option by paediatric ophthalmology specialist team for patients from 4 to 18 years of age; it was requested that 18 years of age be specified rather than adolescent. It was also highlighted that Ikervis was licensed in adults only and therefore the move to Verkazia for the outlined cohort of patients would enable a licensed product to be provided. The proposal submitted was to request formal inclusion of Verkazia to the BH and BHRUT formularies, for the following indications: Licensed indication: • Severe Vernal Keratoconjunctivitis (VKC) in children from 4 years of age and adolescent Off-label indications: • Severe Atopic Keratoconjunctivitis (AKC) • Blepharo-keratoconjunctivitis (BKC) / Ocular Rosacea • Thygeson's keratitis & Chronic GvHD There was some confusion as to the indication for Verkazia on the pan London ophthalmology formulary, and the reasoning behind the amber status decided upon by the pan London formulary group and therefore clarification was requested. The initial application requested 'amber' status, with primary care continuation after 2 months. Concern was raised regarding the suggestion that if GPs were to continue with prescribing after specialist initiation, how to ensure patients are reviewed and not continued beyond the appropriate stop date. In addition, as the applicant mentioned the likely period of treatment is usually up to 3 months, it was agreed that the full supply of medication should remain within secondary care as part of the patient monitoring/review.

	It was noted that the efficacy and safety of Verkazia within its licensed indication had not been studied beyond 12 months. However, the submission stated that patient's treatment would be for a maximum of three months and therefore further clarification would be sought regarding the length of treatment required. **Outcome:** Approved. To clarify the length of treatment required for approval, the removal of reference to GP prescribing and to ascertain the reasoning for the amber formulary status approved by the pan London formulary group. **Formulary status:** Hospital only. Decision for ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board.
7.	**Topotecan intravitreal injection – elevated doses in the treatment of paediatric retinoblastoma patients in BH**
	Declarations of interest: Nil declared It was explained that retinoblastoma was a rare type of eye cancer that affected young children and the usual treatment for patients was a dose of 20 micrograms of topotecan in combination with 30 micrograms of melphalan to treat the intravitreal seeds. However, three Chairmans Action requests had recently been submitted for an increased dose of 48 micrograms of topotecan without melphalan to treat patients who had been resistant to the standard combination regimen. This had been found to be a safe and effective dose increase to treat vitreous seeds for this cohort of patients. The increased dose has been considered due to animal studies that had shown safety and efficacy of 100 micrograms of topotecan and a New York publication which had shown safety and efficacy in humans treated with a dose of 90 micrograms of topotecan. Concerns were raised regarding the recording of patient consent for treatment that could still be considered experimental. Whilst the group were advised of strong relationships with patients and their families, it was suggested that a completed patient consent form would be beneficial to support any future legal challenges. It was reiterated that the submission was only for the cohort of patients whose treatment had shown resistance to the first line option and could benefit from the increased dose to 48 micrograms of topotecan. The group questioned the decision to increase the dose to 48 micrograms and the reasoning behind this; the BH representative was unsure as to why 48 micrograms had been chosen. Concerns were raised by the group with regards to retinal toxicity and it was confirmed that electrodiagnostic tests could be undertaken at the Great Ormond Street Hospital to assess for toxicity, if required. It was also highlighted that melphalan needed to be used within 1.5 hours of preparation which could be a challenge to administer within the time period.

	It was suggested that the two specialist retinoblastoma centres, one in Birmingham and the RLH collaborate on the treatment options for this cohort of patients. It was acknowledged that trials were unlikely to be undertaken due to the rarity of the indication and the difficulty in providing a placebo for this serious condition. The group advised the BH representative that if the elevated dose of topotecan was to be considered as a first line treatment option for patients, a further submission specific to this request would be required. **Outcome:** Approved for elevated doses of topotecan for retinoblastoma patients who have been found to be resistance to the initial first line combination treatment. The following was also requested by the group: • A completed consent form for patients who were to be given the 48micrograms increased dose • All information regarding MDT consideration/decision and patient consent to be recorded on a database • Nine months of outcome data to be submitted at a future FPG meeting • The age of patients to be clearly defined as children under the age of 18 • Collaboration with other centres for collation of data • Clarity to be provided as to the reasoning for 48 micrograms dose of topotecan to be used as the increased dose **Formulary status:** Hospital only. Decision for ratification by the SyPMO Board.
8.	**Tapentadol formulary harmonisation**
	Declarations of interest: Nil declared It was explained to the group that both the pain team and the sickle cell and thalassaemia team at HHFT had requested to add tapentadol, both modified release and immediate release formulations to the HHFT formulary to align with the existing Barts Health formulary amber status for pain indications. This would enable patients to access the same analgesic options and promote equitable care. Tapentadol was to be a second line option for analgesia when morphine had not been tolerated and had previously not been included on the formulary due to a perceived lack of need. The respective Trust pharmacists would discuss the use of tapentadol within BHRUT. It was suggested that tapentadol SR capsules may be preferred in primary care rather than the SR tablets which were more expensive. **Outcome:** Approved to support formulary alignment. **Formulary status:** Amber - specialist initiation. HHFT - use to be restricted to specialist initiation by the Pain Team/ Sickle Cell & Thalassaemia Team only.

	Decision for ratification by the SyPMO Board.
9.	**Nefopam formulary harmonisation**
	Declarations of interest: Nil declared It was explained that nefopam was used to treat moderate pain and was a good option for acute and chronic pain in patients unable to be treated with NSAIDs. Nefopam would also be beneficial for patients with sickle cell disease who experienced complex and multifactorial episodic pain. The drug was currently on the BH formulary as a hospital only treatment for pain and HHFT wished to align their formulary treatment options for pain conditions. It was confirmed that all initiation and monitoring requirements would be undertaken by the HHFT pain/sickle cell and thalassaemia teams. **Outcome:** Approved to support formulary alignment. **Formulary status:** Hospital only (red). HHFT - use to be restricted to specialist initiation by the Pain Team/ Sickle Cell & Thalassaemia Team only. Decision for ratification by the SyPMO Board.
	Updated Guidelines – nil
10.	**NICE Technology Appraisal (TA) approval and horizon scanning**
	The following updates were provided: **NEL ICB commissioned:** **TA878 (update) –** Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19. Two implementation date deadlines, the 11th June 2024 and the 1st June 2025 as per the details in NICE. **Outcome:** Agreed for local implementation (decision for ratification by the SyPMO Board) **Formulary status:** Hospital or specialist (CMDU) only. **TA958 –** Ritlecitinib in severe alopecia areata in people 12 years and over. Implementation date 25th June 2024. **Outcome:** Agreed for local implementation (decision for ratification by the SyPMO Board) **Formulary status:** Hospital only. **TA971** – Remdesivir and tixagevimab plus cilgavimab for treating COVID-19. Implementation deadline date is the 7th June 2024.

	Outcome: Agreed for local implementation (decision for ratification by the SyPMO Board) **Formulary status**: Hospital or specialist (CMDU) only. An update to the existing COVID 19 guidance and Blueteq forms would be submitted to the July FPG meeting. **NHSE commissioned:** Nil Updates to NICE TAs for noting: • **TA127** Natalizumab for the treatment of adults with highly active relapsing–remitting multiple sclerosis (NHSE) • **TA312** Alemtuzumab for treating highly active relapsing–remitting multiple sclerosis (NHSE) • **TA616** Cladribine for treating relapsing–remitting multiple sclerosis The wording in the recommendation has been updated to address concerns raised by the clinical community and company that the previously used the definition of rapidly evolving severe multiple sclerosis (RES) was overly restrictive. This was because the requirement for 2 MRI scans places significant burden on a limited diagnostic and monitoring resource. The wording had now been changed to better reflect clinical practice. • **TA283** Ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion (ICB) • **TA155** Ranibizumab and pegaptanib for the treatment of age-related macular degeneration (ICB) • **TA298** Ranibizumab for treating choroidal neovascularisation associated with pathological myopia The wording of the recommendation describing the patient access scheme had been updated to include procurement information about ranibizumab biosimilars **Noted.**
11.	**NICE TAs/NHSE commissioned policies for discussion**
	SSC2655- NICE Technology Appraisal Final Draft Guidance: Voxelotor for treating haemolytic anaemia caused by sickle cell disease (interim funding via IMF) **Outcome:** Noted for information only.
12.	**NHSE circulars**
	• SSC2655 NICE Technology Appraisal Final Draft Guidance: Voxelotor for treating haemolytic anaemia caused by sickle cell disease • SSC2450 Specialised Commissioning Update December 2022 to January 2023 reissue with ChelWest RCC update

	• SSC2657 NICE TA FDG Tafamidis for treating transthyretin amyloidosis with cardiomyopathy **Noted.**
13.	**Commissioning update**
	ICB update – the following details were provided: Medicines Value Group (MVG) – May meeting discussions • Prescribing Efficiency Plan update • High-Cost Drugs (HCD)– NHSE & ICB commissioned • Biosimilars – Tocilizumab • Contracts – HCD, payment scheme to gain efficiencies • Savings – potential collaborative work to maximise savings • June agenda item – dose escalation for Psoriasis pathway **NHSE update –** the following update was provided: Dimethyl Fumarate (DMF) – A reduction in price is expected, this would be discussed at the next MVG meeting with an update provided at the July FPG meeting. A co-ordinated approach regarding comms within NEL was highlighted as beneficial. **Noted.**
14.	**FPG working group update**
	Formulary Working Group - The following update was provided: • Weekly meetings (Tuesday) had commenced for collaborative working and discussion on uploading and formulary issues • A Standard Operating Procedure (SOP) had been produced to support the uploading of current formularies to the new platform to ensure consistent practice is applied • A log of Stage 1 harmonisation quick decisions would be submitted to the FPG monthly (for simple minor formulary alignment) • BNF chapters had been shared and allocated to relevant colleagues for uploading • A tracker would be in place to advise which chapters were being completed with RAG rating to highlight the progress being made **Noted.**
15.	**Equality: monitoring of usage and outcomes –** nil at present
16.	**Items for Approval**

	NEL FPG Terms of Reference (ToR) – this document had received the following updates: • IMOC details updated to SyPMO Board • Inclusion of medical gases • Link included to MVG • LFMG details removed • Adapted wording relating to NICE TAs • Update to membership with wording amended to Medical/Surgical consultant • Wording added regarding inquorate meetings • Update that meetings would not occur in January and August • Pre meetings would now occur two weeks before the actual meeting • Removal of reference to Chairs Action form • Wording added regarding the publishing of the FPG decision log and the NEL Portal • Wording added regarding the NEL formulary which was to be available from October 2024 **Outcome:** Approved.
17.	**Papers from committees reporting into the FPG:** 1. BH Cancer DTC – April minutes and May agenda 2. NEL Sub-Regional Immunoglobulin Assessment Panel Agenda – February and March minutes **Noted.**
18.	**Local Medicines Optimisation group updates:** 1. BH Summary of Chairs Actions – May 2024 2. NELFT MOG Highlight Report – March and April 3. ELFT medicines committee minutes – NIL 4. BHRUT MOG – May agenda 5. Homerton – NIL **Noted.**
19.	**NEL FPG recommendations ratified at the SyPMO Board May 2024** • SyPMO Board Highlight Report

	NEL FPG Outcome Letters: • Misoprostol 25micrograms oral tablets for induction of labour – formulary harmonisation for BH and HH • Carnoy's solution (unlicensed) as topical adjuvant following surgical removal of odontogenic keratocysts (OKC) - formulary harmonisation for BH and HH • Buvidal (buprenorphine) prolonged-release solution for injection for treatment of opioid dependence - substance misuse services only, where the drug is commissioned by Local Authority • Apixaban following gynaecology oncology surgery (off-label) at BH • Implementation pathway for continuous glucose monitoring (CGM) for adults with insulin-treated type 2 diabetes in NEL • Initiation/transfer of care of CGM for adults with insulin-treated type 2 diabetes in NEL **Noted.**
20.	**NEL FPG Chairs Actions –** this agenda item was to be removed going forward
21.	**NEL FPG finalised minutes** – April 2024
22.	**New Government restrictions on use of Puberty Suppressing Hormones (Puberty Blockers):** Information for prescribers and pharmacists/dispensing doctors **Noted.**
23.	**Any other business** **July FPG meeting –** Due to the impending Junior Doctors strike action planned for Thursday 27th June to Tuesday 2nd July it was agreed to move the meeting to Tuesday 9th July. **COVID 19** – It was suggested that going forward, only the authors of the COVID 19 guidance should meet with the virologists to discuss the amendments to the document following recent recommendations. An updated version of the guidance should then be presented at a future FPG meeting for agreement.
	Time & date of next FPG meeting **Tuesday 9th July 2024 at 12.30 via MS Teams –** amendment to calendar invite to be circulated.