NHS
North East London

North East London Formulary & Pathways Group (FPG)
Tuesday 9th July 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	Chloe Benn	CB	Lead Women's and Children's Consultant Pharmacist and a non-medical prescriber	BH
Present	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
Absent	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	Rikesh Patel	RP	Lead Medicines Information, Formulary and Pathways Pharmacist	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
Absent	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	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	Dalveer Johal	DJ	Pharmacy Services Manager	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				
Apologies	Samantha Harding (5)	SH	Consultant Ophthalmologist	BH
Present	Tahir Hussain (6)	TH	Consultant Radionuclide Radiologist, Interim Clinical Lead Nuclear Medicine	BH
Present	Paul Wright (6)	PW	Consultant Cardiovascular Pharmacist	BH
Present	Fabio Leone (7)	FL	Consultant in Emergency Medicine (RLH)	BH
Present	Hugo Leung (7)	HL	Lead Clinical Pharmacist – Emergency Care and Medicine	BH
Present	David Harrington (8)	DH	Virologist	BH
Present	Manisha Madhani (8)	MMa	Antimicrobial Pharmacist	BHRUT
Present	Andra Mitria (8)	AM	Highly Specialist Pharmacist - Antimicrobials	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 (June 2024) were reviewed and approved. The redacted minutes for May 2024 were agreed.
5.	**Matters Arising**
	1. <u>Action Log</u> – the following updates were provided: **202405_03/04 Buvidal (buprenorphine) for treatment of opioid dependence** – a working group had been established by the London Borough of Tower Hamlets (LBTH) substance misuse service commissioner to develop supporting documents for safe patient management as they move between settings; the next meeting of the group had been scheduled for the 17th July and a further update would follow. **202406_01 Gender Incongruence prescribing guide for primary care** – this guide had been added to the workplan as agreed. The group were advised that the following actions had been completed: **202406_03 Topotecan intravitreal injection** **202406_04 Tapentadol formulary harmonisation** **202406_05 FPG Terms of Reference** **2. <u>Verkazia (ciclosporin) eye drops addition of dry eye conditions and clarification of formulary status</u>** It was explained to the group that Dry Eye Disease (DED)/ Keratoconjunctivitis Sicca (KCS) (off-label) had not been included in last month's submission to the FPG regarding Verkazia eye drops; approval for this indication was subsequently requested. It was acknowledged that primary care would be cautious to prescribe Verkazia and therefore a GP information document to support primary care prescribing was requested. To support the applicants the NCL GP fact sheet could be adapted as a supporting tool.

	Amendment of formulary status: It was also requested an amendment of formulary status is made from 'RED (Hospital only)' which was previously approved at the June 2024 FPG meeting to 'AMBER -specialist initiated' status for the below indications as per the pan London Ophthalmology Formulary. 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 • Dry Eye Disease (DED)/ Keratoconjunctivitis Sicca (KCS **Formulary Status:** Amber- specialist initiated in line with the Pan London formulary. **Outcome:** Approved with the request for an information document to be developed to support primary care prescribing. Decision for ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board.
6.	**Regadenoson – Nuclear Myocardial Perfusion Stressing at BH**
	Declarations of interest: Nil declared It was explained to the group the request to add regadenoson to the BH formulary for use in the BH nuclear imaging unit. This was one of a few centres which provided Cardiac PET CT scanning, with regadenoson already being used within the other centres. Regadenoson would be used for patients with unstable / severe Chronic Obstructive Pulmonary Disorder (COPD)/Asthma who required stress testing and were unable to tolerate the adenosine infusion which was currently the first line option. Whilst it was acknowledged that regadenoson was more expensive it was highlighted that it provided a more favourable side effect profile than adenosine, less hypotension and an easier agent to administer to patients allowing more rapid scanning. It was anticipated that there would be approximately 80 patients per year within BH who would meet the criteria to receive regadenoson. There was a discussion regarding providing a follow up report and it was agreed that outcome date would be brought to the BH Oversight Group at nine months.

	Outcome: Approved. **Formulary status:** Hospital only (BH only). Decision for ratification by the SyPMO Board.
7.	**Formulary application: Droperidol 2.5mg/ml injection for Rapid Tranquilisation in adults at BH**
	Declarations of interest: Nil declared It was explained to the group that droperidol was a medication recommended by the Royal College of Emergency Medicines (RCEM) and subsequently the formulary application request for approval to allow its inclusion in the BH Rapid Tranquilisation Guideline. The submission was supported by Consultant Liaison Psychiatrists, Psychological Medicine at the Royal London Hospital/ELFT. There was no wider interest from NELFT or BHRUT, however interest from HHFT and ELFT was still to be advised; the application received was for use in BH only. It was confirmed that droperidol would only be used for adult patients requiring rapid tranquilisation within the emergency department (acute setting only) to ensure that highly skilled clinicians were available to address any side effect and in line with the RCEM guidelines. The group were advised that droperidol was not part of the ELFT Rapid Tranquilisation guideline and would therefore not be recommended as a treatment option should the team be consulted. Concern was raised regarding disparity of treatment within mental health services and it was explained that whilst the aim would be to harmonise treatments, the level of training/skill set differed amongst teams. It was noted that the application submitted was for the approval of formulary inclusion (hospital only status) of the drug only, and not the guideline which was currently in draft format. However, it was requested that an ECG be conducted after treatment with droperidol because of effects on QT intervals and therefore to be included in the guideline. It was also confirmed that the patient pathway did not outline the treatments in order of recommended use and would remain a clinical decision. It was explained that ketamine whilst part of the pathway had been separated and highlighted in the red outlined box as it was to be used for immediate tranquilisation within resus, where clinicians would be airway trained. It was confirmed that rapid tranquilisation was administered approximately two times per shift within the BH emergency department. It was to be noted that droperidol was unlicensed for rapid tranquilisation. The following was also requested by the FPG: Patients should have a 12 lead ECG as standard practice.

	The guideline should be approved at local BH committee as appropriate. Although the guideline was not being requested to be approved at the FPG meeting, the group recommended the guideline include the following: • Droperidol use in this scenario is off-licence • Feedback from the group also raised the importance of highlighting contraindications, cautions and serious implications of treatment and management of adverse reactions (e.g. dystonic reactions) when developing the guideline **Outcome:** Approved, with the assurance that an ECG would be conducted as standard practice after treatment (in line with haloperidol), as well as recommendations for the guideline on how to manage any adverse reactions e.g. dystonic reactions. It was requested that data was presented to NEL FPG in six months' time to include the following: ❖ patient numbers treated ❖ number of patients who required ventilation or intubation, whether or not it was related to treatment ❖ number of patients who experienced prolonged QT ❖ update regarding other Trusts using droperidol **Formulary status:** Hospital only (for use in BH Emergency Department only) Decision for ratification by the SyPMO Board.
8.	**NEL COVID-19 Guidelines**
	Declarations of interest: Nil declared The guideline had received an update to reflect NICE guidance (NG191) and technology appraisals (TA878/TA971) that had been released earlier in the year. The amendments to the document were outlined to the group and it was highlighted that the guideline replaced the interim guideline that had previously been available providing information based on interim clinical commissioning guidance. The new guideline reflected NICE guidance that had now been released and included all the available COVID-19 therapies that were available for NEL patients, both inpatients at acute hospital trusts and community patients accessing treatment via the COVID Medicines Delivery Unit (CMDU). The guidance was approved subject to a further update to reflect the comments from the group. **Outcome:** Approved for 12 months subject to the following amendments: 1. Removal of the cost table in appendix 3 completely as not needed; the wording above to remain. 2. Removal of reference to 'interim guidance' from the footnote under table 1 as NICE TAs are now published.

	3. To update the wording from immunosuppressed to "severely immunosuppressed" and provide' transplant patient' as an example. **Formulary status**: Hospital only or via CMDU Decision for ratification by the SyPMO Board.
9.	**Magnesium Aspartate sachets - formulary harmonisation (HHFT in line with BH and BHRUT)**
	The group were advised of the request to align the formulary status for magnesium aspartate sachets across the NEL Trusts. Currently the sachets were the first line option within BHRUT, with BH using whichever formulation of magnesium aspartate available in stock. The more cost-effective oral magnesium replacement would become the preferred formulary choice within HHFT. **Outcome:** Approved to support formulary alignment. **Formulary status:** Green for Magnesium Aspartate sachets Decision for ratification by the SyPMO Board.
10.	**Updated Guidelines** – nil
11.	**NICE Technology Appraisal (TA) approval and horizon scanning**
	The following updates were provided: **NEL ICB commissioned:** **TA 973 –** Atogepant for preventing migraine – the second oral medication available. A PAS would be made available with the aim for treatment to be initiated in secondary care and monitoring/follow up conducted in primary care. **Outcome:** Agreed for local implementation (decision for ratification by the SyPMO Board) **Formulary status:** Hospital only, until a suitable migraine pathway has been developed. **NHSE commissioned:** **TA 981 -** Voxelotor for treating haemolytic anaemia caused by sickle cell disease. **Outcome:** Agreed for local implementation (decision for ratification by the SyPMO Board) **Formulary status:** Hospital only.

	TA 984 - Tafamidis for treating transthyretin amyloidosis with cardiomyopathy (for previously treated patients only – not commissioned for new patients within NEL (Royal Free Hospital only) **Outcome:** Agreed for local implementation (decision for ratification by the SyPMO Board) **Formulary status:** Hospital only.
12.	**NICE TAs/NHSE commissioned policies for discussion**
	The following update was provided: **BPaLM/BPaL for patients aged ≥14 years with suspected, functional or confirmed rifampicin resistant (RR) tuberculosis (TB), multidrug-resistant (MDR) TB or pre-extensively drug resistant (pre-XDR) TB** [URN: 2310] – previously requested via Individual Fund Request (IFR) at BH but now commissioned by NHSE. **Clinical commissioning policy statement (2317): treatment for defined patients with rifampicin resistant (RR) tuberculosis (TB), multidrug-resistant (MDR) TB, pre-extensively drug-resistant (pre-XDR) TB and extensively drug-resistant (XDR-TB) including bedaquiline and delamanid (all ages)** – BH is one of the centres administering this treatment. **Outcome:** Noted for information only.
13.	**NHSE circulars - nil**
14.	**Commissioning update**
	ICB update – the following details were provided which had been outlined in the June Medicines Value Group highlight report to the SyPMO Board: • Savings target set with actual savings calculated • 24/25 Prescribing Efficiency Scheme had been launched and had been divided in to two parts ❖ Blood glucose testing strips (BGTS) review ❖ A set prescribing savings target for GP practices • Five areas had been outlined and a prescribing efficiencies summary estimated planned savings • SPS key molecule update: ❖ new opportunities for biosimilar savings to include eculizumab, natalizumab, ustekinumab and omalizumab ❖ savings opportunity across BH and BHRUT for dimethyl fumarate due to a 90% price reduction and expected 80% switch rate of the oral medication

	NHSE update – the following update was provided: • Voxelotor for treating haemolytic anaemia caused by sickle cell disease – a provider letter would shortly be circulated to all Trusts • Dimethyl fumarate (DMF) - due to the 90% price reduction there was a potential saving across London and NHSE would be liaising with the London Procurement Partnership and Jackie Eastwood to ensure system wide saving **Noted.**
15.	**FPG Working Group – electronic formulary update**
	Formulary Working Group - The following update was provided: • Weekly meetings were continuing on Tuesday mornings, and it was confirmed that NEL Trust representation to the meeting was enabling minor discrepancies within the NEL formularies to be discussed and decisions made to enable alignment of formulary status. A log of all decisions was being maintained • The tracker was shared which outlined the progress so far on chapters that had been completed, those in progress and those areas yet to be started. An anticipated completion date was also included for those chapters that were in progress • It was acknowledged that alignment of minor discrepancies (stage 1 formulary harmonisation) was being submitted to FPG for approval, as part of the governance process. With anything that was more complicated and required more in-depth consultation, these were to be logged as stage 2 and would be worked on in the next phase of formulary harmonisation An initial discussion of the process for checking the completed chapters before the launch of the formulary in October took place, and it was suggested that Trust specialists or ICB pharmacists check the areas they had familiarity with. Support was offered for the review of the Respiratory chapter once completed. More details on the process for checking the completed chapters as a suitable way forward would be shared. Formulary alignment: 22 lines (as part of the NEL single electronic formulary work stage 1 formulary harmonisation) was presented. **Outcome**: Approved Decision for ratification by the SyPMO Board.
16.	**Equality: monitoring of usage and outcomes –** nil at present
17.	**Items for Approval** - nil

18.	**Papers from committees reporting into the FPG:** 1. BH Cancer DTC – May minutes and June agenda 2. NEL Sub-Regional Immunoglobulin Assessment Panel Agenda – nil **Noted.**
19.	**Local Medicines Optimisation group updates:** 1. BH Summary of Chairs Actions – June 2024 2. NELFT MOG Highlight Report – June 2024 3. ELFT medicines committee minutes – nil 4. BHRUT MOG – June 2024 agenda 5. Homerton – Medicines Committee and Agenda/Minutes May 2024 **Noted.**
20.	**NEL FPG recommendations ratified at the SyPMO Board June 2024** • SyPMO Board June Highlight Report **NEL FPG Outcome Letters:** • Nefopam for pain – formulary harmonisation for HHFT • Tapentadol for pain - formulary harmonisation for HHFT • Topotecan intravitreal injection – (off-licence) elevated doses in the treatment of paediatric retinoblastoma patients at BH • Verkazia eye drops at BH and BHRUT • TA878 Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVD-19 • TA958 Ritlecitinib for treating severe alopecia areata in people 12 years and over • TA971 Remdesivir and tixagevimab plus cilgavimab for treating COVID-19 • High-cost drug treatment pathway for Psoriasis in adults (update) **Noted.**
21.	**UKHSA Pertussis Vaccine PGD**
22.	**NEL FPG finalised minutes** – May 2024
23.	**Any other business –** none.
	Time & date of next FPG meeting **Tuesday 10th September 2024 at 12.30 via MS Teams –** calendar invite circulated.