

North East London Formulary & Pathways Group (FPG)

Tuesday 10th September 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
Present	Mehul Mathukia	MM	Medicines Optimisation Clinical Lead for Redbridge	NHS NEL
Absent	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
Present	Farrah Asghar	FA	Lead Clinical Pharmacist, Medicines Commissioning & Pathways	BH
Apologies	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Apologies	Chole Benn	CB	Lead Women's and Children's Consultant Pharmacist and a non-medical prescriber	BH
Absent	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Present	Kemi Aregbesola	OA	Medicines Information and Formulary Pharmacist	BHRUT
Apologies	Iola Williams	IW	Chief Pharmacist	HHFT
Absent	Saima Chowdhury	SC	Principal Pharmacist for EMRS and Education & Training	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	Kiran Dahele	KD	Formulary & Governance Pharmacist	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
Apologies	Denise Baker	DB	Senior Administrative Officer, Medicines Optimisation	NHS NEL
Present	Ann Chan	AC	Formulary Pharmacist	NHS NEL
Present	Sheetal Patel	SP	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				
Absent	Shilpa Shah	SS	Chief Executive Officer	NEL LPC
Present	Dalveer Singh Johal	DJ	Pharmacy Services Manager	NEL LPC
Present	Mohammed Kanji	MK	Prescribing Advisor (Representing NEL Primary Care Non-Medical Prescribers)	NHS NEL
Absent	Yasmine Korimbux	YK	Senior Transformation Manager/Lead Medicines Optimisation Pharmacist, NICE Medicine and Prescribing Associate	NHS NEL
Present	Jiten Modha	JMo	Specialised Commissioning Senior Pharmacy Advisor	NHSE
Present	Reshma Ali	RA	Senior Administrative Assistant Pharmacy & Medicines Optimisation Team	NHS NEL
Guests				
Present	Helen Cochrane	HC	Business Support Officer to Dr Paul Gilluley, Chief Medical Officer and Raliat Onatade, Chief Pharmacist and Director of Medicines and Pharmacy (observer)	NHS NEL
Present	Halima Miah	HM	Rotational Pharmacist (observer)	BHRUT
Present	Siobhan Duggan (7)	SD	Lead Medicines Optimisation Pharmacist - Prescribing Efficiencies	NHS NEL
Present	Emma Gardner (7)	EG	Lead Medicines Optimisation Pharmacist - Prescribing Efficiencies	NHS NEL
Present	Evelien Gevers (8)	EGe	Consultant and Honorary Reader in Paediatric Endocrinology and Diabetes	BH
Present	Mohammed Abou Daya (8)	MDa	Lead Women and Children Pharmacist	BH
Present	Maitrayee Kumarasamy (9)	MKu	Consultant Paediatrician, Lead for Paediatric Diabetes	BHRUT
Present	Aman Rehnsi (9)	AR	Lead Paediatric and CYP AU pharmacist	BHRUT
Present	Katti Nwosu (10)	KN	Senior Medicines Optimisation Pharmacist	NHS NEL

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. Thanks to colleagues who would not be attending future meetings due to maternity leave or a new role.
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. It was also noted that the annual DOI is due to be completed by everyone and the link would be for all FPG members to renew their DOI. As per the NEL FPG Terms of Reference, the group is required to nominate the Chair and Deputy Chairs every 2 years and the group held a renomination.
4.	Minutes
	The minutes of the previous meeting (July 2024) were reviewed and approved. The redacted minutes from June 2024 were also approved.
5.	Matters Arising
	FPG Action log

	<p>202405_04 - Buvidal (buprenorphine) for treatment of opioid dependence – a working group has been established by the London Borough of Tower Hamlets (LBTH) substance misuse service commissioner to develop supporting documents for the safe patient management of patients as they move between community and hospital settings. The next meeting is on 18th September 2024, and they are hoping for Trust colleagues to agree a communications plan and training requirements.</p> <p>The group were advised that the following actions had been completed: 202407_01 – Verkazia (ciclosporin) eye drops 202407_02 – Droperidol injection for Rapid Tranquilisation in adults 202407_03 – NEL Covid19 Guidelines.</p> <p>Type 2 Diabetes pathway in adults updated to include author The pathway has been updated to include the City and Hackney Diabetes Clinical Lead in the author section. This was for noting only.</p> <p>ADHD medication shortages MEMO (update) and patient information leaflet (easy read) The ADHD medication memo and patient leaflet from October 2023 versions have been updated by ELFT and NELFT to reflect the current stock situation and advice. These have already been approved and ratified at the July 2024 SyPMO Board. It was agreed that any future updates on stock shortage information should be brought back to FPG for information and noting only (for governance purposes).</p>
6.	<p>Glucagon-like peptide-1 (GLP-1) analogues: Semaglutide (Wegovy®) and Liraglutide (Saxenda®) for managing overweight and obesity position statement update</p>
	<p>Declarations of interest: Nil declared</p> <p>The agreement set out by NICE, which is endorsed locally, is that either GLP-1 analogue can only be prescribed by a specialist weight management (Tier 3) service and within set criteria. Currently, there is no commissioned Tier 3 service that can prescribe these medications and therefore they cannot be prescribed across North East London (NEL). Commissioning for a NEL Tier 3 service is under consideration with a business case pending review during 2024/25. This position statement has been updated to reflect the current NEL situation.</p> <p>Further national steer is awaited but it was agreed that this position statement will remain in place until further update. Comment received from the group to update the wording for the GP section to state ‘GPs can consider offering referrals to the following:’.</p> <p>Outcome: Position statement approved. Decision for ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board.</p>

7.	Implementation protocol to support the prescribing of the recommended cost-effective generic Sitagliptin tablets
	<p>Declarations of interest: Nil declared</p> <p>This submission was in 3 parts:</p> <ul style="list-style-type: none"> • Generic combination Sitagliptin/ Metformin formulary application This was a request for the generic combination product Sitagliptin/ Metformin tablets to be added to the NEL formulary with a Green formulary status. The reduction in cost of the generic product makes it a cost-effective option for patient convenience and prescriber choice. Combinations are currently non-formulary. Concerns were raised by secondary care regarding the changing of doses in line with renal failure and it was agreed that combination products were not suitable for this cohort as covered by the exclusions/inclusion criteria. • Primary care implementation protocol to support the prescribing of recommended cost effective generic Sitagliptin As part of the Pharmacy and Medicines Optimisation Prescribing efficiency programme, the use of cost-effective generic sitagliptin has been identified to provide a significant saving across NEL. <p>It is proposed to identify and review patients currently on DPP-4 inhibitor & DPP-4 inhibitor combination preparations with the aim to switch to the cost-effective generic sitagliptin or generic sitagliptin combination product where appropriate. The individual components i.e. sitagliptin and metformin are already green on the formulary. Combination products should not be started until the individually titrated components have been stabilised and dose optimised. The switch protocol contains details of inclusion and exclusion criteria, as well as follow-up information.</p> <p>There was a discussion regarding the potential additional workload for GP practices to undertake the switch, and the balance against the financial and other benefits this would bring to the system. It was acknowledged the switch is optional and the protocol is an enabling tool for the GP practices who wish or have the capacity to participate.</p> <ul style="list-style-type: none"> • Generic patient medicine switch letter A generic patient information letter for use in this and other protocols has been developed. The group recommended a sentence is added for patients to finish their current supply before ordering the new medication to reduce medicines waste. <p>Outcome: Approved:</p> <ul style="list-style-type: none"> • Formulary status of generic combination Sitagliptin/ Metformin – Green • Primary care implementation protocol to support the prescribing of recommended cost effective generic Sitagliptin/ combination • Generic patient medicine switch letter template

	Decision for ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board.
8.	Empagliflozin for the treatment of Type 2 Diabetes Mellitus in Children and Young People (CYP) 10 years and over
	<p>Declarations of interest: Nil declared</p> <p>The application is for empagliflozin to be added to the formulary following NICE guidance from May 2023 (NG18) where it states that it can be used in addition to metformin for the treatment of type 2 diabetes in children and young people aged with type 2 diabetes 10 years and over where it meets the criteria. Due to shortage of GLP1-RA, it is now first escalation option after Metformin in line with NICE guidance.</p> <p>It was explained that at the clinic they will inform patients of potential side effects and follow up every three months in specialist clinics for paediatric type 2 diabetes.</p> <p>Patients will be prescribed with 1 month's supply from the hospital before transfer to primary care. The patient will be reviewed by the hospital specialist at 3 months. It was agreed that the clinic letter to the GP will outline the full details after hospital initiation.</p> <p>It was mentioned paediatric patients may require ketone testing. The group asked whether patients are provided with ketone meters/ combination with blood glucose testing, as this is a change in practice. It was confirmed the hospital clinic does provide ketone meters to patients, and will request GPs to prescribe the test strips. It was therefore requested that the ketone meters and test strips to be provided are in line with any NEL recommended choices.</p> <p>There is a 24hr helpline at BH run by Nurses and Consultants to support patients and carers.</p> <p>The group recommended the applicants to produce a NEL patient leaflet for empagliflozin and dapagliflozin use in CYP.</p> <p>Outcome: Approved: Formulary status: Empagliflozin – Amber, specialist initiated with 1 month's supply to be provided by the hospital. Empagliflozin is to be first line if SGLT2 inhibitor is needed and only prescribe Dapagliflozin if not tolerated by the patient. It was also agreed to have a patient leaflet to help with the advice.</p> <p>Decision for ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board.</p>
9.	Dapagliflozin for the treatment of Type 2 Diabetes Mellitus in Children and Young People 10 years and over
	Declarations of interest: Nil declared

	<p>The reasons for requesting dapagliflozin to be added to the formulary were explained. Pharmacotherapy options for Children and Young People with Type 2 diabetes is limited compared to adult patients. Current shortages have made treatment challenging for these CYP and hence inclusion of these agents is needed to allow the clinicians to offer an effective treatment to this cohort. Agreement with the discussion in agenda item 8 was provided. It was agreed that patients who are already prescribed Dapagliflozin at BHRUT will continue and any new patients will be prescribed Empagliflozin first line if a SGLT2 inhibitor is needed.</p> <p>The patients will be reviewed in 3 months and a clinic letter will be provided outlining the advice and possible side effects.</p> <p>BHRUT also has a 24hr helpline run by Diabetes Nurses and Consultants to support patients.</p> <p>Outcome: Approved</p> <p>Formulary status: Dapagliflozin – Amber, specialist initiated, with 1 month’s supply to be provided by the hospital. Second line use if a SGLT2 inhibitor is needed.</p> <p>Decision for ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board.</p>
<p>10.</p>	<p>NEL Guidelines on the Identification, Treatment and Management of Malnutrition in Adults, including the appropriate prescribing of Oral Nutritional Supplements (ONS) - update (Aymes Complete reformulation to Actagain)</p>
	<p>Declarations of interest: Nil declared</p> <p>The NEL ONS guidelines had been updated to reflect the re-formulation and name change of Aymes Complete® to Actagain 1.5 Complete®.</p> <p>Aymes Complete® is a ready-to-drink milkshake style ONS on the NEL formulary as a second line option to powdered ONS (for those who cannot tolerate powdered ONS). The key change in this re-formulation is an increase to 14g of protein per 200mL bottle. The cost remains the same and as a result of the reformulation, any reference made to Aymes Complete® throughout NEL ONS guidelines has been replaced with Actagain 1.5 Complete®.</p> <p>Suggestion was made to include a reference in the guidelines to state ‘Actagain 1.5 complete®, formerly known as Aymes Complete®’, and to also insert a version control table on the guidelines. OptimiseRx messages to be developed by the applicant to highlight the re-formulation and changes was also requested.</p> <p>Outcome: Updated guidelines approved</p> <p>Decision for ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board.</p>

11.	Tirofiban for myocardial ischaemia - formulary harmonisation
	<p>Eptifibatide has been withdrawn from UK market. Tirofiban has been identified as drug of choice to replace Eptifibatide by the Trust. BH have switched from Eptifibatide to Tirofiban for cardiac indications (myocardial ischaemia). BHRUT will align to this as part of formulary harmonisation.</p> <p>Outcome: Formulary harmonisation Tirofiban for myocardial ischaemia approved (BHRUT in line with BH) Formulary status: Red (Hospital only)</p> <p>Addendum: The initial BHRUT application for Tirofiban is for the following indications: Endovascular treatment of intracranial aneurysms and secondary prevention of thromboembolism e.g. thrombus formation in intercranial aneurysms and intercranial stent insertion to ensure stent patency was not discussed. This will be brought to the October FPG.</p>
12.	Updated Guidelines - Nil
13.	NICE TAs and NHSE Commissioned Policies
	<p>NICE TA approval and Horizon Scanning</p> <p>The following updates were provided:</p> <p>NICE TA approval and Horizon Scanning</p> <ul style="list-style-type: none"> • ICB Commissioned: • TA999 – Vibegron for overactive bladder syndrome The implementation date is the 4th October 2024. Confirmation on patient numbers is outstanding. Outcome: Agreed for local implementation (decision for ratification by the SyPMO Board) Formulary status: Amber. • TA998 – Risankizumab for treating moderately to severely active ulcerative colitis This is the 11th drug option for ulcerative colitis, and the third Interleukin-23 inhibitor. It has a 30-day implementation date and therefore will go live on the 21st September 2024. There is a simple discount patient access scheme in place and but the price for the 180 milligrams is not known yet. The NEL IBD Pathway will be updated to include this drug at the appropriate stage. Outcome: Agreed for local implementation (decision for ratification by the SyPMO Board) Formulary status: Red - Hospital only.

	<ul style="list-style-type: none"> • TA990 - Tenecteplase for treating acute ischaemic stroke The NICE TA implementation date is the 23rd August 2024 because it only had a 30-day implementation timeline. Outcome: Agreed for local implementation (decision for ratification by the SyPMO Board) Formulary status: Red - Hospital only. • TA986 - Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over This is one of the drug options for atopic dermatitis and the NEL Atopic Dermatitis Pathway will need to be updated to include this drug at the appropriate stage. The ICB is the responsible commissioner for patients aged 18years or over; and NHS England would be responsible for patients 12 to 17 years. Outcome: Agreed for local implementation (decision for ratification by the SyPMO Board) Formulary status: Red - Hospital only. • NHSE Commissioned: • NIL
14.	NICE TAs/ NHSE commissioned policies for Discussion - NIL
15.	NHSE Circulars:
	<ul style="list-style-type: none"> • SSC2672 Etranacogene dezaparovec for treating moderately severe or severe haemophilia B Notification of new or amended Specialised Services Quality Dashboards (SSQD) for either submission in the Q1 2024/2025 window (July 2024) and or subsequent quarters in 2024/2025 for specified services (No centres within NEL) • SSC2673 NICE notification letter – Guidance published June 2024 • SSC2675 Tafamadis for treating transthyretin amyloidosis with cardiomyopathy • SSC2679 NHSE RR, TB, MDR TB, pre-XDR TB and XDR TB policies updates • SSC2680 NHS England Funding Position Ocrelizumab mg (Ocrevus) subcutaneous injection for multiple sclerosis indications • SSC2681 NHS England Service Specification Change Amendment – Cardiac Surgery (adults) • SSC2686 NICE Appraisals, published in July 2024, which are due to be commissioned in September 2024 • SSC2690 NICE Technology Appraisal TA 111187 Ivacaftor–tezacaftor–elexacaftor , tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis • SSC2693 NICE TA FDG Exagamglogene autotemcel for treating transfusiondependent beta-thalassaemia in people 12 years and over • SSC2706 Palivizumab passive immunisation against Respiratory Syncytial Virus (RSV) in at-risk infants 2024-25 season commencement LTR • SSC2695 Complex Spinal Surgery Services (All ages) Service Specification • SSC2676 Voxelotor for treating haemolytic anaemia caused by sickle cell disease • SSC2700 Notification of changes in data source for two existing Specialised Services Quality Dashboards (SSQD) • SSC2698 NHS England Service Specification refreshed - Specialised Dermatology Services (Adults and Children)

16.	<p>Commissioning update</p> <p>- ICB Medicines Value Group Highlight Report</p> <p>The MVG has been looking at the primary care efficiency plans and Trusts medicines efficiency plans.</p> <p>It was briefly explained that data analysis has been undertaken for Type 1 Diabetes devices and the data showed the positive impact that they are having in terms of keeping patients well and safe at home away from A&E. There was data that indicated there were 34 patients with a device and had an A&E attendance. The team are looking at these patients with the specialist teams. The data also highlighted that there were patients that have had A&E attendance and they didn't have any device, so the team will evaluate those by borough and liaise with the Hospitals and their specialised services. They are also working with the BI team.</p> <p>- NHSE</p> <p>There have been some issues around Natalizumab JCV sample collection testing which the Lead Commissioner for specialised commissioning nationally has been informed. This issue has been escalated further to obtain some reassurance of why this is happening because it is potentially delaying some of the implementation around Natalizumab. NHSE had not had any other issues with regards to the medicines efficiencies and are working very closely with the SPS colleagues.</p>
17.	<p>Formulary Working Group – electronic formulary update</p> <p>Formulary Working Group - The following update was provided:</p> <ul style="list-style-type: none"> • There have been discussions around potential launch dates for a soft launch of the NEL netFormulary. The tracker was shared which outlined the progress so far on chapters and the potential ones that will be part of the soft launch in October 2024. It was mentioned that the previous legacy formularies will still be accessible. The main large chapters have been the focus of the 'build' and specialist pharmacy colleagues will support the review of the specialist areas that they are familiar with. A 'contact us' tab is available on the formulary platform with a dedicated email address which will enable users to provide feedback on netFormulary once launched for the first 6 months. • 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 the NEL formulary harmonisation. • Formulary alignment: 172 lines (as part of the NEL single electronic formulary work stage 1 formulary harmonisation) were presented.

	<p>There was a discussion on the following entries:</p> <ul style="list-style-type: none"> - Oral acetylcysteine under respiratory, it was agreed that the effervescent tablets and granules will be marked as green as these are routinely prescribed in primary care. - Acetylcysteine solution for infusion will be removed from the list, as it sits under poisoning and is Red. - Pivmecillinam- query whether it should be green rather than amber. This will be reviewed with the antimicrobial leads. <p>Outcome: Approved Decision for ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board.</p>
18.	Equality – Monitoring of usage and outcomes (nil at present)
19.	NEL Short formulary application form
	<p>The Formulary team have produced a short formulary application form template. The intention is to use this form for formulary harmonisation, change or addition of a formulation for the same indication, and formulary status change to the NEL formulary. It is based on the full formulary application form with some of the sections removed that are not necessary for the purpose of this form.</p> <p>Outcome: Approved Decision for ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board.</p>
20.	Papers from committee reporting into the FPG: 1. BH Cancer DTC May Minutes and June and July agenda
21.	<p>Local Medicines Optimisation group updates:</p> <ul style="list-style-type: none"> • BH – Summary of Chairs Actions – July and August • NELFT MOG Highlight Report - Highlight report • ELFT medicines committee minutes • BHRUT MOG Agenda June minutes and July agenda • Homerton – Medicines Committee and Agenda and Minutes – NIL
22.	NEL FPG recommendations ratified at SyPMO Board July 2024
	<ul style="list-style-type: none"> • SyPMO Board July Highlight Report <p>NEL FPG Outcome Letters:</p>

	<ul style="list-style-type: none"> • Verkazia® (ciclosporin) 1 mg/mL eye drops (various indications- see outcome letter) • Regadenoson for Nuclear Myocardial Perfusion Stressing (BH only) • Droperidol injection for adults requiring rapid tranquilisation in the emergency department (BH only) • Magnesium aspartate sachet for magnesium deficiency – formulary harmonisation (HHFT) • NEL Covid-19 Treatment Guideline (update) • TA973 Atogepant for preventing migraine • TA981 Voxelotor for treating haemolytic anaemia caused by sickle cell disease • TA984 Tafamidis for treating transthyretin amyloidosis with cardiomyopathy Previously treated patients only, not commissioned for new patients in NEL • TA981 Voxelotor for treating haemolytic anaemia caused by sickle cell disease <p>Noted.</p>
23.	Finalised Minutes – June 24
24.	<p>National RSV vaccine programme for those aged 75 years and over and for individuals who are pregnant, from week 28 of pregnancy. https://www.england.nhs.uk/north-east-yorkshire/wp-content/uploads/sites/49/2024/08/Abrysvo-.pdf</p>
25.	<p>Any Other Business</p> <ul style="list-style-type: none"> - The Immunoglobulin group will no longer be reporting into the FPG and will be directly reporting to the SyPMO Board. -
	<p><u>Time & date of next FPG meeting</u></p> <p>12:30 – 15:00 – Tuesday 8th October 2024 via MS Teams</p>