NHS
North East London

North East London Formulary & Pathways Group (FPG)
Tuesday 5TH November 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	Ruth Crowley	RC	GP Partner, Avon Road Surgery, Havering	NHS NEL
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, 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
Present	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Present	Chole Benn	CB	Lead Women's and Children's Consultant Pharmacist and a non- medical prescriber	BH
Absent	Abu Baker Eltayeb	AE	Clinical Pharmacology IMT Resident Doctor	BH
Absent	James Steckelmacher	JS	Clinical Pharmacology IMT Resident Doctor	BH
Present	Dawud Masieh	DM	Clinical Pharmacology IMT Resident Doctor	BH
Present	Emma Magavern	EM	Clinical Pharmacology IMT Resident Doctor	BH
Absent	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Present	Kemi Aregbesola	OA	Medicines Information and Formulary Pharmacist	BHRUT
Absent	Iola Williams	IW	Chief Pharmacist	HHFT
Absent	Saima Chowdhury	SC	Principal Pharmacist for EMRS and Education & Training	HHFT
Present	Rikesh Patel	RP	Lead Pharmacist for Medicines Information and Formulary Pathways	HHFT

Present	Iffah Salim	IS	CAMHS Directorate Lead, Medicines Information Pharmacist	ELFT
Present	Kiran Dahele	KD	Formulary & Governance Pharmacist	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	Sheetal Patel	SP	Formulary Pharmacist	NHS NEL
Present	Nicola Fox	NF	Commissioning & Contracting Senior Pharmacy Technician	NHS NEL
Present	Kalpna Bhudia	KB	Commissioning and Contracting Pharmacist	NHS NEL
Other Representatives				
Apologies	Dalveer Singh Johal	DJ	Pharmacy Services Manager	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	JMo	Specialised Commissioning Senior Pharmacy Advisor	NHSE
Guests				
Present	Julia Taylor (6)	JTa	Senior Medicines Optimisation Pharmacist	NHS NEL
Present	Saiqa Mughal (6)	SM	Lead Medicines Optimisation Pharmacist (observer for this item)	NHS NEL
Present	Jonathan Lambourne (7)	JL	Infectious Diseases Consultant	BH
Present	Lisa Boateng (7)	LB	Highly Specialist Pharmacist, Antimicrobials and Infection Control	BH
Present	Jessica Hoyle (8)	JH	Consultant Anaesthetist	BH
Present	Bhavna Bhagad (8)	BB	Highly Specialist Pharmacist, Critical Care and Surgery	BH
Present	Joela Mathews (9)	JMa	Lead Neurosciences Pharmacist	BH
Present	Terence Li (9)	TL	Rotational Foundation Pharmacist in Neuroscience	BH
Present	Tolulope Adekoya	TA	Rotational pharmacist in Neuroscience	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. It was acknowledged that an email had recently been circulated requesting that all members of the group submit their reviewed DOI as soon as possible to enable an updated register to be available.
4.	**Minutes**
	The minutes of the previous meeting (October 2024) were reviewed and approved. The redacted minutes from September 2024 were also approved.
5.	**Matters Arising**
	FPG action log – the following updates were provided: **202405_04 - Buvidal (buprenorphine) for treatment of opioid dependence** – A Standard Operating Procedure (SOP) had been developed and was awaiting secondary care sign-off. A finalised version was expected to be available in December. **Noted.** **202410_03 – Rituximab for the treatment of Pemphigus Vulgaris** – The FPG requests for clarity regarding patient criteria, the line of treatment within the pathway and contact with NHSE to discuss potential for a national level agreement had been shared with the presenters. **Closed** 202410 _04 – NHSE to liaise with GSTT regarding their current use – In progress **202410_05 & 202410_06– 5-fluorouracil cream for treatment of anogenital intraepithelial neoplasia –** Liaison with BHRUT colleagues to establish their interest in the use of this treatment for this indication was in progress. A final NEL version of the pathway would be available for consideration at the December FPG meeting. **Noted.**

	202410_07 – TA995 Relugolix for treating hormone-sensitive prostate cancer – The requested fact sheet would be submitted for consideration at the December FPG meeting and it was confirmed that prescribing in primary care was not expected until the fact sheet had been agreed and available for use. It was stated that GPs may feel that the fact sheet was not sufficient to support the transfer of prescribing to primary care which led to a discussion regarding shared care arrangements. It was highlighted that any shared care agreement would involve secondary care retaining responsibility for the patient's care, initiating treatment and stabilising the patient, before the request to primary care to continue with prescribing and monitoring. Potential new models to provide shared care were currently being discussed and a workshop to discuss options was to be arranged. **Noted.** **202410_08 – Antidote Guidelines for use across NEL** – the group were advised that discussions were currently taking place with BHRUT and HHFT colleagues and a NEL version of the Antidote Guidelines would be available for sharing at the December FPG meeting**. Noted.** **202410_02 – Cytisine in smoking cessation –** A GP letter had been produced to support the request to prescribe (in accordance with local service arrangements) and this had been shared within the agenda. It was confirmed that prescribing would be required for a 25-day course of treatment, with monitoring being continued by the smoking cessation team during the 12 week programme. The group also requested the smoking cessation team informs the GP of the treatment outcome so the GP system can be updated with the appropriate coding for the patient. Requested that the wording 'if appropriate' be added to the end of the following sentence '…. please could you assess the patient for clinical suitability and prescribe' and for the referring service to manage patient expectations by informing patients that assessment will take time. It was highlighted that models could differ within smoking cessation services across NEL and a clinical member who is able to prescribe could already be part of the service team. **Outcome:** Approved, subject to the requested amendment. Decision for ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board.
6.	**NEL Paediatric Inhaler Formulary**
	Declarations of interest: Nil declared The NEL paediatric inhaler formulary was presented which had been developed following the FPG approval of the NEL adult respiratory inhaler formulary and associated guidelines for asthma and COPD. The NEL adult respiratory inhaler formulary had been used as a template to initiate discussions with the Children and Young Persons (CYP) asthma working group. The following areas were considered for each device that had been recommended within the formulary: • Inhaler brands used in practices • Carbon footprint • Anti-Inflammatory Reliever (AIR)

	• Inhalers licensed for MART for children where this was suitable • Cost effectiveness, current formulary choices and progression to the adult formulary • Ease of use for children with lower inspiratory flow rate • Availability of various strengths • Device features such as dose counter • Molecule potency considered to ensure clinical suitability in determining where prescribing is initiated It was explained that the paediatric formulary once approved would be added to the NEL formulary e-platform and be included as an appendix in the CYP asthma guideline which is being developed. It was highlighted that Flutiform pMDI was not usually initiated within primary care and suggested that wording be added highlighting that both the Flutiform pMDI inhalers would be for specialist initiation only. It was mentioned that a wider choice of MDI/formulation choice could be considered to support patients who experience tachyphylaxis. It was mentioned that NHSE were working with North West London to produce pan-London education of asthma care and questioned whether there were other paediatric formularies within London available - if not available the NEL paediatric formulary would be highlighted for potential London wide adoption and standardisation. **Outcome:** Approved, subject to the additional wording regarding specialist initiation for Flutiform pMDI inhalers. Decision for ratification by the SyPMO Board.
7.	**Rezafungin for the treatment of invasive candidiasis in adults**
	Declarations of interest: Declaration of interested was noted on the application form. The formulary request to add Rezafungin to the formulary, a once weekly antifungal (echinocandin) medication that is licensed for the treatment of invasive candidiasis in adults. Infections teams at both HHFT and BHRUT had added their support for this request. The following benefits of Rezafungin were outlined: • Once weekly treatment allowing patients to be discharged whilst on therapy • Provides a more rapid time to mycological eradication when compared to the azole antifungals • Can be administered for both inpatient and outpatients (within a hospital setting by infection teams)

	• Continued monitoring and supervision of patient by specialist team supports access to outpatient treatment • Reduced bed days for this cohort of patients which enables other patients access to hospital care and the associated cost saving It was explained that patients would return to their initial consultation site to receive treatment which could be administered by a variety of teams linked to the infection team such as Out-patient Parenteral Anti-infective Therapy (OPAT) / Same Day Emergency Care (SDEC). It was noted that all prescribing for Rezafungin would only be under the direction of a microbiologist. There is also a plan to audit the use of Rezafungin in the first 12 months following entry onto the formulary, with data collection to include metrics around length of stay and other patient-focussed benefits. There was some confusion regarding the starting rate for the administration of the solution via an infusion pump, as a range between 60 minutes to 180 minutes had been referred to in the application. Therefore, clear guidance was requested to outline recommended infusion rates and the factors which contribute to a change in rate being required. FA stated that Rezafungin was an NHSE commissioned drug under block payment to Trusts and agreed Trust guidelines would need to be in place. There is also an audit recommendation for this which she will share. The group requested more clarity on the site locations of treatment for patients and who would be the responsible clinician administering the Rezafungin. It was suggested that a microbiologist pharmacist could be the responsible person to supervise administration, however this would depend on the location where treatment was provided. **Outcome:** Approved, subject to the following: ❖ Clarity on locations where Rezafungin could be administered and by which clinicians knowledgeable to use and administer this medication ❖ Clarity regarding the recommended rate of administration within the range of 60 minutes to 180 minutes and have this information added on the EOLAS ❖ Audit data for 12 months to be submitted to a future FPG meeting Formulary Status: Hospital only, on the advice of microbiology only Decision for ratification by the SyPMO Board.
8.	**Dosi-fuser Portable NRFIT Elastomeric – pre-filled with 0.125% levobupivacaine (600 mls)**
	Presenters: Jessica Hoyle (JH), Consultant Anaesthetist BH Bhavna Bhagad (BB), Highly Specialist Pharmacist, Critical Care and Surgery BH **Declarations of interest:** Nil declared

	JH explained the request for the addition to formulary of the dosi-fuser elastomeric pump device which is used to deliver 0.125% levobupivacaine via regional nerve catheters following clinical procedures such as: • Post-operative -elective major open procedures for colorectal patients and emergency laparotomies • Polytrauma e.g. Rib fractures, long bone fractures Pre-filled elastomeric pumps by ON-Q (the previous elastomeric pump available) had been withdrawn from the UK market and therefore alternative options to maintain the quality of patient care had been explored; the dosi-fuser was the only pre-filled alternative. The service has currently reverted to manual bolusing regime of 0.1% levo-bupivacaine. It was highlighted that manual bolusing could only be carried out by the anaesthetic team which not only increased workload but could also cause a delay to the provision of analgesia for patients. This also presents a high risk of drug error and contributes substantially to already heavy out of hours work load for the anaesthetic team. As a technique, manual bolusing leads to swinging analgesic levels, and delays to analgesia provision. The group were advised that a trial (26 patients) of dosi-fuser portable NRFIT elastomeric, pre-filled with 0.125% levobupivacaine, was undertaken in October 2023. Details of the trial were shared and the outcome following the feedback received identified that all patients in the study were satisfied with the analgesia that they had received. Data regarding early discharge was not available but it was confirmed that elsewhere in other centres patients were able to return home with the dosi-fuser in place. The use of this particular device also supports the patient to remain mobile as a connection to an electric power source is not required, unlike other mechanical pump devices. The expectation would be for 10 patients per month to receive the dosi-fuser and 1 to 2 devices would be required by each patient as each device can be used up to 5 days. An increase in cost for the submission was due to the increased price of raw materials. A question was raised regarding the funding required for year 3 of the treatment as this would be above the £50k threshold and would require additional agreement from the Finance team. BB advised that finance sign off has not been sought for year 3 but will review the figures and seek finance sign off if needed. It was clarified that the device considered by the group is for use with 0.125% levobupivacaine only. The group approved the addition to the formulary but requested that 8 months data following the use of the device at Whipps Cross Hospital be shared at a future Oversight meeting. If positive data was received this could then be shared with the other relevant clinical teams within NEL to promote the use of the device for appropriate patients. **Outcome:** Approved. Formulary Status: Hospital only Decision for ratification by the SyPMO Board.
9.	**Riluzole orodispersible films (formulation addition)**
	Declarations of interest: Nil declared

	The request to add Riluzole orodispersible films to the formulary was presented, a new formulation which could be used to treat adult patients with Amyotrophic Lateral Sclerosis (ALS) who were experiencing swallowing difficulties (dysphagia) due to advanced stages of the disease. Riluzole tablets and liquid formulations were already included in the formulary (purple, shared care formulary status) but the availability of orodispersible film medication would be more suitable for patients with dysphagia and could improve patient compliance and treatment efficacy, reducing the risks associated with tablet modification. It was agreed that a message to support primary care prescribing would be useful to guide clinicians when switching Riluzole formulations; specifying when orodispersible films were to be prescribed rather than the liquid or tablets. It was stated that switching between formulations did not require any dose adjustment as the bioequivalence and effectiveness of Riluzole was not impacted by switching products. **Outcome:** Approved. Formulary status: Purple, shared care Shared care guideline for Riluzole to be updated to include this formulation and information. Decision for ratification by the SyPMO Board.
10.	**Formulary Harmonisation - Nil**
11.	**Updated Guidelines - Nil**
12.	**NICE TAs and NHSE Commissioned Policies**
	NICE TA approval and Horizon Scanning The following updates were provided: **ICB Commissioned: Nil** **NHSE commissioned:** **TA1000 Iptacopan for treating paroxysmal nocturnal haemoglobinuria** (Hospital only) - no centres in NEL. For noting only. **TA1010 Danicopan with ravulizumab or eculizumab for paroxysmal nocturnal haemoglobinuria** (Hospital only) **–** no centres in NEL. For noting only. **Noted.**
13.	**NICE TAs/ NHSE commissioned policies for discussion – Nil**
14.	**NHSE Circulars:**

	• **SSC2711** Specialised Commissioning Update • **SSC2713** NHS England: Funding approval for us of continuous glucose monitors in the Congenital Hyperinsulism Service (Children) • **SSC2714** NHS England: Funding approval for use of nebulisers in the Primary Ciliary Dyskinesia (PCD) Management Service (Children) **Noted.**
15.	**Commissioning update**
	- **ICB** **Medicines Value Group Highlight Report** The following update was provided: Primary Care prescribing efficiency plans continued to be on track. The NEL Provider Trusts 24/25 Cost Improvement Plans (CIPs) target set was currently being discussed internally at each Trust to agree the plans and ensure robust arrangements were in place to maximise savings. • The biosimilar switch for dimethyl fumarate (DMF) had been completed at both BH and BHRUT • The biosimilar switches for natalizumab and eculizumab switches for all appropriate patients had been completed by BH • Work on the new opportunity for Ustekinumab is underway • Diabetes Type 1 devices – analysis of patient data and tracking outcomes using Blueteq data was continuing The agenda included three standing items (Primary care prescribing, System finance and SPS key molecules update and specialised commissioning) and the next meeting would consider the next steps for a High Cost Drugs (HCD) dashboard and request reporting of associate contracts outside of NEL. It was highlighted that a small number of GP practices in Havering had immobilised the prescribing tool OptimiseRx which raised concern amongst the group, due to the availability of clinical safety messages also provided to clinicians via the system. An enquiry was raised regarding a more centralised way to report inappropriate requests to primary care clinicians from Trust colleagues. It was explained that as part of this, one of the priority work areas is in progress to consider paediatric formulations in both primary and secondary care and requested that any clinical areas that required priority, be highlighted to her. It was requested that ophthalmology formulations be considered as requests for primary care to prescribe by specialists were frequently received as a branded product rather than a generic version. It was agreed to share this information with the prescribing efficiency team. **- NHSE** The following update regarding NHSE priorities was provided: • Medicines efficiencies are a key priority and working with providers regarding patent expiries and switching following horizon scanning

	• Missed opportunities for legacy biosimilars from originator drugs including Adalimumab and Etanercept and working with provider trusts and SPS to establish reasons for patients not being switched to recommended biosimilars and not maximising savings **Noted.**
16.	**Formulary Working Group – electronic formulary update**
	The progress tracker was shared and the following update provided: • The soft launch of the NEL wide electronic formulary platform had taken place on the 23rd October • Nine chapters had been published and it was expected that the remaining chapters would be completed for the scheduled main launch of the formulary in December • The landing page to access the formulary included links to resources • The email account set up to receive feedback on the chapters completed is now live A list of 112 drugs/formulations and their indications (as part of stage 1 harmonisation) had been submitted to FPG for approval as part of the governance process. There was a discussion on the following entries: • voriconazole has amber formulary status to align to itraconazole as an antifungal • methotrexate tablets to treat severe asthma with the specification added to prescribe 2.5mg tablets only: this had "unspecified" status but is being used, hence allocated "amber" • mycophenolate mofetil for interstitial lung diseases – amber and not purple as there is not a shared care for this indication • simple linctus is aligned to green and not grey but there is a link to the NHSE OTC policy in the notes • All lines of stage 1 harmonisation presented were agreed with the addition of wording to peak flow meters, where it was requested that unbranded generic formulations were also to be added as green. **Outcome: Approved** Decision for ratification by the SyPMO Board.
17.	**Equality – Monitoring of usage and outcomes (nil at present)**
18.	**Formulary key update**

	It was advised that the NEL formulary key had received an update since its initial approval by the FPG in February 2024. The following amendments had been made to align the formulary key with the London Procurement Partnership (LPP) harmonisation across London definitions on formulary status: • Green definition – wording added 'Most 'GREEN' list medicines are suitable for non-specialist initiation and are intended as practical treatment options for the majority of patients' • Purple definition – wording added 'These medicines require specialist initiation, a period of stabilisation, and ongoing monitoring in accordance with a SCG'. • Red definition – removed the line 'All medicines under this category would be annotated with the 'HOL' (hospital only list) symbol in the formulary'. • Amber and Grey definitions remain unchanged **Outcome: Approved** Decision for ratification by the SyPMO Board.
19.	**Papers from committee reporting into the FPG:** • BH Cancer DTC October agenda
20.	**Local Medicines Optimisation group updates:** • BH – Summary of Chairs Actions – Nil • NELFT MOG Highlight Report - Nil • ELFT medicines committee minutes – Nil • BHRUT MOG - September minutes and October agenda • Homerton Medicines Committee agenda and minutes - Nil
21.	**NEL FPG recommendations ratified at SyPMO Board October 2024**
	• SyPMO Board October Highlight Report **NEL FPG Outcome Letters:** • Tirofiban for the treatment of thrombus formation in intercranial aneurysms and intercranial stent insertion to ensure stent patency • Rituximab for the treatment of Pemphigus Vulgaris (PV) • Cytisine as an option for the treatment of smoking cessation across NEL • Adalimumab dose escalation in hidradenitis suppurativa (HS) • 5-fluorouracil (5-FU) cream for treatment of anogenital intraepithelial neoplasia • TA996 Linzagolix for treating moderate to severe symptoms of uterine fibroids • TA995 Relugolix for treating hormone-sensitive prostate cancer

	• TA991 Abaloparatide for treating osteoporosis after menopause • TA1003 Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia in people 12 years and over • TA1004 Faricimab for treating visual impairment caused by macular oedema after retinal vein occlusion **Noted.**
22.	**Finalised Minutes – September 2024**
23.	**Any Other Business –** It was confirmed that the December meeting would go ahead as planned but there would not be a meeting in January 2025.
	<u>Time & date of next FPG meeting</u> **12:30 – 15:00 – Tuesday 10th December 2024 via MS Teams**