NHS
North East London

North East London Formulary & Pathways Group (FPG)
Tuesday 5TH December 2023 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
Absent	Narinderjit Kullar	NK	Clinical Director for Havering	NHS NEL
Present	Mehul Mathukia	MM	Medicines Optimisation Clinical Lead for Redbridge	NHS NEL
Present	Louise Abrams	LA	Clinical Pharmacologist, DTC Chair	HHFT
Present	John McAuley	JM	Consultant Neurologist, DTC 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
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	Ayel Ariec	AA	Lead Pharmacist for Medicines Information, Formulary and Pathways	HHFT
Present	Saima Chowdhury	SC	Principal Pharmacist for EMRS and Education & Training	HHFT
Present	Chinedu Ogbuefi	CO	Interim Deputy Chief Pharmacist for London Services	ELFT
Present	Iffah Salim	IS	CAMHS Directorate Lead, Medicines Information Pharmacist	ELFT
Absent	Kiran Dahele	KD	Formulary & Governance Pharmacist	NELFT
Present	Sibel Ihsan	SI	Lead Directorate Pharmacist for Waltham Forest	NELFT

NEL Pharmacy & Medicines Optimisation Team's Representatives				
Apologies	Belinda Krishek	BK	Deputy Director of Medicines Optimisation	NHS NEL
Apologies	Denise Baker	DB	Senior Administrative Officer, Medicines Optimisation	NHS NEL
Present	Anh Vu	AV	Joint Formulary Pharmacist	NHS NEL
Present	Ann Chan	AC	Senior Prescribing Advisor	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	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
Present	Richard Ajetunmobi	RAj	Trainee pharmacist, BHRUT	BHRUT
Present	Reshma Ali	RA	Senior Administrative Assistant Pharmacy & Medicines Optimisation Team	NHS NEL
Guests				
Present	Sophie Strong (5)	SS	Advanced Laparoscopy/Endometriosis Fellow	BH
Present	Sanjay Patel (5) and (12)	SP	Head of Medicines Optimisation, Primary Care Medicines Value	NHS NEL
Present	Elizabeth Whittaker (6)	EW	Consultant Paediatric Infectious Diseases, St Mary's Hospital	
Present	Alanna Johnston (6)	AJ	Senior Pharmacist	NHS NEL
Present	Martin Lee (7)	ML	Consultant Anaesthetist, Clinical Director Cardiac Anaesthesia and Perioperative Medicine	BH
Present	Sadeer Fhadil (7)	SF	Lead Cardiac Pharmacist	BH
Present	Imran Khan (8) and (9)	IK	Lead Medicines Optimisation Pharmacist	NHS NEL
Present	Natasha Kennedy (10)	NK	Consultant Anaesthetist,	BH
Present	Lekha Shah (10)	LS	Service Lead Pharmacist for Women's and Children's Health	BH
Present	Rozalia Enti (11)	RE	Deputy Director, Medicines Optimisation (Primary Care and Places)	NHS NEL
Present	Piero Reynolds (13)	PR	Consultant Rheumatologist	HHFT

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 (November 2023) were reviewed and approved. The redacted minutes from October's meeting was also approved.
5.	**Matters Arising**
	Action Log It was noted that the action log was for information only. **Dienogest for treatment of endometriosis** This item was initially discussed at the FPG meeting on 07/11/2023 (agenda item 7). It was stated that the patient pathway for pelvic pain has been completed. It was noted that if the patient was seen in the specialist pelvic pain clinic to manage pain and have failed traditional first line medical therapies (i.e. oral contraception), these patients would be offered dienogest for the management of painful symptoms of endometriosis

	by decreasing oestrogen and therefore decreasing the growth of tissue. Dienogest may be used pre or post- operatively. The item was returned to NEL FPG to discuss the patient pathway. It was clarified that the specialist (within hospital) would provide the initial one-month supply and primary care would then prescribe the subsequent 5 months before being reviewed at month 6. It was confirmed that the specialist nurses would contact each patient via telephone consultation 4-6 weeks from initiation and any further monitoring (e.g. DEXA scan) would be arranged by the specialist team. However, it was unclear from the application as to whether primary care would still be required to review patients at the 1-month point when the specialist team will also be reviewing patients. It was also noted that primary care could use advice and guidance for any queries around this treatment. ***Information received from the applicant post-meeting:*** • *Specialist to supply the initial 1 month and write a letter to primary care to continue prescribing* • *Patient to have an appointment with the specialist nurse at 1 month to discuss any issues and ongoing treatment plan. Nurse to inform primary care if the treatment is to be stopped.* • *Specialist clinic review at 6 months to review the need for further treatment and the need for any further scans (including DEXA scan). Specialist to provide further communication to primary care at this point.* • *Patient may be switched from a gonadotrophin-releasing hormone (GnRH) injection to dienogest, but those who wished to remain on a GnRH will be able to do so.* • *Dienogest will in most cases be used as a 2nd line treatment (following use of contraception therapies). However, this may also be used 1st line in those with an endometrioma (ovarian cyst of endometriosis cells) to shrink the cyst either conservatively or pre-operatively.* **Outcome: Approved** the addition of dienogest to the NEL formulary for the treatment of endometriosis. Decision for ratification by the NEL Integrated Prescribing and Medicines Optimisation Committee (IMOC). **Formulary status: Amber** (specialist initiation) **<u>Calcium and Vitamin D guidance (adults)</u>** This item was initially discussed at the FPG meeting on 10/10/2023 (agenda item 10). There was a request from the FPG for the author of the guidance to include calcium and vitamin D options for vegans, vegetarians and those with allergies. It was explained the availability of vegan and vegetarian options for effervescent granules and non-chewable versions for patients with allergies. The update includes AdCal D3 and ColeKal D3 dissolvable effervescent (second line agents), both of which are vegetarian and suitable for patients with allergies. Accrete D3 was also included as a non-chewable second line option. It was clarified that licensed vegan options are currently not available on the market, as these are only available as unlicensed food supplements. **Outcome: Approved.** Decision for ratification by IMOC.

6.	**Paxlovid in children from 12 to 18 years (unlicensed) for the treatment of COVID-19 in COVID Medicines Delivery Unit (CMDU)**
	The group was informed that the CMDU service mainly treats adults 18 years and over but some patients under the age of 18 do come through to the service via NHS 111 and GP referral. These patients would be referred onto the North Thames Paediatric Network and multidisciplinary team for discussion and treatment decision, which would be followed by the CMDU. Paxlovid would sometimes be recommended for those aged 12 – 18 years. The treatment is currently unlicensed in this age group. The pathway is in line with the NEL interim pathway for non-hospitalised patients. It was noted that the Royal College of Paediatrics and Child Health have included Paxlovid for this cohort and it is now within their national guidance for the management of children in hospital. EW explained that evidence around the use of Paxlovid in children is limited and that there is an ongoing trial to recruit children for this treatment. Proposal for use in over 12s is based on extrapolation from data on adult use (based on similar physiology), which was agreed by the MHRA. It was noted that only 20 patients in this age group who were referred to UCLH have received Paxlovid treatment in the last 2 years. It was proposed for the CMDU to be able to prescribe Paxlovid to adolescent patients that are eligible. Patients would only be eligible for treatment if their case has been discussed and a recommendation is made by the paediatric infectious diseases team. It was clarified that Paxlovid is a high cost drug and the service will be submitting applications via Blueteq for monitoring purposes. It was clarified that Paxlovid would be prescribed by the pharmacist prescriber within the CMDU, all cases would be discussed with the lead CMDU clinician prior to a prescription being issued. It was agreed that the NEL interim COVID-19 policy would be updated to include the prescribing of Paxlovid for this age group. **Outcome: Approved** the addition of Paxlovid to the NEL formulary for CMDU prescribing for the treatment of COVID-19 in patients aged 12 – 18 years. This would be subject to the NEL COVID policy being updated to include the prescribing of Paxlovid for this age group. Decision for ratification by IMOC. **Formulary status: Hospital only** -to be prescribed by CMDU.
7.	**Remimazolam for sedation during direct current cardioversion (DCCV) – outcome from a pilot at Barts Health**
	Remimazolam was previously approved (by the then Barts Health Drugs and Therapeutic Committee) for use as a sedative for DCCV in a small pilot at Barts Health. This was an update on the outcome of the pilot and a request to add remimazolam to the formulary for this indication. It was explained that remimazolam is an ultra short-acting version of midazolam and is about 18 times the cost of midazolam. However, it was shown in a 2-month comparative study of 40 patients that capacity can be doubled with the use of remimazolam. No safety issues were raised during the pilot and there was excellent patient satisfaction in comparison to the previously accepted standard of care. It was proposed for remimazolam to be used as a standard of care for nurse led cardioversions. The nurses have been trained appropriately and meet the standard best practice guidelines to carry out sedations. The pilot currently has in place 8 nurses, 4 that are able to do the sedation and 4 to carry out the cardioversion. The procedure can be done in the recovery area instead of in a catheter lab area with no requirement for

	anaesthesia support. With the use of remimazolam, this can become a standalone nurse-led service and no longer disrupts the catheter lab or theatre lists. **Outcome: Approved** the addition of remimazolam for sedation during DCCV to the NEL formulary for the nurse-led service at St Bart's hospital. Decision for ratification by IMOC. **Formulary status: Hospital only**
8.	**NEL Guideline for the management of type 2 diabetes (update)**
	The group was informed that the guideline was updated due to tirzepatide having a recent NICE Technology Appraisal for use in type 2 diabetes. Tirzepatide has therefore been added to the treatment pathway at the same position as all the other glucagon-like peptide-1 receptor agonists (GLP-1 RAs). Tirzepatide does not currently have a licence for cardiovascular disease but does benefit weight loss and has therefore been put in the same position as semaglutide in the pathway. It was noted that there were minor amendments to be made to the guideline based on comments received prior to the meeting. No further comments were received from the group. It was noted that the diabetes clinicians at Barts Health are yet to comment on the pathway and therefore this had been shared with them and they will provide comments separately. **Outcome: Approved** for 1 year pending minor update based on comments received. Decision for ratification by IMOC.
9.	**NEL GLP-1 RA drug shortage protocol**
	The group was informed that there is currently a shortage of GLP-1 RAs and there was a national Central Alerting System (CAS) alert that required remedial actions to be in place by 27/10/2023 – NEL has missed the deadline for this. This shortage protocol has incorporated advice from the CAS alert as well as recommendations from local diabetes consultants. The guidance for GLP-1 RAs where local Consultants requested a slight deviation from national guidelines was presented. The local deviation was for the recommendation to switch between GLP-1 RAs for certain cohorts of patients, which would be done by the specialists. The protocol also provides advice on alternative treatments. It was noted there is currently a shortage of Trulicity (dulaglutide), Toujeo pens (insulin glargine), semaglutide and liraglutide until summer 2024. Tirzepatide will be available from January 2024. It was noted that there were minor amendments to be made to the protocol based on comments received prior to the meeting. It was agreed this protocol would be reviewed at 6 months. **Outcome: Approved** for 6 months pending minor update based on comments received. Decision for ratification by IMOC.
10.	**Carbetocin intravenous injection for prevention of post-partum haemorrhage following caesarean section (formulary harmonisation)**

	This was an application to add carbetocin to the BH and BHRUT formulary in line with HHFT formulary. It was explained that carbetocin would be a replacement for oxytocin as the first line prophylactic uterotonic to prevent post-partum haemorrhage following the delivery of babies via C-section. Carbetocin is a synthetic oxytocin analogue with the main advantage over oxytocin of a longer duration of action (approx. 45min). It has been noted that NICE guideline (NG25) also states the use of carbetocin instead of oxytocin as first line in all C-section cases. This drug has been used for a number of years in other Trusts, however carbetocin has not been used in BH hospitals or Queen's hospital. It was noted that the overall cost (versus oxytocin) is neutral once consumables and second line uterotonics are considered. **Outcome: Approved** the addition of carbetocin for prevention of post-partum haemorrhage following caesarean section to the NEL formulary for BH and BHRUT. Decision for ratification by IMOC. **Formulary status: Hospital only**
11.	**NEL Position statement for branded generics**
	It was noted that the paper was for consultation and will be submitted for approval at IMOC. Branded generics are drugs that are off-patent but the generics are sold under brand names. It was explained that the position statement reflects NEL position on branded generics and is an amalgamation of various guidelines that are available elsewhere. There are variations in the uptake of branded generics with high usage in some areas and low usage in other areas. The reason behind the high uptake of branded generics by some organisations is due to cost savings. The position statement has a balance between cost savings and recognising concerns raised by community pharmacists via the Local Pharmaceutical Committee (LPC). It was explained that NHSE have stated that branded generics destabilises the medicines market. There are a lot of drugs out of stock leading to patient concerns and patient safety issues. It was noted that a number of pharmacies have closed and therefore patients will have to travel further to get access to their medicines. When multiple ICBs chose to go down the branded generic route for a particular drug, then this could lead to the product going out of stock. Also, there have been occasions when the preferred branded generic drugs have increased in price over time making them more expensive than prescribing generically. The LPC would prefer for all drug to be prescribed generically unless there are patient-specific factors (e.g. allergies, bioavailability) that require the patient to be prescribed a particular brand. It was noted that switching brands can lead to drug errors and for certain drug categories (e.g. antiepileptics) it would not be appropriate to switch brands. The group were assured that this was not a blanket switch for all drugs. This would also apply to scenarios when generic drugs are to be switched to branded products when pharmacies are unable to obtain generic products. It was noted that the branded generics should not be prescribed instead of generics unless there is an intolerance to the drug. However, there is also is no hard evidence around switching between branded generics due to intolerance therefore this principle should be applied with caution. A caveat for drugs used in children, especially for the population who are on ADHD drugs was requested. **Outcome:** Position statement submitted for comments only. Approval will be via IMOC.

12.	NEL Blood Glucose Test Strip (BGTS) Guideline (update)
	The guidelines for the NEL BGTS has been updated to include the new NHSE recommendations. The group was informed that there was a difference of 5 test strips that were included in the NHSE document as compared to the existing NEL guidance. In the interest of time, the Diabetes network agreed the new NHSE recommendations could just be added to the current NEL guidelines, whilst keeping the existing choices in place with the view to review in 12 months' time. There is an error on p.3 'on call' choice which will be rectified. It was queried that some of the meters recommended in the existing NEL guidance have not been included in the updated guidance. It was explained that these meters use the same test strips as those recommended in the updated document therefore patients already using these meters would be able to continue with the same test strips. However, the meters have not been added as they are not prescribed. It was requested for the updated guidance to include these meters to avoid any confusion as these would still be supplied by GP Practices. If the meters are removed from the guidance then this may create unnecessary work for primary care as they may then switch patients to alternative meters that are listed on the document. It was agreed that further changes will be made to reflect both meters and the test strips in one place and the table with recommended changes will be made clearer. There are some additional corrections to be made where terms have been used interchangeability in the document. Work will be undertaken after approval to align with secondary care as part of the implementation plan. **Outcome: Approved** with a two-year review date, subject to changes to be made based on comments received. Decision for ratification by IMOC.
13.	**NEL High cost drugs treatment pathway for rheumatoid arthritis (update)**
	The group was informed that the existing NEL high cost drug (HCD) rheumatoid arthritis (RA) pathway was approved prior to the formation of NEL FPG and this pathway has been updated to reflect new NICE recommendations. Updates to the current NEL rheumatoid arthritis pathway were presented and discussed: • The pathway would include 5 modes of drug action, taking into account the available drugs currently recommended by NICE. It was clarified that primary failure would not be a counted line of therapy. Patients could still be prescribed a medicine under a different class of drug until they have exhausted all available modes of action. • Dose escalation for adalimumab and infliximab – included in line with NICE TAs. • Safety concerns of JAK inhibitors - it was felt the necessary patient education had taken place and new patients would be counselled and clinicians have been made aware. • Moderate RA pathway updated to include new NICE TA drugs and use of certolizumab for moderate disease for pre-conception/pregnancy. • Patient transferred from overseas would have continuation of funding for their treatment if this is in accordance to current NICE/NEL

	guidelines. • Return to previous therapy for severe disease after exhaustion of 5 previous therapies (modes of action) – the pathway would allow patients to be restarted on a previous treatment (where clinically appropriate) provided that they had previously shown a positive response and other options are not suitable e.g. restarting a previous treatment that was discontinued due to side effects despite a positive clinical response **Outcome: Approved** with a 1-year review date. Decision for ratification by IMOC.
14.	**NEL formulary for oral contraceptive pills**
	The group was informed that the NHS Long Term Plan highlighted the importance of NHS services complementing the action taken by local government to support the commissioning of sexual health services. In response to this, a tiered pharmacy contraception service has been commissioned to include: • Ongoing monitoring and supply of oral contraception prescriptions (currently live) • Initiation of oral contraception (Started 01/12/2023) The formulary team was requested to produce a NEL formulary preferred list of choices for oral contraceptives with a quick turnaround as the initiation oral contraceptives as part of the NHS Pharmacy Contraception Service has been commissioned since 01/12/2023. It was clarified that all products that are on at least 1 of the 7 NEL Places' formulary have been included in the NEL contraceptive pills formulary list. • The NEL ICB formulary team is not proposing any changes to the current formulary in view of concerns over supply shortages and concerns from community pharmacies around the use of preferred branded generics. • The document lists formulary products in order of cost per month with the lower cost products preferred as 1st line choice to promote cost effective-prescribing. However, all formulary products can be prescribed, as appropriate. • Products not listed in any of the NEL Places' formulary have been listed as 'non-formulary' within this document. It was noted that some of these non-formulary products are actually cost-effective to prescribe and will be reviewed for potential addition to the NEL formulary at a later stage (3-6 months' time if possible). This document has been put together to provide a summary of the oral contraceptives currently available on the NEL formulary and to encourage community pharmacists to only supply formulary-approved oral contraceptives under the NHS Pharmacy Contraception Service. The document

	received positive feedback from the NEL Local Pharmaceutical Committee (LPC) and they were supportive of this being shared with community pharmacies. **Outcome: Approved** with a 6-month review date. Decision for ratification by IMOC.
15.	**NICE TA approval and horizon scanning**
	TA919 Rimegepant for treating migraine – ICB commissioned Implementation date 16 January 2024. Predicted 20 patients at Bart's, Homerton do not have a specialist headache service. No patient numbers were supplied for BHR. It was agreed that rimegepant for treatment of migraine as per NICE TA919 would be classified as a 'hospital only' medication with the status to be reviewed following the production of a NEL migraine pathway. **TA922 Daridorexant for treating long-term insomnia (no service in NEL)** Daridorexant is included in the drug tariff. Currently in NEL, there is no specialist service to prescribe the drug. Suggested for this to be amber and to be prescribed only via specialist request or a primary care prescriber with knowledge. To discuss this at IMOC. **TA924 Tirzepatide for treating type 2 diabetes** Included in drug tariff. It would be amber and restricted for only with GPs with special interest. **TA925 Mirikizumab for treating moderately to severely active ulcerative colitis – ICB commissioned** Implementation date 24 November 2023. This is the 2nd IL-23 inhibitor available for this indication, the other being ustekinumab. Barts estimate 18 patients, no patient numbers supplied by BHRUT or Homerton. Recommended to be added as 'hospital only' onto the formulary. **TA929 Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction NHSE commissioned** Included in drug tariff. **TA913 Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy – ICB commissioned (BH is a commissioned centre expected 100 pts/ year):** There needs to be some genetic testing required for this which is recommended to be recorded on GP records to state that this patient is having this treatment. To be ratified at IMOC**.** Accepted but needs some work internally at Barts Health for implementation and interactions.

TA 915 Pegunigalsidase alfa for treating Fabry disease – ICB commissioned; no commissioned centres in NEL

TA 921 Ruxolitinib for treating polycythaemia vera should be discussed at Cancer DTC (BH) and MOG (BHRUT)

Summary table:

TA no (linked)	TA title	Date published	Formulary status	Formulary wording	Applicable Trust(s) (BH, BHRUT, HH, ELFT, NELFT)	Funding route
TA913	Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy	06/09/2023	Hospital only		BH	NHSE (HCD)
TA919	Rimegepant for treating migraine	18/10/2023	Hospital only	Formulary status to be reviewed following development of the NEL migraine pathway	BH, BHRUT	ICB (HCD)
TA922	Daridorexant for treating long-term insomnia	18/10/2023	Amber	To be initiated either: • by or on recommendation of a specialist • by primary care prescriber with specialist knowledge and/or has received training to prescribe this medicine	BH, BHRUT, HH, ELFT, NELFT	In-tariff

TA924	Tirzepatide for treating type 2 diabetes	25/10/2023	Amber	To be **initiated** either: • by or on recommendation of a specialist • by primary care prescriber with specialist knowledge and/or has received training to prescribe this medicine	BH, BHRUT, HH	In-tariff
TA925	Mirikizumab for treating moderately to severely active ulcerative colitis	25/10/2023	Hospital only		BH, BHRUT, HH	ICB (HCD)
TA929	Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction	01/11/2023	Amber	To be initiated by or on recommendation of a specialist	BH, BHRUT, HH	In-tariff

16. NICE TAs/ NHSE commissioned policies for Discussion

As per section 15

17. NHSE circulars

- SSC2577 Subcutaneous copper histidinate injections for presymptomatic neonates with classical Menkes disease (not commissioned within NEL)
- SSC2570 NICE Technology Appraisal Final Draft Guidance: secukinumab for treating moderate to severe hidradenitis suppurativa

18. Commissioning update

ICB update

Medicines Value Group update: it was explained there were 3 main areas discussed during the meeting.
1. Prescribing efficiency plan update from SP.
2. Branded Generics position statement from RE.
3. London Regional Pharmacy Procurement specialist gave an update on a new tool which is to be used in Secondary Care Trusts to look at prescribing off frameworks and potential opportunities. An update on Barts Health expenditure was also provided.

NHSE update

NHSE have 3 'invest -to-save' schemes, one which is recurrently running. The second 'invest-to-save' scheme is teriflunomide – NHSE are working with providers and are in the process of finalising this. It was noted that most of the Trusts have all the information that they need and this is a cost-saving initiative.
The third 'invest-to-save' scheme is natalizumab; this will be looked at next year. They are in the process of obtaining further information.

19.	**London Medicines & Pathway Group (LMPG) meeting - no update**
20.	**FPG work plan review – Update for Formulary Working Group (FWG)** The FWG is a new subgroup of the NEL FPG and was set up to facilitate the development and harmonisation of the NEL Formularies onto one single electronic platform. The next meeting will include demonstration sessions by the various available platform companies. Colleagues have been invited to join and have been asked to forward the invite to any other stakeholders who are interested.
21.	**Equality: monitoring of usage and outcomes – nil at present**
22.	**Items for Ratification/Approval**
	NEL FPG Terms of Reference (ToR) update – the FPG TOR had been updated to include the NEL Medicines Value Group. The ToR also now includes a map of the process for FPG. **NEL Formulary Working Group (FWG) ToR** – this was a brand new ToR for the new NEL FWG. **NEL Shared care guideline template update** The changes were highlighted in the document submitted; which included: • minor changes to some wording • the response letter from the GP has been included in one pack • there were also some further discussions around the response time for the patient's GP to agree in writing to the request for shared care upon receiving the request, it was changed from 28 days to 14 days as per national recommendation, with contact details for NEL Pharmacy and Medicines Optimisation Team for escalation of shared care issues **Outcome:** All 3 documents **approved**. Decision for ratification by IMOC.
23.	**Adalimumab (Yuflyma) biosimilar switch at BH**
	This had been discussed at the Medicines Value Group. A position statement and a process in place for biosimilars switches were suggested.
24	**Papers from committee reporting into the FPG:** **1. BH Cancer DTC Agenda and Minutes – Minutes October and agenda November 2023** **2. NEL Sub-Regional Immunoglobulin Assessment Panel Agenda NIL**
25.	**Local Medicines Optimisation group updates:** **1. BH – Summary of Chairs Actions – November 2023** **2. NELFT exception report - NIL**

	3. ELFT medicines committee minutes – NIL **4. BHRUT MOG agenda and minutes – October agenda and minutes** **5. Homerton - NIL**
26.	**CAS Alert: Shortage of verteporfin 15mg powder for solution for injection**
27.	**Update to license for Kaftrio in CF patients from 2-5 years (previously for ages 6 and over)**
28.	**November NEL FPG recommendations ratified at IMOC November 2023** (included in the agenda pack for information) **NEL FPG outcomes letters for November 2023** (included in the agenda pack for information) • NEL Atopic Dermatitis HCD Treatment Pathway • NEL Psoriasis HCD Treatment Pathway - update • NICE TA918 - Bimekizumab for treating axial spondyloarthritis • NICE TA920 - Tofacitinib for treating active ankylosing spondylitis • Tirbanibulin for the treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis of the face or scalp in adults
29.	**NEL FPG Chairs Actions: - NIL**
30.	**FPG survey response**
	The results of the FPG survey were included in the agenda pack for information. The group was informed that a meeting would be planned for the FPG team to review the results and agree changes to the FPG processes based on feedback received.
31.	**Finalised Minutes – October 2023**
32.	**Any other business** Nil
	Time & date of next FPG meeting - Tuesday 6th February 2024 12.30pm – 15:00 via MS Teams– calendar invite circulated.