NHS
North East London

North East London Formulary & Pathways Group (FPG)

Tuesday 4th March 2025 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
Apologies	Ruth Crowley	RC	GP Partner, Avon Road Surgery, Havering	NHS NEL
Present	Mehul Mathukia	MM	Medicines Optimisation Clinical Lead for Redbridge	NHS NEL
Apologies	Jo Howard	JH	Clinical Group director, Cancer & Clinical Support Division Consultant Haematologist and Responsible Officer	BHRUT
Absent	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
Apologies	Farrah Asghar	FA	Lead Clinical Pharmacist, Medicines Commissioning & Pathways	BH
Apologies	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Present	Chloe Benn	CB	Lead Women's & Children's Consultant Pharmacist and 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
Absent	Dawud Masieh	DM	Clinical Pharmacology IMT Resident Doctor	BH
Absent	Emma Magavern	EM	Clinical Pharmacology IMT Resident Doctor	BH
Present	Awat Ghafour Ibrahim	AG	Clinical Commissioning Pharmacist	BH
Present	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Absent	Iola Williams	IW	Chief Pharmacist	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

Apologies	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	ShP	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
Apologies	Zafiat Quadry	ZQ	Head of Medicines Optimisation - Commissioning and Transformation	NHS NEL
Other Representatives				
Present	Dalveer Singh 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	Head of Medicines Optimisation – Place Based Partnerships	NHS NEL
Present	Jiten Modha	JMo	Specialised Commissioning Senior Pharmacy Advisor	NHSE
Guests				
Present	Kristin Ullrich	KU	Lead of Inpatient Pain Service, Consultant Anaesthetist	BH
Present	Lorena Warde	LW	Lead Pain CNS (RLH)	BH
Present	Sharan Suthakaran	SS	Lead Pharmacist – Surgery and Anaesthetics (RLH)	BH
Present	Shabbir Bharmal	SB	Highly Specialist Pharmacist – surgery and Theatres (NUH)	BH
Present	Saiqa Mughal	SM	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. clinical Commissioning Pharmacist for BH was welcomed to the group. The Chair requested that the Terms of Reference (ToR) for the group are circulated with the April FPG agenda as a reminder to members of the remit of the group.
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. A reminder for all members of the group to submit their reviewed DOI, if they have not recently completed to enable an updated register to be available.
4.	**Minutes**
	The minutes of the previous meeting (February 2025) were reviewed and approved. The redacted minutes from December 2024 were also approved.
5.	**Matters Arising**
	FPG action log NEL Primary and Secondary Care Adult Asthma Prescribing Guidelines 2025 (update) – a final version of the approved document was shared. Patient Information Leaflet (PIL) for paediatric use of Intranasal Dexmedetomidine for Painless Procedural Sedation, Auditory Brain Stem Response testing and Premedication – It was highlighted that the unlicensed use had not been included within the PIL. Although it was acknowledged that unlicensed use would be stated in the patient consent form, it was agreed that wording should also be included within the PIL. **Outcome:** Approved with the addition of wording to inform of unlicensed use within the PIL. An updated final version to be circulated via email to FPG members. Decision of ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board.

	High-Grade Squamous Intraepithelial Lesions (HSIL) - Anal and Perianal disease treatment algorithm - a final version of the approved document was shared. 5-fluorouracil (5-FU) cream was only approved for BH and HHFT in the October FPG as at the time the applicant was seeking BHRUT's interest. It has been confirmed BHRUT does also want this included for use as a treatment option. The group were advised that the following remaining actions that were not included in this meeting's agenda were in progress: Staladex ® (leuprorelin acetate) 11.25mg implant for the treatment of prostate cancer (formulary addition) – to produce a patient information leaflet and a switch protocol prior to any switching. Riluzole NEL shared care guideline for Motor Neurone Disease - to include contact details/specialist team generic email addresses for BHRUT and BH
6.	**Vericiguat for chronic heart failure with reduced ejection fraction in patients remaining symptomatic on optimal medical therapy**
	This item was deferred due to the absence of clinical representation to support the submission.
7.	**Ibuprofen 400mg Solution for infusion - for use in acute moderate pain at a dose for 400mg IV TDS for 3/7 only in appropriate patients**
	Declarations of interest: Nil declared The proposal for using IV ibuprofen for acute pain management in post-operative patients where clinically appropriate, was explained to the group and it was highlighted by the applicant that this would provide a safer alternative (if injectable NSAIDs is clinically justified) to the use of IV diclofenac which had a higher cardiovascular and bleeding risk. The plan would be to use IV ibuprofen in theatres initially and then potentially expand to use in surgical HDU and wards based on the feedback and experience. A maximum of nine doses would be used and the oral route would be used as soon as it was appropriate. The proposal was for the use of IV diclofenac to cease if the submission was successful and future use would require approval via Chairman's action; however both options would remain on formulary until consensus gained and agreed. It was explained that whilst the use of IV paracetamol would continue, ibuprofen would be preferred due its anti-inflammatory properties. It was questioned whether there was the potential for IV ibuprofen use in obstetrics and paediatrics; the group were advised that obstetric teams had not been consulted regarding the application. It was mentioned the existing caution regarding IV ibuprofen use in obstetrics. Paediatric teams had advised that they may wish to consider its use after adult experience had been gained. Concern was raised regarding the potential widespread use of IV ibuprofen and effects to stock levels. It was confirmed that use would be restricted to theatres/peri-operative settings with stock limited to those areas only. IV ibuprofen use would be monitored and feedback obtained from both the pain and anaesthetic teams. A phased rollout to surgical teams (e.g. orthopaedic) and other areas could be considered based on the effectiveness and feedback. Prescribing of IV ibuprofen would initially be managed by the anaesthetic team and specialist pain team's advice. It was highlighted

	that IV ibuprofen should not be used for pyrexia and should be limited to pain management in the specific settings outlined. The presenting team mentioned that only anaesthetists would be prescribing which should avoid IV ibuprofen being prescribed for pyrexia. It was agreed that IV ibuprofen could be used for adults only in peri-operative settings, following the advice of the anaesthetic/ specialist pain team. IV ibuprofen would be excluded as a pain treatment option for obstetric and paediatric patients. **Outcome:** Approved for adults only in peri-operative settings for pain, under pain team/anaesthetic team advice only. It would be excluded as a treatment option for obstetric patients. Formulary Status: Red, hospital only (under pain or anaesthetic specialist advice only). Approved for NEL. Addendum: Further comments have been received post FPG meeting: the approval is subject to the development and approval of individual Trust protocols in the management of its use. Decision for ratification by the SyPMO Board.
8.	**Prescribing Guidance and FAQ for Adrenaline Auto-injectors (AAIs) in primary care**
	Declarations of interest: Nil declared The updated prescribing guidance for Adrenaline Auto Injectors (AAIs) for schools was presented, highlighting that the document had required update to address incidents where children were going to school without their AAIs, due to limited prescriptions. This issue had led to serious health risks and an incident. There is a lot of campaigning to bring this to the forefront and there is emphasis also on education and training. The consultation has been to relevant stakeholders as listed in the document and included schools and safeguarding teams. Two documents were discussed (1) Prescribing Guidance for Adrenaline Auto-injectors (AAIs) in primary care (2) Frequently Asked Questions: A guide for parents and schools. The following key points were discussed: • making the guidance clearer by emphasising the current recommendation of four AAIs for primary school children and two for secondary school children by formatting the wording in bold or adding a summary table • the wording "parents *may* request a total of four AAIs," amended to be more directive, ensuring parents understand the importance of having four AAIs for primary school children • consider medical alert bracelets and include links to websites on how to obtain them • reinforce within the guidance information about the importance and discuss acceptability of alternative brands for backup AAIs

	• the process for updating allergy management plans when new allergies were declared and the acceptance of parent advice to enable an important change to be made to their child's treatment plan • the importance of ensuring children receive the correct strength of AAIs based on their weight to be emphasised, as there had been known instances of patients being prescribed the incorrect dose having not had their weight considered only their age – the importance of reviewing the dosage as the child grows • the consideration of access to the medication in schools; and also the need to consult with special needs schools to gather feedback on the guidance was highlighted as they played a significant role in the care of children with allergies and other comorbidities. ELFT representative agreed to liaise with the presenter to provide contact details. • the request for the guidance to inform about what parents should do if their child's AAIs are out of date and if this was established during an 'out of hours' period – the presenter agreed to check with manufacturers to obtain guidance that could be included in the FAQs regarding expiry dates and include 111 for emergency supplies • consider stock for schools in future discussions The group welcomed and acknowledged the level of work that had been undertaken to produce the guidance and FAQs and were keen to ensure that the document was clear, comprehensive and addressed the needs of all children with allergies in school settings. Therefore, clear communication and education for parents, schools and healthcare providers was paramount to ensure the safe and effective use of AAIs. To support this, ongoing education and training would be required to ensure that all parties understood their roles and responsibilities in managing allergies and administering AAIs. It was also suggested that schools could consider purchasing their own stock of AAIs and this could be included in any future discussion. However, the importance of ensuring children carried their personal AAIs with them whenever possible and consideration to even on school premises where assessed, to avoid any delay to administering the medication in an emergency was highlighted. It was agreed to approve the guidance and FAQ in its present format due to the important prescribing changes already made within the document which were urgently required. It was understood that the above feedback provided at the meeting would be prioritised and actioned in a timely manner. Once updated, the revised guidance was to be submitted to a future FPG meeting for the group to consider before wider dissemination to schools and other stakeholders. **Outcome:** Guidance and FAQ are approved. Additional information following FPG feedback to be prioritised for further update to the guidance. Final versions of revised guidance to be considered by the FPG before wider dissemination to schools and other stakeholders. Decision for ratification by the SyPMO Board.
9./10.	**Formulary Harmonisation** - Nil
11.	**Updated Guidelines**
	Update to RA pathway – the link had been updated to the following within the pathway https://academic.oup.com/rheumatology/article/62/4/e48/6783012?login=true

	Noted.
12.	**NICE TA approval and Horizon Scanning** **ICB Commissioned:** Nil **NHSE commissioned:** **TA1044 Exagamglogene autotemcel** for treating severe sickle cell disease in people 12 years and over – BH is a commissioned centre - available via the IMF. This will be discussed at BH Advanced Therapy Medicinal Products (ATMP) committee next month before any patients are treated. The group were advised that this was an important treatment option following the removal of voxelotor and crizanlizumab from the market, with strict criteria set for this cohort of patients. It was mentioned that voxelotor could be returning as a treatment option in the future. CB stated that exagamglogene autotemcel would likely be used for children who were 16/17 years old only, as they would be receiving treatment on an adult ward. **Outcome:** Approved Formulary status: Red, Hospital only (BH) Decision for ratification by the SyPMO Board.
13.	**NICE TAs/ NHSE commissioned policies for discussion** – Nil
14.	**NHSE Circulars:** • **SSC2762** Specialist Immunology Services for Adults with Deficient Immune Systems Service Specification • **SSC2772** NICE Appraisals published in January 2025 due to be commissioned in April 2025 • **SSC2784** PROVIDER LETTER - Launch of UK plasma-derived immunoglobulin and changes to immunoglobulin provision • **SSC2773** NICE TA FDG Exagamglogene autotemcel for treating severe sickle cell disease in people 12 years and over • **SSC2788** PROVIDER LETTER - Fenfluramine Lennox-Gastaut syndrome **Noted.**
15.	**Commissioning update**
	• **ICB** **Medicines Value Group Highlight Report** The following update was provided: • Month 8: savings delivered for YTD and savings over YTD actual planned

	• Month 10 forecast outturn to deliver planned savings target • The NEL ICB Prescribing Efficiency Team had supported delivery of annual savings to date • 2025/26 opportunities were currently being finalised and shared with key stakeholders for feedback • Month 9: BHRUT Provider Finance Return was noted as on track. All other provider Trusts were working with their respective finance leads to ensure the accuracy of the data for Month 10 • Key Molecule Expenditure: Good delivery of reduction in monthly costs for Liposomal Amphotericin, Dimethyl Fumarate, Natalizumab and Teriflunomide, overall good progress across NEL • Horizon scanning work ongoing with biosimilars being a priority; Gold Molecule opportunities (large financial opportunity and national task force support) - Omalizumab has been delayed until at least Sept 2025 as patent challenge was upheld; Ustekinumab on track for delivery; Aflibercept expected Nov 2025 The group were advised that the March MVG meeting had been stood down to allow for an open collaborative discussion amongst NEL Chief Pharmacists regarding cost improvement plans (CIPs) for 2025/26, to share opportunities and good practice. An update following this meeting would be provided at the April MVG meeting. • **NHSE** The following update was provided: • Data was currently being worked on and would be shared in the near future • Work continuing with SPS colleagues and ICBs to establish collaborative working with data sets • A NEL Clinical Commissioning Pharmacist/ICB meeting had taken place and shared care across the provider setting identified as a key area; BH was a specialist centre and had bespoke models for certain services and therefore support would be provided • Medicines efficiencies were providing positive outcomes and continued support for implementation was being provided **Noted.**
16.	**Formulary Working Group – electronic formulary update**
	The latest list of drugs/formulations and their indications as part of stage 1 harmonisation had been circulated with the agenda for FPG approval as part of the governance process. There was concern regarding chlorpromazine oral solution for nausea and labyrinth disorders and its proposed red formulary status on the spreadsheet. It was agreed that this would be removed from the spreadsheet to enable all other listed drugs and formulary statuses to be approved and a further discussion regarding chlorpromazine oral solution status should take place at the next joint formulary meeting. It was also agreed that a brief explanation regarding what amber status means on the initiation of insulins would be added to the note section for insulins within the formulary. **Outcome:** Approved subject to the removal of Chlorpromazine oral solution for nausea and labyrinth disorders (line 65) from the spreadsheet.

	Decision for ratification by the SyPMO Board.
17.	**Equality – Monitoring of usage and outcomes** (Nil at present)
18.	**Items for Ratification / Approval** - Nil
19.	**Papers from committee reporting into the FPG:** • BH Cancer Drugs & Therapeutic Committee – minutes for October, November, December 2024 and January 2025
20.	**Local Medicines Optimisation group updates:** • BH Summary of Chairs Actions – January 2025 • NELFT Medicines Optimisation Group (MOG) Highlight Report - Nil • ELFT Medicines Committee minutes – Nil • BHRUT MOG Agenda & Minutes – November 2024 minutes and January 2025 agenda • Homerton Medicines Committee agenda and minutes - Nil
21.	**NEL FPG recommendations ratified at SyPMO Board**
	• SyPMO Board February 2025 Highlight Report **NEL FPG Outcome Letters:** • Intranasal Dexmedetomidine as a premedication to general anaesthesia and for the sedation of those undergoing scans, painless procedures and ABR in paediatrics and patients with learning disabilities • Riluzole NEL shared care (incorporating BH, BHRUT and HHFT shared care and addition of riluzole films) Addendum: It was highlighted post FPG that HHFT does not have a service that would prescribe Riluzole, therefore the SCG is not applicable to HHFT • Staladex® (leuprorelin acetate) for the treatment of prostate cancer – formulary addition • Adult Asthma Guidelines Update • TA1025 - Ublituximab for treating relapsing multiple sclerosis • TA697 - Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban (Revision)
22.	**Finalised Minutes – December 2024**
23.	**Any Other Business –** <u>Shared Care</u> – the group were advised of plans for a workshop with stakeholders to discuss the prescribing and monitoring of complex specialist medicines and current shared care arrangements and consider other possible future models of care. Currently a list of existing shared care agreements that had expired or were legacy agreements was being produced and prioritised for review. The need to consider monitoring

	requirements was highlighted as this varied within shared care agreements and also whether historical shared care was still a necessity for certain drugs. The group were advised that an information pack was currently being prepared for the workshop which would include several models of care. It was requested that any interested parties who wished to be involved in the shared care discussions contact the relevant team as a list of invitees was currently being produced and nominations would be welcomed. NICE TA implementation assurance form – the group were advised that a NEL draft form had been produced and comments were currently awaited. This is an application form for medicines recommended by NICE Technology Appraisal or NHSE Commissioning Circular for inclusion into the formulary. Once a finalised draft form was available this would be considered by the FPG. It was highlighted that each Trust within NEL would need to complete the form to provide information regarding their implementation of the NICE TA. **Noted.**
	Time & date of next FPG meeting: **12:30 – 15:00pm, Tuesday 1st April 2025 via MS Teams**