NHS
North East London

North East London Formulary & Pathways Group (FPG)
Tuesday 10th December 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
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
Present	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Apologies	Chole Benn	CB	Lead Women's & Children's Consultant Pharmacist and non- medical prescriber	BH
Apologies	Abu Baker Eltayeb	AE	Clinical Pharmacology IMT Resident Doctor	BH
Apologies	James Steckelmacher	JS	Clinical Pharmacology IMT Resident Doctor	BH
Apologies	Dawud Masieh	DM	Clinical Pharmacology IMT Resident Doctor	BH
Apologies	Emma Magavern	EM	Clinical Pharmacology IMT Resident Doctor	BH
Present	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Absent	Kemi Aregbesola	OA	Medicines Information and Formulary Pharmacist	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

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	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
Other Representatives				
Apologies	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
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
Guests				
Present	Tiffany Mann	TM	Foundation Pharmacist (observing)	NEL ICB
Present	Uchechukwu Okafor	UO	Foundation Pharmacist (observing)	NEL ICB
Present	Sanjay Patel (7)	SP	Head of Medicines Optimisation	NHS NEL
Present	Andrew Stock (7)	AS	Health Improvement & Inclusion Manager (Tobacco)	NHS NEL
Present	Ahmad Ashour (8)	AA	Highly Specialist Pharmacist - Paediatrics	BH
Present	Louise Brown (9)	LB	Paediatric Emergency Medicine Registrar	BH
Present	Ami Parikh (9)	AP	Paediatric Emergency Medicine Consultant	BH
Present	Aneliya Sirkova(10)	ASi	Specialty Doctor in Diabetes and Endocrinology	BHRUT
Present	Manisha Madhani (10)	MMa	Lead Antimicrobial Pharmacist	BHRUT

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 (November 2024) were reviewed and approved. The redacted minutes from October 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 been shared with the NEL trusts to develop their own internal version of the document. **Closed** **202410 _04** – **Rituximab for the treatment of Pemphigus Vulgaris** – this action had been completed. **Closed** **202410_05 & 202410_06– 5-fluorouracil cream for treatment of anogenital intraepithelial neoplasia –** A draft treatment algorithm had been produced and was being considered for comment. **Noted.** **202411_02 – Paediatric Inhaler Formulary** – this action had been completed. **Closed**

	202411_03 – Rezafungin – It was confirmed that plans were in place for this treatment to be delivered on the day units at both BH and BHRUT and HHFT would also have no issue in providing this. Regarding the request for the treatment infusion rates to be added to EOLAS and liaison with a BH microbiologist, it was agreed that this would not be beneficial due to low treatment numbers and a supporting information fact sheet would be hosted on a platform that was accessed by NEL microbiologists. **Closed.** **202411_04 –** Audit specification for rezafungin has been shared with LB. **Closed.** **202411_06 - Ophthalmology formulations and Prescribing Efficiency Team** – the suggestion for requests to be made by generic formulation rather that brand had been shared with the Prescribing Efficiency Team. **Closed.** **202411_07 – NetFormulary** – It was confirmed that wording regarding peak flow meters had been added to the formulary. **Closed** **Cytisine in smoking cessation - final document for information** A final version was shared of the Cytisine GP letter of recommendation for use by the smoking cessation service to request a GP to prescribe and advised that work with Tower Hamlets colleagues was being undertaken to gain agreement for the letter to support the requests to GPs. However, thre was concern that LMC agreement had not been ascertained from Havering and Barking & Dagenham LMC and possibly others. It was confirmed that the letter had been developed in advance for it to be ready for use only once arrangements to support prescribing had been agreed for each of the NEL boroughs. Both service providers and respective LMCs would need to be in agreement that GPs were willing to support prescribing before any request would be made to a NEL GP practice. The request was made for this to be clearly outlined in the letter along with the action required by the GP to be highlighted. **Outcome:** The GP letter for use in line with locally agreed smoking cessation commissioning arrangements was approved subject to minor amendments. Decision for ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board. **Relugolix for treating hormone-sensitive prostate cancer – primary care prescribing support factsheet** A final version of the factsheet had been shared and additional comments were made by the group and the document amended virtually. It was agreed that wording would be amended in section 'Criteria for referral back to parent team' to provide a better understanding of when this was to be considered. HHFT confirmed their use of relugolix and advised of 64 patients per year receiving treatment. **Outcome:** Approved subject to amendments. Decision for ratification by the SyPMO Board. **Riluzole orodispersible films (formulation addition) – update to shared care guidelines for Motor Neurone Disease (BH)** The BH shared care guideline had been updated to include the formulation and a NEL shared care document would be progressed. **Noted.**

	Outcome: BH shared care guidelines updated to include riluzole orodispersible formulation were approved. Decision for ratification by the SyPMO Board.
6.	**Continuous Glucose Monitoring**
	Declarations of interest: Nil declared The following documents were presented to the group and a brief summary provided: a. NEL implementation document for continuous glucose sensors for adults with type 1 diabetes – this document had been updated and the changes to the group highlighted. It was agreed that the information provided in the document would be reviewed in one year. b. Initiation and transfer of prescribing of continuous glucose monitors (CGM) for adults living with type 1 diabetes in North East London – this had been updated to include Hybrid Closed Loop system information and the latest CGM devices. It was explained the two lists that were now included in the document, outlined which devices could be prescribed on FP10 and those that could be continued in primary care, and devices where a Blueteq form is required. A further update to the document would occur once there had been a final date confirmed by the manufacturers for the removal of DexcomONE and FreeStyle Libre2 from the supply chain c. Training on Continuous Glucose Monitoring for Healthcare Professionals and People Living with Diabetes – this was a new resource that had been developed to support the training on the use of CGM devices for healthcare professionals and people living with diabetes. EDEN modules were available for both clinicians and patients and links were provided to supporting information supplied by the manufacturers. The final page of the resource provided SNOMED coding information for primary care practice staff. A concern was raised regarding the reference to obtaining patient signature/implied consent and how this would be managed and noted; it was agreed to check with the diabetes specialist team for clarification regarding this. Minor amendments were also requested regarding the number of monitoring strips that were provided to the patient (less monitoring should reduce the number of strips required) and that all strips were to be prescribed in line with those included in the local NEL formulary, which was already in place. **Outcome:** All three documents were approved. Decision for ratification by the SyPMO Board.
7.	**Bupropion (Zyban) for smoking cessation – formulary status change request**
	Declarations of interest: Nil declared

	The request to change the formulary status for bupropion (Zyban) for the treatment of nicotine dependence from 'on formulary' to grey (non-formulary) was explained which would mean that it would no longer be a recommended treatment option within NEL. This was due to the availability of both varenicline and cytisine as approved recommended treatments for nicotine dependence. Work had been undertaken with both local authorities and respective Trusts to ensure that treatment options were harmonised within NEL. Optimise Rx (GP prescribing system decision support tool) messages had been prepared to support the removal of bupropion from the formulary for smoking cessation. It was noted that local mental health trusts would continue to use bupropion as an off-label treatment for other indications where appropriate for their patients. **Outcome:** Approved Formulary Status: Grey, non-formulary Decision for ratification by the SyPMO Board.
8.	**Bepanthen barrier cream for nappy care**
	Declarations of interest: Nil declared The group were advised that there was currently an issue within neonatal intensive care units (NICU) due to the current short supplies of metanium and orabase paste; a primary care clinician advised that supplies of metanium had now ceased. Therefore, the request was for Bepanthen barrier cream to be added to the formulary as this is a suitable alternative. Sudocrem was mentioned as an option but it was acknowledged that generally the consistency of the cream made it difficult to remove from tender skin. The costings provided in the document were discussed and it was noted that the use of Bepanthen would be an increase in spend for the patient numbers specified, however it was a medication that could be purchased 'over the counter' (OTC) where applicable. **Outcome:** Approved Formulary Status: Green Decision for ratification by the SyPMO Board.
9.	**Methoxyflurane (Penthrox; via a inhaled device) for analgesia in acute traumatic pain or for use in painful procedures in paediatric emergency departments across NEL (off label use)**
	Declarations of interest: Nil declared

	It was explained the request to introduce the use of Penthrox inhaler to administer methoxyflurane to children 5 years and older as a method of analgesia/sedation to treat acute traumatic pain or for use in painful procedures undertaken within paediatric emergency departments. It was highlighted that the Penthrox inhalation device was currently used within several UK Trusts, having been licensed for adults since 2015, and that no significant adverse effects had been reported. There is currently a 'Methoxyflurane AnalGesia for Paediatric InjuriEs (MAGPIE)' study and results are due to be published. The group were advised that Penthrox has been used extensively in Australia for over 30 years to support the analgesic needs for both adults and children. The Royal London Hospital (RLH) Paediatric Emergency Department were keen to provide this treatment as a preferred option for the stated patient cohort, instead of the current practice of treatments which did not always adequately manage pain, result in additional costs for emergency theatre scheduling, time consuming organisational logistics and staff capacity and the subsequent associated risks for the patient. A concern was raised regarding enzyme inducers and it was agreed to seek clarification. It was also highlighted that there needs to be robust measures in place to mitigate against the diversion of Penthrox. Contact would also be made to establish if any issues had been experienced with the current arrangements for treatment of adults. The following was discussed and agreed to support the use of Penthrox for paediatrics: • To clearly specify that Penthrox would **only** be used for patients suffering with trauma associated acute pain or painful procedures related to trauma • Update checklist to add wording regarding competency to self-administer (stated age to remain) • Measures to be in place for secure storage, to record usage and activity requiring users' signature and patient details – the safety and recording of usage against activity should be monitored and a summary including any concerns regarding safety and handling to be brought to BH oversight group for review • To clarify whether pregnancy was an exclusion or a caution factor – agreed pregnancy is an exclusion • To ensure that patients would not be provided with Penthrox if a contrast agent was required for a CT/MRI • To ensure that patients receiving Penthrox are accompanied by a parent/carer or supervised if cause for concern • The above should be incorporated in the Standard Operating Procedure that is being developed. The BHRUT Standard Operating Procedure (SOP) would be shared to align with the BH version and enable a NEL wide version to be available **Outcome:** Approved subject to the above requests and amendments. Formulary status: Red, hospital only Decision for ratification by the SyPMO Board.
10.	**Stimulan beads with vancomycin and gentamicin for use in trauma and orthopaedic surgery, vascular, bone and soft tissue infections**

	Declarations of interest: Nil declared It was explained to the group the request for stimulan beads to be used with vancomycin and gentamicin as an adjunctive therapy to treat trauma and orthopaedic surgery, vascular, bone and soft tissue infections for patient with diabetes. Stimulan beads were a calcium sulfate antibiotic carrier device which enabled antibiotics to be released over a sustained period to an infection site. It was confirmed that stimulan beads as a device had already received approval by the Procurement Advisory Group and therefore the request to the FPG was for the use of the device with the specified antibiotics to treat diabetic foot conditions such as foot ulcers. The proposed patient selection criteria and patient exclusions were outlined and it was confirmed that the prescribing of stimulan beads will be restricted to the Diabetic Foot Multi-Disciplinary Team (MDT) and initiated by the diabetic MDT only. Sensitivities must be confirmed by microbiology specimen before starting, with continued weekly monitoring throughout the healing period of the infection site. This could be for a period of between 30 - 60 days or longer if a second application was required for a larger wound. The intended benefits of using stimulan beads were highlighted which included prevention of limb amputation, reduced A & E visits and admissions, reduced development of sepsis and smaller numbers of patients requiring systemic antibiotic treatment, supporting antimicrobial stewardship. The financial impact and trial data that had been provided was considered and the group agreed that it would be helpful to have savings costed for comparative treatment/inpatient admissions/bed days etc. The group decided that the following additional information was required to support the proposal and therefore declined the request. • Emphasise clearly that treatment is for diabetic ulcers in the lower limbs only • Outline achievable cost savings to support the proposal • Clarify patient selection criteria as to when the treatment would be considered e.g. grading of wound • Clarify if stimulan beads are to be used with systemic antibiotics, and identify when the patient would require admission • To audit and review 12 months' use and provide summary of beneficial outcomes • Arrangements for the preparation, administration, ordering and storage of the medication • Details of the staff roles within the MDT – assurance of microbiologist involvement • To seek BH and HHFT St Leonard's community podiatry's interest and to provide patient numbers • To state clearly whether it would be the surgeon applying/packing the beads in theatre or if this would be done in an outpatient setting • Clarify clearly within the protocol who is the responsible clinician for the patient including follow-up and after-care It was agreed that answers to the above could be submitted to the FPG via email or could be brought back for discussion at the meeting in February. **Outcome:** Not approved due to additional information requested (outlined above).

	Decision for ratification by the SyPMO Board.
11.	**Etilefrine for management of priapism in patients with sickle cell disease (unlicensed use)**
	The request to harmonise the use of etilefrine within NEL as currently this was on formulary within BHRUT for unlicensed use to manage priapism in sickle cell patients was explained to the group. Both HHFT and BH would like to ensure that their patients with this condition can continue to have access to etilefrine as it is not currently included on their formularies. **Outcome:** Approved Formulary status: Red, hospital only Decision for ratification by the SyPMO Board.
12.	**NEL Primary Care Emollients Guidelines (updated to include MHRA links)**
	The NEL Emollients Prescribing Guidelines for Primary Care had previously been approved in October 2023 and had now been updated to reflect the MHRA Drug Safety Alert Update on ocular surface toxicity for Epimax Ointment and Epimax Paraffin-free ointment. For completeness, safety information about the risk of severe and fatal burns with paraffin-containing and paraffin-free emollients was also added where relevant. The changes were highlighted to the group for information. **Outcome:** Approved Decision for ratification by the SyPMO Board.
13.	**NICE TA approval and Horizon Scanning** The following updates were provided: **ICB Commissioned:** • **TA1009 Latanoprost–netarsudil** for previously treated primary open-angle glaucoma or ocular hypertension. This is not a High Cost Drug (HCD) and therefore there is not a requirement for a blueteq form to be completed. Patient numbers provided: BHRUT – 120, BH yet to provide and HHFT do not offer ophthalmology services. Implementation date: 31st December 2024 **Outcome:** Approved for local implementation. Formulary status: Amber, specialist initiation

	Decision for ratification by the SyPMO Board. • **TA1022 - Bevacizumab gamma (Lytenava) for treating wet age-related macular degeneration (wetAMD).** Not currently listed on the HCD list, however it is an anti-VEGF drug and therefore would be expected to be included from April 2025. This is the 5th treatment option for this indication, the other treatments are also anti-VEGFs and it has the same initiation criteria as the other NICE TAs. The treatment is to be provided as part of the Patient Access Scheme (PAS) with a reduced price. Treatment is given monthly until maximum visual acuity is achieved and/or there are no signs of disease activity. Thereafter treatment intervals will be individualised based on disease activity. Expected patient numbers: BH - 120 and BHRUT – 50, HHFT do not offer ophthalmology services. As this is a further treatment option with a lower cost impact than some of the other treatments, a significant cost impact was not expected. Implementation date: 3rd January 2025 **Outcome:** Approved for local implementation (BH and BHRUT only) Formulary Status: Red, hospital only Decision for ratification by the SyPMO Board. The group were advised that a wetAMD pathway for London and a national ophthalmology pathway is in development and would be looked at for local implementation. **NHSE commissioned:** • **TA988 Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor** for treating cystic fibrosis (BH commissioned centre, circular already noted at FPG) **Outcome:** Approved Formulary status: Red, hospital only (BH only as a commissioned centre) Decision for ratification by the SyPMO Board. • **TA1016 Elafibranor** for previously treated primary biliary cholangitis. 10-15 patients per year at BH, BHRUT yet to provide patients numbers **Outcome:** Approved Formulary status: Red, hospital only (BH only as it is a Specialised Hepatobiliary centre) Decision for ratification by the SyPMO Board.

	• **TA1002 Evinacumab** for treating homozygous familial hypercholesterolaemia in people 12 years and over (no centres in NEL) • **TA1019 Crovalimab** for treating paroxysmal nocturnal haemoglobinuria in people 12 years and over (no centres in NEL) **Noted.**
14.	**NICE TAs/ NHSE commissioned policies for discussion – Nil**
15.	**NHSE Circulars:** • **SSC2719 Specialised Commissioning** Update • **SSC2725 HIV pre-exposure prophylaxis (PrEP)** Reimbursement • **SSC2726 NICE TA FDG Elafibranor** for previously treated primary biliary cholangitis • **SSC2728 NICE Technology Appraisal Guidance Burosumab** for treating X-linked hypophosphataemia in adults TA993 • **SSC2729 Notification of new or amended Specialised Services Quality Dashboards (SSQD)** • **SSC2732 Specialised Commissioning Update -** NICE Appraisals published in October 2024 which are due to be commissioned in January 2025 **Noted.**
16.	**Commissioning update**
	- **ICB** **Medicines Value Group Highlight Report** The following update was provided: • Month 7 forecast outturn is to deliver planned savings target • The NEL Provider Trusts 24/25 Cost Improvement Plans (CIPs) target set was currently being discussed and finalised for internal and system wide savings • In SPS Key Molecules Update and Specialised Commissioning, the focus was on older biosimilars: Adalimumab and Etanercept to maximise opportunities • The new opportunity for Ustekinumab was underway with savings efficiencies being tracked • Liposomal Amphotericin is a new opportunity this is being worked up • HCD dashboard was being developed and would be the first in the country which would demonstrate potential opportunities and efficiently track them, with the aim to link with SLAM and Blueteq data and support updating treatment pathways to enhance patient care. The HCD dashboard would also support the monitoring of associate contracts and highlight mis-aligned costs. Further updates will be provided as this progresses.

	The December MVG meeting would provide an update on primary care, NHS specialised commissioning and provider trust efficiency plans, biosimilar switch resource and also discuss medicines optimisation opportunities in paediatric prescribing across the ICS e.g. reviewing liquid formulations. **- NHSE** The following update was provided regarding NHSE priorities: • The UK Plasma & UK IG programme planned for next year will enable a significant cost reduction. The UK IG workstream will provide 30% of the total IG in the country which will be proportionately provided to London; a leadership meeting tomorrow to discuss how this would be distributed to Trusts within London is expected **Noted.**
17.	**Formulary Working Group – electronic formulary update**
	The progress tracker was shared and the following update provided: • Legacy formularies would remain available during the transition period to the NEL electronic formulary • The chapters highlighted were still in progress and expected completion dates were provided – aiming for completion of all chapters by the end of the financial year 2024/25 A list of drugs/formulations and their indications as part of stage 1 harmonisation had been submitted to FPG for approval as part of the governance process. The formulary status for calcitriol was queried as to whether specialist input would be required. However, it was confirmed that the proposed status is usually aligned to the existing formulary status for the majority of Trusts/Places. Therefore, as the majority in this case has green status, it was agreed by the Formulary Working Group that the formulary status should be green for across NEL. **Outcome: Approved** Decision for ratification by the SyPMO Board.
18.	**Equality – Monitoring of usage and outcomes (nil at present)**
19.	**Primary Care prescribing support factsheet template**
	The primary care prescribing support factsheet had been adapted from the previously approved Relugolix factsheet. This template was to provide a format for all future factsheets that would be developed to support primary care prescribing and enable specialist contact details to be shared with the primary care prescriber for any queries that may arise. **Outcome: Approved** Decision for ratification by the SyPMO Board.

20.	**Papers from committee reporting into the FPG:** • BH Cancer DTC November agenda
21.	**Local Medicines Optimisation group updates:** • BH – Summary of Chairs Actions – October 2024 • NELFT MOG Highlight Report - Nil • ELFT medicines committee minutes – Nil • BHRUT MOG – October minutes and November agenda • Homerton Medicines Committee agenda and minutes - Nil
22.	**NEL FPG recommendations ratified at SyPMO Board November 2024**
	• SyPMO Board November Highlight Report **NEL FPG Outcome Letters:** • NEL Paediatric Inhaler Formulary • Rezafungin for the treatment of invasive candidiasis in adults • Dosi-fuser Elastomeric - pre-filled with 0.125% levobupivacaine for use in the delivery of local anaesthetic agent through regional nerve catheters • Riluzole orodispersible films for the treatment of adult patients with Amyotrophic Lateral Sclerosis
23.	**Finalised Minutes – October 2024**
24.	**Any Other Business –** It was highlighted that new products for IG would be coming through as mentioned in the NHSE update above. An update would be brought to a subsequent FPG meeting following receipt of further information and advice from NHS England.
	Time & date of next FPG meeting: **12:30 – 15:00pm, Tuesday 11th February 2025 via MS Teams**