NHS
North East London

North East London Formulary & Pathways Group (FPG)
Tuesday 11th February 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
Present	Ruth Crowley	RC	GP Partner, Avon Road Surgery, Havering	NHS NEL
Present	Mehul Mathukia	MM	Medicines Optimisation Clinical Lead for Redbridge	NHS NEL
Absent	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
Present	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
Absent	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
Present	James Steckelmacher	JS	Clinical Pharmacology IMT Resident Doctor	BH
Present	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	Iola Williams	IW	Chief Pharmacist	HHFT
Present	Rikesh Patel	RP	Lead Pharmacist for Medicines Information and Formulary Pathways	HHFT
Absent	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
Present	Zafiat Quadry	ZQ	Head of Medicines Optimisation - Commissioning and Transformation	NHS NEL
Other Representatives				
Absent	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	Siobhan Duggan	SD	Lead Medicines Optimisation Pharmacist - Prescribing Efficiencies	NHS NEL
Present	Dr Vandita Ralhan	VR	Consultant Anaesthetist	BH
Present	Christabelle Chen	CC	Lead Respiratory Pharmacist	BH
Present	Olapeju Bolarinwa	OB	Neurology 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. A reminder for all members of the group to submit their reviewed DOI, if they have not recently done, to enable an updated register to be available.
4.	**Minutes**
	The minutes of the previous meeting (December 2024) were reviewed and approved. The redacted minutes from November 2024 were also approved.
5.	**Matters Arising**
	FPG action log – the following update was provided: **202412_01/02 Cytisine in smoking cessation: letter of recommendation** – It had been confirmed that information on the local arrangements for each place was available on the NEL Medicines Optimisation website and the link was shared. The section 'action required' relative to GPs had been made clearer within the GP letter. **Closed** **NEL High-Cost Drugs Treatment Pathway for Rheumatoid Arthritis – Review (no changes)** – the group were advised that the pathway had been reviewed and changes to the document had not been required. The document would be reviewed again in two years. **Outcome:** Approved Decision for ratification by the Systems Pharmacy & Medicines Optimisation (SyPMO) Board. **NEL implementation document for continuous glucose sensors for adults with Type1 Diabetes** – The patient consent section within the NEL implementation document for continuous glucose sensors for adults with Type1 Diabetes had been amended to provide clarity and the number of blood testing strips had been highlighted in bold. The group were advised that the new Diabetes Type 1 Network group had requested for Omnipod 5 insulin pump device to be included in combination with Dexcom G7 in Appendix 1 of the implementation document. It was confirmed that this is a cost-effective hybrid closed loop combination and the blueteq form had been updated accordingly. **Outcome:** Approved

	Decision for ratification by the SyPMO Board. **Update - NEL oral contraceptives formulary (updated with information on some Desogestrel products containing peanut/soya)** – The group were advised that the NEL oral contraceptives formulary had been updated to reflect that some generic versions of desogestrel contained soyabean oil which should not be taken by patients who suffered with a soya or peanut allergy. It was requested that the wording regarding checking SPC for formulation updates be highlighted in bold. **Outcome:** Approved subject to minor amendment. Decision for ratification by the SyPMO Board. **5-FU cream treatment algorithm in sexual health** – The High-Grade Squamous Intraepithelial (HSIL) - Anal + Perianal disease treatment algorithm was presented to the group. It was requested that all acronyms/abbreviations be extended in full to provide clarity and the document re-formatted to be presented on one page. **Outcome:** Approved subject to minor amendments. Decision for ratification by the SyPMO Board.
6.	**Staladex ® (leuprorelin acetate) 11.25mg implant for the treatment of prostate cancer – formulary addition request**
	Declarations of interest: Nil declared The request for the GNRH analogue, Staladex® to be added the NEL formulary as an amber status to enable specialist initiation for the indication of prostate cancer was explained. Staladex® was a more cost-effective medication than the current alternative, Prostap 3 DCS which was already on formulary with an amber status. It was highlighted that Staladex® was an implant in a pre-filled syringe which was ready to inject and therefore had less potential for error and required less clinic time when compared to the Prostap 3 DCS formulation which was a prolonged-release suspension which needed to be reconstituted before administration. Whilst comparison showed that Staladex® was as effective, it was acknowledged that training would be required to support clinicians with the different delivery mechanism. A concern was raised regarding the needle size used to administer Staladex® and the increased pain that may be experienced by some patients; it was highlighted that a cold spray / Emla cream could be administered beforehand to reduce pain experienced and alleviate patient concerns. It was agreed that a NEL wide switch programme involving secondary care would not be considered, to avoid supply issues and to enable Trusts to maintain the choice when initiating treatment. It was confirmed that both medications were interchangeable and had the same monitoring requirements and therefore a primary care switch programme would be considered.

	It was agreed that a patient information leaflet should be produced to address the pain element of administering the medications and also to highlight to patients that medications were interchangeable and a switch in treatment could be discussed. Concern was raised regarding the administering of bicalutamide to patients prior to initiation of a GNRH analogue and the current different treatment pathways that existed. Therefore, it was felt that a NEL standardised practice would be beneficial for this cohort of patients and clinicians should liaise to discuss and agree best practice. **Outcome:** Approved as a formulary addition with the request for a patient information leaflet to be produced. A switch protocol is required to be submitted to a future NEL FPG before any switches are approved. Formulary Status: Amber, specialist initiation or recommendation only. Decision for ratification by the SyPMO Board.
7.	**Intranasal Dexmedetomidine as a premedication to general anaesthesia and for the sedation of those undergoing scans, painless procedures and Auditory Brainstem Response (ABR) in paediatrics and patients with learning disabilities**
	Declarations of interest: Nil declared The application for Intranasal Dexmedetomidine as a sole sedative agent for children and adults with learning disabilities was presented and a brief summary for the following three non-painful procedures provided: 1. Painless Procedural Sedation (NEL) **-** Sedation for paediatric patients undergoing scans or painless procedures e.g. MRI, CT, Echo. The failure of MRI scans experienced where sedation is needed for young children results in delayed diagnoses for both patients and their families. It was highlighted that intranasal dexmedetomidine is already being used in tertiary paediatric centres including GOSH and UCLH with high levels of patient/parental satisfaction and clear exclusion criteria available to support patient safety. 2. Auditory Brain Stem Response (ABR) Testing (BH only) - ABR testing was often the first investigation for many children with developmental delay or suspected hearing loss. Children requiring sedation for ABRs and who fail require general anaesthesia (GA) for this vital procedure. Patients across NEL requiring ABR testing under GA are investigated once a month utilising a full day ENT surgical list at RLH or half day ENT list at WXH; current waiting times for ABR testing under GA is 9 months. ABR testing with Dexmedetomidine as part of the sedative regimen is well established internationally and evidence has been provided for this in the application document. The addition of Dexmedetomidine as a treatment option will increase capacity, reduce waiting list times and avoid the significant risks associated with GA. Financial savings would also occur due to reduced theatre usage and the potential decrease in cancelled appointments due to anxiety. ABR testing is currently only undertaken by BH at the RLH and WXH with approximately 1000 patients treated per year with savings due to reduced moving of theatre work and avoiding cancellations. Trial data relating to 28 patients had been collated which outlined a significant cost saving with no adverse events recorded, apart from one patient who vomited.

	3. Premedication (NEL) - Many children and adults with special needs experience an extensive amount of anxiety prior to GA and dexmedetomidine is a widely used premedication prior to GA internationally. It offers extensive benefits as a sole agent and adjunct to premedication prior to GA, with its maintenance of airway reflexes, safety index and minimally invasive route of administration. BH draft guidelines had been included with the application which could be adapted for use across NEL except the ABR testing which would remain for BH only. Concern was raised regarding the unlicensed use of intranasal dexmedetomidine and intravenous dexmedetomidine risks that are highlighted in the black box within the BNF. It was agreed that informed consent would be required and options for sedation were to be presented to parents to ensure there was an understanding of the choice of treatments available and the associated risks. A Patient Information Leaflet (PIL) would be required and it was suggested that other London trusts are contacted to identify existing information which could be shared. A concern was also raised regarding the potential risks of any occupational exposure to dexmedetomidine during the priming of the atomiser, particularly for pregnant staff members and also the practicality of dosing for small children who may require a smaller dose than the lowest drug amount expelled from the atomiser. An offer to liaise with BHRUT secondary care colleagues and provide details of clinicians who already had experience of using intranasal dexmedetomidine was made. It was agreed that the application would only be considered for paediatric patients as the group agreed that there was not sufficient data presented within the submission to support the consideration in adult patients. A further application to support adult patients with learning disabilities receiving intranasal dexmedetomidine would be welcomed. **Outcome:** Approved for paediatric patients only, with the request for the patient leaflet to include wording regarding the unlicensed use of dexmedetomidine and the potential increased risk to mortality. Clarity would also need to be provided regarding the unlicensed use of dexmedetomidine for the above indications and any available evidence relating to increased mortality. A response regarding any risk from exposure to escaped dexmedetomidine from the atomiser would also be required. Formulary Status: Red, hospital only (unlicensed use for these indications) Decision for ratification by the SyPMO Board.
8.	**NEL Primary and Secondary Care Adult Asthma Prescribing Guidelines 2025 - update**
	Declarations of interest: Nil declared The group were advised that the above guidelines had been updated to reflect the recent release of NICE guidance NG244 Joint BTS/NICE/SIGN Asthma Guidelines. It was highlighted that a table of legacy guidance had been included to support the continuation of treatment for stable patients and

	help clinicians signpost to the more up to date guidelines. The adherence section has also been simplified and patient review and treatment changes were now reflected within the new guidance. It was confirmed that links had been included to the approved formulary devices. It was raised that inhaler choices on the formulary should be included and acknowledged that this has been highlighted at the end of the document – the link could be used to find the full list. Due to the stepping down of the NEL Respiratory Network, it was confirmed that both primary and secondary care clinicians had been engaged with via email. **Outcome:** Approved subject to minor formatting issues. Decision for ratification by the SyPMO Board.
9.	**Riluzole NEL shared care guideline for Motor Neurone Disease (MND; incorporating BH, BHRUT and HH shared care and addition of riluzole films)**
	Declarations of interest: Nil declared The NEL Riluzole shared care guideline that had been produced to incorporate the previous shared care agreements that had been in place for the individual NEL Trusts was presented. A brief summary of the document was provided and the monitoring, contraindications, cautions, administration and interactions were discussed. The different formulations of riluzole were explained. The following concerns were raised: • the request for an x-ray everytime a patient presents with SOB or cough and the evidence to support this action for the GP – *this was taken from SPS/ manufacturers information* • riluzole was a specialist drug requiring specialist expertise to support MND patient care and not suitable for GP shared care- suggestion that secondary care could prescribe and review every three months • clarity regarding renal impairment and suitable/concerning levels including when to refer back to secondary care – *limited data available* • febrile illness - suggest if patient experiences flu/cough symptoms then to contact specialist team for advice rather than the GP • suggested that first year treatment of patient to be retained in secondary care and second year treatment of stabilised patients to be shared with GPs (amber status) • Primary care prescriber responsibilities, to ensure patient understands potential side effects – specialist should already have explained to the patient

	It was reiterated that the document was a collation of previous existing approved shared care agreements that had been combined in the NEL new template and was not a new request for shared care; primary care prescribing of riluzole was already taking place within NEL. However, whilst this was acknowledged there were concerns regarding both the monitoring and prescribing for patients and ideally it was felt that these should remain together under one clinician's care. It was highlighted that a workshop was currently being arranged to discuss a suitable way forward for all shared care addressing both primary and secondary care concerns. It was agreed to add the indication to the title of the shared care document and include contact details/specialist team generic email address for BHRUT clinicians and BH to also consider generic email address rather than personal clinician details being provided. Post-meeting note: HHFT has since confirmed they do not have a service for this and therefore the shared care guideline is approved for BH and BHRUT only. **Outcome:** Approved subject to minor amendments for BH and BHRUT only. Formulary status: Purple, shared care guidelines Decision for ratification by the SyPMO Board.
10.	**Formulary Harmonisation** - Nil
11.	**Updated Guidelines** - Nil
12.	**NICE TA approval and Horizon Scanning** The following updates were provided: **ICB Commissioned:** • **TA697 - Andexanet alfa** for reversing anticoagulation from apixaban or rivaroxaban (Revision) **Outcome:** Approved for local implementation. Formulary status: Red, hospital only Decision for ratification by the SyPMO Board. **NHSE commissioned:** • **TA1020 - Eplontersen** for treating hereditary transthyretin-related amyloidosis (no centres in NEL) **Noted.**

	TA1025 - Ublituximab for treating relapsing multiple sclerosis (BH & BHRUT only) - estimated figures for BH of 120 patients per year. BHRUT to provide patient numbers. **Outcome:** Approved Formulary status: Red, Hospital only Decision for ratification by the SyPMO Board.
13.	**NICE TAs/ NHSE commissioned policies for discussion** – Nil
14.	**NHSE Circulars:** • **SSC2742** NICE summary letter for NICE guidance published in November 2024 • **SSC2743** NICE TA Evinacumab for treating homozygous familial hypercholesterolaemia in people 12 years and over [TA1002] • **SSC2745** NICE Technology Appraisal Final Draft Guidance ublituximab for treating relapsing multiple sclerosis • **SSC2747** Treatment of adults with relapsing remitting multiple sclerosis switching from Tysabri® to Tyruko® • **SSC2750** CYP2C19 genotyping associated with NICE TAG Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy TA913 • **SSC2758** Specialised Commissioning Update - NICE Appraisals published in December 2024 • **SSC2770** End of 2024-25 Respiratory Syncytial Virus (RSV) season and cessation of access to palivizumab passive immunisation against RSV in at risk pre-term. **Noted.**
15.	**Commissioning update**
	• **ICB** **Medicines Value Group Highlight Report** The following update: • Month 7: YTD savings delivered Vs YTD planned savings - over YTD planned savings • Month 9 forecast outturn to deliver planned savings target • The NEL ICB Prescribing Efficiency Team supported delivery of annual savings to date • 2025/26 Opportunities were currently being scoped and would include the reduction of liquid formulations in paediatric populations following system wide discussion eg. omeprazole and cetirizine • NEL ICB Primary Care Prescribing Budget - forecasting overspend • Drivers for increased prescribing spend included: volume, BMA action, 3 extra dispensing days, price concessions and increased tariff prices • The NEL Provider Trusts 24/25 Cost Improvement Plans (CIPs) target set

	• Key Molecule Expenditure: Good delivery of reduction in monthly costs for Liposomal Amphotericin, Dimethyl Fumarate and Teriflunomide • Gold Molecule opportunities (large financial opportunity and national task force support) - Ustekinumab was underway with saving efficiencies being tracked; Aflibercept coming November 2025 (London wetAMD pathway to be considered for local adoption/adaption to support) The February MVG meeting would discuss provider/trust plans for 2025/26 and horizon scanning for HCD. A readiness checklist had been requested to support Omalizumab, however notification had since been received that the patent biosimilar had been delayed. • **NHSE** The following update was provided regarding NHSE priorities: • A new colleague would be joining to enable a full team to support programmes • A dashboard would be available to standardise data to subsequent meetings • Paediatric savings relating to pomalidomide switching programme (ICB) was being produced and shared **Noted.**
16.	**Formulary Working Group – electronic formulary update**
	The latest list of drugs/formulations (285 lines) and their indications as part of stage 1 harmonisation had been circulated with the agenda for FPG approval as part of the governance process; no comments or queries were raised. **Outcome: Approved** 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 - Nil
20.	**Local Medicines Optimisation group updates:** • BH – Summary of Chairs Actions – November & December 2024 • NELFT Medicines Optimisation Group (MOG) Highlight Report - Nil • ELFT Medicines Committee minutes – Nil • BHRUT MOG Agenda Nil • Homerton Medicines Committee agenda and minutes - Nil

	Noted.
21.	**NEL FPG recommendations ratified at SyPMO Board November 2024**
	• SyPMO Board December Highlight Report **NEL FPG Outcome Letters:** • TA1009 Latanoprost–netarsudil for previously treated primary open-angle glaucoma or ocular hypertension • TA1016 Elafibranor for previously treated primary biliary cholangitis • TA1022 Bevacizumab gamma for treating wet age-related macular degeneration • TA988 Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis • Continuous Glucose Monitoring • NEL implementation document for continuous glucose sensors for adults with type 1 diabetes - update • Initiation and transfer of prescribing of continuous glucose monitors (CGM) for adults living with type 1 diabetes in North East London- update • Training on Continuous Glucose Monitoring for Healthcare Professionals and People Living with Diabetes – new • Bepanthen barrier cream • Bupropion (Zyban) - request to change status to non-formulary • Etilerfrine in priapism caused by sickle cell disease (unlicensed use) - formulary harmonisation • NEL Primary Care Emollients Guidelines (updated to include MHRA links) • Penthrox in paediatric emergency departments across NEL (off label) • Stimulan beads with vancomycin and gentamycin for use in trauma & orthopaedic surgery, vascular, bone & soft tissue infections *(not approved)* **Noted.**
22.	**Finalised Minutes – November 2024**
23.	**Any Other Business –** 8mg Aflibercept - It was highlighted that 8mg aflibercept in wetAMD and DMO should not be used as this was currently paused whilst an ophthalmology pathway was being developed. Shared Care – A further discussion took place regarding ensuring that shared care was fit for purpose for today and not legacy and that procedures to manage patients whose GP refused shared care were outlined to ensure that patient treatment was maintained. It was also highlighted that having a specialist available to support discussions regarding shared care submissions would be beneficial.
	Time & date of next FPG meeting: **12:30 – 15:00pm, Tuesday 4th March 2025 via MS Teams**