NHS
North East London

North East London Formulary & Pathways Group (FPG)

Tuesday 1st April 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
Absent	Mehul Mathukia	MM	Medicines Optimisation Clinical Lead for Redbridge	NHS NEL
Present	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
Present	Farrah Asghar	FA	Lead Clinical Pharmacist, Medicines Commissioning & Pathways	BH
Absent	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Absent	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
Present	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
Apologies	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Present	Oluakemi Aregbesola	OA	Palliative Care Pharmacist	BHRUT
Present	Tomisin Antwi	TA	Formulary & Medicines Information Pharmacist	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	Saiqa Mughal **(5)**	SM	Senior Medicines Optimisation Pharmacist	NHS NEL
Present	Manisha Madhani **(6)**	MM	Antimicrobial Pharmacist	BHRUT
Present	Simran Grewal **(7)**	SG	Consultant Rheumatologist	BH
Absent	Flaviu Bologa **(8)**	FB	Consultant Urological Surgeon	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. The Formulary and Medicines Information Pharmacist for BHRUT was welcomed to 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 (March 2025) were reviewed and approved. The redacted minutes from February 2025 were also approved.
5.	**Matters Arising**
	<u>FPG action log</u> **202502_05 - Riluzole NEL shared care guideline for Motor Neurone Disease** – the shared care guideline required clinician/team contact details to be added and this would be followed up; the final document was expected to be published shortly. Concern was raised regarding the expectation for stakeholders to accept shared care and it was suggested that this issue should be raised for discussion at the Systems Pharmacy & Medicines Optimisation (SyPMO) Board. **Noted.** **202503_01 - Terms of Reference (reminder)** – the Chair requested that all members of the FPG refresh themselves with the roles and responsibilities of the group, objectives of the meetings and scope of discussions to ensure that the meetings remained focused and productive. **Completed.** **202503_03 - Prescribing Guidance and FAQ for Adrenaline Auto-injectors (AAIs) in primary care** - An updated version of the previously considered guidance was shared and the amendments outlined. It was confirmed that allergy clinic specialists, NEL Trusts, Community Children's Asthma nurses and school representatives had been involved to support the development of the FAQs. Additional input regarding the suggested FPG comments had been provided and it was explained where amendments had since been made. It was requested that school nurses also have sight of the document to enable previous issues with allergy plans to be addressed. It was also confirmed that the NEL Safeguarding team would provide this link. There is also a safety campaign planned in NEL to highlight the guidance/FAQs.

	The option for AAIs to be centrally stocked within schools was mentioned which could provide potential cost savings with the reduced need for individual prescriptions and also support safety for patients with AAIs being available when needed. It was noted that private companies were currently available to provide AAIs and offer a stock review service for schools. The group were advised that an individual approach for access to AAIs was the current practice locally, however a NEL standardised approach would be preferable. The development of a business case was suggested as the next step to support a NEL standardised approach. The updated guidance and FAQ had previously been approved at the SyPMO Board and therefore the latest versions of the documents were agreed for publication. **Completed.** **202503_04 - Stage 1 harmonisation log** – It was confirmed that line 65 (chlorpromazine for nausea) and been removed from the March Stage 1 harmonisation log that had been considered by the FPG. A note had also been included in the insulin section of netFormulary to outline what amber status means for prescribers in case of queries. **Completed.** 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 (update) – An update on behalf of BHRUT and HHFT who had since decided they would not require the addition of the ibuprofen injection to formulary was provided. Both Trusts felt that sufficient alternative pain medication choices were available and had concerns as to how to ensure use remained restricted to the specific cohort of patients. Therefore, the application would only be applicable to BH where it was confirmed that use would only be available in peri-operative settings following the advice of an anaesthetist or pain specialist. IV Ibuprofen would be restricted to a maximum of nine doses per patient where other routes are not available, and the development of a local pathway or protocol would be required to ensure appropriate use within the Trust; a review of usage across BH would be provided to the BH Oversight Group at 9 months (Q3 meeting) for the surgical team to demonstrate it is used only within the restrictions. BH Oversight Group reserves the right to remove this form BH formulary if it is deemed the usage is not within the restrictions. There was a discussion whether the prescribing has to be done by a pain specialist or an anaesthetist or if 'under the advice of a pain specialist or an anaesthetist' is sufficient – it was agreed the trust protocol would clarify this. **Outcome: Update -** Approved for adults only in peri-operative settings for pain under the pain team/anaesthetic team only, subject to the development and approval of a BH Trust protocol in the management of its use. It would be excluded as a treatment option for obstetric patients. The Trust protocol to be brought back to FPG. (BH only) Formulary Status: Red, hospital only (under pain or anaesthetic specialist team only). Approved for BH only. Decision for ratification by the SyPMO Board.
6.	**Stimulan beads with Vancomycin 500mg powder for injection & Gentamicin 120mg in 3mL solution for injection for local use for bone and soft tissue infection in the feet and lower limb for diabetic patients.**
	Declarations of interest: Nil

The following update to the feedback received when first considered by the FPG was provided:

- Stimulan beads were intended for use in patients with non-healing diabetic foot ulcers, particularly those not suitable for surgery or experiencing deterioration despite systemic therapy
- Patients will be treated in outpatients and may need adjuvant oral antibiotics
- The cost of one pack of Stimulan beads was approximately £373.55, with each pack lasting up to 30 to 60 days. One pack is per patient. For 20 patients, the estimated cost was £7471 (excluding the medicine costs) and the total cost would need to be clearly outlined and signed off by the division. A second pack of stimulant beads is rarely required for a patient.
- BH patient numbers had been shared and needed to be included in the application
- Vancomycin and gentamicin would not be stored in the clinic but ordered on an outpatient prescription and issued case by case. Staff roles are defined: the decision to use Stimulan will be made by the MDT, the application of the beads will be done by podiatrists, with prescriptions written by a diabetic fellow registrar or consultant
- Outcomes were to be reviewed on a 12-month basis, with data collection forms used to monitor usage and patient progress
- Concerns had been raised about the clinical governance of podiatrists administering the beads. The group were advised that there was uncertainty about whether podiatrists had undergone formal training and competence assessment for administering the beads. Although the podiatrists had been trained by the manufacturer, it was unclear if there was a formal competence assessment in place
- There was a discussion regarding hypercalcaemia as a risk due to potential absorption issues and whether calcium level monitoring is required and this was agreed to be added as a caution statement to the Standard Operating Procedure (SOP)
- The SOP for using Stimulan beads needed to be reviewed and shared with the FPG to ensure it covered all necessary aspects, including clinical governance and risk assessment. The SOP should also outline the treatment process, particularly where it will take place and include the practicalities e.g. how the antibiotics vials are obtained and transported to where the application of the beads would take place.

The group were keen to understand the total cost implication for NEL and therefore requested that all services submit patient numbers and financial implications (costs for beads and medication), including St Leonards outpatient-podiatry service. It was highlighted that division sign-off would be required to support financial/patient data provided. Estimated savings from using this treatment compared to alternatives, should be included in the financial impact analysis. This includes the number of inpatient bed days savings compared with if the treatment was not used. This could be estimated and extrapolated from the patients who have received this treatment to date.

Concern was raised regarding the clinical governance of podiatrists making up and administering the beads and further clarification and assurance was required, particularly as the procedure involved the use of medications. Risk assessments would also need to be carried out to ensure the safe and effective use of stimulant beads by podiatrists, considering the potential for systemic absorption and other risks. FPG required reassurance of the clinical governance process including the training and competency sign-offs of podiatrists applying the beads.

	HHFT was asked to provide information on whether the MDT decision-making criteria is the same given their community setup. There was a request to standardise the SOP document to make it applicable to across NEL. In summary, all the Trusts involved should work together outside of the FPG meeting to address the issues raised before bringing it back to NEL FPG as matters arising. **Outcome:** Not approved. Further information requested which would be required to support future presentation to the FPG as a matters arising agenda item.
7.	**High-Cost Drugs Treatment Pathway for Ankylosing Spondylitis and non-radiographic Axial Spondyloarthritis and Local commissioning of dose escalation of secukinumab for the treatment of Ankylosing spondylitis.**
	Declarations of interest: Nil The High-Cost Drugs Treatment Pathway for Ankylosing Spondylitis (AS) and Non-Radiographic Axial Spondyloarthritis (nr-axSpA) which had been produced collaboratively with BHRUT, BH (Whipps Cross Hospital) and HHFT was presented. The following points were highlighted to the group regarding the pathway: • The pathway incorporates NICE guidance as outlined in the Technology Appraisals (TA) • The pathway includes four treatment lines for managing AS and nr-axSpA, with anti TNF-**α**, JAK inhibitors, IL-17A and IL-17AF inhibitors treatment options. The first line typically involves the use of TNF-**α** inhibitors which is the standard approach for managing both conditions, followed by subsequent lines as described in the pathway, based on clinician decision and patient response • The pathway allows for a second anti-TNF-**α** to be provided as a treatment option if the patient suffers from primary or secondary failure with the first one; data has shown that a positive response is still possible and that treatment remains cost effective • Patients may exhaust the 4 available lines of therapy and a return to a previous treatment which they previously had an adequate response to may be appropriate under certain circumstances as outlined in the pathway. It was that the request for secukinumab to be approved for dose escalation within the pathway in Ankylosing Spondylitis and the following key points were discussed: • Dose escalation of secukinumab would be for patients who did not respond adequately to the standard dose. The decision to consider dose escalation is based on clinical data showing superior effectiveness with higher doses, with improvements persisting for up to three years • The secukinumab dose can be escalated temporarily as per SPC following primary or secondary failure. Where response is adequate and stable, consider returning to standard dosing. Discontinue treatment where response is inadequate

	• The patient would be reviewed at 12 weeks to assess treatment benefit. If the patient was stable, dose reduction may be considered at one year. Monitoring would include disease activity scores and patient response metrics • The increased dosing would lead to higher costs but this could be measured against the potential cost of changing therapy. The pathway aimed to provide flexibility to clinicians and patients while managing costs effectively • Patient numbers receiving an increased monthly dose of 300mg secukinumab would be approximately five patients in year 1 per Trust • Patients would be followed up at six-month intervals, with assessments of their disease activity scores and response metrics to ensure the treatment's effectiveness and to manage any potential spillover to other indications • For non-radiographic Axial Spondyloarthritis (nr-axSpA) patients, secukinumab dose escalation is unlicensed and not commissioned The group acknowledged the collaborative work that had been undertaken to produce the pathway. It was requested that the 12-week review date for patients receiving the escalated dose is added to the monitoring section of the pathway. It was suggested that Blueteq could be used to capture outcome data which could demonstrate the effectiveness and impact of dose escalation. Colleagues agreed to meet outside of the meeting to discuss a communication article around this area. **Outcome:** Pathway approved subject to amendment to include a 12-week patient review following dose escalation for secukinumab in Ankylosing Spondylitis. A 12-month review of the pathway had been agreed. **Outcome:** Secukinumab dose escalation approved following primary or secondary failure with secukinumab treatment in Ankylosing Spondylitis. Formulary status: Red, Hospital only Decision for ratification by the SyPMO Board.
8.	**Hexvix® – Hexaminolevulinate – 85mg (Each vial of powder contains 85 mg hexaminolevulinate (as hexaminolevulinate hydrochloride) to contribute to the diagnosis and management of bladder cancer in patients with known or high suspicion of bladder cancer (formulary alignment with BH)**
	It was explained to the group that Hexvix® (85mg of hexaminolevulinate) was already used by the BH urology team to detect bladder cancer. The vial of powder enhanced the visibility of carcinoma in situ in the bladder during cystoscopy procedures and BHRUT were requesting formulary alignment with BH to support its use at the Trust. It was confirmed that costings provided by BHRUT had been signed off by the division. **Outcome:** Approved for addition to BHRUT formulary to align with BH who would share protocols to support implementation. Formulary status: Red, Hospital only (BHRUT and BH) Decision for ratification by the SyPMO Board.
9.	**Updated Guidelines** - Nil
10.	**NICE TA approval and Horizon Scanning**

ICB Commissioned:

- **TA1026 Tirzepatide for Managing Overweight and Obesity** – The group were advised that NHSE had released interim commissioning guidance and the first part of the TA was to go live from the 24th March for NHS Specialist Weight Management Services although it was acknowledged that there is ongoing work to establish Tier 3 services within NEL. The implementation date for implementation within primary care services is the 23rd June 2025. Different cohorts of patients had been defined for years one, two and three of implementation. The first year cohort of patients to be treated would have a BMI of 40 or more and have four or more qualifying co-morbidities. Two funding streams were available, one for the cost of the drugs which included tirzepatide and semaglutide and the other stream to support management costs which could be utilised in primary care or specialist weight management services. The link to access the 'Interim commissioning guidance on the implementation of the NICE TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity'. A document was shared with the group which provided detailed information regarding eligible patent cohorts, prioritisation strategy and the phased implementation of tirzepatide (Mounjaro®) across specialist weight management services and primary care settings. Further information regarding NEL Tier 3 services would be shared via email with the group, when available. A concern was raised regarding non-contract activity with private companies offering weight management services outside of the NHS framework and it was understood that efforts were being made to ensure that the companies adhered to the same standards as local services.

Noted.

NHSE commissioned:
TA1035 Vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease – BH is the commissioned centre with an estimated 3 patients per year. Roxadustat is an alternative to Erythropoiesis-Stimulating Agents (ESA). A concern was raised regarding the lack of a written protocol to support the appropriate use of these agents which can be costly and may have unknown long term risks associated with its use. Whilst local protocols may be in place, the group were advised that there was not a national pathway available. Therefore, a Trust pathway was requested for submission to the group under matters arising at a future meeting.

Outcome: Approved for BH only. A Trust pathway to support the appropriate use of Vadadustat and Roxadustat was to be developed

Formulary status: Red, Hospital only (BH)

Decision for ratification by the SyPMO Board.

- **TA1050 Fenfluramine for treating seizures associated with Lennox–Gastaut syndrome in people 2 years and over –** BH is the NEL commissioned centre for adults only, available via the IMF until implementation. It was noted that children requiring treatment would be referred to Great Ormond Street Hospital (GOSH) and Guys and St Thomas' NHS Foundation Trust (GSTT).
- **Post meeting note:** BH is a commissioned centre for adults and paediatric patients (amended circular)

	Outcome: Approved for BH only Formulary status: Red, Hospital only (BH) Decision for ratification by the SyPMO Board. • **TA1031 Vamorolone for treating Duchenne muscular dystrophy in people 4 years and over** – no commissioned centres in NEL, for information only. **Noted.**
11.	**NICE TAs/ NHSE commissioned policies for discussion** – Nil
12.	**NHSE Circulars:** • **SSC2799** - NHS England Clinical Commissioning Policy: Clinical Commissioning Policy for the use of therapeutic immunoglobulin (Ig) England, 2025 **Noted.**
13.	**Commissioning update**
	• **ICB** The group were advised that the March MVG meeting had been stood down and an open collaborative discussion meeting for NEL Chief Pharmacists regarding cost improvement plans (CIPs) for 2025/26 had taken place instead. An update regarding this meeting would be provided at the April MVG meeting. The ophthalmology economic commissioning tool and ophthalmology pathway (wet AMD) had recently been released by the LPP and would shortly be shared with both BH and BHRUT, for the Trusts to populate with financial data and patient numbers which could then be added to the economic modelling tool. The urgency to provide the information was highlighted so that the financial impact of the pathway e.g. aflibercept 8mg usage, could be assessed. Whilst the tool would be able to provide detailed cost analysis such as clinical appointment costs, it had been found to be complicated to use. It was agreed that colleagues would liaise outside of the meeting to discuss the tool and the wet AMD pathway. • **NHSE** The group were advised that following the recent news regarding organisational change, NHSE would continue with setting the strategy for the next 12/18 months, working collectively with ICB colleagues and providing support to each other; medicines efficiency workstreams would continue. **Noted.**

14.	**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. It was highlighted that budesonide gastro-resistant granules had been updated to amber status for NEL to reflect BHRUTs continued use of the granules. A concern was raised regarding the green status of ursodeoxycholic acid which usually required specialist input before prescribing within primary care. It was agreed that the status of ursodeoxycholic acid would be reviewed at the next weekly formulary meeting. **Outcome:** Approved subject to the removal of ursodeoxycholic acid which would require further review of its formulary status. Decision for ratification by the SyPMO Board.
15.	**Equality – Monitoring of usage and outcomes** (Nil at present)
16.	**Items for Ratification / Approval** - Nil
17.	**Papers from committee reporting into the FPG:** • BH Cancer Drugs & Therapeutic Committee – minutes for February 2025
18.	**Local Medicines Optimisation group updates:** • BH Summary of Chairs Actions – February 2025 • NELFT Medicines Optimisation Group (MOG) Highlight Report - Nil • ELFT Medicines Committee minutes – Nil • BHRUT MOG Minutes – January 2025 • Homerton Medicines Committee agenda and minutes - Nil
19.	**NEL FPG recommendations ratified at SyPMO Board**
	• SyPMO Board March 2025 Highlight Report **NEL FPG Outcome Letters:** • Prescribing Guidance and FAQ for Adrenaline Auto-injectors (AAIs) in primary care • TA1044 Exagamglogene autotemcel for treating severe sickle cell disease in people 12 years and over • Ibuprofen injection for the treatment of acute moderate pain in adults (Perioperative use) - under pain or anaesthetic specialist advice **Noted.**
20.	**Finalised Minutes – February 2025**
21.	**Any Other Business** – None
	Time & date of next FPG meeting: **12:30 – 15:00pm, Tuesday 6th May 2025 via MS Teams**