NHS
North East London

North East London Formulary and Pathways Group (FPG)

Tuesday 15th July 2025 at 12.30pm via MS Teams

Meeting Chair: Dr Gurvinder Rull

Minutes

Attendance – part 1	Attendance – part 2	Name	Initials	Designation	Organisation
Clinical Representatives					
Present	**Present**	Gurvinder Rull	GR	Consultant Clinical Pharmacology (FPG Chair)	BH
Apologies	Apologies	Narinderjit Kullar	NK	Clinical Director for Havering	NHS NEL
Present	**Present**	Ruth Crowley	RC	GP Partner, Avon Road Surgery, Havering	NHS NEL
Present	**Present**	Nishani Jayasooriya	NJ	Consultant Gastroenterologist, Medicines Committee Chair	HHFT
Absent	Absent	Mehul Mathukia	MM	Medicines Optimisation Clinical Lead for Redbridge	NHS NEL
Apologies	Apologies	Jo Howard	JH	Clinical Group Director, Cancer & Clinical Support Division Consultant Haematologist and Responsible Officer	BHRUT
Present	Absent	John McAuley	JM	Consultant Neurologist, Drugs & Therapeutic Committee Chair	BHRUT
Present	Apologies	John Booth	JB	Consultant Nephrologist	BH
Trust Pharmacist					
Present	**Present**	Jaymi Teli	JT	Lead Formulary & Pathways Pharmacist	BH
Present	**Present**	Farrah Asghar	FA	Lead Clinical Pharmacist, Medicines Commissioning & Pathways	BH
Present	**Present**	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Apologies	Apologies	Chloe Benn	CB	Lead Women's & Children's Consultant Pharmacist and non-medical prescriber	BH
Present	**Present**	Abu Baker Eltayeb	AE	Clinical Pharmacology IMT Resident Doctor	BH
Absent	Absent	James Steckelmacher	JS	Clinical Pharmacology IMT Resident Doctor	BH
Absent	Absent	Dawud Masieh	DM	Clinical Pharmacology IMT Resident Doctor	BH
Apologies	Apologies	Awat Ghafour Ibrahim	AG	Clinical Commissioning Pharmacist	BH

Present	**Present**	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Present	**Present**	Tomisin Antwi	TA	Formulary & Medicines Information Pharmacist	BHRUT
Apologies	Apologies	Iola Williams	IW	Chief Pharmacist	HHFT
Apologies	Apologies	Georgina Watson	GW	Pharmacy Digital Solutions Manager (Interim formulary support)	HHFT
Apologies	Apologies	Rikesh Patel	RP	Lead Pharmacist for Medicines Information and Formulary Pathways	HHFT
Present	**Present**	Iffah Salim	IS	CAMHS Directorate Lead, Medicines Information Pharmacist	ELFT
Apologies	Apologies	Kiran Dahele	KD	Formulary & Governance Pharmacist	NELFT
Present	**Present**	Kamaljit Takhar	KT	Associate Director of Pharmacy - Quality & Safety	NELFT
NEL Pharmacy & Medicines Optimisation Team's Representatives					
Present	**Present**	Belinda Krishek	BK	Deputy Director of Medicines Optimisation	NHS NEL
Present	**Present**	Denise Baker	DB	Senior Administrative Officer, Medicines Optimisation	NHS NEL
Present	**Present**	Ann Chan	AC	Formulary Pharmacist	NHS NEL
Apologies	Apologies	Nicola Fox	NF	Commissioning & Contracting Senior Pharmacy Technician	NHS NEL
Present	**Present**	Kalpna Bhudia	KB	Formulary Pharmacist	NHS NEL
Present	**Present**	Anh Vu	AV	Commissioning and Contracting Pharmacist	NHS NEL
Present	**Present**	Zafiat Quadry	ZQ	Head of Medicines Optimisation - Commissioning and Transformation	NHS NEL
Other Representatives					
Present	**Present**	Dalveer Singh Johal	DJ	Chief Operating Officer	NEL LPC
Present	**Present**	Mohammed Kanji	MK	Senior Medicines Optimisation Pharmacist (Representing NEL Primary Care Non-Medical Prescribers)	NHS NEL
Apologies	Apologies	Yasmine Korimbux	YK	Head of Medicines Optimisation – Place Based Partnerships	NHS NEL
Absent	Apologies	Jiten Modha	JMo	Specialised Commissioning Senior Pharmacy Advisor	NHSE
Apologies	Apologies	Anudeep Riyat	AR	Deputy Chief Pharmacist, Specialised Commissioning (NEL ICB link pharmacist)	NHSE
Present	**Present**	Fatimah Rana	FR	Lead Biologics Pharmacist	HHFT
Present	**Present**	Dupe Fagbenro	DF	Deputy Chief Pharmacist (London Services)	ELFT
Present	**Present**	Foysal Alam (observer)	FA	Foundation Medicines Optimisation Pharmacist	NHS NEL
Guests – part 1 of the meeting only					
Present	Oliver Spooner (4)		OS	Stroke Consultant, Royal London Hospital	BH

Present	Robert Ardley (4)	RA	Highly Specialist Pharmacist Stroke and Older People's Services	BH
Present	Arron Jones (5)	AJ	Lead Hepatology Pharmacist	BH
Present	Nikita Thanki (6)	NT	Highly Specialist Women's and Children's Pharmacist	BH
Present	Minal Patel (7)	MP	Lead Paediatric Gastroenterology Dietitian/ Lead Dietitian for Appropriate Prescribing for Tower Hamlets	BH/NHS NEL
Present	Bola Sotubo (7& 8)	BS	Lead Medicines Optimisation Pharmacist	NHS NEL
Present	Janine Makaronidis (9)	JMa	Consultant Physician in Diabetes and Obesity, and Physician to the Homerton Bariatric Unit	BH and HHFT
Present	Andrew Wilkinson (10)	AW	Consultant Anaesthetist	HHFT
Present	Saima Chowdhury (10)	SC	Principal pharmacist for Emergency Medical Retrieval Service (EMRS) & Education and Training	HHFT
Present	Manisha Madhani (11)	MMa	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)

PART ONE	
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. A brief explanation of the new arrangements for future meetings was provided.
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 their submission to enable an updated register to be available.
4.	**Tenecteplase 5000 units (25mg) vial – Off-label use – Extended time window thrombolysis (4.5hr - 9hr) after stroke symptoms onset and for patients < 50kg.**
	Declarations of interest: Nil declared Presenters were welcomed to the meeting and outlined the application for tenecteplase 5000 unit (25mg) vial and the planned switch from alteplase which was currently the licensed treatment for thrombolysis. The request was for tenecteplase to be the preferred option for this indication and included the additional request to use tenecteplase as an off-label treatment for an extended time window, over 4.5 hours and up to 9 hours after the onset of stroke symptoms, and to treat patients weighing under 50kg. Alteplase would continue to be available when use of tenecteplase is unsuitable for stroke, for other indications and in case of shortages. The following benefits of tenecteplase were highlighted and discussed by the applicants: • Recommended by the British & Irish Association of Stroke Physicians (BIASP) as an alternative to alteplase for treating the specified cohort of patients • Administered by a single bolus only, unlike alteplase which required a bolus followed by an infusion • Expedited patient transfers for mechanical thrombectomy as the change from alteplase eliminated the requirement for a stroke nurse to monitor the infusion which would also help with healthcare staffing • Simpler administration should enable a reduction in dosing errors previously experienced with the use of alteplase • Considered to be cost neutral or a cost-saving in comparison to alteplase treatment although difficult to produce robust figures Updates to the protocol were requested by the group to include the specific timing of treatment/extended 9 hour window to treat patients, clarification of the age group that treatment would be available for and to clearly specify that patient consent/best interest consent for the off-label use of tenecteplase should be documented in the clinical notes. Concern was also raised regarding patients who may have a gentamicin allergy and it was requested to clearly highlight this warning within the protocol. **Outcome:** Approved with the required updates to the protocol specified above, and 12 months collaborative NEL data (can be national prescribing data) to be submitted back to a future FPG meeting. Data should include any ADRs, especially bleeding and include evidence for successful use in lower weight patients. **Formulary status:** Red, Hospital only in accordance with provider trust protocol (BH and BHRUT) Decision for ratification by the SyPMO Board.

5.	**Bezafibrate (modified release and immediate release) in primary biliary cholangitis and pruritus in primary sclerosing cholangitis prescribing factsheet to support formulary status change (Red to Amber 2)**
	Declarations of interest: Nil declared The application to unify the formulary status for bezafibrate in Primary Biliary Cholangitis (PBC) and pruritus in Primary Sclerosing Cholangitis (PSC), aligning the formulary status across NEL to 'Amber 2', having previously been 'Red/Hospital only' at BH was explained. It was highlighted that the drug is used off-label to treat PBC as a second line therapy and is considered to be a safe and cost effective treatment. However, it was noted that some London areas did not include bezafibrate on their formularies and a London-wide approach to provide consistency of formulary status would be preferred. The change to formulary status would allow GPs to continue to prescribe for patients following specialist initiation, with monitoring to be continued within the specialist PBC therapy clinics within NEL. Whilst bezafibrate was primarily used to treat older patients (over 60 years old) who may have issues with frailty and transport, a homecare service was not available due to its off-label use. It was requested that the preferred use of the modified release (MR) preparation should be emphasised within the factsheet, enabling the immediate release formulation to be reserved for patients with renal impairment. HHFT was not named within the application as part of the collaborative working and therefore confirmation was required regarding the provider trust's intended use of the drug; a contact email for HHFT clinicians within the factsheet would be required, if appropriate. **Outcome:** Approved prescribing support factsheet (subject to the amendments) and formulary status change from Red to Amber 2 **Formulary status:** Amber 2 (specialist initiation with maintenance in primary care) Decision for ratification by the SyPMO Board.
6.	**Primary care prescribing support factsheet for doxylamine/pyridoxine (Xonvea®) for the treatment of hyperemesis gravidarum**
	Declaration of interest: Nil declared The group were presented with the primary care prescribing support factsheet that had been produced to support the prescribing of Xonvea® which was used for the treatment of hyperemesis gravidarum in pregnancy. The formulary addition of Xonvea® has previously been considered and approved by the FPG and the factsheet was subsequently requested to support primary care prescribing. • It was requested that a box be included in the factsheet which clearly identified the cause for concern 'red flags' which the clinician was to consider when prescribing for the patient. Additional wording was also requested to provide clear guidance on how to taper/ titrate the dose, when

	discontinuing Xonvea® was appropriate for patients, in both the factsheet and any patient information that was made available to support self-management. **Outcome:** Approved **Formulary status:** Green Decision for ratification by the SyPMO Board.
7.	**Management & prescribing for Cow's Milk Protein Allergy (CMPA) in NEL**
	Declaration of interest: Nil declared The presenters explained the CMPA guidelines to the group which had been collaboratively produced to provide a standardised, evidence-based approach for the identification, diagnosis and management of infants with CMPA within NEL. Clinical variation and excessive prescribing of costly hypoallergenic formulas had been identified within the sector. Therefore, these easy to follow guidelines outlined clear instructions to support primary care clinicians, in differentiating CMPA from common infant conditions to enable appropriate and cost effective prescribing. An implementation process is being planned which would include a live webinar which would be recorded for sharing, with the addition of OptimiseRx messages to primary care prescribing systems. Prescribing data would continue to be monitored to ensure effective implementation and appropriate prescribing is occurring within NEL. Concern was raised regarding the arsenic content of rice-based formula and it was confirmed that all recommended formulas met normal requirements and were suitable to be used within the recommendations. The guidelines also contained a section on recommendations for children over one year old. **Outcome:** Approved Decision for ratification by the SyPMO Board.
8.	**Guidelines on the Identification, Treatment and Management of Malnutrition in Adults, including the appropriate prescribing of Oral Nutritional Supplements (ONS) v1.2 updated**
	Declaration of interest: Nil declared The updated version of the ONS guidelines was presented and amendments that had been made regarding product availability, pricing and product name changes were highlighted. Products that were discontinued had also been removed and appropriate new products to the market were also now included. To

support ease of use, links to key documents had been moved to the beginning of the document so that they were more readily available as quick reference guides.

It was reiterated that the updated guidelines were designed to promote cost effectiveness and appropriate prescribing of ONS in primary care, addressing the issue of overprescribing and ensuring better control of ONS use. It was suggested that pound symbols could be added to indicate the relative cost of products (least expensive £ to most expensive £££) rather than individual prices, avoiding the requirement for frequent updates. However, MK mentioned that having the individual costs for items was helpful to the prescribers.

The group were advised that training and webinars to socialise the updated guidelines amongst primary care providers would take place along with the addition of OptimiseRx messages to support prescribing. The continued monitoring of ONS prescribing data would improve the management of ONS in primary care.

Outcome: Approved

Decision for ratification by the SyPMO Board.

9. Weight Management formulary updates – status changes for Tirzepatide (Mounjaro®) and Semaglutide (Wegovy®)

Declaration of interest: Nil declared

The formulary application for status updates to weight management medications following recently published NICE Technology Appraisals (TAs) was presented. The information outlined in the table below was discussed:

Drug Prescribing must be brand-specific	**Current NEL formulary status for weight management**	**Proposed NEL formulary status for weight management**	**Current proposal across NEL is the following (year 1 Cohort 1) for 12 months** - the decision has been made locally that cohort 1 patient treatment will be delivered by commissioned weight management services only, as outlined below
Tirzepatide (Mounjaro®) TA1026 (published 23.12.24)	No status as not yet reviewed for this indication	Red – to be prescribed under a locally commissioned weight management service as per eligibility criteria outlined by the	Currently Barts Health and Homerton Healthcare on behalf of eligible patients in NEL

		latest NEL commissioning policy	
Semaglutide (Wegovy®) TA875 (updated 04.09.23)	Red – can only be prescribed by a specialist weight management service and within set criteria	Red – to be prescribed under a locally commissioned weight management service as per eligibility criteria outlined by the latest NEL commissioning policy	Currently Barts Health and Homerton Healthcare on behalf of eligible patients in NEL
Liraglutide (Saxenda®) TA664 (published 09.12.20)	Red – can only be prescribed by a specialist weight management (Tier 3) service and within set criteria	No change	Prescribing under a specialist weight management service only - currently Barts Health and Homerton Healthcare. Current patients will remain on treatment. New patients to start on semaglutide (Wegovy®) or tirzepatide (Mounjaro ®)

Expected patient numbers were shared and there was concern raised regarding equity of care. It was explained that patients would be prioritised on a clinical need rather than a 'first come, first served' basis. Multi-Disciplinary Team (MDT) monthly meetings would review and prioritise patients for treatment and Blueteq forms would be used to capture data for each service within NEL. The aim is to capture as much as possible and not just on inequalities (if any), but actual outcomes from patients e.g. weight loss etc. The need for patients to be encouraged to self-manage their treatment to avoid the request for community nurses to provide home visits to administer injections was highlighted. This would not include patients with learning disabilities who could require additional support and it was requested that referral criteria should also include considerations for patients who might not be able to inject themselves. It was agreed to feedback the concern regarding over-burdening community nurses with home visit requests and the need for training to be provided to patients to self-manage their treatment.

It was confirmed that BHRUT who did not currently have a weight management service, would continue to refer appropriate patients to the BH service. It was confirmed that the clinical policy outlining the referral criteria will be shared with Oviva and other private providers with an NHS contract who are providing a weight loss service. These companies would have 30 days to implement the policy once this has been issued.

It was clarified that there was a NICE funding variation for tirzepatide, meaning that this treatment would be introduced in phases based on clinical priority, with treatment being made available initially for those with the highest clinical needs. It was emphasised that GPs should only refer patients for tirzepatide treatment if they meet the NHSE funding variation eligibility criteria:

- BMI threshold (≥ 40 – adjusted for ethnicities) AND

	• ≥ 4 qualifying weight-related comorbidities (hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease and type 2 diabetes). In parallel with the national rollout of tirzepatide, there is also a semaglutide business case in development in NEL which was approved for the cohort of patients at highest clinical risk across NEL. This will support the aim of capturing the most clinically urgent patients. **Outcome:** Approved formulary statuses for weight management drugs and acknowledgement of the NHSE interim commissioning guidance. **Formulary status:** Red, to be prescribed under a locally commissioned weight management service as per eligibility criteria (BH & HHFT) Decision for ratification by the SyPMO Board.
10.	**Dosi-fuser Portable NRFIT Elastomeric - pre-filled with 0.125% levobupivacaine – formulary harmonisation (HHFT)**
	Declaration of interest: Nil declared The presenter explained the application for the Dosi-fuser device (elastomeric infusion pump) containing 0.125% of levobupivacaine (local anaesthetic) which was already in use at Whipps Cross Hospital, following a trial which had started in March 2024. The device had been successfully used since the trial and the request was for the treatment to be approved for use at HHFT. As part of formulary harmonisation. Primarily the treatment would be for emergency and elective abdominal procedures which would enable opioid use to be reduced for patients and improve postoperative recovery. The Dosi-fuser device would be sited by surgeons in theatre to the rectus sheath catheter following the patient's procedure, enabling levobupivacaine 0.125% to be given over a prolonged period. It was confirmed that appropriate training would be provided to relevant staff members and administration of the treatment would only be provided by trained staff within the acute inpatient team and anaesthetists. It was anticipated that 1-2 patients per week who required emergency abdominal procedure would receive this treatment with the addition of 1 patient per month requiring elective surgery. Whilst patient numbers were relatively low, it was noted that these could increase with treatment being extended to different cohorts of patients who could benefit e.g. rib fracture patients. The group were advised that there had not been a discussion with BHRUT colleagues prior to this application but would be happy to liaise with relevant colleagues at BHRUT; BH colleagues agreed to support this. Concern was raised regarding the failure of the device and it was explained that some known issues were related to the correct opening of the clamps. Assurance was provided that only fully trained theatre clinicians would fit the device and a continuous training programme would be in place to ensure relevant staff had the appropriate knowledge regarding usage. It was also confirmed that patients who had the device fitted would remain on wards to enable continuous monitoring and would be checked daily by the acute pain team.

	The group requested that data from both BH and HHFT is submitted to a future FPG meeting and it was noted that BH had already collected audit data which would be considered at the FPG meeting in September. It was therefore agreed that data from both HHFT and BH would also be submitted for consideration at the February FPG meeting. If the BHRUT would also like to use it, they could also work it up with similar information that BH and HHFT have provided and bring to a future FPG. **Outcome:** Approved for HHFT (on formulary at BH). Usage data to be presented by BH and HHFT at the February 2026 FPG meeting. **Formulary status:** Red, Hospital only Decision for ratification by the SyPMO Board.
11.	**STIMULAN® Beads in vascular disease – Vancomycin 500mg powder for injection & Gentamicin 120mg in 3mL solution for injection for local use for bone and soft tissue infection/Osteomyelitis in the feet and lower limb for diabetic patients**
	Declaration of interest: Nil declared This item was returning to the FPG following previous consideration and the subsequent request by the group for additional information to support the application. A brief outline of the application for STIMULAN® beads which were a medical device as a local carrier to administer the antibiotics, vancomycin and gentamicin was presented which would treat diabetic foot infections for patients who met the set criteria. It was confirmed that HHFT and St. Leonard's outpatient clinic had indicated that they were not intending to use this treatment. The training and assessment process for podiatrists was shared and the group were assured that podiatrists would continue to receive regular training and assessment, to ensure proper use of STIMULAN® beads. Podiatrists will be provided with training by the company 6 monthly or upon request by the provider trust. It is the responsibility of the podiatry manager and clinical lead to ensure that podiatrist using STIMULAN® are trained and competent to prepare and apply STIMULAN® according to the standard operating policy. Patient numbers and estimated cost savings were provided although the difficulty in quantifying actual savings was highlighted to the group; the anticipated avoidance of hospital admissions and the reduction in antibiotic use supported the application. Whilst the group were in agreement to the application, there was a request for regular communication between BHRUT and BH to ensure standardised treatment and outcomes were shared. **Outcome:** Approved for BHRUT (on formulary at BH). A 12-month review of STIMULAN® beads usage and governance assurances to ensure compliance and effectiveness was required to be submitted to a future FPG meeting. **Formulary status:** Red, Hospital only Decision for ratification by the SyPMO Board.

12.	**Minutes**
	The minutes of the previous meeting (June 2025) were reviewed and approved. The redacted minutes from May 2025 were also approved.
13.	**Matters Arising**
	<u>FPG action log</u> **202505_02 – Pylera® for the eradication of *H. Pylori*** – the amendments required to the protocol were currently being undertaken and an updated document would be shared with the FPG Chair once completed. **Noted.** **202506_01 – Free of Charge (FOC) Scheme Checklist** – A NEL wide policy was expected to be available for consideration at the September/October FPG meeting which would include reference to patient consent. **Noted.** **202506_03 – TA1053 Cladribine for treating active relapsing forms of Multiple Sclerosis (MS) (BH and BHRUT commissioned centres)** – approximately 25 patients per year would receive treatment at BHRUT. **Completed** **202506_03 – Stage 1 harmonisation log** – It was confirmed that the indication for rifaximin (Amber status) had been checked on netFormulary. **Completed.** **202506_04 – RAG rating proposed** – It was confirmed that the information had been shared with NELFT colleagues. **Completed.** <u>TA1057 Relugolix – estradiol – norethisterone for treating symptoms of endometriosis – estimated patient number (all provider trusts) and place in pathway</u> The group were advised that patient numbers for BH were 450 – 600 patients per year with an annual treatment cost shared per patient (in-tariff expenditure) which would exceed the financial limit set for an individual provider trust; BHRUT were yet to provide patient numbers. It was noted that relugolix/estradiol hemihydrate/norethisterone acetate combination treatment (Ryeqo®) to treat uterine fibroids is currently Hospital only. With the additional indication of endometriosis, it was agreed that formulary status should remain as 'Red' Hospital only, until a further review for both indications by the Women's & Children's teams and a pathway or transfer of care information became available. **Noted.** <u>COVID 19 update</u> The Guideline for the treatment of COVID-19 within NEL ICS had been updated and highlighted to the group the recent NICE recommendation to withdraw nirmatrelvir plus ritonavir (Paxlovid®) as a cost-effective treatment option for people with diabetes, obesity or heart failure, or aged 70 years or over but to remain available as an option for the highest-risk group. There was also an update around costing for Paxlovid®. Further amendments had also been made regarding molnupiravir and remdesivir and the various treatment pathways across NEL for both hospital inpatients, non-hospitalised patients and immunocompromised patients were outlined to the group.

	Outcome: Approved for NEL provider trusts and COVID Medicines Delivery Unit (CMDU). **Formulary status:** Red, Hospital only/CMDU Decision for ratification by the SyPMO Board.
14.	**Formulary Harmonisation - Nil**
15.	**Updated Guidelines - Nil**
16.	**Barts Health shared care guidelines – expiry extensions** It was confirmed the below shared care guidelines have been checked by the BH clinical teams and therefore have requested approval for 12 month expiry extensions (to June 2026) • Degarelix acetate (Firmagon®) (Gonadotrophin-releasing hormone antagonist) • Low Molecular Weight Heparins (LMWH) for Treatment of thromboembolic disease • Somatropin (recombinant growth hormone – r-hGH) in children • Sevelamer carbonate/hydrochloride and lanthanum carbonate (phosphate binder) in hyperphosphatemia in adult patients with Chronic Kidney Disease (CKD) • Cinacalcet - Refractory Secondary Hyperparathyroidism (SHPT) in adult patients with End Stage Renal Disease (ESRD) • Somatropin use as replacement in adults with growth hormone deficiency It was agreed that wording referencing to a shared care guideline for maternity and obstetric patients was to be removed from the Low Molecular Weight Heparins (LMWH) for treatment of thromboembolic disease shared care guideline. The guideline with the extended expiry applied is for non-obstetrics use only. **Outcome:** Expiry extensions to June 2026 approved **Formulary status:** Amber 3 Decision for ratification by the SyPMO Board.
17.	**New NICE TA / NHSE commissioning template** The template had been produced as a support mechanism for inclusion to the NEL formulary of non-cancer medicines recommended by NICE TAs or NHSE commissioning circulars. All provider trusts within NEL would be requested to complete the template prior to the FPG submission of a single TA application on behalf of NEL and an algorithm advising of treatment placing within the pathway would also be required. It was highlighted that each Trust would be requested to complete and forward patient numbers and financial implications on behalf of their Trust. Whilst there were concerns regarding capacity to

complete the template and the financial understanding to approximate costs within each provider trust, it was agreed that with the sharing of knowledge within provider trusts and across NEL, data could be gathered and collaborative treatment pathways produced.

BH colleague agreed to share learning relating to approximating patient costs associated with implementing NICE TAs within individual provider trusts – it was requested this be recorded so the training can be shared further. There was also a request to check with the NICE associates if they can support with the training of the NICE impact tool. It was confirmed to the group that the RAG rating outlined in the template would be amended following the recent updates RAG definitions and minor typos highlighted would also be corrected.

Outcome: Approved subject to amendments.

Decisions for ratification by the SyPMO Board.

18. **NICE TA approval and Horizon Scanning**

ICB Commissioned:
A summary for noting of the upcoming TAs for implementation as outlined below was shared:

NICE Technology Appraisal	Outcome	Formulary status
TA1066 Somapacitan for treating growth hormone deficiency in people 3 to 17 years. Implementation date: 03.07.25. A high cost drug (HCD) which requires a discussion regarding possibility of shared care as a formulary status and any Blueteq form requirement. Prescribing should remain within hospitals until a shared care guideline has been agreed.	Approved for local implementation.	Amber 3, once Shared Care Guideline has been developed and approved
TA1075 Dapagliflozin for treating chronic kidney disease. Implementation date: 01.08.25. (in-tariff). This guidance replaces NICE TA775. More patients are eligible under TA1075 - eligibility criteria has been aligned with empagliflozin.	Approved for local implementation.	Amber 1
TA753 Cenobamate for treating focal onset seizures in epilepsy. Implementation date: 22.10.25. (in-tariff) NICE recommends that treatment can be continued in primary care – formulary status to be reviewed from Red to Amber 2 once the relevant prescribing factsheet has been developed to support primary care prescribing. A short application form to amend the formulary status to Amber 2 and a prescribing factsheet would be	Approved for local implementation.	Red, Hospital only

required and BHRUT colleagues agreed to work with BH colleagues to submit for next FPG meeting.			
TA1080 Mirikizumab for treating moderately to severely active Crohn's disease. Implementation date: 09.08.25. (HCD) NEL High Cost drugs IBD treatment pathway to be updated to include mirikizumab	Approved	Red, Hospital only	
TA1067 Linzagolix for treating symptoms of endometriosis. Implementation date: 02.09.25 (in-tariff). A formulary status of Amber 2 as recommended by this TA was discussed but there was a concern as other drugs for women's health indications e.g. Ryego® currently has a red/hospital only formulary status and the allocation of an Amber 2 formulary status for linzagolix could infer a preference of treatment. It was agreed that formulary status should remain as 'Red' Hospital only, until a further review by the Women's & Children's teams and a pathway or agreed place in therapy information becomes available.	Approved	Red, Hospital only with the view to review formulary status when a pathway is developed in future	
TA1070 Spesolimab for treating generalised pustular psoriasis flares. Implementation date 16.09.25 (HCD). Formulary status proposed Red/Hospital only. It was suggested that the dermatology team be consulted before the September FPG meeting.	Approved	Red, Hospital only	
TA1074 Sparsentan for treating primary IgA nephropathy. Implementation date: 23.09.25 (HCD)	Approved	Red, Hospital only	
TA1077 Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over (BH 10-20 per year) ICB commissioned (adults) / NHSE commissioned (adolescents) Implementation date 30.09.25 The first IL-31 inhibitor for this indication the NEL Atopic Dermatitis Pathway will be updated to include this additional line of therapy.	Approved	Red, Hospital only	

All of the above TAs would require patient numbers where applicable / position in pathway details to be submitted by all the relevant NEL Trusts to the next FPG meeting.

All above listed TAs require decision for ratification by the SyPMO Board.

Noted.

NHSE commissioned:

NICE Technology Appraisal	Outcome	Formulary status
• TA 1073 Marstacimab for treating severe haemophilia A or B in people 12 years and over without anti-factor antibodies – available via the IMF until routinely commissioned (BH 1-2 patients per year) To be prescribed in line with NICE TA recommendations - Marstacimab is recommended for severe Haemophilia B and not recommended for severe Haemophilia A • Implementation date 22.09.25	Approved	Red, Hospital only (BH is the only commissioned centre in NEL)
• TA1077 Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over (NHSE paeds) (BH 10-20 per year) ICB commissioned (adults) / NHSE commissioned (adolescents) • **Commissioned centres in NEL are Barts via** their paediatric specialised dermatology or paediatric specialised allergy centres **and Homerton via** their **paediatric specialised allergy centre** • Implementation date 30.09.25	Approved	Red, Hospital only – Barts only

All above listed TAs require decision for ratification by the SyPMO Board.

19. NICE TAs/ NHSE commissioned policies for discussion - Nil

20. NHSE Circulars

- SSC2848 – NICE Guidance published in July 2025
- SSC2851 - NICE Technology Appraisal Guidance Cladribine for treating active relapsing forms of multiple sclerosis – *NICE TA published in April 25*
- SSDP Prior Approval and HCTED devices budget update_02 July 25
- SSC2846 Tropical Medicine and Parasitology (all ages) Service Specification Provider Letter
- SSC2840 - New SC formulation for nivolumab 600mg5ml (Opdivo®) Implications for currently funded indications
- SSC2839 NICE Appraisals, published in May 25, which are due to be commissioned in Aug 25 – cancer related medicines
- SSC2838 Specialist Haemoglobinopathy Services (adults and children) Service Specifications
- SSC2837 - Managing the High Cost Tariff Excluded Devices Budget-reissue

	• SSC2835 - Policy compliance and Prior approval requirement for use of High Cost Tariff Excluded Devices-reissue • SSC2830 - Tenofovir alafenamide (TAF) for treatment of HIV 1 in adults and adolescents (002) • SSC2834 – Specialised Sarcoma Services Plans • SSC2841 – NICE TA Draft Guidance Belantamab mafodotin with bortezomib and dexamethasone for previously treated multiple myeloma • SSC2847 - NICE Technology Appraisal Final Draft Guidance: Zanubrutinib for treating relapsed or refractory mantle cell lymphoma • SSC2835 - Use of Blueteq prior approval process for high cost tariff excluded devices **Noted.**
21.	**Commissioning update**
	• **ICB** **Medicines Value Group Highlight Report** ❖ Month 12 actual savings delivery figures shared ❖ 2025/26 Prescribing Efficiency Update: savings target shared ❖ Planned CIPS saving target across all NEL Provider trusts shared ❖ wAMD NHSE pathways had been launched and the economic modelling tool to support adoption of the pathway was underway ❖ Oral Nutrition Supplement (ONS) Efficiencies update: NEL primary care ONS spend discussed ❖ A quick reference guide for ONS had been produced to support practices with switching and adherence to formulary ❖ PES 2025/26 includes 2 ONS indicators with targeted approach ❖ High Cost Drug (HCD) dashboard was being produced to demonstrate potential opportunities and efficiently track them and would include monitoring of associate contracts and highlight misaligned costs • **NHSE** An NHSE representative was unable to attend the meeting and therefore an update was not available at the meeting. **Noted.**
22.	**Formulary Working Group – electronic formulary update**
	Stage 1 harmonisation 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 and no concerns were raised regarding those listed. **Outcome:** Approved. Decision for ratification by the SyPMO Board.

23.	**Equality – Monitoring of usage and outcomes** (Nil at present)
24.	**Papers from committee reporting into the FPG:** • BH Cancer Drugs & Therapeutic Committee – May 2025
25.	**Local Medicines Optimisation group updates:** • BH Summary of Chairs Actions – May 2025 • NELFT Medicines Optimisation Group (MOG) Highlight Report - Nil • ELFT Medicines Committee minutes – Nil • BHRUT MOG Minutes – Nil • Homerton Medicines Committee agenda and minutes - Nil
26.	**NEL FPG recommendations ratified at SyPMO Board**
	• SyPMO Board June 2025 Highlight Report **NEL FPG Outcome Letters:** • Application of a Free of Charge (FOC) Supply Checklist • COVID-19 Guidelines – May 2025 Update • FOC scheme Delgocitinib in Chronic Hand Eczema • NEL Medicines Formulary RAG rating • Doxylamine succinate 10mg/pyridoxine hydrochloride 10mg gastro-resistant tablets (Xonvea®) for Hyperemesis Gravidarum (HG) • TA1045 12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites • TA1053 Cladribine for treating active relapsing forms of Multiple Sclerosis (MS) • TA1056 Molnupiravir for treating COVID-19 • TA1057 Relugolix–estradiol–norethisterone for treating symptoms of endometriosis **Noted.**
27.	**Finalised Minutes – May 2025**
28.	**Any Other Business** <u>Meeting arrangements</u> – the members agreed that the new process of having two parts to the FPG meeting was agreeable and would continue for future meetings. <u>FPG submission deadlines</u> – it was agreed that the submission deadlines for meeting agenda papers would be re-circulated and would be adhered to more robustly going forward to support the timely circulation of papers to FPG members.

	netFormulary documents – it had been highlighted that certain attachments within the formulary included individual email addresses such as consultant's personal emails. As netFormulary access was available to the general public, it was agreed that attachments to the formulary website would only include clinical team/generic email addresses going forward.
	Time & date of next FPG meeting: **12:30 – 15:00pm, Tuesday 9th September 2025 via MS Teams**