NHS
North East London

North East London Formulary and Pathways Group (FPG)

Tuesday 4th November 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
Apologies	Apologies	Nishani Jayasooriya	NJ	Consultant Gastroenterologist, Medicines Committee Chair	HHFT
Present	Apologies	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	**Present**	John McAuley	JM	Consultant Neurologist, Drugs & Therapeutic Committee Chair	BHRUT
Apologies	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**	Nuhu Yaroson	NY	Clinical Commissioning Pharmacist	BH
Present	**Present**	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Present	**Present**	Chloe Benn	CB	Lead Women's & Children's Consultant Pharmacist and non-medical prescriber	BH
Apologies	Apologies	Abu Baker Eltayeb	AE	Clinical Pharmacology IMT Resident Doctor	BH
Apologies	Apologies	James Steckelmacher	JS	Clinical Pharmacology IMT Resident Doctor	BH
Present	**Present**	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT

Apologies	Apologies	Tomisin Antwi	TA	Formulary & Medicines Information Pharmacist	BHRUT
Apologies	Apologies	Iola Williams	IW	Chief Pharmacist	HHFT
Present	**Present**	Silvie Cunderlikova	SC	Principal Pharmacist Operational and Clinical Services	HHFT
Present	**Present**	Kamaljit Takhar	KT	Associate Director of Pharmacy - Quality & Safety	NELFT
Present	**Present**	Dupe Fagbenro	DF	Deputy Chief Pharmacist (London Services)	ELFT
NEL Pharmacy & Medicines Optimisation Team's Representatives					
Present	**Present**	Belinda Krishek	BK	Deputy Director of Medicines Optimisation	NHS NEL
Apologies	Apologies	Denise Baker	DB	Senior Administrative Officer, Medicines Optimisation	NHS NEL
Present	**Present**	Reshma Ali	RA	Senior Administrative Assistant, Medicines Optimisation	NHS NEL
Present	**Present**	Ann Chan	AC	Formulary Pharmacist	NHS NEL
Present	**Present**	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**	Natalie Whitworth	NW	Head of Medicines Commissioning and Transformation	NHS NEL
Other Representatives					
Apologies	**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
Apologies	Apologies	Jiten Modha	JMo	Specialised Commissioning Senior Pharmacy Advisor	NHSE
	Present	Anudeep Riyat	AR	Deputy Chief Pharmacist, Specialised Commissioning (NEL ICB link pharmacist)	NHSE
Apologies	Apologies	Annabel Ikwuakolam	AI	Lead Pharmacist, Community Mental Health Services	ELFT
Guests – part 1 of the meeting only					
Present	Zeeshaan-ul Hasan (4)		ZH	Consultant Dermatologist	BH
Present	Ayeesha Surti (4)		AS	Lead Medicines Pharmacist	BH
Present	Siobhan Duggan (5)		SD	Lead Medicines Optimisation Pharmacist	NHS NEL
Present	Bobby Sandhu (6)		BS	Lead Medicines Optimisation Pharmacist	NHS NEL

North East London organisations:
Barts Health NHS Trust (BH)
Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Homerton Healthcare NHS Foundation Trust (HHFT)
East London NHS Foundation Trust (ELFT)
North East London NHS Foundation Trust (NELFT)
North East London Integrated Care Board (NHS NEL)
North East London Local Pharmaceutical Committee (NEL LPC)

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. The Clinical commissioning Pharmacist, Barts Health 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 their submission to enable an updated register to be available.
4.	**Trifarotene (Aklief®) cream: For the treatment of cutaneous treatment of acne vulgaris of the face and/or the trunk in patients from 12 years and older**
	Declarations of interest: Nil declared A formulary request for Trifarotene (Aklief®), a fourth-generation topical retinoid cream indicated for the treatment of acne vulgaris on the face and/or trunk in patients aged 12 years and over was presented. It is proposed as an additional first-line treatment option for cases where other topical therapies or antibiotic treatment alone are insufficient, offering an alternative before considering oral retinoid therapy. Aklief will not replace existing treatments but will provide an additional option, particularly for truncal acne, as it is available in a 75g container and may be preferable when a cream formulation is more suitable than a gel. Aklief is currently on formulary in other ICBs with a Green RAG status and is already being prescribed by NEL primary care clinicians.

	The group discussed the need for a local pathway to support primary care clinicians and agreed that a harmonised document for NEL would be preferable to a standalone fact sheet. It was highlighted that two key national resources are already available for prescribers and links to these resources can be shared with clinicians rather than creating additional pathways or fact sheets. • NICE guidance on the management of acne vulgaris • The Primary Care Dermatology Society (PCDS) website, which includes information on trifarotene It was noted the recent MHRA warning regarding pregnancy risk associated with oral isotretinoin, which should be considered. Although the risk from topical preparations is significantly lower than systemic treatment, this warning should be clearly highlighted. It was suggested adding this warning to netFormulary and prescribing systems, and ensuring patients are appropriately counselled. Further discussion focused on the varying formulary RAG status of other preparations across NEL. Clarification is needed on the pathways referenced by the presenter and which pathway primary care clinicians are expected to follow. The group agreed on the importance of using national information resources and reviewing the links to be shared. **Outcome:** Approved - applicant to confirm whether primary care clinicians should be using the PCDS pathway for prescribing information and provide a link to this. **Formulary status:** Green Decision for ratification by the NEL System Prescribing and Medicines Optimisation (SyPMO) Board.
5.	**Guidance - Management of excursions from target INR in patients taking Warfarin**
	Declarations of interest: Nil declared The guidance was developed to support the service redesign of Community Anticoagulation Services (CAS) in NEL. A recent clinical harms review of all current CAS providers identified that patients with excursions from therapeutic INR levels were not being adequately managed. Key recommendations from the review included the need for a guideline on managing these patients through the administration of low molecular weight heparin (LMWH) or vitamin K and improving communication between CAS providers and patients registered GPs. The guidance outlines when LMWH or vitamin K should be administered and provides recommendations on escalation for specialist input. Currently, there is limited evidence on how and when to administer LMWH to patients with sub-therapeutic INRs. Only one CAS provider and one hospital trust had existing guidelines for managing these cases. This new guideline was developed after reviewing national guidance from other CAS providers and recommendations from the British Society for Haematology, the American College of Chest Physicians, and the European Society of Cardiology. The guidance has been produced using available evidence and expert input from Clinical Lead for Haematology, Barts Health and Consultant Cardiac Pharmacist, Barts Health. It aims to ensure high-risk patients receive bridging LMWH when their INR is sub-therapeutic. It also includes advice on managing

	patients with high or sub-therapeutic INR through dose adjustments, use of clinical decision systems, administration of vitamin K where indicated, escalation criteria for specialist input, and enoxaparin dosing and supply information. From January 2026, CAS in NEL will be delivered by four GP federations. These providers will have access to EMIS for prescribing LMWHs, enabling real-time feedback into patients' GP records for all anticoagulation consultations. It was queried the feasibility of patients testing INR every 3–4 days if their INR is 0.5 below target. It was explained that there are over 50 community-based sites providing this service, offering convenient access closer to patients' homes compared to secondary care, which should support compliance. Wording for the amber status netFormulary entry for enoxaparin was to be agreed. **Outcome:** Approved **Formulary status:** Amber 2 – prescribing to be undertaken only by clinicians working within primary care CAS providers. LMWH can already be prescribed in secondary care for this indication. Decision for ratification by the SyPMO Board.
6.	**Preferred Direct Oral Anticoagulant (DOAC) for prevention of stroke and systemic embolism in adults with non-valvular AF (NVAF) or venous thromboembolism (VTE)**
	Declaration of interest: Nil declared An update to the preferred DOAC position statement was presented, originally approved by NEL FPG in April 2024. The updated statement reflects the patent expiry for apixaban and rivaroxaban tablets and incorporates the latest NHSE guidance, which advises that apixaban and rivaroxaban tablets are the jointly preferred best-value DOACs for patients with NVAF or VTE. Rivaroxaban capsules should not be prescribed instead of tablets, as they are less cost-effective. All other key points remain unchanged. It was confirmed that patients currently stabilised on other DOACs should continue their existing treatment and should not be switched. The representative will check whether OptimiseRx provides an appropriate message and liaise with the Consultant Cardiac Pharmacist, Barts Health to establish how secondary care systems display these messages. BHRUT and Barts Health have confirmed approval of the updated position statement; confirmation from Homerton Healthcare is pending. It was noted that netFormulary will be updated to reflect the recommendations, and OptimiseRx messages will be reviewed for primary care prescribers. Trusts should ensure this position statement is communicated to secondary care clinicians. **Outcome:** Approved

	Decision for ratification by the SyPMO Board.
7.	**Wet AMD NEL High Cost Drugs Pathway** i) Aflibercept (Eylea® 114.3mg/ml solution for injection) (8mg dose) in those refractory to aflibercept 2mg or those recommended to bypass first line treatment as recommended by the national wetAMD pathway ii) NEL High Cost Drugs Treatment pathway for wet age-related macular degeneration (wetAMD) **and** implementation of aflibercept 2mg biosimilar
	Declaration of interest: Nil declared The NEL wet AMD High-Cost Drugs (HCD) pathway was presented which had been developed following the release of the NHSE wet AMD pathway in June 2025. The NEL pathway aligns with NHSE guidance and recommendations, with the addition of local information. It outlines three tiers of medication: 1. **First choice:** Aflibercept 2mg (switch to biosimilar once available) and ranibizumab (biosimilar). Aflibercept 2mg, commonly used in ophthalmology, is now off-patent and will be available on the NHS framework from 1 December, delivering significant savings across the NHS. 2. **Second choice:** Aflibercept 8mg or faricimab for patients unsuitable for first choice options, typically where high injection frequency is not acceptable (e.g., patients with learning difficulties, dementia, or requiring hospital transport). 3. **Third choice:** Bevacizumab (least cost-effective) and brolucizumab (associated with severe intraocular inflammation). The pathway emphasises a 'treat and extend' regimen, extending injection intervals by 2–4 weeks up to a maximum of 20 weeks based on disease activity and licensed dosing intervals. This approach supports cost-effective patient management and addresses capacity constraints. Patients unable to extend beyond 7-week intervals or with suboptimal response may switch treatment. Only three lines of therapy will be commissioned. The addition of aflibercept 8mg to the NEL formulary for wet AMD (further indications will follow as new ophthalmology pathways are developed) was requested. Although there is no NICE TA for aflibercept 8mg, NICE has confirmed that, given equivalent efficacy to aflibercept 2mg, ICBs are expected to commission this. NHSE has already reviewed its cost-effectiveness and this has been included in the national pathway. It was also requested that aflibercept 2mg biosimilar be added to the NEL formulary in line with the current biosimilar adoption process. All new patients requiring aflibercept 2mg should be prescribed the biosimilar once available. Existing patients on Eylea® 2mg (originator brand) should be switched to the biosimilar unless they meet criteria for switching to an alternative treatment. It was confirmed that the Blueteq form is being updated to reflect these changes. **Outcome:** NEL HCD wetAMD Pathway - **Approved** Formulary addition of aflibercept 8 mg – **Approved**

	Formulary addition of aflibercept 2mg biosimilar 2mg **Approved** Outcome data on this pathway are to be presented in 12 months **Formulary status:** RED Hospital Only Decision for ratification by the SyPMO Board.
8.	**Minutes**
	The minutes of the previous meeting (October 2025) were reviewed and approved. The redacted minutes from September 2025 were also approved.
9.	**Matters Arising**
	<u>FPG action log</u> The group were advised that the action required for the following item had been completed: • 202510_01 Bempedoic acid primary care prescribing factsheet and clarity needed with in factsheet. To come to future FPG. **Completed.** The following actions were still in progress: • 202507_03 - Primary Care Prescribing Support Factsheet for Doxylamine/Pyridoxine (Xonvea®) - on agenda • 202507_11 - NICE TA updates - specialist teams to provide a short application form for cenobamate TA 753 formulary status change from Red to Amber and to develop a prescribing support factsheet • 202510_02 Training on continuous glucose monitoring for healthcare professionals and people living with diabetes: To update wording • 202510_03 Clinical policy - Access to weight management services and weight management medicines for adults: to support production and circulation of communications to secondary care clinicians **Noted.** **<u>Cequa® update for BH</u>** It was confirmed that BH will supply 3 months of medication and then for GP to prescribe (this also applies to the supply of Ikervis). The outcome letter has been shared. **<u>Xonvea Primary Care Prescribing Support Factsheet</u>** 202507_3 The Xonvea fact sheet was shared which had been updated to include an embedded patient information leaflet, dosing information and 'red flags' for referral back to specialist were also added.

	Outcome: Approved Decision for ratification by the SyPMO Board
10.	**Formulary Harmonisation**
	<u>Cefazolin intravenous treatment for Methicillin-Sensitive Staphylococcus aureus (MSSA) (BHRUT and HHFT)</u> It was confirmed that BHRUT and HHFT wish to harmonise formulary status with BH. **Outcome: Approved** **Formulary status: RED – hospital only** Decision for ratification by the SyPMO Board. <u>Aripiprazole *(*Otsuka®) 720mg and 960mg prolonged release (2 monthly) suspension for injection in prefilled syringe for the maintenance treatment of schizophrenia in adult patients stabilised with aripiprazole (NELFT)</u> Aripiprazole monthly depot injection is currently on formulary across ELFT and NELFT. The two-monthly injection is presently only on formulary for ELFT; NELFT has requested harmonisation. Every patient switched to the two-monthly preparation will be managed on an individual basis and followed up appropriately, including those under the care of a GP. **Outcome: Approved** **Formulary status: RED – hospital only** Decision for ratification by the SyPMO Board.
11.	**Updated Guidelines – NEL Primary Care CYP Asthma Prescribing Guidance – updated to include the licensed option of Symbicort 100/6 DPI for MART in 6–11-year-olds**
	The licensing changes introduced in September 2025 for Symbicort 100/6 Turbohaler required a minor update to the NEL CYP asthma guidance. Symbicort 100/6 Turbohaler is now licensed for use as Maintenance and Reliever Therapy (MART) in children aged 6–11 years, making it the first licensed MART regimen for paediatric patients in this age group. The updated '5–11 years' management algorithm reflects this new licensing, stating "Symbicort 100/6 Turbohaler MART from 6 years." However, treatment guidance continues to recommend the use of MDI devices, despite this being off-label. This position has been agreed by the author in consultation with the

respiratory network, as MDIs are generally preferred over DPIs for younger children due to their suitability. The management guide also includes a section on considerations for DPI suitability in children.

Comments would be shared with the author regarding experience with Symbicort MDI versus Symbicort DPI use in this age group.

Outcome: Updated guidance - **Approved**

Decision for ratification by the SyPMO Board.

12. **GP prescribing support factsheet template (update)**

Based on the feedback received on current factsheets in use and examples from other areas, some changes have been made to the template. Main changes include making the drug name and formulary status more prominent, space for further information to be added by authors and guidance on what is required and would be useful for prescribers.

Prescribing support contact details for urgent and non-urgent enquires has also been included. There was also a suggestion to add ELFT and NELFT contacts where appropriate.

Outcome: Approved

Decision for ratification by the SyPMO Board.

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

ICB Commissioned: Nil

NHSE commissioned:

NICE Technology Appraisal	Outcome	Formulary status
TA1101 – Garadacimab for preventing recurrent attacks of hereditary angioedema in people 12 years and over. Implementation date NHSE 6/01/2026 BH, 20 patients per year Available via the IMF until commissioned by NHSE	Agreed for local implementation – BH only as the commissioned centre	Red – Specialist or hospital only prescribing

Decision for ratification by the SyPMO Board.

14.	**NICE TAs/ NHSE commissioned policies for discussion - Nil**
15.	**NHSE Circulars**
	• SSC2889 - Specialised Commissioning Update on future NICE Appraisals published in September 2025 which are due to be commissioned in December 2025 • SSC2894 – NICE Technology Appraisal Guidance TA1101 Garadacimab for preventing recurrent attacks of hereditary angioedema in people 12 years and over **Noted.**
16.	**Commissioning update**
	• **ICB** **Medicines Value Group (MVG) Highlight Report** Trusts are progressing well with their cost improvement plans. Biosimilar switching is ongoing. Bluteq outcome data review for Psoriasis will be presented at FPG when available. • **NHSE** Version 20.2 of the NHSE High Cost Drugs list was published in October and is available online • NHS payment scheme consultation should be launched soon for consultation **Noted.**
17.	**Formulary Working Group – electronic formulary update -** Nil
18.	**Equality – Monitoring of usage and outcomes** (Nil at present)
19.	**Papers from committee reporting into the FPG:** • BH Cancer Drugs & Therapeutic Committee minutes – July 2025
20.	**Local Medicines Optimisation group updates:** • BH Summary of Chairs Actions – September 2025 • BHRUT MOG Minutes – Nil • Homerton Medicines Committee – Nil • Homerton Summary of Chairs Actions – Nil
21.	**NEL FPG recommendations ratified at SyPMO Board**
	• SyPMO Board Highlight Report October 2025

	NEL FPG Outcome Letters: • Bempedoic Acid 180mg tablets and bempedoic acid/ezetimibe 180/10mg tablets - primary care prescribing support factsheet and formulary position change from Amber to Green • Cequa® (Ciclosporin) 0.9mg/ml eye drops • NEL Inflammatory Bowel Disease HCD Pathway - update • Metronidazole 10% ointment for the treatment of non-healing pilonidal sinus wounds and Perianal Crohn's disease complicated by multiple fissures and/or ulcers • Training on Continuous Glucose Monitoring for Healthcare Professionals and People living with Diabetes - Update • TA 1096 - Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis **Noted.**
22.	**Finalised Minutes – September 2025**
23.	**Any Other Business** Denosumab biosimilar switch to start in January 2026 – Noted. **Nice resource impact assessment training** Responses from 18 participants had been received and a Teams meeting for all those interested to attend would be arranged.
	Time & date of next FPG meeting: **12:30 – 15:00pm, Tuesday 9th December 2025 via MS Teams**