NHS
North East London

# North East London Formulary and Pathways Group (FPG)

## Tuesday 7th October 2025 at 12.30pm via MS Teams

**Meeting Chair: Dr Gurvinder Rull**

Minutes

| Attendance – part 1 | Attendance – part 2 | Name | Initials | Designation | Organisation |
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| **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 |
| Apologies | Apologies | John McAuley | JM | Consultant Neurologist, Drugs & Therapeutic Committee Chair | BHRUT |
| **Present** | **Present** | John Booth | JB | Consultant Nephrologist | BH |
| **Trust Pharmacist** | | | | | |
| **Apologies** | **Apologies** | 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 |
| **Present** | 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 | Dinesh Gupta | DG | Assistant Chief Pharmacist, Clinical Service | BHRUT |
| **Present** | **Present** | Tomisin Antwi | TA | Formulary & Medicines Information Pharmacist | BHRUT |
| Absent | Absent | Iola Williams | IW | Chief Pharmacist | HHFT |

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| Absent | Absent | Georgina Watson | GW | Pharmacy Digital Solutions Manager (Interim formulary support) | HHFT |
| **Present** | **Present** | Kamaljit Takhar | KT | Associate Director of Pharmacy - Quality & Safety | NELFT |
| Apologies | Apologies | Dupe Fagbenro | DF | Deputy Chief Pharmacist (London Services) | ELFT |
| **NEL Pharmacy & Medicines Optimisation Team's Representatives** | | | | | |
| Apologies | Apologies | 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 |
| **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** | | | | | |
| **Present** | Absent | 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 |
| **Present** | **Present** | Yasmine Korimbux | YK | Head of Medicines Optimisation – Place Based Partnerships | NHS NEL |
| **Apologies** | **Apologies** | Jiten Modha | JMo | Specialised Commissioning Senior Pharmacy Advisor | NHSE |
| **Present** | **Present** | Anudeep Riyat | AR | Deputy Chief Pharmacist, Specialised Commissioning (NEL ICB link pharmacist) | NHSE |
| **Absent** | **Absent** | Annabel Ikwuakolam | AI | Lead Pharmacist, Community Mental Health Services | ELFT |
| **Guests – part 1 of the meeting only** | | | | | |
| **Present** | Deep Haria (observing) | | DH | Specialist Medicine Pharmacist | BH |
| **Present** | Kalpesh Patel (4) | | KP | Highly Specialist Cardiac Pharmacist | BH |
| **Present** | Ben Walters (4) | | BW | Lead Cardiac Pharmacist | BH |
| **Present** | Bobby Sandhu (4) | | BS | Lead Medicines Optimisation Pharmacist | NHS NEL |
| **Present** | Bhavna Bhagad (5) | | BB | Surgery and Critical Care Pharmacist | BH |
| **Present** | Nikki Shah (6) | | NS | Lead Medicines Optimisation Pharmacist | NHS NEL |
| **Present** | Hannah Dalton (7) | | HD | Clinical Pharmacist, Surgery | BHRUT |
| **Present** | Bita Manzouri (7) | | BM | Consultant Ophthalmologist | 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** | |
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| 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 reminder 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.** | **Bempedoic acid formulary status review and primary care prescribing support factsheet** |
| | **Declarations of interest:** Nil declared<br><br>The application for the formulary status review for bempedoic acid and the primary care prescribing support factsheet that had been produced were presented. It was explained that the change from amber formulary status to green status supported the updated NICE lipid guidance NG238 and the national focus to reduce cardiovascular risk as part of the NHS 10 year plan. Clinical trial data available for bempedoic acid use showed significant LDL cholesterol reduction and cardiovascular event risk reduction especially in statin-intolerant patients; the ease of prescribing and monitoring was emphasised. It was also highlighted that current lipid services and cardiovascular risk reduction clinics had high number of patients requiring injectables and the use of bempedoic acid with the addition of ezetimibe, as a combination treatment, enabled a 40% reduction in LDL cholesterol that could be effectively managed within primary care. The primary care prescribing support factsheet would provide guidance for GPs who may have limited knowledge of prescribing bempedoic acid and the combination treatment. |

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| | Whilst the change to green formulary status would enable GPs to initiate treatment, it was understood that additional support could be provided from the lipid clinicians to GPs who had concerns, and in circumstances where GPs were not confident to prescribe, patients could be referred back to the specialist team. It was noted that only contact details for BH and HHFT lipid clinics had been included in the factsheet, as BHRUT did not currently run a lipid clinic service. Advice & Guidance (A&G) would also be available to provide support to primary care clinicians.<br><br>The following amendments were requested to the primary care prescribing factsheet:<br><br>• Title to be re-worded to clarify if pathway is for bempedoic acid on its own or with ezetimibe as a combination treatment<br>• Provide clarity on the use of statins within the pathway, including the combination treatment scenario<br>• Clarify the medication a patient would receive, if bempedoic acid was stopped due to adverse drug reactions and a response to the referral to the lipid team was awaited<br>• Consider the addition of user-friendly resources (pictures) within the document e.g. similar to SEL guidance document<br><br>It was confirmed that ongoing monitoring arrangements would vary depending on patient needs.<br><br>**Outcome:** Approved with the request for the primary care prescribing support factsheet to be updated and submitted to a future FPG under 'matters arising'.<br>**Formulary status:** Green status for both bempedoic acid (Nilemdo®) and bemepdoic acid/ezetimibe combination (Nustendi®)<br><br>Decision for ratification by the NEL System Prescribing and Medicines Optimisation (SyPMO) Board. |
| **5.** | **Metronidazole 10% ointment (Ortem) to treat non-healing pilonidal sinus wounds and perianal Crohn's disease complicated by multiple fissures and/or ulcers** |
| | **Declarations of interest:** Nil declared<br><br>The updated application was presented which now provided the clarity that had been requested at the previous FPG meeting. It was confirmed that one tube of metronidazole 10% ointment would be provided to treat the agreed indication which would provide a course of treatment for four weeks with twice daily application. Financial information was provided within the application to support this dosing regimen. An extension of treatment to six weeks although rare, could be provided following patient review with the specialist.<br><br>Concern had been raised regarding the appropriate use of medication strength for the correct indication. It was suggested that a mechanism should be put in place to separate metronidazole preparations if more than one was available within the pharmacy and to ensure that the pharmacist dispensing the medication checked the prescription and indication to avoid mis-selection. A flag could also be added to the dispensary system to highlight the metronidazole 10% ointment as high strength to distinguish it from the 0.75% metronidazole ointment.<br><br>It was confirmed that RCT data had been included in the application together with various case studies including one that had taken place at Guy's Hospital. |

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| | The application was approved with the following requests from the group:<br>• Add clinical system flags/notifications to pharmacy software to distinguish strengths and indications of metronidazole<br>• Send communications to Rowlands pharmacists about the approved indications and formulary compliance<br><br>**Outcome:** Approved subject to the above requirements.<br>**Formulary status:** Red – hospital only<br><br>Decision for ratification by the SyPMO Board. |
| **6.** | **Training on continuous glucose monitoring for healthcare professionals and people living with diabetes - update to training resources** |
| | **Declaration of interest:** Nil declared<br><br>The updated training guide was presented and the following amendments outlined:<br>• Page 4, reference to Dexcom ONE device has been replaced with Dexcom ONE+ which was now available and included as a NEL formulary choice; Dexcom ONE would no longer be available after March 2026<br>• Resources had been updated with all relevant links and it was highlighted that the educational hub remained available to provide support and included a diabetes podcast<br>• Customer care numbers and company representative contact details had been updated, although it was acknowledged that updates to territory managers remained heavily reliant on companies advising of staff changes<br><br>Whilst the shared version of the document accurately reflected the current information, concern was raised as to the frequency of minor updates and the subsequent need to submit to the FPG for review and approval. It was therefore agreed that any future minor changes would require the document to be added to the FPG agenda for information only.<br><br>It was requested that the wording on the front page be amended to clarify that the document provided guidance only for products prescribable within primary care. It was agreed to review and consider alternative wording to provide clarity.<br><br>**Outcome:** Approved<br><br>Decision for ratification by the SyPMO Board. |
| **7.** | **Cequa® (ciclosporin) 0.9mg/ml eye drops for the treatment of dry eyes** |
| | **Declaration of interest:** Nil declared |

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| | The application to add Cequa® eye drops to formulary was presented, a second formulation of ciclosporin and it was explained that Ikervis®, the existing effective treatment, can often cause stinging due to its preservative. It was explained that Cequa® used a different preservative which was known to cause less stinging and provided a financial saving due to being approximately 10% cheaper. However, Ikervis® is a once daily treatment and Cequa® a twice daily treatment. Therefore, the group were advised that the application requested Cequa® to be considered as a second line treatment option behind Ikervis®. Verkazia was also another branded treatment available but currently only licensed for children.<br><br>The group were advised that the specialist team would prescribe three months treatment with the request for the patient's GP to prescribe long term. It was confirmed that BHRUT would provide three months' supply (three bottles for three months) of Cequa®, however it was unclear if BH would also supply the same amount; it was requested that this was checked to ensure there was consistency within NEL.<br><br>The request for Cequa® to be kept as a second line option was questioned when there was a constant requirement for cost savings within healthcare and if the twice dosing regimen should be the deciding factor for Cequa®'s placing within the treatment pathway. The importance of simplicity of regimens for transplant and complex patients who may be administering numerous drops was emphasised. It was also highlighted that experience and information such as tolerance of Cequa® was limited. A third ciclosporin formulation may soon be available which was known not to sting and would also be required as a treatment option within the pathway. To avoid confusion and enable correct dispensing it was suggested that prescribing should be by brand name only.<br><br>The group were informed that Moorfields Eye Hospital had Cequa® on formulary as a second line option and NWL would use Cequa® if the patient was unable to tolerate Ikervis or needed more frequent dosing; NCL did not currently have Cequa® on formulary. The group were advised that patients typically try two lubricants and a course of steroids before moving to a cyclosporin formulation which acts as a steroid-sparing agent.<br><br>It was highlighted that the Primary Care Dry Eye Guideline were being updated and would include Cequa® if approved. A concern was raised regarding the development of the guideline and those consulted with to provide any input. It was agreed to share the guideline with the BHRUT ophthalmic team to ensure feedback could be provided back to the author of the guideline. It was noted that joint working must occur to support guideline/pathway development within NEL.<br><br>The group agreed to approve the application with the following requirements:<br>• Establish if BH would provide three months' supply of Cequa® - BB agreed to clarify<br>• Agreement to prescribe by brand name<br>• Update OptimiseRx® (primary care prescribing support software) and clinical systems to support brand name prescribing and add appropriate messages to netFormulary<br>• Access the relevant treatment pathway in NWL to establish preferred options<br>• Liaise with Moorfields Eye Hospital to establish their use of Cequa®<br>• 12 months data of prescribing to be shared at a future FPG meeting<br><br>**Outcome:** Approved subject to the above requirements. |

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| | **Formulary status:** Amber – specialist initiation and supply of three months treatment.<br><br>Decision for ratification by the SyPMO Board. |
| **8.** | **Minutes** |
| | The minutes of the previous meeting (September 2025) were reviewed and approved. The redacted minutes from July 2025 were also approved. |
| **9.** | **Matters Arising** |
| | FPG action log<br>The group were advised that the actions required for the following items had been completed:<br>• 202507_09 - New NICE TA / NHSE commissioning template<br>• 202509_02 - North East London Primary Care Children and Young People (CYP) Asthma Prescribing Guidance<br>• 200509_03 - North East London Prescribing Guidance for Adrenaline Auto-injectors (AAIs) in Primary Care – update. Guidance included with agenda papers for information.<br>• 202509_04 - Staladex® switch implementation protocol<br>• 202509_05 - Dapagliflozin and Empagliflozin for treating Chronic Kidney Disease (CKD) without Type 2 Diabetes: formulary status change (Amber to Green<br>• 202509_06 - NEL IBD pathway to be updated to include both NICE TA recommendations (TA1094 and TA 1095- Guselkumab)<br>**Completed.**<br><br>The following actions were still in progress:<br>• 202507_03 - Primary Care Prescribing Support Factsheet for Doxylamine/Pyridoxine (Xonvea®)<br>• 202507_11 - NICE TA updates - to work with specialist teams to provide a Fact sheet for Cenobamate TA 753<br>• 202509_07 & 202509_08 - TA1070 Spesolimab for treating generalised pustular psoriasis flares<br>**Noted.**<br><br>NICE TA forms – patient numbers<br>A reminder was provided of the importance for provider trusts to submit information in a timely manner to support the TA implementation timelines.<br>**Noted.**<br><br>TA 1094 Guselkumab for treating moderately to severely active ulcerative colitis, TA 1095 Guselkumab for previously treated moderately to severely active Crohn's disease and TA 1096 Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangitis<br>It was highlighted that patient numbers and potential financial costs had been provided by BH only and BHRUT and HHFT were reminded to submit relevant information for the above mentioned TAs.<br>**Noted.** |

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| | Off label Tenecteplase update<br>It was explained that the request to gain consent from patients before treatment was not a feasible option, as the medication was given during a medical emergency when the patient may have suffered a stroke and would be administered in the patient's best interest.<br>**Noted.**<br><br>NICE TA 1026 Tirzepatide (Mounjaro) for managing overweight and obesity in adults- update<br>The above TA had received an update in September 2025 and the latest version of the guidance included a commercial access agreement and an updated price list for tirzepatide.<br>**Noted.**<br><br>Clinical Policy – Access to Weight Management Services and Weight Management Medicines for Adults (18 years and above)<br>The group were advised that the above clinical policy had received approval from the SyPMO Board via Chairs Action. It was explained that funding for tirzepatide prescribing was only available for patients who met the strict set criteria. A NEL pathway was in development to support both BH/HHFT specialists to prescribe tirzepatide on behalf of primary care; a business case to support this service was being produced. Whilst the service commencement date is being finalised, a communication had been circulated to NEL GPs advising that the referral service was 'not live'.<br><br>It was confirmed that secondary care clinicians could directly refer patients to the weight management specialists under a phase 1 pilot without the need to consult with the patient's GP. The phase 1 pilot applies only to semaglutide prescribing eligibility criteria that are additional to NICE. It was suggested that a communication to support secondary care clinicians with the new arrangements for weight management should also be produced; BH representative agreed to support the circulation of comms within secondary care.<br><br>It was noted that eligible patients could receive semaglutide treatment without a face to face consultation with the weight management team, however patients eligible to receive tirzepatide would require a face to face appointment with a weight management specialist. It was noted that semaglutide prescribing has not been included in the quick reference flowchart/pathway as the quick reference guide was only intended for primary care referrals of tirzepatide. It was also explained that the BMI referred to in the eligibility criteria on page 5 of the guidance outlined requirements set out by NICE along with additional considerations. Confusion arose as to whether the BMI initially set out in the criteria was to be a factor as part of all other considerations listed and this was to be clarified.<br><br>The group acknowledged that the clinical aspects of the new weight management recommendations were now in place within NEL, however the operational side to support appropriate patient access remained a work in progress.<br>**Noted.**<br><br>*Post meeting note:*<br>*It was clarified that according to NICE TA875, patients with a BMI of 35 or above qualify for semaglutide treatment without the need to meet any additional criteria. Those with a BMI between 30 and 34.9 must meet the additional eligibility criteria outlined in NICE guideline NG246 to qualify for treatment.* |

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| **10.** | **Formulary Harmonisation - Nil** |
| **11.** | **Updated Guidelines – NEL Inflammatory Bowel Disease (IBD) HCD Pathway - update** |
| | The NEL IBD pathway had received a further update to include the recommendations of NICE TA1094/TA1095 and the following was highlighted:<br><br>• Document version history updated to V1.4 with information outlining changes<br>• Addition of guselkumab (TA1094 and TA1095) to ulcerative colitis and Crohn's disease pathways (pages 5 & 10).<br>• Dosing post initiation section updated to include guselkumab (Box 7, page 7)<br><br>**Outcome:** Approved<br>Decision for ratification by the SyPMO Board. |
| **12.** | **Updated NEL FPG working templates:**<br><br>**Full formulary application form and short formulary application form** – both forms had been updated and the following outlined:<br><br>Full application form amendments –<br>• Addition of 'usage and outcomes' to monitoring of the medicine (page 2)<br>• Proposed formulary classification – definitions amended to align with pan London (page 3)<br>• Addition of 'factsheet' to section 19 (page 3)<br><br>Short application from amendments -<br>• Proposed formulary classification – definitions amended to align with pan London (page 2)<br>• Addition of statement 'estimated timeline for submission on OptimiseRx' to section 7 (page 3)<br><br>**Outcome:** Approved for both forms.<br>Decision for ratification by the SyPMO Board. |
| **13.** | **NICE TA approval and Horizon Scanning**<br>ICB Commissioned: Nil<br><br>NHSE commissioned: |

| NICE Technology Appraisal | Outcome | Formulary status |
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| TA1093 – Idebenone for visual impairment in Leber's hereditary optic neuropathy in people 12 years and over. Implementation date 26.11.25 | No NEL commissioned centres | Grey – no centres in NEL |
| TA1096 – Benralizumab for relapsing or refractory eosinophilic granulomatosis with polyangiitis. Implementation date 02.12.25 IMF funded until implementation date. | 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**

- SSC2881 - Specialised Commissioning Update on future NICE Appraisals published in August 2025 which are due to be commissioned in November 2025
- SSC2882 - Urgent Interim Commissioning Policy Proposition peginterferon alfa-2a and ropeginterferon alfa-2b to treat myeloproliferative neoplasms (all ages)
- SSC2885 - NICE Technology Appraisal Final Guidance Idebenone for treating visual impairment in Leber's hereditary optic neuropathy in people 12 years and over

**Noted.**

**16. Commissioning update**

- **ICB**

**Medicines Value Group (MVG) Highlight Report**

The report was shared and various work areas highlighted. At the next MVG meeting provider trusts were due share updates on agreed improvement plans, progress on approved switch programmes and planned savings.

- **NHSE**

The process for actioning TAs received by NHSE was outlined including the dissemination to providers. A discussion was also had regarding clarifying what specific areas of work were to be shared at the FPG to avoid duplication with discussions at MVG.

**Noted.**

**17. Formulary Working Group – electronic formulary update -** Nil

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| **18.** | **Equality – Monitoring of usage and outcomes** (Nil at present) |
| **19.** | **Papers from committee reporting into the FPG:**<br>• BH Cancer Drugs & Therapeutic Committee – Nil |
| **20.** | **Local Medicines Optimisation group updates:**<br>• BH Summary of Chairs Actions – August 2025<br>• BHRUT MOG Minutes – July 2025<br>• Homerton Medicines Committee – September 2025<br>• Homerton Summary of Chairs Actions – January to September 2025 |
| **21.** | **NEL FPG recommendations ratified at SyPMO Board** |
| | • SyPMO Board Highlight Report September 2025<br><br>**NEL FPG Outcome Letters:** BH Shared Care expiry extensions<br><br>• Staladex® switch implementation protocol<br>• Prescribing Guidance for Adrenaline Auto-injectors (AAIs) in Primary Care – update<br>• Off label use of Pergoveris (Follitropin alpha and Lutropin alfa) - Replacement therapy with gonadotropins in male infants with congenital hypogonadotropic hypogonadism<br>• North East London (NEL) Primary Care Children and Young People (CYP) Asthma Prescribing Guidance and Pan-London Personal Asthma Action Plans<br>• Dapagliflozin and Empagliflozin for treating chronic kidney disease without Type 2 Diabetes: formulary status change (Amber to Green)<br>• Patient Information Leaflet for patients on an SGLT-2 inhibitor without diabetes<br>• Patient Information Leaflet for patients on an SGLT-2 inhibitor without diabetes<br>• NEL Inflammatory Bowel Disease HCD Pathway – update<br>• NEL Atopic dermatitis HCD Pathway – update<br>• NICE TA Final Draft Guidance - Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis<br>• TA1087 - Betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen<br>• TA988 (update) - Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis<br>• TA1095 - Guselkumab for previously treated moderately to severely active Crohn's disease<br>• TA1094 - Guselkumab for treating moderately to severely active ulcerative colitis<br>• TA1085 - Vanzacaftor-tezacaftor-deutivacaftor for treating cystic fibrosis with 1 or more F508del mutations in the CFTR gene in people 6 years and over<br>• NHS England Clinical Commissioning Policy (SSC2871) - Tocilizumab for neuromyelitis optica spectrum disorder (NMOSD) and myelin oligodendrocyte glycoprotein antibody associated disease (MOGAD) refractory or intolerant to previous lines of therapy (Adults) |

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| | **Noted.** |
| **22.** | **Finalised Minutes – July 2025** |
| **23.** | **Any Other Business** |
| | Time & date of next FPG meeting: **12:30 – 15:00pm, Tuesday 4th November 2025 via MS Teams** |