NHS
North East London

North East London Formulary and Pathways Group (FPG)

Tuesday 9th September 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	Absent	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
Absent	Absent	Jo Howard	JH	Clinical Group Director, Cancer & Clinical Support Division Consultant Haematologist and Responsible Officer	BHRUT
Absent	Absent	John McAuley	JM	Consultant Neurologist, Drugs & Therapeutic Committee Chair	BHRUT
Present	Present	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
Absent	Absent	Chloe Benn	CB	Lead Women's & Children's Consultant Pharmacist and non-medical prescriber	BH
Absent	Absent	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

Present	**Present**	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	**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
Present	**Present**	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**	Annabel Ikwuakolam	AI	Lead Pharmacist, Community Mental Health Services	ELFT
Guests – part 1 of the meeting only					
Present	Fatimah Rana		FR	Lead Biologics Pharmacist	HHFT
Present	Sasha Howard (4)		SH	Honorary Consultant in Paediatric Endocrinology	BH
Present	Mohammed Abou Daya (4)		MD	Service Lead Pharmacist Women and Children	BH
Present	Fiona Taylor (5)		FT	Colorectal Consultant, Whipps Cross Hospital	BH
Present	Delvene Soares (5)		DS	Senior Clinica Fellow, Whipps Cross Hospital	BH
Present	Bhavna Bhagad (5)		BB	Surgery and Critical Care Pharmacist	BH
Present	Sanjay Patel (6)		SP	Head of Medicines Optimisation	NHS NEL
Present	Abigail Whitehouse (6)		AW	Consultant Endocrinology and General Medicine Clinical Lead,	BH
Present	Saiqa Mughal (7)		SM	Senior Medicines Optimisation Pharmacist	NHS NEL
Present	Siobhan Duggan (8)		SD	Lead Medicines Optimisation Pharmacist, Prescribing Efficiencies	NHS NEL

Present	Foysal Alam (8)	FAl	Foundation Medicines Optimisation Pharmacist	NHS NEL
Present	Bobby Sandhu (9)	BS	Lead Medicines Optimisation Pharmacist	NHS NEL
Present	Chris Carvalho (9)	CC	Long Term Conditions Clinical Lead	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. A brief explanation of the new arrangements that were now in place 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.	**Pergoveris (Follitropin alpha and Lutropin alfa) - Replacement therapy with gonadotropins in male infants with congenital hypogonadotropic hypogonadism**
	Declarations of interest: Nil declared The formulary request for Pergoveris, a hormone replacement therapy with combined gonadotropins to treat male infants with congenital hypogonadotropic hypogonadism was presented. It was explained that Pergoveris (a combination 2-in-1 pen) was a safer replacement reducing the potential for dosing errors, to

	the existing two treatments which were administered by parents/carers from a vial/injection. The group were advised that several Individual Funding Requests (IFR) had been made for Pergoveris and therefore its addition to formulary would be the next step to ensure the availability of the licensed treatment, supporting equitable access to prescribing for all relevant patients. It was clarified that Pergoveris would treat infants up to 12 months although some data suggested the treatment age could be extended to 15 months; it was agreed that 12 months would continue to be the maximum age to receive treatment. It was agreed that 12 months outcome data would be reviewed at the BH Oversight Group. **Outcome:** Approved for use at BH only under the paediatric endocrinology team. **Formulary status:** Red – Specialist or hospital only prescribing Decision for ratification by the Systems Pharmacy 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 The request for metronidazole 10% ointment to be added to the NEL formulary to support the treatment of non-healing surgical wounds, pilonidal sinus and perianal Crohn's disease was presented. It was noted that surgical wounds usually required at least 12 weeks to heal, however with the use of metronidazole 10% ointment the group were advised that 90% of wounds had been known to heal within 6 weeks. The following points were highlighted by the presenters: • currently patients were obtaining the treatment from private providers as London hospitals did not have it available on formulary • both Royal Free and Kingston hospital have used metronidazole 10% ointment although it remains non-formulary • adverse reactions were expected to be mild and reversible based on the experience gained from using lower strength metronidazole creams • positive feedback had been received from patients who had experience of using the cream • studies had shown high rates of wound healing and benefits for perianal Crohn's However, clarification was requested by the group regarding the following: • The dosing regimen for the indications - frequency was referred to as once daily and twice daily within the submission • The number of ointment tubes that would be provided to the patient to enable the treatment regimen to be met for the required time • The costings that related to the correct dosing frequency and patient numbers • Mechanism in place to ensure that the treatment was only prescribed for the agreed indication

	• Mechanism in place to ensure that the correct treatment strength of metronidazole ointment was being prescribed for the correct indication (avoiding mis selection) • Availability of more robust evidence to support the application – Random Control Trial (RCT) data to be available Whilst it was acknowledged that an updated submission paper had been made available, it was agreed that the FPG would require clarity of the above points to support further consideration of the formulary application. **Outcome:** Not approved Decision for ratification by the SyPMO Board.
6.	**North East London Primary Care Children and Young People (CYP) Asthma Prescribing Guidance**
	Declaration of interest: Nil declared The asthma prescribing guidance was presented which had been produced for both children and young people and now incorporated recommendations from the NICE guideline NG245 and London-wide asthma action plans which had been adapted to support agreed inhaler recommendations for NEL. The guidance provided the following three age specific treatment pathways: • Under 5's • 5-11 year olds • 12-17 year olds The recommendations would aim to eliminate SABA only treatment pathways, introduce MART and AIR at different age groups. The use of unlicensed MDIs for MART in children under 12 years old is clarified within the document. It was anticipated that salbutamol usage which is known to be associated with worse asthma outcomes, could be reduced with the successful implementation of the guidance. The guidance updates include the adaption of the pan-London developed Personalised Asthma Plans (PAAPs): • 4-11 PAAPs • 12-18 PAAPs • AIR PAAPs for CYP • MART PAAPs for CYP It was confirmed that the asthma action plans had been discussed at the London-wide Asthma Network which included representatives from tertiary, secondary and primary care.

	Changes to the NEL CYP inhaler formulary were highlighted which included the availability of Flutiform for primary care initiation and additional clarity to support the status of Symbicort MDI and Spiriva. It was confirmed that during assessment for MART, manageability of a DPI device would be considered for children with disabilities or learning difficulties to ensure prescribing was appropriate. **Outcome:** Approved Decision for ratification by the SyPMO Board.
7.	**North East London Prescribing Guidance for Adrenaline Auto-injectors (AAIs) in Primary Care - update**
	Declaration of interest: Nil declared The group were advised that the document had required an update following consideration by the Medicines, Safety & Quality Group and the amendments were highlighted. These included: • Healthcare professional FAQs • Link to easy-to-understand language resources • Clarity on dosing recommendations, especially for children weighing 25-30kg. A discrepancy exists between the BNF recommendation and the manufacturer's SPC for the Jext brand. It was confirmed that a specialist clinician had been consulted with regarding this matter and the decision had been for children who weighed more than 25kg but less than 30kg, to receive the 300 microgram dose as recommended within the BNF; it was to be noted that prescribing 300mcg in this scenario would be an unlicensed dose It was confirmed that OptimiseRx messages would be added to the clinical systems to support the implementation of the guidance. Stock levels of AAIs and expiry dates were to be monitored continually with no immediate action currently required. It was agreed to improve the formatting of the guidance and to ensure clarity of dosing regimen. A further updated version of the guidance was to be submitted to a future FPG meeting (under matters arising) for final review. **Outcome:** Approved subject to a minor update to the formatting of the guidance. Decision for ratification by the SyPMO Board.
8.	**Staladex® switch implementation protocol**
	Declaration of interest: Nil declared It was explained that Staladex (Leuprorelin acetate 11.25mg) subcutaneous implant had previously been approved by the group for addition to the NEL formulary as a cost-effective alternative treatment option to Prostap 3 DCS (leuprorelin acetate 11.25mg Powder and Solvent for Prolonged-release Suspension for Injection for prostate cancer. The protocol that had been produced would provide a guide to primary care clinicians to support the safe

	switching of patients from Prostap 3 DCS to Staladex. It was highlighted that the use of Staladex, a prefilled syringe, would support the safety recommendation within MHRA alerts to use a medication with the fewest number of administration steps. A link to a training video and administration instructions has been provided, further training can be organised by emailing the manufacturer A template patient information letter and SMS message has also been included in the switch protocol to support the switch. A concern was raised regarding the increased pain experienced by some patients who subsequently required the use of a numbing spray to support the administration of Staladex. The group also discussed the continued availability of the supply of Staladex, which could diminish due to the initiation of an extensive switch programme. However, no stock issues were currently known and the manufacturers of Staladex had confirmed stock availability. It was also highlighted that patients often referred back to their urologists for assurance of the medication switch and sometimes this was not supported. It was suggested that adding wording 'approved by the NEL FPG' to the protocol could provide additional assurance to clinicians/patients of the appropriateness of the medication switch and alleviate concerns. The group were advised that BH would continue to use the leuprorelin medication that enabled treatment for both male and female patients and would be unlikely to stock two brands of leuprorelin; this could be a similar scenario within other provider trusts. It was mentioned that a new six monthly preparation of leuprorelin would soon be available. **Outcome:** Approved Decision for ratification by the SyPMO Board.
9.	**Dapagliflozin and Empagliflozin for treating Chronic Kidney Disease (CKD) without Type 2 Diabetes: formulary status change (Amber to Green)**
	Declaration of interest: Nil declared The request to amend the formulary status for both dapagliflozin and empagliflozin which currently was 'amber' status when treating patients with CKD who did not also have Type 2 diabetes was presented. The change to formulary status would align both medications to the current formulary status (Green) for patients with CKD who did have Type 2 diabetes. It was highlighted that primary care clinicians already had extensive experience in prescribing dapagliflozin and empagliflozin and a training programme had already taken place to support Primary Care Network (PCN) pharmacists to identify patients suffering with CKD. It was noted that NICE guidance and local guidelines prioritised SGLT2 inhibitors for CKD patients. A concern was raised regarding the training programme which had focussed on providing training to the NEL PCN pharmacists and the subsequent reliance on PCN leads to ensure that the pharmacists were made available within GP practices to support the prescribing for CKD patients. It was noted that a scheme was already in place within NEL which incentivised practices to increase their SGLT2 inhibitor prescribing for CKD by September 2026. The following leaflets had been produced to support patients with the initiation of an SGLT2 inhibitor: • Patient Information Leaflet (PIL) for a person being initiated on an SGLT2 inhibitor with diabetes

	• PIL for a person being initiated on an SGLT2 inhibitor without diabetes It was highlighted that the word 'example' required removing from the footer of the leaflets. **Outcome:** Approved for treatment of CKD without Type 2 Diabetes **Formulary status:** Green Decision for ratification by the SyPMO Board.
10.	**Minutes**
	The minutes of the previous meeting (July 2025) were reviewed and approved. The redacted minutes from June 2025 were also approved.
11.	**Matters Arising**
	<u>FPG action log</u> The group were advised that the actions required for the following items had been completed: 202527_01 - Tenecteplase (Off-label use) Extended time window thrombolysis 202507_04 - Treatment and Management guidelines of Malnutrition in Adults, including the appropriate prescribing of ONS 202507_05 - Weight management – Tirzepatide and semaglutide 202507_06 - Dosi-fuser Elastomeric - pre-filled with 0.125% levobupivacaine – formulary harmonisation (HHFT) 202507_07 - Stimulan® beads 202507_08 - BH Shared Care Guidelines – expiry extensions **Completed.** The following actions were still in progress: 202507_03 - Primary Care Prescribing Support Factsheet for Doxylamine/Pyridoxine (Xonvea®) 202507_09 - New NICE TA / NHSE commissioning template 202507_11 - NICE TA updates - to work with specialist teams to provide a factsheet for Cenobamate TA 753 **Noted.** <u>NICE TAs</u> The NICE TA spreadsheet had been updated with the patient numbers for BH and information from both BHRUT and HHFT was awaited. **Noted.** <u>Delgocitinib in chronic hand eczema (FOC scheme)</u>

	A discussion took place regarding whether a decision made by the NEL FPG was binding at individual provider trust levels within NEL. It was agreed that this would be discussed further outside of the FPG meeting with NEL provider trusts. **Noted.** <u>Pylera treatment algorithm</u> It was confirmed that the amendments had been made to the algorithm and clarification provided as to which PPIs were to be used as part of the treatment pathway. **Outcome:** Approved Decision for ratification by the SyPMO Board. <u>Bezafibrate for Primary Biliary Cholangitis (PBC), Pruritis in Primary Sclerosing Cholangitis (PSC): Primary care prescribing support fact sheet</u> The group were advised that the following clarifications had been made within the fact sheet: • Modified release tablets should normally be prescribed • Standard release preparations should be reserved for patients with renal impairment . Renal function and dose adjustments specified. • HHFT contact details had been included **Outcome:** Approved **Formulary status:** Amber 2 (specialist initiation with maintenance in primary care) Decision for ratification by the SyPMO Board. <u>NICE TA / NHSE Commissioning application form update</u> The group were advised that the revised RAG rating formulary status' key had been updated within the application form as requested. Updates to both the NEL FPG formal applications forms would follow and be submitted to a future FPG meeting. **Outcome:** Approved Decision for ratification by the SyPMO Board.
12.	**Formulary Harmonisation - Nil**
13.	**Updated Guidelines – NEL Inflammatory Bowel Disease (IBD) HCD Pathway - update**
	The NEL IBD pathway had been updated to include the recommendations of the recent NICE TAs relating to the condition. The amendments had been highlighted in yellow within the document and these were outlined to the group: • Document version history updated to V1.3 with information regarding changes (please see details below) • Addition of etrasimod (TA956), mirikizumab (TA925) and risakizumab (TA998) to ulcerative colitis pathway (pages 5, 9 & 10). • Updated Ustekinumab to indicate biosimilar availability (page 5)

	• Addition of mirikizumab (TA1080) to Crohn's disease pathway (page 5 & 10). • Additional information re: cardiac and eye complications updated to include Etrasimod (Box 5, page 6) • Dose escalation section updated to include mirikizumab for UC (as per TA) (Box 7, page 7) • Additional information on Conception, pregnancy and lactation added (Box 9, page 7) • Additional clarity on right-hand box page 3 that this refers to Crohn's disease • Mode of action for Vedolizumab corrected (page 9) **Outcome:** Approved Decision for ratification by the SyPMO Board. Updates had also been made to the Atopic Dermatitis pathway to support NICE TA 1077 recommendations and these were outlined as below: • Search terms box updated to include drug name nemolizumab (page 2) • Updates to support version control and the contents table • Scope section updated to increase number of available modes of action from 3 to 4 • NICE Guidance and TA section updated to include NICE TA1077 – Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over (page 4) • Nemolizumab added to Eligibility criteria (page 5) • Lines of therapy section updated to indicate there were now 4 different modes of action for atopic dermatitis (AD) and that the maximum lines of therapy had increased to 4 in line with this (page 6) • Table 2: Pharmacological properties of the targeted therapies for AD in adults updated to include column for IL-31 inhibitors and nemolizumab added to this column (page 6) • Dosing options updated to include details for nemolizumab (page 8) • Pathway algorithm updated to include nemolizumab at all stages and 4th line added (page 11) • Appendix 1. Drug factors to consider (including modes of action) updated with nemolizumab details (page 13) **Outcome:** Approved Decision for ratification by the SyPMO Board.
14.	**Barts Health shared care guidelines – expiry extensions** It was confirmed that the below shared care guidelines have been checked by the BH clinical teams and therefore approval for 12 month expiry extensions (July 2026) requested: • Shared Care Guideline for the management of Pseudomonas aeruginosa lung infection in Adult Non-Cystic Fibrosis Bronchiectasis (1)

- Shared Care Guideline (SCG) for Denosumab (Prolia®) for osteoporosis in women (2)
- Shared Care Guideline for Disease Modifying Anti-Rheumatic Drugs (DMARDs) in Adult Patients with Inflammatory Arthritis (Rheumatoid Arthritis (RA), Psoriatic Arthritis (PsA) and Peripheral Spondyloarthritis (3)
- Shared Care Guideline for Adult Inflammatory Bowel Disease (IBD) - Methotrexate (4)
- Shared Care Guideline for Severe Adult Psoriasis, Atopic Dermatitis and Eczema - Methotrexate and Ciclosporin (5)
- Shared Care Guideline for the Management of Sickle Cell Disease in Adults and Children - hydroxycarbamide (6)

Outcome: Approved expiry extensions to July 2026
Decision for ratification by the SyPMO Board.

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

ICB Commissioned:

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

NICE Technology Appraisal	Outcome	Formulary status
TA 1087 - Betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen for adults only (18+). Implementation date 04.11.25	Agreed for local implementation. BH & HHFT to submit patient numbers	Amber 2 (only to be prescribed by primary care once Specialist Teams are satisfied it is safe to be prescribed in the community. Until then, prescribing to remain with the provider trust.
TA 1088 Ruxolitinib cream non-segmental vitiligo in people over 12 years and over. Negative TA this drug should not be used for this indication		Non formulary
TA1094 - Guselkumab (HCD) for treating moderately to severely active ulcerative colitis. Implementation date 27.09.25	Agreed for local implementation. All NEL Trusts to submit patient numbers	Red – Specialist or hospital only prescribing
TA1095 - Guselkumab (HCD) for previously treated moderately to severely active Crohn's disease. Implementation date 27.09.25	Agreed for local implementation. All NEL Trusts to submit patient numbers	Red – Specialist or hospital only prescribing

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.

NHSE commissioned:

NICE Technology Appraisal	Outcome	Formulary status
TA988 (update) - Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis. Final Draft Guidance (FDG) had been published in July with supporting information circulated to all Provider Trusts. BH – As below	Agreed for local implementation – BH only as the commissioned centre (adults and paediatrics)	Red – Specialist or hospital only prescribing
TA1085 - Vanzacaftor-tezacaftor-deutivacaftor for treating cystic fibrosis with 1 or more F508del mutations in the CFTR gene in people 6 years and over BH – 250 patients (adults and paeds) With the increased licensing, 6-8 new patients expected,1 new initiation already via chairs action	Agreed for local implementation – BH only as the commissioned centre	Red – Specialist or hospital only prescribing
SSC2875 - NICE TA Final Draft Guidance - Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis – available via the IMF until TA publication	Agreed for local implementation – BH and BHRUT commissioned centres	Red – Specialist or hospital only prescribing
SSC2871 - Tocilizumab for neuromyelitis optica spectrum disorder and myelin oligodendrocyte glycoprotein antibody-associated disease refractory or intolerant to previous lines of therapy (Adults). Prior approval via Blueteq. BH (1-2 patients a year) and BHRUT patient numbers yet to be provided.	Agreed for local implementation. BH and BHRUT commissioned centres. The use of tocilizumab in adults should be discussed at the National NMO multi-disciplinary (MDT) meeting which must include at least two neurological consultants with expertise in the disease who decide that tocilizumab is the most appropriate treatment option.	Red – Specialist or hospital only prescribing

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

16. NICE TAs/ NHSE commissioned policies for discussion

TA 1070 - Spesolimab for treating generalised pustular psoriasis flares

The requirements of the above TA were discussed and it was highlighted that the reference to additional treatments following the initial treatment was vague with no limit set as to how many doses could be provided. It was noted that a significant number of patients would require a second treatment dose per flare.

	It was suggested that data should be obtained for those patients requiring a second dose per flare and then data advising of subsequent flares experience by patients. It was agreed to discuss the development of a protocol with the BH psoriasis lead. The psoriasis pathway would be subsequently updated to reflect the TA recommendations. **Noted.** <u>TA 1087 - Betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen</u> The requirements of the above TA were outlined and it was highlighted that whilst the recommendation from NICE was for the drug to be amber status 1 or 2, BH clinicians had made the preference for the drug to remain red on the NEL formulary. **Noted.**
17.	**NHSE Circulars**
	• SSC2868 - Triheptanoin (Dojolvi) in the treatment of adult and paediatric patients with long-chain fatty acid oxidation disorders (LC-FAOD) • 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) • SSC2872 - Burosumab pre-filled syringe formulation for treating X-linked hypophosphataemia • SSC2875 - NICE TA Final Draft Guidance Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis in adults • SSC2878 -Not for Routine Commissioning Policy for Bortezomib for the treatment in acute immune Thrombotic Thrombocytopenic Purpura and elective therapy to prevent immune TTP relapse in patients who are refractory or intolerant to rituximab (all ages) **Noted.**
18.	**Commissioning update**
	• **ICB** **Medicines Value Group Highlight Report** It was highlighted that cost improvement plans were being presented and BHRUT were currently on track; updates from BH and HHFT were awaited. Primary Care prescribing efficiencies for 2025/26, months 1 and 2 actuals had been shared. Further updates would be provided at the next FPG, following the sharing of information at the MVG meeting due to take place later that day. • **NHSE** The group were advised that slides had been prepared for the MVG meeting and would be shared at the next FPG meeting as an update. The slides would provide medicines efficiency data within NEL, highlight potential savings opportunities, immunoglobulin updates, update on the HIV programme and the 'Invest to Save' scheme along with data quality and future shared care agreements. **Noted.**
19.	**Formulary Working Group – electronic formulary update -** Nil

20.	**Equality – Monitoring of usage and outcomes** (Nil at present)
21.	**Papers from committee reporting into the FPG:** • BH Cancer Drugs & Therapeutic Committee – Nil
22.	**Local Medicines Optimisation group updates:** • BH Summary of Chairs Actions – June and July 2025 • BHRUT MOG Minutes – May and June 2025 • Homerton Medicines Committee agenda and minutes – January, March and April 2025
23.	**NEL FPG recommendations ratified at SyPMO Board**
	• SyPMO Board July 2025 Highlight Report • **NEL FPG Outcome Letters:** • Bezafibrate in the treatment of Primary Biliary Cholangitis and Pruritus in Primary Sclerosing Cholangitis - primary care prescribing support factsheet and formulary position change from Red to Amber 2 • Management & Prescribing for Cow's Milk Protein Allergy (CMPA) in North East London • Dosi-fuser elastomeric pump device in the delivery of local anaesthetic agent (0.125% levo-bupivacaine) through regional nerve catheters – formulary harmonisation • NICE Technology Appraisal or NHSE Commissioning Circular application template for inclusion onto the formulary • NEL Guidelines on Identification, Treatment & Management of Malnutrition in Adults, including the appropriate prescribing of Oral Nutritional Supplements – update • BH Shared Care Guidelines – expiry extensions to June 2026 x6 • Stimulan® calcium sulfate antibiotic carrier – local delivery of Vancomycin and Gentamicin for bone and soft tissue infection/osteomyelitis in the feet and lower limb, in diabetic patients • Off label use of Tenecteplase 5000 unit (25mg) vial in acute ischaemic stroke in adult patients - extended time window thrombolysis (4.5 – 9h) and for patients < 50 kg • Weight management formulary updates: status changes for Tirzepatide (Mounjaro®) and Semaglutide (Wegovy®) • Xonvea® (pyridoxine/ doxylamine) for the treatment of hyperemesis gravidarum - primary care prescribing support factsheet • TA1066 Somapacitan for treating growth hormone deficiency in people 3 to 17 years • TA1067 Linzagolix for treating symptoms of endometriosis • TA1070 Spesolimab for treating generalised pustular psoriasis flares • TA1073 Marstacimab for treating severe haemophilia A or B in people 12 years and over without anti-factor antibodies • TA1074 Sparsentan for treating primary IgA nephropathy

	• TA1075 Dapagliflozin for treating chronic kidney disease • TA1077 Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over • TA1080 Mirikizumab for previously treated moderately to severely active Crohn's disease **Noted.**
24.	**Finalised Minutes – June 2025**
25.	**Any Other Business**
	Time & date of next FPG meeting: **12:30 – 15:00pm, Tuesday 7th October 2025 via MS Teams**