NHS
North East London

North East London Formulary and Pathways Group (FPG)

Tuesday 3rd February 2026 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	GP, Clinical Director for Havering	NHS NEL
Apologies	Apologies	Ruth Crowley	RC	GP Partner, Avon Road Surgery, Havering	NHS NEL
Present	Apologies	Nishani Jayasooriya	NJ	Consultant Gastroenterologist, Medicines Committee Chair	HHFT
Apologies	Apologies	Mehul Mathukia	MM	GP, 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
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**	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Apologies	Apologies	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
Present	Present	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**	Silvie Cunderlikova	SC	Pharmacy Digital Solutions Manager (Interim formulary support)	HHFT

Present	**Present**	Nuhu Yaroson	NY	Clinical Commissioning Pharmacist	BH
Present	**Present**	Kamaljit Takhar	KT	Associate Director of Pharmacy - Quality & Safety	NELFT
Present	**Present**	Dupe Fagbenro	DF	Deputy Chief Pharmacist (London Services)	ELFT
Present	**Present**	Jack Ross	JR	Consultant Physician and Clinical Pharmacologist	BH
Present	**Present**	Annabel Ikwuakolam	AI	Lead Community Transformation Mental Health Pharmacist	ELFT
Present	**Present**	Patricia Emumwen	PE	Formulary and Governance Pharmacist	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
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	Apologies	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
Absent	**Present**	Anudeep Riyat	AR	Deputy Chief Pharmacist, Specialised Commissioning (NEL ICB link pharmacist)	NHSE
Present	**Present**	Annett Blochberger	AB	Chief Pharmacist, Specialist Commissioning (London Region)	NHSE
Present	Absent	Andrea Okoloekwe	AO	Lead Pharmacist, Community Mental Health Services	ELFT
Present	**Present**	Reena Pankhania	RP	Observing, Lead Formulary and Medicines Optimisation Pharmacist, Frimley Health NHS Foundation Trust	NHS FRIMLEY
Guests – part 1 of the meeting only					
Present	Martin Lees		ML	Clinical Director Cardiac Anaesthesia and Perioperative Medicine	BH
Present	Rhona Sloss		RS	Lead Critical Care Pharmacist and Barts Health Sedation Committee Deputy Chair	BH
Present	Dincer Aktuerk		DA	Consultant Cardiothoracic Surgeon, Lead for Minimally Invasive and Robotic Cardiac Surgery	BH
Present	Li Saw		LS	Pharmacy Lead for Critical Care and Theatres	BH

Present	Uzma Shaikh	US	Senior Medicines Optimisation Pharmacist	NHS NEL
Present	Siobhan Duggan	SD	Lead Medicines Optimisation Pharmacist	NHS NEL
Present	Hannah Dalton	HD	Clinical Surgical 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**
	It was noted that GP representation was not available for the meeting and subsequently any decisions would be referred after the meeting to GP members for agreement.
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 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.	**Remimazolam injection for procedural sedation in adults at Barts Health**
	Declarations of interest: Nil declared. A historical conflict of interest was noted and deemed no longer relevant.

	BH representative presented the proposal to expand the use of remimazolam within BH from its current limited use over the past 24months within dental procedural sedation and the cardiology department for DC cardioversion procedures, to its full licenced indications for all adult procedural sedation within the provider trust. The following to support the application were highlighted: • A faster onset, quicker recovery (short acting), and more predictable sedation than Midazolam • Demonstrated safety and efficiency benefits in dental sedation and DC cardioversion pilots • Supports increased productivity: more cases per list, potential nurse-led sedation, and improved flow Proposed rollout would: • Be phased by procedure/service and scoped to anticipate benefit • Be overseen by Barts Health Sedation Committee with extensive governance in place using the SedLog audit data for monthly review The group requested assurance that remimazolam would only be used for the specific cohort of patients that were agreed by the sedation committee. It was also highlighted that for lengthy painful procedures it could be necessary to use both midazolam and remimazolam together to support the patient. ML confirmed that wider clinical team representation at the monthly committee meetings ensured that use would be regulated and actively managed with cost measures in place. A phased rollout would also allow for governance procedures to be in place for clinical teams requiring use and safety triggers established to enable the reporting of adverse events/dosing concerns requiring escalation. It was also noted that the BH Sedation Committee reported to the BH Medicines Governance Board which also provided additional assurance that appropriate use of remimazolam would be maintained. It was agreed that the application could be approved for licensed indications for use in BH only and in the meantime both HHFT and BHRUT representatives would share the information with their clinical teams. A formulary harmonisation application to include robust governance procedures would be required if either/both HHFT or BHRUT wished to use remimazolam for the licensed indications. **Outcome:** Approved for licensed indications within BH only with the assurance that patient cohort and use to be overseen by the BH Sedation Committee. 12 months data and governance review to be shared at a future BH Oversight Group meeting. **Formulary status:** Red, Hospital only (BH only) Decision for ratification by the NEL System Prescribing and Medicines Optimisation (SyPMO) Board.
5.	**Del Nido Cardioplegia (DNC) for use in selected cardiac surgical cases at Barts Heart Centre**
	Declarations of interest: Nil declared

	BH representative explained the proposal to introduce Del Nido Cardioplegia (DNC) for specialised cardiac complex procedures such as robotic, redo surgeries and prolonged cross-clamp surgeries and cases with anticipated prolonged ischaemic time and would be used by some BH cardiac surgeons as not all would require use. As DNC is an unlicensed preparation it was confirmed that prior approval had been sought from the BH Quality Assurance Group. The following benefits were highlighted to the group: • Streamlined work flow with less interruptions • Single dose technique helps limited cumulative cardioplegia volume and haemodilution • Reduce ischaemic time • Comparable or improved patient outcomes with smoother electrical recovery • Significantly lower cost vs Custodiol, the current product being used It was highlighted that DNC was currently prepared as an unlicensed special at the Royal Liverpool University Hospital and therefore supply concerns were raised with the product not being available more locally. BH have carried out a product risk assessment, and it has been signed off by BH QA. It was confirmed that should supply issues occur with DNC then Custodiol would remain as a hospital stock item that could be used if needed as a fall-back product. Another concern raised was the shelf life for DNC which at one month, was significantly shorter than Custodiol; this could be a factor in the price comparison of the products. The group agreed to approve the application with the request for a formal audit of usage, indications, adverse incidents/complications and wastage, due to the short shelf life of the product covering a 12-month period. It was also noted that the draft SOP included with the application referred to procedures longer than 120 minutes and it was requested that indications were added to support this statement. **Outcome:** Approved for BH only, with the request for a formal audit covering a 12-month period- to include wastage data, types of cases used in and any complications that may arise. To be submitted to a future FPG meeting. **Formulary status:** Red, Hospital only (BH only) Decision for ratification by the SyPMO Board.
6.	**Items which should not be routinely prescribed in primary care in North East London (also known as Drugs of Low Clinical Value): Position statement and patient information leaflets**
	Declaration of interest: Nil declared NHS NEL ICB representative was welcomed to the meeting and provided the background to the position statement that had been produced for items which were not to be routinely prescribed within NEL primary care. The position statement was an amalgamation and harmonisation of the previous guidance in

	place across the former CCGs and included recommendations from the NHSE guidance NHSE policy guidance on items which should not be routinely prescribed in primary care and does not contain any new information. The group were advised that the cohort of drugs referred to in the position statement were already included in the NEL Prescribing Efficiency Scheme (PES) 2025-26 and practices were already undertaking the work to support the prescribing outlined in the document. The position statement provided primary care prescribers with a concise overview of the NHS guidance with some local amendments and clearly defined the prescribing recommendations for both existing and new patients on the 24 medicines which were categorised into the following two groups: • Items which should not routinely be prescribed in primary care across NEL – no exceptions • Items which should not routinely be prescribed in primary care across NEL – some exceptions apply It was highlighted that four medicines in the NEL position statement differed from the NHSE recommendations which had allowed for exceptions to enable limited prescribing. Therefore, the following medicines have been moved to the NEL 'no exceptions' category for local prescribing due to the current lack of robust clinical evidence: • Lutein • Rubefacients • Paracetamol and tramadol combination products • Perindopril arginine Extensive consultation has taken place with BH, BHRUT, HUH, NELFT and ELFT. Following consultation and feedback from BH, Perindopril + Indapamide combination was to be removed from the 'exceptions' category and added to 'some exceptions apply'. Concerns were raised regarding the terminology 'Drugs of Low Clinical Value' as this could imply to patients that a medicine had no clinical benefit and it was agreed that this wording should be removed from the documents and the NHSE wording used. There was also a question raised regarding capacity within secondary care to repatriate patients and the availability of patient information to ascertain where treatment was initiated. Assurance was received from the provider trusts that the expectation was for low patient repatriation numbers, which should be manageable. Any challenges associated with treatment initiation were yet to be reported, despite the inclusion of the drugs within the Prescribing Efficiency Scheme for 2025/26. The only exception highlighted would be lidocaine patches which had higher prescribing levels. This was being reviewed by the PMOT and BH and a statement is included in the guidance to await further advice. Indications for use in NEL to come back to FPG. Clarity was requested as to whether patients would require advice on pen needle technique when changing from 12mm to 4mm needles. A further concern was raised regarding the alignment of formulary statuses for certain drugs such as minocycline for acne and lidocaine patches. It was confirmed that formulary statuses would undergo a review to align across NEL and applications would subsequently be submitted to FPG for agreement. Whilst reviews were being undertaken it was agreed that wording 'under review' should be added to the position statement; minocycline for acne would also be noted as red, hospital only.

	12 Patient Information Leaflets (PILs) had also been produced to support the most commonly prescribed medicines referred to within the position statement. **Outcome:** Approved with the request for the amended position statement to return to the FPG for information, under matters arising. Decision for ratification by the SyPMO Board.
7.	**ADHD medicines (Methylphenidate, Lisdexamfetamine, Dexamfetamine, Atomoxetine and Guanfacine) - change of formulary status from Amber 3 (historic purple) to Amber 2 in adult patients**
	Following the circulation of the agenda and papers this item was withdrawn and is to be considered at a later date.
8.	**Ophthalmology pathways**
	It was confirmed that the ophthalmology working group had collaboratively produced both pathways and had included clinical representatives from both BHRUT and BH; HHFT did not have this service within their Trust and therefore did not engage. The following key points were noted and discussed: **Medical retina treatment pathway for macular oedema secondary to retinal vein occlusion** (RVO) The pathway provides a best-value treatment framework to support visual impairment caused by macular oedema secondary to either Central Retinal Vein Occlusion (CRVO) or Branch Retinal Vein Occlusion (BRVO) and aligns with guidance produced by NHSE and NICE guidance. Criteria are also defined within the pathway for switching therapies should patients develop adverse reactions/ contraindications or show a suboptimal response to treatments. The implementation of ranibizumab or aflibercept 2mg biosimilar first line for both indications which is the most cost-effective option, is encouraged and reflected within the pathway for new patients. Faricimab remained the second line treatment, with dexamethasone available as an option for patients who experience steroid use complications. Monitoring data would be provided via the use of Blueteq and available SLAM data; this could be presented back to the FPG in 6-12 months. It was noted that the early treatment programme for patients whose central retinal thickness (CRT) was less than 400 micrometres was not agreed locally due to current capacity constraints. **Outcome:** Approved **Formulary status:** Red, Hospital only **Medical retina treatment pathway for visual impairment associated with centre-involving diabetic macular oedema** (DMO)

	The pathway supports the application for aflibercept 8mg dose to be added to the NEL formulary for this indication in line with the NHSE recommendation. NICE has confirmed that although they have not reviewed aflibercept 8mg, the evidence would be that same as that for aflibercept 2mg and therefore suitable for routine commissioning. **Outcome:** Approved **Formulary status:** Red, Hospital only
9.	**Minutes**
	The minutes of the previous meeting (December 2025) were reviewed and approved. The redacted minutes from November 2025 were also approved.
10.	**Matters Arising**
	<u>FPG action log</u> The group were advised that the actions required for the following items had been completed: 202512_02 - NEL Formulary and Pathways Group Terms of Reference (ToR) – update. A meeting for the LMC representative to meet with the FPG Chairs/Deputy Chairs had been arranged. **Completed** The following actions were still in progress: 202507_11 - NICE TA updates - the BHRUT neurology pharmacy team were working to provide a short application form and develop a supporting fact sheet for Cenobamate TA 753. **Noted.** 202512_01 - Methoxyflurane (Penthrox® via an inhaled device): off-label use for the reduction of pain associated with ambulatory gynaecology procedures (e.g. hysteroscopy) (formulary harmonisation) – NEL providers trusts to liaise regarding existing SOPs and collaborate to produce a NEL SOP which was in progress. **Noted.** <u>Updated Slynd® algorithm and NEL Contraceptive Formulary</u> Minor corrections had been made to the prescribing pathway within the contraceptive formulary which also been updated following agreement to include drospirenone 4mg tablets (Slynd®). **Outcome:** Approved <u>Minor update to the NEL Medical Retina Treatment pathway for wet Age-related Macular Degeneration (wAMD) (v1.1)</u> The updates to the pathway were outlined to the group which included revised wording for second line treatment options and a change to the document title.

	Outcome: Approved Decision for ratification by the SyPMO Board.
Formulary Harmonisation	
11.	**Ibuprofen injection formulary harmonisation for BHRUT (theatre only)**
	The request from BHRUT to discontinue the use of diclofenac within their theatre environment and replace with ibuprofen injection which was not currently on their formulary for this indication was explained. Whilst this request had been submitted as formulary harmonisation, it was noted that the previous application from BH, that had been approved subject to the production of a SOP, was to treat acute moderate pain in adults (six days including recovery) and therefore a different indication. HHFT had confirmed that they did not have any interest in the use of ibuprofen injection for either indication and would continue with their current use of diclofenac. As previously mentioned, when the BH application for the use of ibuprofen injection was discussed, there were considerable concerns regarding restricting access to ensure that use of ibuprofen injections was available only for the approved indications and assurance of adherence to support this had been requested from the provider trusts. It was also acknowledged that previous use of ibuprofen injections by BHRUT due to a recent shortage of diclofenac had been supported via chairs action. The application was approved subject to the development of a SOP to support appropriate use. It was highlighted that ratification by the SyPMO board meeting would be the next step and agreement to the decision would be required from the Chief Pharmacists at the NEL provider trusts. It was requested that respective SOPs from both BH and BHRUT should be submitted to the FPG meeting in March for information. **Outcome:** Approved subject to the development of a SOP **Formulary status: Red, Hospital only** Decision for ratification by the SyPMO Board.
Updated Guidelines - Nil	
12.	**Shared care expiry extensions**
	a) ELFT Shared Care Guidelines for the Treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children and young people (6 - 18 years of age): London localities. It was noted that a plan had been mentioned to combine both the NELFT and ELFT ADHD shared care guidelines, however this had

been paused due to the collective action taken by the GPs in primary care. It was suggested that liaison with NEL ICB colleagues take place when the ADHD shared care guidelines for adults were reviewed, to ensure a collaborative approach to agreement of future shared care arrangements, work on pathway for ADHD in children will follow.

Outcome: Approved for an expiry extension to November 2026 to enable sufficient time for a thorough review of the document.

b) NEL Azathioprine and mercaptopurine for patients with adult services (non-transplant indications) expiry extension for two years. It was stated that this shared care guideline had been circulated for a clinical check to ensure the content remained current and correct until the planned review date.

Outcome: Approved for an expiry extension to February 2028.

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
NHSE CCP: NHS England Clinical Commissioning Policy: Human normal immunoglobulin for preventative treatment of Idiopathic Systemic Capillary Leak Syndrome following an acute episode (adults) - Barts Health only	Agreed for local implementation	Red, Hospital only (BH only)
NICE Technology Appraisal Final Draft Guidance: Obinutuzumab with mycophenolate mofetil for treating lupus nephritis – available via the IMF from the 22.01.26 until routinely commissioned – Barts Health only	Agreed for local implementation	Red, Hospital only (BH only)
NICE TA 1115 Vutrisiran for treating transthyretin amyloidosis with cardiomyopathy – no centres in NEL (The Royal Free is the London centre, circular in pack)	Noted	No centres in NEL

Decision for ratification by the SyPMO Board.

14.	**NICE TAs/ NHSE commissioned policies for discussion - Nil**
15.	**NHSE Circulars**
	• NICE Technology Appraisal Guidance 1115_Vutrisiran for treating transthyretin amyloidosis with cardiomyopathy • SSC2912 National procurement for antiretrovirals for HIV treatment and prevention (pre-exposure prevention and post exposure prevention • SSC2918 Treatment of adults with relapsing remitting multiple sclerosis switching from Tysabri to Tyruko an update • SSC2928 - HIV Update Dec 2025 Provider Letter • SSC2933 NHS England Clinical Commissioning Policy: Human normal immunoglobulin for preventative treatment of Idiopathic Systemic Capillary Leak Syndrome following an acute episode (adults) • SSC2936 NICE Technology Appraisal Final Draft Guidance: Obinutuzumab with mycophenolate mofetil for treating lupus nephritis **Noted.**
16.	**Commissioning update**
	• **ICB** Medicines Value Group (MVG) Highlight Report - The December 2025 & January 2026 MVG highlight reports had been shared in the agenda papers which noted that all the NEL provider trusts are performing well on savings delivery. Initiatives for 2026/27 CIPs were to be shared by NEL provider trusts along with horizon scanning for High-Cost Drugs (HCD) for 2026/27at the next meeting. • **NHSE** A meeting was to be confirmed to agree the content of the NHSE update that would be required at future FPG meetings. **Noted.**
17.	**Formulary Working Group – electronic formulary update**
	Amber 1 and Amber 2 alignment as part of the 'Standardisation of RAG rating definitions for formularies across London' The definitions of the RAG rating classification for 'Amber 1' & 'Amber 2' were reiterated to the group and shared the details of the latest list of amber stated drugs that had re-defined status. Collaboration across NEL had supported the re-classification process which had also included considering other London status positions for the same drug, clinical practice, any available prescribing data and patient access to medications. The spreadsheet outlined the suggested status amendments for the current areas considered and these were agreed by the group. **Outcome:** Approved Decision for ratification by the SyPMO Board.

18.	**Equality – Monitoring of usage and outcomes** (Nil at present)
19.	**Papers from committee reporting into the FPG:** • BH Cancer Drugs & Therapeutic Committee – Nil
20.	**Local Medicines Optimisation group updates:** • BH Summary of Chairs Actions – November and December 2025 • BHRUT MOG Minutes – October 2025 • Homerton Medicines Committee – Nil • Homerton Summary of Chairs Actions – Nil • ELFT - Updated Melatonin Insomnia and Sleep Disorders in Children and Adolescents- Shared Care Agreement for information (approved at ELFT in 2025). **Noted**
21.	**NEL FPG recommendations ratified at SyPMO Board**
	• SyPMO Board Highlight Report December 2025 **NEL FPG Outcome Letters:** • TA 1107 – Delgocitinib for treating moderate to severe chronic hand eczema • TA1106 – Cabotegravir for preventing HIV-1 in adults and young people • Guidance for North East London Community Anticoagulation Providers on the safe switching of warfarin to DOACs for patients with non-valvular AF • Drospirenone (Slynd®) progesterone only oral contraceptive pill • Guideline for the Management of Type 2 Diabetes North East London – update • NEL Formulary and Pathways Group Terms of Reference - update • NEL High-Cost Drugs treatment pathway for psoriasis in adults – update • Position statement: Oral Nutritional Supplements (ONS) on discharge from hospital • Penthrox® for ambulatory gynaecology procedures - off label indication • Rituximab in paediatric chronic ITP – off label indication • NELFT and ELFT Shared care expiry extensions: • NELFT Shared Care Guidelines for the Treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children and adolescents (under 18 years of age) Methylphenidate, Dexamfetamine, Atomoxetine, Lisdexamfetamine and Guanfacine • NELFT Shared Care Guidelines on Melatonin for sleep disorders/difficulties in children until their 18th birthday **Noted.**
22.	**Finalised Minutes –** November 2025
23.	**Any Other Business**

	Introduction of a routine varicella (MMRV) vaccination programme for children at one year and at 18 months - Priorix-Tetra® (pork gelatin free) to be used in NEL – this had been shared with the group for information purposes. **Noted.** NEL Formulary Management Process Workshop – 24th February 2026 – It was mentioned that the core team supporting the FPG meetings had been invited to attend a workshop to discuss the current arrangements and consider how the process could be improved. Whilst it was hoped that core team members would be able to attend in person at the RLH venue, a Teams link had also been provided.
	Time & date of next FPG meeting: **12:30 – 15:00pm, Tuesday 3rd March 2026 via MS Teams**