

North East London Formulary and Pathways Group (FPG)

Tuesday 9th December 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
Absent	Absent	Ruth Crowley	RC	GP Partner, Avon Road Surgery, Havering	NHS NEL
Present	Apologies	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	Farah 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	Silvie Cunderlikova	SC	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
Present	Present	Jack Ross	JR	Consultant Physician and Clinical Pharmacologist	BH
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
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	Present	Anudeep Riyat	AR	Deputy Chief Pharmacist, Specialised Commissioning (NEL ICB link pharmacist)	NHSE
Present	Absent	Andrea Okoloekwe	AO	Lead Pharmacist, Community Mental Health Services	ELFT
Guests – part 1 of the meeting only					
Present	Banu Kaya (4)		BKa	Consultant in Paediatric Haematology	BH
Present	Mohammed Abou Daya (4)		MaD	Lead Paediatric Pharmacist	BH
Present	Mr Kunal Rathod (5)		KR	Consultant Obstetrician and Gynaecologist	BHRUT
Present	Laura Hughes (5)		LH	Clinical Pharmacist – Obstetrics & Gynaecology	BHRUT
Present	Selena Singh (6)		SS	Consultant GUM/HIV	BH
Present	Jennifer Amartey (6)		JA	Lead Pharmacist – Infection and Immunity	BH
Present	Siobhan Duggan (7)		SD	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
	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.	Rituximab off-label use in paediatric chronic Immune Thrombocytopenia Purpura (c-ITP)
	<p>Declarations of interest: Nil declared</p> <p>BH representatives were welcomed to the meeting and presented the request for Rituximab to be included in the formulary to treat paediatric chronic Immune Thrombocytopenia Purpura (cITP). This condition causes patients to have a significant restriction to activity in their daily lives due to the associated bleeding risk and reduced quality of life for patients due to the frequent monitoring and side effects of rescue therapies e.g. steroids or IVIG. It was highlighted that currently Rituximab treatment is requested via Chairs action for individual patients but with the increase to patient numbers requiring treatment, the application for formulary addition has been submitted. Whilst it was acknowledged that other treatments such as Eltrombopag and</p>

	<p>Romiplostim are funded by NHSE for this indication, Rituximab is currently in the high-cost drug block, but there is not an accompanying Blueteq form for this indication. Therefore, this is currently provider trust funded. The following concerns were raised and responses received:</p> <ul style="list-style-type: none"> • Availability of a finalised treatment pathway to include a line of treatment following rituximab failure – <i>it was explained that a prescriptive pathway for treatment could prove difficult as this would be determined by the patient’s history and complexity of cases and could include resistance to a certain treatment having previously been established</i> • Assurance that guidelines reflected a patient-centred approach for treatment decision making – <i>referrals to a Pan London ITP Group enable complex cases to be discussed and treatment options considered for individual patients</i> • Ensuring that equity of treatment was maintained for all NEL patients – <i>whilst it was acknowledged that a small clinical team was available to provide treatment, all referrals were welcomed and an existing hosting database supported the monitoring of outcomes/responses to treatment for patients; this would also include access to clinical trial data</i> <p>The group agreed to approve, with a request for funding to be monitored for any change from ‘provider trust funded’ to being commissioned for this indication.</p> <p>Outcome: Approved (BH only) Formulary status: Red, Hospital only</p> <p>Decision for ratification by the NEL System Prescribing and Medicines Optimisation (SyPMO) Board.</p>
5.	<p>Methoxyflurane (Penthrox® via an inhaled device): off-label use for the reduction of pain associated with ambulatory gynaecology procedures (e.g. hysteroscopy) (formulary harmonisation)</p>
	<p>Declarations of interest: Nil declared</p> <p>BHRUT representatives presented the application request to harmonise the use of Penthrox® for pain relief in outpatient ambulatory gynaecology procedures e.g. hysteroscopy. It was explained that local and national usage had been considered along with cost implications and practicalities in comparison to Entonox, the current fast-acting pain-relieving Entonox is not available in clinic due to risk of occupational exposure and environmental hazards.</p> <p>The preliminary use of Penthrox® within the HHFT pilot was mentioned and the following positive outcomes highlighted to the group:</p> <ul style="list-style-type: none"> • Supported 89% successful procedure outcomes with a reduction in pain scores • Enabled a cost saving due to the reduced need for general anaesthesia

- With day cases increasing the use of Pentrox® enabled procedure to be completed within clinics
- Three-year pilot had provided informative data

Although the group acknowledged the above points, there were concerns regarding off label use requiring the subsequent need for the appropriate patient consent prior to treatment, and the availability of a standardised NEL SOP to support appropriate use. BHRUT had developed a SOP which had been approved by the Trust's gynaecology guidelines and governance group. BH were working on their SOP which would need to be in place before usage at the Trust.

Outcome: Approved with the request for a unified NEL SOP to be produced and patient numbers and outcomes to be shared with the FPG in 12 months.
Formulary status: Red, Hospital only. BHRUT and BH (already on formulary at HHFT)

Decision for ratification by the SyPMO Board.

6. Drospirenone (Slynd®) progesterone only oral contraceptive pill

Declaration of interest: Nil declared

BH representative was welcomed to the meeting and presented the application for Drospirenone (Slynd®) which is a fourth-generation progesterone only contraceptive pill (POP), highlighting the following positive points to the group:

- Anti-androgenic which has a better bleeding profile for patients who are unable to use other options due to side effects (e.g. breast tenderness, acne, mood disturbance) or regular unscheduled bleeding
- Providing a valuable second line option for patients who were unable to take other progesterone-only pills (due to side effects) and whom a combined hormonal contraception is contraindicated
- Follow-up appointments for oral contraception occur 6-12 monthly and patients prescribed Slynd® would return to clinic for their follow-up care; the prescriber would be responsible for ensuring there were no contraindications to Slynd® and no risk factors for potassium elevation (e.g. renal impairment, hypoaldosteronism, concomitant use of potassium-elevating medicines)

The applicant mentioned there is a primary care liaison at BH for consideration to provide any additional training in primary care if required.

The proposed treatment pathway was considered, and it was noted that an amendment was required to the placing of 'Yes/No' wording in the algorithm. The group were advised that adrenal insufficiency should be included as part of the listed patient exclusion criteria. It was agreed that this would be updated with minor changes highlighted and once amended the final version would be added to support the formulary.

	<p>The group was also made aware that drospirenone is an option as part of the NHS Pharmacy Contraception Service national Patient Group Direction (PGD). The group asked if there were any concerns about the community pharmacies initiating patients on Slynd®, as part of the oral contraceptive service as there were quite a number of contraindication or exclusions. However, the group considered the access by community pharmacies to patient Summary Care Records (SCR) and concluded that as part of their consultation, the patient SCR would be checked which would inform the clinician of any contra-indications or risk factors for medicines. Therefore, it was felt that checking the patient SCR provided the necessary safeguard to enable appropriate prescribing.</p> <p>Outcome: Approved Formulary status: Green, as second line progesterone-only pill (POP) option</p> <p>Decision for ratification by the SyPMO Board.</p>
7.	<p>Guidance for North East London Community Anticoagulation Providers for the safe switching of warfarin to direct oral anticoagulants (DOACs) for patients with non-valvular Atrial Fibrillation (NVAF) in North East London</p>
	<p>Declaration of interest: Nil declared</p> <p>The representative was welcomed to the meeting and explained that the above guidance had been produced following a recommendation from the NEL clinical harms review of community anticoagulation providers which concluded that a high proportion (40%) of patients were on warfarin for the indication of atrial fibrillation (AF). The outcome from the review was for all patients on warfarin for the sole indication of NVAF to be reviewed and switched to a DOAC where appropriate. It was confirmed that relevant clinicians from all three NEL provider trusts had worked collaboratively to produce the local guideline which had been based on the national recommendations. Patients prescribed warfarin who had a suboptimal Time in Therapeutic Range (TTR) below 65 would be prioritised for the switch programme. The expectation would be for GPs to continue DOAC prescribing for the patient following the initial two-month prescription received from the provider service.</p> <p>The following was requested by the group:</p> <ul style="list-style-type: none"> • To establish if the checklist was loadable to the EMIS clinical system (noting however this is specific to community anticoagulation providers, so only those that are involved in the service will be switching patients from warfarin to DOACs) and whether CEG templates were available • Add wording ‘subject to patient adherence’ to point 1 of the checklist • Ensure that additional wording regarding adherence is noted in relevant sections of the guidance and to include reference to specialist input for non-adherent patients • The Patient Information Leaflet (PIL) link should be included within the guidance and form part of a counselling section (such as on the importance of DOACs being short acting and require daily dosing) in the development of a wider anticoagulation service PIL <p>Outcome: Approved for NEL Community Anticoagulation Service providers only, subject to the above bullet pointed items.</p>

	Decision for ratification by the SyPMO Board.
8.	Minutes
	The minutes of the previous meeting (November 2025) were reviewed and approved. The redacted minutes from September 2025 were also approved.
9.	Matters Arising
	<p><u>FPG action log</u> The following items had been completed: 202511_01 - Management of excursions from target INR in patients taking Warfarin 202511_02/03- Preferred Direct Oral Anticoagulant (DOAC) for prevention of stroke and systemic embolism in adults with non-valvular AF (NVAf) or venous thromboembolism (VTE) Completed.</p> <p>The following action was still in progress: 202507_11 - NICE TA updates - to work with specialist teams to provide a short application form and a supporting fact sheet for Cenobamate TA 753 Noted.</p> <p><u>Bempedoic acid formulary status review and primary care prescribing support factsheet</u> – It was confirmed that the factsheet had been updated to reflect comments received from the BH Cardiac team. Completed.</p> <p><u>Acne Vulgaris</u> - The link below had been shared in the agenda following the discussion regarding Trifarotene (Aklief®) cream at the November FPG meeting. Acne guidance link: https://www.pcds.org.uk/clinical-guidance/acne-vulgaris Completed.</p> <p><u>Update for NICE TA 1096 Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis</u> The group were advised subsequent information had been received from the BH rheumatology team and patient numbers previously submitted had been updated to include an additional three patients per year. Noted.</p>
	Formulary Harmonisation - Nil
	Updated Guidelines
10.	NEL High-Cost Drugs Treatment Pathway for Psoriasis (Adults)

	<p>The group were advised that the above pathway had been produced based on the NICE TAs currently available for the management of psoriasis and generalised pustular psoriasis. It was agreed that although the document would be scheduled for review every two years, updates could continue as new evidence, NICE TAs or local agreements were released/amended ensuring that information outlined in the document remained correct. This would also include changes in drug costs that could impact on cost-effectiveness and drug choice in the treatment pathway.</p> <p>It was noted that where possible, drugs approved for use through a NICE TA would be selected in preference to non-NICE approved options. It was also expected that drugs presenting best value would be selected where clinically appropriate.</p> <p>The following updates had occurred to the current pathway:</p> <ul style="list-style-type: none"> • Addition of NICE TA70 recommendations • Removal of requirement for use of ciclosporin in acknowledgement that in practice this is no longer routinely offered because of an adverse effect profile (including renal dysfunction and risk of serious infection), and the high cost associated with prescribing and monitoring ciclosporin. This is in line with other local ICB psoriasis pathways. Reference to PUVA removed – most centres no longer offer whole body PUVA and this is in line with other local ICB psoriasis pathways and has been changed in NICE guidance to Phototherapy • Revised information around treatment during pregnancy as information has been updated. Funding section updated regarding Blueteq requirements when treatment has been given in an acute setting (e.g. for generalised pustular flares). In these cases, where the patient meets the relevant criteria, the Blueteq form can be submitted as soon as practically possible after treatment has been provided. • 6 lines of treatment were now included to cover all modes of action <p>Outcome: Approved</p> <p>Decision for ratification by the SyPMO Board.</p>
11.	<p>Guideline for the Management of Type 2 Diabetes North East London – update</p>
	<p>The group were advised that the above guideline had been updated and the next full review date of the document had been extended to 30th June 2026 pending the NICE T2DM update expected February 2026. In the meantime, the following updates had been made:</p> <ul style="list-style-type: none"> • Renal dosing and monitoring guidance has been updated for SGLT-2 inhibitors and GLP-1 therapy which included the revised renal dose requirements for empagliflozin and clarification on when to avoid or discontinue ertugliflozin • Age-related contraindications for empagliflozin have been clarified and liraglutide was now noted as not recommended in severe renal impairment • An exclusion for DKA had been added for SGLT-2 inhibitors • Requirements for baseline and ongoing renal function checks, along with MHRA-recommended ketone monitoring, had also been reinforced within the document

	<p>Outcome: Approved</p> <p>Decision for ratification by the SyPMO Board.</p>
12.	<p><u>12.1 Oral Nutritional Supplements (ONS) on discharge from Hospital – position statement</u></p> <p>It was explained that the above position statement had been produced to align with the existing ONS guidelines and support primary care clinicians to review and change ONS (where appropriate) for patients following discharge from hospital, enabling products to be switched to first line powdered ONS products or suitable alternatives; the group were advised that NELFT were already following this line of practice. However, it was explained that some patients were refusing the change to powdered products due to the taste. It was noted that shakes were also alternatives that could be offered to patients as a more palatable option.</p> <p>Outcome: Approved</p> <p>Decision for ratification by the SyPMO Board.</p> <p><u>12.2 NEL Formulary and Pathways Group Terms of Reference (ToR) – update</u></p> <p>The NEL FPG ToR had been reviewed to ensure that the document reflected current processes. Wording that was no longer required had been removed and the group membership updated to include one GP representative per Local Medical Committee (LMC) operating within NEL. It was suggested that it would be helpful to have an initial meeting with the respective LMC representatives prior to their attendance to an FPG meeting and this was agreed.</p> <p>Outcome: Approved</p> <p>Decision for ratification by the SyPMO Board.</p> <p>Post meeting note: LMC GP representation to be discussed at the January 2026 SyPMO Board</p> <p><u>12.3 NELFT and ELFT Shared care expiry extensions to November 2026</u></p> <p>a) 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</p> <p>b) NELFT Shared Care Guidelines on Melatonin for sleep disorders/ difficulties in children until their 18th birthday</p> <p>The group were advised that urgent immediate amendments had been made to the shared care guidelines and doses had been updated to align with both SPC/BNF recommendations. Both above shared care guidelines were agreed for a 12-month extension to their review date.</p>

	<p>The group were also advised that a draft Transfer of Care (ToC) guidance to support ADHD in adults was in development and was to be shared with clinicians along with a commissioning pathway once produced.</p> <p>Outcome: Approved Decision for ratification by the SyPMO Board.</p>															
<p>13.</p>	<p>NICE TA approval and Horizon Scanning</p> <p>ICB Commissioned:</p> <table border="1" data-bbox="145 512 1924 620"> <thead> <tr> <th data-bbox="145 512 999 552">NICE Technology Appraisal</th> <th data-bbox="999 512 1603 552">Outcome</th> <th data-bbox="1603 512 1924 552">Formulary status</th> </tr> </thead> <tbody> <tr> <td data-bbox="145 552 999 620">TA1107 – Delgocitinib for treating moderate to severe chronic hand eczema (not a HCD)</td> <td data-bbox="999 552 1603 620">Agreed for local implementation</td> <td data-bbox="1603 552 1924 620">Red, Hospital only</td> </tr> </tbody> </table> <p>NHSE commissioned:</p> <table border="1" data-bbox="145 691 1924 954"> <thead> <tr> <th data-bbox="145 691 999 730">NICE Technology Appraisal</th> <th data-bbox="999 691 1603 730">Outcome</th> <th data-bbox="1603 691 1924 730">Formulary status</th> </tr> </thead> <tbody> <tr> <td data-bbox="145 730 999 834">TA1106 – Cabotegravir for preventing HIV-1 in adults and young people</td> <td data-bbox="999 730 1603 834">Agreed for local implementation</td> <td data-bbox="1603 730 1924 834">Red, Hospital only</td> </tr> <tr> <td data-bbox="145 834 999 954">NHS England Clinical Commissioning Policy: Icatibant for treatment of moderate to severe acute swellings due to bradykinin-mediated angioedema with normal C1 inhibitor</td> <td data-bbox="999 834 1603 954">Noted</td> <td data-bbox="1603 834 1924 954">Red, Hospital only</td> </tr> </tbody> </table> <p>Decision for ratification by the SyPMO Board.</p>	NICE Technology Appraisal	Outcome	Formulary status	TA1107 – Delgocitinib for treating moderate to severe chronic hand eczema (not a HCD)	Agreed for local implementation	Red, Hospital only	NICE Technology Appraisal	Outcome	Formulary status	TA1106 – Cabotegravir for preventing HIV-1 in adults and young people	Agreed for local implementation	Red, Hospital only	NHS England Clinical Commissioning Policy: Icatibant for treatment of moderate to severe acute swellings due to bradykinin-mediated angioedema with normal C1 inhibitor	Noted	Red, Hospital only
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<p>14.</p>	<p>NICE TAs/ NHSE commissioned policies for discussion - Nil</p>															
<p>15.</p>	<p>NHSE Circulars</p>															
	<ul style="list-style-type: none"> • SSC2867 - Circular NHS England Clinical Commissioning Policy Icatibant for treatment of moderate to severe acute swellings due to bradykinin-mediated angioedema with normal C1 inhibitor (adults) • SSC2897 Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia in people 12 years and over • SSC2898 Exagamglogene autotemcel for treating severe sickle cell disease in people 12 years and over • SSC2899 NHS England Clinical Commissioning Policy (CCP) Tenofovir alafenamide for treatment of HIV-1 in adults and adolescents • SSC2901 NICE Technology Appraisal Guidance Cabotegravir for preventing HIV-1 in adults and young people 															

	<ul style="list-style-type: none"> • SSC2903 NICE TA FDG Glofitamab with gemcitabine and oxaliplatin for treating relapsed or refractory diffuse large B-cell lymphoma w London Trusts • SSC2905 NICE Technology Appraisal Final Draft Guidance-Talquetamab for treating relapsed and refractory multiple myeloma after 3 or more treatments • SSC2906 -Notification of New or Amended Specialised Services Quality Dashboards (SSQD) <p>Noted.</p>
16.	Commissioning update
	<ul style="list-style-type: none"> • ICB <u>Medicines Value Group (MVG) Highlight Report</u> - The highlights from the November MVG meeting were shared and the group advised that initiatives for 2026/27 CIPs were to be shared by NEL provider trusts at the next meeting. • NHSE <u>NHS Payment Scheme (NHSPS)</u> – It was highlighted that comments relating to the scheme should be submitted to the pricing team as the consultation on the 2026/27 NHS Payment Scheme in England closes by 16.12.25. <p>Noted.</p>
17.	Formulary Working Group – electronic formulary update
	<p>Amber 1 and Amber 2 alignment as part of the ‘Standardisation of RAG rating definitions for formularies across London’</p> <p>The group were advised that following the approval of the above RAG rating definitions, work had commenced to consider and re-define the previous ‘Amber’ stated drugs within the 17 clinical chapters of the NEL single electronic formulary. 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.</p> <p>The spreadsheet outlined the suggested status amendments for the current areas considered and these were agreed by the group.</p> <p>The definitions for both ‘Amber 1’ and ‘Amber 2’ statuses were reiterated to ensure all stakeholders at the meeting understood the clarification and prescribing responsibilities involved. It was noted that the wording to clarify ‘Green’ status had been revised to state ‘non-specialist initiated’ medicines.</p> <p>Outcome: Approved</p> <p>Decision for ratification by the SyPMO Board.</p>
18.	Equality – Monitoring of usage and outcomes (Nil at present)

19.	Papers from committee reporting into the FPG: <ul style="list-style-type: none"> BH Cancer Drugs & Therapeutic Committee – Nil
20.	Local Medicines Optimisation group updates: <ul style="list-style-type: none"> BH Summary of Chairs Actions – October 2025 BHRUT MOG Minutes – September 2025 Homerton Medicines Committee – Nil Homerton Summary of Chairs Actions – Nil
21.	NEL FPG recommendations ratified at SyPMO Board
	<ul style="list-style-type: none"> SyPMO Board Highlight Report November 2025 <p>NEL FPG Outcome Letters:</p> <ul style="list-style-type: none"> 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. Cefazolin intravenous treatment for Methicillin-Sensitive Staphylococcus aureus (MSSA). Formulary harmonisation NEL Community Anticoagulation Service: Management of Excursions from Target INR Range in Patients taking Warfarin NEL CYP Asthma guidelines updated to include licensed Symbicort Turbohaler 100/6 for use as Maintenance and Reliever Therapy (MART) in children aged 6–11 years Preferred Direct Oral Anticoagulant (DOAC) for prevention of stroke and systemic embolism in adults with non-valvular AF (NVAf or VTE): position statement. Direct Oral Anticoagulant (DOAC) initiation and monitoring guidance template in Non-Valvular Atrial Fibrillation (NVAf) - update Trifarotene (Akliel®) for the treatment of acne vulgaris of the face and trunk Wet age-related macular degeneration (AMD) NEL High-Cost Drug Pathway Aflibercept 8mg (Eylea®) for wet-age related macular oedema application Aflibercept 2mg biosimilar (Vgenfli® brand) NEL high-cost drugs treatment pathway for wet age-related macular degeneration and implementation of aflibercept 2mg biosimilar TA1101 Garadacimab for preventing recurrent attacks of hereditary angioedema in people 12 years and over <p>Noted.</p>
22.	Finalised Minutes – October 2025
23.	Any Other Business
Time & date of next FPG meeting: 12:30 – 15:00pm, Tuesday 3rd February 2026 via MS Teams	