

**North East London Formulary and Pathways Group (FPG)**

**Tuesday 14<sup>th</sup> April 2026 at 12.30pm via MS Teams**

**Meeting Chair: Dr Gurvinder Rull**

Minutes

| Attendance – part 1             | Attendance – part 2 | Name                | Initials | Designation   | Organisation |
|---------------------------------|---------------------|---------------------|----------|---|--------------|
| <b>Clinical Representatives</b> |                     |                     |          |   |              |
| <b>Present</b>                  | <b>Present</b>      | 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      |
| <b>Present</b>                  | <b>Present</b>      | 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<br>Consultant Haematologist and Responsible Officer | BHRUT        |
| Absent                          | Absent              | John McAuley        | JM       | Consultant Neurologist, Drugs & Therapeutic Committee Chair   | BHRUT        |
| <b>Present</b>                  | <b>Present</b>      | John Booth          | JB       | Consultant Nephrologist   | BH           |
| <b>Trust Pharmacist</b>         |                     |                     |          |   |              |
| <b>Present</b>                  | <b>Present</b>      | Jaymi Teli          | JT       | Lead Formulary & Pathways Pharmacist  | BH           |
| <b>Present</b>                  | <b>Present</b>      | Farrah Asghar       | FA       | Lead Clinical Pharmacist, Medicines Commissioning & Pathways  | BH           |
| <b>Present</b>                  | <b>Present</b>      | Maruf Ahmed         | MA       | Formulary Pharmacy Technician   | BH           |
| <b>Present</b>                  | <b>Present</b>      | Chloe Benn          | CB       | Lead Women’s & Children’s Consultant Pharmacist (NMP representative)  | BH           |
| Absent                          | Absent              | Abu Baker Eltayeb   | AE       | Clinical Pharmacology IMT Resident Doctor   | BH           |
| <b>Present</b>                  | <b>Present</b>      | James Steckelmacher | JS       | Speciality Registrar in Clinical Pharmacology & Therapeutics  | BH           |
| <b>Present</b>                  | <b>Present</b>      | Shahid Bukhari      | SB       | Speciality Registrar in Clinical Pharmacology & Therapeutics  | BH           |
| Absent                          | Absent              | Dinesh Gupta        | DG       | Assistant Chief Pharmacist, Clinical Service  | BHRUT        |
| <b>Present</b>                  | <b>Present</b>      | Tomisin Antwi       | TA       | Formulary & Medicines Information Pharmacist  | BHRUT        |
| Absent                          | Absent              | Iola Williams       | IW       | Chief Pharmacist  | HHFT         |

|   |                |                                     |       |  |         |
|---|----------------|-------------------------------------|-------|--|---------|
| Absent  | Absent         | Silvie Cunderlikova                 | SC    | Pharmacy Digital Solutions Manager (Interim formulary support)   | HHFT    |
| Absent  | Absent         | Nuhu Yaroson                        | NY    | Clinical Commissioning Pharmacist  | BH      |
| Absent  | Absent         | Kamaljit Takhar                     | KT    | Associate Director of Pharmacy - Quality & Safety  | NELFT   |
| Apologies   | Apologies      | Dupe Fagbenro                       | DF    | Deputy Chief Pharmacist (London Services)  | ELFT    |
| Absent  | Absent         | Jack Ross                           | JR    | Consultant Physician and Clinical Pharmacologist   | BH      |
| <b>Present</b>  | <b>Present</b> | Annabel Ikwuakolam                  | AI    | Lead Neighbourhood Mental Health / Formulary Pharmacist  | ELFT    |
| <b>Present</b>  | <b>Present</b> | Patricia Emumwen                    | PE    | Formulary and Governance Pharmacist  | NELFT   |
| <b>NEL Pharmacy &amp; Medicines Optimisation Team's Representatives</b> |                |                                     |       |  |         |
| <b>Present</b>  | <b>Present</b> | Belinda Krishek                     | BK    | Deputy Director of Medicines Optimisation  | NHS NEL |
| <b>Present</b>  | <b>Present</b> | Denise Baker                        | DB    | Senior Administrative Officer, Medicines Optimisation  | NHS NEL |
| <b>Present</b>  | <b>Present</b> | Ann Chan                            | AC    | Formulary Pharmacist   | NHS NEL |
| <b>Present</b>  | <b>Present</b> | Nicola Fox                          | NF    | Commissioning & Contracting Senior Pharmacy Technician   | NHS NEL |
| <b>Present</b>  | <b>Present</b> | Kalpna Bhudia                       | KB    | Formulary Pharmacist   | NHS NEL |
| <b>Present</b>  | <b>Present</b> | Anh Vu                              | AV    | Commissioning and Contracting Pharmacist   | NHS NEL |
| <b>Present</b>  | <b>Present</b> | Natalie Whitworth                   | NW    | Head of Medicines Commissioning and Transformation   | NHS NEL |
| <b>Present</b>  | <b>Present</b> | Sanjay Patel                        | SP    | Head of Medicines Optimisation   | NHS NEL |
| <b>Other Representatives</b>  |                |                                     |       |  |         |
| Apologies   | Apologies      | Dalveer Singh Johal                 | DJ    | Chief Operating Officer  | NEL LPC |
| Apologies   | Apologies      | Yasmine Korimbux                    | YK    | Head of Medicines Optimisation – Place Based Partnerships  | NHS NEL |
| <b>Present</b>  | <b>Present</b> | Anudeep Riyat or Annett Blochberger | AR/AB | Deputy Chief Pharmacist, Specialised Commissioning (NEL ICB link pharmacist) or Chief Pharmacist, Specialist Commissioning (London Region) | NHSE    |
| <b>Guests – part 1 of the meeting only</b>                              |                |                                     |       |  |         |
| <b>Present</b>  | Essam El Mahdi |                                     | EE    | Speciality Doctor in Obstetrics and Gynaecology  | BH      |
| <b>Present</b>  | Lekha Shah     |                                     | LS    | Women & Children's Pharmacist  | BH      |
| <b>Present</b>  | Nikita Thanki  |                                     | NT    | Highly Specialist Women & Children's Pharmacist  | BH      |

**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)**

| <b>PART ONE</b> |   |
|-----------------|---|
| No.             | Agenda item and minute  |
| <b>1.</b>       | <b>Quoracy check</b>  |
|                 | It was noted that GP representation was not available for the meeting due to the ongoing restructure of the ICB and therefore primary care agenda items had been removed from the agenda for submission at a later date.  |
| <b>2.</b>       | <b>Welcome, introduction and apologies</b>  |
|                 | <p>The Chair welcomed all to the meeting and apologies were noted as above.</p> <p>The Chair shared the following with the group:</p> <ul style="list-style-type: none"> <li>• Dr Belinda Krishek, Deputy Director of Medicines Optimisation, Medicines Pathways and Commissioning and NEL FPG Deputy Co- Chair, would be leaving the ICB in April 2026, and a huge thank you for her contributions and hard work for NEL FPG and across the system was extended.</li> <li>• Mohammed Kanji, (NEL ICB) had now left his role at the ICB, with his last NEL FPG meeting having been in March 2026. A thank you to Mohammed was noted for his valued contributions as a NEL FPG member.</li> <li>• Dr Mehul Mathukia and Dr Ruth Crowley would no longer be supporting the NEL FPG and would not attend today's meeting. A thank you for their valuable contributions as members of the group was noted.</li> </ul> |
| <b>3.</b>       | <b>Declarations of interest from members and presenters</b>   |
|                 | 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.  |
| <b>4.</b>       | <b>Letrozole tablets (off-label use) for ovarian stimulation for anovulatory subfertile women desirous of conception, including women with polycystic ovary syndrome</b>  |
|                 | <b>Declarations of interest:</b> Nil declared.  |

The slides were presented to support the formulary application for letrozole tablets in subfertility, particularly for ovulation induction in women with Polycystic Ovary Syndrome (PCOS) who have not responded to clomifene citrate which was the current available first line treatment.

It was explained that letrozole is proposed as an alternative/second line 'off-label' option to clomifene and has been shown to have the following advantages:

- Higher pregnancy and live birth rates
- Lower multiple pregnancy and miscarriage rates
- A safer more cost-effective option which could reduce the need for expensive IVF treatment

This off-label indication is supported by a large evidence base and is used by other provider trusts in London and nationally. It is also recommended by the Royal College of Obstetricians and Gynaecologists as first line.

The group noted some confusion regarding the treatment pathway included within the submission. Further clarity was requested regarding pathway positioning including, circumstances where letrozole may be used as an alternative to, or instead of clomifene, based on prior response, tolerance and clinical judgement

It was agreed that the following additional information would be required to support a re-submission of the application to a future meeting:

- Treatment pathway algorithm to be revised to clearly describe scenarios where letrozole may be used, including:
  - Its use as a first line treatment option, and whether this would be due to prior clomifene use, including poor response, side effects, multiple pregnancies or miscarriage
  - Explicit patient cohorts, for example, whether PCOS or non-PCOS treatment
  - Clarification is needed on the total number of drug cycles. The pathway was unclear and could mean either 6 cycles in total for both drug lines or 6 cycles per drug, so the permitted amount is uncertain.
- To include patient consent which should provide information relating to letrozole being used as an 'off-label' treatment
- To reflect in the application the activity changes that could occur and the subsequent impact on patient numbers requiring treatments
- To produce/share a patient information leaflet which provides wording explaining 'off-label' use of letrozole for fertility treatment
- Confirmation that the treatment pathway had been shared and agreed across all relevant NEL Trusts to ensure equity.

Whilst the above information was awaited, the group agreed that current local practice could continue and Chair's Action approval could be requested as an interim measure, on a monthly basis

**Outcome:** Not approved, with the above actions completed before re-submission at a future meeting.

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|-----------|---|
|           | Decision for ratification by the NEL System Prescribing and Medicines Optimisation (SyPMO) Board.   |
| <b>5.</b> | <b>CoaguChek XS PT test strips and CoaguChek XS PT Test PST test strips for patients self-testing INR</b>   |
|           | This item was deferred due to GP representation not being available to support discussion regarding this primary care submission.   |
| <b>6.</b> | <b>Minutes</b>  |
|           | The minutes of the previous meeting (March 2026) were reviewed and approved. The redacted minutes from February 2026 were also approved.  |
| <b>7.</b> | <b>Matters Arising</b>  |
|           | <p><u>FPG action log</u><br/>An update regarding the following actions was provided:</p> <p>202507_11 - NICE TA updates - the BHRUT neurology pharmacist had drafted a short application form for the formulary status change of cenobamate from Red to Amber, in line with NICE TA753. A prescribing support factsheet is being developed. However, patient numbers from the Royal London Hospital were awaited and a lead consultant for epilepsy was yet to be identified to support the work. <b>In progress - Noted.</b></p> <p>202602_04 – Ibuprofen injection formulary harmonisation – BH would share the final draft of their SOP with BHRUT for their feedback and a final version would be submitted to the FPG for information under ‘matters arising’. <b>In progress – Noted.</b></p> <p>202603_03 - Atogepant and Rimegepant for migraine treatment and prophylaxis: proposed formulary status change – TA confirmed that a hospital discount scheme was not available. <b>Completed.</b></p> <p>202603_04 - BHRUT Shared care guidelines – Extended expiry dates for each shared care guideline considered at the meeting had been confirmed and feedback received following FPG comments. <b>Completed.</b></p> <p>202603_05 - Biosimilar updates had been added as a standing agenda item. <b>Completed.</b></p> <p><u>Dupilumab for treating severe chronic rhinosinusitis with nasal polyps (TA1134) NHSE Commissioned</u> – Patient numbers for BH were confirmed. Possibly also being used at HHFT, potentially through shared care arrangements with the BH MDT, however, representation from HHFT was not present to confirm local pathway. Uncertainty remained regarding access to treatment, whether via ENT or specialist allergy team. It was confirmed that information was being gathered to review service access nationally. The group were advised that information advising of ICS-level implementation would be shared.</p> <p><b>Outcome:</b> Approved with the request for updates regarding availability of treatment at national and local levels to be shared at a future FPG meeting.</p> |

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|                                | <p><u>Local pathways that include medicines: Supportive Information for Provider Trusts and Primary Care Clinical Leads</u> – The document had been updated to include a flowchart to support the development of local/ place-based pathways that include medicines. The group requested that a brief definition/asterisk is added to the pathway to explain the context of 'local Place'</p> <p><b>Outcome:</b> Approved subject to amendment.</p> <p><u>Position statement: Preferred SGLT2i for the treatment of type 2 diabetes mellitus, chronic kidney disease and chronic heart failure</u> – It was noted that licensing varied between manufacturers for the treatment of CKD and therefore wording within the document had been amended to align with product licensing; reference to 'switching' of medications had also been removed.</p> <p><b>Outcome:</b> Approved</p> <p><u>Items which should not be routinely prescribed in primary care in North East London</u> – The amendments to the document had been highlighted in yellow and these were outlined to the group. Hyperlinks had been added.</p> <p><b>Outcome:</b> Approved</p> <p>All decisions for ratification by the SyPMO Board.</p> |
| <b>Formulary Harmonisation</b> |  |
| 8.                             | <p><b>Travoprost 0.004% PF Eye Drops for reduction of elevated intraocular pressure in:</b></p> <ol style="list-style-type: none"> <li>1. <b>Open-angle glaucoma (OAG)</b></li> <li>2. <b>Ocular hypertension (OHT)</b></li> </ol> <p><b>(including paediatric patients from 2 months of age)</b></p>  |
|                                | <p>The request for travoprost 0.004% preservative free (PF) formulation eye drops to be added to the NEL formulary was explained as a cost-effective alternative option to Monopost (latanoprost) preservative free eye drops, when prostaglandin therapy was required. It was noted that travoprost eye drops containing preservatives were already on the NEL formulary for BH, and that the application supported the harmonisation and equity of treatments across NEL as travoprost PF were already available on the BHRUT formulary.</p> <p><b>Outcome:</b> Approved<br/><b>Formulary status:</b> Amber 2</p> <p>Decision for ratification by the SyPMO Board.</p>   |
| 9.                             | <p><b>Losartan/Hydrochlorothiazide single pill combination tablet for hypertension</b></p>   |

It was outlined to the group that the proposal would support formulary harmonisation of available antihypertensive treatments across NEL. While this medicine is currently Green at BH, it is non-formulary or has an unspecified formulary status across the rest of NEL. It was also noted that adding the losartan/hydrochlorothiazide combination tablet would support a safe transition for patients currently prescribed Sevikar HCT (olmesartan/amlodipine/hydrochlorothiazide), which is being discontinued. The application noted that using losartan/hydrochlorothiazide plus amlodipine would result in significant cost savings compared with Sevikar HCT due to lower acquisition costs.

**Outcome:** Approved  
Formulary status: Green

Decision for ratification by the SyPMO Board.

**Updated Guidelines - Nil**

**10. NEL Free of Charge (FOC) Schemes Guidance – Applications, Checklist and Consent Template**

The content of the guidance was outlined to the group and it was confirmed that information had been based on the NHSE guidance and previous policies within North Central London ICB, BH and BHRUT. Feedback had been received from stakeholders within NEL and relevant feedback had been incorporated into the final NEL version.

**Outcome:** Approved with a 3-year review date agreed.

Decision for ratification by the SyPMO Board.

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

ICB Commissioned:

| <b>NICE Technology Appraisal</b>   | <b>Outcome</b>                  | <b>Formulary status</b>                 |
|--|---------------------------------|---|
| NICE TA1140 - Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over. <b>Implementation date – 15/06/26</b>                                       | Agreed for local implementation | Red, Hospital only (BH, BHRUT and HHFT) |
| NICE TA1142 - Dupilumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils. <b>Implementation date - 24/06/26</b> | Agreed for local implementation | Red, Hospital only. BH, BHRUT and HHFT  |

NHSE commissioned: Nil

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|            | Decision for ratification by the SyPMO Board.  |
| <b>12.</b> | <b>NICE TAs/ NHSE commissioned policies for discussion - Nil</b>   |
| <b>13.</b> | <b>NHSE Circulars</b>  |
|            | <ul style="list-style-type: none"> <li>• SSC2936 NICE Technology Appraisal Final Draft Guidance: Obinutuzumab with mycophenolate mofetil for treating lupus nephritis</li> <li>• SSC2944 NICE Technology Appraisal Final Draft Guidance: Dupilumab for treating severe chronic rhinosinusitis with nasal polyps.</li> <li>• SC2933 NHS England Clinical Commissioning Policy: Human normal immunoglobulin for preventative treatment of Idiopathic Systemic Capillary Leak Syndrome following an acute episode (adults) [2270]</li> <li>• SSC2941 Agreed ST Elevation Myocardial Infarction (STEMI) Referral and Acceptance Criteria – Best Practice Recommendations</li> <li>• SSC2940 NICE Technology Appraisal Guidance: Natalizumab (originator and biosimilar) for treating highly active relapsing–remitting multiple sclerosis after disease-modifying therapy</li> <li>• SSC2954 End of 2025-26 Respiratory Syncytial Virus (RSV) season and cessation of access to nirsevimab passive immunisation against RSV in at risk infants</li> <li>• SSC2960 – not for routine commissioning NICE Highly Specialised Technology (HST) 34: Cerliponase alfa for treating neuronal ceroid lipofuscinosis type 2 (CLN2), a rare and life-limiting form of Batten disease</li> <li>• SSC2958 NICE Appraisals, published in February 2026, which are due to be commissioned in May 2026</li> <li>• SSC2949 NICE Technology Appraisal Final Draft Guidance: Pegzilarginase for treating arginase-1 deficiency in people 2 years and over</li> <li>• SSC2047 Artificial Intelligence (AI) for identification of patients suitable for Mechanical Thrombectomy – Funding Transfer to ICB's</li> <li>• SSC2966 NHS Payment Scheme Annex A: Removing selected drugs from NHS England High-Cost Drugs list 2026/27</li> <li>• SSC2964 NICE Appraisals, published in March 2026, which are due to be commissioned in May and June 2026.</li> </ul> <p><b>Noted.</b></p> |
| <b>14.</b> | <b>Commissioning update</b>  |
|            | <ul style="list-style-type: none"> <li>• <b>ICB</b></li> </ul> <p>The group were advised that the Blueteq forms required for the five High-Cost Drugs (HCD) commissioned by the ICB were moving into tariff (April 2026) as part of the approved NHS payment scheme 2026/27, would continue for at least the next three months, whilst governance processes were discussed.</p> <p>Decision for ratification by the SyPMO Board.</p> <ul style="list-style-type: none"> <li>• <b>NHSE</b></li> </ul> <p>It was confirmed that NHSE would be updating policies accordingly to indicate that no prior approval forms would be required nationally for the five HCDs referred to above. However, Blueteq completion would still be required for medicines for children for any drugs commissioned by NHSE that have moved into tariff.</p>  |

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|            | <b>Noted.</b>   |
| <b>15.</b> | <b>Biosimilar Update – Nil</b>  |
| <b>16.</b> | <b>Formulary Working Group – electronic formulary update</b>  |
|            | <b>Amber 1 and Amber 2 alignment as part of the ‘Standardisation of RAG rating definitions for formularies across London’</b><br>This item requires primary care input and was therefore deferred due to GP representation not being available for the meeting.   |
| <b>17.</b> | <b>Equality – Monitoring of usage and outcomes</b> (Nil at present)   |
| <b>18.</b> | <b>Papers from committee reporting into the FPG:</b> <ul style="list-style-type: none"> <li>BH Cancer Drugs &amp; Therapeutic Committee minutes– Nil</li> </ul>   |
| <b>19.</b> | <b>Local Medicines Optimisation group updates:</b> <ul style="list-style-type: none"> <li>BH Summary of Chairs Actions – February 2026</li> <li>BHRUT MOG Minutes – January 2026</li> <li>Homerton Medicines Committee – Nil</li> <li>Homerton Summary of Chairs Actions – Nil</li> <li>ELFT – Nil</li> <li>NELFT - Nil</li> </ul> <b>Noted.</b>  |
| <b>20.</b> | <b>NEL FPG recommendations ratified at SyPMO Board</b> <ul style="list-style-type: none"> <li>SyPMO Board Highlight Report March 2026</li> </ul> <b>NEL FPG Outcome Letters:</b> <ul style="list-style-type: none"> <li>TA1134 - Dupilumab for treating severe chronic rhinosinusitis with nasal polyps</li> <li>TA1131 - Obinutuzumab with mycophenolate mofetil for treating lupus nephritis (BH only)</li> <li>TA1128 - Targeted-release budesonide for treating primary IgA nephropathy (update to TA937)</li> <li>Positions Statement: Preferred sodium-glucose cotransporter-2 inhibitors (SGLT2i) for the treatment of type 2 diabetes mellitus (T2DM), Chronic Kidney Disease (CKD) and Chronic Heart Failure (CHF)</li> <li>Tofersen (Qalsody) for the treatment of SOD-1 Motor Neurone Disease Early Access Programme</li> <li>OPAT Elastomeric devices at NUH site (Barts Health NHS Trust)</li> <li>Intravenous dexmedetomidine for anaesthesia/sedation in adult and paediatric theatres across NEL</li> <li>ADHD medicines (Methylphenidate, Lisdexamfetamine, Dexamfetamine, Atomoxetine and Guanfacine) - change of formulary status from Amber 3 (historic purple) to Amber 2 in adult patients</li> </ul> |

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|------------|---|
|            | <ul style="list-style-type: none"> <li>• BHRUT Shared Care Guidelines for extension: <ul style="list-style-type: none"> <li>○ Cinacalcet</li> <li>○ Degarelix</li> <li>○ Enoxaparin</li> <li>○ Methotrexate</li> <li>○ Apomorphine</li> <li>○ DMARDs for Rheumatoid Arthritis</li> </ul> </li> </ul> <p><b>Noted.</b></p> |
| <b>21.</b> | <b>Finalised Minutes</b> – February 2026  |
| <b>22.</b> | <p><b>Any Other Business</b></p> <p><u>CAS alert:</u> Urgent Public Health Message – Outbreak of Invasive Meningococcal Disease, South East England</p> <p><b>Noted.</b></p>  |
|            | Time & date of next FPG meeting: <b>12:30 – 15:00pm, Tuesday 12<sup>th</sup> May 2026 via MS Teams</b>  |