NHS
North East London

North East London Formulary and Pathways Group (FPG)

Tuesday 2nd June 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
Present	**Present**	Nishani Jayasooriya	NJ	Consultant Gastroenterologist, Medicines Committee Chair	HHFT
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	Apologies	John Booth	JB	Consultant Nephrologist	BH
Absent	Absent	Jack Ross	JR	Consultant Physician and Clinical Pharmacologist	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 (NMP representative)	BH
Present	**Present**	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Present	**Present**	Tomisin Antwi	TA	Formulary & Medicines Information Pharmacist	BHRUT
Present	Apologies	Uma Horton	UH	Lead Pharmacist - Commissioning	BHRUT
Absent	Absent	Darren Martin	DM	Head Pharmacist Operational Services	BHRUT
Absent	Absent	Iola Williams	IW	Chief Pharmacist	HHFT
Present	**Present**	Silvie Cunderlikova	SC	Pharmacy Digital Solutions Manager (Interim formulary support)	HHFT
Present	**Present**	David Zhang	DZ	Lead Pharmacist for Medicines Information and Formulary and Pathways	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
Apologies	Apologies	Annabel Ikwuakolam	AI	Lead Neighbourhood Mental Health / Formulary Pharmacist	ELFT
Absent	Absent	Patricia Emumwen	PE	Formulary and Governance Pharmacist	NELFT
NEL Medicines & Pharmacy Team Representatives					
Present	**Present**	Denise Baker	DB	Medicines and Pharmacy Partnerships and Integration Officer	NHS NEL
Present	**Present**	Ann Chan	AC	Senior Pharmacist, Formulary	NHS NEL
Present	**Present**	Nicola Fox	NF	Senior Pharmacy Technician – Strategic Medicines Value	NHS NEL
Present	**Present**	Kalpna Bhudia	KB	Senior Pharmacist, Formulary	NHS NEL
Present	**Present**	Anh Vu	AV	Lead Pharmacist Strategic Medicines Value	NHS NEL
Present	**Present**	Natalie Whitworth	NW	Head of Medicines & Pharmacy Commissioning: Planned Care, Specialist, Acute & Maternity Care	NHS NEL
Present	**Present**	Sanjay Patel	SP	Head of Strategic Medicines Value	NHS NEL
Other Representatives					
Present	**Present**	Dalveer Singh Johal	DJ	Chief Operating Officer	NEL LPC
Present	**Present**	Yasmine Korimbux	YK	Head of Pharmacy and Medicines Partnerships & Integration	NHS NEL
Present	**Present**	Annette Blochberger	AB	Chief Pharmacist, Specialist Commissioning (London Region)	NHSE
Present	**Present**	Bishakha Chowdhury	BC	Director of Primary Care, Barking, Dagenham and Havering	LMC
Present	**Present**	Shabnam Quraishi	SQ	Associate Medical Director, London wide	LMC
Absent	Absent	Abu Baker Eltayeb	AE	Clinical Pharmacology IMT Resident Doctor	BH
Absent	Absent	James Steckelmacher	JS	Speciality Registrar in Clinical Pharmacology & Therapeutics	BH
Absent	Absent	Shahid Bukhari	SB	Speciality Registrar in Clinical Pharmacology & Therapeutics	BH
Guests – part 1 of the meeting only					
Present	Tiba Hikmat (4)		TH	Highly Specialist Antimicrobial Pharmacist	BH
Present	Lisa Boateng (4)		LB	Trust Lead Antimicrobial Pharmacist	BH
Present	Geet Sarodey (5)		GS	Women's Health Specialist	BH
Present	Mohammed Abou Daya (5)		MD	Lead Pharmacist - Women and Children	BH
Present	Angela Pakozdi (7)		AP	Consultant Rheumatologist	BH
Present	Deep Haria (7)		DH	Specialist Pharmacist, Rheumatology	BH
Present	Usha Hawker (7)		UH	Lead Pharmacist for Specialist Medicine	BH

Present	Uzma Shaikh (8)	US	Senior Medicines Optimisation Pharmacist, Medicines Value	NHS NEL
Present	Jennifer Waterfield (9)	JW	Senior Medicines Optimisation Pharmacist	NHS NEL
Present	Bobby Sandhu (9)	BS	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)
Local Medical Committee (LMC)

PART ONE	
No.	Agenda item and minute
1.	**Quoracy check**
	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 would require a further detailed discussion at the NEL System Prescribing and Medicines Optimisation (SyPMO) Board for a decision.
2.	**Welcome, introduction and apologies**
	Apologies as above were noted. The Chair welcomed all to the meeting and introduced the new members to the group. The Chair thanked Natalie Whitworth for her support to the NEL FPG as she would be moving to her new role as Head of Medicines & Pharmacy Commissioning: Planned Care, specialist, Acute & Maternity and would subsequently no longer attend the meetings as an FPG member.
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.	**Octenisan® wash mitts for the suppression of MRSA in patients who were unable to use Octenisan® wash lotion**
	Declarations of interest: Nil declared. The group were presented with the formulary request for Octenisan® wash mitts which were ready-to-use, pre-soaked topical application wash mitts to support MRSA suppression in the following patient cohorts: • Patients managed in emergency department (ED) corridors without access to bathroom facilities • Critically ill patients who cannot tolerate standard washing procedures • Patients in end-of-life care, where routine washing would cause unnecessary discomfort Octenisan® wash mitts should only be used in exceptional circumstances where patients are unable to undergo standard washing. Lead AMS Pharmacists at both BHRUT and HHFT and their respective infection departments had been consulted with regarding the application and had expressed support. The price of Octenisan® wash mitts was comparable to the cost of Octenisan® wash lotion. **Outcome:** Approved for all NEL Trusts. **Formulary status:** Red, Hospital only Decision for ratification by the NEL System Prescribing and Medicines Optimisation (SyPMO) Board.
5.	**NICE TA 1143 Fezolinetant for treating moderate to severe vasomotor symptoms associated with menopause**
	Declarations of interest: Nil declared. The requirements of NICE TA 1143 were outlined, explaining that the recommendation was fezolinetant to be made available as an alternative to HRT for patients who were suffering from moderate to severe vasomotor symptoms associated with menopause and were within the following patient groups: • HRT-contraindicated: people for whom HRT is contraindicated • HRT-caution: people for whom a medical risk assessment of a specific condition has concluded that the risk of HRT outweighs the benefit, for example in people with diabetes or heart disease • HRT-stopper: people who have had HRT but can no longer have it • HRT-averse: people who do not want to have HRT

	There was apprehension regarding initiation of treatment within primary care. Specific concerns included capacity within general practice, safety concerns due to potential inexperience in GP prescribing of fezolinetant, and the operational requirements of ongoing LFT monitoring and of the cohort of patients. NICE TA 1143 has recommended the following prescribing within the treatment pathway: • in primary care • in primary care with 'advice and guidance' from secondary care, and • in secondary care Following discussion, the group agreed that the requirements set out in NICE TA1143 should be implemented across NEL within the 90-day implementation deadline. The group requested that the pathway, including Advice and Guidance support for GP prescribing, be made available for GPs requiring specialist input for more complex patients, and that this is clearly communicated to GP practices. This should include sharing the NICE patient information sheet and guidance on use of the NHS e-Referral Service (e-RS). **Outcome:** Approved **Formulary status:** Green Decision for ratification by the SyPMO Board.
6.	**Budenofalk (budesonide) 4 mg suppositories for induction of remission of mild to moderate acute ulcerative proctitis in adults**
	Declarations of interest: Nil declared. The group were presented with the request for Budenofalk (budesonide) 4 mg suppositories for induction of remission of mild to moderate acute ulcerative proctitis in adults and the following information highlighted to the group: • Budenofalk is a topical therapy which is clinically appropriate as an effective treatment option for inducing remission in patients with the stated indication with remission rates of 70-80%. • Major side effects had not been identified from the initial study although some patients had experienced intolerance or had not responded to treatment • A potential cost saving was highlighted for HHFT

	• Formulary status to mirror that applied to prednisolone suppository and enema preparations which are comparable and currently used as an existing treatment for the same indication • An IBD helpline is already operational, enabling both GPs and patients to contact the specialist team for advice regarding medication adjustments or prescribing issues between clinic appointments The group considered the application and agreed that budesonide was comparable to prednisolone and an appropriate treatment option, with the potential for cost savings. **Outcome:** Approved **Formulary status:** Amber 1 Decision for ratification by the SyPMO Board.
7.	**Tocilizumab for Giant Cell Arteritis (application for extension of use beyond 52 weeks currently commissioned) (NICE)**
	Declarations of interest: Nil declared. Representatives presented the application for repeat courses of tocilizumab in Giant Cell Arteritis (GCA) patients experiencing relapse following the NICE approved 12-month course of treatment. NICE has approved tocilizumab for a 12 month period (funded by NHSE). Tocilizumab, when used with a tapering course of glucocorticoids (and when used alone after glucocorticoids), is recommended as an option for treating giant cell arteritis in adults, only if: • they have relapsing or refractory disease • they have not already had tocilizumab • tocilizumab is stopped after 1 year of uninterrupted treatment at most However, it was a highlighted that a small cohort of patients relapse after treatment has ceased and the proposal was to have the option to re-treat these patients with a further 12-month course of tocilizumab. It was noted that six patients had already received treatment via BH Chairs action and that all patients who were to be considered for the additional treatment course, would continue to be discussed and agreed at BH multi-disciplinary meetings which also included BHRUT patients who had been referred. It was also confirmed that patients receiving tocilizumab had regular four weekly blood monitoring within the rheumatology department to obtain both liver function and lipid profiles. The blood test results were then shared with the pharmacy team who arranged prescribing via homecare services; this process reassured the group that appropriate governance and safety mechanisms were in place. However, there were concerns raised regarding equity of treatment and commissioning responsibilities, as currently GCA treatment was nationally commissioned and considering repeat use of tocilizumab locally would create inequity across regions, if other areas did not offer the same access. AB suggested that this proposal should have been escalated to the Clinical Reference Group for national consideration.

	The group agreed that the proposal supported the clinical need and would be beneficial to the small cohort of patients highlighted within the application. However, apprehension remained regarding the equity of access and the possible Trust financial barriers that were yet to be considered. Therefore, the group deferred decision making until the following was available: • Production of a protocol to clearly state when a patient should be rechallenged with Tocilizumab and also to show where treatment with Methotrexate should be considered. A clear STOP date would also be required. • Reassurance that the application was requesting an additional 12 months treatment (total 24 months) as this was not clear from the application and amendment to wording would be required to ensure clarity • Initiate a discussion with the CRG (Clinical Reference Group at NHSE) to look at a national pathway for the specified patient cohort as there remained an issue around equity • Evidence of finance sign off from the BH Medicines Expenditure Committee. The committee acknowledged that year 1 costs were under the £50k threshold, however, year 2 and 3 costs far exceeded this. It was important that MEC are aware and sign off as this will be coming from divisional budgets. • A plan from the clinical team on how they will ensure the patients who remain on treatment post 1 year NICE will not be submitted to NHSE for payment **Outcome:** Not approved Decision for ratification by the SyPMO Board.
8.	**NEL Vitamin D Product Choice Guidance for Adults**
	Declarations of interest: Nil declared. The updated NEL Vitamin D Product Choice Guidance for Adults was presented and it was explained to the group that the document supported a consistent approach to prescribing across NEL, addressing health inequalities through consideration of diverse dietary needs, whilst promoting cost effective use of medicines. The following points were highlighted: • The guidance outlines first and second-line options for the treatment of vitamin D deficiency • Clearly recommends brand prescribing to reduce variation, avoid higher costs and minimise the dispensing of more expensive products and unlicensed specials • The document reflects NICE advice to consider dietary and allergen requirements which can be reliably addressed through brand prescribing • Informs of appropriate use of unlicensed products for vegan patients, (no licensed oral products are available that are suitable for vegan diets).

	• Links included within the guidance to additional supporting materials It was suggested that a generic statement should also be included within the guidance to highlight that the information was for new patients and for short-term treatment only; vitamin D maintenance should be via 'over the counter' (OTC) products and aligns to NHSE guidance. It was confirmed that messages to support appropriate vitamin D prescribing would be added to clinical systems and shared within newsletters. It was noted that the guidance was not relevant to paediatric prescribing and that a guideline specifically for children and young adults was being produced. The group agreed to the application, with a request that wording regarding unlicensed products and their use by exception is highlighted. It was also acknowledged that a consistent prescribing approach should be encouraged across both primary and secondary care. **Outcome:** Approved with the request that an annual review of the document to be undertaken within 12 months and an updated version to be submitted to the FPG. The review should include any available data on the prescribing of vitamin D products during the 12-month period within both primary and secondary care. **Formulary status:** Green Decision for ratification by the SyPMO Board.
9.	**CoaguChek XS PT test strips and CoaguChek XS PT Test PST test strips for patients self-testing INR**
	Declarations of interest: Nil declared. The application was presented which requested the addition of CoaguCheck test strips to the NEL formulary as Amber 1 status for self-testing of INR in selected patients (approved and trained by Community Anticoagulation Service (CAS) / Secondary Care Anticoagulation Service (SCAS) providers) on long term warfarin therapy for NVAF, mechanical heart valves or other indications where DOACs are not suitable. They are for use with the appropriate CoaguChek XS and CoaguChek INRange devices.The group were informed that a review of anticoagulation services (CAS) had highlighted a lack of consistent governance and clarity around INR self-testing within the NEL system. Data within NEL had shown that self-testing was already occurring and strips were being prescribed, often 'off formulary' which created variation and limited oversight. Therefore, it was suggested that if the test strips were added to formulary, prescribers would have clearer guidance and governance arrangements could be strengthened. The use of OptimiseRx messages would be available to ensure it is not used more widely than intended and would also highlight that only one pack of testing strips should be prescribed per patient, per year where appropriate; and any additional request would trigger a clinical review. A concern was raised regarding the process for providers to be informed of results and the possibility of incorrect readings being shared due to human error. It was confirmed that strict criteria would be set for patients to have access to self-monitoring and guidance has been produced.

	NICE states that there is evidence to suggest that warfarin control may be better in those who self-test. The CAS / SCAS identify patients who may be appropriate for self-testing and then train them and determine if / when they are competent to do so. The group requested sight of the guidance for consideration of the formulary application for testing strips. The guidance should outline the full patient selection criteria to ensure that the potential for manual reporting errors was minimised together with further clarity regarding the governance and monitoring framework. **Outcome:** Approved via Chair's action post meeting. **Formulary Status:** Amber 1 Decision for ratification by the SyPMO Board.
10.	**Minutes**
	The minutes of the previous meeting (May 2026) were reviewed and approved. The redacted minutes from April 2026 were also approved.
11.	**Matters Arising**
	FPG action log An update regarding the following action was provided: 202507_11 - NICE TA updates - the BHRUT neurology pharmacist had drafted a prescribing support factsheet and a short application form for the formulary status change of cenobamate from red to amber 2, in line with NICE TA753. Feedback had been received and a revised version following comments, was awaited. **In progress - Noted.**
Formulary Harmonisation	
12.	**Dexmedetomidine in critical care sedation (BHRUT and HH harmonisation – formulary at BH)**
	It was explained that dexmedetomidine was already on formulary for anaesthesia/sedation in hospital theatre use and the application was to request an extension of its availability as a sedation option for use within a critical care unit. BHRUT and HHFT wish to harmonise with BH where it is already formulary for this use. It was requested that all NEL Provider Trust sedation guidelines should be updated accordingly. **Outcome:** Approved **Formulary status:** Red, Hospital only (BHRUT and HH, already on formulary at BH) Decision for ratification by the SyPMO Board.
Updated Guidelines - Nil	

13. NEL Obesity Management Clinical Policy and Tirzepatide pre-filled pen – formulary status change notification

The group were advised that the updated NEL Obesity Management Clinical Policy had been ratified at the recent SyPMO Board and had subsequently been published. As previously informed tirzepatide was to be prescribed in primary care as part of QOF arrangements and the funding previously available to support a specialist service had been reallocated.

Concerns were raised regarding the increased burden on GPs to prescribe, and the lack of a pathway for those practices who had decided not to engage with the recommendation. It was highlighted that lack of clarity could result in fragmentation of care, affect the ability to manage complex patients, and increase safety and side-effect concerns. A lifestyle package to support weight loss would also be beneficial.

The group were advised that a letter was currently being drafted to the ICB regarding weight management services and an ICB representative at the meeting requested to be copied into the communication, as a lead for this area within the organisation. ICB representative would follow up with LMC colleagues outside of the FPG meeting.

Noted.

14. NICE TA approval and Horizon Scanning

ICB Commissioned:

NICE Technology Appraisal	Outcome	Formulary status
TA1140 - Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over (discussed in April) (Implementation date 15.06.26)	Agreed for local implementation	Red, Hospital only
TA1142 - Dupilumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils (discussed in April) (Implementation date 24.06.26)	Agreed for local implementation	Red, Hospital only
TA1143 - Fezolinetant for treating moderate to severe vasomotor symptoms associated with menopause (Implementation date 29.06.26) (item 5 on agenda)	Agreed for local implementation	Green

NHSE commissioned:

NICE Technology Appraisal	Outcome	Formulary status
TA1155 - Rozanolixizumab for treating antibody-positive generalised myasthenia gravis (implementation deadline 18th August 2026. Currently available by IMF. It was highlighted that NHSE had incorrectly advised that this TA would be for	Agreed for local implementation	Red, Hospital only (BH & BHRUT only)

	implementation in both primary and secondary care, this has now been corrected to secondary care only.,		

Noted.

15.	**NICE TAs/ NHSE commissioned policies for discussion** – as above
16.	**NHSE Circulars**

- SSC2980, NICE Technology Appraisal Final Draft Guidance: Rozanolixizumab for treating antibody-positive generalised myasthenia gravis. *(As per TA1155 above)*
- SSC2981, Clinical Commissioning Policy: Intravenous and subcutaneous C1-esterase inhibitor injections for routine prophylaxis of hereditary angioedema (HAE)
- SSC2994, NICE Technology Appraisal Final Draft Guidance: Sotatercept for treating pulmonary arterial hypertension *(No commissioned centres within NEL)*

- SSC2988, NICE Technology Appraisal Final Draft Guidance - Givinostat for treating Duchenne muscular dystrophy in people aged 6 years and over *(No commissioned centres within NEL)* – NHSE representative advised that the NHSE circular had subsequently been updated to include adults at Neurology centres and NorthStar clinical network centres. Therefore, an updated version was to be circulated and would be relevant for BH; the formulary to be updated accordingly.

Noted.

17.	**Commissioning update**

- **ICB**

The group were informed that the May Medicines Value Group Highlight report had advised that cost savings had been met or exceeded for 2025/26 by all NEL provider trusts.

It was also reported that an audit had been undertaken using Blueteq data to explore whether patient outcome data could be obtained from locally available data sources. There was detailed discussion on this topic at the Medicines Value Group. A draft proposal has been submitted for consideration by the relevant London group, with the aim of supporting a “do it once” approach to using locally available data to inform medicines value work for high-cost drugs. The group were advised that a further update would be provided once more information was available.

An update was also provided regarding the COVID Medicines Delivery Unit (CMDU) service which provided treatment and advice and was no longer provided by Waltham Forest FedNet having been transferred to BH from May 2026. Subsequently, there would be updates to the COVID 19 guidance document and BH colleague would revise the document in due course. It was requested that the COVID 19 treatment pathway also be amended to remove

	Sotrovimab which had been phased out as a COVID therapy. Colleagues within the Medicines and Pharmacy team would liaise regarding this matter and the request for an updated pathway be shared with both NELFT and primary care colleagues. **Noted.** • **NHSE** NHSE representative advised that they would liaise with colleagues to establish the update required for future FPG meetings. The group was informed that Clinical Commissioning policies (positive and negative) would remain on the NHSE website but would no longer be updated; legacy policies would remain accessible via their clinical sections. **Noted.**
18.	**Biosimilar Update** – Nil
19.	**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 the details of the latest list of amber stated drugs that had been reviewed with the amber 1 and 2 classification was shared. Collaboration across NEL had supported the re-classification process which had also included considering other London status positions for the same drug, clinical practice, and any available prescribing data. The spreadsheet outlined the suggested status amendments for the current areas being considered and the following highlighted: • Sertraline 100mg/5ml oral solution – Green status (oral sertraline tabs and sertraline 50mg/5ml suspension are already Green therefor aligning all formulations) • Phenelzine oral tablet – Non-formulary status but existing patients to continue where appropriate, no new patients to be initiated • Melperone – Change to Non-formulary status with existing patients to continue as of 18.03.26 where still appropriate (remains red) but no new patients to be initiated after this date (at the request of NELFT and ELFT). There was a discussion regarding the suggested status of Amber 2 for Risperidone and Haloperidol, as it was felt that some primary care prescribing already took place and should be Amber 1. Due to concerns raised by LMC colleagues it was agreed that the formulary status for haloperidol and risperidone should remain Amber 2 but wording could be included to enable GP prescribing for patients in an emergency /crisis situation; members would liaise to agree appropriate wording with the ICB mental health workstream lead. **Outcome:** Approved

	Decision for ratification by the SyPMO Board.
20.	**Equality – Monitoring of usage and outcomes** (Nil at present)
21.	**Local Medicines Optimisation group updates**
	• BH Summary of Chairs Actions – April 2026 • BHRUT MOG Minutes - Nil • Homerton Medicines Committee - Nil • Homerton Summary of Chairs Actions – Nil • ELFT – Agenda and minutes – March and May 2026 • NELFT - Nil **Noted.**
22.	**NEL FPG recommendations ratified at SyPMO Board**
	• SyPMO Board Highlight Report May 2026 **Noted.**
23.	**Finalised Minutes** – April 2026
24.	**Any Other Business** Agenda items – The Chair emphasised the need to limit the number of agenda items per meeting to ensure that each item had sufficient time to enable discussion, questions and decision making.
	Time & date of next FPG meeting: **12:30 – 15:00pm, Tuesday 7th July 2026 via MS Teams**