NHS
North East London

North East London Formulary and Pathways Group (FPG)

Tuesday 12th May 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	Absent	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	**Present**	John McAuley	JM	Consultant Neurologist, Drugs & Therapeutic Committee Chair	BHRUT
Present	**Present**	John Booth	JB	Consultant Nephrologist	BH
Trust Pharmacist					
Present	**Present**	Jaymi Teli	JT	Lead Formulary & Pathways Pharmacist	BH
Present	**Present**	Farrah Asghar	FA	Lead Clinical Pharmacist, Medicines Commissioning & Pathways	BH
Present	**Present**	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Apologies	Apologies	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
Absent	Absent	James Steckelmacher	JS	Speciality Registrar in Clinical Pharmacology & Therapeutics	BH
Absent	Absent	Shahid Bukhari	SB	Speciality Registrar in Clinical Pharmacology & Therapeutics	BH
Absent	Absent	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Apologies	Apologies	Tomisin Antwi	TA	Formulary & Medicines Information Pharmacist	BHRUT
Present	**Present**	Uma Horton	UH	Lead Pharmacist - Commissioning	BHRUT
Present	**Present**	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**	Nuhu Yaroson	NY	Clinical Commissioning Pharmacist	BH
Absent	Absent	Kamaljit Takhar	KT	Associate Director of Pharmacy - Quality & Safety	NELFT
Absent	Absent	Dupe Fagbenro	DF	Deputy Chief Pharmacist (London Services)	ELFT
Present	**Present**	Jack Ross	JR	Consultant Physician and Clinical Pharmacologist	BH
Absent	**Present**	Annabel Ikwuakolam	AI	Lead Neighbourhood Mental Health / Formulary Pharmacist	ELFT
Present	**Present**	Patricia Emumwen	PE	Formulary and Governance Pharmacist	NELFT
NEL Pharmacy & Medicines Optimisation Team's Representatives					
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
Present	**Present**	Sanjay Patel	SP	Head of Medicines Optimisation	NHS NEL
Present	**Present**	Raliat Onatade	RO	Chief Pharmacist and Director of Medicines and Pharmacy	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**	Tina Teotia	TT	GP, Director of Primary Care Strategy, Barking & Dagenham LMC	BDH LMC
Present	**Present**	Anudeep Riyat	AR	Deputy Chief Pharmacist, Specialised Commissioning (NEL ICB link pharmacist)	NHSE
Guests – part 1 of the meeting only					
Present	Guy Lloyd (4)		GL	Clinical Cardiologist	BH
Present	Sanjeev Bhattacharyya (4)		SB	Consultant Cardiologist	BH
Present	Paul Wright (4)		PW	Cardiovascular Consultant 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)
Barking, Dagenham and Havering Local Medical Committee (BDH 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 had been removed from the agenda for submission at a later date.
2.	**Welcome, introduction and apologies**
	The Chair welcomed all to the meeting and apologies were noted as above. Dr Tina Teotia was welcomed to the group as LMC member for Barking, Dagenham and Havering.
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.	**Optison® 0.19mg/ml (containing perflutren containing microspheres of heat treated human albumin) for contrast use during echocardiography to enhance opacification of cardiac chambers at Barts Health only**
	Declarations of interest: Nil declared. The application for Optison®, a contrast agent for echocardiography, was presented which was being requested as an addition to formulary to replace Luminity®, the current agent that was being withdrawn from the UK market; it was confirmed that withdrawal was not due to a safety concern. The following key considerations were discussed: • Cost saving – the cost of Optison® is nearly equivalent to Luminity®, with a minor annual saving projected • Switching of contrast agents – this would not be expected to impact the patient cohort. It was clarified that an alternative contrast agent (Sonovue®) would not be used, as this represents a like for like switch, with both Luminity® and Optison® containing perflutren.

	• Stability – Optison® has a shorter post-agitation stability and is not licensed for intravenous infusion. However, this is not expected to impact practice, as it will be administered via bolus and prepared immediately prior to use. • Training – the dose volume of Optison® to be used is different to that of Luminity® therefore the current SOP for contrast use would be updated to reflect the changes in procedure, and company-led and peer to peer training would be made available. It was noted that use would be contained within the BH echocardiography department and not expanded for use at other sites. **Outcome:** Approved for BH only as a commissioned tertiary centre. **Formulary status:** Red, Hospital only (BH only) Decision for ratification by the NEL System Prescribing and Medicines Optimisation (SyPMO) Board.
5.	**CoaguChek XS PT test strips and CoaguChek XS PT Test PST test strips for patients self-testing INR**
	This item was deferred due to GP representation not being available to support discussion regarding this primary care submission.
6.	**Minutes**
	The minutes of the previous meeting (April 2026) were reviewed and approved. The redacted minutes from March 2026 were also approved.
7.	**Matters Arising**
	Single National Formulary (SNF) – an opportunity had been extended to NEL to participate in the early implementation and testing phase of the SNF. It was explained that two formulary categorisation options were to be considered as part of the initiative and the Chair, on behalf of the FPG, confirmed support to NEL participation in the process. It was noted that further clarification is required from the national team regarding the expected level of input from the early adopter sites. **Noted.** GP representation – the group were updated on the ongoing organisational and clinical leadership restructuring within the ICB and advised that there would be a delay in the availability of GP representation to FPG meetings. In the interim, it was agreed that primary care agenda items could continue to be considered at FPG meetings, but such items would require a more in-depth discussion to finalise a decision at SyPMO board. **Noted.** FPG action log An update was provided regarding the following actions:

	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 along with a prescribing support factsheet. Feedback was now awaited before further progression of this item. **In progress - Noted.** 202604_01 - Dupilumab for treating severe chronic rhinosinusitis with nasal polyps (TA1134) NHSE Commissioned - HHFT confirmed that treatment within the Trust was accessed via ENT with support from the BH specialist allergy multi-disciplinary team (MDT). It was confirmed that initial funding was provided through the Innovative Medicines Fund (IMF) and transition to routine commissioning thereafter. The specialised commissioning team will continue to reimburse the drug for this indication. It sits within specialist allergy service and as specialist allergy is a delegated service, responsibility will transfer to ICBs, who will be accountable for the service. Local care pathways will be determined by providers. It was also confirmed that access would continue via specialist allergy commissioned services and that coordination between ENT and allergy teams should continue locally. **Completed.** 202604_02 – Local Pathways that include medicines: supportive information for Provider Trusts and Primary Care Clinical Leads- To add a brief definition to explain the context of 'local Place'. **Completed.** 202604_03 - Dupilumab for maintenance treatment of uncontrolled Chronic Obstructive Pulmonary Disease (COPD) with raised blood eosinophils (TA1142). **Completed.** 202604_04 - Blueteq forms requirement for the 5 High-Cost Drugs commissioned by the ICB that have moved into tariff – The NetFormulary had been updated appropriately. **Completed** <u>TA1131 Obinutuzumab with mycophenolate mofetil for treating lupus nephritis (NHSE commissioned</u>) – the group were advised that following the implementation of the TA, funding for obinutuzumab would transfer from IMF to routine commissioning on 13.05.26. It was noted that whilst Nephrology and Rheumatology teams co-ordinated patient treatment, prescribing would continue to be initiated by the Nephrology team with administration in renal day unit. It was suggested that the development of a local pathway would be beneficial to outline and support the selection of the increasing number of available treatment options. **Noted.**
Formulary Harmonisation	
8.	**LAIS® allergoid tablets for severe allergic rhinitis not responding to conventional first line treatment (unlicensed)- HHFT harmonisation with BH**
	The request by HHFT to harmonise the use of LAIS® tablets was explained, which were already on formulary at BH to treat severe allergic rhinitis that was not responsive to the conventional first line treatment. However, there was a request for current usage to be confirmed and figures to be provided by both BH and HHFT to ensure that evidence supported the unlicensed use of LAIS® tablets. The group were advised that this treatment was not used at BHRUT and information relating to BH use was shared with the group.

	It was mentioned that BH had completed a product risk assessment to support unlicensed use of LAIS® tablets and highlighted that this should also be completed by HHFT. **Outcome:** Approved **Formulary status:** Red, Hospital only (HHFT, already on formulary at BH) Decision for ratification by the SyPMO Board.
Updated Guidelines - Nil	
9.	**Tirzepatide in weight loss – formulary status change notification** (including NEL Obesity Management Clinical Policy for information)
	It was explained that the NEL Obesity Management Clinical Policy was still to be finalised and had therefore not been shared with the group as part of the agenda. Although the initial plan had been to propose a change to the formulary status of tirzepatide for weight management, this request would be deferred until the approval of the NEL Obesity Management Clinical Policy. It was noted that the formulary status change from red to green was required to support the 2026-27 QOF obesity indicators and the move towards a primary care-led QOF funded weight management model. Therefore, GR suggested that the formulary status change notification for tirzepatide in weight management should be re-submitted with the approved NEL Obesity Management Clinical Policy, to a future FPG meeting. Post-meeting update The formulary status change for tirzepatide was subsequently approved via Chair's action, following approval of the NEL Obesity Management Clinical Policy. **Outcome:** Approved formulary status change **Formulary status:** Red to Green status Decision for ratification by the SyPMO Board
10.	**NICE TA approval and Horizon Scanning** ICB Commissioned: Nil NHSE commissioned: Nil

	The group were advised that, as part of a new process, NICE TAs would be included in the FPG agenda closer to their implementation dates to allow sufficient time for NEL provider trusts to submit the necessary implementation information. It was confirmed that where implementation dates occur prior to the presentation of a NICE TA to an FPG meeting, or where there is an urgent requirement, Chairs Action by own individual provider trust level should be considered as an interim measure. **Noted.**
11.	**NICE TAs/ NHSE commissioned policies for discussion** - Nil
12.	**NHSE Circulars** - Nil
13.	**Commissioning update**
	• **ICB** Shortage of biosimilar aflibercept (Vgenfli®) – the group were advised that national information was awaited regarding the shortage of Vgenfli® and it remained unclear if the reimbursement pricing scheme was to be deferred until stock stabilised. An update was expected at the NEL Medicines Value Group meeting scheduled later that day. **Noted.** • **NHSE** NHSE re-structure - the London region consultation was underway with the second round of voluntary redundancies being considered. The Specialised Commissioning Pharmacy team would be part of the Office of Pan ICB Commissioning (OPIC) and were awaiting confirmation of a hosting organisation. **Noted.**
14.	**Biosimilar Update** – Nil
15.	**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' This item requires primary care input and was therefore deferred due to GP representation not being available for the meeting.
16.	**Equality – Monitoring of usage and outcomes** (Nil at present)
17.	**Papers from committee reporting into the FPG:** • BH Cancer Drugs & Therapeutic Committee minutes– Nil
18.	**Local Medicines Optimisation group updates:**

	• BH Summary of Chairs Actions – March 2026 • BHRUT MOG Minutes – January, February, March 2026 • Homerton Medicines Committee – March and April • Homerton Summary of Chairs Actions – Nil • ELFT – Nil • NELFT - Nil **Noted.**
19.	**NEL FPG recommendations ratified at SyPMO Board**
	• SyPMO Board Highlight Report April 2026 **NEL FPG Outcome Letters:** • Losartan/Hydrochlorothiazide single pill combination for hypertension (formulary harmonisation) • NEL Free of Charge (FOC) Schemes Guidance – Applications, Checklist and Consent Template • TA1140 - Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over • TA1142 - Dupilumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils • Visutrax® (Travoprost) 0.004% preservative-free eye drops in the reduction of elevated intraocular pressure **Noted.**
20.	**Finalised Minutes** – March 2026
21.	**Any Other Business** <u>Dupilumab for maintenance treatment of uncontrolled COPD with raised blood eosinophils</u> It was confirmed that BHRUT patient numbers had been shared following the recent NICE TA 1142 for dupilumab and that the implementation process was now being considered; BHRUT to liaise with BH on the implementation and training. It was suggested that an integrated primary and secondary care COPD guideline which included the new biologics could be beneficial and it was acknowledged that colleagues were currently working on updating guidance. **Noted.** <u>Haemophilia treatments</u> - the following brands had been added to BH formulary under the NHSE Haemophilia Framework: • Cevenfacta®- recombinant coagulation Factor VIIa (rFVIIa)

	• Idelvion® is a factor IX and would be additional option in the treatment pathway for patients with haemophilia B • Novothirteen® - recombinant coagulation factor XIII (catridecacog) **Noted.**
	Time & date of next FPG meeting: **12:30 – 15:00pm, Tuesday 2nd June 2026 via MS Teams**