

Joint Formulary Committee (JFC): Minutes

Minutes from the meeting held on 21st March 2024

		Present	Apologies
Members			
Prof A Hingorani	NCL JFC Chair	✓	
Dr B Subel (Chair)	NCL JFC Vice Chair	✓	
Ms L Coughlan	NCL ICB, Deputy Chief Clinical Officer & ICS Chief Pharmacist	✓	
Ms W Spicer	RFL, Chief Pharmacist	✓	
Dr P Jasani	RFL, DTC Chair		✓
Dr K Boleti	RFL, DTC Chair		✓
Dr A Scourfield	UCLH, DTC Chair	✓	
Mr J Harchowal	UCLH, Chief Pharmacist		✓
Dr R Urquhart	UCLH, Divisional Clinical Director		✓
Dr K Tasopoulos	NMUH, DTC Chair	✓	
Ms A Stein	NMUH, Interim Chief Pharmacist		✓
Dr M Kelsey	WH, DTC Chair		✓
Mr S Richardson	WH, Chief Pharmacist	✓	
Dr S Ishaq	WH, Consultant Anaesthetist		✓
Dr A Worth	GOSH, DTC Chair		✓
Ms J Ballinger	GOSH, Chief Pharmacist		✓
Mr V Raman	RNOH, DTC Chair	✓	
Mr A Shah	RNOH, Chief Pharmacist	✓	
Prof A Tufail	MEH, DTC Chair		✓
Ms N Phul	MEH, Chief Pharmacist		✓
Ms K Delargy	BEH, Chief Pharmacist	✓	
Ms L Reeves	C&I, Chief Pharmacist		✓
Dr L Waters	CNWL, Consultant Physician in HIV	✓	
Ms R Clark	NCL ICB, Head of Medicines Management (Camden)	✓	
Mr P Gouldstone	NCL ICB, Head of Medicines Management (Enfield)	✓	
Ms E Mortty	NCL ICB, Interim Head of Medicines Management (Haringey)	✓	
Ms M Singh	NCL ICB, Head of Medicines Management (Barnet)	✓	
Mr A Dutt	NCL ICB, Head of Medicines Management (Islington)	✓	
Dr D Roberts	NCL ICB, Clinical Director (Islington)		✓
Attendees			
Ms S Sanghvi	IPMO Programme Team, JFC Principal Pharmacist	✓	
Ms S Amin	IPMO Programme Team, Lead Pharmacist	✓	
Ms S Maru	IPMO Programme Team, JFC Support Pharmacist	✓	
Ms K Leung	IPMO Programme Team, JFC Support Pharmacist	✓	
Ms M Butt	IPMO Programme Team, Director		✓
Mr G Grewal	RFL, Deputy Chief Pharmacist	✓	
Mr K Cahill	RFL, Deputy Chief Pharmacist		✓
Ms I Samuel	RFL, Formulary Pharmacist	✓	
Mr H Shahbakhti	RFL, Formulary Pharmacist		✓
Mr A Barron	UCLH, Principal Pharmacist	✓	
Mr S O'Callaghan	UCLH, Formulary Pharmacist		✓
Ms R Allen	UCLH, Clinical Commissioning Pharmacist	✓	
Ms H Thoong	GOSH, Formulary Pharmacist		✓

Mr D Sergian	MEH, Formulary Pharmacist	✓	
Mr G Purohit	RNOH, Formulary Pharmacist		✓
Ms S Ahmed	WH, Formulary Pharmacist		✓
Ms N Patel	NMUH, Formulary Pharmacist	✓	
Ms M Thacker	GOSH, Deputy Chief Pharmacist	✓	
Ms J Bloom	MEH, Associate Chief Pharmacist		✓
Ms H Weaver	NHSE, Specialised Commissioning Pharmacist (Observer)	✓	
Ms A Fakoya	NCL ICB, Contracts & Commissioning Pharmacist		✓
Ms EY Cheung	Deputy Head of Medicines Management, NCL ICB (Camden)		✓
Ms C Weaver	NCL ICB, Senior Prescribing Advisor (Camden)	✓	
Mr A Fazal	RFL, Clinical Commissioning Principal Pharmacist	✓	
Ms R Nijjar	Barts Health NHS Trust, Lead Clinical Cancer Pharmacist	✓	
Ms V Gnanakumaran	RFL, Senior Rotational Pharmacist (Observer)	✓	
Ms P Gudka	RFL, Renal Services and Community CKD Pharmacist (Observer)	✓	
Ms A Bathia	RNOH, Medicines Governance and Digital Medicines Principal Pharmacist (Observer)	✓	

1. Meeting attendees

Prof Hingorani welcomed members, observers, and applicants to the meeting (see above). The Committee thanked Paul Goldstone, Efa Mortty and Amalin Dutt (NCL ICB, Heads of Medicines Management) for their valuable contributions to the Committee over the years as they have stepped down from their posts. The Committee welcomed Kari Leung to her new role as JFC Secretariat.

2. Members' declaration of interests

The Declarations of Interests register for Committee members was included for information. No further interests were declared at the meeting.

3. Minutes of the last meeting

Minutes and abbreviated minutes of the February 2024 meeting were reviewed. Amendments to section 9.3: Formulary Decisions for Private Patients in Trusts were suggested to be made during the meeting. These will be reviewed and circulated for agreement offline.

4. Review of action tracker

Action tracker included for information. Closed actions have been updated on the tracker.

5. JFC outstanding items and work plan

These items were included for information only. Any questions should be directed to Ms Sanghvi.

6. Local DTC recommendations/minutes

DTC site	Month	Drug	Indication	JFC outcome
UCLH	February 2024	[MHRA EAMS] Dostarlimab†	In combination with carboplatin and paclitaxel for the management of dMMR/MSI-H primary advanced or metastatic endometrial cancer.	Decision: Approved Prescribing: Secondary care only Tariff status: N/A – MHRA EAMS Funding: N/A – MHRA EAMS Fact sheet or shared care required: N/A Additional information: N/A
UCLH	February 2024	IV Vasopressin	For management of persistent pulmonary hypertension of the newborn (PPHN) with systemic hypotension refractory to usual interventions.	Decision: Approved Prescribing: Secondary care only Tariff status: In tariff Funding: Trust Fact sheet or shared care required: N/A Additional information: N/A

UCLH	February 2024	[FOC Scheme] Regorafenib†	For recurrent or metastatic osteosarcoma in patients aged ≥ 2 years, after 1 or more lines of therapy, with adequate performance status, who were not suitable for chemotherapy and not eligible for enrolment into a clinical trial.	Decision: Approved Prescribing: Secondary care only Tariff status: N/A – FOC Scheme Funding: N/A – FOC Scheme Fact sheet or shared care required: N/A Additional information: N/A
UCLH	February 2024	IV Desmopressin	Bilateral inferior petrosal sinus sampling (BIPSS) while corticotropin-releasing hormone (CRH) is not available.	Decision: Approved Prescribing: Secondary care only Tariff status: In tariff Funding: Trust Fact sheet or shared care required: N/A Additional information: N/A
RFL	January 2024	Cabotegravir and Rilpivirine injections	HIV infection for a maximum of 3 doses.	Decision: Approved subject to clarification of position of NHSE commissioning once treatment is initiated Prescribing: Secondary care only Tariff status: Not routinely commissioned Funding: Internal trust funding until viral load undetectable then to be switched to NHSE commissioned therapy Fact sheet or shared care required: N/A Additional information: N/A
RFL	January 2024	Obinutuzumab*	SLE, ANCA vasculitis or nephrotic syndrome.	Decision: Approved subject to patient outcomes and update on clinical commissioning policy progress in 12 months Prescribing: Secondary care only Tariff status: Not routinely commissioned Funding: Trust Fact sheet or shared care required: N/A Additional information: N/A
UCLH	July 2022	Tocilizumab*	Giant cell arteritis – access beyond 12-month course.	Decision: Approved Prescribing: Secondary care only Tariff status: Not routinely commissioned Funding: Trust Fact sheet or shared care required: N/A Additional information: Approved clinically; deferred to High-Cost Drugs Panel for internal funding consideration

UCLH	March 2011	Rufinamide	Lennox-Gastaut Syndrome epilepsy in patients ≥ 4 years old.	<p>Decision: Approved – Re-ratified to specify age range</p> <p>Prescribing: Deferred to NCL SCG – secondary care only in interim for patients aged 4-16 years old until interface prescribing support in place.</p> <p>Tariff status: In tariff</p> <p>Funding: ICB/ Trust</p> <p>Fact sheet or shared care required: Deferred to NCL SCG</p> <p>Additional information: N/A</p>
------	------------	------------	--	---

*Subject to funding consideration; †The relevant commissioner should be notified in line with NCL Free of Charge scheme guidance. Approval is conditional on the provision of a free of charge scheme agreement and funding statement

8. Matters arising

8.1. NICE TA: Momelotinib for myelofibrosis

In July 2023, the NCL JFC approved the use of momelotinib via a free of charge scheme for ‘anaemic myelofibrosis patients in a last-line setting in patients in whom JAK-inhibitor use is limited by anaemia despite existing standard of care anaemia adjunctive therapies being used’. The Committee noted that a NICE TA for momelotinib for ‘myelofibrosis related splenomegaly or symptoms in adults with moderate to severe anaemia who have not had a JAK-inhibitor or have had ruxolitinib, only if they have intermediate-2 or high-risk myelofibrosis’ was published in March 2024. The Committee agreed that the NICE TA will supersede the JFC decision for the free of charge scheme for momelotinib. Trusts were requested to confirm with GSK that the free of charge supply of momelotinib will continue for any existing patients on treatment that do not meet the NICE criteria.

8.2. NICE TA implementation

The following updates on NICE TAs with interface considerations were provided to support formulary teams and Trust DTCs with implementation:

- Rimegepant for treating migraines (NICE TA919): A green prescribing status (primary or specialist care initiation) has been assigned for this NICE TA in consultation with neurology and headache specialists. A primary care headache pathway is being updated to include this treatment.
- Rimegepant for preventing migraines (NICE TA906): An amber prescribing status (specialist initiation, primary care continuation) has been assigned for this NICE TA in consultation with the shared care group and headache specialists. A primary care headache pathway is being updated to include this treatment.
- Daridorexant for treating long-term insomnia (NICE TA 922): A green prescribing status (for primary or specialist care initiation) has been assigned for this NICE TA in consultation with an NCL working group, and a primary care insomnia pathway is being developed to include this treatment.
- Tirzepatide for Type 2 diabetes (NICE TA924): An amber prescribing status (specialist initiation and primary care continuation) has been assigned for this NICE TA in consultation with the NCL diabetes network, noting that it is also suitable for initiation by primary care prescribers with a specialist interest in diabetes. The NCL Antihyperglycaemic Agents for Type 2 Diabetes Guideline is being updated to include this treatment.

The Committee noted that NICE TAs are currently endorsed by default by NCL JFC due to the legal obligation for medicines with a positive TA recommendation to be made available on the NHS. Discussion regarding implementation currently takes place at an individual organisation level (via DTCs or ICB) to support adoption onto a formulary. Implementation of NICE TAs is becoming increasingly complex and would benefit from a more pro-active, system-wide approach to ensure consistency and manage implementation issues early.

The Committee were supportive of the NCL ICB co-ordinating a workshop including representation from ICB Medicines Management teams, Trust formulary teams, JFC and the NTeD Working Group. The aim of the workshop would be to establish an appropriate system-wide process for NICE TA horizon scanning and implementation, as well as the appropriate level of reporting for NICE TAs into NCL JFC and the escalation criteria.

8.3. Appeal: Montelukast for urticaria (withdrawn)

An appeal for the use of montelukast for chronic urticaria was submitted for consideration by the JFC. The grounds for appeal were that:

- There was significant new information available requiring reconsideration of the evidence. The applicant stated that the British Association of Dermatology (BAD) guidelines published in 2021, after the 2015 JFC decision and 2020 NCL Guideline for the treatment of urticaria in adults, recommend the use of leukotriene receptor antagonists for this indication in combination with a four-fold dose of second-generation antihistamines. However, the DiLorenzo et al (2004) RCT reviewed by the JFC in 2015 compared montelukast with the standard dose of antihistamines.
- The original decision was based on inaccurate/incomplete information. The applicant stated that the systematic review by de Silva et al (2014) was more recent and robust compared to the DiLorenzo et al (2004) RCT reviewed by JFC in 2015.

The JFC secretariat reviewed the evidence base presented by the applicant included in the BAD guidelines and compared the use of montelukast with antihistamines to antihistamine monotherapy. This included studies by Akenroye et al (2018), Pacor et al (2001), Nettis et al (2006) and the systematic review by de Silva et al (2014). Following the review, the applicant agreed the evidence base was not strong enough for an appeal and withdrew the appeal.

The applicant noted that the current challenge faced by dermatologists is bridging the gap for patients on high dose antihistamines awaiting referral to immunologists for omalizumab. However it was noted that the NICE TA for omalizumab also permits prescribing by dermatology specialists and the dermatology team agreed to pursue this route to resolve the issue and reduce referral waits.

8.4. Varenicline PIL

In January 2024, the NCL JFC approved the use of unlicensed varenicline for smoking cessation pending development of a PIL. The RFL team adapted a patient information leaflet from the National Centre for Smoking Cessation and Therapy (NCSCT) for the use of unlicensed varenicline. The document will be signed-off via Chair's Action following minor amendments and circulated to formulary teams for local adaptation and implementation.

9. Medicine Reviews

Nil this month.

10. Free of Charge Scheme Audit Data

Following the NHSE publication of 'Free of charge (FOC) medicines schemes - national policy recommendations for local systems' in August 2023, the Committee agreed that a working group would review the recommendations and update the NCL Free of Charge Medicines Schemes Policy. The NCL action has been postponed until there was further feedback from RMOC about NHSE requirements for notification of FOC scheme applications. The NCL working group met with the NHSE London Regional Chief Pharmacist and Specialised Commissioning Lead Pharmacist to provide NCL experience to inform RMOC discussions.

The Committee noted UCLH audit data collated by Mr O'Callaghan (UCLH Lead Formulary Pharmacist) on FOC schemes which highlighted the growing number of schemes (specifically in oncology and haematology) and their associated risks (e.g. referrals from other secondary care services to access FOC Schemes and resource implications for this). Ms Nijjar (Barts Lead Cancer Pharmacist) presented a poster on her evaluation of the adoption of FOC systemic anti-cancer therapy schemes in NHS hospitals in England which highlighted inequity in FOC Scheme implementation across London due to resource challenges.

The Committee noted the risks presented and also discussed a need for further details on whether the FOC Scheme medicines were eventually commissioned and if patients initiated on these schemes had positive outcomes.

Ms Nijjar informed the Committee that she has presented her data to various national teams to highlight the risks and variation in implementation of FOC schemes to policymakers. A national RMOC sub-group has been formed to consider how to streamline FOC Scheme review and implementation processes centrally to avoid duplication of work across England.

11. Position Statements and Guidelines

11.1. NCL Fluoroquinolones position statement

The MHRA published Drug Safety Alerts in September 2023 and January 2024 relating to fluoroquinolone prescribing. Consultation with NCL antimicrobial teams, highlighted concerns regarding the restrictions suggested by the alerts and the need for local indication-specific guidance on the appropriate use of

fluoroquinolones. JFC secretariat will seek further feedback from the NCL Antimicrobial Pharmacist Group (APG) as to whether the current NCL JFC Position Statement should be updated or retired.

12. JFC Process Updates

12.1. Appeals template

The Committee were informed of a new NCL Appeals template drafted by the JFC secretariat to support standardisation of the appeals process. The document will be circulated to formulary teams for feedback and a final version will be signed-off via Chairs Actions. The template can then be adopted by DTCs to support appeals.

12.2. Rapid review template

The Committee were informed of updates made to the Rapid Review template. The document will be circulated to formulary teams for feedback and a final version will be signed-off via Chairs Actions. The template can then be adopted by DTCs to support risk assessment for established use of medicines.

13. NHSE Updates

13.1. NHSE Specialised commissioning NICE Appraisals Update

Nil updates.

14. Next meeting

Thursday 18th April 2024

15. Any other business

Nil