North Central London Integrated Care System

NHS
North Central London
Medicines Optimisation Network

Joint Formulary Committee (JFC): Minutes

Minutes from the meeting held on 17th July 2025

		Present	Apologies
Members			
Prof A Hingorani (Chair)	NCL JFC Chair	✓	
Dr B Subel	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 K Tasopoulos	NMUH, DTC Chair	✓	
Ms S Stern	NMUH, 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		✓
Dr M Henley	RNOH, DTC Chair		✓
Mr A Shah	RNOH, Chief Pharmacist	✓	
Prof A Tufail	MEH, DTC Chair		✓
Ms N Phul	MEH, Chief Pharmacist		✓
Ms L Reeves	NLMHP, Chief Pharmacist		✓
Dr L Waters	CNWL, Consultant Physician in HIV		✓
Ms R Clark	NCL ICB, Assistant Director of Medicines Optimisation	✓	
Ms M Kaur-Singh	NCL ICB, Head of Medicines Planning & Operations	✓	
Ms EY Cheung	NCL ICB, Head of Quality and Improvement		✓
Ms K Petrou	NCL ICB, Community Pharmacy Clinical Lead		✓
Dr S Ghosh	Enfield Unity PCN, Clinical Director; Enfield GP Federation, Co-Chair	✓	
Dr D Heaney	UCLH, Consultant Neurologist	✓	
Mr S Jenkinson	RFL, Lead Pharmacist Cancer Services	✓	
Attendees			
Ms C Tse	IPMO Programme Team, JFC Principal Pharmacist	✓	
Ms K Leung	IPMO Programme Team, JFC Senior Pharmacist	✓	
Ms M Darjee	IPMO Programme Team, JFC Senior Pharmacist	✓	
Ms M Butt	IPMO Programme Team, Director	✓	
Ms S Amin	IPMO Programme Team, Lead 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 H Thoong	GOSH, Formulary Pharmacist	✓	
Mr D Sergian	MEH, Formulary Pharmacist	✓	
Mr W Li	MEH, Formulary Pharmacist	✓	
Ms J Bloom	MEH, Associate Chief Pharmacist	✓	
Ms A Bathia	RNOH, Formulary Pharmacist	✓	

Ms S Ahmed	WH, Formulary Pharmacist		✓
M A Sehmi	NMUH, Formulary Pharmacist		✓
Ms Y Lam	UCLH, Formulary Pharmacist		✓
Ms M Thacker	GOSH, Deputy Chief Pharmacist	✓	
Mr J Modha	NHSE, Specialised Commissioning Pharmacist	✓	
Ms A Blochberger	NHSE, Chief Pharmacist – Specialised Commissioning		✓
Mr J Flor	WH, Lead Pharmacist	✓	
Ms R Allen	UCLH, Commissioning Pharmacist		✓
Mr A Fazal	RFL, Principal Pharmacist	✓	
Mr G Grewal	RFL, Deputy Chief Pharmacist		✓
Ms C Weaver	NCL ICB, Senior Prescribing Advisor – Quality and Improvement		✓
Ms O Odejide	NCL ICB, Prescribing Advisor	✓	
Mr S Mahal	GOSH, Lead Pharmacist – Clinical Services	✓	
Ms A Cardoso	WH, Pharmacist	✓	
Ms A Khanom	RFL, Lead Specialist Clinical Commissioning Pharmacist (Observer)	✓	
Ms S Chauhan	NCL ICB, Prescribing Advisor (Observer)	✓	
Ms A Farook	NCL ICB, Prescribing Support Pharmacist (Observer)	✓	
Mr K Simpson	IPMO Programme Team, Principal Population Health Analyst (Observer)	✓	

2. Meeting attendees

Prof Hingorani welcomed members, observers, and applicants to the meeting (see above).

3. Members' declaration of interests

The Declarations of Interests register for Committee members was included for information. No further interests relevant to the agenda were declared by members or attendees present.

4. Minutes and abbreviated minutes of meetings on 19th June 2025

Minutes and abbreviated minutes of the 19th June 2025 meeting were ratified.

5. Review of action tracker

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

6. JFC Outstanding items and workplan

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

7. Local DTC recommendations/minutes

Date	Drug and Indication	DTC Decision and Details	JFC recommendation
May 2024	Methoxyflurane (Penthrox®) for the emergency relief of moderate to severe pain in paediatric patients with trauma and associated pain (Off- label)	**Reviewed by**: NMUH **Drug**: Methoxyflurane (Penthrox®) **Indication**: The emergency relief of moderate to severe pain in paediatric patients (aged 5 years and older) with trauma and associated pain **Decision**: Approved **Prescribing status**: Restricted to secondary care only **Funding source**: In-tariff **Additional information**: Nil **Fact sheet or Shared care required**: N/A	**To add to the NCL Joint Formulary**
June 2025	Donanemab for mild cognitive impairment (MCI) and mild dementia due to Alzheimer's disease (AD) in adult patients that are ApoE ε4	**Reviewed by**: UCLH **Drug**: Donanemab (Dose: 350mg, 700mg, 1,050mg for first 3 doses, then 1,400mg thereafter (4-weekly dosing)) **Indication**: Management of mild cognitive impairment (MCI) and mild dementia due to Alzheimer's disease (AD) in adult patients that are	**Conditionally approved for UCLH only [Private patients only]**

	heterozygotes or non-carriers [Private patients only]	ApoE ε4 heterozygotes or non-carriers [private patients only] **Decision**: Conditionally approved **Prescribing status**: Restricted to secondary care only **Funding source**: UCLH Private Healthcare only **Additional information**: Approval conditional on agreement of removal of lecanemab from the formulary. **Fact sheet or Shared care required**: N/A	
June 2025	[FOC Scheme] Givinostat for Duchenne Muscular Dystrophy (DMD)*†	**Reviewed by**: UCLH **Drug**: Givinostat 8.86 mg/mL oral suspension (22.2mg (2.5ml) to 53.2mg (6ml) twice daily) **Indication**: Ambulant adult males with DMD in combination with steroids and ataluren (if nonsense mutation present) **Decision**: Approved pending funding arrangements for monitoring costs **Prescribing status**: Restricted to secondary care only **Funding source**: Free of charge scheme **Additional information**: N/A **Fact sheet or Shared care required**: N/A	**To add to the NCL Joint Formulary**
June 2025	[Historical review] Lacosamide for trigeminal neuralgia	**Reviewed by**: UCLH **Drug**: Lacosamide tablets (50mg OD for week 1, 50mg BD for week 2, then increasing in steps of 50mg BD each week (maximum 600mg daily; as per license)) **Indication**: Last line treatment option for trigeminal neuralgia **Decision**: Conditionally approved – pending guideline update **Prescribing status**: Suitable for secondary care initiation, primary care continuation **Funding source**: In tariff **Additional information**: N/A **Fact sheet or Shared care required**: N/A	**Conditionally approved for UCLH only**
May 2025	[FOC Scheme] Lucerastat for Fabry Disease*†	**Reviewed by**: RFL **Drug**: Lucerastat **Indication**: Fabry disease **Decision**: Approved **Prescribing status**: Secondary care only **Funding source**: Free of charge via the manufacturer **Additional information**: Review of the manufacturer free of charge scheme terms of agreement. Provide an update on the efficacy and safety of Lucerastat in the single patient cohort to DTC in one year's time **Fact sheet or Shared care required:** N/A	**Approved for RFL only**
May 2025	Rituximab for antiphospholipid syndrome	**Reviewed by**: RFL **Drug**: Rituximab **Indication**: Antiphospholipid syndrome **Decision**: Approved **Prescribing status**: Secondary care only **Funding source**: Divisional budget **Additional information**: NA **Fact sheet or Shared care required**: N/A	**To add to the NCL Joint Formulary**

*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.

8.1 NCL ICB Finance Update

The Committee heard from Ms Coughlan regarding the complexities of balancing financial constraints with the delivery of clinical priorities across the system. To navigate these challenges, the NCL ICB is prioritising funding for medicines and indications covered by positive NICE Technology Appraisals (TAs), as statutorily required in 2025-26. For medicines and indications not covered by a positive NICE TA, trust-level funding arrangements could be considered as a viable option, if supported by robust mechanisms to minimise access variations across the ICB. This will also require establishing clear, equitable criteria for assessing individual funding requests (IFRs) to manage any potential increase requests effectively. The Committee acknowledged that pursuing funding arrangements at Trust-level for medicines may result in inequity of access across NCL.

In response to this update, the Committee reviewed potential operational approaches for the JFC:

1. Maintain current process by evaluating new medicine applications based on clinical merit to guide financial planning.
2. Adopt a strategy of triaging new medicine applications, and prioritising those that demonstrate significant cost-saving efficiencies before budget-neutral and cost-pressure proposals.

The Committee agreed that the NCL JFC will maintain its independent advisory function, supporting NCL commissioners and Trusts in making clinically sound, evidence-based, and cost-effective decisions on medicine use, upholding both patient safety and system sustainability. The NCL JFC will continue to work collaboratively with applicants and the NCL ICB to proactively communicate scope and limitations.

In summary, the Committee agreed that this approach reflects the ICB's commitment to evidence-based practice, while ensuring financial stewardship within the broader ICS financial envelope. This arrangement will be reviewed for the 2026 /2027 depending on the NCL financial situation. The Committee was informed that the NCL ICB will circulate formal communication on the 2025/2026 funding arrangements to relevant stakeholders.

8.2 CAHMS Formulary (Applicants: Dr Raj Sekaran, Consultant Psychiatrist for CAMHS, Anne Connolly, Associate Chief Pharmacist NLFT, Joy Ihenyen, Lead Pharmacist for CAMHS)

Deferred.

9 Medicine Reviews

9.1 Rapid Review: Donepezil, rivastigmine, memantine, and galantamine for behavioural and psychological symptoms of dementia (BPSD) with Lewy bodies (Applicant: Ms A Coker, NLFT)

Deferred.

10 Position statements and guidelines

10.1 NCL Use of gastroprotective agents: PPIs and H2RAs

The Committee reviewed the updated section on adult enteral administration of the NCL position statement on the use of gastroprotective agents, following a 2-week consultation period with NCL stakeholders. The Committee raised queries regarding side effects associated with proton pump inhibitors. The queries will be addressed offline, and it was agreed for the NCL position statement to be signed off via Chairman's Action following response to queries from the Committee and circulation to relevant stakeholders.

11 Sub-Group Updates

11.1 NICE TA Implementation Group Report

The Committee were provided an update by Ms Odejide on the current workplan for the NICE TA Implementation Group, which was included in the agenda pack for information. The following were highlighted to the Committee:

- SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites [NICE TA1045] – Already available via some NCL allergy services- prescribing currently restricted to secondary care. NICE TA indicates that prescribing may be continued in primary care following specialist initiation. Consultation ongoing with allergy specialists regarding appropriate time for transfer of care to primary care, following specialist initiation and stabilisation, and the requirements for safe prescribing in primary care.

- Relugolix-estradiol-norethisterone for treating symptoms of endometriosis [NICE TA 1057] – Implementation is in progress. Prescribing to be restricted to specialist (gynaecology) initiation as per NCL agreement for uterine fibroid indication. Time of transfer of care to align with current agreement for uterine fibroid indication, i.e. GP to take over prescribing from month 3 onwards.
- Linzagolix for treating symptoms of endometriosis [NICE TA 1067] - Implementation is in progress and consultation with specialist completed. Prescribing to be restricted to specialist (gynaecology) initiation as per NCL agreement for uterine fibroid indication. Time of transfer of care to align with current agreement for uterine fibroid indication i.e. GP to take over prescribing from month 3 onwards.

11.2 NCL Pathways Group

Nil

11.3 Shared Care Group Updates

Nil

12 Next meeting

Thursday 21st August 2025

13 Any other business

Nil