SUMMARY OF MEDICINES COMMITTEE DECISIONS

Decisions made by: NTAG	**March 2023**	
Approved by: Medicines Subcommittee	**18th April 2023**	
For consideration by: NENC executive	**No submission to executive required, medicines committee decisions approved as indicated by ICB directors (18/5/23)**	

The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE's technology appraisals. When NICE recommends a treatment 'as an option', the NHS must make sure it is available within 90 days (unless otherwise specified) of its date of publication. This means that, if a patient has a disease or condition and the doctor responsible for their care thinks that the technology is the right treatment, it should be available for use, in line with NICE's recommendations.

Key for Recommended RAG status: Not Approved (DNP), Green – suitable for prescribing in primary care; Specialist Initiation/Recommendation – should be started or recommended by a specialist but suitable for ongoing prescribing in primary care; Shared Care – suitable for prescribing under an agreed shared care protocol; or Red – not suitable for prescribing in primary care.

DECISIONS WITH A SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT (decisions approved on medicines committee ICB directors' authority)					
NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Recommendation**	**Commissioning & financial implications**	**Decision**
TA871: Eptinezumab for preventing migraine Commissioning: ICS, tariff-excluded, 30-day implementation Eptinezumab is recommended as an option for preventing migraine in adults, only if: • they have 4 or more migraine days a month, • at least 3 preventive drug treatments have failed, and the company provides it according to the commercial arrangement	1/3/23	Not listed	Add to formulary as a RED drug in this indication, with link to TA871 once commissioning issues are resolved	This treatment is **not** currently available to the NENC population, and the ICB has **not** met the NICE 30 day deadline for implementation. Through a 2 week consultation the medicines subcommittee understands that barriers to implementation are block contract funding arrangements and lack of migraine clinic capacity. These are the same barriers that are preventing equitable access to other NICE approved migraine therapies across the ICB as previously raised to executive. NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact in England will be less than approximately £9,000 per 100,000 population. This is because eptinezumab is another treatment option that works in a similar way to other CGRP inhibitors but is administered as an infusion into a vein. NICE do not think practice will change substantially as a result of this guidance. NICE estimates that 4% of people who take up a CGRP inhibitor will receive eptinezumab, or roughly 1 person per 100,000 population.	PENDING APPROVAL

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DECISIONS WITHOUT A SIGNIFICANT FINANCIAL/COMMISSONING IMPACT (decisions approved on medicines committee ICB directors' authority)					
NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**
TA863: Somatrogon for treating growth disturbance in children and young people aged 3 years and over **Commissioning: ICS, tariff-excluded, 30 day TA** Somatrogon is recommended, within its marketing authorisation, as an option for treating growth disturbance caused by growth hormone deficiency in children and young people aged 3 years and over.	01/02/23	Not currently listed.	Add to formulary as a RED drug in this indication, with a link to TA863. Decision approved by ICB Director of Medicines Pharmacy on 17.4.23 to meet 30 day deadline.	NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than approximately £9,000 per 100,000 population. This is because the technology is a further treatment option and the overall cost of treatment for this patient group will be similar.	approved

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NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**
TA861: Upadacitinib for treating active non-radiographic axial spondyloarthritis **Commissioning: ICS, 30 day NICE TA**	01/02/2023	*Listed as RED drug for other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with link to TA861 Decision approved by ICB Director of Medicines Pharmacy on 13.3.23 to meet 30 day deadline.	NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people). This is because the technology is a further treatment option and the overall cost of treatment for this patient group will be similar.	approved

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NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**
TA855: Mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy **Commissioning: NHSE**	04/01/2023	Not currently listed.	Add to formulary as a RED drug in this indication, with link to TA855.	NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than approximately £9,000 per 100,000 population. This is because EGFR exon 20 insertion mutations are rare, and only seen in a small number of people with NSCLC, therefore the overall incremental cost of treatment is low.	approved

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NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**
TA856: Upadacitinib for treating moderately to severely active ulcerative colitis **Commissioning: ICS**	04/01/2023	*Listed as RED drug for other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with link to TA856.	NICE do not expect this guidance to have a significant impact on resources, that is, the resource impact of implementing the recommendations in England will be less than approximately £9,000 per 100,000 population. This is because the technology is a further treatment option and the overall cost of treatment for this patient group will be similar.	approved

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NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**
TA857: Nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma **Commissioning: NHSE**	11/01/2023	*Listed as RED drug for other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with link to TA857.	By 2026/27 NICE estimate that: • 2,300 people with untreated HER2-negative, advanced or metastatic gastric, gastro-oesophageal junction or oesophageal adenocarcinoma whose tumours express PD-L1 with a combined positive score (CPS) of 5 or more are eligible for treatment with nivolumab with chemotherapy after adjusting for expected population growth. • 690 people will receive nivolumab with chemotherapy in 2026/27 after adjusting for expected population growth.	approved

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NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**
TA858: Lenvatinib with pembrolizumab for untreated advanced renal cell carcinoma **Commissioning: NHSE**	11/01/2023	Not currently listed.	Add to formulary as a RED drug in this indication, with link to TA858.	By 2026/27 NICE estimate that: • around 1,660 adults with untreated advanced renal cell carcinoma are eligible for treatment with lenvatinib with pembrolizumab. • around 750 adults will start treatment with lenvatinib with pembrolizumab after adjusting for predicted population growth. Around 7,870 fewer appointments for hospital administrations to adults with untreated advanced renal cell carcinoma will be needed. (This assumes that lenvatinib with pembrolizumab is given every 6 weeks and oral only treatment are dispensed 50/50 through homecare delivery and secondary care).	approved

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NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**
TA859: Angiotensin II for treating vasosuppressor-resistant hypotension caused by septic or distributive shock (terminated appraisal) **Commissioning: ICS** NICE is unable to make a recommendation on angiotensin II for treating vasosuppressor-resistant hypotension caused by septic or distributive shock. This is because Paion AG has confirmed that it does not intend to make an evidence submission for the appraisal. Paion AG considers that there are likely low numbers of people who would be eligible for treatment because of the likely positioning in the treatment pathway for this condition.	16/01/2023	Not listed	For information. No action required by ICB	Angiotensin II (Giapreza®▼, Paion UK) is not tariff-excluded but is relatively high cost. The NHS list price for 10 x 2.5 mg vials is £8510, excl. VAT (dm+d) and the estimated cost impact per 100,000 people is £34,550 (Prescribing Outlook 2022). NB: this estimate assumed 50% uptake among people with refractory shock in England and a cost of £640/vial. Giapreza has been launched in the UK since July 2021. It is only available via hospital prescribing.	approved

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NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**
TA860: Maribavir for treating refractory cytomegalovirus infection after transplant **Commissioning: NHSE** Maribavir is recommended, within its marketing authorisation, as an option for treating cytomegalovirus (CMV) infection that is refractory to treatment including cidofovir, foscarnet, ganciclovir or valganciclovir in adults who have had a haematopoietic stem cell transplant or solid organ transplant. It is recommended only if the company provides it according to the commercial arrangement.	18/01/2023	Not currently listed.	Add to formulary as a RED drug in this indication, with link to TA860.	No significant resource impact is anticipated: the resource impact of implementing the recommendations in England will be less than approximately £9,000 per 100,000 population. This is because the population who develop refractory CMV infection is small (less than 300 people each year) and maribavir is a further treatment option. Maribavir is likely to free up hospital capacity (bed days) because people do not need to be in hospital to receive treatment. This may also improve the recovery process.	approved

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NENC MEDICINES APPLICATIONS (decisions approved on medicines committee ICB directors' authority)					
Title	**Date recommended by NTAG**	**Summary of NTAG decision**	**Commissioning or financial implications**	**Decision from medicines subcommittee**	**Decision**
Gabapentinoids for intractable itch with severe burns	March 2023	Request is from the Regional Burns Unit at the RVI where pregabalin and gabapentin are already used for this indication as a hospital only drug. Approve as GREEN+ drug no difference clinically is use for neuropathic pain.	**No significant cost impact to the ICB, although impact will transfer from secondary care to primary care budget** (treating 50 adults and 50 children for 6 months treatment costs should not exceed £72,000 annually)	**Accept NTAG recommendation to approve as green plus**	**approved**
Dihydroartemisinin/ piperaquine phosphate (Eurartesim®) for malaria	March 2023	Consistent with current UK and WHO guidelines for the treatment for Plasmodium falciparum malaria. Recommend approve as a RED drug and only to be available from the RVI.	**No significant cost impact** The applicant has estimated 1-2 patients will be treated with Eurartesim® at the Department of Infectious Diseases & Tropical Medicine, Royal Victoria Infirmary. Secondary Care cost = £173.08 In tariff drug.	**Accept NTAG recommendation to approve**	**approved**
Botulinum toxin for hernia	March 2023	Recommend approve as a RED drug subject to individual Trusts taking through their internal governance process for off label drugs, and Trust D&T approving a template for audit of use to collect outcome data prior to drug being used. Audit data to return to NTAG in 12 months.	**No significant cost impact** The applicant has estimated 10 patients will receive botulinum Toxin A (Botox®) for complex abdominal wall repair annually at Newcastle Upon Tyne Hospitals NHS Foundation Trust. Secondary Care cost =£4,975.2 In tariff drug.	**Accept NTAG recommendation to approve**	**approved**

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Ciclosporin 1mg/mL (0.1%) eye drops (Verkazia®) for severe vernal keratoconjunctivitis in children from 4 years of age and adolescents.	March 2023	Ciclosporin 1mg/mL (0.1%) eye drops (Verkazia®) are the only licensed ciclosporin eye drop for severe vernal keratoconjunctivitis in children from 4 years of age and adolescents. Recommend approve as a Green+ drug.	**No cost impact expected** as costs the same as Ikervis® when used off-label at the same dose frequency.	**Accept NTAG recommendation to approve**	**approved**
Trifarotene cream for acne	March 2023	Approved as GREEN drug as an alternative to other available retinoids in patients with facial and / or truncal acne, either in combination with other topical therapies, or as monotherapy where a fixed combination product is not tolerated, or one component is contraindicated.	**No cost impact expected.**	**Accept NTAG recommendation to approve**	**approved**
Tacalcitol lotion for psoriasis vulgaris	March 2023	Application rejected as more clinically effective options available	**Rejected, therefore no cost impact**	**Accept NTAG recommendation to reject for formulary inclusion**	**rejected**
NENC regional guidance On SGLT2 inhibitors	March 2023	Clinical networks have merged their guidance into a single document. Suggest that this document replaces/supersedes the individual Top Tips	Nil – financial implications approved at July 2022 ICB Executive Committee.	**Accept NTAG recommendation to approve**	**approved**

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		documents for HF, CKD and T2DM.  NENC regional SGLT2 top tips v1.2			
NENC ICB position-statement-non-palliative-care-use-of-opiates final	March 2023	A single statement on the ICB position on prescribing for persistent pain which will replace the three current Area Prescribing Committee (APC) statements was presented to NTAG. The position statement submitted has been approved by the ICB-wide pain group.  NENC ICB position-statement-	Nil	**Accept NTAG recommendation to approve**	**approved**

MEDICINES COMMITTEE MINUTES (for publication to the NTAG website)	
Medicines Committee minutes February 2023	 NENC Meds Committee mins Feb2

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NTAG minutes January 2023	NTAG Minutes January 2023 - appro
NTAG work plan	NTAG work plan March 2023.pdf

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