SUMMARY OF MEDICINES COMMITTEE DECISIONS

Decisions made by: NTAG	**May 2023**	
Approved by: Medicines Subcommittee	**20th June 2023**	
For consideration by: NENC executive	**No submission to executive required, medicines committee decisions carried on director authority. Decision status as per this document.**	

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; Green+ 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	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 and these have been raised to the ICB executive for resolution. NICE do not expect TA871 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

TA875: Semaglutide for managing overweight and obesity **Commissioning: ICS** Semaglutide is recommended as an option for weight management, including weight loss and weight maintenance, alongside a reduced-calorie diet and increased physical activity in adults, only if: • it is used for a maximum of 2 years, and within a specialist weight management service providing multidisciplinary management of overweight or obesity (including but not limited to tiers 3 and 4), and • they have at least 1 weight-related comorbidity and: ○ a BMI of at least 35.0 kg/m^2, or ○ a BMI of 30.0 kg/m^2 to 34.9 kg/m^2 and meet the criteria for referral to specialist weight management services in NICE's	08/03/2023	Not listed	Decision deferred until product is launched in UK and price is known so accurate local cost impact can be calculated. This will also allow time to explore commissioning model for weight management services in the NENC which will inform formulary RAG status.	At present there is gaps in the provision of specialist weight management services across the NENC. Secondary care have indicated they do not have capacity to prescribe if this is made a RED drug. It may be more appropriate for GREEN+/AMBER SHARED CARE as NICE TA does not specify that provision of drug should only be a Tier 3 or 4 weight management service unlike liraglutide, just that semaglutide should be used within a specialist weight management service.	PENDING APPROVAL

guideline on obesity: identification, assessment and management. Use lower BMI thresholds (usually reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family backgrounds.					

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**
TA862: Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 1 or more anti-HER2 treatments **Commissioning: NHSE** Trastuzumab deruxtecan is recommended with managed access as an option for treating HER2-positive unresectable or metastatic breast cancer after 1 or more anti-HER2 treatments in adults. It is only recommended if the conditions in the managed access agreement for trastuzumab deruxtecan are followed.	01/02/23	*Listed as RED drug for other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with a link to TA862.	None for ICB as NHSE commissioned.	Approved.

Key for Recommended RAG status: Not Approved (DNP), Green – suitable for prescribing in primary care; Green+ 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.

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NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**
TA864: Nintedanib for treating idiopathic pulmonary fibrosis when forced vital capacity is above 80% predicted Nintedanib is recommended as an option for treating idiopathic pulmonary fibrosis in adults, only if: • they have a forced vital capacity of above 80% predicted the company provides it according to the commercial arrangement.	01/02/23	*Listed as RED drug for other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with a link to TA864.	None for ICB as NHSE commissioned.	Approved

Key for Recommended RAG status: Not Approved (DNP), Green – suitable for prescribing in primary care; Green+ 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.

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NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**
TA865: Nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma **Commissioning: NHSE** Nivolumab with fluoropyrimidine-based and platinum-based combination chemotherapy is recommended as an option for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma in adults whose tumours express PD-L1 at a level of 1% or more. It is recommended only if pembrolizumab plus chemotherapy is not suitable and the company provides nivolumab according to the commercial arrangement.	08/02/23	*Listed as RED drug for other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with a link to TA865.	None for ICB as NHSE commissioned.	Approved

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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**
TA866: Regorafenib for previously treated metastatic colorectal cancer **Commissioning: NHSE** Regorafenib is recommended, within its marketing authorisation, as an option for metastatic colorectal cancer in adults who have had previous treatment (including fluoropyrimidine-based chemotherapy, anti-VEGF therapy and anti-EGFR therapy) or when these treatments are unsuitable. Regorafenib is only recommended if the company provides it according to the commercial arrangement.	08/02/23	*Listed as RED drug for other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with a link to TA866.	None for ICB as NHSE commissioned.	Approved
TA867: Mitapivat for treating pyruvate kinase deficiency (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation about the use in the NHS of mitapivat for treating pyruvate kinase deficiency in adults. Agios has confirmed that it does not intend to make an evidence submission for the appraisal. This is because the technology will not be launched in the UK at this time for treating this indication.	16/02/23	*Not listed*	For information. No action required by ICB	N/A as no recommendation made	Noted

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**
TA868: Vutrisiran for treating hereditary transthyretin-related amyloidosis **Commissioning: NHSE, 30 day TA** Vutrisiran is recommended, within its marketing authorisation, as an option for treating hereditary transthyretin-related amyloidosis in adults with stage 1 or stage 2 polyneuropathy. It is only recommended if the company provides vutrisiran according to the commercial arrangement.	15/02/23	*Not listed*	Add to formulary as a RED drug in this indication, with a link to TA868.	None for ICB as NHSE commissioned. Only one centre in England in London commissioned to provide this drug.	Approved.
TA869: Teclistamab for treating relapsed or refractory multiple myeloma after 3 or more therapies (terminated appraisal) **Commisisoning: NHSE** NICE is unable to make a recommendation about the use in the NHS of teclistamab for treating relapsed or refractory multiple myeloma in adults after 3 or more therapies. This is because Janssen has confirmed that it does not intend to make an evidence submission for the appraisal. Janssen considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.	16/02/23	*Not listed*	For information. No action required by ICB	Nil – no recommendation	Noted

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NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**
TA870: Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma **Commissioning: NHSE** Ixazomib, with lenalidomide and dexamethasone, is recommended as an option for treating multiple myeloma in adults, only if they have had 2 or 3 lines of therapy and the company provides ixazomib according to the commercial arrangement.	22/02/23	*Not listed*	Add to formulary as a RED drug in this indication, with a link to TA870.	None for ICB as NHSE commissioned.	Approved.
TA872: Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies **Commissioning: NHSE** Axicabtagene ciloleucel is recommended, within its marketing authorisation, as an option for treating relapsed or refractory diffuse large B-cell lymphoma or primary mediastinal large B-cell lymphoma in adults after 2 or more systemic therapies. It is recommended only if the company provides axicabtagene ciloleucel according to the commercial arrangement.	28/02/23	*Listed as RED drug for other NICE TA approved indication.*	Add to formulary as a RED drug in this indication, with a link to TA872	None for ICB as NHSE commissioned.	Approved.

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NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**
HST22: Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene **Commissioning: NHSE** Ataluren is recommended, within its marketing authorisation, as an option for treating Duchenne muscular dystrophy resulting from a nonsense mutation in the dystrophin gene in people 2 years and over who can walk. This is only if the company provides ataluren according to the commercial arrangement.	22/02/23	*Listed as RED drug as per HST3.*	Add to formulary as a RED drug in this indication, with a link to HST22. Remove any links to HST3.	None for ICB as NHSE commissioned. This guidance updates and replaces NICE highly specialised technologies guidance HST3 on ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene.	Approved.

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**
TA873: Cannabidiol for treating seizures caused by tuberous sclerosis complex **Commissioning: NHSE** Cannabidiol is recommended as an add-on treatment option for seizures caused by tuberous sclerosis complex in people aged 2 years and over, only if: • their seizures are not controlled well enough by 2 or more antiseizure medications (either used alone or in combination) or these treatments were not tolerated • seizure frequency is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment • the company provides cannabidiol according to the commercial arrangement.	01/03/2023	*Listed as RED drug for other NICE TA approved indication.*	Add to formulary as a RED drug in this indication, with link to TA873.	None for ICB as NHSE commissioned.	Approved.

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**
TA874: Polatuzumab vedotin in combination for untreated diffuse large B-cell lymphoma **Commissioning: NHSE** Polatuzumab vedotin with rituximab, cyclophosphamide, doxorubicin and prednisolone (R-CHP) is recommended for untreated diffuse large B-cell lymphoma (DLBCL) in adults, only if: • they have an International Prognostic Index (IPI) score of 2 to 5 • the company provides it according to the commercial arrangement.	01/03/2023	*Listed as RED drug for other NICE TA approved indication.*	Add to formulary as a RED drug in this indication, with link to TA874.	None for ICB as NHSE commissioned.	Approved.
TA876: Nivolumab with chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer **Commissioning: NHSE** Nivolumab with chemotherapy is recommended, within its marketing authorisation, as an option for the neoadjuvant treatment of resectable (tumours at least 4 cm or node positive) non-small-cell lung cancer (NSCLC) in adults. It is only recommended if the company provides it according to the commercial arrangement.	22/03/2023	*Listed as RED drug for other NICE TA approved indication.*	Add to formulary as a RED drug in this indication, with link to TA876.	None for ICB as NHSE commissioned.	Approved

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NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Decision**	**Commissioning & financial implications**	**Decision**

TA877: Finerenone for treating chronic kidney disease in type 2 diabetes
Commissioning: ICS
Finerenone is recommended as an option for treating stage 3 and 4 chronic kidney disease (with albuminuria) associated with type 2 diabetes in adults. It is recommended only if:
• it is an add-on to optimised standard care; this should include, unless they are unsuitable, the highest tolerated licensed doses of:
  ○ ACE inhibitors or ARBs and
  ○ SGLT2 inhibitors and
• the person has an eGFR of 25 ml/min/1.73 m^2 or more.
	23/03/2023	*Add to formulary as a RED drug in this indication, with a link to TA870.*	Add to formulary as a GREEN+ drug with links to TA877.	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.
				
				Part of the cost of treatment with finerenone is expected to be offset by savings and benefits. The clinical evidence suggests that finerenone plus standard care can improve kidney function and helps to slow the worsening of disease.
				
				No NICE costing template available
				
				Finerenone costs £36.68 per pack of 28 tablets and is not included in the HCD list in National Tariff Annex A.
				
				For comparison Dapagliflozin costs £36.59 per pack of 28 tablets.
					Approved

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TA878: Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 **Commissioning: ICS** Nirmatrelvir plus ritonavir is recommended as an option for treating COVID-19 in adults, only if they: • do not need supplemental oxygen for COVID-19 and • have an increased risk for progression to severe COVID-19, as defined in the independent advisory group report commissioned by the Department of Health and Social Care. Sotrovimab is recommended as an option for treating COVID-19 in adults and young people aged 12 years and over and weighing at least 40 kg, only if: • they do not need supplemental oxygen for COVID-19 and • they have an increased risk for progression to severe COVID-19, as defined in the independent advisory group report commissioned by the Department of Health and Social Care and nirmatrelvir plus ritonavir is contraindicated or unsuitable. Sotrovimab is only recommended if the company provides it according to the commercial arrangement. Tocilizumab is recommended, within its marketing authorisation, as an option for treating COVID-19 in adults who: • are having systemic corticosteroids and • need supplemental oxygen or mechanical ventilation.	29/03/2023	*Listed as RED drugs*	Add to formulary as RED drugs in this indication, with links to TA878. This may need to change as CMDU arrangements change in September 2023.	This guidance will have resource implications at a local level which cannot be outlined due to commercial in confidence data and uncertainty around patient populations. This is being informed by work being done on CMDU provision in the NENC. At present both oral Nirmatrelvir plus ritonavir (Paxlovid) and IV Sotrivumab remain free of charge to the ICB until national stocks are exhausted, this is estimated to be 2025 for Nirmatrelvir plus ritonavir and for a further 6-12 months for IV Sotrivumab after which there will be a financial cost to the ICB. It is difficult to know at this stage what patient numbers are likely to come forward to access these treatments in the coming years	Approved

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**
Tocilizumab is only recommended if the company provides it according to the commercial arrangement. Casirivimab plus imdevimab is not recommended, within its marketing authorisation, for treating acute COVID-19 in adults.					
HST23: Asfotase alfa for treating paediatric-onset hypophosphatasia **Commissioning: NHSE** This guidance updates and replaces HST6 (August 2017). Asfotase alfa is recommended as an option for treating paediatric-onset hypophosphatasia if the person's symptoms started before or at birth (perinatal onset) or between the ages of 0 and 6 months (infantile onset). It is also recommended for people whose symptoms started between the ages of 6 months and 17 years (juvenile onset) only as specified in HST23 Asfotase alfa is only recommended if the company provides it according to the commercial arrangement	01/03/2023	*Not listed.*	Update formulary to remove any links to HST6 and replace with links to HST23.	None for ICB as NHSE commissioned.	Approved

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**
Otinova® ear spray (Acetic acid 8%, Aluminium acetate and aluminium acetotartrate (1.8% aluminium)) for to treat ear canal inflammation/eczema, also known as Swimmer's Ear (otitis externa).	May 2023	Not to add to formulary as no published good quality clinical evidence directly comparing Otinova to EarCalm and supporting claim that differences in formulation offer a therapeutic advantage over EarCalm. Is available OTC to purchase as an option if required.	Otinova 1-2 sprays into affected ear(s) twice daily for up to 7 days (max) 15ml (= 150 doses) is £8.74 Earcalm (Acetic acid 2% ear spray) 1 spray into affected ear(s) three times daily up to 7 days (max) 5ml (= 83 doses) is £4.92	**Application rejected**
ITULAZAX 12 SQ-Bet oral lyophilizate for Moderate to severe allergic rhinitis and/or conjunctivitis due to tree pollen (birch homologous group)	May 2023	Add to formulary as a RED drug. Itulizax is the only sublingual immunotherapy (SLIT) product for tree pollen with a UK license. It is anticipated that with Itulizax available on formulary a greater proportion of tree pollen immunotherapy patients would receive SLIT rather than SCIT, as Itulizax (SLIT) is a licensed product, unlike	**No significant cost impact** £974.79 per year per patient NuTH estimate 3 new patients per year. Treatment course = 3 years, There is a slight increase in cost for Itulizax compared to Oralvac (£974.79 per year per patient, compared to £840). However, this needs to be balanced against better evidence for efficacy, greater patient ease and likely better compliance, and the fact that Itulizax is a licensed product, which Oralvac is not. The costs for Itulizax are identical to Grazax and Acarizax, which are currently used for grass and house dust mite SLIT respectively, and are available on the formulary.	**Application approved**

		the SLIT or SCIT options currently use.		
Tinidazole 500mg tablets (unlicensed) for resistant Trichomonas vaginalis	May 2023	Add to formulary as RED drug as last option for the treatment resistant Trichomonas vaginalis. Previous licensed product discontinued in April 2021.	**No significant cost impact** None expected as proposed as hospital only in tariff drug. £83.13 per pack of 12 10 day treatment = 60tablets so £415.65 per course 14 day treatment = 84 tablets so £581.91 per course	**Application approved**
Hydromol bath and shower emollient	May 2023	Add to formulary as RED drug for inpatient use only as per Trust Moisture-Associated Tissue Damage (MASD) guidelines. Hydromol Bath and Shower emollient would be more appropriate for use in some inpatient clinical environments rather than melting Hydromol ointment or QC cream in hot water e.g. Mental Health inpatient units.	**No significant cost impact** None expected as proposed as hospital only in tariff drug.	**Application approved**
IQoro neuromuscular training device for stroke related dysphagia, hiatus hernia and other indications	May 2023	Add to formulary as NOT APPROVED. IQoro is not recommended as a treatment option for any of the manufacturer proposed indications due to a lack of good quality clinical evidence of efficacy and cost-effectiveness. It therefore did not reach the threshold for being considered an appropriate use of NHS resources.	None expected as not recommended for approval IQoro costs £121 (DT Feb 2023) but may also be purchased direct from the manufacturer's website for £145 per device. If funded on the NHS the costs could be substantial as it is estimated that GORD occurs in 10-20% of all adults and in around 33% of those aged >50 years.	**Application rejected**

NENC Decision Aid for DOACs for Atrial Fibrillation	May 2023	Recommend extend review date for a further 12 months as current NHSE DOAC Procurement Framework expires in 2023 plus depending on legal challenges there may be a generic apixaban available at a lower price. Approved in June 2022 by NTAG with a review date of June 2023 in response to NHSE DOAC Procurement Framework.  NENC Decision Aid incl Table to suppor	**No significant cost impact** Nil expected as extending review date of previously approved NENC decision aid.	**Review date extended**
NENC regional guidance on type 2 diabetes	May 2023	Recommend approve use of this guideline across ICS footprint for consistency in advice for medication management in T2DM. This proposed guidance offers practical advice in line with NICE NG28 on drug choice, dosing, monitoring, cautions and contraindications and patient information resources. In this way, the NICE guidance has been turned into a user-friendly resource for clinicians seeing this patient cohort every day, where time is at a	Financial implications of NICE NG28 approved at July 2022 ICB Executive Committee.	**Approved for publication**

		premium and safety is imperative.  NENC Regional T2DM Guidelines FII		
NENC Dronedarone shared care guideline	May 2023	Recommend approval of this SCG which is in line with the national SCG for dronedarone.  NENC Shared Care Protocol - Dronedar	Nil expected as reflects current prescribing and monitoring arrangements in the NENC.	**Approved for use**
NENC Sativex® shared care guideline	May 2023	Recommend approval of this SCG which is based on the existing SCG from NoTGNC APC and ST&S APC.  NENC Shared Care Protocol - Sativex fo	Nil expected as reflects current prescribing and monitoring arrangements in the NENC.	**Approved for use**
Baricitinib for patients hospitalised due to COVID-19 (adults and children aged 2 years and over)	May 2023	Recommend approval for adoption of the NHS England template clinical access policy for Baricitinib in the Treatment of Patients Hospitalised Due to COVID-19. The company which makes Baricitinib has decided not to obtain a license for its use, and so NICE can therefore not include it in their guidelines. This policy allows patients in NENC to	Patient numbers are expected to be very small (less than 2 per week across the ICB). This drug will be funded under existing block arrangements.	**Approved for use**

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		still be able to access the medicine even though it is not included in the NICE guidance.  NENC Clinical Commissioning Poli		

APPLICATIONS SUBMITTED DIRECTLY TO MEDICINES SUBCOMMITTEE FOR CONSIDERATION			
Title	**Summary of request**	**Commissioning or financial implications**	**Decision from medicines subcommittee**
NENC Penicillin Allergy Assessment Oral Challenge and De-labelling Secondary Care Available from NTAG – Northern Treatment Advisory Group website  NENC Penicillin Allergy Assessment O	A label of penicillin allergy is carried by approximately 5.9% of the population and a penicillin allergy label can be associated with increased morbidity, increased length of stay, greater healthcare costs and increased rates of MRSA, C diff and VRE. This guide has been written to support the 'non-specialist' in de-labelling penicillin allergy in low risk patients within secondary care. Patients can be either de-labelled on the information provided by the patient only or following a direct oral challenge. This guide provides supporting materials to allow safe de-labelling of patients	Nil raised to medicines subcommittee, this guidance has been developed with secondary care trusts who will implement according to individual Trust/secondary care provider capacity.	Approved for use in secondary care in accordance with individual secondary care provider arrangements.
Patient Group Direction (PGD) for the supply of nitrofurantoin for uncomplicated urinary tract infections by community pharmacists – extension of expiry date	It was requested that an extension of the expiry date of the PGD for the supply of nitrofurantoin for uncomplicated urinary tract infections by community	The ICB Executive Committee approved the business case for the UTI PGD service in February 2023 and work is underway to commission the recurrent service. No further implications were raised to medicines committee regarding this extension.	Approved

	pharmacists from 30th June 2023 to 31st March 2024. This will enable time for those commissioning the recurrent service to consider the national service which is expected to be announced shortly.		

MEDICINES SUBCOMMITTEE MINUTES (for publication to the NTAG website)	
Medicines Committee minutes April 2023	 NENC Meds SubCommittee mins
NTAG minutes March 2023	 NTAG Minutes March 2023 - approv
NTAG work plan	 NTAG work plan May 2023.pdf
NTAG Annual Report	 NTAG Annual Report - June 2023 -

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