# SUMMARY OF MEDICINES SUBCOMMITTEE DECISIONS

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| **Decisions made by: NTAG** | **July 2023** | |
| **Approved by: Medicines Subcommittee** | **14th September 2023** | |
| **For consideration by: NENC executive** | **No submission to executive required, medicines subcommittee 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) | | | | | |
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| **NICE Technology Appraisal/Guidance/Drug** | **Date published** | **Current formulary status or pathway/ guidance relevance** | **Recommendation** | **Commissioning & financial implications** | **Decision** |
| **TA875: Semaglutide for managing overweight and obesity**<br>**Commissioning: ICS** | 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.<br>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 |

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| DECISIONS WITHOUT A SIGNIFICANT FINANCIAL/COMMISSONING IMPACT (decisions approved on medicines committee ICB directors' authority) | | | | | |
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| **NICE Technology Appraisal/Guidance/Drug** | **Date published** | **Current formulary status or pathway/ guidance relevance** | **Decision** | **Commissioning & financial implications** | **Decision** |
| **TA871: Eptinezumab for preventing migraine**<br>**Commissioning: ICS, tariff-excluded, 30-day implementation**<br>Eptinezumab is recommended as an option for preventing migraine in adults, only if:<br>• they have 4 or more migraine days a month,<br>• at least 3 preventive drug treatments have failed, and<br>• 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. | 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. | Approved. |

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| **NICE Technology Appraisal/Guidance/Drug** | **Date published** | **Current formulary status or pathway/ guidance relevance** | **Decision** | **Commissioning & financial implications** | **Decision** |
| **TA879: Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic gastric or gastro-oesophageal junction cancer after anti-HER2 treatment (terminated appraisal)**<br>**Commissioning: NHSE**<br>NICE is unable to make a recommendation on trastuzumab deruxtecan (Enhertu) for treating HER2-positive unresectable or metastatic gastric or gastro-oesophageal junction cancer after a previous anti-HER2-based regimen in adults. This is because Daiichi Sankyo UK did not provide an evidence submission. NICE will review this decision if the company decides to make a submission. | 06/04/2023 | *Listed as a RED drug for other NICE TA approved indications.* | For information. No action required by ICB. | N/A as no recommendation made | Noted |

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| **NICE Technology Appraisal/Guidance/Drug** | **Date published** | **Current formulary status or pathway/ guidance relevance** | **Decision** | **Commissioning & financial implications** | **Decision** |
| **TA880: Tezepelumab for treating severe asthma**<br>**Commissioning: NHSE**<br>Tezepelumab as an add-on maintenance treatment is recommended as an option for severe asthma in people 12 years and over, when treatment with high-dose inhaled corticosteroids plus another maintenance treatment has not worked well enough. It is recommended only if people:<br>• have had 3 or more exacerbations in the previous year, or<br>• are having maintenance oral corticosteroids.<br>Tezepelumab is recommended only if the company provides it according to the commercial arrangement. | 20/04/2023 | *Not currently listed.* | Add to formulary as a RED drug in this indication, with link to TA880.<br>Formulary position will reflect the NICE TA as well as any associated NHSE SSCs. | 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** |
| **TA881: Ripretinib for treating advanced gastrointestinal stromal tumour after 3 or more treatments**<br>**Commissioning: NHSE**<br>Ripretinib is not recommended, within its marketing authorisation, for treating advanced gastrointestinal stromal tumour (GIST) in adults after 3 or more kinase inhibitors, including imatinib. | 03/05/23 | *Not currently listed.* | To be added to Not Approved list for this indication.<br>Formulary position will reflect the NICE TA as well as any associated NHSE SSCs. | None for ICB as NHSE commissioned. | Approved. |
| **TA882: Voclosporin with mycophenolate mofetil for treating lupus nephritis**<br>**Commissioning: NHSE**<br>Voclosporin with mycophenolate mofetil is recommended, within its marketing authorisation, as an option for treating active class 3 to 5 (including mixed class 3 and 5, and 4 and 5) lupus nephritis in adults. It is only recommended if the company provides voclosporin according to the commercial arrangement. | 03/05/23 | *Not currently listed.* | Add to formulary as a RED drug in this indication, with link to TA882.<br>Formulary position will reflect the NICE TA as well as any associated NHSE SSCs. | 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** |
| **TA883: Tafasitamab with lenalidomide for treating relapsed or refractory diffuse large B-cell lymphoma**<br>**Commissioning: NHSE**<br>Tafasitamab with lenalidomide is not recommended, within its marketing authorisation, for treating relapsed or refractory diffuse large B-cell lymphoma in adults who cannot have an autologous stem cell transplant. | *To be completed locally* | *Not currently listed.* | To be added to NOT APPROVED list. | None for ICB as NHSE commissioned. | Approved. |
| **TA884: Capmatinib for treating advanced non-small-cell lung cancer with MET exon 14 skipping (terminated appraisal)**<br>**Commissioning: NHSE**<br>NICE is unable to make a recommendation about the use in the NHS of capmatinib for treating advanced non-small-cell lung cancer with MET exon 14 skipping in adults. This is because Novartis Pharmaceuticals has confirmed that it does not intend to make an evidence submission for the appraisal at this time. Novartis Pharmaceuticals considers that the technology is unlikely to be used at this point in the treatment pathway. | 03/05/23 | *Not currently listed.* | For information. No action required by ICB. | N/A as no recommendation made | Noted |

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| **NICE Technology Appraisal/Guidance/Drug** | **Date published** | **Current formulary status or pathway/ guidance relevance** | **Decision** | **Commissioning & financial implications** | **Decision** |
| **TA885: Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer**<br>**Commissioning: NHSE**<br>Pembrolizumab plus chemotherapy with or without bevacizumab is recommended for use within the Cancer Drugs Fund as an option for treating persistent, recurrent or metastatic cervical cancer in adults whose tumours express PD-L1 with a combined positive score (CPS) of at least 1. It is recommended only if:<br>• pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if disease progresses, and<br>• the conditions in the managed access agreement for pembrolizumab are followed. | 03/05/23 | *Listed as a RED drug for other NICE TA approved indications.* | Add to formulary as a RED drug in this indication, with link to TA885.<br>Formulary position will reflect the NICE TA as well as any associated NHSE SSCs. | 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** |
| **TA886: Olaparib for adjuvant treatment of BRCA mutation-positive HER2-negative high-risk early breast cancer after chemotherapy**<br>**Commissioning: NHSE**<br>Olaparib (alone or with endocrine therapy) is recommended, within its marketing authorisation, as an option for the adjuvant treatment of HER2-negative high-risk early breast cancer that has been treated with neoadjuvant or adjuvant chemotherapy in adults with germline BRCA1 or 2 mutations. It is only recommended if the company provides it according to the commercial arrangement. | 10/05/23 | *Listed as a RED drug for other NICE TA approved indications.* | Add to formulary as a RED drug in this indication, with link to TA886.<br>Formulary position will reflect the NICE TA as well as any associated NHSE SSCs. | 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** |
| **TA887: Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer**<br>**Commissioning: NHSE**<br>Olaparib is recommended, within its marketing authorisation, as an option for treating hormone-relapsed metastatic prostate cancer with BRCA1 or BRCA2 mutations that has progressed after a newer hormonal treatment (such as abiraterone or enzalutamide) in adults. Olaparib is only recommended if the company provides it according to the commercial arrangement. | 10/05/23 | *Listed as a RED drug for other NICE TA approved indications.* | Add to formulary as a RED drug in this indication, with link to TA887.<br>Formulary position will reflect the NICE TA as well as any associated NHSE SSCs. | 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** |
| **TA888: Risankizumab for previously treated moderately to severely active Crohn's disease**<br>**Commissioning: ICS, tariff-excluded, 30 day TA**<br>Risankizumab is recommended as an option for treating moderately to severely active Crohn's disease in people 16 years and over, only if:<br>• the disease has not responded well enough or lost response to a previous biological treatment, or<br>• a previous biological treatment was not tolerated, or<br>• tumour necrosis factor (TNF)-alpha inhibitors are not suitable.<br>Risankizumab is only recommended if the company provides it according to the commercial arrangement. | 17/05/23 | *Not currently listed.* | Add to formulary as a RED drug in this indication, with link to TA888. | NICE expect the resource impact of implementing the recommendations in England will be less than approximately £8,800 per 100,000 population. This is because the technology is a further treatment option and the overall cost of treatment will be similar.<br>The first 3 doses of risankizumab are administered by IV in a secondary care setting, thereafter it is administered by subcutaneous injection by people themselves in their home. Where risankizumab displaces the use of intravenous (IV) vedolizumab there will be capacity savings in the maintenance phase.<br>Where risankizumab displaces the use of ustekinumab there will be capacity increase in the induction period. Ustekinumab is administered for 1 dose by IV in a secondary care setting and thereafter by subcutaneous injection by people themselves in their home. | Approved. |

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| **NICE Technology Appraisal/Guidance/Drug** | **Date published** | **Current formulary status or pathway/ guidance relevance** | **Decision** | **Commissioning & financial implications** | **Decision** |
| **TA889: Ciltacabtagene autoleucel for treating relapsed or refractory multiple myeloma (terminated appraisal)**<br>**Commissioning: NHSE**<br>NICE is unable to make a recommendation about the use in the NHS of ciltacabtagene autoleucel for treating relapsed or refractory multiple myeloma in adults. This is because Janssen withdrew its evidence submission for the appraisal. Janssen considers that the technology will not, at this time, be launched in the UK for treating this indication. | 17/05/23 | *Not currently listed.* | For information. No action required by ICB | N/A as no recommendation made | Noted |
| **TA890: Difelikefalin for treating pruritus in people having haemodialysis**<br>**Commissioning: NHSE**<br>Difelikefalin is recommended, within its marketing authorisation, for treating moderate to severe pruritus in adults with chronic kidney disease (CKD) having in-centre haemodialysis. Difelikefalin is only recommended if the company provides it according to the commercial arrangement. | 17/05/23 | *Not currently listed.* | Add to formulary as a RED drug in this indication, with link to TA890.<br>Formulary position will reflect the NICE TA as well as any associated NHSE SSCs. | 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** |
| **TA891: Ibrutinib with venetoclax for untreated chronic lymphocytic leukaemia**<br>**Commissioning: NHSE**<br>Ibrutinib plus venetoclax is recommended, within its marketing authorisation, as an option for untreated chronic lymphocytic leukaemia (CLL) in adults. This is only if the companies provide both drugs according to the commercial arrangements. | 31/05/23 | *Listed as a RED drug for other NICE TA approved indications.* | Add to formulary as a RED drug in this indication, with link to TA891.<br>Formulary position will reflect the NICE TA as well as any associated NHSE SSCs. | None for ICB as NHSE commissioned. | Approved. |
| **TA892: Mosunetuzumab for treating relapsed or refractory follicular lymphoma**<br>**Commissioning: NHSE**<br>Mosunetuzumab is not recommended, within its marketing authorisation, for treating relapsed or refractory follicular lymphoma in adults who have had 2 or more systemic therapies. | 31/05/23 | *Not currently listed.* | List as NOT APPROVED drug for this indication.<br>Formulary position will reflect the NICE TA as well as any associated NHSE SSCs. | 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** |
| **NG18: Diabetes (type 1 and type 2) in children and young people: diagnosis and management (update)**<br>**Commissioning: ICS**<br>In May 2023, NICE reviewed the evidence on glucose-lowering agents for managing blood glucose levels in children and young people with type 2 diabetes. Updates include new or amended recommendations on:<br>• education and information at diagnosis<br>• monitoring blood glucose levels (including real-time and intermittently-scanned continuous blood glucose monitoring) and reviewing treatment<br>• when to reduce insulin for people who have been on it from diagnosis<br>• adding liraglutide, dulaglutide, or empagliflozin<br>• insulin therapy<br>• changing treatments and updating healthcare plans. | 11/05/23 | *Listed as GREEN drugs in adults.* | Add links to NG18 to formulary alongside liraglutide, dulaglutide, and empagliflozin. Update NTAG recommendation on CGM to include children and young people with type 2 diabetes. | NICE expects that the resource impact of this update:<br>• for any single guideline recommendation in England will be less than approximately £1,800 per 100,000 population, and<br>• for implementing the whole guideline in England will be less than approximately £8,800 per 100,000 population.<br>This is because the prevalence of type 2 diabetes in the paediatric population identified in this review is relatively low.<br>Increased support from a paediatric diabetic nurse and consultant may be needed when a child or young person starts glucose-lowering agents or a CGM device for managing blood glucose levels. | Approved. |

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| **NICE Technology Appraisal/Guidance/Drug** | **Date published** | **Current formulary status or pathway/ guidance relevance** | **Decision** | **Commissioning & financial implications** | **Decision** |
| **CG181: Cardiovascular disease: risk assessment and reduction, including lipid modification** (update)<br>**Commissioning: ICS**<br>In May 2023, NICE reviewed the evidence and made new/updated recommendations on risk assessment tools for primary prevention of CVD, cardioprotective diets, and statin treatment for primary and secondary prevention of CVD. | 24/05/23 | *Statins listed as GREEN drugs* | Ensure links to CG1811 are on formulary as appropriate. | Resource impacts are expected from:<br>• an increase in primary care prescribing budgets for statins<br>• an increase in GP consultations for statin therapy<br>• an increase in follow-up appointments for people receiving statins (at 3 months of starting treatment and annual reviews)<br>• a decrease in CVD events and the associated secondary and primary care costs<br>The estimated cost per 100,000 population is £5,000 in year one, increasing to £10,000 in year 5. Of these, £1,000 per 100, population in year 1 and £7,000 in year 5 are cash impacts, and the remainder are non-cash.<br>The resource impact estimate does not include NHS and social care post event savings, but the resource template allows users to model these savings at a local level. | Approved. |

| NENC MEDICINES APPLICATIONS (decisions approved on medicines committee ICB directors' authority) | | | | |
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| **Title** | **Date recommended by NTAG** | **Summary of NTAG decision** | **Commissioning or financial implications** | **Decision from medicines subcommittee** |
| **NTAG CGM Position Statement** | July 2023 | Updated current NTAG recommendation on CGM to reflect latest updates to NICE NG18 re children and young people with type 2 diabetes, and changes to Freestyle Libre 2. | **No significant cost impact**<br>The number of children and young people with type 2 diabetes who will be eligible for CGM will also be relatively low. So, the recommendations to consider or offer CGM is unlikely to have a significant resource impact.<br>The NICE guideline on diabetes (type 1 and type 2) in children and young people: diagnosis and management updates and replaces the former guideline NG18 published in 2015. The updated guideline reviewed the evidence on glucose-lowering agents for managing blood glucose levels in children and young people with type 2 diabetes.<br>NICE expect that the resource impact of this update:<br>• for any single guideline recommendation in England will be less than £1 million per year (or approximately £1,800 per 100,000 population, based on a population for England of 56.6 million people) and<br>• for implementing the whole guideline in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 56.6 million people).<br><br>No change to drug tariff price of Freestyle Libre 2 sensors. | Approved.<br>  <br>NTAG CGM position statement - review Jul |

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| APPLICATIONS SUBMITTED DIRECTLY TO MEDICINES SUBCOMMITTEE FOR CONSIDERATION | | | |
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| **Title** | **Summary of request** | **Commissioning or financial implications** | **Decision from medicines subcommittee** |
| Nil | | | |

| MEDICINES SUBCOMMITTEE MINUTES (for publication to the NTAG website) | |
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| **Medicines Subcommittee minutes June 2023** | NENC Meds Committee mins June |
| **NTAG minutes May 2023** | NTAG Minutes May 2023 - approved.pdf |
| **NTAG work plan** | NTAG work plan July 2023.pdf |
| **NTAG Terms of Reference – July 2023** | NENC NTAG TOR - July 2023 - approved. |

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